MedicAide

*An informational newsletter for Idaho Medicaid Providers*

From the Idaho Department of Health and Welfare, Division of Medicaid **May 2005**

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Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

# Mental Health Case Management Providers Found Guilty of Medicaid Fraud

The owner and an employee of A Better Way Rehab, a mental health case management agency, were indicted by a federal grand jury last year on 25 counts of Medicaid fraud and one count of conspiracy to defraud the government.

Owner Heidi McBride pleaded guilty in federal court to one count of conspiring to defraud the government and agreed to repay the government for the false claims.

On October 18, 2004, U.S. District Judge B. Lynn Winmill sentenced McBride to six months house arrest; placed her on probation for a period of five years; and ordered her to pay restitution of $128,655.34.

Gary Goodman, an employee at A Better Way Rehab, pleaded not guilty and, after a five day trial, was found guilty of one count of conspiracy and 25 counts of health care fraud in connection with fraudulent billings. McBride testified as a government witness.

**The Fraud Unit and the Surveillance and Utilization Review Unit (SUR) are dedicated to pursuing fraud and abuse in the Medicaid program.**

On November 1, 2004, U.S. District Judge B. Lynn Winmill sentenced Goodman to 21 months in a federal Penitentiary; placed him on supervised release for 3 years; and ordered restitution of $128,655.34.

The crime occurred when Goodman and McBride created false documentation and submitted false claims for services not provided. As part of the conspiracy, case management services were billed for their minor children and minor children of friends who they knew were not eligible for case management services. Progress notes were created to fraudulently document services that had not been provided or had not been provided in the manner and for the duration specified.

The two agencies investigating the case were the HHS Office of Inspector General: Office of Investigations and the Idaho Department of Health and Welfare: Surveillance and Utilization Review Unit.

The Fraud Unit and the Surveillance and Utilization Review Unit (SUR) are dedicated to pursuing fraud and abuse in the Medicaid program. Providers who alter, falsify and/or destroy records will be referred for possible prosecution.

For more information on Medicaid Provider Fraud, go to the Health and Welfare Web site at www.healthandwelfare.idaho.gov and select Reporting Fraud and Abuse from the help menu. Medicaid fraud and abuse can be reported by different methods. By telephone, call (208) 334-0675 or toll-free 1-866-635-7515. To mail a complaint, fill out a provider fraud complaint form found on the Fraud and Abuse website. Complaints can also be sent via e-mail to prvfraud@idhw.state.id.us.

Submitted by: Lori Stiles

## Important Message: HIPAA Security Rule and E-mail

As you may know, the Health Insurance Portability and Accountability Act (HIPAA) Security Rule went into effect on April 20, 2005. Because e-mail service over the public internet is not considered secure, HIPAA rules discourage transmission of Protected Health Information (PHI) through e-mail. PHI is defined by the HIPAA Privacy Rule (Section 164.501) as individually identifiable health information and includes but is not limited to patient names, identification numbers, birthdates, dates of service and other information that could be used to identify an individual. If PHI is sent via e-mail, it should be in an attached, password protected file. EDS staff will no longer send PHI to providers via e-mail except in a protected file. Telephone, fax, and conventional mail are more acceptable alternatives to send and receive PHI if it is necessary to Conduct business. For purposes of e-mail correspondence, the use of an Internal Control Number (ICN) of a Medicaid claim BY ITSELF is not considered PHI.

Submitted by Paul Combs: EDS

## REMINDER

### To Physicians and mid-levels:

⇒ Any representation that a service provided by a nurse practitioner, nurse midwife, physical therapist, physician assistant, psychologist, social worker, or other non-physician professional as a **physician** service is prohibited.

⇒ Non-physician services billed as physician services under the physician's provider number are subject to recoupment of the entire reimbursed amount.

Submitted by: Robbie Charlton: Bureau of Fraud and Investigations

**DHW Phone Numbers**
**Addresses**
**Web Sites**

**DHW Web sites**
www.healthandwelfare.idaho.gov

**Idaho Careline**
211 (available throughout Idaho)
(800) 926-2588

**Provider Fraud and Utilization Review**
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
E-mail:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)

**Healthy Connections**
Regional Health Resources Coordinators

Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7163
(208) 455-7244 (Spanish)
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5766
(208) 528-5786
(800) 919-9945

Spanish Speaking (statewide)
(800) 862-2147

**Prior Authorization Phone Numbers Addresses Web Sites**

**DME Prior Authorizations**

DME Specialist
Bureau of Care Management
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

**PCG**
P.O. Box 2894
Boise, ID 83701

(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

**Pharmacy**
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

**Qualis Health**
(telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Web site
www.qualishealth.org/
idahomedicaid.htm

**Transportation Prior Authorization Unit**

(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

**Ambulance Review**

(800) 362-7648
(208) 287-1155

Fax
(800) 359-2236
(208) 334-5242

March 15, 2005

**MEDICAID INFORMATION RELEASE 2005-10**

**TO:** Hospital Administrators

**FROM:** Leslie M. Clement, Acting Deputy Administrator

**SUBJECT:** **NOTICE OF 2005 MEDICAID RATES FOR SWING-BED DAYS AND ADMINISTRATIVELY NECESSARY DAYS (AND)**

**Effective for dates-of-service on or after January 1, 2005**, Medicaid will pay the following rates:

| | |
|---|---|
| Swing-Bed Day | $182.01 |
| Administratively Necessary Day (AND) | $147.81 |

If you have already billed for swing-bed days since 01/01/05, please submit corrected claim adjustments to EDS in order to receive reimbursement with the new rate listed above.

