

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



Summer 2025 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



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





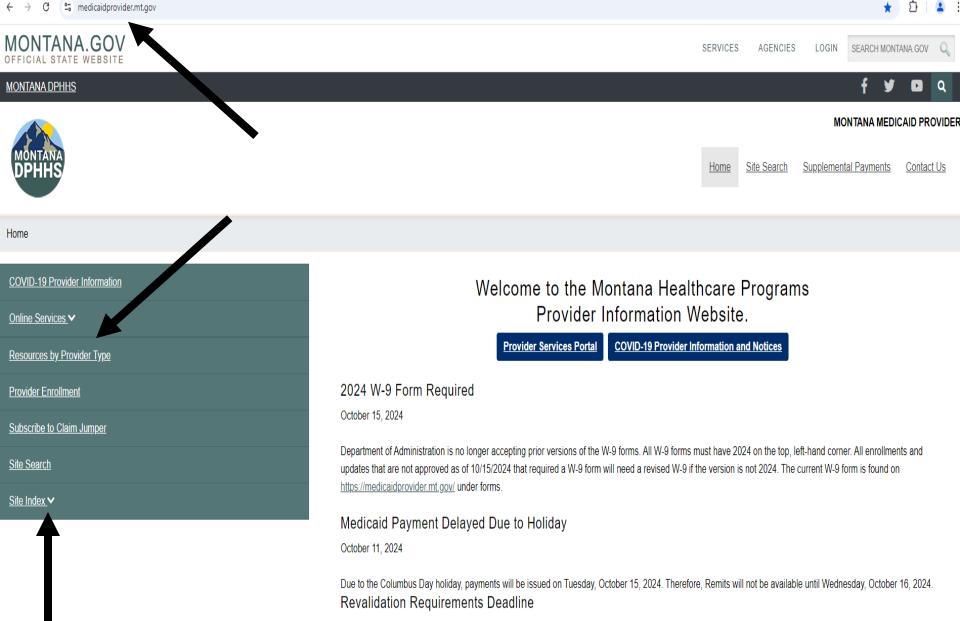
Overpayment Recovery

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/



October 11, 2024

The Department of Public Health and Human Services (DPHHS) has resumed Provider Revalidation post the COVID 19 Public Health Emergency. Provider Revalidation is a federally required compliance measure for providers to verify and update their enrollment information every five years to remain eligible for participation with Montana Healthcare Programs. Currently there are many providers that have not completed their revalidations. Failure to complete overdue revalidations by December 31, 2024, will result in suspended payments. Failure to complete overdue revalidations by December 31, 2024, will result in suspended payments.

· This is a general enrollment training not a series of trainings.

Tenancy Support Enrollment Training Jennifer Stirling, Provider Relations Manager, Conduent, October 15, 2024 at 12pm Mountain Time (1 Hour)

Tenancy Support Claims Training Jennifer Stirling, Provider Relations Manager, Conduent, October 16, 2024 at 11am Mountain Time (2 Hours)

SURS Training Jennifer Tucker, SURS Supervisor, DPHHS, October 17, 2024 at 2pm Mountain Time (1 Hour)

Documentation from a Review Perspective Jennifer Tucker, SURS Supervisor, DPHHS, November 21, 2024 at 2pm Mountain Time (1 Hour)

Diabetes Prevention Program Melissa House, Diabetes Program Manager, DPHHS, December 19, 2024 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.

Recent Website Posts Announcements Drug and Pharmacy News Forms Claim Instructions Claim Jumper Newsletters

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Select Your Provider Type

COVID-19 Provider Information	Select Your Provider Type					
<u>Online Services</u> ✓	Provider types are listed in alphabetical order. Available resources include fee schedules, provider notices, provider manuals, and more.					
Resources by Provider Type	<u>A - C</u>	<u>D - F</u>	<u>G - K</u>	<u>L - 0</u>	<u>P -Q</u>	<u>R - Z</u>
Provider Enrollment						
Subscribe to Claim Jumper	Providers A - C		Providers L - O			
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SERVICES AGENCIES LOGIN SEARCH MONTANA.GOV Q

27	Multiple resources are
COVID-19 Provider Information	available on this page Physician
Online Services V	Prior Authorization Forms Claim Jumper Newsletters
Resources by Provider Type	Provider Manuals
Provider Enrollment	Medicaid Rules and Regulations
Subscribe to Claim Jumper	Fee Schedules – Physician
Site Search	Fee Schedules – ATP Tests and Fees
<u>Site Index</u> ∨	Physician Administered Drugs
	Provider Notices
	Other Resources



