

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NEW YORK CLAIMED
MEDICAID REIMBURSEMENT FOR
UNALLOWABLE DENTAL SERVICES
BILLED BY A DENTIST
BASED IN QUEENS**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



Brian P. Ritchie
Assistant Inspector General
for Audit Services

January 2017
A-02-13-01034

Office of Inspector General

<https://oig.hhs.gov>

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

New York State claimed at least \$82,000 in unallowable Medicaid reimbursement for dental services billed by a Queens dentist over two and a half years.

WHY WE DID THIS REVIEW

Federal law authorizes Medicaid, which covers essential dental services for Medicaid-eligible beneficiaries. In an April 2012 hearing on government efforts to address Medicaid fraud, Congress noted its concerns on waste, fraud, and abuse of certain Medicaid program services, including dental services. Based on Congress' concerns, the results of a review we conducted on certain Medicaid orthodontic services provided to beneficiaries in New York City, and other Office of Inspector General (OIG) reviews throughout the country, we are conducting a series of reviews of claims submitted for Medicaid reimbursement by the New York State Department of Health (State agency) for dental services billed by dentists which we identified as being potentially at risk for noncompliance with certain Federal and State requirements. In this review, we identified a dentist at risk for billing a potentially excessive number of services during our audit period.

The objective of this review was to determine whether the State agency complied with certain Federal and State requirements when claiming Medicaid reimbursement for dental services billed by a dentist based in Queens, New York, whom we refer to as "the Queens dentist" throughout the report.

BACKGROUND

In New York State, the State agency administers the Medicaid program. The New York State Medicaid Dental Program provides essential dental services to Medicaid-eligible beneficiaries. Under the New York State Medicaid program, dentists must be enrolled as a Medicaid provider to receive Federal Medicaid reimbursement.

The Queens dentist operated a group practice that provided pediatric dental services to underserved urban populations at four locations throughout the borough of Queens. The group practice employed several dentists (including the Queens dentist) during our January 1, 2010, through June 30, 2012, audit period.

HOW WE CONDUCTED THIS REVIEW

The Queens dentist received Federal Medicaid reimbursement totaling \$918,765 for diagnostic, endodontic, general services, oral surgery, periodontics, preventive, and restorative dental services provided to 4,192 beneficiaries during our January 1, 2010, through June 30, 2012, audit period. Of these beneficiaries, we selected a simple random sample of 100 beneficiaries and reviewed corresponding claims documentation maintained by the Queens dentist. In addition, we verified whether the dentists who performed the services were licensed, enrolled as Medicaid providers, and not excluded from program participation.

WHAT WE FOUND

The State agency's claims for Federal Medicaid reimbursement for dental services billed by the Queens dentist did not always comply with certain Federal and State requirements. Specifically, for 33 of the 100 beneficiaries in our sample, the dentist who performed the services was not enrolled in the Medicaid program. Services provided to the remaining 67 beneficiaries complied with Federal and State requirements.

On the basis of our sample results, we estimated that the State agency claimed at least \$82,967 in Federal reimbursement for unallowable dental services billed by the Queens dentist.

These unallowable payments occurred because the Queens dentist did not verify that all dentists in the group practice were enrolled as Medicaid providers.

WHAT WE RECOMMEND

We recommend that the State agency:

- refund \$82,967 to the Federal Government and
- ensure that only enrolled Medicaid providers bill for Federal reimbursement by re-educating the Queens dentist on Medicaid billing requirements.

QUEENS DENTIST COMMENTS AND OUR RESPONSE

In written comments on our draft report, the Queens dentist, through its attorney, stated that the dental practice incorrectly assumed that two dentists associated with the unallowable claims were enrolled in the State Medicaid program. The Queens dentist also stated that it has taken steps to ensure that the two are enrolled in the State Medicaid program. Finally, the Queens dentist objected to our use of extrapolation, which it asserted as improper and flawed, and requested information regarding our sampling methodology.

We maintain that our finding and recommendations are valid and provided the Queens dentist with the requested statistical information. The use of statistical sampling to determine improperly claimed reimbursement amounts in Medicaid is well established and has repeatedly been upheld on administrative appeal within the Department of Health and Human Services and in Federal courts. The legal standard for use of sampling and extrapolation is that it must be based on a statistically valid methodology, not the most precise methodology. We properly executed our statistical sampling methodology in that we defined our sampling frame and sampling unit, randomly selected our sample, applied relevant criteria in evaluating the sample, and used statistical sampling software to apply the correct formulas for the extrapolation.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency did not indicate concurrence or nonconcurrence with our first recommendation, and concurred with our second recommendation.

