

Advancing Program Integrity for Medicaid Dental Programs: Federal, State and Stakeholder Efforts

Introduction

January 28, 2015

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Learning Objectives

- Gain knowledge about the process and reports on Office of Inspector General (OIG) evaluations on Medicaid dental billing.
- Gain knowledge about the process and implications for audits of state Medicaid programs.
- Gain knowledge about how a state can help educate providers to avoid audits and non-compliance.
- Gain knowledge about how stakeholders may work with state Medicaid programs to improve program integrity.

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HHS/OIG Audits of State Medicaid Programs

January 28, 2015

John Hagg

Director of Medicaid Audits

Office of Inspector General

U.S. Department of Health and Human Services

HHS/OIG Audits of State Medicaid Programs

- Background on HHS/OIG
 - OIG Components
 - Office of Investigations
 - Office of Evaluation and Inspections
 - Office of Counsel to the Inspector General
 - Office of Management and Policy
 - Office of Audit Services
 - Audits of Medicare and Medicaid
 - Audits of Other HHS Programs

HHS/OIG Audits of State Medicaid Programs

- Who We Audit
 - State Medicaid Agencies
 - Medicaid Providers
 - The Centers for Medicare & Medicaid Services

HHS/OIG Audits of State Medicaid Programs

- Focus of Our Work
 - State Agency Compliance with Applicable Medicaid Rules
 - Priority Areas Include:
 - Provisions within the Affordable Care Act
 - Medicaid Managed Care Provisions
 - Payments to Various Provider Types
 - State Financing Mechanisms
 - Areas for Potential Costs Savings / Program Improvement
 - Quality of Care Issues

HHS/OIG Audits of State Medicaid Programs

- Process for Selecting High Risk Areas to Audit
 - Analysis of Provider Claims Data
 - Areas of Significant Dollar Increase – by provider type; by State
 - Areas Identified During Prior Audit Work
 - Audits Mandated by Statute
 - Requests from Congress / OMB / the Dept / CMS
 - Changes in Existing Laws/Regs
 - Follow-up on Prior Recommendations

HHS/OIG Audits of State Medicaid Programs

- Process for Conducting Audits
 - Audit Notification Letter / Entrance Conference
 - Define: Audit Objectives, Scope, and Methodology
 - Data Collection and Analysis
 - Exit Conference
 - Draft Report
 - Auditee Comments
 - Final Report
- Ongoing Audits of Medicaid Dental Claims in Various States

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Identifying Questionable Billing Patterns in Medicaid Pediatric Dental Services

January 28, 2015

Meridith Seife

Deputy Regional Inspector General

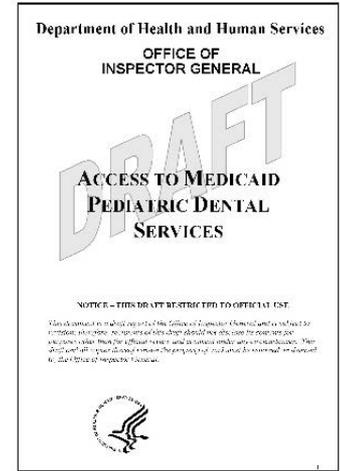
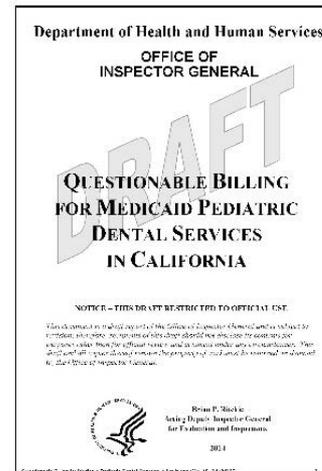
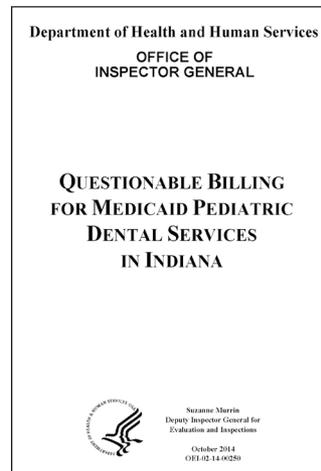
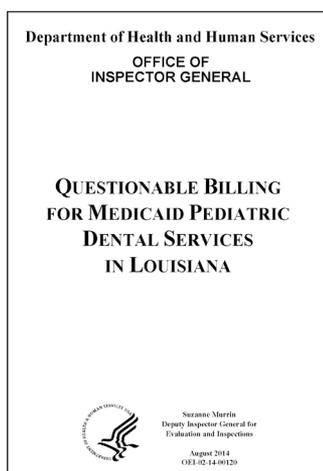
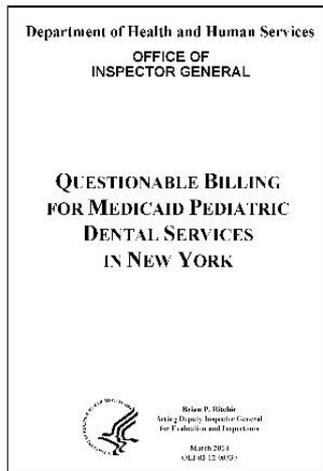
U.S. Department of Health and Human Services