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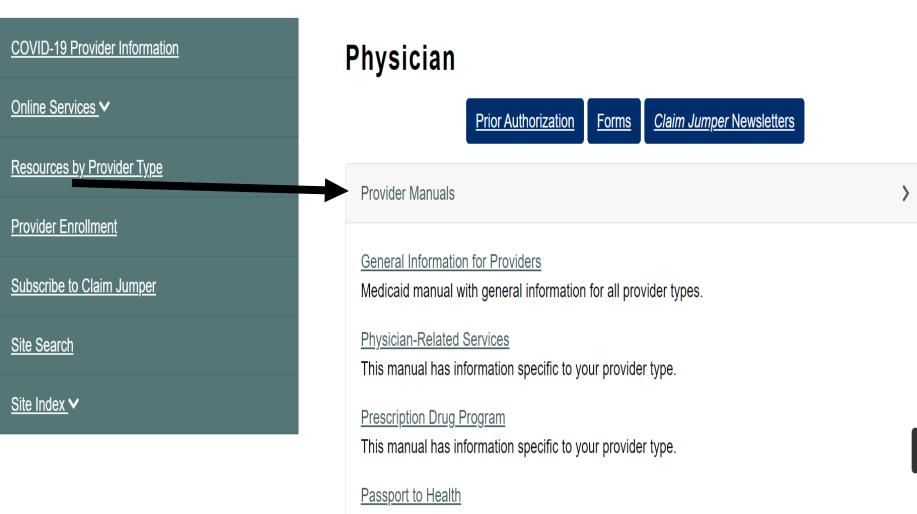
Claim Jumper Newsletters



SURS Revelations: National Correct Coding Initiative (NCCI) Edits



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

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MONTANA.GOV OFFICIAL STATE WEBSITE

Resources by Provider Type	Provider Manuals	~
Provider Enrollment		•
Subscribe to Claim Jumper	Medicaid Rules and Regulations	>
Site Search	Code of Federal Regulations (Title 42)	
<u>Site Index</u> ✓	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)	
	<u>Chapter 79 Healthy Montana Kids</u> Chapter 82 Medicaid Eligibility	
	 <u>Chapter 82 Medicaid Eligibility</u> <u>Chapter 83 Medicaid for Certain Medicare Beneficiaries and Others</u> 	
	 <u>Chapter 85 General Medicaid Services</u> <u>Chapter 86 Medicaid Primary Care Service</u> 	
	Fee Schedules – Physician	V

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Provider Notices

For prescription medication notices, see the Pharmacy page

2024

10/15/2024 Revalidation Requirements Deadline

10/11/2024 COVID-19 Vaccine Codes Removed from Plan First Covered Codes List

09/18/2024 Vaccines for Children Code Update

08/09/2024 Vaccines for Children Code Update

07/29/2024 Prior Authorization Requirements When a Member Has Third Party Liability

06/28/2024 January 1, 2024 and July 1, 2024 Fee Schedule Updates

06/18/2024 Method for Submitting Durable Medical Equipment Prior Authorizations

06/18/2024 DEA Number Required for Prescribers REVISED

06/11/2024 Health Resources Division Claims Appeal Process

05/21/2024 DEA Number Required for Prescribers

05/10/2024 Ordering Genetic Lab Tests from Assurex Health

<u>Site Index</u> ∨	Fee Schedules – ATP Tests and Fees
	Physician Administered Drugs
	Provider Notices
	Other Resources
	Diabetes Self-Management Education Support Services 11/24/2021
	Montana Diabetes Prevention Program Overview Presentation 01/27/2021
	Prior Authorization Criteria for Specific Services
	SURS Provider Internal Self-Review Protocol 10/2023

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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)





Enter a search term or CFR reference (eg. fishing or 1 CFR 1.1)

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Help LAWS

MCA Contents / TITLE 53 / CHAPTER 6 / Part 1

MCA Contents

Montana Code Annotated 2023

Search

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

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	Provider Manuals
Provider Enrollment	Medicaid Rules and Regulations
Subscribe to Claim Jumper	Code of Federal Regulations (Title 42)
Site Search	Montana Code Annotated - https://leg.mt.gov/ (Choose "Laws & Bills" then " Montana Statutes -
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	Applicable Section: Title 53, Chapter 6
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- <u>Chapter 83 Medicaid for Certain Medicare Beneficiaries and Others</u>
- <u>Chapter 85 General Medicaid Services</u>
- <u>Chapter 86 Medicaid Primary Care Service</u>

