Dental Solicitation Data Review

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OIG Fraud Hotline: 800-436-6184

Agenda

1. Background
2. Review Methodology
3. Review Findings
4. Recommended Actions
5. Q&A

1. Background

-*What is solicitation and why is it a problem?*

-*What are some ways solicitation transpires?*

-*How does OIG enforce solicitation?*

Inspector General

Texas Health and Human Services

Texas Occupations Code

- It is an offense for someone to **offer or pay remuneration** to or from another for securing or **soliciting a patient** or patronage for or from a person licensed, certified, or registered by a state health care regulatory agency.

  Texas Occupations Code § 102.001 (Soliciting Patients; Offense)

Texas Government Code

- Soliciting activities of providers in the Medicaid or CHIP programs is restricted.

  Texas Government Code § 531.02115 (Marketing Activities by Providers Participating in Medicaid or Child Health Plan Program)

- Managed Care Organizations are required to establish guidelines that restrict their soliciting activities.

  Tex. Gov't Code § 533.008 (Marketing Guidelines)

Texas Administrative Code

- **Knowingly offers to pay** or agrees to accept, **directly or indirectly**, overtly or covertly, any remuneration in cash or in kind to or from another for **securing or soliciting a patient** of patronage for or **from a person licensed, certified, or registered** by a state health care regulatory agency…

  Texas Administrative Code § 371.1669 (Self-Dealing)

MPI Solicitation Cases

- <u>FY17 to Date:</u>

  - 22% of dental investigations have solicitation as a component of concern.

  - Many Non-Appropriate Billing and Billing for Services Not Rendered investigations also include suspected solicitation.

- <u>Solicitation Referrals:</u>
  - 75% of cases referred by Public/Anonymous.
  - 11% of cases referred by Provider.
  - 8% of cases referred by DMOs.

Examples from the Field

- Example 1:

  Dentist pays cash to "marketer" who is also a Medicaid recipient to make contact with other Medicaid recipients in neighborhood and offer cash or gift cards for bringing Medicaid enrolled children to dentist office.

Examples from the Field

- Example 2:

  "Marketer" uses neighborhood Facebook pages and posts messages that parents of Medicaid children can receive cash or gift cards for bringing children to office. Parents contact the Marketer online and are given Marketer's phone number so that the marketer can arrange an office visit. Parents bring children to dentist and marketer is paid cash by dentist office.

Sanctions

- The Texas Human Resources Code and the Texas Medicaid Rules allow penalties to be assessed against providers who solicit patients.

  Texas *Human Resources Code § 32.039 and 1 Texas Administrative Code § 371.1715*

- Penalties:
  - Administrative penalty twice the amount paid, if any, as a result of the violation, PLUS
  - Up to $10,000 for each violation

Other Sanctions

- Provider education

- Exclusion from program

- Investigation may uncover billing patterns that violate program rules

- Disciplinary action from Board

2. Review Framework

-How can we use data to inform the dental solicitation issue?

-How can we use data to identify providers that may warrant closer review?

Aspects of Claims Data

- Dental solicitation is not notated in claims data

- We can see when clients switch providers (main component)

- We can see other interesting billing patterns (additional components)

- We can see outliers that stand out from the pack

Components for Analysis

Main Component

- Clients receiving services from multiple providers

Additional Components

- Post-switch billing patterns.

- High volume of first visits for switched clients for a given date of service.

- Prior IG case history.

- Prior DMO-SIU referral history.

Five Ws (and 1 H)

Image Source: Workfront

Review Scope

Who?
- Medicaid Dental billing providers (groups and individuals)
- Non-specialists (no ortho, endo, perio)
- N=5,393 billing providers

What?
- Medicaid claims/encounters dental data
- TSBDE licensure file
- OIG case history
- DMO-SIU referrals

Review Scope

Where?
- Statewide
- Analyze results by metro area

When?
- Dates of Service SFY18
- September 1, 2017 – August 31, 2018

Review Scope

Why?

