

The Nuts and Bolts of the Surveillance Utilization Review Section (SURS)



Spring 2024

Jennifer Tucker, CPC
SURS Supervisor



What is SURS?

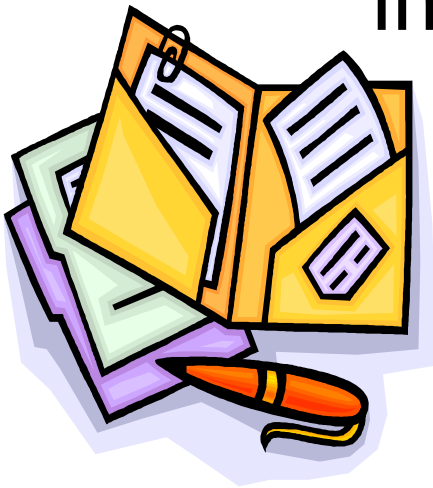
Surveillance Utilization Review Section (SURS) is a federally mandated program

[42 CFR, Part 456.3]

The program maintains a strong commitment to assure that the right provider is receiving the right payment for the right services at the right time. We identify potential fraud, waste and abuse to ensure that State and Federal monies are spent appropriately.

We accomplish this by:

- performing retrospective reviews
- educating providers
- recovering overpayments if indicated



The Medicaid Processing System

- Claims processing system includes numerous edits
 - To identify most billing errors
 - It doesn't detect all errors

REJECTED
INSURANCE
CLAIM

The Medicaid Processing System

- Some claims are paid in error
 - due to incorrect billing
 - system complications
- ALL paid claims are subject to retrospective review
 - this includes prior authorized claims



Overpayment Recovery

- ▶ SURS can recover if it discovers that the provider was not entitled to payment for any reason.

[ARM 37.85.406
(9) & (10)]



Montana Medicaid Website

<https://medicaidprovider.mt.gov/>



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Children/Families **Disabilities** **Seniors** **Health** **Medical** **Assistance**

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Thank you for serving Montana's Healthcare Program Members.

- ▶ [Provider File Updates, Revalidation, and New Provider Information](#)
- [MATH Web Portal](#)
- ▶ [Resources by Provider Type](#)
- ▶ [Provider Enrollment](#)

Welcome to the Montana Healthcare Programs Provider Information Website.

In Response to COVID-19

The following documents are available:

- [Developmental Disabilities 0208 Comprehensive Waiver Providers](#)
- [National Correct Coding Initiative Announcement](#)
- [Temporary Suspension of the PCP Referral Requirement](#)
- [Non-Covered Services Agreement Policy Change](#)
- [Changes to Youth Community-Based Psychiatric Rehabilitation and Support Services](#)
- [Suspension of Prior Authorizations or Continued Stay Reviews and Clinical Requirements for Some Medicaid Programs](#)
 - [FAQ for Suspension of Prior Authorizations or Continued Stay Reviews and Clinic Requirements for Some Medicaid Programs](#)

For access to previous Training PowerPoints, please visit the Training page at <https://medicaidprovider.mt.gov/training>.

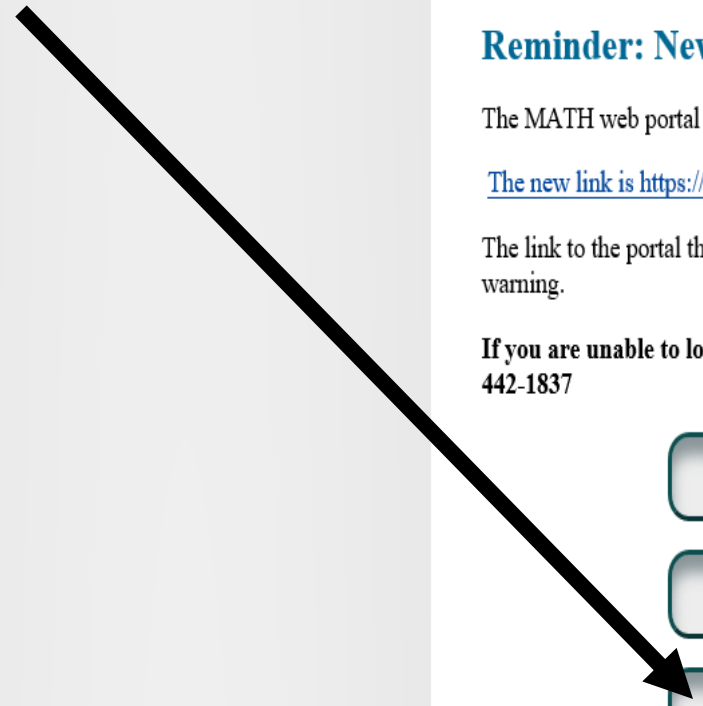
Reminder: New MATH Web Portal Link

The MATH web portal has a new link.

The new link is <https://mtaccesstohealth.portal.conduent.com/mt/general/home.do>

The link to the portal that contained "ACS" has been disabled and if you attempt to use it you will get a security warning.

If you are unable to locate a resource you need, please contact Provider Relations at 1 (800) 624-3958 or (406) 442-1837



- [Recent Website Posts](#)
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- [Drug and Pharmacy News](#)
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- [Training and Events](#)
- [Claim Jumper Newsletters](#)
- [Montana HELP Plan](#)

Children/Families Disabilities Seniors Health Medical Assistance

Montana Healthcare Programs Provider Information » Select Your Provider Type

Select Your Provider Type

Provider types are listed in alphabetical order. Available resources include fee schedules, provider notices, provider manuals, and more.

- [A-C](#)
- [D-F](#)
- [G-K](#)
- [L-O](#)
- [P-Q](#)
- [R-Z](#)

Providers A - C

- 03/02/2018 [Ambulance](#)
- 03/02/2018 [Ambulatory Surgical Center](#)
- 03/02/2018 [Audiologist](#)
- 03/02/2018 [Chemical Dependency](#)
- 03/02/2018 [Chiropractor](#)
- 03/02/2018 [Clinic \(Public Health\)](#)
- 03/02/2018 [Clinical Pharmacist](#)

Here you can select the provider type you are looking for. **TOP**

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Children/Families Disabilities Seniors Health Medical Assistance

Montana Healthcare Programs Provider Information » Physician

Multiple resources are available on this page

Physician

Prior Authorization

Forms

Claim Jumper Newsletters

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- Provider File Updates, Revalidation, and New Provider Information
- Provider File Updates Changes to Current Enrollments
- Provider Revalidation Existing Providers
- New Providers Tools for New Providers to Bill Successfully

- Provider Manuals
- Medicaid Rules and Regulations
- Fee Schedules – Physician
- Fee Schedules – ATP Tests and Fees
- Provider Notices
- Other Resources
- To locate older documents, access the Archive Page.