Specifically, the State agency stated that the Office of Medicaid Inspector General, a division within the State agency, will perform a review to determine if a refund to the Federal Government is appropriate. The State agency also described corrective actions it planned to take to address our second recommendation.

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INTRODUCTION

WHY WE DID THIS REVIEW

Federal law authorizes Medicaid, which covers essential dental services for Medicaid-eligible beneficiaries. In an April 2012 hearing on government efforts to address Medicaid fraud, Congress noted its concerns on waste, fraud, and abuse of certain Medicaid program services, including dental services.¹ Based on Congress' concerns, the results of a review we conducted on certain Medicaid orthodontic services provided to beneficiaries in New York City, and other Office of Inspector General (OIG) reviews throughout the country,² we are conducting a series of reviews of claims submitted for Medicaid reimbursement by the New York State Department of Health (State agency) for dental services billed by dentists which we identified as being potentially at risk for noncompliance with certain Federal and State requirements. In this review, we identified a dentist at risk for billing a potentially excessive number of services during our audit period.

OBJECTIVE

Our objective was to determine whether the State agency complied with certain Federal and State requirements when claiming Medicaid reimbursement for dental services billed by a dentist based in Queens, New York, whom we refer to as “the Queens dentist” throughout the report.

BACKGROUND

Medicaid Program

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan.

New York State's Medicaid Dental Program

In New York State, the State agency administers the Medicaid program. The New York State Medicaid Dental Program provides essential dental services to Medicaid-eligible beneficiaries. Under the New York State Medicaid program, dentists must be enrolled as a Medicaid provider to receive Federal Medicaid reimbursement.³

¹ “Is Government Adequately Protecting Taxpayers from Medicaid Fraud?” Joint hearing before the Subcommittee on Health Care, District of Columbia, Census, and the National Archives; and the Subcommittee on Regulatory Affairs, Stimulus Oversight, and Government Spending of the Committee on Oversight and Government Reform, House of Representatives, 112th Congress, April 25, 2012.

² Appendix A contains a list of related OIG reports.

³ 18 NYCRR § 504.1(b)(1).

The Queens Dentist

The Queens dentist operated a group practice that provided pediatric dental services to underserved urban populations at four locations throughout the borough of Queens. The group practice employed several dentists (including the Queens dentist) during our January 1, 2010, through June 30, 2012, audit period.

HOW WE CONDUCTED THIS REVIEW

The Queens dentist received Federal Medicaid reimbursement totaling \$918,765, for diagnostic, endodontic, general services, oral surgery, periodontics, preventive, and restorative dental services provided to 4,192 beneficiaries during our January 1, 2010, through June 30, 2012, audit period. Of these beneficiaries, we selected a simple random sample of 100 beneficiaries and reviewed corresponding claims documentation maintained by the Queens dentist. In addition, we verified whether the dentists who performed the services were licensed, enrolled as Medicaid providers, and not excluded from program participation.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix B contains the details of our audit scope and methodology, Appendix C contains details of our statistical sampling methodology, and Appendix D contains our sample results and estimates.

FINDING

The State agency's claims for Federal Medicaid reimbursement for dental services billed by the Queens dentist did not always comply with certain Federal and State requirements. Specifically, for 33 of the 100 beneficiaries in our sample, the dentist who performed the services was not enrolled in the Medicaid program. Services provided to the remaining 67 beneficiaries complied with Federal and State requirements.

On the basis of our sample results, we estimated that the State agency claimed at least \$82,967 in Federal reimbursement for unallowable dental services billed by the Queens dentist.⁴

These unallowable payments occurred because the Queens dentist did not verify that all dentists in the group practice were enrolled as Medicaid providers.

⁴ To be conservative, we recommend recovery of overpayments at the lower limit of a two-sided 90-percent confidence interval. Lower limits calculated in this manner will be less than the actual overpayment total at least 95 percent of the time.

PROVIDING DENTIST NOT ENROLLED IN MEDICAID PROGRAM

Any person who furnishes Medicaid-eligible medical care or services must be enrolled as a Medicaid provider prior to being eligible to receive Federal reimbursement.⁵

For 33 of the 100 beneficiaries in our sample, the dentist who provided the associated services was not enrolled in the Medicaid program.

RECOMMENDATIONS

We recommend that the State agency:

- refund \$82,967 to the Federal Government and
- ensure that only enrolled Medicaid providers bill for Federal reimbursement by re-educating the Queens dentist on Medicaid billing requirements.

