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

**Fall 2023**

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
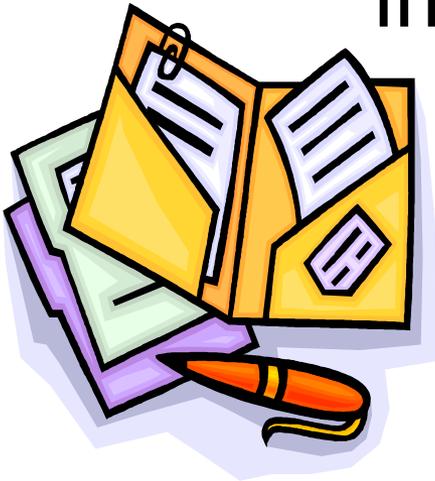
# The Medicaid Processing System

- Claims processing system includes numerous edits

  - To identify most billing errors

  - It doesn't detect all errors

# 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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Montana Healthcare Programs Provider Information » Home

## Montana Healthcare Programs

*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

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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**
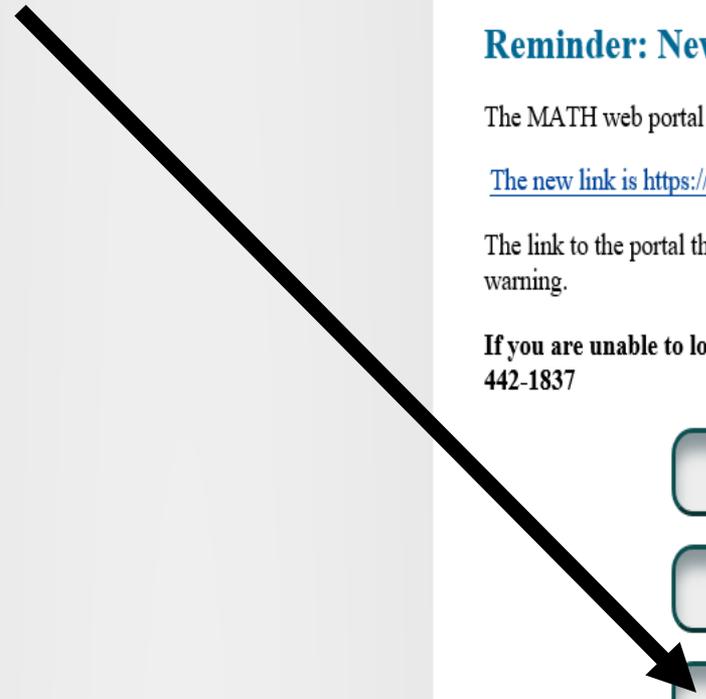
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| Resources by Provider Type | Claim Instructions |
| Training and Events | *Claim Jumper* Newsletters |

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# Select Your Provider Type
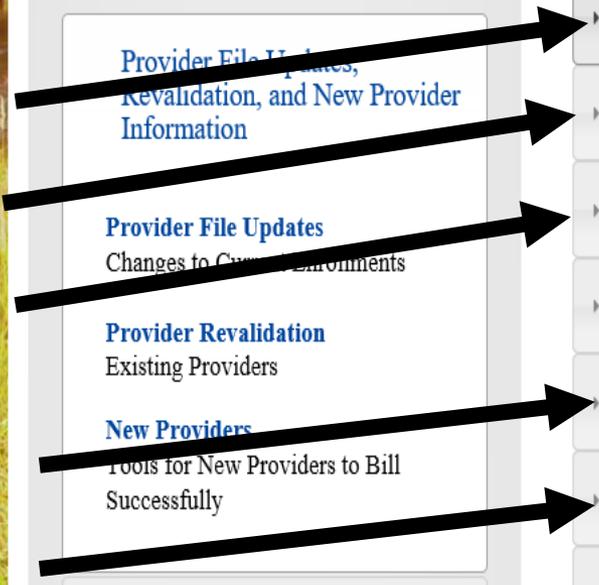
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Provider File Updates, Revalidation, and New Provider Information

MATH Web Portal

Resources by 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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Montana Healthcare Programs Provider Information » Physician

## Physician

**Multiple resources are available on this page**

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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

▸ MATH Web Portal

Prior Authorization

Forms

*Claim Jumper* Newsletters

▸ ***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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Montana Healthcare Programs Provider Information » Claim Jumper Newsletters

