

Pharmacy News Bulletin



HealthPlus of Michigan, 2050 S. Linden Road, Flint, MI 48532

www.healthplus.org

May 2011

Inside This Issue

- 1 Change in claims processor
- 1 Reminders and Need-to-Knows
- 2 New ID Cards
- 2 Electronic Funds Transfer (EFT)
- 3 Fraud, Waste and Abuse Education

Enclosures:

- Representative Sample of New HealthPlus ID Cards
- informedRx Electric Funds Transfer (EFT) Request

Important Phone Numbers

HealthPlus Customer Service:	(800) 332-9161
HealthPlus PPO Customer Service:	(888) 212-1512
HealthPlus Customer Service for Pharmacies:	(800) 872-2381
HealthPlus Prior Authorization:	(877) 710-0993

IMPORTANT REMINDER! CHANGE IN CLAIMS PROCESSOR

HealthPlus is pleased to announce our new partnership with informedRx. In March 2011, HealthPlus sent preliminary information about this change. Now, June 1 is just around the corner!

New pharmacy claims processor for HealthPlus: informedRx

EFFECTIVE DATE	Pharmacy Claims For:	OLD BIN and PCN	NEW BIN and PCN
June 1, 2011	All HealthPlus members with the exception of MedicarePlus Part D	BIN: 003585 HMO PCN: 23050 PPO PCN: 23180	BIN: 610011 PCN: 23050
January 1, 2012	MedicarePlus Part D	BIN: 003585 PCN: 98702	BIN: 610011 (not until PCN: 98702 Jan. 1, 2012!)

REMINDERS AND NEED-TO-KNOWS

- For a smooth transition, HealthPlus will send automated POS messages if claims are processed incorrectly:
 - Claims processed with the old BIN and PCN after May 31, 2011, will reject with a POS message: Bill BIN 610011, PCN 23050
 - Claims processed with new BIN and PCN before June 1, 2011, will reject with a POS message that includes the old BIN and PCN
- This is a change in claims processors only. HealthPlus will continue to manage the prescription drug benefit for HealthPlus members.
- Your pharmacy contract is still directly with HealthPlus.
- Your reimbursement rates are not changing.
- Claims will continue to adjudicate on a 7-day cycle
- HealthPlus will continue to perform Customer Service functions for pharmacy claims, including Pharmacy Prior Authorization and specific claims processing issues.
- HealthPlus will continue to administer the Pharmacy Audit Program in conjunction with Pharmacy Outcomes Specialists (no change).
- HealthPlus is changing to Medi-Span as a primary drug information source. You will begin to see Medi-Span GPI codes included on your monthly HealthPlus MAC lists, along with GCN.
- Members will receive new cards with the new claims processor information in mid to late-May 2011 (later in the year for MedicarePlus Part D members).
- HealthPlus will continue to process MedicarePlus Part D claims through MedImpact until December 31, 2011. There is no change for Part D or current processes for Part D, so you will continue to receive payment for HealthPlus MedicarePlus Part D claims from MedImpact.
- A standard informedRx payer sheet is available at www.informedrx.com/pharmacies.

IMPORTANT! In anticipation of this change, please plan to complete any reversals (for example, routine back-to-stock prescriptions that were not picked up) prior to June 1, 2011. Claims with a date of service prior to June 1, 2011 must be processed/adjusted by August 31, 2011.

NEW ID CARDS

Due to the change in claims processors, HealthPlus is mailing new ID cards to all members. The vast majority of HealthPlus members will receive cards in late May, and MedicarePlus Part D members will receive cards in December for January 1. The information mailed with the card instructs members to begin using their new card on June 1, and to destroy their old card(s).

What are the important things for you to know?

- **The member's ID number and coverage have not changed**
- The new card contains the BIN and PCN numbers for billing prescriptions to informedRx
- For PPO members, HealthPlus is changing from individual cards to a family card-the subscriber and all dependents will now be listed on a single card.