QUEENS DENTIST COMMENTS AND OUR RESPONSE

In written comments on our draft report, the Queens dentist, through its attorney, stated that the dental practice incorrectly assumed that two dentists associated with the unallowable claims were enrolled in the State Medicaid program. The Queens dentist also stated that it has taken steps to ensure that the two are enrolled in the State Medicaid program. Finally, the Queens dentist objected to our use of extrapolation, which it asserted as improper and flawed, and requested information regarding our sampling methodology. The Queens dentist's comments, excluding various letters of support and other supplementary information, are included as Appendix E.

We maintain that our finding and recommendations are valid and provided the Queens dentist with the requested statistical information. The use of statistical sampling to determine improperly claimed reimbursement amounts in Medicaid is well established and has repeatedly been upheld on administrative appeal within the Department of Health and Human Services and in Federal courts.⁶ The legal standard for use of sampling and extrapolation is that it must be based on a statistically valid methodology, not the most precise methodology.⁷ We properly executed our statistical sampling methodology in that we defined our sampling frame and sampling unit, randomly selected our sample, applied relevant criteria in evaluating the sample, and used statistical sampling software to apply the correct formulas for the extrapolation.

⁵ 18 NYCRR § 504.1(b)(1). According to 18 NYCRR § 504.1(a), this regulation relates to New York's goal to contract with only those persons who can demonstrate that they are qualified to provide medical care, services, or supplies and who can provide reasonable assurance that public funds will be properly utilized.

⁶ See *Illinois Physicians Union v. Miller*, 675 F.2d 151 (7th Cir. 1982); *Georgia v. Califano*, 446 F. Supp. 404 (N.D. Ga. 1977); *Services, Rosado v. Wyman*, 437 F.2d 619, 627-628 (2d Cir. 1970), aff'd, 402 U.S. 991 (1970).

⁷ See *Anghel v. Sebelius*, 912 F. Supp. 2d 4, 18 (E.D.N.Y. 2012); *Transyd Enter., LLC v. Sebelius*, 2012 U.S. Dist. LEXIS 42491 at *13 (S.D. Tex. 2012); *Illinois Physicians Union v. Miller*, 675 F.2d 151 (7th Cir. 1982); Maryland, DAB No. 2090 (2007).

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency did not indicate concurrence or nonconcurrence with our first recommendation, and concurred with our second recommendation. Specifically, the State agency stated that the Office of Medicaid Inspector General, a division within the State agency, will perform a review to determine if a refund to the Federal Government is appropriate. The State agency also described corrective actions it planned to take to address our second recommendation. Specifically, the State agency stated that it plans to provide the Queens dentist's office with education and guidance on current Medicaid billing requirements. The State agency also stated that it will monitor the office's claims to ensure that only enrolled dentists are providing treatment.

The State agency's comments are included in their entirety as Appendix F.

APPENDIX A: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>New York Claimed Medicaid Reimbursement for Unallowable Dental Services Billed by a Dentist Based in Westchester County</i>	A-02-13-01033	1/26/2017
<i>New York Claimed Medicaid Reimbursement for Unallowable Dental Services Billed by a Dentist Based in New York City</i>	A-02-13-01032	10/28/2016
<i>Washington State Claimed Unallowable Federal Medicaid Reimbursement for Some Dental Services</i>	A-09-13-02041	5/24/2016
<i>Most Children With Medicaid in Four States Are Not Receiving Required Dental Services</i>	OEI-02-14-00490	1/20/2016
<i>Texas Paid Millions for Unallowable Medicaid Orthodontic Services</i>	A-06-11-00048	6/3/2015
<i>Questionable Billing for Medicaid Pediatric Dental Services in California</i>	OEI-02-14-00480	5/15/2015
<i>North Carolina Claimed Federal Medicaid Reimbursement for Dental Services That Did Not Always Comply With Federal and State Requirements</i>	A-04-13-04014	3/26/2015
<i>Questionable Billing for Medicaid Pediatric Dental Services in Indiana</i>	OEI-02-14-00250	11/4/2014
<i>Questionable Billing for Medicaid Pediatric Dental Services in Louisiana</i>	OEI-02-14-00120	8/19/2014
<i>Texas Did Not Ensure That the Prior-Authorization Process Was Used To Determine the Medical Necessity of Orthodontic Services</i>	A-06-12-00039	8/6/2014
<i>Questionable Billing for Medicaid Pediatric Dental Services in New York</i>	OEI-02-12-00330	3/25/2014
<i>New York Improperly Claimed Medicaid Reimbursement for Orthodontic Services to Beneficiaries in New York City</i>	A-02-11-01003	10/21/2013

APPENDIX B: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our review covered 49,168 claims for dental services, totaling \$1,835,476 (\$918,765 Federal share), provided to 4,192 Medicaid beneficiaries who received diagnostic, endodontic, general services, oral surgery, periodontics, preventive, and restorative dental services from the Queens dentist during our January 1, 2010, through June 30, 2012, audit period.