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[Claim Jumper 2020](#)

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[Volume XXXV Issue 5 May 2020](#)

- Children's Mental Health
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- Nursing Facility Telehealth
- Recent Website Posts
- Top 15 Denial Reasons
- There's a Resource For That!
- Key Contacts

[Volume XXXV Issue 4 April 2020](#)

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- TPL
- Field Rep Corner

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Physician

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[Provider Manuals](#)

[General Information for Providers](#) 04/2018

Medicaid manual with general information for all provider types.

[Physician-Related Services](#) 12/2017

This manual has information specific to your provider type.

[Prescription Drug Program](#) 02/12/2018

This manual has information specific to your provider type.

[Passport to Health](#) 10/2017

Everything a provider needs to know to become a successful Passport provider.

▶ [Medicaid Rules and Regulations](#)

▶ [Fee Schedules – Physician](#)

Program Members.

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[**Medicaid Rules and Regulations**](#)

[Code of Federal Regulations \(Title 42\)](#)

[Montana Code Annotated - https://leg.mt.gov/](#) (Choose "Laws & Bills" then "Montana Statutes - MCA")

Applicable Section: Title 53, Chapter 6

[Administrative Rules of Montana \(Title 37\)](#)

- [Chapter 79 Healthy Montana Kids](#)
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[Provider Notices](#)

For prescription medication notices, see the [Pharmacy page](#)/

2020

- 04/30/2020 [National Correct Coding Initiative Announcement](#)
- 04/28/2020 [Temporary Suspension of the PCP Referral Requirement](#)
- 04/27/2020 [Non-Covered Services Agreement Policy Change](#)
- 04/23/2020 [Elimination of Prior Authorization and Criteria Requirements for MRI of the Head and CT of the Brain](#)

- 04/22/2020 [Suspension of Prior Authorizations or Continued Stay Reviews and Clinical Requirements for Some Medicaid Programs](#)
 - [FAQ for Suspension of Prior Authorizations or Continued Stay Reviews and Clinic Requirements for Some Medicaid Programs](#)

- 04/01/2020 [Suspension of Face to Face Requirements for Some Medicaid Programs](#)
- 03/19/2020 [Telemedicine Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth](#) rev
- 03/27/2020
- 03/19/2020 [Telemedicine Policy Clarification](#)
 - [Frequently Asked Questions on Telemedicine / Telehealth](#)

- 03/12/2020 [Medical Food or Formula for Phenylketonuria \(PKU\) due to Inborn Errors of Metabolism \(IEM\) - HCPCS Code S9435](#)
- 02/28/2020 [Starting Dose and Quantity Limitations for Sedative Hypnotics](#)
- 02/25/2020 [Physician Administered Drug Update](#)
- 01/24/2020 [Consent for Sterilization Form](#)
- 01/02/2020 [Changes to Health Care Treatment Guidelines](#)

[Fee Schedules – ATP Tests and Fees](#) ▼

[Physician Administered Drugs](#) ▼

[Provider Notices](#) ▼

[Other Resources](#) >

[Diabetes Self-Management Education Support Services](#) 11/24/2021

[Montana Diabetes Prevention Program Overview Presentation](#) 01/27/2021

[Prior Authorization Criteria for Specific Services](#)

[SURS Provider Internal Self-Review Protocol](#) 10/2023



[To locate older documents, access the Archive Page.](#)

Rule/Regulation Materials

- Code of Federal Regulations (CFR)
- Montana Code Annotated (MCA)
- Administrative Rules of Montana (ARM)



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Related Resources

The [Code of Federal Regulations \(CFR\)](#) annual edition is the codification of the general and permanent rules published in the Federal Register by the departments

Electronic Code of Federal Regulations

e-CFR data is current as of **May 8, 2018**

USER NOTICE

The Electronic Code of Federal Regulations (e-CFR) is a currently updated version of the Code of Federal Regulations (CFR). It is not an official legal edition of the CFR. The e-CFR is an editorial compilation of CFR material and *Federal Register* amendments produced by the National Archives and Records Administration's Office of the Federal Register (OFR) and the Government Publishing Office. The OFR updates the material in the e-CFR on a daily basis. The current update status appears at the top of all e-CFR web pages [More](#).

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Montana Code Annotated 2017

TITLE 53. SOCIAL SERVICES AND INSTITUTIONS
CHAPTER 6. HEALTH CARE SERVICES

Part 1. Medical Assistance -- Medicaid

- [53-6-101 Montana medicaid program -- authorization of services](#)
- [53-6-102 Repealed](#)
- [53-6-103 Repealed](#)
- [53-6-104 Freedom of doctors to treat recipients of medical assistance -- freedom to select doctor](#)
- [53-6-105 Discrimination prohibited](#)
- [53-6-106 Health care facility standards -- definitions](#)
- [53-6-107 Sanctions -- penalties](#)
- [53-6-108 Rules governing sanctions or remedies](#)
- [53-6-109 Consistent regulation of long-term care facilities -- rulemaking authority -- timeframes](#)
- [53-6-110 Report and recommendations on medicaid funding](#)
- [53-6-111 Department charged with administration and supervision of medical assistance program -- overpayment recovery -- sanctions for fraudulent and abusive activities -- adoption of rules](#)
- [53-6-112 Department to print and distribute copies of part and certain forms](#)
- [53-6-113 Department to adopt rules](#)
- [53-6-114 Rules of department binding](#)
- [53-6-115 Contracts with other agencies](#)
- [53-6-116 Medicaid managed care -- capitated health care](#)
- [53-6-117 Participation requirements](#)
- [53-6-118 through 53-6-120 reserved](#)
- [53-6-121 Local administration of medical assistance](#)
- [53-6-122 and 53-6-123 reserved](#)
- [53-6-124 Definitions](#)