If you have any questions concerning the information contained in this release, please contact Sheila Pugatch, Senior Financial Specialist for the Bureau of Medicaid Policy, at (208) 364-1817.

Thank you for your continued participation in the Idaho Medicaid Program.

LC/sp/jr

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April 4, 2005

**MEDICAID INFORMATION RELEASE MA05-12**

**TO:** Nursing Facilities

**FROM:** Leslie M. Clement, Acting Deputy Administrator

**SUBJECT:** **EVALUATING NURSING FACILITY'S LOWER OF COSTS OR CHARGES LIMITATION**

The Department was asked by the Nursing Facilities PPS Oversight Committee to explain in further detail how nursing facilities can better manage the lower of cost or charges limitation in all quarters of the fiscal year. The following Information Release clarifies the calculation.

Each year, reimbursement rates are rebased effective July 1st. This calculation of lower of costs or charges remains in effect for the entire rate period from July 1 through June 30. If a revision is made to your private pay rate during the rate period, please contact Myers and Stauffer at 208-378-1400 in order for them to consider your requested change in the following rate quarter.

To avoid the lower of costs or charge limitation, you would benefit from projecting the July 1 rate based on the cost report used to calculate the current rate and the highest (most conservative) acuity level anticipated. If you find that your customary charge is lower or close to this projected July 1st rate, you may want to consider increasing your customary charge to avoid the lower of cost or charge limitation for the entire rate period.

If you have any questions concerning the information contained in this release, please contact Sheila Pugatch, Senior Financial Specialist for the Bureau of Medicaid Policy, at (208) 364-1817.

Thank you for your continued participation in the Idaho Medicaid Program.

LC/sp/kl

April 1, 2005

**MEDICAID INFORMATION RELEASE 2005-11**

**TO:** Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

**FROM:** Randy May, Deputy Administrator

**SUBJECT:** **REPLACEMENT OF INFORMATION RELEASES 2004-14 & 2004-22: New Preferred Agents' for Proton Pump Inhibitor and Triptan Drug Classes**

| | |
|---|---|
| **Drug/Drug Class:** | **Proton Pump Inhibitors, Triptans** |
| **Implementation Date:** | **Effective for dates of service on or after April 1, 2005** |

Idaho Medicaid is designating new preferred agents for the Proton Pump Inhibitor (PPI) and Triptan therapeutic classes as part of the Enhanced Prior Authorization Program. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. **Beginning April 1, 2005**, the preferred agents for the Proton Pump Inhibitors and Triptans drug classes are changing to the following:

| Drug Class | Preferred Agent(s) | Non-preferred Agent(s)^ |
|---|---|---|
| **Proton Pump Inhibitors** | **Nexium®**<br>**Prevacid®**<br>**Prilosec OTC®** | **Aciphex®**<br>**Omeprazole**<br>**Prilosec®**<br>**Protonix®** |
| **Triptans^^** | **Imitrex®**<br>**Maxalt®**<br>**Maxalt MLT®**<br>**Relpax®**<br>**Zomig®**<br>**Zomig ZMT®** | **Amerge®**<br>**Axert®**<br>**Frova®** |

**^Use of non-preferred agents must meet prior authorization requirements**
**^^ Use of any covered product may be subject to prior authorization for quantities or uses outside Food and Drug Administration (FDA) guidelines or indications.**

To assist our providers with providing the right care at the right time with the right price, the Department is presenting the relative cost ranking of the preferred agents' net of all rebates in these classes. The Department requests that all Medicaid providers consider this ranking as a ***secondary*** factor when determining the most appropriate drug therapy for their patients.

*(continued on page 5)*

**EDS Phone Numbers**
**Addresses**

**MAVIS**
(800) 685-3757
(208) 383-4310

**EDS**
Correspondence
PO Box 23
Boise, ID 83707

Provider Enrollment
P.O. Box 23
Boise, Idaho 83707

Medicaid Claims
PO Box 23
Boise, ID 83707

PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

**EDS Fax Numbers**
Provider Enrollment
(208) 395-2198

Provider Services
(208) 395-2072

**Client Assistance Line**
Toll free: (888) 239-8463

**EDS Phone Numbers Addresses**

**Provider Relations Consultants**

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
601 Poleline, Suite 3
Twin Falls, ID 83303