Office of Inspector General

Office of Evaluation and Inspections

Who we are...

- The OIG combats fraud, waste and abuse and has oversight of over 300 programs within HHS.
- The Office of Evaluation and Inspections (OEI) conducts national evaluations of HHS programs from a broad, issue-based perspective.
- We are working on a series of studies evaluating Medicaid pediatric dental services in selected States.



Improving Oral Health Through Access

Our Goals

- Identify dental providers with patterns of questionable billing for Medicaid pediatric dental services in several States.
- First report on New York providers issued in March 2014; Louisiana issued in August; Indiana report in October. California report will be issued in early 2015.
- Reports could serve as a model for data analysis in other States.
- Subsequent report will evaluate access and the extent to which Medicaid children receive needed dental services.



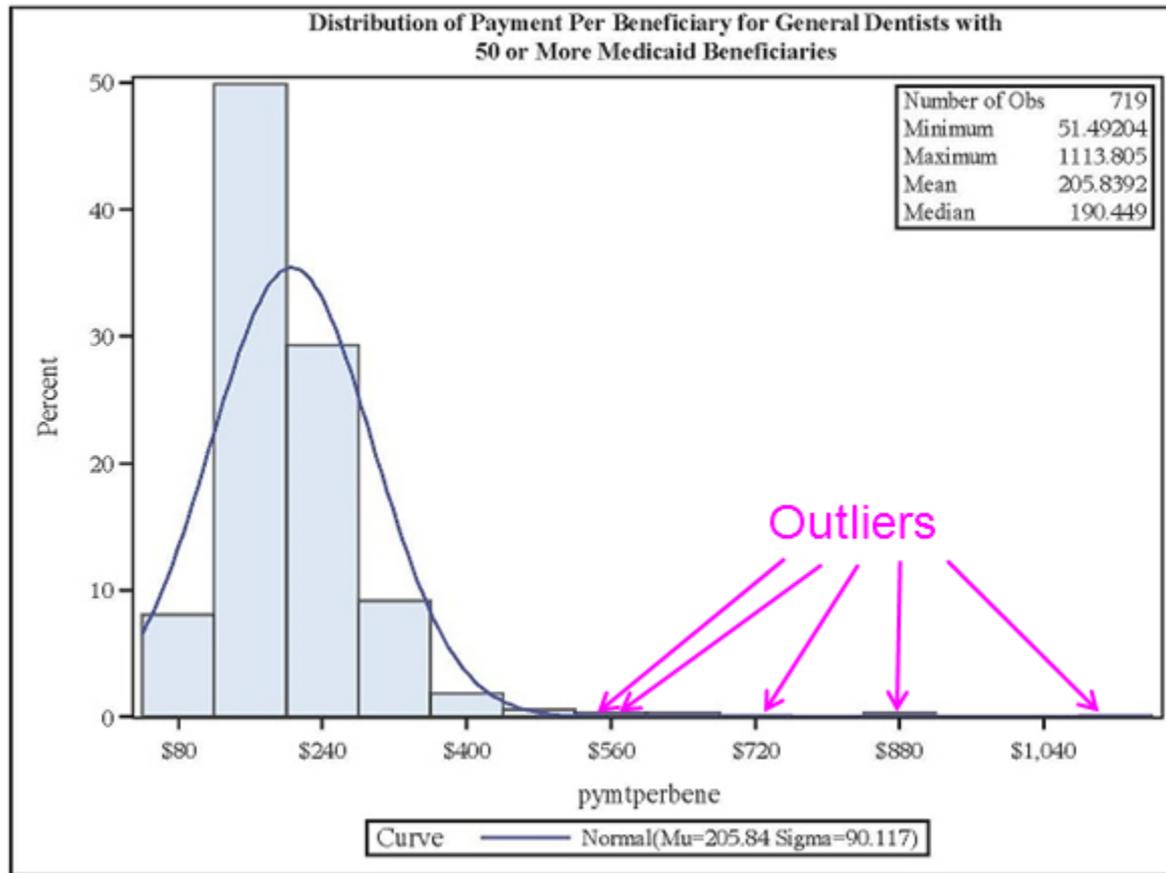
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Identifying Questionable Billing