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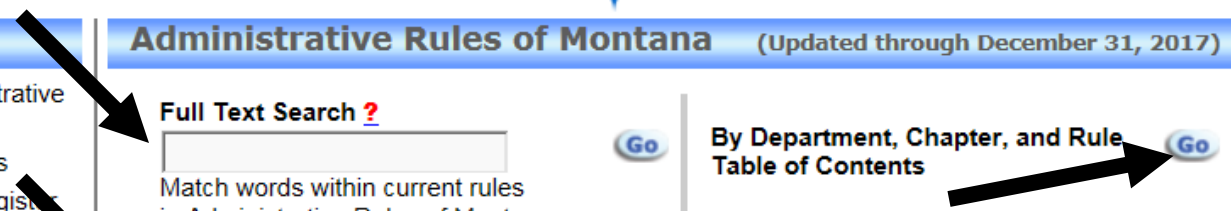
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8.28.1907	Issuance of Telemedicine Certificate		
8.28.1909	Effect of Denial of Application for Telemedicine Certificate		
8.28.1910	Effect of Telemedicine Certificate		
24.101.413	RENEWAL DATES AND REQUIREMENTS		6/10/2017
24.156.801	PURPOSE AND AUTHORITY		10/27/2000
24.156.802	DEFINITIONS		5/14/2010
24.156.803	LICENSE REQUIREMENT		4/29/2017
24.156.804	APPLICATION FOR A TELEMEDICINE LICENSE		4/29/2017
24.156.805	FEES		4/29/2017
24.156.806	FAILURE TO SUBMIT FEES		4/29/2017
24.156.807	ISSUANCE OF A TELEMEDICINE LICENSE		4/29/2017
24.156.808	RENEWALS		4/29/2017
24.156.809	EFFECT OF DETERMINATION THAT APPLICATION FOR TELEMEDICINE LICENSE DOES NOT MEET REQUIREMENTS		4/29/2017
24.156.810	EFFECT OF TELEMEDICINE LICENSE		5/14/2010
24.156.811	SANCTIONS		4/29/2017
24.156.812	OBLIGATION TO REPORT TO THE BOARD		4/29/2017
37.86.3401	TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK PREGNANT WOMEN, DEFINITIONS		10/14/2017
37.86.3901	TARGETED CASE MANAGEMENT SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS, DEFINITIONS		10/14/2017



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37 : PUBLIC HEALTH AND HUMAN SERVICES


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37.1	ORGANIZATIONAL RULE
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37.78	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
37.79	HEALTHY MONTANA KIDS (HMK)
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37.81	PHARMACY ACCESS PRESCRIPTION DRUG BENEFIT PROGRAM
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37.89	MENTAL HEALTH SERVICES
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Rule Chapter: 37.85

Chapter Title: GENERAL MEDICAID SERVICES



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
















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37.85 : GENERAL MEDICAID SERVICES

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Rule No.	Rule Title	Latest Version	Effective Date
Subchapter 1 Montana Medicaid Provider Fee Schedules			
37.85.104	EFFECTIVE DATES OF PROVIDER FEE SCHEDULES FOR MONTANA NON-MEDICAID SERVICES		3/1/2018
37.85.105	EFFECTIVE DATES, CONVERSION FACTORS, POLICY ADJUSTERS, AND COST-TO-CHARGE RATIOS OF MONTANA MEDICAID PROVIDER FEE SCHEDULES		3/1/2018
37.85.106	MEDICAID BEHAVIORAL HEALTH TARGETED CASE MANAGEMENT FEE SCHEDULE		3/1/2018
Subchapter 2 Miscellaneous			
37.85.201	SELECTION OF PROVIDER		7/1/1999
Rules 37.85.202 and 37.85.203 reserved			
37.85.204	MEMBER REQUIREMENTS, COST SHARING		1/1/2018
37.85.205	RECIPIENT RESTRICTION OF ACCESS TO MEDICAL SERVICES	REP	7/23/2004
37.85.206	SERVICES PROVIDED		5/7/2016
37.85.207	SERVICES NOT PROVIDED BY THE MEDICAID PROGRAM		1/1/2013
Rules 37.85.208 through 37.85.211 reserved			
37.85.212	RESOURCE BASED RELATIVE VALUE SCALE (RBRVS) REIMBURSEMENT FOR SPECIFIED PROVIDER TYPES		9/9/2017
Rules 37.85.213 through 37.85.218 reserved			

<u>Subchapter 3</u> reserved			
<u>Subchapter 4</u> Provider Requirements			
37.85.401	PROVIDER PARTICIPATION		3/11/1997
37.85.402	PROVIDER ENROLLMENT AND AGREEMENTS		3/11/1997
37.85.403	ICD CLINICAL MODIFICATION (CM) AND PROCEDURAL CODING SYSTEM (PCS) SERVICES		12/25/2014
Rules 37.85.404 and 37.85.405 reserved			
37.85.406	BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT		10/1/2014
37.85.407	THIRD PARTY LIABILITY		3/11/1997
Rules 37.85.408 and 37.85.409 reserved			
37.85.410	DETERMINATION OF MEDICAL NECESSITY		3/11/1997
37.85.411	PROVIDER RIGHTS		6/30/2000
37.85.412	INTERPRETATION OF RULES		4/1/2005
37.85.413	LIMITATIONS ON CODING ADVICE		4/1/2005
37.85.414	MAINTENANCE OF RECORDS AND AUDITING		4/1/2005
37.85.415	MEDICAL ASSISTANCE MEDICAID PAYMENT		3/15/2002
37.85.416	STATISTICAL SAMPLING AUDITS		6/30/2000
<u>Subchapter 5</u> Provider Sanctions			
37.85.501	GROUNDS FOR SANCTIONING		4/9/2004
37.85.502	SANCTIONS		4/9/2004
Rules 37.85.503 and 37.85.504 reserved			
37.85.505	FACTORS GOVERNING IMPOSITION OF SANCTION		11/16/1984
37.85.506	SCOPE OF SANCTION		11/28/1987
37.85.507	NOTICE OF SANCTION		6/13/1980
Rules 37.85.508 through 37.85.510 reserved			





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Rule Title: MAINTENANCE OF RECORDS AND AUDITING

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Chapter: [GENERAL MEDICAID SERVICES](#)
Subchapter: [Provider Requirements](#)



Latest version of the adopted rule presented in Administrative Rules of Montana (ARM):

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37.85.414 MAINTENANCE OF RECORDS AND AUDITING

(1) All providers of service must maintain records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid recipients. The records must support the fee charged or payment sought for the services and items and demonstrate compliance with all applicable requirements.

(a) All records which support a claim for a service or item must be complete within 90 days after the date on which the claim was submitted to Medicaid for reimbursement. A record that is required to be signed and dated, including but not limited to an order, prescription, certificate of medical necessity, referral or progress note, is not complete until it has been signed and dated.

