

# SURS SFY 2020 Statistics

Reviews opened in SFY 2020 (July 1, 2019 - June 30, 2020). Some reviews are not concluded 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. SFY 2020, Reviews opened: 481. Total records requested: 9,076.

3. Number of reviews opened by provider type.

<b>Provider Type</b>	<b>SURS open reviews</b>	<b>Conduent Enrolled MT Medicaid Providers (6/30/2020)</b>	<b>% Based on total SURS Reviews</b>
AMBULANCE	1	293	0.21%
AMBULATORY SURGICAL CENTER	1	31	0.21%
AUDIOLOGIST	4	111	0.83%
BIRTHING CENTER		2	
BOARD CERT BEHAVIOR ANALYST	2	30	0.42%
CASE MANAGEMENT - MENTAL HEALTH	1	21	0.21%
CASE MANAGEMENT - TARGETED		18	
CHEMICAL DEPENDENCY CLINIC	11	50	2.29%
CHILDRENS SPECIAL HEALTH SVCS	1	2	0.21%
CHIP EYEGLASSES		1	
CHIROPRACTOR (QMB SVCS ONLY)	3	123	0.62%
CRITICAL ACCESS HOSPITAL	3	49	0.62%
DENTAL	27	756	5.61%

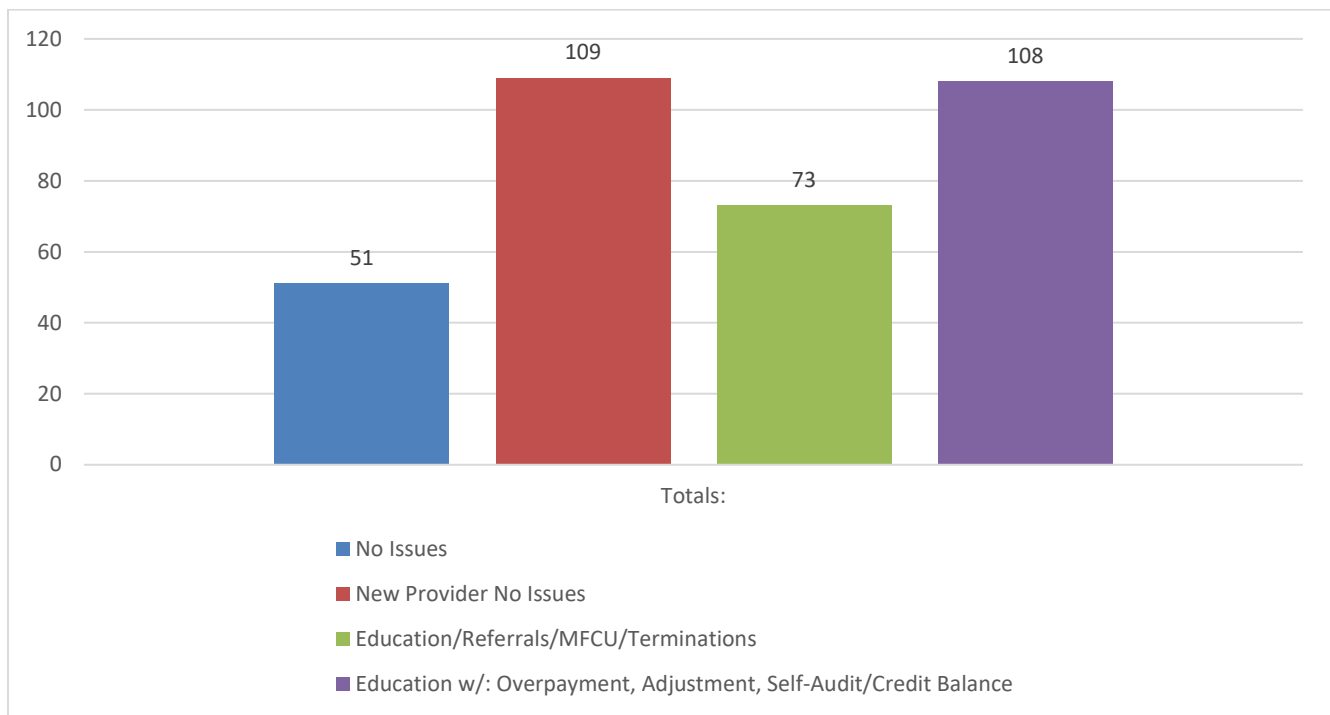
DENTAL (CHIP CLIENTS ONLY)	2	745	0.42%
DENTURIST	1	18	0.21%
DEVELOPMENTAL DISABILITIES PGM	4	74	0.83%
DIALYSIS CLINIC	3	34	0.62%
DISEASE MANAGEMENT CONTRACTOR	1	1	0.21%
DURABLE MEDICAL EQUIPMENT	29	481	6.03%
EARLY AND PERIODICSCREENING, DIAGOSTIC, AND TREATMENT (EPSDT)	3	164	0.62%
EYEGLASSES		1	
FAMILY PLANNING CLINIC	2	13	0.42%
FEDERALLY QUAL HEALTH CENTER	6	61	1.25%
GROUP/CLINIC	25	1851	5.20%
HEARING AID DISPENSER		39	
HOME & COMM BASED SERVICES	2	549	0.42%
HOME DIALYSIS ATTENDANT	1	Rendering Providers	0.21%
HOME HEALTH AGENCY	1	29	0.21%
HOME INFUSION THERAPY	1	21	0.21%
HOSPICE	1	33	0.21%
HOSPITAL - INPATIENT	4	1484	0.83%
HOSPITAL - OUTPATIENT	1	2	0.21%
HOSPITAL - SWING BED	1	48	0.21%
ICF - MR	1	4	0.21%
INDEP DIAG TESTING FACILITY	1	29	0.21%
INDIAN HEALTH SERVICES	3	18	0.62%
LABORATORY	7	340	1.46%
LICENSED ADDICTION COUNSELOR	1	55	0.21%
LICENSED PROFESSIONL COUNSELOR	49	1030	10.19%
LICENSED DIRECT ENTRY MIDWIFE	1	Rendering Providers	0.21%
MENTAL HEALTH CENTER	5	33	1.04%
MID-LEVEL PRACTITIONER	43	7283	8.94%
MOBILE IMAGING SERVICE	1	1	0.21%
NURSING HOME	3	92	0.62%
NUTRITIONIST/DIETICIAN	1	140	0.21%
OCCUPATIONAL THERAPIST	2	309	0.42%