We did not assess the overall internal control structure of the Medicaid program, the State agency, or the Queens dentist. Rather, we reviewed only the internal controls that pertained directly to our objective. Our review allowed us to establish reasonable assurance of the authenticity and accuracy of the data obtained from the Medicaid Management Information System⁸ (MMIS) file for our audit period, but we did not assess the completeness of the file.

We performed our fieldwork at the State agency's offices and the MMIS fiscal agent in Rensselaer, New York; and at the Queens dentist's office in Queens, New York.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State requirements;
- held discussions with State agency officials to gain an understanding of the New York State Medicaid Dental Program;
- held discussions with officials from the Queens dentist's group practice to gain an understanding of their procedures for billing dental services to the Medicaid program;
- obtained from New York's MMIS, a sampling frame of 4,192 beneficiaries that received diagnostic, endodontic, general services, oral surgery, periodontics, preventive, or restorative dental services from the Queens dentist during the period January 1, 2010, through June 30, 2012, totaling \$1,835,476 (\$918,765 Federal share);
- selected from our sampling frame a simple random sample of 100 beneficiaries and for each beneficiary:
 - reviewed documentation maintained by the Queens dentist to determine if the associated services complied with Federal and State requirements, and
 - determined whether the dentist who provided the services was licensed, enrolled as a Medicaid provider, and not excluded from program participation;

⁸ The MMIS is a computerized payment and information reporting system used to process and pay Medicaid claims.

- estimated the unallowable Federal Medicaid reimbursement in the sampling frame of 4,192 beneficiaries; and
- discussed the results of the review with State agency officials.

See Appendix C for the details of our statistical sampling methodology and Appendix D for our sample results and estimates.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX C: STATISTICAL SAMPLING METHODOLOGY

POPULATION

The population consisted of Medicaid beneficiaries who received diagnostic, endodontic, general services, oral surgery, periodontics, preventive or restorative dental services from the Queens dentist during our January 1, 2010, through June 30, 2012, audit period.

SAMPLING FRAME

The sampling frame was an Excel file containing 4,192 Medicaid beneficiaries who received diagnostic, endodontic, general services, oral surgery, periodontics, preventive, or restorative dental services totaling \$1,835,476 (\$918,765 Federal share). The Medicaid claims were extracted from the claims file maintained at the MMIS fiscal agent.

SAMPLE UNIT

The sample unit was a Medicaid beneficiary who received diagnostic, endodontic, general services, oral surgery, periodontics, preventive, or restorative dental services from the Queens dentist for which the State agency claimed Federal Medicaid reimbursement. One Medicaid beneficiary may have had multiple dental services claimed for reimbursement.

SAMPLE DESIGN

We used a simple random sample.

SAMPLE SIZE

We selected a sample of 100 Medicaid beneficiaries.

SOURCE OF RANDOM NUMBERS

We generated the random numbers with OIG, Office of Audit Services (OAS) statistical software.

METHOD OF SELECTING SAMPLE UNITS

We consecutively numbered the 4,192 Medicaid beneficiaries. After generating 100 random numbers, we selected the corresponding frame items.

ESTIMATION METHODOLOGY

We used the OIG/OAS statistical software to appraise the sample results. We estimated the overpayment associated with the unallowable claims at the lower limit of the 90-percent confidence interval.