penny.schell@eds.com
(208) 736-2143
Fax (208) 736-2116

Region 6
Janice Curtis
1070 Hiline Road
Pocatello, ID 83201

janice.curtis@eds.com
(208) 239-6268
Fax (208) 239-6269

Region 7
Ellen Kiester
150 Shoup Avenue
Idaho Falls, ID 83402

ellen.kiester@eds.com
(208) 528-5728
Fax (208) 528-5756

*(continued from page 4)*

| **Lowest to Highest Relative Cost (Cost to Medicaid after rebates)** | |
|---|---|
| **Proton Pump Inhibitors** | |
| **Prilosec OTC®** | 100% |
| **Nexium®** | 200% |
| **Prevacid®** | 260% |
| **Protonix®** | 380% |
| **Aciphex®** | 540% |
| **Omeprazole** | 710% |
| **Prilosec** | 820% |
| **Triptans** | |
| **Zomig ZMT®** | 100% |
| **Axert®, Zomig®** | 110% |
| **Maxalt MLT®, Relpax®** | 130% |
| **Maxalt®, Imitrex®** | 160% |
| **Amerge®** | 180% |
| **Frova®** | 210% |

Point-of-service (POS) pharmacy claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria. For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims. **To assist in managing patients affected by these changes, Medicaid will send a separate mailing list to prescribing providers of their patients who are currently receiving therapy and whose claims for these drugs, will be affected.**

The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs, and secondarily on cost.

Additional therapeutic drug classes will be added in the coming months to the Enhanced Prior Authorization (EPAP) program. Please watch for further Information Releases on the Medicaid Pharmacy Web site at www.medicaidpharmacy.idaho.gov .

**A current listing of all the preferred agents by drug class and prior authorization criteria is also available online at** www.medicaidpharmacy.idaho.gov.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

RM/cb

May 1, 2005

**MEDICAID INFORMATION RELEASE MA05-13**

**TO:** Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities

**FROM:** Randy May, Deputy Administrator

**SUBJECT:** **REPLACEMENT OF INFORMATION RELEASE 2004-35: New Prior Authorization Criteria for Ace Inhibitors Drug Class**

| | |
|---|---|
| **Drug/Drug Class:** | **ACE INHIBITORS** |
| **Implementation Date:** | **Effective for dates of service on or after June 1, 2005** |

Idaho Medicaid is designating new preferred agents for the ACE Inhibitor therapeutic drug class as part of the Enhanced Prior Authorization Program. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. Beginning June 1, 2005, the preferred agents for the ACE Inhibitor drug class are changing to the following:

| EPAP Drug Class | Preferred Agent(s) | Non-preferred Agents^ | |
|---|---|---|---|
| **ACE INHIBITORS** | **Captopril** (generic only)<br>**Captopril/HCTZ** (generic only)<br>**Enalapril** (generic only)<br>**Enalapril/HCTZ** (generic only)<br>**Lisinopril** (generic only)<br>**Lisinopril/HCTZ** (generic only)<br>**Ramipril (Altace®)** | **Accupril®**<br>**Accuretic®**<br>**Benazepril**<br>**Benazepril/HCTZ**<br>**Capoten®**<br>**Capozide®**<br>**Fosinopril**<br>**Fosinopril/HCTZ**<br>**Lotensin®**<br>**Lotensin/HCT®**<br>**Monopril®**<br>**Moexipril** | **Perindopril (Aceon®)**<br>**Prinivil®**<br>**Prinzide®**<br>**Quinapril**<br>**Trandolapril (Mavik®)**<br>**Univasc®**<br>**Uniretic®**<br>**Vaseretic®**<br>**Vasotec®**<br>**Zestoretic®**<br>**Zestril®** |

**^Use of non-preferred agents must meet prior authorization requirements.**

To assist our providers with providing the right care at the right time with the right price, the Department is presenting the relative cost ranking of the preferred agents' net of all rebates in this class. The Department requests that all Medicaid providers consider this ranking as a ***secondary*** factor when determining the most appropriate drug therapy for their patients.

*(continued on page 7)*

*(continued from page 6)*

| Lowest to Highest Relative Cost (Cost to Medicaid after rebates) | |
|---|---|
| **ACE Inhibitors** | |
| **Captopril** (Preferred Agent) | 100% |
| **Enalapril Maleate** (Preferred Agent) | 130% |
| **Lisinopril** (Preferred Agent) | 250% |
| **Accupril** | 560% |
| **Aceon** | 810% |
| **Altace®** (Preferred Agent) | 900% |
| **Mavik®** | 1030% |
| **Moexipril** | 1120% |
| **Benazepril** | 1230% |
| **Zestril®** | 1380% |
| **Fosinopril** | 1400% |

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RM/cb

**EDS**
**P.O. Box 23**
**Boise, Idaho 83707**

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 1

## May Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following holiday:

Memorial Day
Monday, May 30, 2005

A reminder that MAVIS (the Medicaid Automated Voice Information Service) is available on State holidays at:

(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

*MedicAide* is the monthly informational newsletter for Idaho Medicaid providers.

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Kathy Gillingham
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PO Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911