- We developed several measures, in consultation with experts at state Medicaid agencies, CMS, ADA, and AAPD, to identify providers with billing patterns that are noticeably different than their peers.
- We used these measures to analyze state Medicaid claims to identify providers who received extremely high payments per child; provided an extremely large number of services per day; provided an extremely large number of services per child per visit; provided services to an extremely large number of children; and/or provided certain selected services to an extremely high proportion of children, i.e., pulpotomies and extractions.

Identifying Questionable Billing

Example: Outliers for Medicaid Payment Per Beneficiary



Methodology

- Compared similar peer groups and conducted separate analysis of general dentists and selected specialists.
- To identify dentists with patterns of questionable billing, we established key thresholds for each of these measures.
- These thresholds were established using the Tukey method: calculates values that were greater than the 75th percentile plus 3 times the interquartile range.
- Analysis does not confirm that a particular provider is engaging in fraudulent or abusive practices.
- Some providers may be billing extremely large amounts for legitimate reasons, but many warrant further scrutiny.

Findings

State	Providers with Questionable Billing	Total Medicaid Paid These Providers in 2012	Questionable Billers Who Worked For Dental Chains
New York	23 general dentists and 6 orthodontists	\$13.2 million	30% of general dentists
Louisiana	26 general dentists and 1 oral surgeon	\$12.4 million	30% of providers
Indiana	94 general dentists and 1 oral surgeon	\$30.5 million	66% of general dentists

- These providers are extreme outliers when compared to their peers.
- Systemic problems within specific chains raise concerns with many policy makers.

Questionable Billing Examples

New York :

- Dentist averaged 16 procedures per child, compared with a statewide average of five.
- Dentist extracted the teeth of 76 percent of children he treated, compared with a statewide average of 10 percent.

Louisiana:

- Three dentists each provided an average of 146 or more services per day, compared to an average of 27 services for other dentists in the state.

Questionable Billing Examples, cont.

Louisiana, cont.:

- Dentist provided 13 pulpotomies during the same visit to a 3-year old child.

Indiana:

- Dentist averaged \$1,082 in Medicaid payments per child, compared with the average payment of \$254 for other dentists in the state.
- Four dentists provided behavior management to more than half of the children they served, compared to the statewide average of five percent.

Conclusions

- Findings raise concerns:
 - Certain providers may be billing for services that are not medically necessary or were never provided,
 - Quality of care provided to children with Medicaid,
 - Concentration of providers in chains raises concerns that these chains may be encouraging their providers to perform unnecessary procedures to increase profits.
- Although findings do not prove that providers either billed fraudulently or provided medically unnecessary services, providers who bill for extremely large numbers of services warrant further scrutiny.

Recommendations

State Medicaid programs should:

1. Increase monitoring of dental providers to identify patterns of questionable billing,
2. Closely monitor billing by providers in dental chains,
3. Ensure that States employ adequate safeguards to monitor providers under managed care, and
4. Take appropriate action with dental providers who had questionable billing.

