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 WESTCHESTER COUNTY

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-02-13-01033

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 $84,000 in unallowable Medicaid reimbursement for dental services billed by a Westchester County, New York 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 Westchester County, New York, whom we refer to as "the Westchester County 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. Federal regulations require that services claimed for Federal Medicaid reimbursement must be adequately documented.

The Westchester County dentist provided dental services to underserved urban and rural populations at two fixed locations and multiple mobile dental units. The Westchester County dentist employed or contracted with approximately 25 dentists during our January 1, 2010, through June 30, 2012, audit period. The Westchester County dentist contracted with a third party administrator (TPA) to submit its Medicaid claims for reimbursement.

HOW WE CONDUCTED THIS REVIEW

The Westchester County dentist received Federal Medicaid reimbursement totaling $1,927,875 for diagnostic, preventive, endodontic (i.e. root canal therapy), and restorative (i.e. fillings and crowns) dental services provided to 9,804 beneficiaries during our January 1, 2010, through June 30, 2012, audit period. Of these beneficiaries, we selected a random sample of 100 beneficiaries and reviewed corresponding claims documentation maintained by the Westchester County

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 Westchester County dentist did not always comply with certain Federal and State requirements. Specifically, claims associated with 22 of the 100 beneficiaries in our sample did not comply with Federal and State requirements. For 14 of these 22 beneficiaries, the dentist who performed the services was not enrolled in the Medicaid program. For services provided to eight other beneficiaries, the Westchester County dentist did not provide documentation to support services billed. Services provided to the remaining 78 beneficiaries complied with Federal and State requirements.

On the basis of our sample results, we estimated that the State agency claimed at least $84,437 in Federal reimbursement for unallowable dental services billed by the Westchester County dentist.

The unallowable payments occurred because the Westchester County dentist did not ensure that all dentists that provided Medicaid services were enrolled in the Medicaid program. In addition, the provider failed to maintain adequate documentation to support services billed for Medicaid reimbursement.

WHAT WE RECOMMEND

We recommend that the State agency:

- refund $84,437 to the Federal Government and

- ensure that only enrolled Medicaid providers bill documented services for Federal reimbursement by re-educating the Westchester County dentist on Medicaid billing requirements.

WESTCHESTER COUNTY DENTIST COMMENTS

In written comments on our draft report, the Westchester County dentist stated that all "regular" staff dentists were enrolled Medicaid providers and that errors identified in our draft report involved dentists that were "stand-in" providers who filled in for "regular" staff dentists. The dentist also explained how the errors occurred and indicated that the dental practice has improved its procedures to correct the causes of the errors.

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 had taken 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 Westchester County, New York, whom we refer to as "the Westchester County 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

[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.

to receive Federal Medicaid reimbursement.[3] Federal regulations require that services claimed for Federal Medicaid reimbursement must be adequately documented.

The Westchester County Dentist

The Westchester County dentist provided dental services to underserved urban and rural populations at two fixed locations and multiple mobile dental units. The Westchester County dentist employed or contracted with approximately 25 dentists during our January 1, 2010, through June 30, 2012, audit period. The Westchester County dentist contracted with a third party administrator (TPA) to submit its Medicaid claims for reimbursement.

HOW WE CONDUCTED THIS REVIEW

The Westchester County dentist received Federal Medicaid reimbursement totaling $1,927,875, for diagnostic, preventive, endodontic (i.e. root canal therapy), and restorative (i.e. fillings and crowns) dental services provided to 9,804 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 documentation maintained by the Westchester County 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.

FINDINGS

The State agency's claims for Federal Medicaid reimbursement for dental services billed by the Westchester County dentist did not always comply with certain Federal and State requirements. Specifically, claims associated with 22 of the 100 beneficiaries in our sample did not comply with Federal and State requirements. For 14 of these 22 beneficiaries, the dentist who performed the services was not enrolled in the Medicaid program. For services provided to eight other beneficiaries, the Westchester County dentist did not provide documentation to support services billed. Services provided to the remaining 78 beneficiaries complied with Federal and State requirements.

[3] 18 NYCRR § 504.1(b)(1).

On the basis of our sample results, we estimated that the State agency claimed at least $84,437 in Federal reimbursement for unallowable dental services billed by the Westchester County dentist.[4]

The unallowable payments occurred because the Westchester County dentist did not ensure that all dentists that provided Medicaid services were enrolled in the Medicaid program. In addition, the provider failed to maintain adequate documentation to support services billed for Medicaid reimbursement.

