

# Surveillance Utilization Review Section (SURS)



*Fall/Winter  
2022*

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

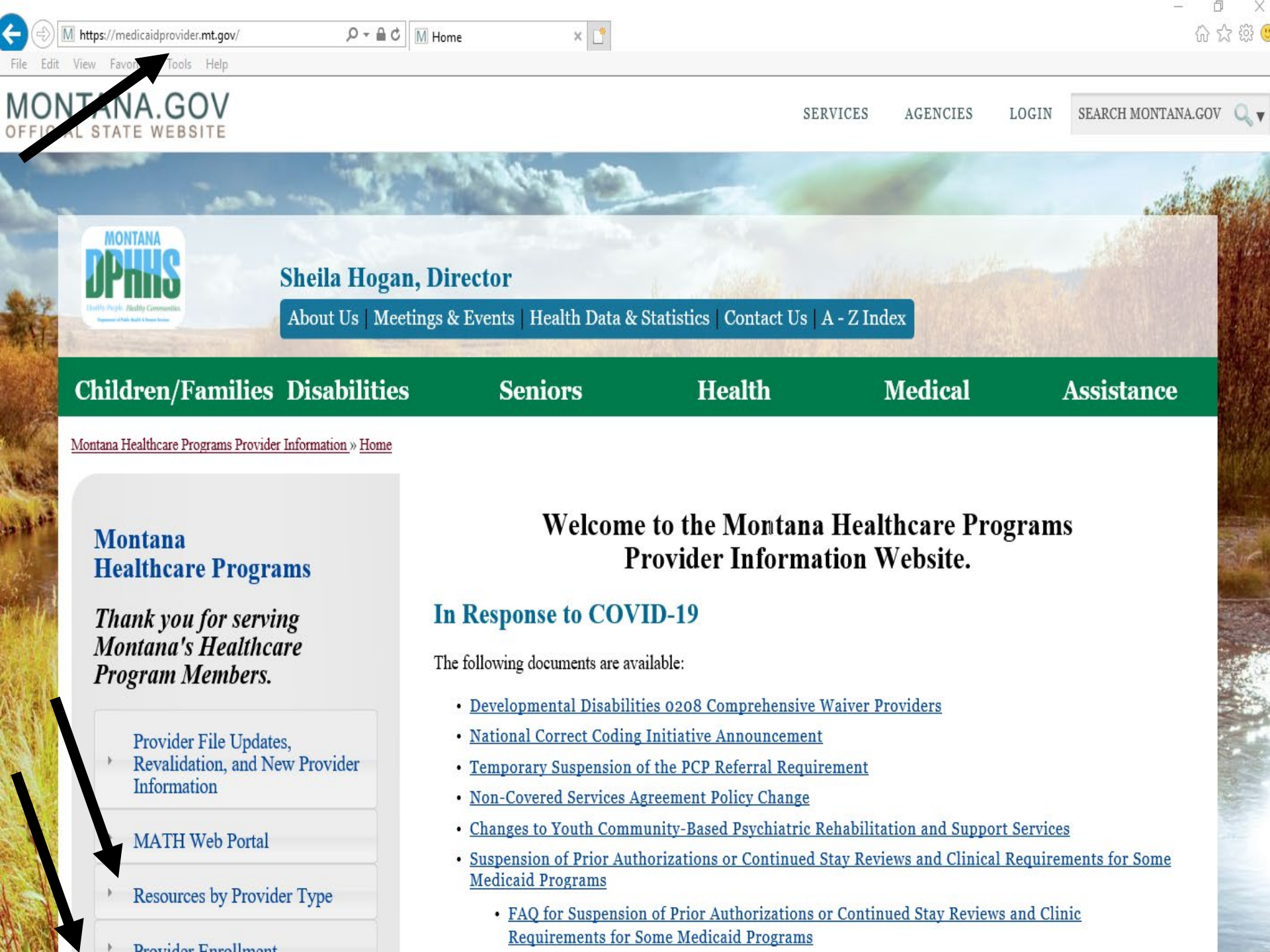
- ▶ SURS can recover if it discovers that the provider was not entitled to payment for any reason.