### Claim Jumper 2020

## Montana
## Healthcare Programs

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Provider File Updates, Revalidation, and New Provider Information

MATH Web Portal

Resources by Provider Type

### Volume XXXV Issue 5 May 2020

Children's Mental Health
Field Rep Corner
SURS Audit Revelations
Temporary COVID-19 Changes
Nursing Facility Telehealth
Recent Website Posts
Top 15 Denial Reasons
There's a Resource For That!
Key Contacts

### Volume XXXV Issue 4 April 2020

Inside Provider Relations
SURS Audit Revelations
TPL
Field Rep Corner

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

Montana Healthcare Programs Provider Information » Physician

# Physician

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Provider File Updates, Revalidation, and New Provider Information

MATH Web Portal

Resources by Provider Type

Provider Enrollment

### *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

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*Program Members.*

- Provider File Updates, Revalidation, and New Provider Information

- MATH Web Portal

- Resources by Provider Type

- Provider Enrollment

- Montana HELP Plan

- Subscribe to Claim Jumper

- Site Search

- Site Index

▸ **Provider Manuals**

▸ ***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
- Chapter 83 Medicaid for Certain Medicare Beneficiaries and Others
- Chapter 85 General Medicaid Services
- Chapter 86 Medicaid Primary Care Services

- 

▸ **Fee Schedules – Physician**

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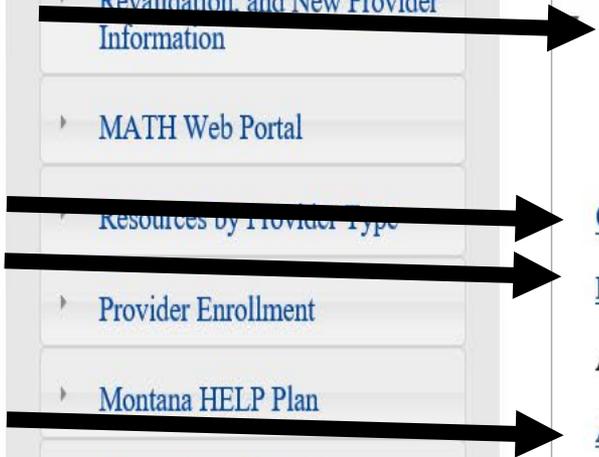
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Site Index

## *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

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SERVICES          AGENCIES          LOGIN          SEARCH MONTANA.GOV

*Montana's Healthcare Program Members.*

Provider File Updates, Revalidation, and New Provider Information

MATH Web Portal

Resources by Provider Type

Provider Enrollment

Montana HELP Plan

Subscribe to Claim Jumper

Site Search

Site Index

Fee Schedules – ATP Tests and Fees

Provider Notices

### *Other Resources*

Prior Authorization Criteria for Specific Services

Rebateable Manufacturers  *04/2018*

SURS Provider Self-Audit Protocol *10/2015*

To locate older documents, access the Archive Page.
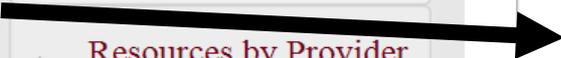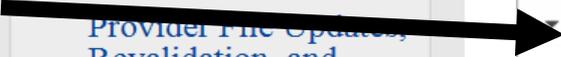
# Rule/Regulation Materials

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

www.ecfr.gov

# Electronic Code of Federal Regulations
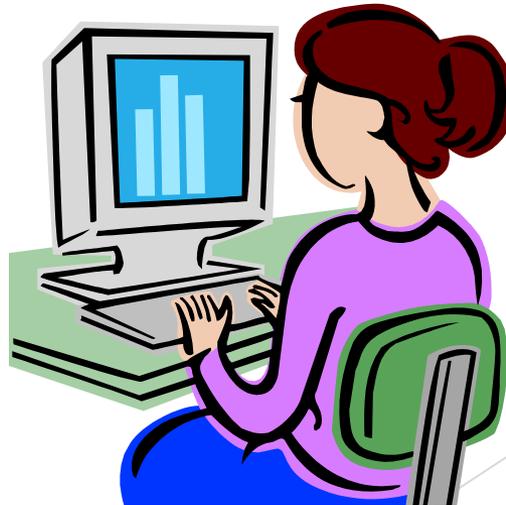
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Corrections
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User Info
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Agency List
Incorporation By Reference

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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

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# Montana Code Annotated 2017

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

# Part 1. Medical Assistance -- Medicaid

http://leg.mt.gov/bills/mca/title_0530/chapter_0060/part_0010/section_0050/0530-0060-001...