(b) When reimbursement is based on the length of time spent in providing the service, the records must specify the time spent or the time treatment began and ended for each procedure billed to the nearest minute. Total time billed using one or multiple procedure codes may not exceed the total actual time spent with the Medicaid client.

(c) These records must be retained for a period of at least six years and three months from the date on which the service was rendered or until any dispute or litigation concerning the services is resolved, whichever is later.

(d) In maintaining financial records, providers shall employ generally accepted accounting methods. Generally accepted accounting methods are those approved by the National Association of Certified Public Accountants.

(e) The department shall have access to all records so maintained and retained regardless of a provider's continued participation in the program.

(f) In the event of a change of ownership, the original owner must retain all required records unless an alternative method of providing for the retention of records has been established in writing and approved by the department

providers must also comply with any specific record keeping requirements applicable to the type of service the provider furnishes, which may be more restrictive than the minimum requirements of this rule.

(2) In addition to the recipient's medical records, any Medicaid information regarding a recipient or applicant is confidential and shall be used solely for purposes related to the administration of the Montana Medicaid program. This information shall not be divulged by the provider or his employees, to any person, group, or organization other than those listed below or a department representative without the written consent of the recipient or applicant. In addition, the provider must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d et seq., and the Uniform Health Care Information Act, [50-16-501](#) et seq., MCA.

(3) The department, the designated review organization, the legislative auditor, the Department of Revenue, the Medicaid fraud control unit, and their legal representatives shall have the right to inspect or evaluate the quality, appropriateness, and timeliness of services performed by providers, and to inspect and audit all records required by this rule.

(a) Upon the department's request for records, the provider shall submit a true and accurate copy of each record of the service or item being reviewed as it existed within 90 days after the date on which the claim was submitted to Medicaid.

(b) Refusal to permit inspection, evaluation or audit of services shall result in the imposition of provider sanctions in accordance with the rules of the department.

(4) The provisions of this rule specifying the length of time for which records must be retained shall not be construed as a limitation on the period in which the department may recover overpayments or impose sanctions.

History: [53-6-113](#), MCA; IMP, [53-2-201](#), [53-6-101](#), [53-6-111](#), [53-6-113](#) and [53-6-141](#), MCA; NEW, 1980 MAR p. 1491, Eff. 5/16/80; AMD, 1997 MAR p. 474, Eff. 3/11/97; TRANS, from SRS, 2000 MAR p. 479; AMD, 2005 MAR p. 459, Eff. 4/1/05.

MAR Notices	Effective From	Effective To	History Notes
	4/1/2005	Current	History: 53-6-113 , MCA; IMP, 53-2-201 , 53-6-101 , 53-6-111 , 53-6-113 and 53-6-141 , MCA; NEW, 1980 MAR p. 1491, Eff. 5/16/80; AMD, 1997 MAR p. 474, Eff. 3/11/97; TRANS, from SRS, 2000 MAR p. 479; AMD, 2005 MAR p. 459, Eff. 4/1/05.

- (10) In addition to the above, the department will pay:
- (a) the lesser of either the actual charge for drugs and other prescribed supplies, or the wholesale price cited, less 15%, plus a dispensing fee on the Medicaid point-of-sale system;
 - (b) 85% of the cost of durable medical equipment to the appropriate amount when allowing financial assistance, or to the maximum amount set by the program for the federal fiscal year;
 - (c) 85% of the cost of specialized formula and foods and prescriptive or nonprescriptive medications prescribed by a physician for inborn errors of metabolism; and
 - (d) 85% of the cost of syringes and disposable medical equipment for the treatment of covered conditions.

(11) A CYSHCN who attends interdisciplinary pediatric specialty clinics, supported by CSHS, is not responsible for copays, deductibles, or coinsurance, nor will they be balance-billed.

History: [50-1-202](#), MCA; [IMP](#), [50-1-202](#), MCA; [NEW](#), 1990 MAR p. 1256, Eff. 6/29/90; [AMD](#), 1992 MAR p. 919, Eff. 5/1/92; [AMD](#), 1994 MAR p. 1836, Eff. 7/8/94; [AMD](#), 1999 MAR p. 2879, Eff. 12/17/99; [TRANS](#), from DHES, 2001 MAR, p. 398; [AMD](#), 2003 MAR p. 1637, Eff. 8/1/03; [AMD](#), 2003 MAR p. 1637, Eff. 8/1/03; [AMD](#), 2012 MAR p. 1672, Eff. 8/24/12; [AMD](#), 2013 MAR p. 1449, Eff. 8/9/13.

MAR Notices	Effective From	Effective To	History Notes
37-641	8/9/2013	Current	History: 50-1-202 , MCA; IMP , 50-1-202 , MCA; NEW , 1990 MAR p. 1256, Eff. 6/29/90; AMD , 1992 MAR p. 919, Eff. 5/1/92; AMD , 1994 MAR p. 1836, Eff. 7/8/94; AMD , 1999 MAR p. 2879, Eff. 12/17/99; TRANS , from DHES, 2001 MAR, p. 398; AMD , 2003 MAR p. 1637, Eff. 8/1/03; AMD , 2003 MAR p. 1637, Eff. 8/1/03; AMD , 2012 MAR p. 1672, Eff. 8/24/12; AMD , 2013 MAR p. 1449, Eff. 8/9/13.
37-588	8/24/2012	8/9/2013	History: 50-1-202 , MCA; IMP , 50-1-202 , MCA; NEW , 1990 MAR p. 1256, Eff. 6/29/90; AMD , 1992 MAR p. 919, Eff. 5/1/92; AMD , 1994 MAR p. 1836, Eff. 7/8/94; AMD , 1999 MAR p. 2879, Eff. 12/17/99; TRANS , from DHES, 2001 MAR, p. 398; AMD , 2003 MAR p. 1637, Eff. 8/1/03; AMD , 2003 MAR p. 1637, Eff. 8/1/03; AMD , 2012 MAR p. 1672, Eff. 8/24/12.
	8/1/2003	8/24/2012	History: Sec. 50-1-202 , MCA; IMP , Sec. 50-1-202 , MCA; NEW , 1990 MAR p. 1256, Eff. 6/29/90; AMD , 1992 MAR p. 919, Eff. 5/1/92; AMD , 1994 MAR p. 1836, Eff. 7/8/94; AMD , 1999 MAR p. 2879, Eff. 12/17/99; TRANS , from DHES, 2001 MAR, p. 398; AMD , 2003 MAR p. 1637, Eff. 8/1/03.

