

# SUR's SFY 2020 Statistics

These numbers are from reviews that were opened in SFY 2020 (July 1, 2019 - June 30, 2020). Some of these reviews are not complete and may be counted in the previous or following year.

## 1. Top issues reviewed by SURS in SFY 2020:

<b>Type of Issue</b>	<b># of Issues</b>
New Provider Review	217
Active Provider Review – new or not commonly reviewed Medicaid services	51
Optometric exam changes	8
Counseling Risk Factor Reduction and Behavior Change Intervention	5
Sleep Studies	5
Behavior management	4
Interactive Complexity	4
H0010 (medically assisted detox) & H0018 (high-intensity residential services) to see if providers are putting PA's on their claims	3
Home Ventilators	3
Panniculectomy Criteria	3
Pulse Oximetry	3
<b>Type of Follow – Up Review Issue</b>	<b># of Issues</b>
Follow up: Biopsychosocial and Psychotherapy services not meeting documentation criteria/requirements	29
Follow Up: Records not supporting code and/or units billed, overlapping services, lack of updated/current treatment plan, signatures missing/signed over 90days and not allowable TCM service	7
Follow up: Evaluation and Management (E/M) as separately identifiable from other services	4
Follow up: Evaluation and Management Codes	4
<b>Type of Referral Review Issue</b>	<b># of Issues</b>
EOMB referral: Services needed to be verified	9
Program referral: Peer Support and IOP service	8
MFCU referral: Billing for services not provided	6
PERM referral: Pharmacy signature logs	5
EOMB referral: Services not provided	4
MFCU referral: Provider over billing for services	3
<b>Type of Self-Audit Review Issue</b>	<b># of Issues</b>
Self-Audit: DME Product returned to supplier	6

Self-Audit: Billed and/or Paid in error	2
Self-Audit: Allergen Immunotherapy non payable as a stand-alone service for RHC/FQHC	1
Self-Audit: Transcutaneous Electrical Nerve Stimulation (TENS) device and accessories medical necessity not met or non-covered	1
Self-Audit: Procedure code billed in error due to software issues	1
Self-Audit: Billed face to face nurse encounter that was not performed	1
Self-Audit: Therapeutic group home services not meeting weekly minute requirements	1
Self-Audit: Incorrectly billed ABCD dental services	1
Self-Audit: Supervision of unlicensed in-training practitioners	1

2. During SFY 2020, 481 reviews were open for a total of 9,076 records being requested from providers.

3. Number of audits/reviews by provider type.

Provider Type	SURS audits/reviews	Enrolled MT Medicaid Providers (6/30/2020)	% Reviewed
AMBULANCE	1	293	0.34%
AMBULATORY SURGICAL CENTER	1	31	3.23%
AUDIOLOGIST	4	111	3.60%
BIRTHING CENTER		2	
BOARD CERT BEHAVIOR ANALYST	2	30	6.67%
CASE MANAGEMENT - MENTAL HEALTH	1	21	4.76%
CASE MANAGEMENT - TARGETED		18	
CHEMICAL DEPENDENCY CLINIC	11	50	22%
CHILDRENS SPECIAL HEALTH SVCS	1	2	50%
CHIP EYEGLASSES		1	
CHIROPRACTOR (QMB SVCS ONLY)	3	123	2.44%
CRITICAL ACCESS HOSPITAL	3	49	6.12%
DENTAL	27	756	3.57%
DENTAL (CHIP CLIENTS ONLY)	2	745	0.27%
DENTURIST	1	18	5.56%
DEVELOPMENTAL DISABILITIES PGM	4	74	5.41%
DIALYSIS CLINIC	3	34	8.82%
DISEASE MANAGEMENT CONTRACTOR	1	1	100%
DURABLE MEDICAL EQUIPMENT	29	481	6.03%

EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT)	3	164	1.83%
EYEGLASSES		1	
FAMILY PLANNING CLINIC	2	13	15.38%
FEDERALLY QUAL HEALTH CENTER	6	61	9.84%
GROUP/CLINIC	25	1851	1.35%
HEARING AID DISPENSER		39	
HOME & COMM BASED SERVICES	2	549	0.36%
HOME DIALYSIS ATTENDANT	1	Rendering Providers	
HOME HEALTH AGENCY	1	29	3.45%
HOME INFUSION THERAPY	1	21	4.76%
HOSPICE	1	33	3.03%
HOSPITAL - INPATIENT	4	1484	0.27%
HOSPITAL - OUTPATIENT	1	2	50%
HOSPITAL - SWING BED	1	48	2.08%
ICF - MR	1	4	25%
INDEP DIAG TESTING FACILITY	1	29	3.45%
INDIAN HEALTH SERVICES	3	18	16.67%
LABORATORY	7	340	2.06%
LICENSED ADDICTION COUNSELOR	1	55	1.82%
LICENSED PROFESSIONAL COUNSELOR	49	1030	4.76%
LICENSED DIRECT ENTRY MIDWIFE	1	Rendering Providers	
MENTAL HEALTH CENTER	5	33	15.15%
MID-LEVEL PRACTITIONER	43	7283	0.59%
MOBILE IMAGING SERVICE	1	1	100%
NURSING HOME	3	92	3.26%
NUTRITIONIST/DIETICIAN	1	140	0.71%
OCCUPATIONAL THERAPIST	2	309	0.65%
OPIOID TREATMENT PROGRAM	1	Rendering Providers	
OPTICIAN	2	29	6.90%
OPTOMETRIST	7	281	2.49%
PERSONAL CARE AGENCY	1	71	1.41%
PGM 4 ALL-INCLUSIVE CARE 4 ELDER	1	Rendering Providers	
PHARMACIST	1	27	3.70%
PHARMACY	7	603	1.16%
PHYSICAL THERAPIST	31	1006	3.08%
PHYSICIAN	85	19931	0.43%
PODIATRIST	5	106	4.72%
PRIVATE DUTY NURSING AGENCY	1	5	20%
PSYCHIATRIC RES TREATMENT FAC	3	57	5.26%

