

July 9, 2014

The Honorable Bill Nelson
Chairman
Senate Special Committee on Aging
G31 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Susan Collins
Ranking Member
Senate Special Committee on Aging
628 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Nelson and Ranking Member Collins:

Thank you for the opportunity to share my perspective on dental Medicaid Recovery Audit Contractor (RAC) audits. I am a board certified pediatric dentist and have been in practice for 15 years. Our practice is dedicated to providing dental services to Medicaid patients. My experience thus far with the Medicaid RAC audit process has not been positive as the audits lack transparency and an opportunity for feedback due largely to a breakdown in communication. I fear that the impact may negatively affect dental services for this population.

Children enrolled in Medicaid in Nebraska are at a high risk for developing dental disease and frequently experience social factors that complicate their oral health status and ability to comply with a treatment plan. Due to the high risk this population presents for dental disease, the Nebraska Dental Association worked with our Medicaid program over 10 years ago to modify the state's Provider Manual language that addressed the frequency of prophylaxis (teeth cleaning). The old language called for a cleaning every six months, but this was changed to provide more flexibility for the treating dentist depending upon the patient's risk for decay. The current language suggests a 6-month frequency, but also notes that the "frequency [will be] determined by the dentist." This aligns with the American Academy of Pediatric Dentistry's dental periodicity schedule for children and allows these high-risk children more frequent visits, when deemed appropriate, to prevent more serious dental issues. Up until this year, it has been a win for children enrolled in Nebraska Medicaid.

In April, along with nearly 300 of my colleagues, I received a letter from our state's Recovery Audit Contractor, HMS, requesting charts that contained adult and pediatric billing codes for prophylaxis. Please be aware that I supported the Affordable Care Act and was the only dentist in the Rose Garden when the president invited health professionals for an event to promote and support the law. However, I had no idea how negatively the RAC Audit Contractor provision in the law would affect me or my colleagues. In our practice, auditors requested nearly 1,000 charts despite the statute permitting more frequent cleanings based upon the child's risk assessment.

The RAC audit in Nebraska, which narrowly focused on prophylaxis codes with frequency less than 6 months, essentially removed my ability to assess a patient's risk and determine medical necessity. When did a benefit package replace a health professional's assessment of a patient and her ability to determine the best treatment to address the situation at hand? Unfortunately, increasing access to care and maintaining oral health status for this population was not part of the equation.

Recouping alleged overpayments appears to be the sole goal of RAC auditors. Neither I nor any dentists I know received compliance training, nor was there collaboration with the dental community on this audit process. I serve as chair of the Nebraska Dental Association's Medicaid Committee and have been extensively involved in addressing Medicaid issues for many years. Our goal is to ensure compliance with existing laws and we have tried to work with our Medicaid agency to make adjustments over the years to ensure we are all working toward a common goal, one that increases access and improves the oral health of Nebraska's Medicaid patients.

No one condones fraud and abuse. It is the state Medicaid system that is broken. The dentists followed the rules as they were written and promulgated...in the best interest of serving our patients! We were reimbursed by the state for services rendered per the rules set forth at the time of our participation. The RAC auditors are chasing the wrong rabbit. It is the system that is broken, not the providers!

All patients, especially the most vulnerable, should be treated appropriately and not have a treatment dictated by a benefit plan. The effective removal of my training and expertise from this process will negatively affect these patients. Many of my colleagues just paid the amount requested as part of the audit and have opted not to serve Medicaid patients any more or take on any new Medicaid patients. Shifting the focus away from prevention and limiting the ability of dentists to treat patients as individuals is short-sighted and will have long-term financial consequences in the form of higher rates of disease and increased program expenses.

This process could have been a win-win for everyone involved. If the state had been willing to proactively sit down with the dental community, listen to concerns about the provider manual, make revisions accordingly, educate dentists on any changes and necessary chart documentation, and set a prospective timeline for implementation of any changes, this could have had a different outcome.

We have an obligation to improve the audit process going forward so that it is a more transparent, fair and reasonable process. We must all work together to ensure an audit process that keeps the patient's health the paramount concern, and one that increases access to care and improves oral health. To improve the process we must:

- Ensure a transparent process where every provider is notified in advance and not when an audit is already underway.

- Provide education and compliance training for providers specific to each state program's regulations.
- Provide practitioners the ability to have charts and specific cases reviewed by a licensed dentist who has the clinical expertise to conduct a proper evaluation when requested by a dentist or practice that has undergone a RAC audit.
- Educate all providers – not just dentists – on the use of extrapolation in the audit process.

Fix the system that is broken...treat the cause, not the symptoms!

Sincerely,

Jessica Meeske D.D.S., M.S.
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American Dental Association