



Surveillance Utilization Review Section (SURS)

Spring 2022

Jennifer Tucker, CPC
SURS Supervisor



What is SURS?

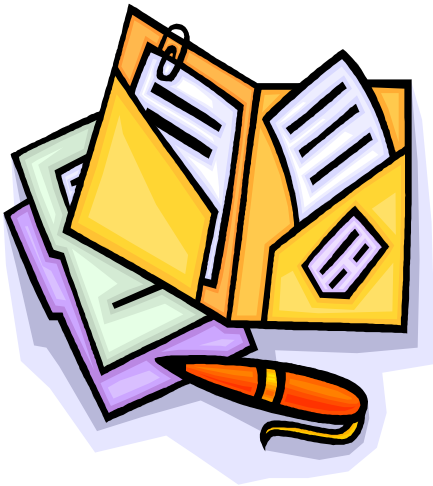
Surveillance/Utilization Review Section is a federally mandated program [42 CFR, Part 456.3]

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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Welcome to the Montana Healthcare Programs Provider Information Website.

- [Provider Services Portal](#)
- [COVID-19 Provider Information and Notices](#)

Provider Revalidation Extension

Revised May 13, 2022

On December 13, 2021, Montana Healthcare Programs began sending revalidation notices to providers who are due for provider revalidation. The letters specify a due date. Montana Healthcare Programs is extending the required revalidation date for any provider who has received a revalidation notice. This



Jen Tucker, SURS Supervisor, QAD, June 16, 2022 at 2pm Mountain Time (1 Hour)

Billing 101

Deb Braga, Provider Relations Field Rep, Conduent, July 21, 2022 at 2pm (2 Hours)

CSCT Schools

Christine White, CSCT Medicaid Program Officer, DPHHS, August 18, 2022 at 2pm Mountain Time (1 Hour)

To register for upcoming Online Training and access to previous Training PowerPoints, please visit the Training page at <https://medicaidprovider.mt.gov/training>.

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

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](#)
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Providers A - C

- [Ambulance](#)
- [Ambulatory Surgical Center](#)
- [Applied Behavior Analysis Services](#)
- [Audiologist](#)
- [Chemical Dependency](#)
- [Chiropractor](#)
- [Clinic \(Public Health\)](#)
- [Clinical Pharmacist](#)

Providers D - F

- [Dental \(Dentist, Dental Hygienist\)](#)

Providers L - O

- [Laboratory Services](#)
- [Licensed Addiction Counselor](#)
- [Licensed Marriage and Family Therapist](#)
- [Licensed Professional Counselor](#)
- [Mental Health Center](#)
- [Mid-Level Practitioner](#)
- [Mobile Imaging](#)
- [Nursing Facility](#)
- [Nutritionist \(EPSDT\)](#)
- [Occupational Therapist](#)
- [Optician](#)



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Physician ← **Multiple resources are available on this page**

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- [Medicaid Rules and Regulations](#) ▾
- [Fee Schedules – Physician](#) ▾
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Claim Jumper Newsletters

[Claim Jumper 2022](#) >

[Volume XXXVII Issue 6 - June 2022](#)

SURS Revelations: Treatment Plan Documentation for Mental Health Services
Montana Medicaid and TPL Part 1 of 4: When is it appropriate to bill Medicaid?

Provider Services Portal News:

- Uploading Supplemental Documentation in the MPATH Provider Services Portal
- New Mailing Process Requires Cover Sheet