OPIOID TREATMENT PROGRAM	1	Rendering Providers	0.21%
OPTICIAN	2	29	0.42%
OPTOMETRIST	7	281	1.46%
PERSONAL CARE AGENCY	1	71	0.21%
PGM 4 ALL-INCLUSIVE CARE 4 ELDER	1	Rendering Providers	0.21%
PHARMACIST	1	27	0.21%
PHARMACY	7	603	1.46%
PHYSICAL THERAPIST	31	1006	6.44%
PHYSICIAN	85	19931	17.67%
PODIATRIST	5	106	1.04%
PRIVATE DUTY NURSING AGENCY	1	5	0.21%
PSYCHIATRIC RES TREATMENT FAC	3	57	0.62%
PSYCHIATRIST	4	369	0.83%
PSYCHOLOGIST	5	459	1.04%
PUBLIC HEALTH CLINIC	1	43	0.21%
RURAL HEALTH CLINIC	1	78	0.21%
SCHOOL	9	500	1.87%
SNF/ICF-MENTAL AGED	1	3	0.21%
SOCIAL WORKER	41	901	8.52%
SPEECH PATHOLOGIST	4	288	0.83%
TAXI	3	15	0.62%
THERAPEUTIC FOSTER CARE		14	
THERAPEUTIC GROUP HOME	4	24	0.83%
TRANSPORTATION NON-EMERGENCY	1	7	0.21%
TRIBAL	1	2	0.21%
RECIPIENT (OIG review from 2011)	1		0.21%
Total	481*	41,288	100.00%

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

❖ SURS reviewed 1.16% of Medicaid Providers enrolled as June 30, 2020.