Questions

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Advancing Program Integrity for Medicaid Dental Programs: Federal, State, and Stakeholder Efforts

State's Efforts in Educating Dentists About Compliance – Texas Office of Inspector General

January 28, 2015

Linda M. Altenhoff, DDS
Chief Dental Officer
Office of Inspector General
Texas Health and Human Services Commission

Learning Opportunities to Educate About Compliance

- Inclusive of all dental team members
 - Annual meetings of Dental Professional Organizations
 - Dental, Dental Hygiene, and Dental Assistant
 - Oral Health Coalitions
 - Schools of Dentistry
 - Undergraduate and Post-Doctoral
 - Dental Hygiene Programs

Topics Covered During Presentations

- Public perception of healthcare fraud, waste, and abuse through various media
- State rules and regulations
 - Texas Dental Practice Act and Texas Medicaid Rules
- Professional Guidance
 - American Dental Association's (ADA) Ethics and Code of Professional Conduct (2012) and Dental Records (2010)
 - American Academy of Pediatric Dentistry (AAPD) Oral Health Policies and Clinical Guidelines
 - American College of Dentists Ethics Handbook for Dentists

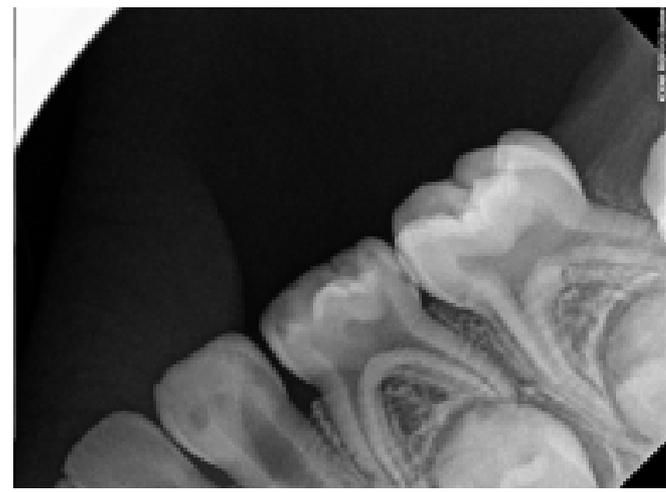
Topics Covered During Presentations – continued

- Centers for Medicare & Medicaid Services (CMS)
 - Medicaid Compliance for the Dental Professional (2014) video
- Website resources available for dental providers
 - CMS
 - Texas State Board of Dental Examiners
 - Texas Secretary of State – email notices of rule updates
 - ADA
 - AAPD

Topics Covered During Presentations – continued

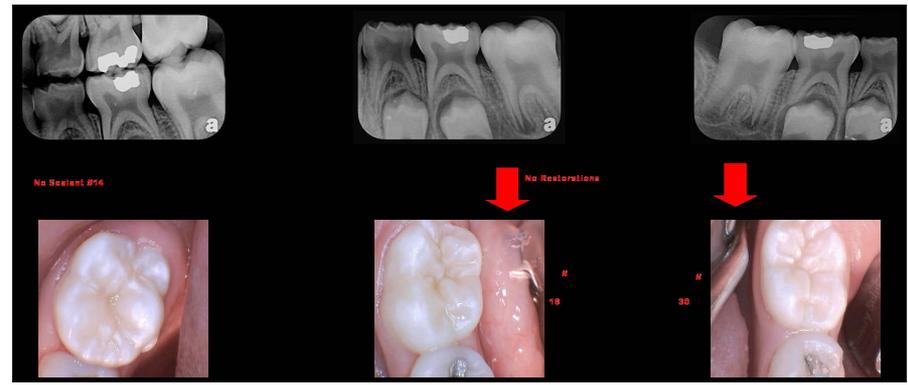
- Examples of Identified Issues from Dental Record Reviews
 - Cover basic documentation issues
 - Redact all identifying information
 - Use visual examples whenever possible
 - Involve attendees

State's Efforts in Educating Dentists About Compliance – Texas Office of Inspector General



Name: [REDACTED] Patient Code: [REDACTED]

DATE	TREATMENT NOTES	NEXT APPOINTMENT		
		DATE	TIME	PROCEDURE
12/19	Exam/EMX BP=110/74 p=102			
12/16/16	FMD-Subsiding, irrig, several gum inflammation w/semi bleeding. OAT stressed Ploss sink. 1/4 ant. calc. PR PRS: 2,3,4,5,12,13,14,15, 18,19,20,21,28,29,30,31, no anant. W/ F-5 scale			
12-11	mailed rd			