Recent Website Posts

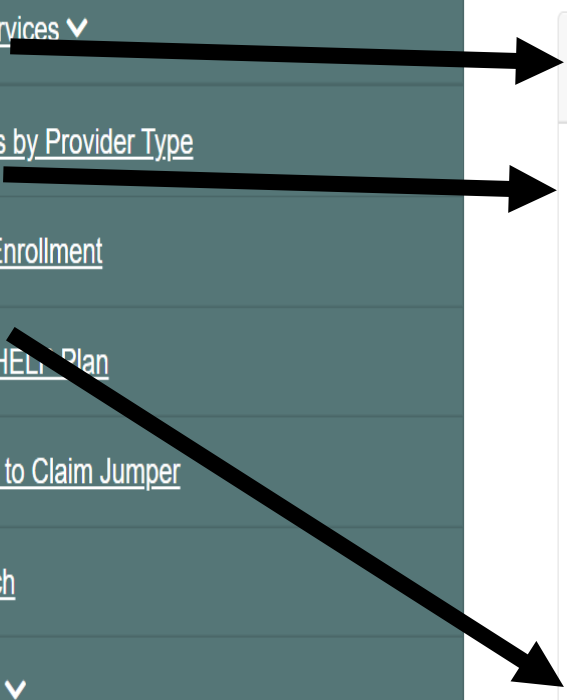
Top 15 Denial Reasons

[Volume XXXVII Issue 5 - May 2022](#)

Provider Services Portal News:

- Changes Requiring a Technical Service Ticket
- Provider Revalidation
- When to Access the MPATH Provider Services Portal

PERM



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Physician

[Prior Authorization](#)

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Provider Manuals >

[General Information for Providers](#)

Medicaid manual with general information for all provider types.

[Physician-Related Services](#)

This manual has information specific to your provider type.

[Prescription Drug Program](#)

This manual has information specific to your provider type.

[Passport to Health](#)

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

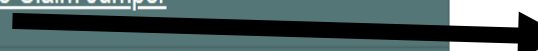
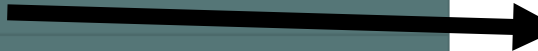
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- Medicaid Rules and Regulations >
- [Code of Federal Regulations \(Title 42\)](#)
- [Montana Code Annotated - https://leg.mt.gov/](#) (Choose "Laws & Bills" then "Montana Statutes – MCA")
- Applicable Section: Title 53, Chapter 6
- [Administrative Rules of Montana \(Title 37\)](#)
 - [Chapter 79 Healthy Montana Kids](#)
 - [Chapter 82 Medicaid Eligibility](#)
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Provider Notices



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

2022

06/03/2022 [Circumcision Prior Authorization Changes REISSUED](#)

06/03/2022 [New Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) Review and Process through Qualitrac Portal REISSUED](#)

06/03/2022 [Unlisted Billing Codes Reminder REISSUED](#)

05/16/2022 [Help Members Receive Important Information from Montana Medicaid and Stay Covered](#)

05/13/2022 [Revalidation Extended REVISED](#)

05/13/2022 [National Drug Code \(NDC\) Denial Errors](#)

05/11/2022 [Prior Authorization Qualitrac Portal REISSUED](#)

05/09/2022 [Physician Administered Drug Prior Authorization Information REVISED](#)

04/26/2022 [Health Behavior Assessment and Intervention Billing Codes REVISED](#)

04/25/2022 [Physician Administered Drug Prior Authorization Information Rev. 05/09/2022](#)

03/29/2022 [Nurse First Advice Line Services Ending](#)

03/16/2022 [Revalidation Extended to June 2022 REVISED Rev. 05/13/2022](#)

02/28/2022 [COVID-19 At-Home Test Coverage](#)

02/23/2022 [Revalidation Extended to June 2022 Rev. 03/16/2022](#)

02/23/2022 [Standing Orders and Medicaid Reimbursement](#)

02/08/2022 [Vaccine Administration by Pharmacists](#)



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- 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](#)
- [Rebateable Manufacturers 04/2022](#)
- [SURS Provider Self-Audit Protocol 02/2022](#)



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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](#).

Browse: Select a title from the list below, then press "Go".

Title 1 - General Provisions [dropdown] [Go]

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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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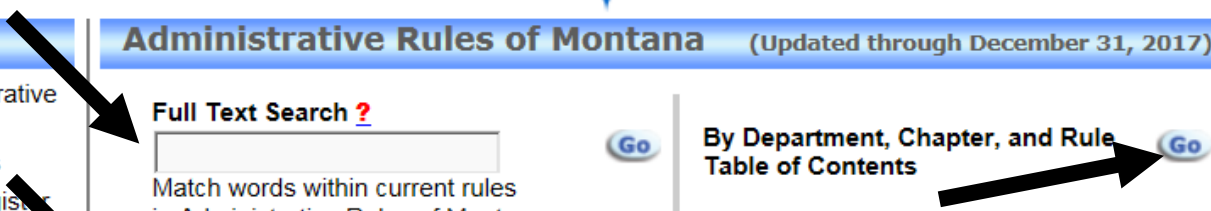
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8.28.1904	Application for a Telemedicine Certificate		
8.28.1907	Issuance of Telemedicine Certificate		
8.28.1909	Effect of Denial of Application for Telemedicine Certificate		
8.28.1910	Effect of Telemedicine Certificate		
24.101.413	RENEWAL DATES 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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34	MILITARY AFFAIRS
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Department: PUBLIC HEALTH AND HUMAN SERVICES