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# Physician

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Provider File Updates, Revalidation, and New Provider Information

MATH Web Portal

Resources by Provider Type

Provider Enrollment

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▸   **Provider Manuals**

▾   ***Medicaid Rules and Regulations***

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▸   **Fee Schedules – Physician**

▸   **Fee Schedules – ATP Tests and Fees**

You can search by text, rule number or even chapter number. You can also get a table of contents listing.

http://www.mtrules.org/

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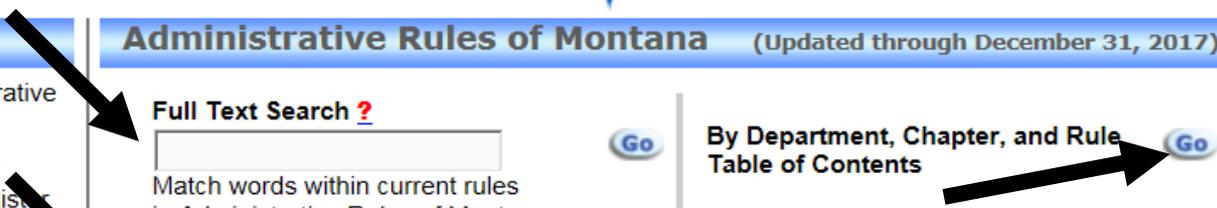**Search By Notice No.** (from January 2007) **?**
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Page: **1**

| Rule No. | Rule Title | Rule File | Effective Date |
|---|---|---|---|
| 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 |

Page: **1**

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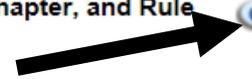Match words within current rules in Administrative Rules of Montana

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[                    ]   Go

e.g., 42.26

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[                    ]   Go

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Click on the Department name to search by Chapters.
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| Dept. No. | Department Name |
|---|---|
| 1 | GENERAL PROVISIONS |
| 2 | ADMINISTRATION |
| 4 | AGRICULTURE |
| 6 | STATE AUDITOR |
| 8 | COMMERCE |
| 10 | EDUCATION |
| 12 | FISH, WILDLIFE, AND PARKS |
| 14 | GOVERNOR |
| 17 | ENVIRONMENTAL QUALITY |
| 18 | TRANSPORTATION |
| 20 | CORRECTIONS |
| 23 | JUSTICE |
| 24 | LABOR AND INDUSTRY |
| 30 | LIEUTENANT GOVERNOR |
| 32 | LIVESTOCK |
| 34 | MILITARY AFFAIRS |
| 36 | NATURAL RESOURCES AND CONSERVATION |
| 37 | PUBLIC HEALTH AND HUMAN SERVICES |

Internet

File   Edit   View   Favorites   Tools   Help

Dept. 37--PUBLIC HEALTH AND HUMAN SERV...

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## Department: PUBLIC HEALTH AND HUMAN SERVICES

37 : PUBLIC HEALTH AND HUMAN SERVICES

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| Chapter No. | Chapter Title |
|---|---|
| 37.1 | ORGANIZATIONAL RULE |
| 37.2 | DEPARTMENT PROCEDURES |
| 37.3 | RESERVED |
| 37.4 | RESERVED |
| 37.5 | FAIR HEARINGS AND CONTESTED CASE PROCEEDINGS |
| 37.6 | RESERVED |
| 37.7 | RESERVED |
| 37.8 | RECORDS AND STATISTICS |
| 37.9 | RESERVED |
| 37.10 | EMERGENCY HEALTH SERVICES |
| 37.11 | RESERVED |
| 37.12 | LABORATORIES |
| 37.13 | RESERVED |
| 37.14 | RADIATION CONTROL |
| 37.15 | RESERVED |