▶ **[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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## 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](#)

For access to previous Training PowerPoint, 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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[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 | <a href="#">Ambulance</a>                  |
| 03/02/2018 | <a href="#">Ambulatory Surgical Center</a> |
| 03/02/2018 | <a href="#">Audiologist</a>                |
| 03/02/2018 | <a href="#">Chemical Dependency</a>        |
| 03/02/2018 | <a href="#">Chiropractor</a>               |
| 03/02/2018 | <a href="#">Clinic (Public Health)</a>     |
| 03/02/2018 | <a href="#">Clinical Pharmacist</a>        |

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](#)

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Provider File Updates, Revalidation, and New Provider Information

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Changes to Current Enrollments

Provider Revalidation  
Existing Providers

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Tools for New Providers to Bill Successfully

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Claim Jumper 2020

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

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

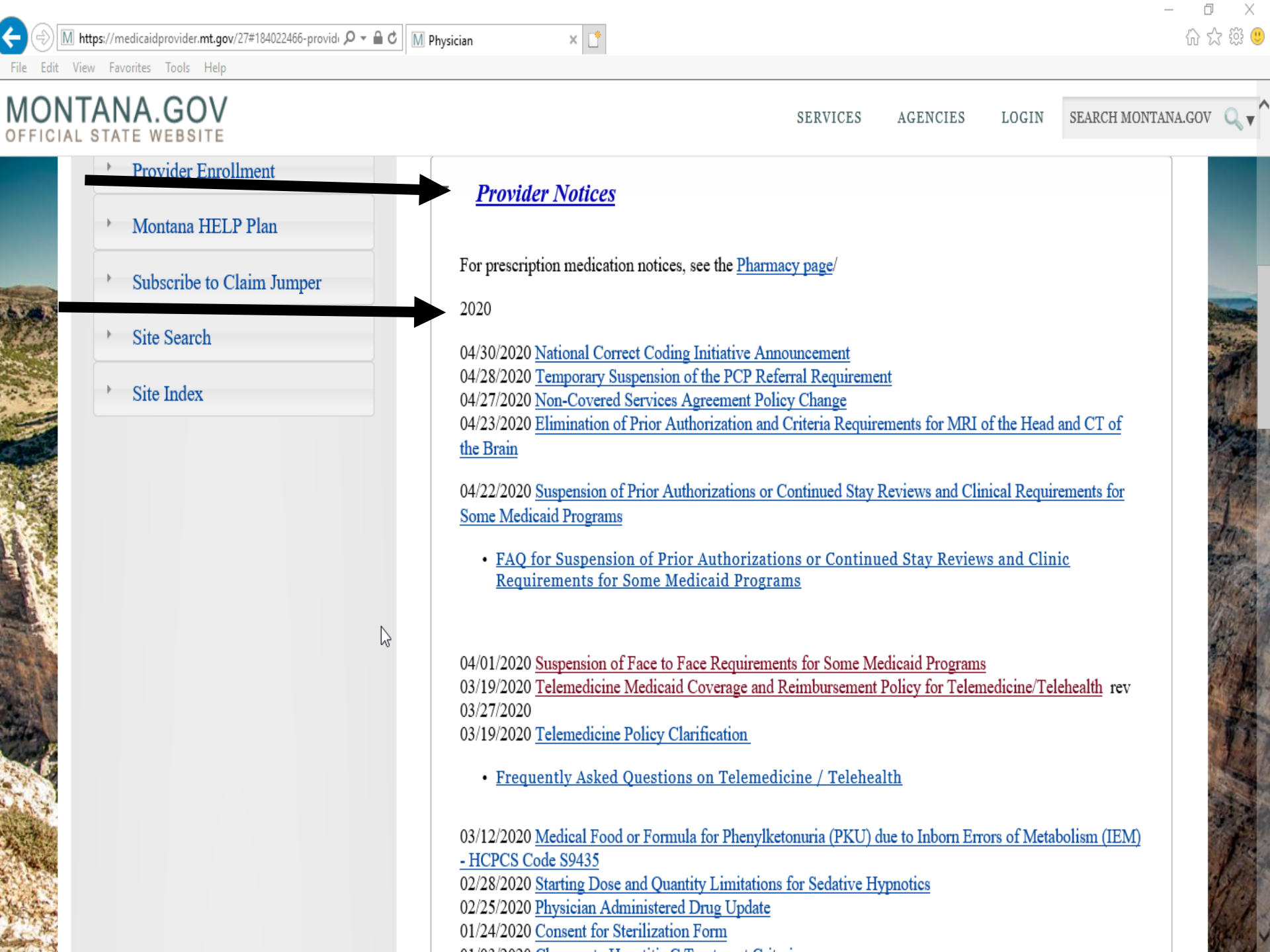
Applicable Section: Title 53, Chapter 6

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

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- 

▶ [Fee Schedules – Physician](#)





Provider Enrollment

Montana HELP Plan

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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](#)