PSYCHIATRIST	4	369	1.08%
PSYCHOLOGIST	5	459	1.09%
PUBLIC HEALTH CLINIC	1	43	2.33%
RURAL HEALTH CLINIC	1	78	1.28%
SCHOOL	9	500	1.80%
SNF/ICF-MENTAL AGED	1	3	33.33%
SOCIAL WORKER	41	901	4.55%
SPEECH PATHOLOGIST	4	288	1.39%
TAXI	3	15	20%
THERAPEUTIC FOSTER CARE		14	
THERAPEUTIC GROUP HOME	4	24	16.67%
TRANSPORTATION NON-EMERGENCY	1	7	14.29%
TRIBAL	1	2	50%
RECIPIENT (OIG review from 2011)	1		
Total	481*	41,288	1.16%

\*Reviews may continue from the previous or to the next fiscal year

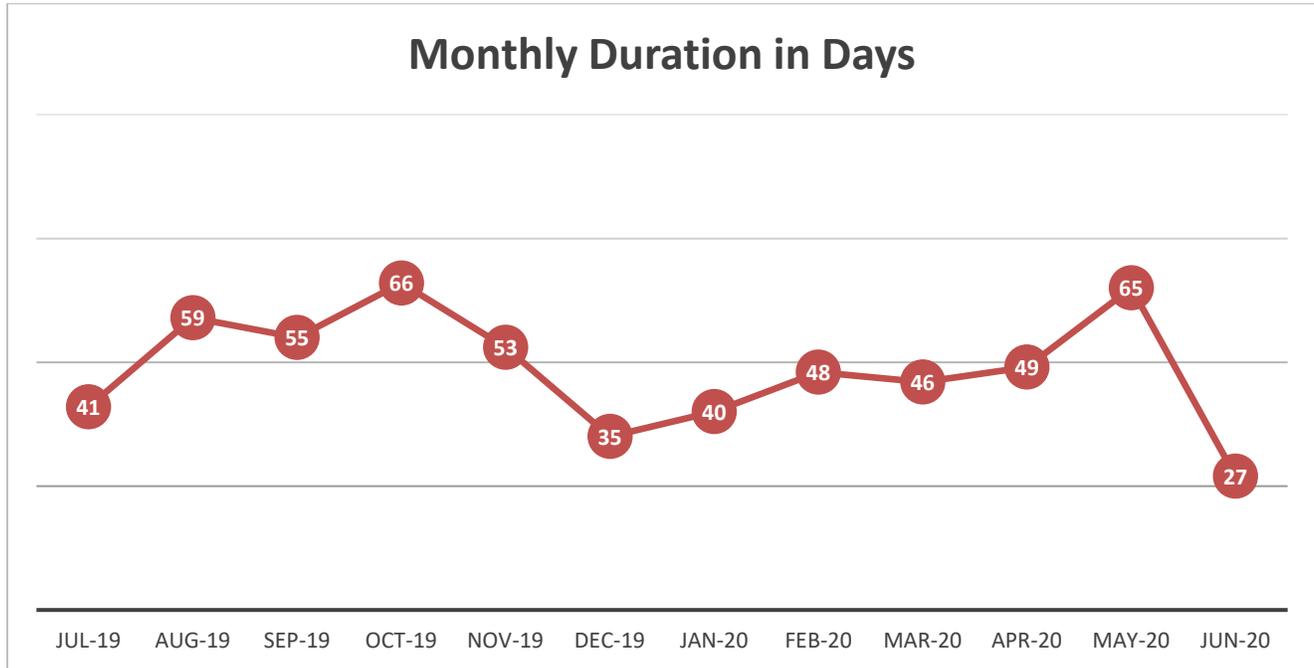
#### 4. The number and aggregate dollar amounts of total reviews.

- Overpayments Identified:
  - 122 reviews
  - \$420,315
- Overpayments Collected\*:
  - 551 payments
  - \$1,088,367
- Underpayments Identified:
  - 3 reviews
  - \$496

*\*The number of payments reported may contain multiple payments per provider.*

*Collections may include overpayments established in prior years.*

5. SFY 20 – The annual average duration of audits/reviews from initiation or records received to completion was 49 days.



6 & 7. Of the 481 reviews, 122 had overpayments established. Of the established overpayments, 36 requested an administrative review, 2 proceeded to fair hearing, 1 continued to Board of Public Assistance and 1 went to Court.

Disposition	Overpayment Upheld		Partial Reversal of Overpayment		Dismissed/ Withdrawn		Still in process		Total
	Reviews	%	Reviews	%	Reviews	%	Reviews	%	Reviews
Administrative Review	6	17%	13	36%	10	28%	7	19%	36
Fair Hearing	2	100%	-	-	-	-	-	-	2
Board of Public Assistance	1	100%	-	-	-	-	-	-	1
Court	-	-	-	-	1	100%	-	-	1

*Reviews may be reflected in more than one category and may be from a review that started in a previous year.*

8. Montana Medicaid does not currently have a contracted auditor.