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

SERVICES NOT ADEQUATELY DOCUMENTED

Federal regulations require that services claimed for Federal Medicaid reimbursement must be adequately documented.[6]

For 8 of the 100 beneficiaries in our sample, the Westchester County dentist did not provide documentation to support the associated Medicaid dental services billed. Specifically, the Westchester County dentist did not provide documentation to support claims for x-ray services (seven beneficiaries) and examinations (two beneficiaries).[7]

[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.

[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] 42 CFR § 431.107; CMS *State Medicaid Manual*, section 2500.2.A.

[7] The total exceeds eight because we found more than one deficiency for services provided to one beneficiary.

RECOMMENDATIONS

We recommend that the State agency:

- refund $84,437 to the Federal Government and

- ensure that only enrolled Medicaid providers bill documented services for Federal reimbursement by re-educating the Westchester County dentist on Medicaid billing requirements.

WESTCHESTER COUNTY DENTIST COMMENTS

In written comments on our draft report, the Westchester County dentist stated that all "regular" staff dentists were enrolled Medicaid providers and that errors identified in our draft report involved dentists that were "stand-in" providers who filled in for "regular" staff dentists. The dentist also explained how the errors occurred and indicated that the dental practice has improved its procedures to correct the cause of the errors. Specifically, the dentist stated that he no longer uses a TPA and, instead, electronically submits claims for Medicaid reimbursement through a State agency-operated system that requires the name of the providing dentist and documentation to support claims.

The Westchester County dentist's comments are included as Appendix E.[8]

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 had taken to address our second recommendation. Specifically, the State agency stated that it has contacted the Westchester County dentist's office and provided 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 appear in their entirety as Appendix F.

[8] Attachments to the Westchester County dentist's comments are not included because they contained voluminous amounts of personally identifiable information.

APPENDIX A: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
New York Claimed Medicaid Reimbursement for Unallowable Dental Services Billed by a Dentist Based in Queens	A-02-13-01034	1/26/2017
New York Claimed Medicaid Reimbursement for Unallowable Dental Services Billed by a Dentist Based in New York City	A-02-13-01032	10/28/2016
Washington State Claimed Unallowable Federal Medicaid Reimbursement for Some Dental Services	A-09-13-02041	5/24/2016
Most Children With Medicaid in Four States Are Not Receiving Required Dental Services	OEI-02-14-00490	1/20/2016
Texas Paid Millions for Unallowable Medicaid Orthodontic Services	A-06-11-00048	6/3/2015
Questionable Billing for Medicaid Pediatric Dental Services in California	OEI-02-14-00480	5/15/2015
North Carolina Claimed Federal Medicaid Reimbursement for Dental Services That Did Not Always Comply With Federal and State Requirements	A-04-13-04014	3/26/2015
Questionable Billing for Medicaid Pediatric Dental Services in Indiana	OEI-02-14-00250	11/4/2014
Questionable Billing for Medicaid Pediatric Dental Services in Louisiana	OEI-02-14-00120	8/19/2014
Texas Did Not Ensure That the Prior-Authorization Process Was Used To Determine the Medical Necessity of Orthodontic Services	A-06-12-00039	8/6/2014
Questionable Billing for Medicaid Pediatric Dental Services in New York	OEI-02-12-00330	3/25/2014
New York Improperly Claimed Medicaid Reimbursement for Orthodontic Services to Beneficiaries in New York City	A-02-11-01003	10/21/2013

APPENDIX B: AUDIT SCOPE AND METHODOLOGY

SCOPE

Our review covered 80,597 claims for dental services, totaling $3,855,303 ($1,927,875 Federal share), provided to 9,804 Medicaid beneficiaries who received diagnostic, endodontic, preventive, or restorative dental services from the Westchester County 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 Westchester County 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 System (MMIS) [9] 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 Westchester County dentist's office in Westchester County, 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 the Westchester County dentist to gain an understanding of their procedures for billing dental services to the Medicaid program;
- interviewed the Westchester County dentist's TPA to discuss the TPA's billing practices;
- obtained from New York's MMIS a sampling frame of 9,804 beneficiaries that received diagnostic, endodontic, preventive, or restorative services from the Westchester County dentist during the period January 1, 2010, through June 30, 2012, totaling $3,855,303 ($1,927,875 Federal share);
- selected from our sampling frame a simple random sample of 100 beneficiaries, and for each beneficiary:

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

- reviewed documentation maintained by the Westchester County dentist to determine if the associated services complied with Federal and State requirements,

- determined whether the dentist who provided the services was licensed, enrolled as a Medicaid provider, and not excluded from program participation, and

- determined whether the Westchester County dentist maintained supporting documentation for the Medicaid dental services billed;

- estimated the unallowable Federal Medicaid reimbursement in the sampling frame of 9,804 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, preventive or restorative dental services from the Westchester County dentist during our January 1, 2010, through June 30, 2012, audit period.