APPENDIX D: SAMPLE RESULTS AND ESTIMATES

Sample Results

Beneficiaries in Frame	Value of Frame (Federal share)	Sample Size	Value of Sample (Federal share)	No. of Beneficiaries With Unallowable Claims	Value of Unallowable Claims (Federal share)
4,192	\$918,765	100	\$23,154	33	\$2,826

Estimated Value of Unallowable Claims (Federal share) *(Limits Calculated for a 90-Percent Confidence Interval)*

Point estimate	\$118,474
Lower limit	\$ 82,967
Upper limit	\$153,982

APPENDIX E: QUEENS DENTIST COMMENTS

BARCLAY DAMON ^{LLP}

Margaret Surowka Rossi
Counsel

October 26, 2016

**VIA ELECTRONIC MAIL
AND OVERNIGHT MAIL**

James P. Edert
Regional Inspector General for Audit Services
Office of Audit Services, Region II
Jacob K. Javits Federal Building
26 Federal Plaza, Room 3900
New York, NY 10278

Re: [REDACTED] P.C. and [REDACTED] D.D.S.
A-02-13-01034

Dear Mr. Edert:

As you are aware, we represent [REDACTED] P.C. (the "Dental Practice") and its owner Dr. [REDACTED] (collectively, the "Providers"). We thank your team for its time in discussing this matter, clarifying the findings in your Draft report during our conference call on October 7, 2016 and providing additional detail which we received on October 12, 2016. We write this letter to submit comments relating to your findings and to provide some additional information about the Dental Practice.

As an initial matter, there is no dispute that the services that were billed were, in fact, all provided. There is no dispute that the Dental Practice itself and its owner Dr. [REDACTED] who oversees and supervises the practice, were properly enrolled in Medicaid at all times. There is also no dispute that the New York State Medicaid regulations and its alerts were not clear in their guidance as to the billing of providers in one practice.¹ The only dispute is whether the treating dentists in the cited samples were enrolled in Medicaid at the time.

As set forth below, any alleged error on the part of the Providers was not intentional, but rather was an inadvertent error or oversight. The Dental Practice employs numerous dentists striving to meet the needs of the underserved Medicaid pediatric dental population while providing the highest quality dental care in the New York City area. It is committed to compliance with all state and federal regulations.

¹ See The Providers' prior submissions.

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Office of Inspector General note: The deleted text has been redacted because it identified the Queens Dentist.

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Office of Audit Services, Region II
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The Dental Practice was founded with this primary principle: that every child deserves a healthy smile. According to studies, tooth decay is the number one disease affecting children in America. Dr. [REDACTED] and the Dental Practice provide services to the underserved and disadvantaged children in the New York Metropolitan area and work hand in hand with social service agencies, schools and daycares, retailers, government bodies, medical providers, and other groups to eradicate caries while promoting overall health and happiness. The dental Practice has been successful in its focus on preventive care.

We include herewith a letter of commendation from Dr. [REDACTED] Dental Director at the NYS Office of Children and Family Services recognizing the Dental Practice for its invaluable service to the youth under its care and for its "unselfish professionalism and ardent dedication to the oral health of our at-risk youth." Also included is a letter from Booz Allen Hamilton recognizing the Dental Practice for its fully digitized dental operation and its continued collaboration and testing of child dental measures.

As to the Dental Practice's success in its preventive treatments, we include herewith a chart indicating its success. This preventive dental approach of the Dental Practice has been clearly recognized by the New York State Medicaid Managed plans and their dental administrators. The Dental Practice has been working closely with these managed care plans and continues to achieve high marks in its ability to get children to be seen for their annual dental visit. The Practice's achievements in this area led to Dr. [REDACTED]'s invitation to serve as an active voluntary board member for the [REDACTED] Committee. In this capacity, Dr. [REDACTED] has been working with both DentaQuest as well as Healthplex and their affiliated health plans to help improve access to quality oral health services for all of the underserved children of New York State that are affected by these health plans and dental administrators.

Dr. [REDACTED] has personally dedicated his career to betterment of underserved children's oral health. He is currently an assistant clinical professor of both pediatrics and dental medicine at the [REDACTED] School of Medicine. He continues to be active in teaching both medical and dental residents on ways of improving children's oral health. He is one of the few senior pediatric dental providers in New York City who has been treating medically compromised and severely affected early childhood caries children in the hospital setting under general anesthesia on weekly bases. He also is actively engaged in voluntary teaching of pediatric dentistry and children's oral health to general dentists, pediatricians and family practitioners with an emphasis on early diagnosis and a preventive approach. [REDACTED]

[REDACTED] I enclose herewith a letter from Dr. [REDACTED] detailing several items and his CV.

Extrapolation

Since this is only the submission of comments to the OIG's Draft, the Providers reserve its objections to the use of extrapolation, which it asserts is improper and flawed. With respect

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Office of Inspector General note: The deleted text has been redacted because it identified the Queens Dentist.