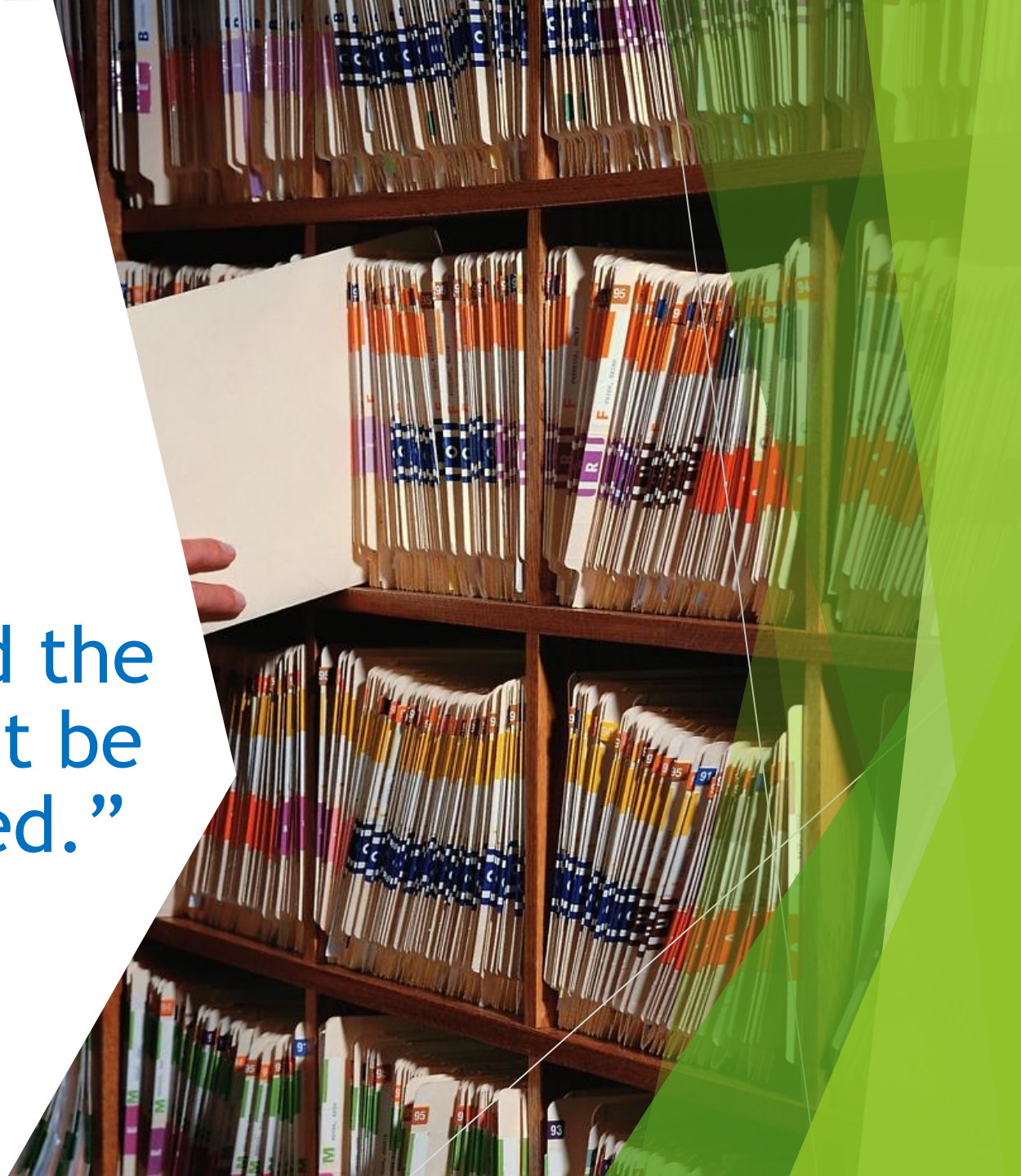
Coding Reference Materials

Some coding reference materials

- CPT and CPT Assistant
- HCPCS
- ICD-10 CM
- ICD-10 PCS
- CDT
- DSM
- Publications or training specific to your specialty.



“If it isn’t documented the service can’t be substantiated.”



Maintain records which demonstrate the extent, nature and medical necessity of services provided [\[ARM 37.85.414\]](#)

DOCUMENT!

DOCUMENT!

DOCUMENT!

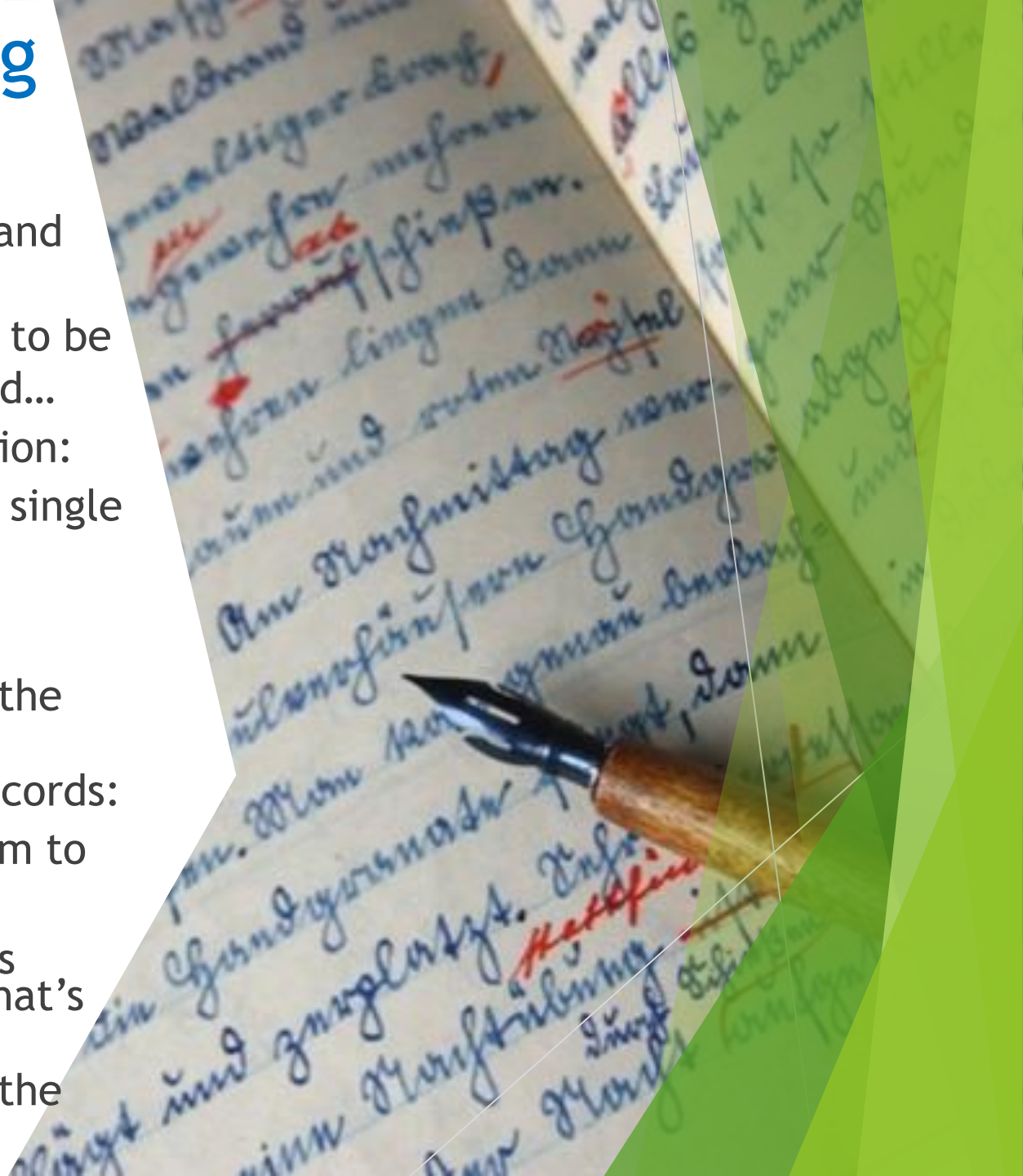
DOCUMENT!