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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](#)

01/22/2020 [Clinical History of the Patient's Current Situation](#)

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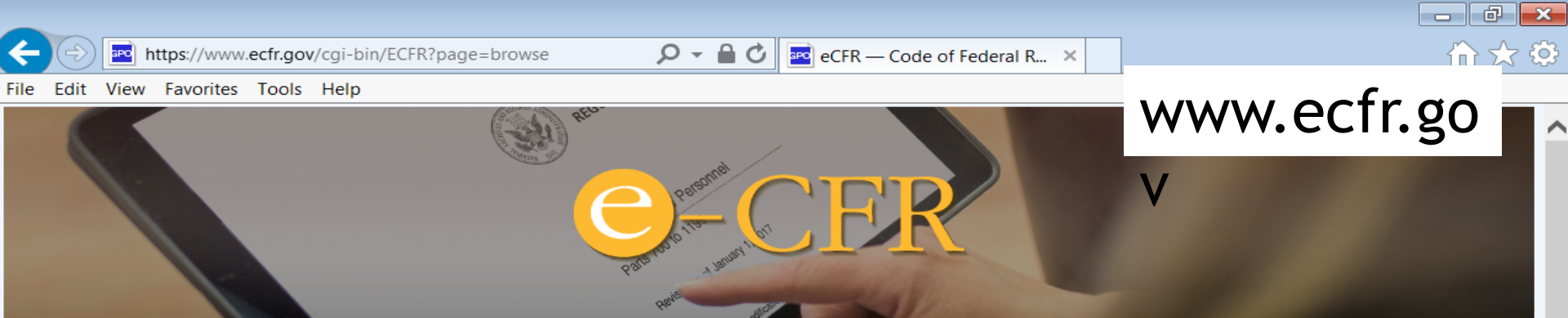
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# Rule/Regulation Materials

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





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Electronic Code of Federal Regulations  
*e-CFR*

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

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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](#)

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[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](#)

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[53-6-124 Definitions](#)

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<a href="#">8.28.1909</a>	Effect of Denial of Application for Telemedicine Certificate		
<a href="#">8.28.1910</a>	Effect of Telemedicine Certificate		
<a href="#">24.101.413</a>	RENEWAL DATES AND REQUIREMENTS		6/10/2017
<a href="#">24.156.801</a>	PURPOSE AND AUTHORITY		10/27/2000
<a href="#">24.156.802</a>	DEFINITIONS		5/14/2010
<a href="#">24.156.803</a>	LICENSE REQUIREMENT		4/29/2017
<a href="#">24.156.804</a>	APPLICATION FOR A TELEMEDICINE LICENSE		4/29/2017
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<a href="#">24.156.811</a>	SANCTIONS		4/29/2017
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<a href="#">37.86.3401</a>	TARGETED CASE MANAGEMENT SERVICES FOR HIGH RISK PREGNANT WOMEN, DEFINITIONS		10/14/2017
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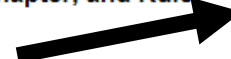
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# Montana Secretary of State Corey Stapleton

