

**Human Services Committee
Public Hearing Testimony
Proposed House Bill 6550: An Act Concerning Medicaid Provider Audits
Wednesday, February 11, 2015
Douglas B. Keck, DMD, MS**

Members of the Human Services Committee, my name is Dr. Douglas Keck. I am a pediatric dentist and Medicaid provider in New Haven and Madison, Connecticut, as well as a Clinical Assistant Professor in the Pediatric Dental Residency Program at Yale-New Haven Hospital. I am also a provider who has been audited by the Connecticut Department of Social Services on a post-payment review of claims between May 1, 2010 and December 31, 2012. I am writing to testify in support of Proposed Bill 6550: An Act Concerning Medicaid Provider Audits. My testimony is also endorsed by the American Academy of Pediatric Dentistry¹ and the Connecticut Society of Pediatric Dentists.²

I am writing testimony today because I am concerned that Medicaid Dental provider audits in Connecticut will damage children's access to oral health care. With the implementation of the Affordable Care Act and the expansion of Medicaid in Connecticut, it would be deleterious to lose the large provider base that has been gained over the last several years by adding yet another barrier to obtaining oral health care. State Auditors are subjecting dentists to review by non-dentists and making determinations contrary to accepted clinical practice. Such audits could dramatically reduce the number of dentists willing to participate in Medicaid, thus impacting access to the citizens of Connecticut who are most in need of a dental home.

I am greatly concerned that several long-time dental Medicaid providers in Connecticut have received audits with recommendations contrary to accepted clinical practice guidelines. Furthermore, the extrapolation trigger point of \$200,000 billed per year subjects nearly all providers of Medicaid dental services in Connecticut with the possibility of an audit. Although the original extrapolation trigger of \$150,000 has been slightly increased due to PA 14-162, the methodology for extrapolation remains just as unreasonable today, as it was when instituted in 1995, when fees were much lower. It is evident that there should be clear parameters on the extrapolation process. While we are cognizant of fraud and its effects on the services we

¹ The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children's oral health. As advocates for children's oral health, the AAPD promotes evidence-based policies and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its 9,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents and individuals with special health care needs. For further information, please visit the AAPD website at <http://www.aapd.org> or the AAPD's consumer website at <http://www.mychildrensteeth.org>.

² The Connecticut Society of Pediatric Dentists represents the specialty of Pediatric Dentistry in Connecticut and is dedicated to education, practice and research in the specialty of pediatric dentistry. CSPD is comprised of over 100 Connecticut pediatric dentists. The society provides liaison with other health care organizations, government entities, and private agencies concerned with the dental health of children, adolescents, and individuals with special health care needs.

provide, we believe audits should be triggered by providers who bill for inappropriate services, rather than by how much money they bill for care they deliver. In addition, the audit should be conducted by a peer who is familiar with the way dentistry is delivered, what a proper course of treatment might be, and the unique dental disease pattern common to the Medicaid population. In the case of services provided by a pediatric dentist, the peer reviewer should be a pediatric dentist. The Medicaid population has a completely different disease pattern, dietary habits, restorative needs and health literacy level than populations with private dental insurance.

I am further concerned that a lack of communication from auditors' to the dental practitioners' suggests that the auditors' intent is not to end fraudulent activity, but rather to find a hidden source of revenue. Transparency by the DSS is key to the audit process in Connecticut. My hope is that there will be immediate development of guidelines and documentation requirements that practitioners must follow and that will be the basis of the record review during the audit process. I would also appreciate an overview of the audit process and how practitioners and/ or groups are selected, as I was in the dark from the beginning of the process to my exit conference with the auditors. In addition, the development of methods for challenging extrapolated findings is important for Medicaid providers.

According to CMS, it is their goal to increase the number of patients that receive at least one oral health visit while they are on the Medicaid roster by ten percentage points by 2015. In Connecticut, that number would need to go from 57% to 67% by 2015. Fortunately, Connecticut is a state that is being touted by the American Dental Association and the American Academy of Pediatric Dentistry as a model for the country of how well dental Medicaid programs can work if properly funded. It would be a travesty if all the care the dental community has brought to the underserved would be dismantled by the loss of providers due to extensive unfair and unreasonable audits. In addition, the dental utilization rate by our state's Medicaid population is now at the level of private insurance utilization. While fully cognizant of the need for program integrity and appropriate use of taxpayer funds, we should not forget about the people in this state most in need of oral health care.

In conclusion, I would like to sincerely thank-you for your time today and would respectfully ask that you support this proposed bill so that we can detect abuse in the system appropriately without threatening access and utilization of dental services in Medicaid.

Thank you for your considering our concerns and reviewing this request.

Respectfully Submitted,

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