Done

Internet

| | |
|---|---|
| 37.74 | REFUGEE ASSISTANCE |
| 37.75 | CHILD AND ADULT CARE FOOD PROGRAM |
| 37.76 | FOOD AND NUTRITION SERVICES |
| 37.77 | RESERVED |
| 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 |
| 37.83 | MEDICAID FOR CERTAIN MEDICARE BENEFICIARIES AND OTHERS |
| 37.84 | RESERVED |
| 37.85 | GENERAL MEDICAID SERVICES |
| 37.86 | MEDICAID PRIMARY CARE SERVICES |
| 37.87 | CHILDREN'S MENTAL HEALTH SERVICES |
| 37.88 | MEDICAID MENTAL HEALTH SERVICES |
| 37.89 | MENTAL HEALTH SERVICES |
| 37.90 | MENTAL HEALTH MEDICAID FUNDED 1115 AND 1915 WAIVERS |
| 37.91 | CERTIFICATION OF MENTAL HEALTH PROFESSIONAL PERSONS |
| 37.92 | RESERVED |
| 37.93 | LICENSURE OF CHILD PLACING AGENCIES |
| 37.94 | RESERVED |
| 37.95 | LICENSURE OF DAY CARE FACILITIES |
| 37.96 | RESERVED |
| 37.97 | LICENSURE OF YOUTH CARE FACILITIES |
| 37.98 | OUTDOOR BEHAVIORAL PROGRAM |
| 37.99 | RESERVED |
| 37.100 | LICENSURE OF COMMUNITY RESIDENCES |
| 37.101 | RESERVED |
| 37.102 | RESERVED |
| 37.103 | RESERVED |

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## Rule Chapter: 37.85

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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 | | | |

| | Subchapter 3 reserved | | |
|---|---|---|---|
| | **Subchapter 4**<br>**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**<br>**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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# Linda McCulloch
# MONTANA SECRETARY OF STATE

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## Rule: 37.85.414

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Rule Title: MAINTENANCE OF RECORDS AND AUDITING

Department: **PUBLIC HEALTH AND HUMAN SERVICES, DEPARTMENT OF**
Chapter: **GENERAL MEDICAID SERVICES**
Subchapter: **Provider Requirements**

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

**Printer Friendly Version**

### 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. |

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.

(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. |

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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 its not documented, it didn't happen."

Maintain records which demonstrate the extent, nature and medical necessity of services provided [ARM 37.85.414]
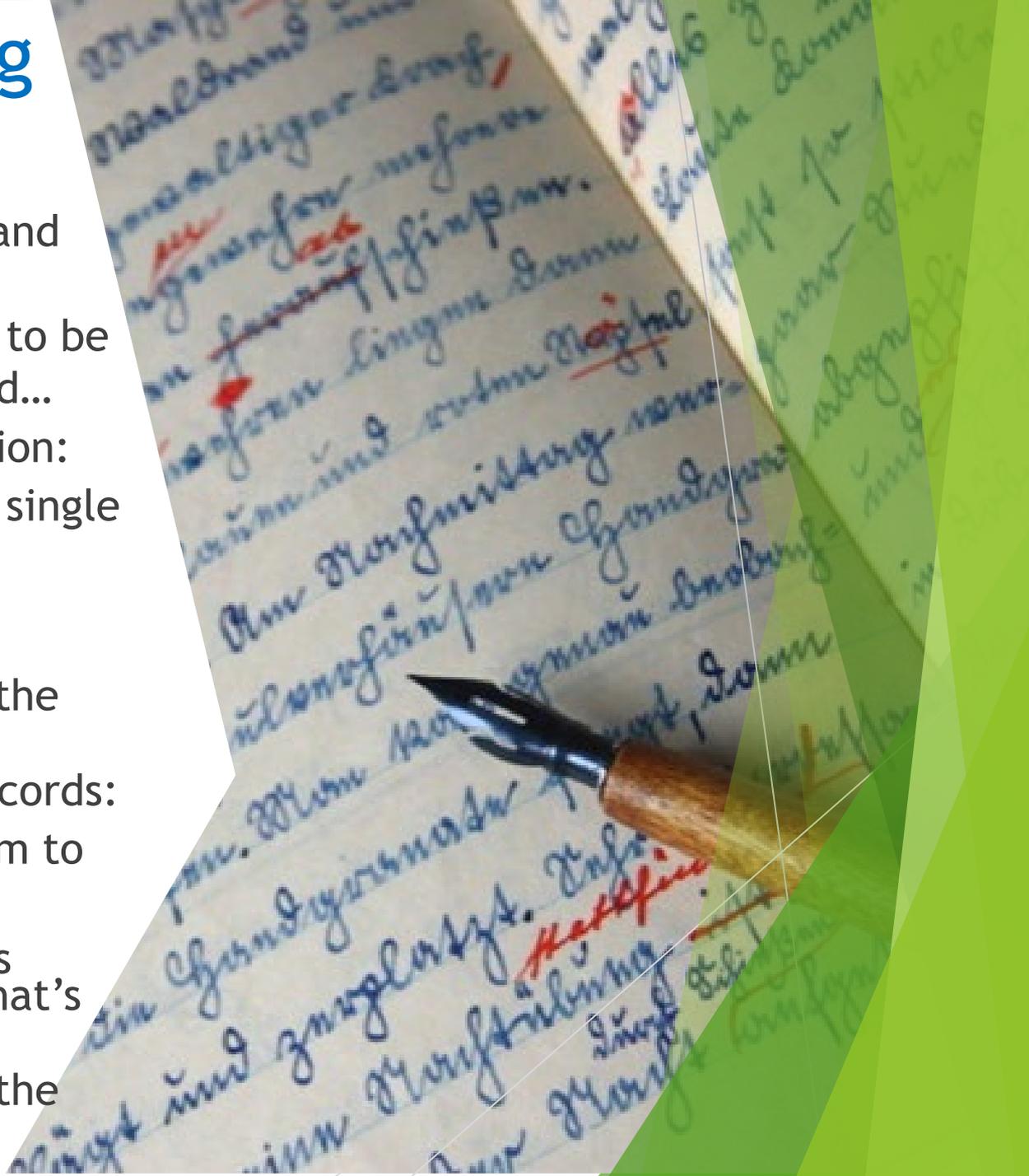
DOCUMENT!