37 : PUBLIC HEALTH AND HUMAN SERVICES



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37.75	CHILD AND ADULT CARE FOOD PROGRAM
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37.78	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
37.79	HEALTHY MONTANA KIDS (HMK)
37.80	CHILD CARE ASSISTANCE
37.81	PHARMACY ACCESS PRESCRIPTION DRUG BENEFIT PROGRAM
37.82	MEDICAID ELIGIBILITY
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37.89	MENTAL HEALTH SERVICES
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Rule Chapter: 37.85

Chapter Title: GENERAL MEDICAID SERVICES



[PUBLIC HEALTH AND HUMAN SERVICES](#)

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			

Subchapter 3 reserved			
Subchapter 4 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
Subchapter 5 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
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Linda McCulloch
MONTANA SECRETARY OF STATE



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



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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.

For questions regarding the content, interpretation, or application of a specific rule, please contact the agency that issued the rule. A directory of state agencies is available online at <http://www.mt.gov/govt/agencylisting.asp>.

For questions about the organization of the ARM or this web site, contact sosarm@mt.gov.

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, it didn’t happen.”



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>)



mt.gov

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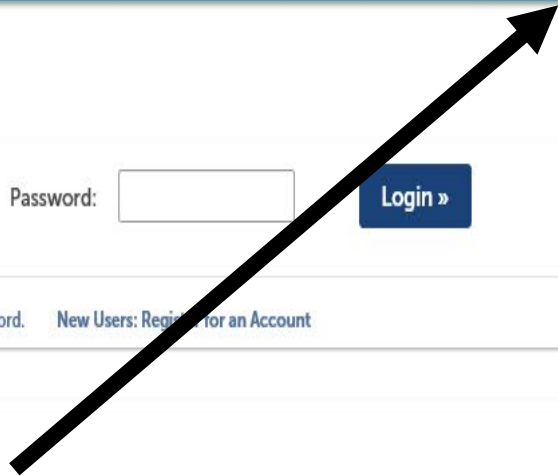
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- License Verification Request

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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
Select

License Type
Select

License Number



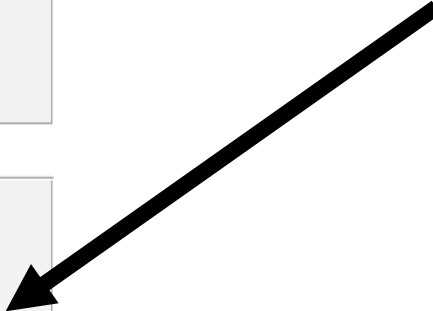
License Holder Information

First Name Last Name

Business Name

City State Zip

Country
Select



Verification

Please answer the verification question below before continuing your search.

Select
License Type
Select
License Number


License Holder Information
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Business Name