Fee Schedules – Physician

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Administrative Rules of Montana

ana Montana Administrative Register



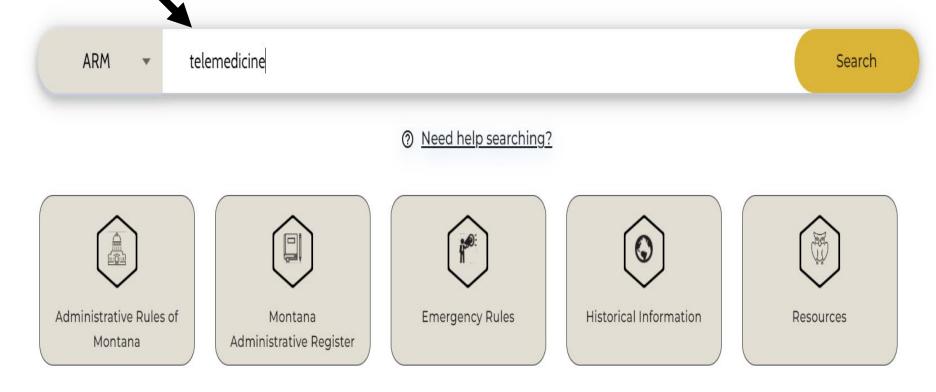
Administrative Rules of Montana

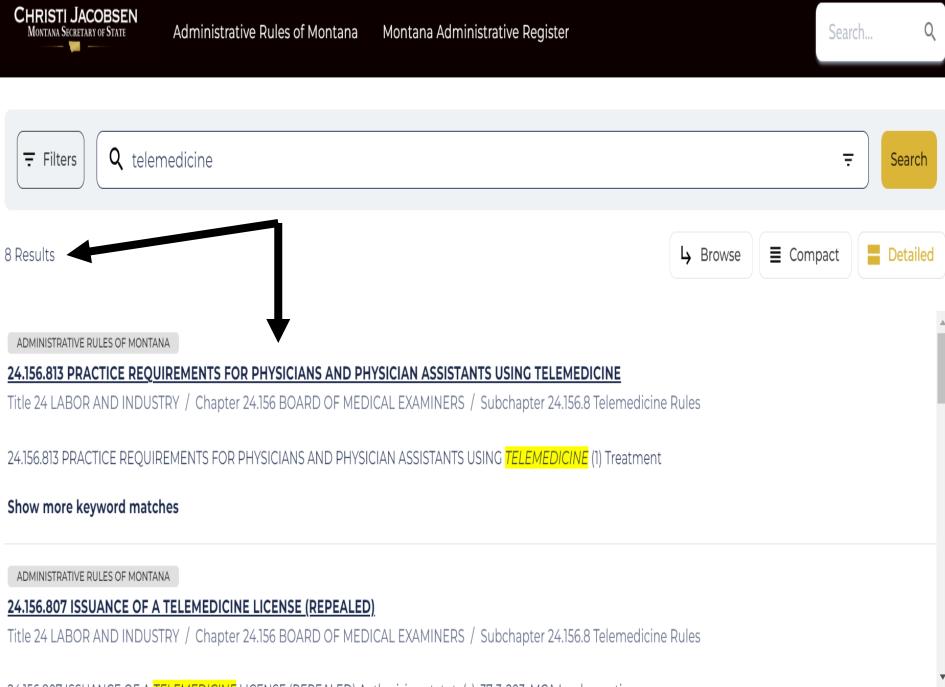
ARM - Search a keyword, rule number, or MCA number

