



Oregon

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To: Dental care organizations and
fee-for-service dental providers

From: Jean S. Phillips, Deputy Administrator
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Subject: OIG fee-for-service dental study **FOR YOUR INFORMATION ONLY**

The Division of Medical Assistance Programs (DMAP) received a copy of the Department of Health and Human Services Office of Inspector General (OIG) study on “Improper Payments for Medicaid Pediatric Dental Services”, dated September 2007. The study is located at <http://www.oig.hhs.gov/oei/reports/oei-04-04-00210.pdf>.

The study results cannot be extrapolated nationally to other states or beyond the timeframe of the report evaluation, but the report serves as a good reminder of the importance of documentation, familiarity with guidelines and regulations, and the possibility of audits by governing agencies such as the OIG.

Summary of OIG fee-for-service dental study

OIG assessed the appropriateness of Medicaid payments for pediatric dental services provided during calendar year 2003 in five states. The study eliminated from review any states which used managed care for any portion of their dental services. The five states assessed included Idaho, Indiana, Massachusetts, North Carolina and Texas.

The study identified that 31% of fee-for-service Medicaid pediatric dental services submitted by the five states were improper as follows:

- 24% Documentation errors (unable to determine if services were medically necessary or billed appropriately due to insufficient documentation or undocumented)
- 7% Billing errors
- 2% Medically unnecessary
- 33 % (less 2% overlapping errors) = 31% total errors

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DMAP wants to stress that we understand this study does not directly relate to Oregon's Medicaid program, the DCOs, and the dentists providing services to Oregon Health Plan (OHP) clients. Additionally, there are factors that could have increased the error rates in this study, such as electronically saved information that may have identified missing or incomplete data. However, this study does provide a reminder of the need for accurate and complete documentation to support appropriate billing of services provided to Medicaid clients.

As audits or studies may be carried out, provider awareness and compliance with documentation requirements become vital.

- DCO contracts require that “contractors shall maintain a dental record keeping system adequate to fully disclose and document the dental condition of the DMAP member and the extent of Dental Case Management Services and Capitated Services received by DMAP members.”
- Oregon Administrative Rules (OARs) define adequate record keeping in OAR 410-120-0000(8) as, “Documentation that supports the level of service billed. See 410-120-1360, Requirements for Financial, Clinical, and Other Records, and the individual Provider rules.” Along with other details, these rules provide that records must document:
 - The specific service provided,
 - The number of services or items comprising the service provided,
 - The extent of the service provided,
 - The dates on which the service was provided, and
 - The individual who provided the service.

The records must be accurate and in sufficient detail to substantiate the data reported. DCOs and dentists should review the administrative rules to assure compliance.

We appreciate your continued efforts with DMAP to ensure appropriate documentation and billing practices. If you have any questions about DMAP Dental Services or the comments related to the OIG study, contact DMAP Dental Analyst, Kristi Jacobo, at 503-945-6492 or Kristi.Jacobo@state.or.us.