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**)**

https://app.mt.gov/lookup/index.html

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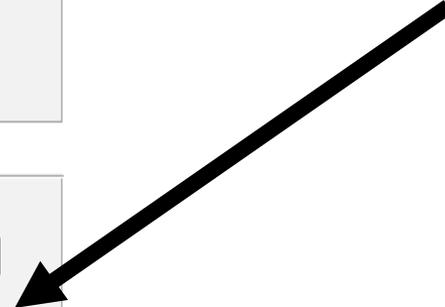
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City                    State    Zip

Country
Select

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Select

License Number

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Business Name

City              State        Zip

Country

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The Official U.S. Government System for:

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(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

NEW  Learn More

Register Your Entity or Get a Unique Entity ID

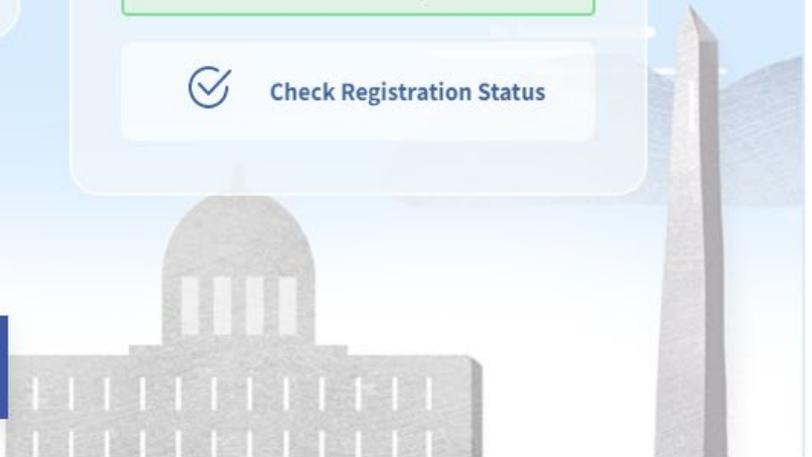Register your entity or get a Unique Entity ID to get started doing business with the federal government.

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.