Record Keeping Tips

Records cannot be altered and must reflect the services provided. If a record needs to be corrected, a provider should...

- ▶ For Written Documentation:
 - ▶ Cross out with a single line
 - ▶ Write correct information
 - ▶ Date and initial the correction
- ▶ For Electronic Health Records:
 - ▶ Add an addendum to the note/documentation indicating what's incorrect and what's correct
 - ▶ Date and initial the correction



Record Keeping Tips

- Providers must have a contingency plan to ensure the availability of documentation in the event of a loss of medical records.

[ARM 37.85.414]

- Providers must obtain **written** authorization from the Department for any variation from the usual billing practice.

[ARM 37.85.412 and 37.85.413]



Provider Responsibility

It is the *responsibility of the provider* to be knowledgeable about sections of the Administrative Rules that relate to their provider type, provider policies and covered services.

In addition, providers are encouraged to ensure their employees are not listed on the federal exclusion databases.

Special Advisory <http://oig.hhs.gov/exclusions/advisories.asp>

- **DOLI** (<http://app.mt.gov/lookup/index.html>)
- **LEIE** (<http://exclusions.oig.hhs.gov/>)
- **SAM** (<https://www.sam.gov>)



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- **Registered Principals Search**
Search for officers/directors of a business
- **Certified Copies**
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License Search

Please be advised that any "license" with REG in the naming convention instead of LIC, is not an actual license, but rather an interstate licensure registration that immediately expires when the state of emergency is no longer in effect.

License Information

Licensing Board/Program

License Type

License Number



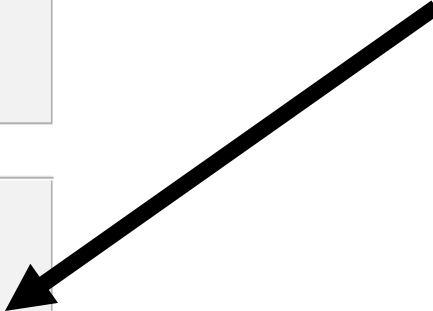
License Holder Information

First Name Last Name

Business Name

City State Zip

Country



Verification

Please answer the verification question below before continuing your search.

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License Holder Information

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Business Name

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Country

Select

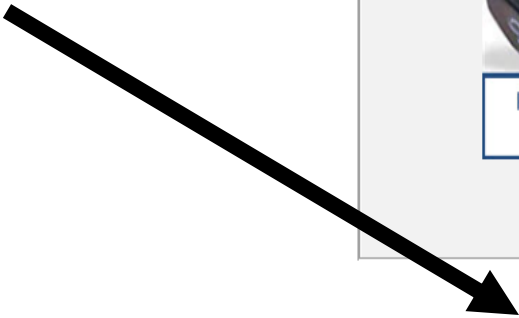
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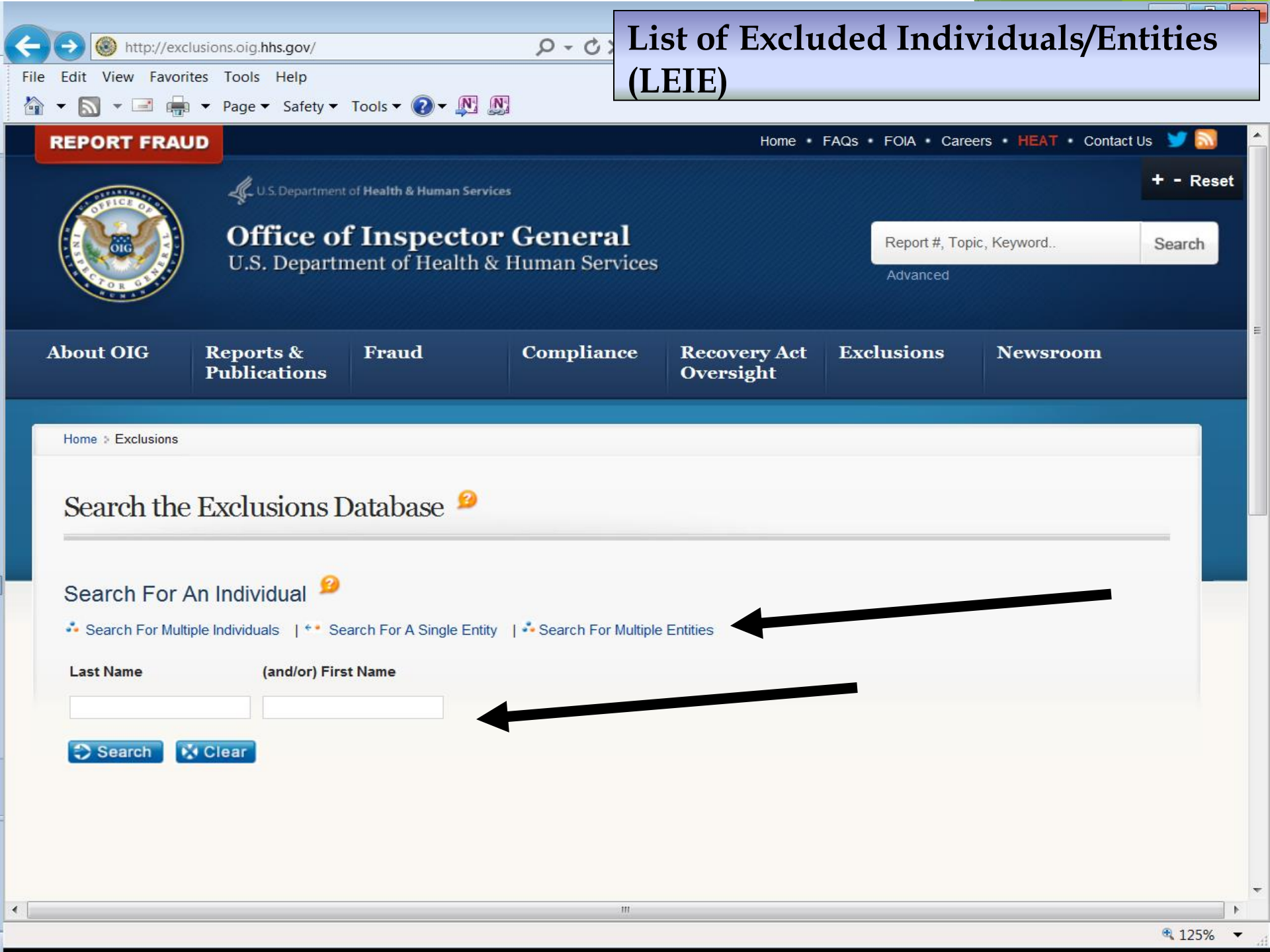