City State Zip

Country
Select

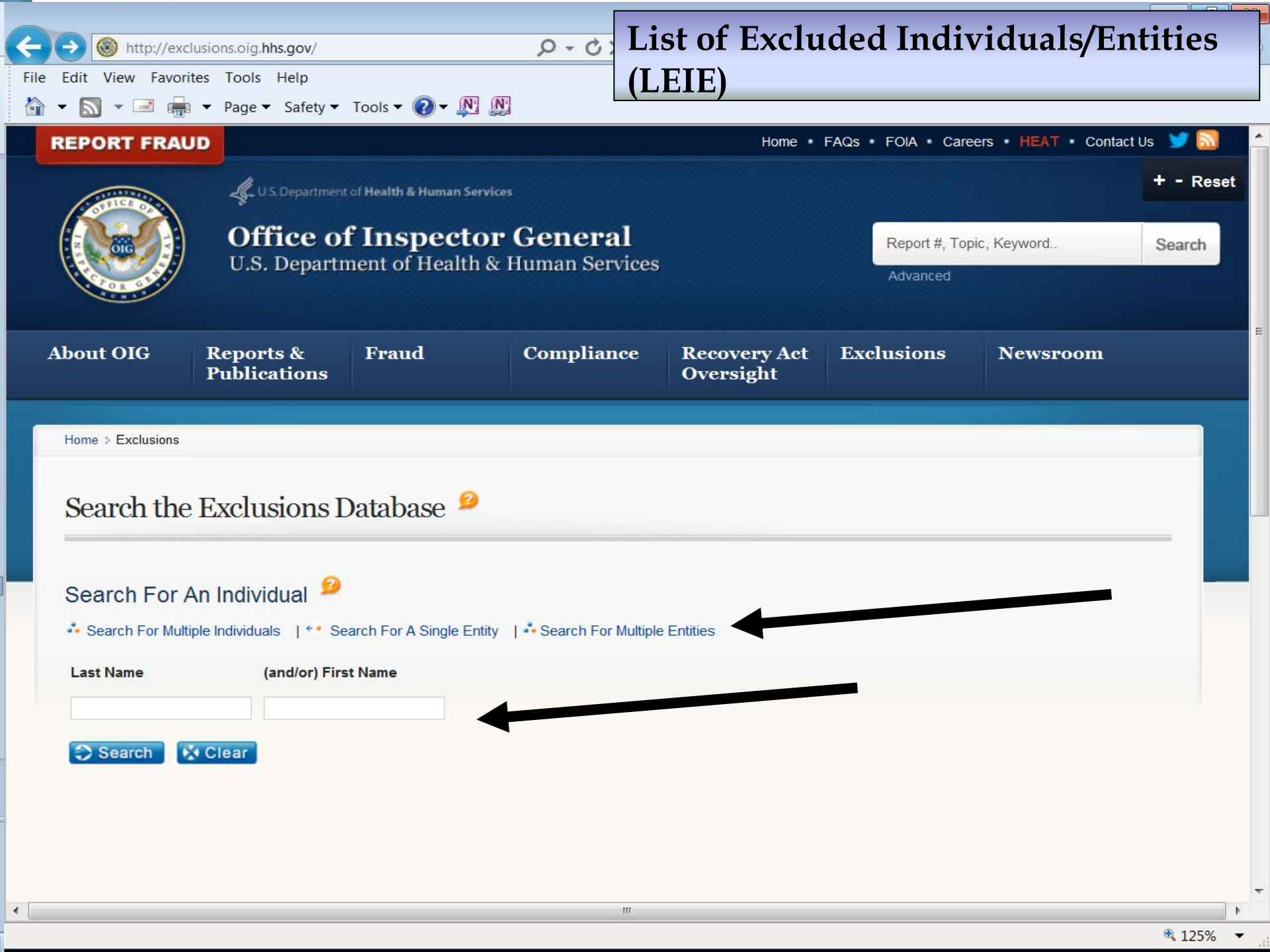
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Please answer the verification question below before continuing your search.
Remaining Attempts: 3



Please enter the number value of each image (example: 587)

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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)



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100% Free

The Official U.S. Government System for:

Contract Opportunities (was fbo.gov)	Assistance Listings (was cfda.gov)
Contract Data (Reports ONLY from fpds.gov)	Entity Information Entities, Disaster Response Registry, and Exclusions
Wage Determinations (was wdol.gov)	Entity Reporting SCR and Bio-Preferred Reporting
Federal Hierarchy Departments and Subtiers	