**Sign In**

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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**

## Search                                    **Advanced Search**

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

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**Advanced Search**

| Exclusions ▼ | Pam Smith ✕ | 🔍 |

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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**

⊕ Get help with searching entity registration

⊕ Get help with searching exclusions information

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e.g. 123456789, Smith Corp

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**Pam Pam** ● Active

| DUNS | Unique Entity ID | | CAGE Code | | Physical Address |
(blank) ... High Ridge, MO 63049 USA

DUNS    Unique Entity ID
(blank)

CAGE Code
(blank)

Physical Address
High Ridge, MO 63049 USA

SAM    Unique Entity ID
(blank)

Exclusion

Classification
**Individual**

Activation Date
Jan 28, 2020

Termination Date
Jan 27, 2023

**Pam Archbald** ● Active

DUNS    Unique Entity ID
(blank)

CAGE Code
(blank)

Physical Address
Missouri City, TX 77459 USA

SAM    Unique Entity ID
(blank)

Exclusion

Classification
**Individual**

Activation Date
Aug 23, 2019

Termination Date
Aug 22, 2022

**Pam Richardet** ● Active

DUNS    Unique Entity ID
(blank)

CAGE Code
(blank)

Physical Address
High Ridge, MO 63049 USA

SAM    Unique Entity ID
(blank)

Exclusion

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

SAM    Unique Entity ID

Exclusion

Classification
**Individual**

Activation Date
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e.g. 123456789, Smith Corp

"Pam Smith"                                    ✕

Classification                                 ⌄

Excluded Individual                            ⌄

Excluded Entity                                ⌄

Federal Organizations                          ⌄

Exclusion Type                                 ⌄

Exclusion Program                              ⌄

Location                                       ⌄

Dates                                          ⌄

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---

**Pam Richardet** ● Active                                    Exclusion

| DUNS Unique Entity ID | CAGE Code | Physical Address | Classification |
| --- | --- | --- | --- |
| (blank) | (blank) | High Ridge, MO 63049 USA | **Individual** |

SAM Unique Entity ID
(blank)

Activation Date
**Jan 28, 2020**

Termination Date
**Jan 27, 2023**

---

**PAM N OLSEN** ● Active                                      Exclusion

DUNS Unique Entity ID          CAGE Code          Physical Address          Classification
(blank)                        (blank)            **PHILADELPHIA, PA 19149 USA**   **Individual**

SAM Unique Entity ID
(blank)

Activation Date
**Jan 18, 2005**

Termination Date
**Indefinite**

---

**PAM MARIE NEWPORT** ● Active                                Exclusion

DUNS Unique Entity ID          CAGE Code          Physical Address          Classification
(blank)                        (blank)            **SAPULPA, OK 74066 USA**   **Individual**

SAM Unique Entity ID
(blank)

Activation Date
**Nov 15, 2004**

Termination Date
**Indefinite**

---

**Pam W. Walters** ● Active                                   Exclusion

DUNS Unique Entity ID          CAGE Code          Physical Address          Classification
(blank)                        (blank)            **Tooele, UT 84074 USA**   **Individual**

SAM Unique Entity ID
(blank)

Activation Date
**Aug 6, 1999**

Termination Date
**Indefinite**

---

**STEPHEN ANTHONY PAM** ● Active                              Exclusion

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

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

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➤   📄 Handout: A Toolkit for Heath Care Boards
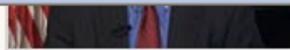
**Inspector General Introduces Compliance Training Videos and Audio Podcasts**

**How to Use the Exclusions Database**

**How to Report Fraud to the OIG**

**OIG's Self Disclosure Protocol**

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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 downloadble 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

Internet                                              100%

# 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

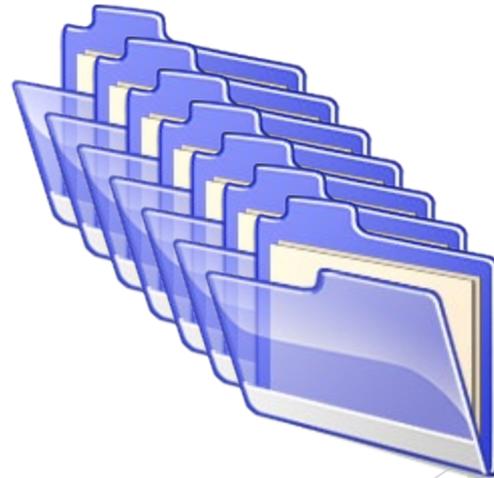HIPAA Program

Office of Legal Affairs


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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?