- Program violation

- May be precursor to other types of fraud, waste, or abuse

How?

- Statistical software package
- Integrating several metrics into a scoring method
- Notate line level data to associate clients with particular metrics

Framing the Data

- **Claims data in its raw form is too detailed to analyze**

  - Don't need to know every service
  - Primary interest is the occurrence and longevity of the interaction(s)

Client	Date of Service	Provider	Procedure Code	Tooth	Surface1	Surface2	Surface3	Paid Amt
1234567	10/16/2017	Dr. John Doe	D2391	20	O			$ 82.40
1234567	10/16/2017	Dr. John Doe	D2391	29	O			$ 82.40
1234567	10/16/2017	Dr. John Doe	D2391	31	O			$ 82.40
1234567	11/22/2017	Dr. John Doe	D7140	12				$ 150.00
1234567	12/17/2017	Dr. John Doe	D2392	14	O	L		$ 108.00
1234567	12/17/2017	Dr. John Doe	D2392	30	O	B		$ 108.00
1234567	12/17/2017	Dr. John Doe	D2392	3	M	O		$ 108.00
1234567	12/17/2017	Dr. John Doe	D2392	5	O	D		$ 108.00
1234567	12/17/2017	Dr. John Doe	D2393	13	M	O	D	$ 121.00
1234567	12/17/2017	Dr. John Doe	D2393	4	M	O	D	$ 121.00

Framing the Data

1) **Summarize the data to reflect every client-provider interaction**

2) **Notate client movement (main component)**

Client	Billing Provider	Min Service Date	Max Service Dat	Provider Count
Client A	Provider 1	12/5/2017	1/4/2018	2
Client A	Provider 2	2/7/2018	8/15/2018	2

3) Add additional components
- Did a concerning billing pattern occur subsequent to the switch?

3. Review Findings

-What can the data tell us about dental solicitation from a program perspective?

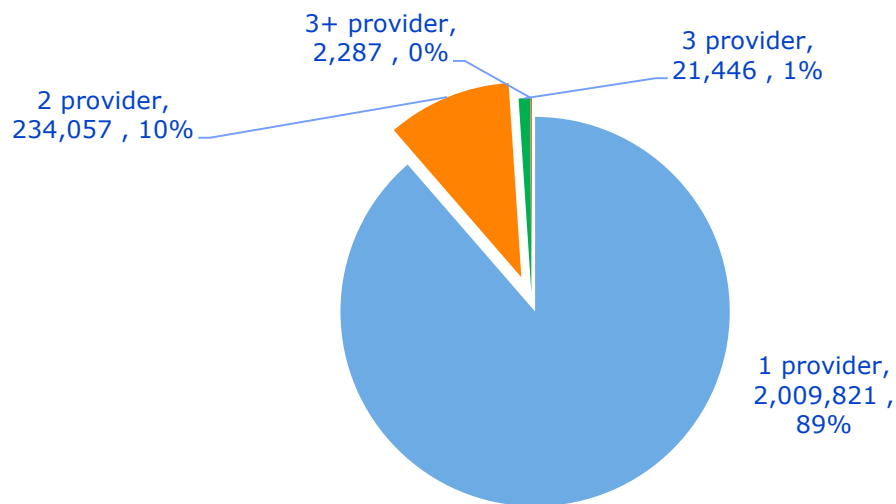*-Which providers do the data point to as possibly needing a closer review?*

Medicaid Clients

- 2.2 million clients had a general dental service from a dental provider.

- 257,790 (11%) received their services from 2 or more providers.

SFY18 Clients with General Dental Services
(n=2,267,611)

3+ provider,
2,287 , 0%

3 provider,
21,446 , 1%

2 provider,
234,057 , 10%

1 provider,
2,009,821 ,
89%

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Dental Providers

- 4,662 (86%) of providers billed for clients that had received services from another provider earlier that year.

