

Legislative Testimony  
Human Services Committee  
HB 5500 AAC Provider Audits Under The Medicaid Program  
Thursday, March 13, 2014  
Bill Nash, DMD

Good afternoon Senator Slossberg, Representative Abercrombie, and members of the Human Services Committee. My name is Dr. William C. Nash. I am a general dentist practicing in Fairfield for the past 36 years. I am the Vice-President of the Connecticut State Dental Association and a participant in all 6 CT Mission Of Mercy clinics, which have provided several million dollars of free dental care to the citizens of Connecticut. I am writing to you today in support of HB 5500. It is imperative that DSS's auditing process be fair to all concerned while accomplishing their stated purpose, i.e. to root out fraud and abuse within the program. I fully support this effort. Not only is it wrong but abusive practices drain money otherwise used to treat deserving children. Connecticut's Husky program has become a national model for meeting the needs of disadvantaged children. CT's utilization rates for Husky children equal that of children with commercial insurance, something no other state has done. I urge you not to destroy what has taken so much effort to build up.

The problem is that the present system of audits is so onerous that, if nothing is done, many of the dentists who are honestly trying to help Husky patients will drop out of the program. I have personally spoken to several dentists who have heard the horror stories about the audits and are ready to remove their names as Husky providers immediately. I have spent a lot of time trying to dissuade them, telling them that once our story is told and understood, we can get fair treatment from Connecticut's state agencies.

To be more specific, there is a threshold for extrapolating errors found in a small number of charts (100) to all Husky patients seen by that dentist. Right now, if a dental practice bills over \$150,000/year, extrapolation applies to all patients seen by that practice. In other words, errors found in 100 charts can be applied to as many as 1500 charts. In today's world, \$150,000 is not a large number for a single dentist to bill out. I understand that level was established in 1995, well before the reimbursement rates were increased in 2008. Please increase the level to \$250,000 and make it apply to individual dentists, not the entire practice.

Of greater concern is the charting standards applied by the auditors. No one seems to know where these standards came from; they certainly do not reflect the standard practice of dentistry today. The CSDA has asked for the specifics of these standards with no result. When the auditors apply a standard without telling anyone what that standard is, well, of course they will find "mistakes". This is totally unfair and frustrating to participating dentists.

Please let the CSDA have a voice in developing standards for charting, including criteria for treatment, radiographic and preventative protocols. There are several instances of auditors claiming inappropriate treatment and disallowing payment for radiographs. This is most certainly not an auditor's area of expertise. They have no justification for rejecting claims for treatment that should be based on clinical judgment.

We ask that audits be suspended until these problems are resolved. Also we ask that earlier audits be reviewed and amended to conform to these newly developed criteria.

Thank you for your consideration. And thank you all for all the work you do for the betterment of the citizens of Connecticut.

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