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To: All Medicare IPAs
From: IEHP Provider Relations
Date: March 24, 2023
Subject: **I-MEDIC and CMS Alerts: Providers Potential Inappropriate Billing**

The Investigation Medicare Drug Integrity Contractor (I-MEDIC), in collaboration with the Centers for Medicare & Medicaid Services (CMS), have sent alerts to Medicare plans about providers who are potentially inappropriately billing.

Please review the attached memos specific to the providers cited below and utilize this information to monitor for potentially inappropriate claims.

Table 1. National Provider Identifier (NPI) Details from NPPES² NPI Registry

NPI	Name	Address	City	State	Zip
1346286010	ANITA JACKSON	4315 LUDGATE ST	LUMBERTON	NC	28358
1821179037	GREATER CAROLINA EAR NOSE & THROAT P.A.	4315 LUDGATE ST	LUMBERTON	NC	28358

Table 1. National Provider Identifier (NPI) Details from NPPES¹ NPI Registry

NPI	Name	Address	City	State	Zip
1043272768	PETER JOHN WEIGEL, MD	324 SOUTH AVE E	WESTFIELD	NJ	07090
1184162133	WELLBOX NJ PC	324 SOUTH AVE E	WESTFIELD	NJ	07090

If you have any questions, please do not hesitate to contact the IEHP Provider Call Center at (909) 890-2054 or (866) 223-4347 or email ProviderServices@iehp.org

Attachments:

CMS Memo – Alert: Clinic Owner: Peter Weigel, MD and Wellbox

CMS Memo – Alert: Dr. Anita Louise Jackson

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard, Mailstop AR-21-55

Baltimore, Maryland 21244-1850



Date: February 28, 2023

To: All Medicare Advantage Organizations (MAOs) and Prescription Drug Plan Sponsors (PDPs)

From: Sherri G. McQueen, Director
Fraud Investigations Group, Center for Program Integrity

Re: *Alert:* Dr. Anita Louise Jackson

The Investigations Medicare Drug Integrity Contractor (I-MEDIC), in collaboration with the Centers for Medicare & Medicaid Services (CMS), has identified a North Carolina provider found guilty on charges of adulterating medical devices for use on patients with intent to defraud and mislead, fabricating medical and healthcare records, paying illegal remunerations, mail fraud, and conspiracy¹. This alert serves as notification to all plan sponsors of potentially inappropriate billing by this provider.

Dr. Anita Louise Jackson was convicted of using re-used devices to perform more than 1,400 surgeries for Medicare patients between 2011 and the end of 2017. Dr. Jackson was an Ear Nose and Throat doctor who operated Greater Carolina Ear, Nose, and Throat (GCENT), with offices in Raleigh, Lumberton and Rockingham.

Between 2011 and the end of 2017, Dr. Jackson performed 1,555 balloon sinuplasty surgeries on 919 Medicare beneficiary patients. Balloon sinuplasty is an in-office surgery to treat chronic sinusitis. The FDA has cleared the Entellus XprESS device to be used in the performance of balloon sinuplasty procedures, but only on one patient, during one surgery. After that, the device must be discarded. But, between 2012 and 2017, Dr. Jackson obtained, at most, 36 new Entellus devices, despite being, at times, the top-paid Medicare provider of balloon sinuplasty services in the United States. The evidence showed that Dr. Jackson misled and did not inform her patients that they were receiving a procedure with an adulterated device. The evidence also showed, and the defendant admitted on cross-examination, that she had sufficient money to buy every patient a new device -- but chose not to do so.

Dr. Jackson billed Medicare more than \$46 million dollars for the balloon sinuplasty procedures between 2014 and 2018. She netted more than \$4.79 Million from Medicare for these surgeries

¹ US Attorney's Office, Eastern District of North Carolina; Raleigh Physician Found Guilty of Using Adulterated and Insanitary Medical Equipment on Patients During Nasal Surgeries <https://www.justice.gov/usao-ednc/pr/raleigh-physician-found-guilty-using-adulterated-and-insanitary-medical-equipment> Accessed February 2, 2023.

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alone. That amount does not include any sinuplasty surgeries performed on patients with private health care insurance, other than Medicare, and monies received from Medicare prior to that time. The jury ordered forfeiture in the amount of \$4,794,039.31.

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CMS and the I-MEDIC are using this alert to provide plan sponsors with the details of this specific provider to aid your compliance programs in the monitoring of potentially inappropriate claims in accordance with Chapter 21 of the *Medicare Managed Care Manual*.³

Please report your vetted complaints to CMS and the I-MEDIC by using the Health Plan Management System Program Integrity portal. If your organization has questions on this matter, please contact Bill Roland of the I-MEDIC at rolandb@qlarant.com.

² US Department of Health and Human Services Centers for Medicare & Medicaid Services; National Plan and Provider Enumeration System <https://npiregistry.cms.hhs.gov> Accessed December 21, 2022.

³ *Medicare Managed Care Manual*, Chapter 21 and *Prescription Drug Benefit Manual*, Chapter 9: Compliance Program Guidelines. <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/chapter9.pdf> Accessed June 18, 2022.

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Date: February 28, 2023

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From: Sherri G. McQueen, Director
Fraud Investigations Group, Center for Program Integrity

Re: *Alert:* Clinic Owner: Peter Weigel, MD & Wellbox

The Investigation Medicare Drug Integrity Contractor (I-MEDIC), in collaboration with the Centers for Medicare & Medicaid Services (CMS), have identified a clinic owner in New Jersey billing for telehealth services that were not medically necessary nor ordered by members' referring physicians. This alert serves as notification to all plan sponsors of potentially inappropriate billing by this provider.

Peter J. Weigel, MD, is a sole proprietor and owner of Wellbox NJ PC. A review of the provider in February 2022 found that the billing of chronic care management services did not meet Medicare billing requirements and was not medically necessary based on a clinical review. The claims were denied for insufficient documentation and documentation not supporting the services billed.

Weigel was educated as the clinic owner with a plan to review again in six months. The follow-up review found no change and 100% denial rate. The clinic was revoked from original Fee For Service Medicare (Parts A & B) on November 26, 2022. A review of Medicare Advantage (Part C) encounter data reflects the billing for the same services.

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