Search



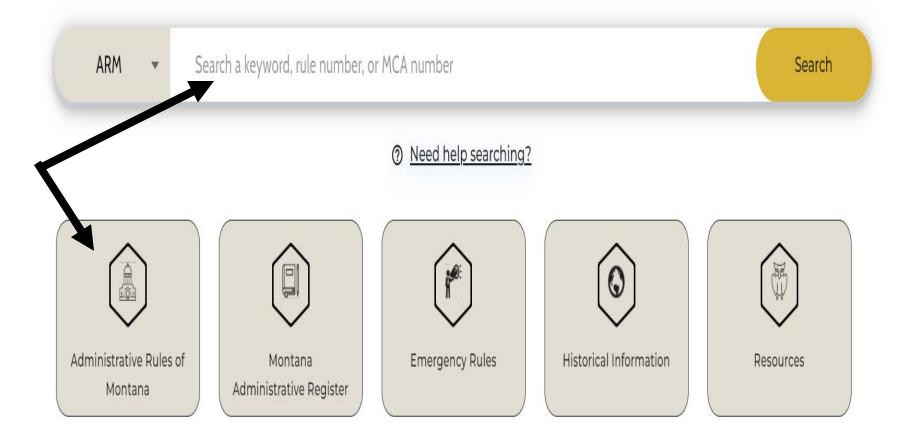
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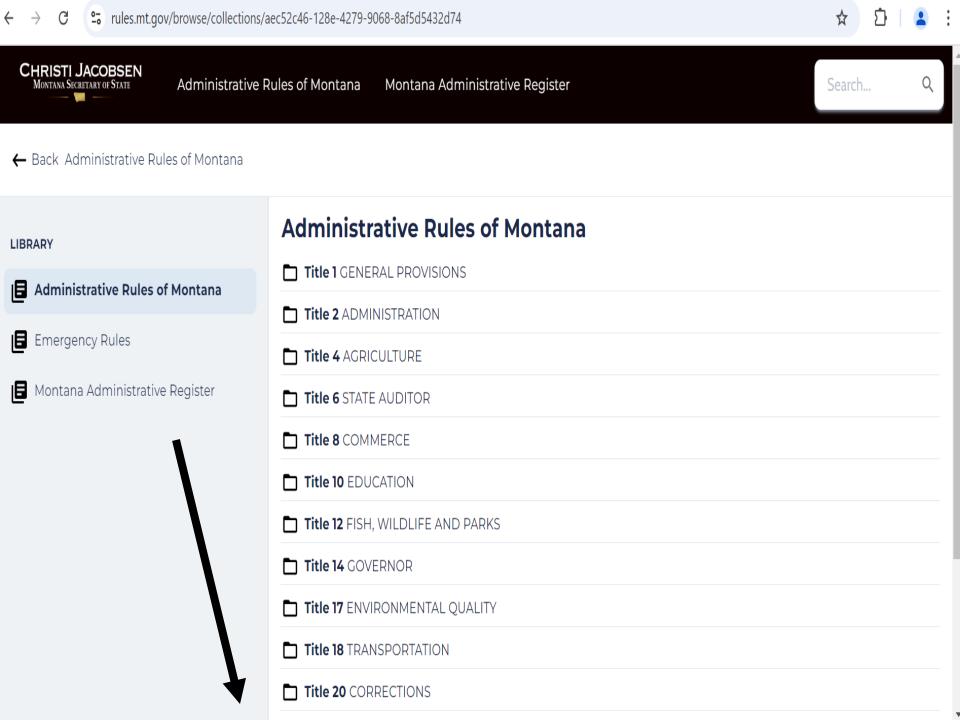






Administrative Rules of Montana









← Back Administrative Rules of M... / Title 37 PUBLIC HEALTH AND HUMAN SERVICES

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ADMINISTRATIVE RULES OF MONTANA
Title 1 GENERAL PROVISIONS
Title 2 ADMINISTRATION
Title 4 AGRICULTURE
Title 6 STATE AUDITOR
Title 8 COMMERCE
Title 10 EDUCATION
Title 12 FISH, WILDLIFE AND PARKS
Title 14 GOVERNOR
Title 17 ENVIRONMENTAL QUALITY