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## Rule Chapter: 37.85

Chapter Title: GENERAL MEDICAID SERVICES



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37.85 : GENERAL MEDICAID SERVICES

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



<b><u>Subchapter 3</u></b> <b><u>reserved</u></b>			
<b><u>Subchapter 4</u></b> <b><u>Provider Requirements</u></b>			
<a href="#"><u>37.85.401</u></a>	PROVIDER PARTICIPATION		3/11/1997
<a href="#"><u>37.85.402</u></a>	PROVIDER ENROLLMENT AND AGREEMENTS		3/11/1997
<a href="#"><u>37.85.403</u></a>	ICD CLINICAL MODIFICATION (CM) AND PROCEDURAL CODING SYSTEM (PCS) SERVICES		12/25/2014
<b>Rules 37.85.404 and 37.85.405 reserved</b>			
<a href="#"><u>37.85.406</u></a>	BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT		10/1/2014
<a href="#"><u>37.85.407</u></a>	THIRD PARTY LIABILITY		3/11/1997
<b>Rules 37.85.408 and 37.85.409 reserved</b>			
<a href="#"><u>37.85.410</u></a>	DETERMINATION OF MEDICAL NECESSITY		3/11/1997
<a href="#"><u>37.85.411</u></a>	PROVIDER RIGHTS		6/30/2000
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<b><u>Subchapter 5</u></b> <b><u>Provider Sanctions</u></b>			
<a href="#"><u>37.85.501</u></a>	GROUND FOR SANCTIONING		4/9/2004
<a href="#"><u>37.85.502</u></a>	SANCTIONS		4/9/2004
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<b>Rules 37.85.508 through 37.85.510 reserved</b>			



# 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):

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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: <a href="#">53-6-113</a> , MCA; <a href="#">IMP</a> , <a href="#">53-2-201</a> , <a href="#">53-6-101</a> , <a href="#">53-6-111</a> , <a href="#">53-6-113</a> and <a href="#">53-6-141</a> , MCA; <a href="#">NEW</a> , 1980 MAR p. 1491, Eff. 5/16/80; <a href="#">AMD</a> , 1997 MAR p. 474, Eff. 3/11/97; <a href="#">TRANS</a> , from SRS, 2000 MAR p. 479; <a href="#">AMD</a> , 2005 MAR p. 459, Eff. 4/1/05.

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For questions about the organization of the ARM or this web site, contact [sosarm@mt.gov](mailto: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
<a href="#">37-641</a>	8/9/2013	Current	History: <a href="#">50-1-202</a> , MCA; <a href="#">IMP</a> , <a href="#">50-1-202</a> , MCA; <a href="#">NEW</a> , 1990 MAR p. 1256, Eff. 6/29/90; <a href="#">AMD</a> , 1992 MAR p. 919, Eff. 5/1/92; <a href="#">AMD</a> , 1994 MAR p. 1836, Eff. 7/8/94; <a href="#">AMD</a> , 1999 MAR p. 2879, Eff. 12/17/99; <a href="#">TRANS</a> , from DHES, 2001 MAR, p. 398; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2012 MAR p. 1672, Eff. 8/24/12; <a href="#">AMD</a> , 2013 MAR p. 1449, Eff. 8/9/13.
<a href="#">37-588</a>	<a href="#">8/24/2012</a>	8/9/2013	History: <a href="#">50-1-202</a> , MCA; <a href="#">IMP</a> , <a href="#">50-1-202</a> , MCA; <a href="#">NEW</a> , 1990 MAR p. 1256, Eff. 6/29/90; <a href="#">AMD</a> , 1992 MAR p. 919, Eff. 5/1/92; <a href="#">AMD</a> , 1994 MAR p. 1836, Eff. 7/8/94; <a href="#">AMD</a> , 1999 MAR p. 2879, Eff. 12/17/99; <a href="#">TRANS</a> , from DHES, 2001 MAR, p. 398; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03; <a href="#">AMD</a> , 2012 MAR p. 1672, Eff. 8/24/12.
	<a href="#">8/1/2003</a>	8/24/2012	History: Sec. <a href="#">50-1-202</a> , MCA; <a href="#">IMP</a> , Sec. <a href="#">50-1-202</a> , MCA; <a href="#">NEW</a> , 1990 MAR p. 1256, Eff. 6/29/90; <a href="#">AMD</a> , 1992 MAR p. 919, Eff. 5/1/92; <a href="#">AMD</a> , 1994 MAR p. 1836, Eff. 7/8/94; <a href="#">AMD</a> , 1999 MAR p. 2879, Eff. 12/17/99; <a href="#">TRANS</a> , from DHES, 2001 MAR, p. 398; <a href="#">AMD</a> , 2003 MAR p. 1637, Eff. 8/1/03.

