Medicaid Compliance for the Dental Professional

Lynn Douglas Mouden, DDS, MPH
Chief Dental Officer
Centers for Medicare & Medicaid Services

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Introduction

- Dentists are critical partners in the success of Medicaid and the Children’s Health Insurance Program (CHIP)
- Dentists have helped increase the number of children receiving dental services through these programs by 50 percent from 2000 to 2009
Dental Abuse Seen Driven by Private Equity Investments

By Sydney P. Freedberg - May 16, 2012 11:01 PM CT - Provided By Bloomberg.com

Isaac Gagnon stepped off the school bus sobbing last October and opened his mouth to show his mother where it hurt.

She saw steel crowns on two of the 4-year-old’s back teeth. A dentist’s statement in his backpack showed he had received two pulpotomies, or baby root canals, along with the crowns and 10 X-rays -- all while he was at school. Isaac, who suffers from seizures from a brain injury in infancy, didn’t need the work, according to his mother, Stacey Gagnon.

“I was absolutely horrified,” said Gagnon, of Camp Verde, Arizona. “I never gave them permission to drill into my son’s mouth. They did it for profit.”

Isaac’s case and others like it are under scrutiny by federal lawmakers and state regulators trying to determine whether a popular business model fueled by Wall Street money is soaking taxpayers and having a malign influence on dentistry.

Isaac’s dentist was dispatched to his school by ReachOut Healthcare America, a dental management services company that’s in the portfolio of Morgan Stanley Private Equity, operates in 22 states and has dealt with 1.5 million patients. Management companies are at the center of a U.S. Senate inquiry, and audits, investigations and civil actions in six states over allegations of unnecessary procedures, low-quality treatment and the unlicensed practice of dentistry.

Allegations like Gagnon’s “are not representative” of the more than 500 cases handled by ReachOut affiliates in Isaac’s school district, said Mickey Mandelbaum, a company spokesman.

“I never gave them permission to drill into my son’s mouth. They did it for profit.”
Attorney General Bondi’s Office Arrests West Palm Beach Dentist on Medicaid Fraud and Grand Theft Charges

Attorney General Pam Bondi News Release | Media Contact: Molly McFarland Phone: (850) 245-0150

TALLAHASSEE, Fla. – Attorney General Pam Bondi announced today that her office has arrested a West Palm Beach dentist on charges of Medicaid fraud, grand theft, and employing a person to perform duties outside the scope of their license. Dr. Thomas Floyd, 61, surrendered and was taken into custody following an investigation by the Attorney General’s Medicaid Fraud Control Unit.

“Employing a person to perform duties outside the scope of their license and billing Medicaid for those services is endangering patients and stealing from the Medicaid program,” stated Attorney General Pam Bondi.

Medicaid Fraud Control Unit investigators allege that between 2008 and 2012, Floyd employed an unlicensed dental hygienist and allowed her to perform periodontal root cleaning and scaling on 71 different children. Under Florida law, this procedure is only authorized to be performed by a licensed dentist or dental hygienist. Floyd then billed the Medicaid program for these procedures.

Floyd is charged with one count of Medicaid fraud, one count of grand theft and one count of employing a person to perform duties outside the scope of their license, all third-degree felonies. If convicted, he faces up to 15 years in prison and more than $30,000 in fines. The case is being prosecuted by the State Attorney’s Office for the 15th Judicial Circuit.

“Employing a person to perform duties outside the scope of their license and billing Medicaid for those services is endangering patients and stealing from the Medicaid program...”

Attorney General Pam Bondi
Government Scrutiny of Children’s Dental Care—Office of the Inspector General

- Report on pediatric dental claims in five states
- Thirty-one percent of services billed resulted in improper payments
- Eighty-nine percent of improper payments were due to errors in documentation
Goals

At the conclusion of this presentation, participants will be able to:

• Explain how to document “medical necessity” for dental procedures
• List at least two ways in which a compliance program can benefit a dental practice
• Identify the seven elements of a compliance program and how each element can be applied to a dental practice
• Recall where to report suspected issues of fraud, waste, and abuse
Under the mandatory Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, children in Medicaid are entitled to “dental care at as early an age as necessary, needed for relief of pain and infections, restoration of teeth and maintenance of dental health.”

*42 C.F.R. § 441.56(c)(2). Required Activities.
Adequate documentation of medical necessity can help avoid questions about:

• Multiple treatments on the same tooth
• Treatment more expansive than the treatment plan
Why Is Having a Compliance Program Important?