Title 37 PUBLIC HEALTH AND HUMAN SERVICES

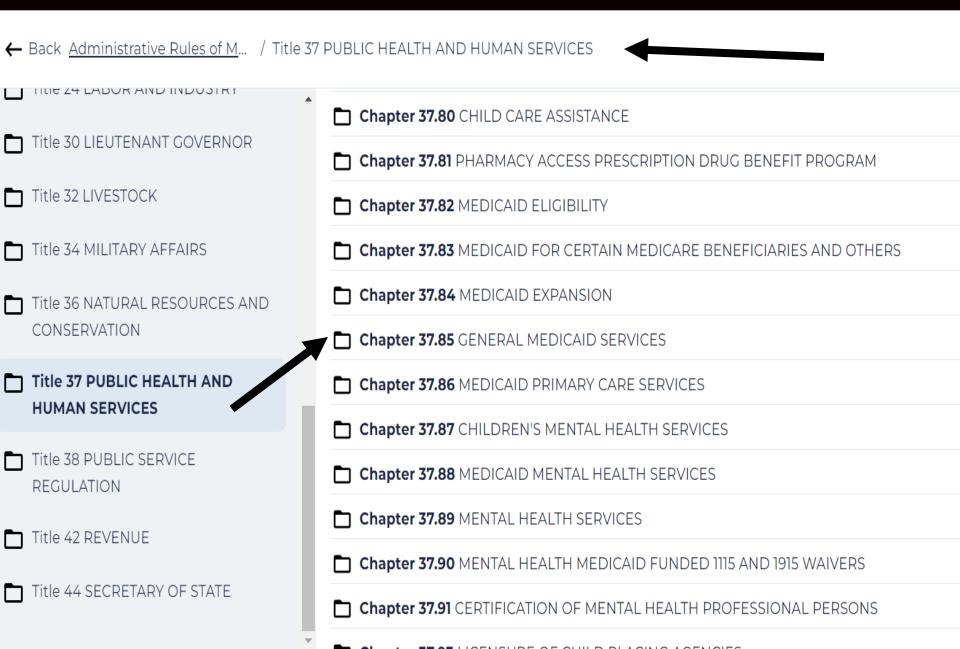
- Chapter 37.1 ORGANIZATIONAL RULE
- **Chapter 37.2** DEPARTMENT PROCEDURES
- Chapter 37.5 FAIR HEARINGS AND CONTESTED CASE PROCEEDINGS
- **Chapter 37.8** RECORDS AND STATISTICS
- Chapter 37.10 EMERGENCY HEALTH SERVICES
- Chapter 37.12 LABORATORIES
- Chapter 37.14 RADIATION CONTROL
- Chapter 37.19 FAMILY PLANNING PROGRAMS
- Chapter 37.21 DOCUMENTATION AND STUDY OF ABORTION

Chapter 37.25 RESIDENTIAL ALCOHOL AND DRUG TREATMENT FOR INDIGENT JUVENILES

Chapter 37.27 CHEMICAL DEPENDENCY PROGRAMS



Montana Administrative Register





← Back Administrative Rules of M... / Title 37 PUBLIC HEALTH A... / Chapter 37.85 GENERAL MEDICAID SERVICES



PUBLIC HEALTH AND HUMAN SERVICES

- Chapter 37.1 ORGANIZATIONAL RULE
- Chapter 37.2 DEPARTMENT PROCEDURES
- Chapter 37.5 FAIR HEARINGS AND CONTESTED CASE PROCEEDINGS
- Chapter 37.8 RECORDS AND STATISTICS
- Chapter 37.10 EMERGENCY HEALTH SERVICES
- Chapter 37.12 LABORATORIES
- Chapter 37.14 RADIATION CONTROL

Chapter 37.85 GENERAL MEDICAID SERVICES

- Subchapter 37.85.1 Montana Medicaid Provider Fee Schedules
- Subchapter 37.85.2 Miscellaneous
- Subchapter 37.85.4 Provider Requirements
- Subchapter 37.85.5 Provider Sanctions
- 🗋 Subchapter 37.85.9 Physician-Administered Drugs
- Subchapter 37.85.11 Montana Medicaid Provider Incentive Program for Electronic Healthcare Records

🗧 🔶 C 🙄 rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/sections/04d448ca-3f59-4354-8b02-89d168b1e0ac

CHRISTI JACOBSEN MONTANA SECRETARY OF STATE Administrative Rules of Montana Montana Administrative Register Searc ← Back Administrative Rules of M... / Title 37 PUBLIC HEALTH A... / Chapter 37.85 GENERAL M... / Subchapter 37.85.4 Provider Requirements **37.85.402** PROVIDER ENROLLMENT AND AGREEMENTS GENERAL MEDICAID SERVICES 37.85.403 ICD CLINICAL MODIFICATION (CM) AND PROCEDURAL CODING SYSTEM (PCS) SERVICES Subchapter 37.85.1 Montana Medicaid Provider Fee Schedules 37.85.406 BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT Subchapter 37.85.2 Miscellaneous 37.85.407 THIRD PARTY LIABILITY Subchapter 37.85.4 Provider 37.85.410 DETERMINATION OF MEDICAL NECESSITY Requirements 37.85.411 PROVIDER RIGHTS Subchapter 37.85.5 Provider Sanctions 37.85.412 INTERPRETATION OF RULES Subchapter 37.85.9 Physician Administered Drugs 37.85.413 LIMITATIONS ON CODING ADVICE Subchapter 37.85.11 Montana Medicaid 37.85.414 MAINTENANCE OF RECORDS AND AUDITING Provider Incentive Program for Electronic Healthcare Records 37.85.415 MEDICAL ASSISTANCE MEDICAID PAYMENT