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# Coding Reference Materials

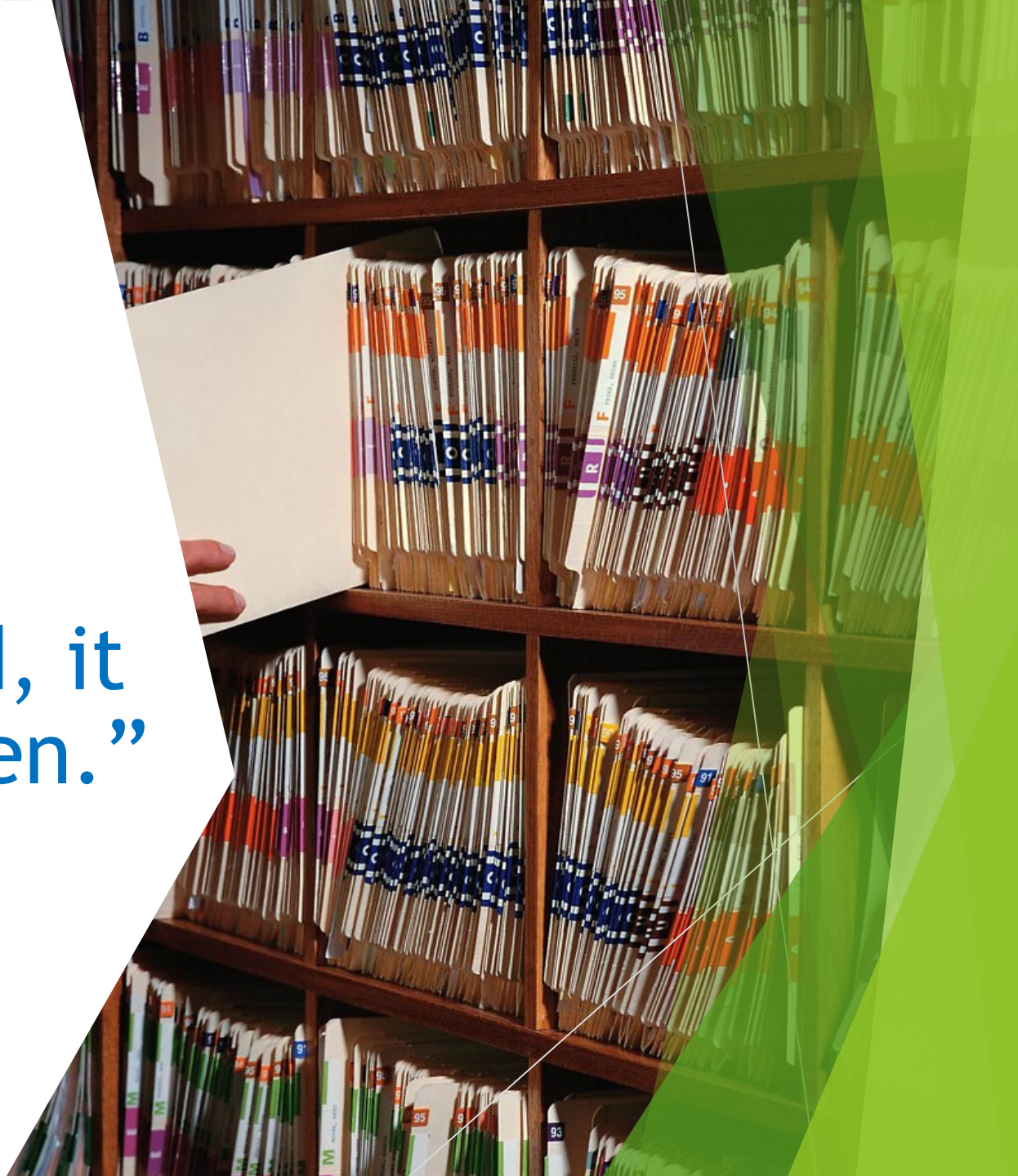