For your reference, we've included an insert that contains a representative sample of the new ID cards.

Reporting Fraud and Abuse

To report a questionable compliance practice, call the HealthPlus Hotline (800-345-9956 #4- can be anonymous), or call or write the HealthPlus Compliance and Privacy/Security Official, Theresa Schurman, 810-720-8199; 2050 S. Linden Road, Flint, Michigan 48532; tschurma@healthplus.org.

For Medicaid fraud, waste and abuse, you may contact the Department of Community Health Medicaid Integrity Program at 1-866-428-0005 or write to them at www.michigan.gov/mdch or 400 S. Pine Street, 6th Floor, Lansing, MI 48909; or you may contact the Office of Inspector General (OIG) of Health and Human Services at 1-800-222-8558.

For Medicare or Medicare Part D, you may contact the Centers for Medicare & Medicaid Services at 1-800-447-8477 or the Office of Inspector General (OIG) of Health and Human Services at 1-800-447-8477, or (for Medicare) the Medicare Recovery Audit Contractor (RAC) and for Medicare Part D, you may contact the Medicare Part D Medicare Drug Integrity Contractor (MEDIC). (Contact Compliance and Privacy/Security Official or the CMS website (www.cms.hhs.gov) for current address/contact information.)

Reporting may also be made to all applicable law enforcement agencies. Fraud, waste, and abuse can be reported anonymously, and you will not be penalized for filing a complaint with HealthPlus or the federal or state government.

ELECTRONIC FUNDS TRANSFER (EFT)

informedRx will set up and process checks for pharmacies by EFT at no charge (if the pharmacy requests it). For your convenience, an EFT Request Form is enclosed. If you are interested in EFT, please complete the form and mail it to the address included on the form (or send it via FAX as instructed).

If you have questions or would like more details about informedRx's EFT, please contact informedRx Provider Relations at 480-362-5227, or by Email at providerrelations@xsc.com.

Fraud, Waste and Abuse Education

Avoid Becoming a Target Despite Increasing Government Scrutiny of Michigan Providers

The following is an excerpt of a recent article written by Robert S. Iwrey, Esq., of The Health Law Partners, P.C., as published in the April 4, 2011, Health Care Weekly Review.

On February 17, 2011, 111 defendants were charged in 9 different cities with defrauding Medicare for more than \$225 million, 21 of which are from the Detroit area. This marked the largest coordinated Medicare fraud action ever taken. The Healthcare Fraud Prevention & Enforcement Action Team (aka "HEAT") has been active in the Detroit area since March 2009. HEAT is an intra-agency effort whereby agents from the OIG, DOJ, FBI, DEA, and other federal and local law enforcement agencies have shared information and resources to investigate and prosecute fraudulent health care matters in both the criminal, civil and administrative realms.

All providers who significantly rely upon Medicare/Medicaid funding should review their practices for compliance with federal regulations and policies to avoid becoming a target.

Effective January 6, 2009, our legislature amended the Michigan Medicaid False Claims Act increasing the civil penalties associated with submitting false claims to Medicaid, expanding the definition of "knowingly" to include acting with deliberate ignorance or reckless disregard and allowing for "reverse false claims" similar to the federal FERA (Fraud Enforcement and Recovery Act) provisions. Michigan now also qualifies for an extra 10% of the recovery from the federal government for Medicaid false claims thereby providing increased incentives for the State to investigate and prosecute Medicaid false claim cases.


What can a health care provider in Michigan do to avoid becoming a target? The following is a list of suggested proactive measures to be taken:

- Develop, implement and maintain a compliance program that includes education and continuing education of billing staff with a focus on proper documentation in accordance with third party payor guidelines.
- Identify risk areas through self-audits and review of the applicable third party payor publications and the annual OIG Work Plan; and
- Obtain and analyze your practice profiles from third party payors to understand how your practice compares to your peers to determine any aberrant areas of your practice that may need to be addressed.