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to the extrapolation, we submit that the following information is essential to respond to any extrapolation:

1. Copies of the universe of claims for dental services paid by Medicaid for the single period of January 1, 2010 through June 20, 2012 so that we can verify the universe;
2. A copy of the statement by the agency certifying the statistical samples, method utilized by the auditor and the extrapolation based thereon;
3. The computer program utilized to determine the samples, on a disk so that we can verify whether the sampling methodology was random and unbiased; and
4. Audit trails regarding chain of custody for submitted claims selected for the samples.

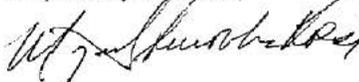
It is our position that the failure to provide this information is a denial of the Provider's due process rights and prevents our clients from: preparing a response articulating all of the reasons it objects to the findings, presenting supporting evidence rebutting the alleged errors and objecting with specificity to the appropriateness and method of extrapolation.

Findings

The findings are based solely on the OIG's assertions that two of the treating providers were not enrolled in Medicaid at the time the services were provided. The Providers note that when these two providers were employed to provide services, they were credentialed with hospitals and therefore, the Practice incorrectly assumed (as the providers themselves did) that they were enrolled in the New York State Medicaid Program. We note that once this inadvertent and isolated error was discovered, the Practice immediately took steps to have the providers enrolled and they are now enrolled in Medicaid.

The Providers reserve the right to submit any and all objections and defenses to such findings in the event that there is additional action taken with respect to the OIG findings. We thank you for your attention to the evidence and positions set forth herein.

Respectfully submitted,



Margaret Surowka Rossi

MSR:nlm
Enclosures

cc: Dr. [REDACTED]

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Office of Inspector General note: The deleted text has been redacted because it identified the Queens Dentist.

APPENDIX F: STATE AGENCY COMMENTS



**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 14, 2016

Mr. James P. Edert
Regional Inspector General for Audit Services
Department of Health and Human Services - Region II
Jacob Javitz Federal Building
26 Federal Plaza
New York, New York 10278

Ref. No: A-02-13-01034

Dear Mr. Edert:

Enclosed are the New York State Department of Health's comments on the United States Department of Health and Human Services, Office of Inspector General's Draft Audit Report A-02-13-01034 entitled, "New York Claimed Medicaid Reimbursement for Unallowable Dental Services Billed by a Dentist Based in Queens."

Thank you for the opportunity to comment.

Sincerely,

Sally Dreslin

Sally Dreslin, M.S., R.N.
Executive Deputy Commissioner

Enclosure

cc: Marybeth Hefner
Jason A. Helgerson
Dennis Rosen
James Dematteo
James Cataldo
Brian Kiernan
Elizabeth Misa
Geza Hrazdina
Jeffrey Hammond
Jill Montag
Diane Christensen
Lori Conway
OHIP Audit SM

**New York State Department of Health
Comments on the
Department of Health and Human Services
Office of Inspector General
Draft Audit Report A-02-13-01034 entitled
“New York Claimed Medicaid Reimbursement for Unallowable Dental
Services Billed by a Dentist Based in Queens”**

The following are the New York State Department of Health’s (Department) comments in response to the Department of Health and Human Services, Office of Inspector General (OIG) Draft Audit Report A-02-13-01034 entitled, “New York Claimed Medicaid Reimbursement for Unallowable Dental Services Billed by a Dentist Based in Queens.”

Background:

New York State (NYS) is a national leader in its oversight of the Medicaid Program. The Office of the Medicaid Inspector General (OMIG) conducts on-going audits of the Medicaid program and managed care plans. The Department and OMIG will continue to focus on achieving improvements to the Medicaid program and aggressively fighting fraud, waste and abuse.

Under Governor Cuomo’s leadership, the Medicaid Redesign Team (MRT) was created in 2011 to lower health care costs and improve quality of care for its Medicaid members. Since 2011, Medicaid spending has remained under the Global Spending Cap, while at the same time providing health care coverage to an additional 1,475,319 fragile and low income New Yorkers. Additionally, Medicaid spending per recipient decreased to \$8,305 in 2015, consistent with levels from a decade ago.

Recommendation #1:

Refund \$82,967 to the Federal Government.

Response #1

OMIG will review, and pursue recoveries of overpayments where appropriate.

Recommendation #2:

Ensure that only enrolled Medicaid providers bill for Federal reimbursement by reeducating the Queens dentist on Medicaid billing requirements.

Response #2

The Department’s Division of Operations and Systems Bureau of Dental Review (Bureau) will provide outreach to the dental office providing education and guidance on the current Medicaid billing requirements. The Bureau will also monitor claims and by-reports submitted by this office to ensure that only enrolled dentists are providing treatment.