Dental Providers, SFY18 (n=5,393)

Providers with No Clients from Prior Providers, 731 , 14%
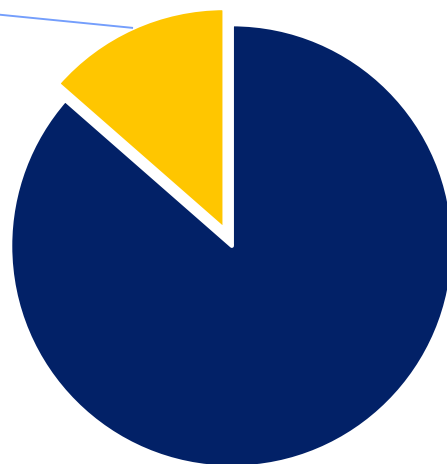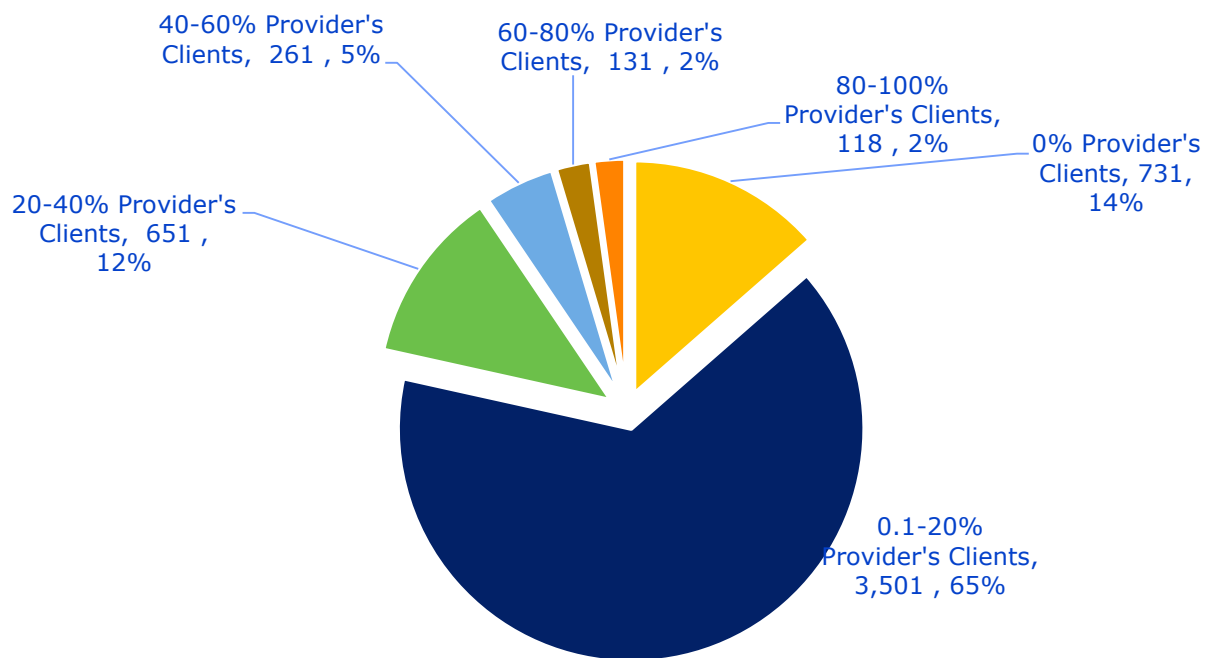
Providers with Clients from Prior Provider, 4,662 , 86%

Inspector General

Texas Health and Human Services

Dental Providers

Percentage of Provider's Clients Who Had
Previously Received Services from Another Provider
(n=5,393 providers)

40-60% Provider's Clients, 261, 5%

60-80% Provider's Clients, 131, 2%

80-100% Provider's Clients, 118, 2%

0% Provider's Clients, 731, 14%

20-40% Provider's Clients, 651, 12%

0.1-20% Provider's Clients, 3,501, 65%

Findings

- 11% of client population had a possibility of having switched due to solicitation.