“All health care providers have a duty to ensure that the claims submitted to Federal health care programs are true and accurate.”*

*U.S. Department of Health & Human Services, Office of Inspector General
Benefits of a Compliance Program

Benefits of an effective compliance program include:

• Ensuring true and accurate claims are submitted

• Identifying and correcting issues before they become big problems

• Placing a dental practice in a better position to respond to oversight agencies
Goals of a compliance program include:

- Providing high quality, medically-necessary services
- Adequately documenting dental services
- Appropriately billing for services rendered
The seven elements of a compliance program can be summarized as:

1. Written policies
2. Designation of compliance officer/contact(s)
3. Training
4. Communication
5. Monitoring
6. Enforcing disciplinary standards
7. Responding promptly
The written policies of a dental practice should refer to:

- Medicaid program requirements
- State dental laws and regulations
- Current Dental Terminology codes
Written Policies—False Claims

Any entity receiving or making payments of $5 million or more annually under the State Medicaid program must have written policies that provide detailed information on:

- The False Claims Act
- Administrative remedies for false claims
- State laws pertaining to false claims
- Detailed provisions regarding the entity’s policies and procedures for detecting and preventing fraud, waste, and abuse
- Whistleblower protections

This information must be included in any existing employee handbook.
To ensure implementation of the compliance program, the practice may wish to assign:

- Overall responsibility for the compliance program to a compliance officer
- Responsibility for specific compliance tasks to different individuals
An effective compliance program should require:

- Recurrent training on:
  - The compliance program
  - Applicable statutes and regulations
  - Coding and billing
  - Documentation
  - Other risk areas

- A record of which employees have received training
Why Are Open Lines of Communication Important?

Internal reporting from employees lets the dentist:

• Find out about the problem

• Correct the problem before the practice is at risk
What Methods Can Be Used for Effective Communication?

Encourage internal reporting of compliance issues by:

- Having an open door policy
- Having a mechanism for anonymous reporting
- Discussing compliance issues in staff meetings
An effective compliance program can monitor for changes in:

- Government regulations
- Professional standards
- Billing codes
Monitor to ensure licenses or certificates are:

- Current for persons performing specified services
- Displayed as required by State law
Screening for exclusions is important because:

- Excluded employees cannot participate in Federal healthcare programs

- Federal healthcare programs cannot pay for any items or services that are furnished, ordered, or prescribed by an excluded individual

“Furnished” includes items or services provided or supplied, directly or indirectly.
Ensure you do not employ excluded individuals.

Dental practices should monitor for failure to document the medical necessity of services rendered.
Some other risk areas a dental practice could monitor may include:

- Unnecessary pulpotomies
- Too many or too few X-rays
- Inappropriate use of protective stabilization devices

This is not an exhaustive or comprehensive list.
Monitoring—Issues in Recent Cases

Review issues identified in recent settlements and prosecutions. Some examples are:

- Unnecessary services: Nationwide dental management company

- Upcoding: New Haven pediatric dentist

- Patient Recruiting: Brooklyn dentist
Additional issues detected in recent cases include:

- Services not rendered: Illinois dental management company, Texas dentist

- Unbundling: New York dental center

- Lack of documentation: Texas dental center
Enforcing Disciplinary Standards

Disciplinary standards should be enforced through:

- Simple and available disciplinary guidelines
- Timely and consistent disciplinary action

There should be an expectation that compliance concerns will be reported.
Prompt Responses and Corrective Action

- Examine the issue
- Collect relevant documentation
- Identify the standard that applies
Prompt Responses and Corrective Action

• Return any funds improperly paid
• Take internal corrective action
• Report to the State Medicaid agency (SMA) or other government agency, as appropriate
Program Integrity Landscape—Federal Agencies

- Centers for Medicare & Medicaid Services (CMS)
  - Payment Error Rate Measurement (PERM) program
  - Medicaid Integrity Contractors (MICs)
- HHS-OIG
- Federal Bureau of Investigation (FBI)
- Federal prosecutors’ offices
Program Integrity Landscape—State Agencies

- SMAs
- Medicaid Recovery Audit Contractors (RACs)
- Medicaid Fraud Control Units (MFCUs)
- State prosecutors’ offices
Report suspect practices by other providers to:

- SMA
- MFCU
- HHS-OIG

- Contact information for SMAs and Medicaid Fraud Control Units is available at [http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Downloads/smafraudcontacts-april2013.pdf](http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Downloads/smafraudcontacts-april2013.pdf) on the CMS website
- 1-800-HHS-TIPS
A compliance program can protect your practice by:

- Ensuring that patients receive high quality care
- Finding and correcting problems before the government does
- Having well-documented files in the event of a government investigation
- Resolving employee concerns before those concerns result in:
  - A complaint to a government agency
  - A whistleblower lawsuit
Disclaimer

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For More Information

Lynn Douglas Mouden, DDS, MPH
Chief Dental Officer
lynn.mouden@cms.hhs.gov
410-786-4126