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Advancing Program Integrity for Medicaid Dental Programs: Federal, State, and Stakeholder Efforts

Collaborating with State Medicaid Dental Programs to Improve Program Integrity

January 28, 2015

Mary E. Foley, RDH, MPH
Executive Director
Medicaid-CHIP State Dental Association

2014 Program Integrity Summit

Participants

- **State Representatives**
 - Kentucky, Texas, Tennessee, Oklahoma Medicaid dental programs
 - Texas Office of the Inspector General
 - Tennessee Medicaid Program Integrity
- **Federal Representatives**
 - CMS, CMCS & CPI; HRSA; HHS Office of the Inspector General; US District Attorney's Office; and the FBI;
- **Payers**
 - DentaQuest, Delta Dental of South Dakota, Delta Dental Plans Association, National Association of Dental Plans
- **National Professional Leadership Organizations**
 - Medicaid-CHIP State Dental Association
 - American Dental Association
 - American Association of Pediatric Dentistry
- **Policy Makers**

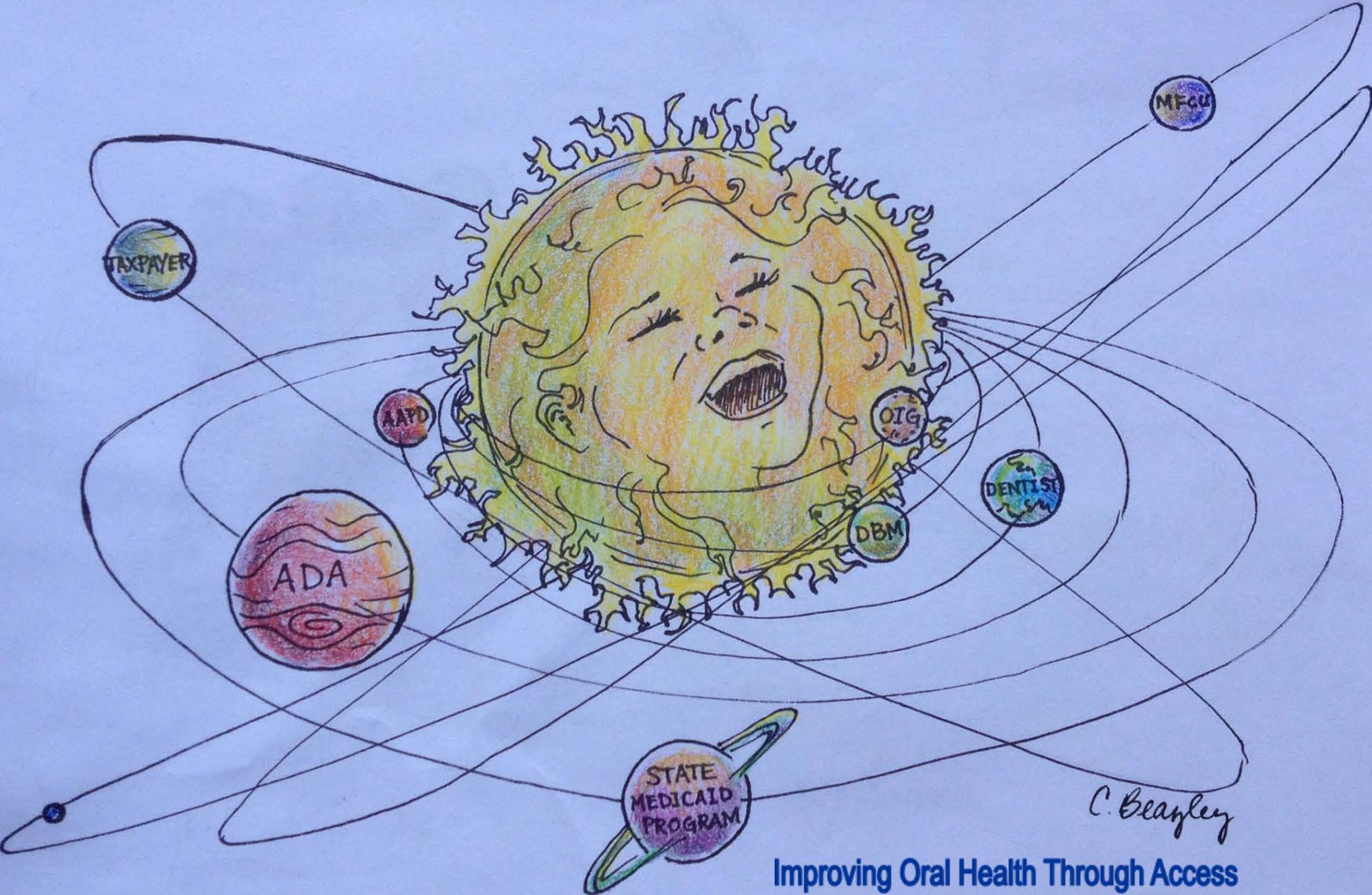
Charge for Summit

- Open a dialog among policymakers and stakeholders who share an interest in maintaining the program integrity of Medicaid, CHIP and Title V programs to ensure the administration and delivery of quality, cost effective oral healthcare services to beneficiaries.

Purpose

- To identify and explore emerging Program Integrity issues affecting all stakeholders of Medicaid and CHIP Oral Health programs;
- To gain consensus on general strategies to address these issues; and
- To develop a strategy for policy recommendations to advance Program Integrity for all key stakeholders.

MEDICAID SOLAR SYSTEM



C. Beasley

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State Administrative Models – Different Approaches

- Roles and responsibilities in program management
 - Traditional Model
 - Dental Benefits Administrator
 - Managed Care – Contractor
 - Other Third part Administrators
 - External contracted auditors
- Roles and responsibilities by other states authorities
- Confusion due to multiple authorities
 - FBI, OIG, AG, CMS, States

Recommendations for Federal Agencies

- Collaborate with other federal and state programs
- Establish transparent policies
- Collaborate with MSDA, ADA, and AAPD and other provider organizations
- Educate

Recommendations for State Programs

- Collaborate with other federal and state programs
- Establish transparent policies
- Collaborate with MSDA, ADA, and AAPD and state provider organizations to gain input and share information on new regulation, policies, and practices