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List of Excluded Individuals/Entities (LEIE)



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Last Name

(and/or) First Name

Search

Clear

System for Award Management (SAM)



 **Official U.S. Government Website**
100% Free

The Official U.S. Government System for:

Contract Opportunities

(was fbo.gov)

Contract Data

(Reports ONLY from fpds.gov)

Wage Determinations

(was wdol.gov)

Federal Hierarchy

Departments and Subtiers

Assistance Listings

(was cfda.gov)

Entity Information

Entities, Disaster Response Registry,
and Exclusions

Entity Reporting

SCR and Bio-Preferred Reporting



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Register Your Entity or Get a Unique Entity ID


Register your entity or get a Unique Entity ID to get started doing business with the federal government.

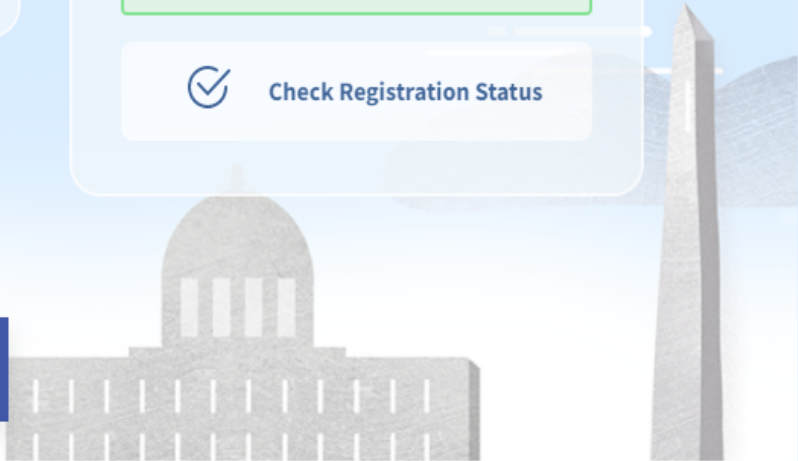
Get Started

Renew Entity

 **Check Registration Status**

Already know what you want to find?

Select Domain... ▾ e.g. 1606N020Q02 



Entity Information

You can search and view entity information, including entity registration records, exclusions, and the Disaster Response Registry from this page. Most entity records are public information, but you must be signed to search and view them.

[What is an entity?](#)



Please Sign In: You must sign in to your SAM.gov account to search Entities or the Disaster Response Registry.

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All Entity Information

e.g. 123456789, Smith Corp



All Entity Information

Entities

Disaster Response Registry

Exclusions



[Get help with searching entity registration](#)



[Get help with searching exclusions information](#)

NEW

Register Your Entity or Get a Unique Entity ID

Register your entity or get a Unique Entity ID to get started doing business with the federal government.

[Get Started](#)

[Renew Entity](#)



[Check Registration Status](#)

Entity Information

You can search and view entity information, including entity registration records, exclusions, and the Disaster Response Registry from this page. Most entity records are public information, but you must be signed to search and view them.

[+ What is an entity?](#)



Please Sign In: You must sign in to your SAM.gov account to search Entities or the Disaster Response Registry.

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NEW

Register Your Entity or Get a Unique Entity ID

Register your entity or get a Unique Entity ID to get started doing business with the federal government.

[Get Started](#)[Renew Entity](#)[Check Registration Status](#)




Search

All Words

e.g. 1606N020Q02

**Select Domain**
Entity Information[All Entity Information](#)[Entities](#)[Disaster Response Registry](#)[Exclusions](#)**Filter By****Keyword Search**

For more information on how to use our keyword search, visit our [help guide](#)

 Any Words  All Words  Exact Phrase 

e.g. 123456789, Smith Corp



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Please try another search or go back to previous results.

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Search

Select Domain Entity Information +

- All Entity Information
- Entities
- Disaster Response Registry
- Exclusions

Filter By —

Keyword Search

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Any Words i

All Words i

Exact Phrase i

Showing 1 - 25 of 1,160 results Sort by Relevance ▾

Name	DUNS	SAM	CAGE Code	Physical Address	Classification	Activation Date	Termination Date	Exclusion
Pam Pam ● Active	(blank)	(blank)	(blank)	High Ridge, MO 63049 USA	Individual	Jan 28, 2020	Jan 27, 2023	<input type="button" value="Exclusion"/>
Pam Archbald ● Active	(blank)	(blank)	(blank)	Missouri City, TX 77459 USA	Individual	Aug 23, 2019	Aug 22, 2022	<input type="button" value="Exclusion"/>
Pam Richardet ● Active	(blank)	(blank)	(blank)	High Ridge, MO 63049 USA	Individual	Jan 28, 2020	Jan 27, 2023	<input type="button" value="Exclusion"/>
PAM N OLSEN ● Active	(blank)	(blank)	(blank)	PHILADELPHIA, PA 19149 USA	Individual	Jan 18, 2005		<input type="button" value="Exclusion"/>