## Case Resolution table\*



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

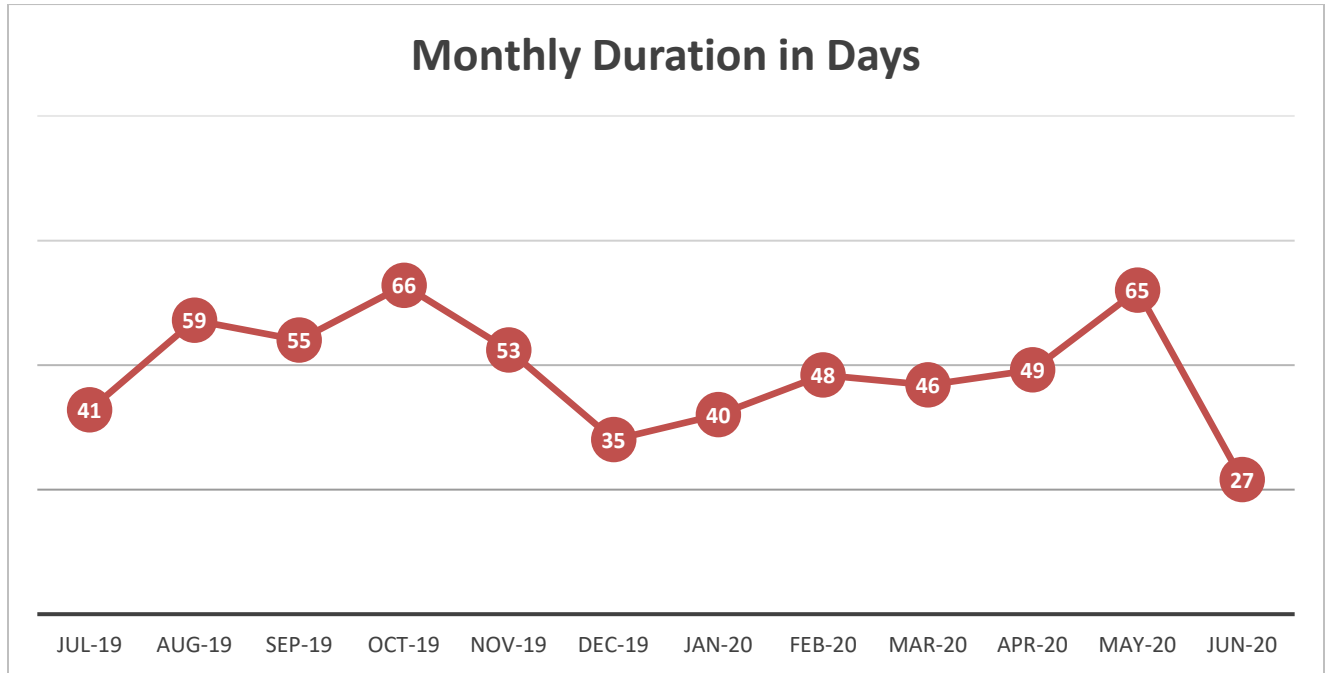
- ❖ SURS provides education regarding error(s) and/or general Medicaid information for every case closed.

### 4. The number and aggregate dollar amount results from SURS reviews.

- Overpayments Identified:
  - 122 reviews
  - \$420,315
- Overpayments Collected\*:
  - 551 payments
  - \$1,088,367
- Underpayments Identified:
  - 2 reviews
  - \$360.02

*\*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 SURS 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 cases proceeded to an Administrative Review (AR)
  - 6 ARs were upheld
  - 13 ARs were partially upheld
  - 8 ARs submitted additional documentation not provided during the initial review. The additional information substantiated the billing.
  - 2 ARs were withdrawn by the provider
  - 7 ARs are still in process
- 2 cases proceeded to Fair Hearing (FH)
  - 2 FHs were upheld
- 1 continued to Board of Public Assistance (BPA)
  - 1 BPA was upheld
- 1 went to Court
  - 1 case was Dismissed

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

SURS advises providers to review all applicable laws, rules and written policies pertaining to the Montana Medicaid Program, including but not limited to Title XIX of the Social Security Act, the Code of Federal Regulations (CFR), Montana Code Annotated (MCA), Administrative Rules of Montana (ARM), and written Department of Public Health and Human Services (Department) policies, including but not limited to policies, contained in the Medicaid Provider Manuals, Provider Notices and Claim Jumper Newsletters.

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