- The 11% of the clients were billed by 86% of the providers.

- Client movement involves a minority of clients yet a majority of providers.
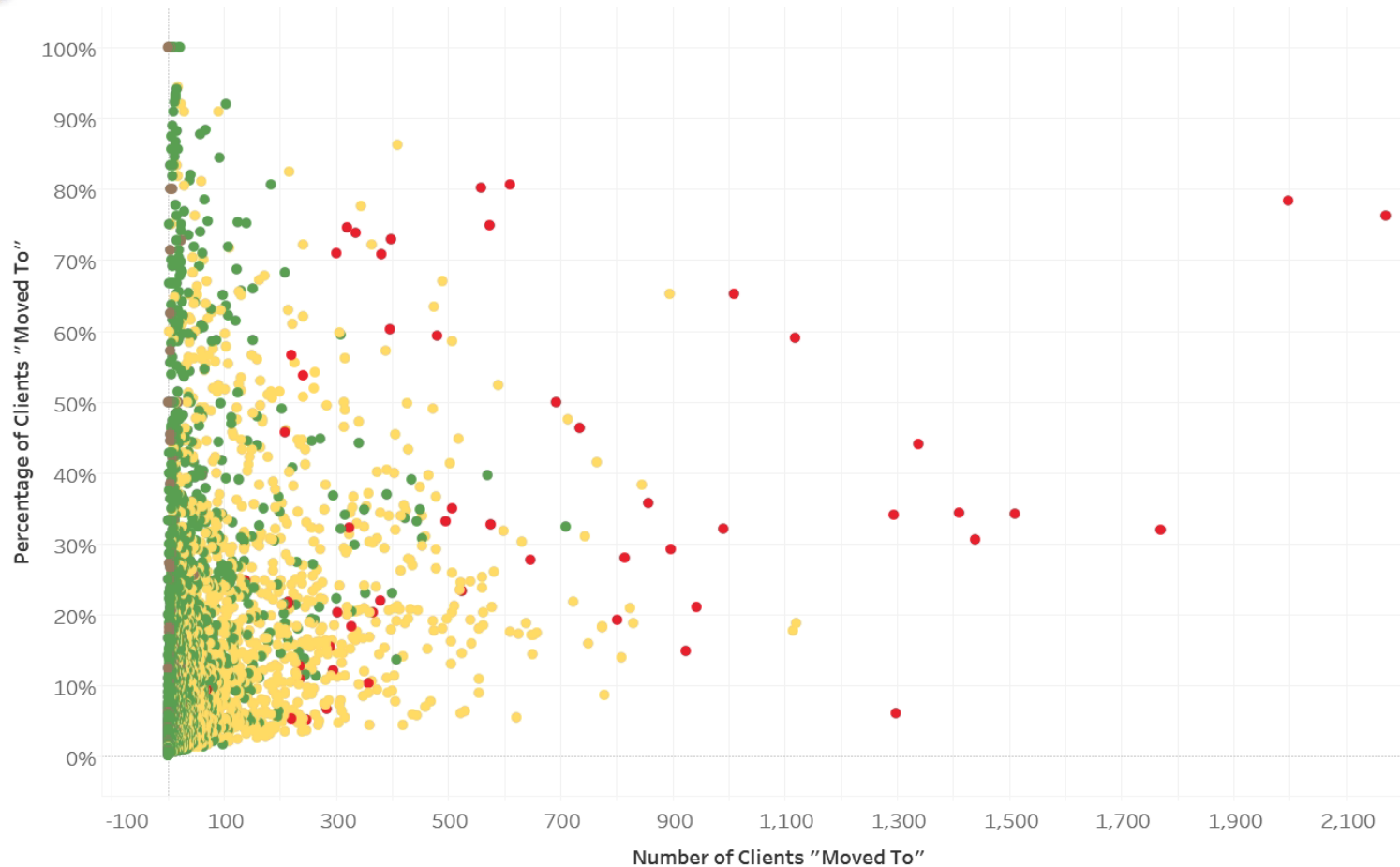
Provider Scatterplot