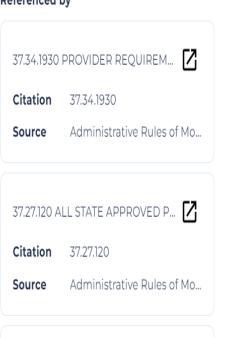
← Back ••• Subchapter ... > 37.85.414 MAINTENANCE OF RECORDS AND AUDITING ▼



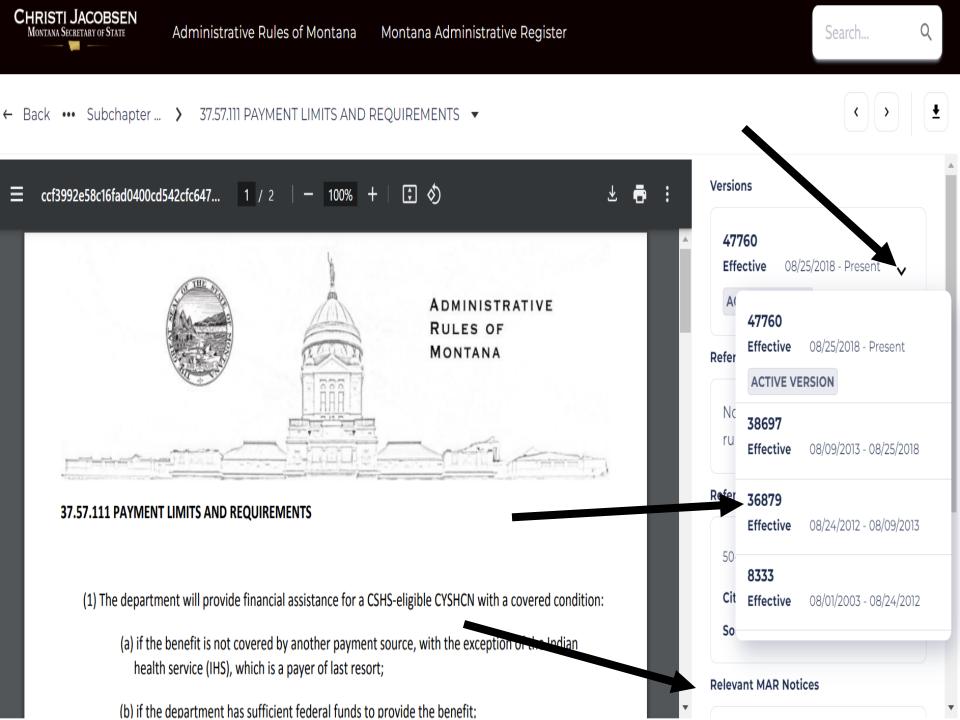
37.85.414 MAINTENANCE OF RECORDS AND AUDITING

(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 sunnort a claim for a service or item must be complete within 90 days after



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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.



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

"If it isn't documented the service can't be substantiated."

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





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 <u>responsibility of the provider</u> to be knowledgeable about sections of the Administrative Rules that relate to their provider type, provider policies and covered services.

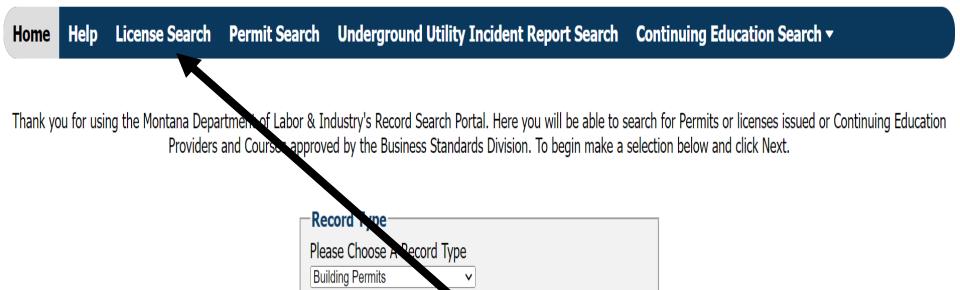
In addition, providers are encouraged to ensure their employees are not listed on the federal exclusion databases.