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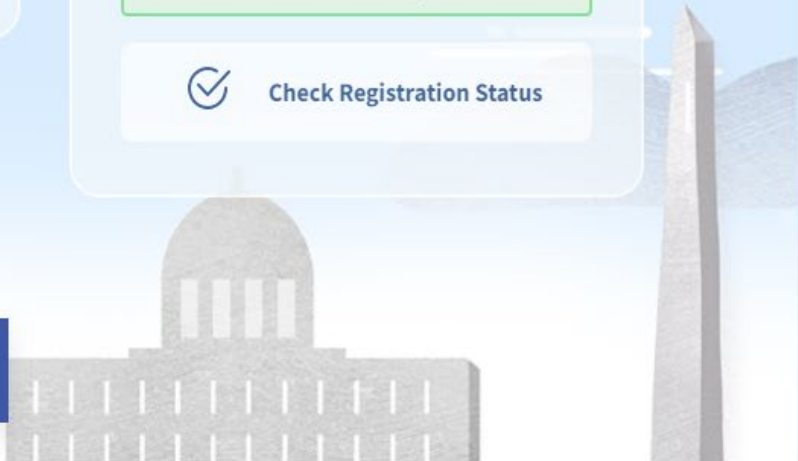
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Please Sign In: You must sign in to your SAM.gov account to search Entities or the Disaster Response Registry.

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All Entity Information

e.g. 123456789, Smith Corp



All Entity Information

Entities

Disaster Response Registry

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Exclusions



Pam Smith



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All Words

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Select Domain
Entity Information




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All Words

e.g. 1606N020Q02



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Filter By



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e.g. 123456789, Smith Corp

Showing 1 - 25 of 1,160 results

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Relevance

Pam Pam ● Active**DUNS** Unique Entity ID
(blank)CAGE Code
(blank)Physical Address
High Ridge, MO 63049 USA

Exclusion

Classification
IndividualActivation Date
Jan 28, 2020Termination Date
Jan 27, 2023**Pam Archbald** ● Active**DUNS** Unique Entity ID
(blank)CAGE Code
(blank)Physical Address
Missouri City, TX 77459 USA

Exclusion

Classification
IndividualActivation Date
Aug 23, 2019Termination Date
Aug 22, 2022**Pam Richardet** ● Active**DUNS** Unique Entity ID
(blank)CAGE Code
(blank)Physical Address
High Ridge, MO 63049 USA

Exclusion

Classification
IndividualActivation Date
Jan 28, 2020Termination Date
Jan 27, 2023**PAM N OLSEN** ● Active**DUNS** Unique Entity ID
(blank)CAGE Code
(blank)Physical Address
PHILADELPHIA, PA 19149 USA

Exclusion

Classification
IndividualActivation Date
Jan 18, 2005

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- Any Words (i)
- 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

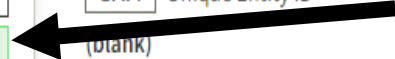
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SAM Unique Entity ID (blank)			Classification Individual
			Activation Date Nov 15, 2004
			Termination Date Indefinite

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
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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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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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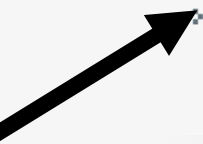
Webcast Modules

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/HIPAAGenInfo/>
- 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

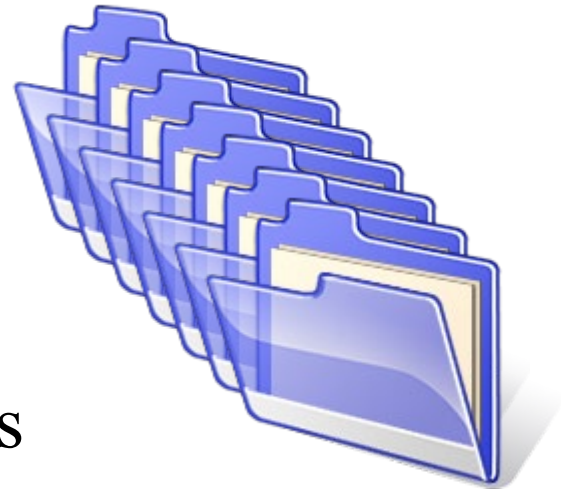
PO Box 202960
Helena, MT 59620-2960



What are we doing?

Our unit is consistently working on several projects:

- Team Reviews
- Self Audits
- 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. Overpayment
13. 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
 - Certified Professional Coders
 - Certified Program Integrity Professionals
 - Licensed Practical Nurses

assigned to multiple provider types and specialties



Contact Information

SURS Supervisor

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406-444-4586



Questions?