SAMPLING FRAME

The sampling frame was an Excel file containing 9,804 Medicaid beneficiaries who received diagnostic, endodontic, preventive, or restorative dental services totaling $3,855,303 ($1,927,875 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, preventive, or restorative dental services from the Westchester County 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 9,804 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)
9,804	$1,927,875	100	$18,344	22	$1,851

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

Point estimate	$181,423
Lower limit	$ 84,437
Upper limit	$278,409

APPENDIX E: WESTCHESTER COUNTY DENTIST COMMENTS

[redacted]

October 10, 2016

James P. Edert
Regional Inspector General for Audit Services
26 Federal Plaza, Room 3900
New York, NY 10278

Dear Mr. Edert,

This communication is in response to Report A-02-13-01033. I appreciate the opportunity to respond to the report findings. Please see my comments below.

Overview:

The lion's share of the disallowances within the report findings are enrollment related. The process and history that led to HHS's comments in this category are addressed under "Provider Billing" below.

The second section of my comments are entitled "Chart Review". There are twenty-two (22) charts that HHS has determined maintained errors. I have outlined each of these charts on "Attachment A" and commented, in some cases disputed, the audit findings.

I. Provider Billing

The administrative billing error described in fourteen (14) of the disallowances was just that, an error. HHS's entrance interview with [redacted] on August 5, 2013, was the first notification to [redacted] of said error. Regardless of circumstance and uncovering who was responsible for said error (which is described below), from the day of the entrance interview and in the three plus years since, [redacted] has unequivocally corrected said error. ALL of the last three years of [redacted] billing, if reviewed by HHS, would fully exhibit that correction.

Background:

- All regular [redacted] dental staff either maintained Medicaid numbers upon their inception to the practice or were credentialed with Medicaid at inception. No dentists that participated in this audit, enrolled or not, were at the time or ever have been - excluded by medicaid.
- All providers associated with the disallowances regarding medicaid enrollment - were locum tenens/stand-in providers. More simply said, these doctors were filling in for enrolled providers, that were absent on the date of service due to sickness or a personal request.
    - [redacted] and its providers see a variety of patient types. Medicaid presently contributes roughly 13% of [redacted]'s billings. On the dates of service associated with the

Office of Inspector General Note—The deleted text has been redacted because it is personally identifiable information.

disallowances, these providers would have seen multiple insured/patient types, not only medicaid recipients.

- With the partnership and support of Otsego, Delaware, Chenango, Cayuga, Tompkins and Broome County Departments of Health, [redacted] began a rural health initiative in 2007 to try and help offset the lack of dental providers in these regions. Patients can wait up to a year for appointments in the regions were [redacted] now provides the bulk of its services.

[redacted]'s billing process and internal review:

- When the claims of the 14 patients seen by non-medicaid enrolled dentists were created in [redacted]'s office, they were created accurately by [redacted].
- [redacted] historically used a third party biller ([redacted]) to review and send claims to Computer Sciences/Medicaid.
  - [redacted] was individually enrolled with medicaid as a TPA and was responsible to its own compliance in order to maintain said enrollment.
  - [redacted] used proprietary software to communicate with and bill to Medicaid.
- When the claims were sent to the TPA ([redacted]) by [redacted], it was done so accurately.
- [redacted], it seems, submitted claims for certain stand-in providers by leaving the provider field, on the medicaid claim form, blank.
  - Leaving the provider field blank – was uncovered by both [redacted] and HHS in interviewing [redacted] regarding the historic billing process.
  - [redacted] suggests – if the provider ID field was mandatory, these claims would have been rejected at submission and prior to payment.
  - In the new Epaces system, which is used by [redacted] and eliminates the TPA, the provider field is in fact required and the claim cannot be submitted if the field is left blank.
  - [redacted] was not involved in the creation of or monitoring of [redacted]'s approved software as a medicaid enrolled TPA or the bridge that was created between [redacted] and Medicaid servers. Such oversight is out of [redacted]'s compliance scope and responsibility.
- [redacted]'s documented responses/EOB's to [redacted], for these 14 submissions, did not portray these omissions. [redacted] used internal billing numbers to highlight individual providers, numbers [redacted] created, not Medicaid numbers. This led [redacted] to believe the submissions to medicaid, by [redacted], reflected the claims sent to them by [redacted] and were always correct.
- After receiving EOBs from [redacted], [redacted] entered this data and reconciled these 14