- Low, Medium, and High Risk Providers

Provider Scatterplot

- Location of Dental Providers by Major MSA
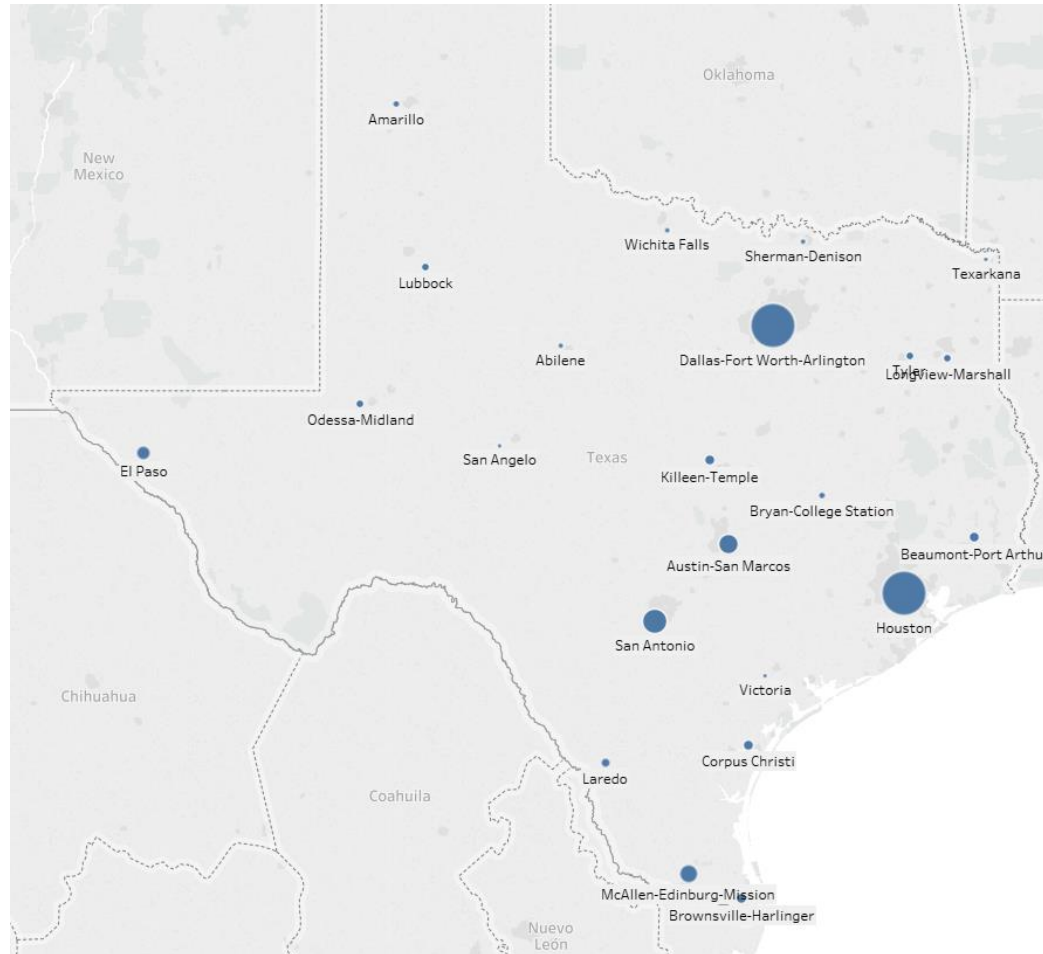
Provider Scatterplot

