

Legislative Testimony
Appropriations Committee
SB 22 AAC The Prevention Of Fraud In Government Programs
Friday, March 14th, 2014
Mark Desrosiers, DMD

Senator Bye, Representative Walker, Senator Kane, Representative Miner and members of the Appropriations Committee, my name is Dr. Mark Desrosiers and I am currently the President of the CT State Dental Association (CSDA). I am also an Endodontist in Glastonbury and West Hartford as well as a participating provider in the CT Dental Health Partnership, the CT dental Medicaid program.

I am here today to comment on SB 22 AAC The Prevention Of Fraud In Government which discusses instances of false and fraudulent claims for payment or approval under a state administered program, as well as defines the state's and the Attorney General's role in combating those false and fraudulent claims.

The CSDA is proud of the fact that Connecticut has a dental Medicaid delivery system, which not only works, but is now considered a national model. Currently there are more than 1,800 dentists who participate in the Connecticut Dental Health Partnership (CTDHP), formerly known as HUSKY. These dentists have ensured that any child in Connecticut can receive a routine dental appointment within 11 days, and an emergency appointment within 24 hours, virtually unheard of in other states. Not only is there access to the highest quality dental care available, but Connecticut children are utilizing that care as well at rates that are the second highest in the nation. Unfortunately, some providers have been responsible for perpetrating fraud and abuse within this program, and we understand and applaud the need for the Connecticut Department of Social Services Quality Assurance Unit to audit practitioners who have been identified as outliers. My understanding of SB 22 is that it predominantly expands and clarifies how civil action is handled in the area of fraud. While I will leave it to others with more experience in this area to debate the details, I do want to respectfully let the committee know while that may be important, we, and many other providers, continue to have serious concerns about the manner in which these audits are currently being performed. While we agree that

audits are important in order to identify fraud and abuse, the current system is placing undo hardships on all providers who provide Medicaid services. If left unresolved, this may result in the unintended consequence of dismantling Connecticut's very successful program, which will have a great impact on the citizens in most need of dental care.

As President of the CSDA I have heard from numerous dentists who have been audited by the Department. I, and others from our organization, have met with Commissioner Bremby to discuss the audits and our concerns. Unfortunately the meetings have not led to the resolution of any of our concerns. One of the main concerns that we have is the use of extrapolation. The current methodology for extrapolation is unreasonable given the low threshold trigger (\$150,000) that was instituted in 1995 when Medicaid fees were much lower. The threshold should be indexed properly. Overpayments due to clerical errors, appropriate but uncovered clinical treatments, justified coding disputes and unique clinical situations should not be extrapolated. Also, extrapolation has been applied in the same way to both groups of practitioners and individual practitioners, which is not appropriate. We encourage the amendment of this bill to eliminate extrapolation when it is applied merely because a provider's claims exceed a threshold dollar amount.

We have concerns about the lack of transparency of the audits. Developing and utilizing valid guidelines in support of current dental practice in coordination with dentists and making those known to all providers would be most helpful. The auditors are not dentists yet have been determining the standard of care in dentistry, which is not appropriate. Dentists should not be making auditing decisions and auditors should not be making dental decisions! We encourage amending this bill to stipulate that dentists are involved from the beginning in determining if the care rendered meets the proper standards.

Moving forward we feel that a moratorium should be placed on random audits not thought to be associated with fraud, and a stay be granted for audits currently in progress, at least until the dental community can collaborate with the Department on how to make these audits effective, transparent, and as fair as possible.

I applaud the interest, attention and time that this Committee has shown with SB 22, as well as the Human Services Committee with HB 5500 AAC Provider Audits Under The Medicaid Program which seeks to make the audits more transparent and fair for the providers on which I testified in support of yesterday. As I stated earlier and feel whole-heartedly, those that are perpetrating fraud and abuse should indeed be prosecuted by the full force of the law. However, the audits should not cause the vast majority of providers who are indeed executing their services in a fair, honest and ethical manner to be prosecuted along with the guilty minority. I, and the Association that I represent, would welcome the opportunity to partner with you in any way deemed appropriate to make this a more fair, transparent and effective process for all.

Respectfully Submitted,

Mark Desrosiers, DMD
President
(860) 232-0033
TopGum@charter.net