Some coding reference materials

- 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!

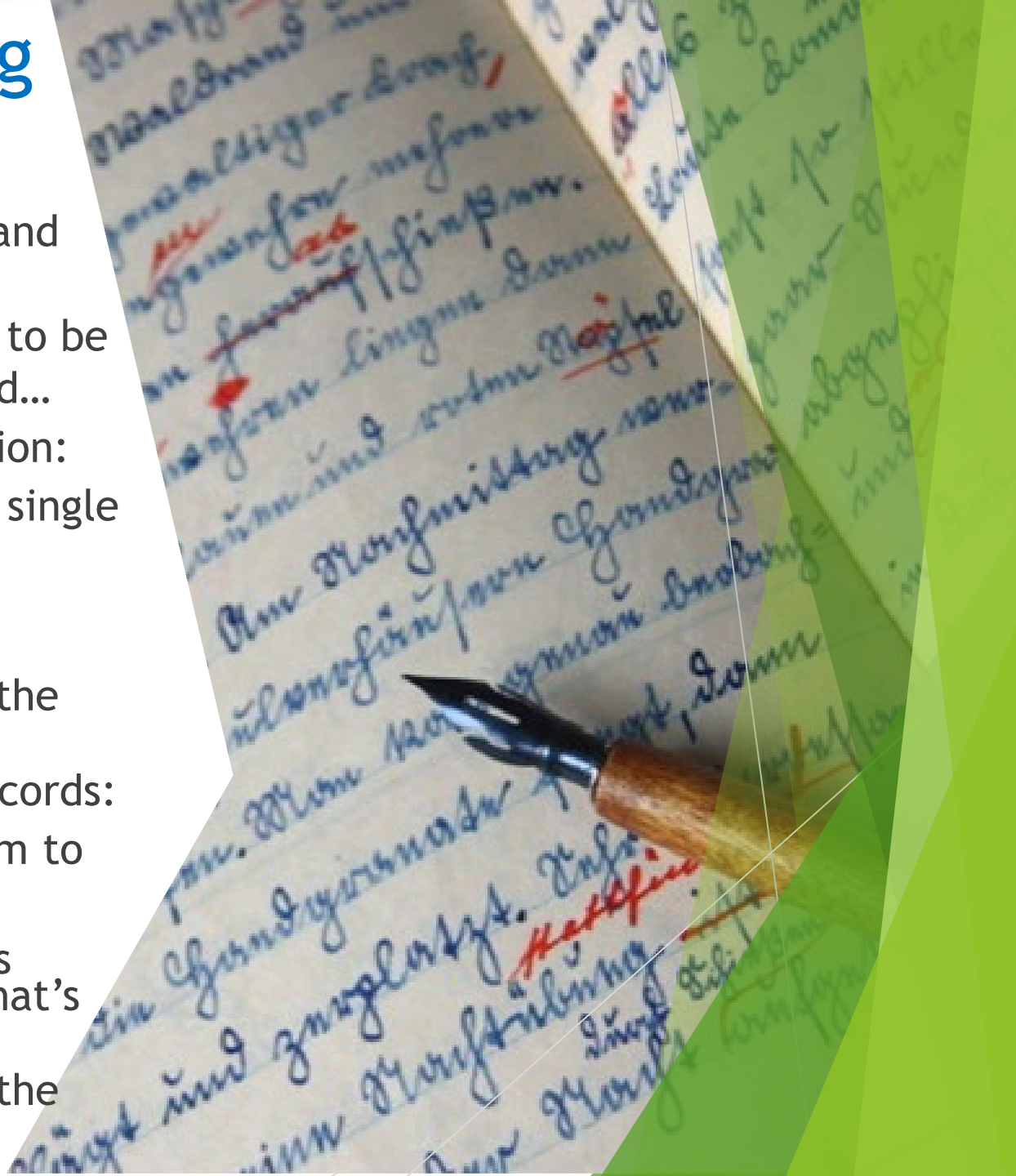
DOCUMENT!