- Location of High Risk Dental Providers by Major MSA
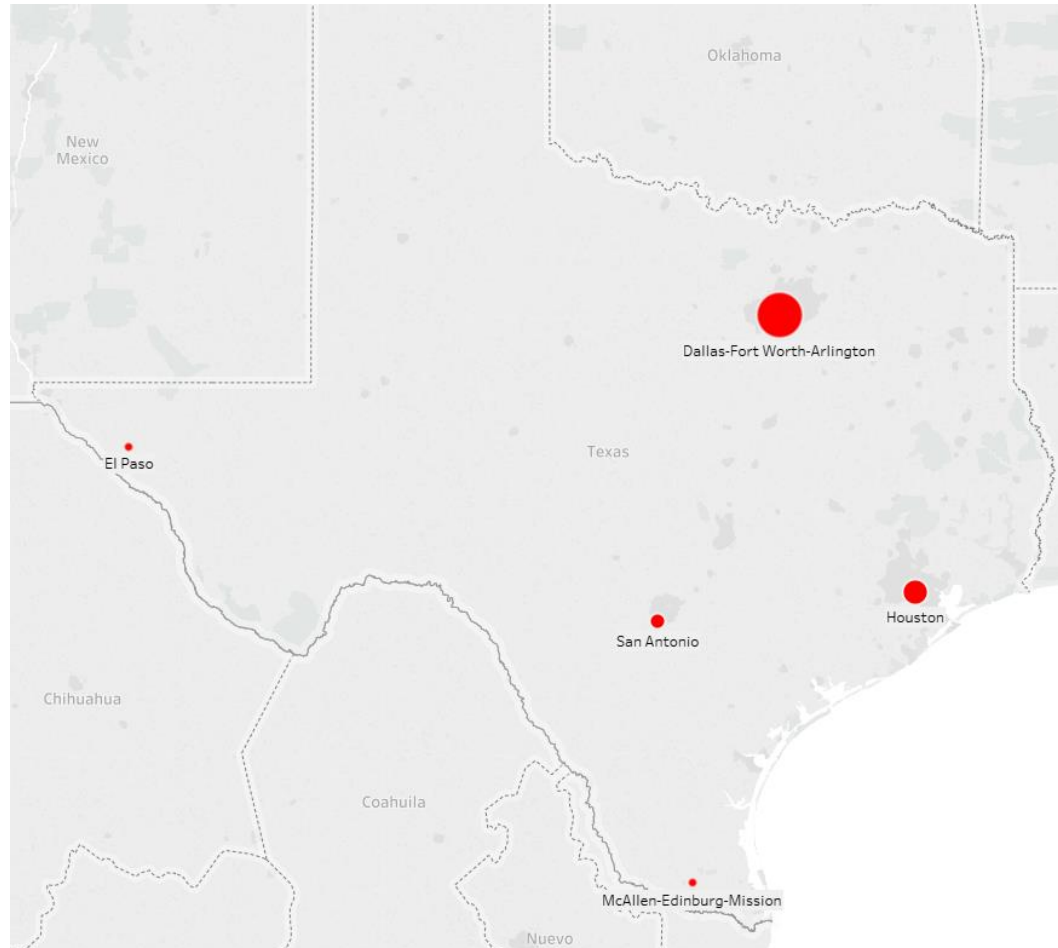
Findings (continued)

- 1% of provider population had a higher risk score.

  - 85% are group providers
  - 15% are individual providers

  - 60% located in DFW area
  - 15% located in Houston area

4. Recommended Actions

-*What should we do with the findings?*

Recommended Actions

1. Present preliminary analysis on dental solicitation to DMOs and dental associations and at Texas Fraud Prevention Partnership DMO meetings.

2. Notify providers that solicitation falls under the definition of FWA.

3. Review existing policies for excluding providers for confirmed solicitation.

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Recommended Actions (cont'd)

4. Maintain a working list of retailers and marketers associated with cases of solicitation to target educational messages.

5. Dental provider cases under investigation will include a review of whether solicitation may be occurring.

6. Fraud Detection Operation (February 2019). Selected 4 high-risk dental provider outliers across 3 MSAs.

7. Prioritize outliers, including large dental provider organizations, to serve as potential case leads as investigative resources become available.

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5. Q&A / Discussion

Review Contributors

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