Legislative Testimony
Human Services Committee
HB 6550 AAC Medicaid Provider Audits
Wednesday, February 11, 2015
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Senator Moore, Representative Abercrombie, and members of the Human Services Committee, my name is Dr. John Mooney. I practice general dentistry in Putnam, Connecticut and my practice provides care to over 700 Medicaid adults and children. I currently serve as the Connecticut State Dental Association Chair of the Access to Care Committee and have been fully engaged in the recruitment and retention of Medicaid providers throughout the state. I also serve on the Medicaid Dental Provider Relations Board and have participated in a Private practice Partnership with Generations an FQHC located in Putnam.

As you are all probably aware, over the course of the past several years the CSDA has worked very hard recruiting providers into the Medicaid program. Prior to 2008 we had less than 200 participating providers, today we have over 1,900. With very simple fixes to a broken Medicaid dental delivery system we have been able to insure that no child on Medicaid has to wait more than 24 hours for a dental emergency to be addressed and any child can get a routine appointment within 11 days. We've seen utilization rates that are equal or greater than children with private insurance. While we saw an initial surge in the amount of decay control (restorative) treatment delivered to the Medicaid population we are now seeing a dramatic decrease in restorative treatment and a concomitant rise in maintenance cleaning visits indicating that this population oral health is improving. No other program in the world (including countries with mid-level providers!!) has experience this dramatic improvement in oral health in so quick a timeframe. As legislators you should be proud that Connecticut has become a model state for CMS.

All that said it's unfortunate that there are "outliers ", a small number of providers who have been found to commit fraudulent activity in their treatment and billing practices. I believe there is universal agreement that these individuals should be dealt with vigorously because they are taking advantage of one of the most vulnerable groups of our society. However I also believe, and have seen that the vast majority of the dentists who provide Medicaid services do so honestly as a public service to those individuals who have economically been left behind. In an effort to control fraud, DSS has instituted an audit policy. While this makes sense, the audit process is fraught with issues that if not dealt with, could cause a massive drop in provider numbers and negatively affect the dental access that they now have..

I commend the Committee for having the foresight to address the issue of extrapolation. Extrapolation done without guidelines represents the most onerous piece of the entire audit process. It assumes guilt on the part of the provider without evidence. Extrapolation is inappropriately being applied to providers who have made minor clerical/charting errors even though the present law excludes this

practice. Auditors are also inappropriately applying charting standards that are inconsistent with industry wide charting standards. When an "error" is found the implication is the dentist has done something wrong , even though the patient was delivered the appropriate level of care. We also have cases of non-dentist auditors interpreting radiographs and questioning clinical judgment. Clearly this lies outside their area of expertise.

My greatest concern is, as news of these audits and their abuse spreads throughout the provider community that many providers will decide it's just not worth the trouble to continue being a Medicaid provider anymore. Each time we lose a provider that means anywhere between 5-100 patients will be inconvenienced forcing them to search for a new provider. The best circumstance is to prevent this scenario from happening. I strongly support the adoption of HB6550 as a step in that direction.

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