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

- **DOLI** (https://ebizws.mt.gov/PUBLICPORTAL/home.jsp)
 - LEIE (http://exclusions.oig.hhs.gov/)
 - SAM (https://www.sam.gov)











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		\searrow
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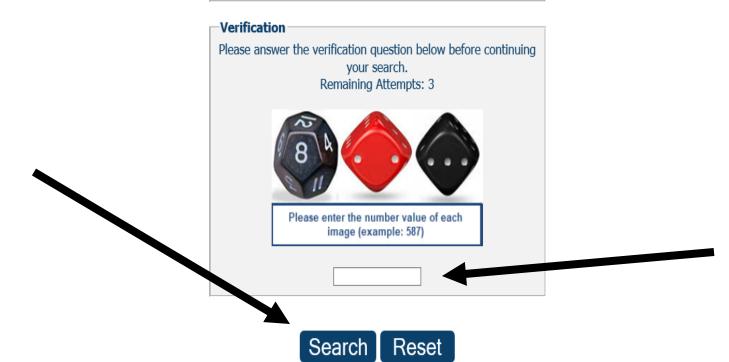
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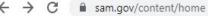
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An official website of the United States government Here's how you know

Official U.S. Government Website 100% Free

System for Award Management (SAM)

Home Search Data Bank Data Services Help

SAM, GOV®

The Official U.S. Government System for:

Contract Opportunities (was fbo.gov)

Contract Data (Reports ONLY from fpds.gov)

Wage Determinations (was wdol.gov)

Federal Hierarchy Departments and Subtiers Assistance Listings (was cfda.gov)

Entity Information Entities, Disaster Response Registry, and Exclusions

Entity Reporting SCR and Bio-Preferred Reporting

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?

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Select Domain...

e.g. 1606N020Q02

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Entity Information

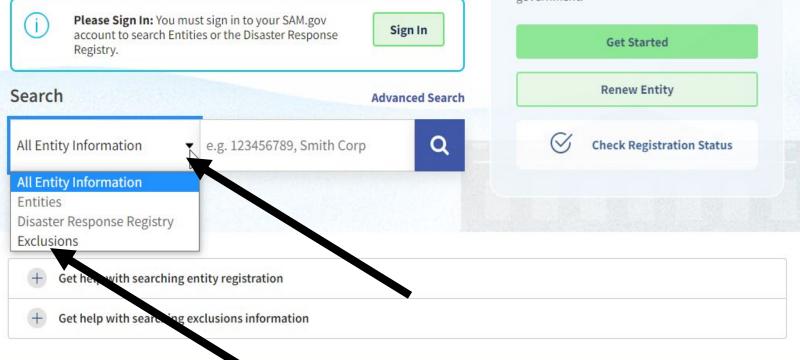
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+ What is an entity?

NEW

Register Your Entity or Get a Unique Entity ID

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



Federal users



Entity Information

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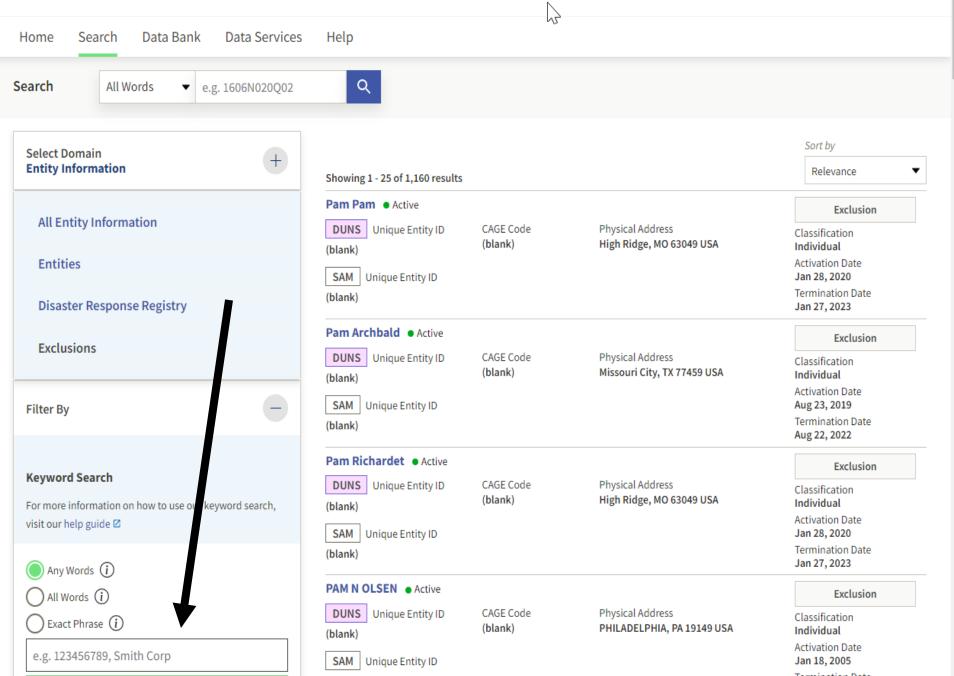
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Federal users