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For more information on how to use our keyword search, visit our [help guide](#)

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- All Words (i)
- Exact Phrase (i)

e.g. 123456789, Smith Corp

"Pam Smith" x

- Classification ∨
- Excluded Individual ∨
- Excluded Entity ∨
- Federal Organizations ∨
- Exclusion Type ∨
- Exclusion Program ∨
- Location ∨
- Dates ∨

Reset ↻

Pam Richardet ● Active

DUNS Unique Entity ID (blank)	CAGE Code (blank)	Physical Address High Ridge, MO 63049 USA	Exclusion
SAM Unique Entity ID (blank)			Classification Individual
			Activation Date Jan 28, 2020
			Termination Date Jan 27, 2023

PAM N OLSEN ● Active

DUNS Unique Entity ID (blank)	CAGE Code (blank)	Physical Address PHILADELPHIA, PA 19149 USA	Exclusion
SAM Unique Entity ID (blank)			Classification Individual
			Activation Date Jan 18, 2005
			Termination Date Indefinite

PAM MARIE NEWPORT ● Active

DUNS Unique Entity ID (blank)	CAGE Code (blank)	Physical Address SAPULPA, OK 74066 USA	Exclusion
SAM Unique Entity ID (blank)			Classification Individual
			Activation Date Nov 15, 2004
			Termination Date Indefinite

Pam W. Walters ● Active

DUNS Unique Entity ID (blank)	CAGE Code (blank)	Physical Address Tooele, UT 84074 USA	Exclusion
SAM Unique Entity ID (blank)			Classification Individual
			Activation Date Aug 6, 1999
			Termination Date Indefinite

STEPHEN ANTHONY PAM ● Active

DUNS Unique Entity ID (blank)	CAGE Code (blank)	Physical Address FOLKSTON, GA 31537 USA	Exclusion
			Classification Individual

Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training

http://oig.hhs.gov/newsroom/video/2011/heat_modules.asp

- Understanding Program Exclusions
- Importance of Documentation



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Home > Compliance > HEAT Provider Compliance Training

HEAT Provider Compliance Training Videos

Videos and Audio Podcasts

This page contains videos and audio podcasts that are part of the award-winning Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training initiative. We hope you'll take a look at these educational presentations designed to help prevent fraud, waste, and abuse.

These videos are available in [audio-only format](#).



A Toolkit for Health Care Boards

Lewis Morris, Chief Counsel to the Inspector General, provides tips for health care boards to promote quality of care and embrace compliance with the law.

Handout: A Toolkit for Health Care Boards

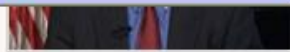
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Handout: A Toolkit for Health Care Boards



Inspector General Introduces Compliance Training Videos and Audio Podcasts



How to Use the Exclusions Database



How to Report Fraud to the OIG



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OIG's Self Disclosure Protocol



Importance of Documentation



Tips for Implementing an Effective Compliance Program

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Compliance Program Basics



OIG Guidance



Physician Self-Referral Law

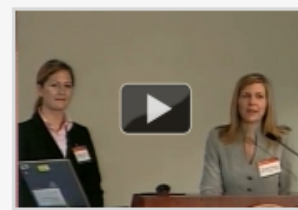


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Webcast Modules

On this page you will find 16 modules from the HEAT Provider Compliance Training Webcast.



For more information and downloadable presentation material, visit the [Webcast page](#).

- ❖ Welcome Remarks 4:37
- ❖ Overview of OIG 9:56
- ❖ Navigating the Fraud and Abuse Laws 26:26
- ❖ Compliance Program Basics 17:01
- ❖ Operating an Effective Compliance Program 15:59
- ❖ Understanding Program Exclusions 10:26
- ❖ Navigating the Government 5:10
- ❖ Overview of Centers for Medicare and Medicaid Services 34:24
- ❖ Importance of Documentation 17:06
- ❖ OIG Subpoenas Audits Surveys and Self Disclosure Protocol 17:42
- ❖ Health Care Fraud Enforcement Panel 6:08
- ❖ Health Care Fraud Enforcement Panel with CMS Deputy Admin 13:43
- ❖ Health Care Fraud Enforcement Panel with Special Agent 15:10
- ❖ Health Care Fraud Enforcement Panel with Asst. US Attorney 17:08
- ❖ Health Care Fraud Enforcement Panel - Fraud Control Unit 11:15
- ❖ Adjournment 0:59



HIPAA

- ▶ American Recovery & Reinvestment Act has many changes for HIPAA [45 CFR, Part 160-164]

- ▶ http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf

- ▶ CMS Website for HIPAA info

- ▶ <http://www.cms.gov/HIPAGenInfo/>

- ▶ Office for Civil Rights Website

- ▶ <http://www.hhs.gov/ocr/privacy/index.html>

Theran Fries
Privacy Officer
HIPAA Program
Office of Legal Affairs

1-406-444-9503

PO Box 202960
Helena, MT 59620-2960



What are we doing?

Our unit is consistently working on several projects:

- Team Reviews
- Self Reviews
- Individual Reviews
- New Provider Reviews
- Data Reviews
- Active Provider Reviews



The progression of reviews...

1. Review idea
2. Collection of data
3. Initial contact with provider
4. Records request letter
5. Records review
6. Overpayment letter
7. Administrative Review
8. Additional records or information review
9. Administrative Review determination
10. Fair Hearing
11. Fair Hearing determination
12. Board of Public Assistance
13. Judicial Court
14. Overpayment
15. Closure


Top issues within reviews ...

- Incomplete documentation (demonstrating the extent and nature of the service).
- Incomplete or missing orders/prescriptions.
- Missing dates and signatures on notes or DME delivery confirmation.
- Missing time in and out or full amount of time spent on time-based codes.
- Up-coding Evaluation and Management.
- Identifying information on documentation.





Additional review errors ...

- Billing for services not personally provided.
 - Unbundling of services.
 - Illegible records.
 - Electronic records out of Word.
- 

SURS Staff

Jennifer Tucker, CPC, CPIP; SURS Supervisor

- 8 Program Integrity Compliance Specialists
 - Licensed Practical Nurse
 - Certified Professional Coders
 - Certified Program Integrity Professionals
 - Subject Matter Experts

assigned to multiple provider types and specialties



Contact Information

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Questions?





Don't Forget
To Document