- Educate providers
- Educate beneficiaries

Recommendations for Payers

Managed Care Organizations, Dental Benefits Administrators, Others

- Follow state recommendations

Recommendations for Provider Organizations

- Provide education to members in all aspects of Program Integrity and Medical Necessity
- Share audit practices by all federal and state agencies that affect dental provider service delivery
- Share audit practices by federal and state contractors
- Develop risk management programs for member dentists
- Develop a model guideline for “dental (medical) necessity” for use by states establishing and updating benefit payment policies

Recommendations for Dental Providers

- Read the provider manuals – “contracts”
- Identify differences in policies, benefits and payments across plans and contract agreements
- Gain understanding of rules and regulations regarding Prior Approvals
- Acquaint billing staff with Program Integrity and Medical Necessity policies by state and by plan

Recommendations for Dental Providers

- Bill only those services eligible for payment by plan
- Document reasons for all treatment, and billing practices
- Provide evidence or be prepared to provide evidence for Medically Necessary services
- Participate in state regulatory meetings to provide input and guidance in Medicaid policy development

Recommendations for the Medicaid-CHIP State Dental Association (MSDA)

- Monitor federal and state Program Integrity legislation and regulation
- Monitor state “Medically Necessary” policies and protocols
- Identify variability in policies across states
- Identify variability in policies across plans
- Identify roles and responsibilities of various state and federal authorities
- Publish annual national reports

Next Steps

- Convene Program Integrity workgroup
- Gain consensus on priority areas
- Educate federal and state administrators about dental care
- Develop resource materials for stakeholder groups
- Establish infrastructure to educate and train Medicaid providers
- Educate dental providers about:
 - Federal authority, legislation and regulation
 - State authority legislation, regulation, policies
 - Roles and responsibilities of states, plans, providers, and beneficiaries
 - What to expect from agents authorized to uphold program integrity
 - Risk Management: ways to avoid allegations of fraud and abuse
 - Treatment and billing practices
 - Audits

Contact Information

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