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Keyword Search For more information on how to use our keyword search, visit our help guide 🖸	
Any Words (i) All Words (i) Exact Phrase (i) e.g. 123456789, Smith Corp	

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Keyword Search

For more information on how to use our keyword search, visit our help guide 🗹

Any Words (i) All Words (i) Exact Phrase (i)

e.g. 123456789, Smith Corp

"Pam Smith"
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Excluded Individual
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Federal Organizations
Exclusion Type

Exclusion Program

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SAM Unique Entity ID			Activation Date Jan 28, 2020
(blank)			Termination Date Jan 27, 2023
PAM N OLSEN • Active			Exclusion
DUNS Unique Entity ID	CAGE Code (blank)	Physical Address PHILADELPHIA, PA 19149 USA	Classification Individual
SAM Unique Entity ID			Activation Date Jan 18, 2005
(Dtank)			Termination Date Indefinite
PAM MARIE NEWPORT	Active		Exclusion
DUNS Unique Entity ID (blank)	CAGE Code (blank)	Physical Address SAPULPA, OK 74066 USA	Classification Individual
SAM Unique Entity ID			Activation Date Nov 15, 2004
(blank)			Termination Date Indefinite
Pam W. Walters • Active			Exclusion
DUNS Unique Entity ID (blank)	CAGE Code (blank)	Physical Address Tooele, UT 84074 USA	Classification Individual
SAM Unique Entity ID			Activation Date Aug 6, 1999
(blank)			Termination Date Indefinite
STEPHEN ANTHONY PAM	Active		Exclusion
DUNS Unique Entity ID	CAGE Code	Physical Address	Classification

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Individual

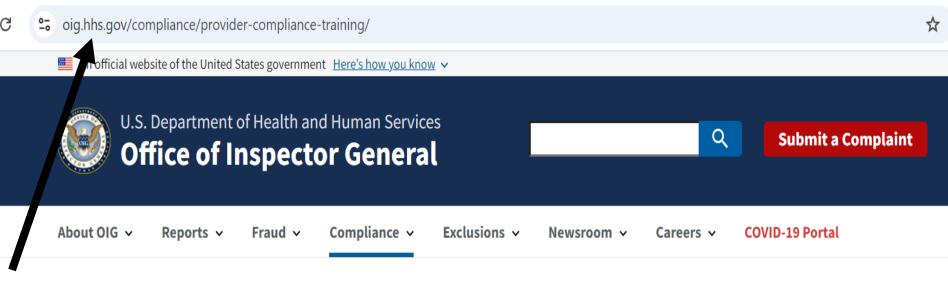


Health Care Fraud Prevention and Enforcement Action Team (HEAT) Provider Compliance Training

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

- Understanding Program Exclusions
- Importance of Documentation





<u>Home</u> > <u>Compliance</u> > HEAT Provider Compliance Training

HEAT Provider Compliance Training

Training resources resulting from the work of the Health Care Fraud Prevention and Enforcement Action Team (HEAT), an HHS/DOJ initiative.

In Spring 2011, HHS-OIG and its government partners provided in-person trainings in Houston, Tampa, Kansas City, Baton Rouge, Denver, and Washington, D.C. The trainings focused on the realities of Medicare and Medicaid fraud and the importance of implementing an effective compliance program.

Video Series

Webcast Modules

There are 16 modules in the HEAT Provider Compliance Training Webcast, recorded on May 18, 2011. The following resources are now hosted on YouTube.

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



HIPAA

- American Recovery & Reinvestment Act has many changes for HIPAA [45 CFR, Part 160-164]
 - http://frwebgate.access.gpo.gov/cgibin/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 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.



DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES



SURS Staff

Jennifer Tucker, CPC, CPIP; SURS Supervisor

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

assigned to multiple provider types and specialties



Contact Information

SURS Supervisor

- » Jennifer Tucker, CPC
 - DPHHS Office of Inspector General SURS Unit PO Box 202953 Helena, MT 59620

jtucker2@mt.gov

406-444-4586





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