SURS Montana Medicaid Provider Internal Self-Review Protocol

Provider Internal Self-Review Protocol

The Department encourages all provider types to conduct internal self-reviews and to voluntarily disclose any overpayments of Medicaid funds. To ensure uniformity of the self-disclosure process, the Surveillance Utilization Review Section (SURS) has established this protocol for provider self-reviews. While providers are obligated to repay to the Department all Medicaid payments to which the provider was not entitled [ARM 37.85.406(10)], use of the protocol is voluntary. Medicaid providers are bound by state and federal statute, as well as the Medicaid Provider Contract which does not allow balance billing of a member [ARM 37.85.406(11), ARM 37.85.204(3)(a-g)].

The protocol provides guidance to providers on the preferred methodology to return improper payments to the Department or member and is intended to facilitate the resolution of matters that, in the provider's reasonable assessment, may involve overpayments and/or errors potentially violating state and federal rules and regulations. It is possible the Department may, upon review of information submitted by the provider or upon further investigation, determine the matter may violate state criminal or federal law. In such instances, the Department will refer the matter to the appropriate state or federal agency. The flexibility built into this protocol reflects both the desire of the Department to encourage voluntary disclosure and our commitment to openness and cooperation.

When providers believe they have been inappropriately paid, either in the course of regular business or by using one of the options specified below, they should promptly contact SURS to expedite the return of improper payments.

Examples of Improper Payments Suitable for Self-Reviews

The DPHHS Program Compliance Bureau has identified many improper payments to Medicaid providers. Some may involve failing to maintain records in accordance with applicable regulations (ARM 37.85.414), performing or providing inappropriate or unnecessary services (ARM 37.85.410), or billing for services not rendered. Specific violations may include the following:

- Services performed by an OIG excluded individual or entity
- Provider system errors
- Upcoding (billing with code where the payment amount is for more than the code which was actually used or was necessary)
- Unbundling bundled codes
- Unqualified person providing services
- Time based codes missing in and out or full amount of time spent on services in the record
- Signature and date missing on documentation or orders
- Balance billing members when no private pay agreement or Advanced Beneficiary Notice (ABN) has been completed prior to services rendered

Provider Inquiries

The Department recognizes the application of this protocol to the various improper payment situations may raise numerous questions and concerns. DPHHS will work closely with providers to assist in this process. Providers or their representatives with questions regarding this protocol may contact the Department at (406) 444-4586 to discuss this protocol with the SURS Supervisor.

Provider Options for Self-Reviews

Providers have several options for conducting internal reviews and expediting the return of improper payments to the Department:

Option 1 – 100 Percent Claim Review

A provider may identify improper payments by performing a 100 percent review of claims. To the extent payments can be returned through the claim adjustment process, the provider should follow the claim adjustment instructions in the applicable provider manual and the General Information for Providers Manual. Otherwise, providers should send refund checks made payable to DPHHS using the following address:

Department of Public Health and Human Services
Office of the Inspector General
Supervisor, Surveillance Utilization Review Section
P.O. Box 202953
Helena, MT 59620-2953

Refund checks should be accompanied by a cover letter detailing:

- An overview of the issues identified.
- The time frame covered by the review, including the reason for the time frame selected.
- The actions taken or will be taken to ensure these errors do not reoccur in the future.

Note providers may be asked to work with the Department to ensure correct paid claims information is maintained. Acceptance of payment by the Department does not constitute agreement as to the amount of loss suffered.

Option 2 – Utilize the U.S. Department of Health and Human Services Office of Inspector General's (HHS OIG) Self-Disclosure Protocol

This Self-Disclosure policy is on the HHS OIG website (https://oig.hhs.gov/compliance/self-disclosure-info/index.asp).

Option 3 – Patient Billing Without Private Pay Agreement or ABN

Medicaid providers are bound by state and federal statute, as well as the Medicaid Provider Contract which does not allow balance billing of a member. A provider may identify improper payments by performing a review of claims to identify all clients billed without having signed a private pay agreement/ABN before services were rendered. Providers should refund any amount paid by the member for these services improperly charged.

We ask that Montana Medicaid receive the following:

- A copy of the letter sent to the members.
- A list of all members within the review and the amounts refunded.
- An overview of the issues identified.
- The time frame covered by the review, including the reason for the time frame selected.
- The actions taken or will be taken to ensure these errors do not reoccur in the future.

Note providers may be asked to work with the Department to ensure correct paid claims information is maintained and accurate documentation is retained.

