

Legislative Testimony
Human Services Committee
HB 6550 AAC Medicaid Provider Audits
February 11, 2015
Dr. Robert J. Mailloux

Good afternoon to all that serve as members of the Human Services Committee. My name is Dr. Robert J. Mailloux. I am a general dentist who has been practicing in Hartford for the past 34 years. I am a past President of the Hartford Dental Society and have serviced the demographics of the greater Hartford area (much of which includes Medicaid patients) since I started practice. I am writing to you today in support of Proposed Bill #6550 because clarity and guidance (to providers and auditors) are essential for the success of any audit, especially with those that use an extrapolation process that literally could bankrupt the very practices that service the communities most in need of the services in question.

I have been involved in an audit, now, for over 27 months since our first letter of the Auditor's request for 100 records of certain procedures. Although the extrapolation process, at times, may be statistically correct, the process of the interpretation of procedures and patient notes is at best inadequate, many times being reviewed and critiqued by people who are not familiar with common dental terms and the standard of care. In my case in particular, one term (PRR) was "cherry picked" out of the notes of two providers who worked in my office who had done composite restorations on carious (decayed) teeth. Eleven restorations in total were done: 6 single surface; 5 two surface. The American Dental Association enacted this "PRR" procedure in 2010, providing a definition of a conservative restoration that restores an active, cavitated lesion whose decay doesn't extend into the dentin, and whose restoration can extend onto a non-carious portion of the same tooth. Without a dental practitioner to clarify terms, one might think that this is clear and precise in its description, but an active, cavitated lesion is one that contains caries, and can only be restored with a definitive restoration, whether composite or amalgam (composite being preferred because it is less invasive). Even if the composite restoration extends onto no carious areas, one cannot submit for an additional sealant, so only a composite restoration is submitted. Having lawyers and lay people interpret dental procedures without dental professional input is a scam. There is both the potential of an auditor being overzealous and absolutely wrong in their interpretation of dental terms and procedures. Finally, specific to my case, the auditor asserts that a Limited Exam has to be emergent in nature to be accepted. Although they conveniently used the ADA's description of a "PRR" restoration as a guideline (which as stated above has been wrongfully interpreted), they conveniently left it out with respect to a Limited Exam since the ADA description clearly states that it entails an exam that is limited in scope to a particular problem in a limited portion of the mouth; it can be emergent in nature, but it is not imperative. When making false assumptions about terms that are not addressed or interpreted by professionals in the dental field (i.e., dentists) false conclusions can be made, and when extrapolated with a policy that has perfect statistical significance mathematically, huge financial penalties can be ascertained that are completely wrong and unjustified. Weeding out bad dentistry, and taken back what is truly over-payment by the State for procedures that were wrongfully submitted, is what we all want to hold costs down, but only if it is fairly done.

Again, I support House Bill 6550 since it will help provide guidance to auditors and those that are being audited. Thank-you for your time and most needed input.

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