claims under the appropriate providers, the treating providers. When HHS reviewed [redacted] paper and digital records, the records were 100% correct: from written charts, to claim creation, to claim submission, to claim reconciliation, for all of these 14 claims. It was only upon reviewing [redacted]'s communications with Medicaid that the errors were uncovered.

Process Improvement and Error Correction:

Correcting this simple error was in fact- simple. In the three plus years since this audit began, [redacted] has unequivocally corrected said error and ALL of the last three years of [redacted] billing, if reviewed by HHS, would fully exhibit that correction.

Step 1-
[redacted] systematically eliminated the use of a TPA and instead used the EPACES system directly. In EPACES, a system created and maintained by Medicaid, the provider field is mandatory in order to complete and submit a claim.

Step 2-
Recently, through some of the advances by Medicaid in EHR, [redacted] has begun using an electronic submission program that uploads directly from [redacted]'s practice management system. Hence, we have eliminated two links in the chain (post audit) from service provision to billing.

- Paper chart comes with example patient to front desk.
- [redacted] admin enters chart into practice management system (Denticon, a division of Planet DDS)
- Associated claim uploads directly to Medicaid via Dentalxchange. Read more on their technology at www.dentalxchange.com

What [redacted] is working towards-
Once, if, Medicaid goes to a full electronic record (eliminating the need for paper transcription) [redacted] will be prepared to upload billing directly from the operatory, at the time the service is provided – virtually eliminating the chance of human error. Doctor will enter chart, chart will upload to Medicaid. This is optimal transparency and disclosure.

Compliance Program-
[redacted] has a registered compliance program and Compliance Officer that work full-time towards ensuring all compliance is met and understood by its staff.

II. Chart Review- "Attachment A"

Preview:

Attached is a table originally created by HHS, per the audit. [redacted] has added the column ***Response*** and submitted relevant notes pertaining to the specific claims.

Please note; although there are ninety one (91) line items below, sixty nine (69) of the line items are for common patients and dates of service. The ninety one (91) line items below only represent twenty two (22) patient claims submitted by [redacted], through its TPA.

Sample:

A question about the sample and the methodology behind the extrapolation to the claim universe;

[redacted] was asked for 100 claims and the described disallowances are being calculated as a percentage of 100 claims. Yet, it seems if HHS requested a claim, upon reviewing the associated chart, if there was more than one Date of Service present, that Date of Service was also reviewed and disallowed if noted. This seems to have happened in many instances and seems to clearly expand the audit size beyond 100 claims, as these additional dates of service would also have had additional claims.

If we are mischaracterizing the process, please explain.

Thank you,

[redacted]

APPENDIX F: STATE AGENCY COMMENTS

ANDREW M. CUOMO
Governor

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

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

December 15, 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-02-13-01033

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-02-13-01033 entitled, "New York Claimed Medicaid Reimbursement for Unallowable Dental Services Billed by a Dentist Based in Westchester County."

Thank you for the opportunity to comment.

Sincerely,

Sally Dreslin

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

Enclosure

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

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-02-13-01033 entitled
"New York Claimed Medicaid Reimbursement for Unallowable Dental Services Billed by a Dentist Based in Westchester County"

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-02-13-01033 entitled, "New York Claimed Medicaid Reimbursement for Unallowable Dental Services Billed by a Dentist Based in Westchester County."

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 $84,437 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 documented services for Federal reimbursement by re-educating the Westchester County dentist on Medicaid billing requirements.

Response #2

The Department's Division of Operations and Systems Bureau of Dental Review has contacted the dental office and provided education and guidance on the current Medicaid billing requirements. The Department confirmed this discussion by registered letter and will also monitor this office's claims and by-reports submitted to ensure that only enrolled dentists are providing treatment.