Being proactive and spending the resources upfront will be far more cost effective in the long run.

Permission Authorized by Robert S. Iwrey, Esq. 04.06.11. Mr. Iwrey is a founding partner of The Health Law Partners PC and may be contacted at riwrey@thehlp.com

This page contains a representative sample of HealthPlus member cards



OV COPAYS: PCP \$10 / SP \$25
ER/UC COPAYS: \$100 / \$35

ID #
H999999999


GROUP 54321C **ISSUER** (80840) 9876543210

NAME
JOHN DOE

01 JOHN	04 JESSICA
02 JANE	05 JOSHUA
03 JONATHAN	06 JUSTIN

informedRx an SMU company RXBIN #610011 RXPCN #23050

HealthPlus Commercial HMO



RECIPIENT NUMBER
1234567890


EFFECTIVE DATE OF COVERAGE
01/01/11

RECIPIENT NAME
JOHN DOE


GROUP
#987654

PCP NAME/TELEPHONE#
DR. SMITH
Hometown Regional Medical Center

informedRx an SMU company RXBIN 610011 RXPCN 23050



HealthPlus Partners Medicaid



Advantage HMO

UAW RETIREE
Medical Benefits Trust


RXBIN 610011
RXPCN 23050
GROUP 654321
ISSUER (80840)

ID # H999999999-A0

NAME JOHN Q PUBLIC

informedRx an SMU company

Medicare Advantage UAW RMBT



SUBSCRIBER NUMBER
123456780

EFFECTIVE DATE OF COVERAGE
01/05/07

SUBSCRIBER NAME
JOHN CHARLES DOE

COVERAGE
MI


PCP NAME/TELEPHONE #
JANE DOE, MD 555-555-5555

GROUP #
4800000001

ANYTOWN MEDICAL CENTER

informedRx an SMU company RXBIN #610011 RXPCN #23050

MiChild



OV COPAYS: PCP \$20 / SP \$40
ER/UC COPAYS: \$100 / \$40

ID #
H999999999


GROUP 54321C **ISSUER** (80840) 9876543210

NAME
JOHN DOE

01 JOHN	04 JESSICA
02 JANE	05 JOSHUA
03 JONATHAN	06 JUSTIN

informedRx an SMU company RXBIN #610011 RXPCN #23050

HealthPlus Options



A limited health coverage program


PLAN A / TB

NAME: JOHN DOE
ID #: H98765432-01
ISSUER: (80840)
GROUP: 987654

DOCTOR: JOHN SMITH, MD
PHONE: 987-654-3210

informedRx an SMU company RXBIN #610011 RXPCN #23050

County Health Plan A



HealthPlus Insurance Company

ID #
H999999999

GROUP 54321C **ISSUER** (80840) 9876543210

NAME
JOHN DOE

01 JOHN	04 JESSICA
02 JANE	05 JOSHUA
03 JONATHAN	06 JUSTIN

informedRx an SMU company RXBIN #610011 RXPCN #23050

HealthPlus PPO



The Plus makes all the difference.



Electronic Funds Transfer (EFT) Request Form

Please be advised that informedRx requires the following information for EFT enrollment. For verification purposes, please attach a copy of a voided check or a letter from your Financial Institution. EFT will be implemented approximately 10 business days after receipt of completed form. Submission of false information with the intent to commit fraud will be reported to law enforcement immediately.

Payee Name:

Payee ID (NCPDP ID/Chain Code):

Financial Institution's Name:

Account Number:

Routing Number:

Pharmacy Contact Name:

Title:

Phone Number:

Email Address:

Signature: Date:

Place voided check here.

informedRx Internal Use Only:

- CCTA - IRX SXCA 6 SXCA2 - VAH SXCA2 - BWC SXCA2 - TNM

Provider Relations: Approval Date:

PLEASE RETURN TO:
Provider Relations Department
FAX: 866-244-8543
Phone: 480-362-5227
Email: ProviderRelations@sxc.com