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

[ARM 37.85.414]

[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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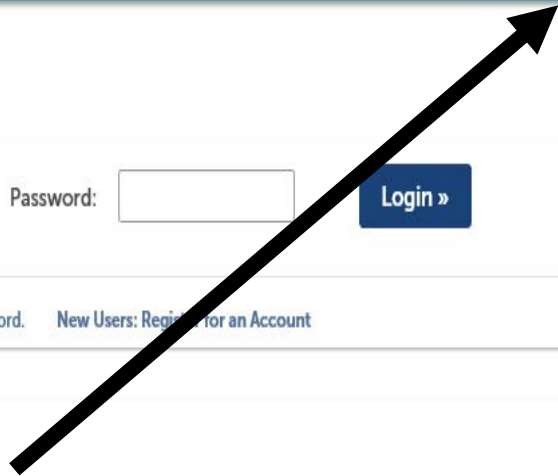
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License Type

Select

License Number

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Last Name

Business Name

City

State

Zip

Country

Select

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Please answer the verification question below before continuing your search.

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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.  
Remaining Attempts: 3



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All Entity Information

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Disaster Response Registry




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**Pam Pam** ● Active

DUNS  
(blank)

Unique Entity ID

CAGE Code  
(blank)

Physical Address  
High Ridge, MO 63049 USA

Exclusion

Classification  
Individual

Activation Date  
Jan 28, 2020

Termination Date  
Jan 27, 2023

**Pam Archbald** ● Active

DUNS  
(blank)

Unique Entity ID

CAGE Code  
(blank)

Physical Address  
Missouri City, TX 77459 USA

Exclusion

Classification  
Individual

Activation Date  
Aug 23, 2019

Termination Date  
Aug 22, 2022

**Pam Richardet** ● Active

DUNS  
(blank)

Unique Entity ID

CAGE Code  
(blank)

Physical Address  
High Ridge, MO 63049 USA

Exclusion

Classification  
Individual

Activation Date  
Jan 28, 2020

Termination Date  
Jan 27, 2023

**PAM N OLSEN** ● Active

DUNS  
(blank)

Unique Entity ID

CAGE Code  
(blank)

Physical Address  
PHILADELPHIA, PA 19149 USA

Exclusion


Classification  
Individual


Activation Date  
Jan 18, 2005


Termination Date

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☐ All Words 


☐ Exact Phrase 


e.g. 123456789, Smith Corp


"Pam Smith" 


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

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

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

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

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](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 Heath Care Boards

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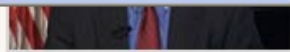
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OIG's Self Disclosure Protocol



Importance of Documentation



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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](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>

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# 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. 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
  - Certified Professional Coders
  - Certified Program Integrity Professionals
  - Subject Matter Experts

assigned to multiple provider types and specialties



# Contact Information

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# Questions?