Provider Self-Review Protocol information to be included in self-review report for each claim reviewed:

1. National Provider Identifier (NPI) of the provider who billed and received the improper payment.
2. Individual Claim Number (ICN)
3. Date(s) of Service (DOS)
4. The error being reviewed-list the billed item to DPHHS for the service (e.g., a procedure code, units of service, and/or diagnosis code).
5. The amount the provider charged/billed DPHHS for the service.
6. The amount paid by DPHHS for the service.
7. The correction to the error, which should have been billed based on the review of the claim performed as part of the self-review process.
8. The amount which should have been paid by DPHHS based on the review of the claim performed as part of the self-review process.
9. The selected diagnosis(es) or Diagnosis-Related Group (DRG), if applicable to the self-review.
10. The amount of improper payment associated with the claim for each procedure code identified.
11. The specific individual(s) who performed the review of the claim.
12. Completion of the Attachment A attestation for each person involved with the review. **This must be included with the self-review report.**

Attachment A

I certify that, to the best of my knowledge, the information in this self-review report is truthful and accurate and is based on a good faith effort to assist the State of Montana, DPHHS, in its inquiry and verification of the disclosed matter in accordance with DPHHS Provider Internal Self-Review Protocol.

Print Name **Signature**

Title

Date

Attachment B

Example of SURS-Initiated Provider Self-Review Letter and Enclosure

(This template may vary)

Month Day, Year

CERTIFIED MAIL

NAME
ATTN: NAME
ADDRESS
CITY MT ZIP

RE: Self- Review

Dear NAME:

The Office of the Inspector General, Surveillance Utilization Review Section (SURS) is offering PROVIDER NAME the opportunity to conduct a internal self-review.

It has come to our attention that claims have been paid in error. DESCRIPTION OF BILLING ERRORS

As part of your review, please include:

- All paid claims identified with above noted billing error.
- Please disclose any other claims identified during your review for which improper payments have been received from Montana Medicaid.
- Describe your internal review (self-review) process.
- What steps you have or will take to ensure compliance with correct billing to Montana Medicaid.

Additional information has been enclosed to assist you in your internal self-review. Please complete the self-review and return overpayment by date, to the following address:

Department of Public Health and Human Services
Office of the Inspector General
Attention: Reviewers Name, SURS Unit
2401 Colonial Drive
P.O. Box 202953
Helena, MT 59620-2953

Please feel free to contact me at (406) 444-XXXX or EMAIL ADDRESS if you have any questions regarding this procedure.

Sincerely,

Reviewer NAME
Program Integrity Compliance Specialist
Surveillance Utilization Review Section

C: Jennifer Tucker, CPC, CPIP SURS Supervisor
NAME, Medicaid Program Officer
Encl: Provider Internal Self-Review Information

Provider Internal Self-Review Information

The Patient Protection and Affordable Care Act (PPACA) Section 1128J (d) provides specific guidance regarding identification of overpayments and their return to the entity from which the overpayment came. If an overpayment is identified and not returned to the correct entity within the timeframe required by the PPACA, the provider may be liable for penalties as stated in United States Code, Title 31, section 3729 (False Claims).

Please access the Provider Information website (via https://medicaidprovider.mt.gov/enduserproviders) Provider Type page for guidance on the methodology to return inappropriate payments to the Department. After reading/agreeing to the end user agreement, access the SURS Montana Medicaid Provider Internal Self-Review Protocol under the Other Resources tab on your provider type page.

You may also access the website for U.S. Department of Health and Human Services Office of Inspector General (HHS OIG) provider self-disclosure protocol resource: https://oig.hhs.gov/compliance/self-disclosure-info/index.asp **ADD THE FOLLOWING LINK ONLY IF THE SELF-REVIEW RELATES TO PROVIDER EXCLUSIONS**: and the Updated Special Advisory Bulletin on the Effect of Exclusions from Participation in Federal Health Programs, dated May 9, 2013: https://oig.hhs.gov/exclusions/advisories.asp.

In accordance with ARM 37.85.406 Billing, Reimbursement, Claims Processing, and Payment, and MCA 53-6-111, if a claim is paid and the Department later discovers that the service was incorrectly billed or paid or the claim was erroneous in some other way, the Department is required by federal regulation to recover any overpayment.

References

Official Montana DPHHS website: https://dphhs.mt.gov/

Medicaid Provider Information website: https://medicaidprovider.mt.gov/

ARM 37.85.401 Provider Participation:
https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E85%2E401

ARM 37.85.406 Billing, Reimbursement, Claims Processing, and Payment:
https://rules.mt.gov/gateway/ruleno.asp?RN=37%2E85%2E406

ARM 37.85.414 Maintenance of Records and Auditing:
https://rules.mt.gov/gateway/ruleno.asp?RN=37%2E85%2E414

HHS OIG Self-Disclosure Information:
https://oig.hhs.gov/compliance/self-disclosure-info/index.asp