

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED

OCT 05 2010

SCDHHS
Office of General Counsel

ACTION REFERRAL

Relogged from Singleton to Myers on 10/19/10

| | |
|--------------------|-------------------------|
| TO <i>Myers</i> | DATE <i>10/19/10</i> |
| <i>Hamilton</i> | |
| <i>9-30-10</i> | |


| DIRECTOR'S USE ONLY | ACTION REQUESTED |
|--|---|
| 1. LOG NUMBER 100151 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>Cleaved 11/5/10, letter attached.</i> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-28-10</i> |
| | <input type="checkbox"/> FOIA DATE DUE _____ |
| | <input type="checkbox"/> Necessary Action |

| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
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| 1. | | | |
| 2. | <i>/</i> | | |
| 3. | | | |
| 4. | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

| | |
|------------------------|------------------------|
| TO <i>Singletan</i> | DATE <i>9-30-10</i> |
|------------------------|------------------------|

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|--|---|--|--|
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
| 1. LOC NUMBER <i>100151</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ | | |
| 2. DATE SIGNED BY DIRECTOR | | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-11-10</i> <i>10-28-10</i> | |
| <i>Re logged from Singletan to Myers on 10/19/10</i>  | | <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action | |

| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|--|---------|---|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Singleton



FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians
ELIZABETH DUDEK
EXECUTIVE SECRETARY

September 28, 2010

SEP 30 2010

Dear State Medicaid Director:

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Recently, the Florida Agency for Health Care Administration, Office of the Inspector General (AHCA OIG), conducted field visits to Medicaid-enrolled dental service providers who served residents in long-term care facilities (LTC).

Some of these Medicaid-enrolled dental providers did not maintain an independently separate dental office, but provided dental services to residents in the facilities' beauty salon, conference rooms, or at residents' bedside. Some of the facilities' beauty salons did not contain sharps-containers or biohazard waste disposals. One facility conference room where some of the oral screening or hygiene services were provided did not have access to a water source. Most of the visited facilities offered semi-private resident rooms where access to the water source/restroom was not in close proximity of the individual resident's bedside, but kept separate in the shared room.

Materials observed as items used by dentists and/or hygienists consisted of a luggage caddy and a box containing a few dental tools, rather than a van equipped as a dental clinic or a specialized mobile dental cart equipped with all necessary dental tools as well as light and water sources.

The "onsite" dental providers appear to be marketing their services as a course of compliance for facilities relative to 42CFR 483.55, which in part states, "The facility must assist residents in obtaining routine and 24-hour emergency dental care."

In addition to dental services that are covered by Medicaid, dental insurance plans are also being offered in Florida's LTC facilities. These supplemental dental plans were being processed through the use of **Uncovered Medicaid Expenses (UMED)**, 42 CFR 435.725. Two of the dental insurance plans identified were Onsite Health Care Service, Inc. (OHCS) and Elan Group, Inc. The monthly premiums appear to cover basic oral hygiene services only. For example, OHCS examines residents and establishes a long-term dental care plan. OHCS then bills the residents and the long-term care facility. At that point, acting in the name of the facility and under their Medicaid provider number, OHCS applies to the Economic Self-Sufficiency Program of the Florida Department of Children and Families (DCF) for reimbursement of services as an Uncovered Medical Expense under Medicaid. If approved, DCF reduces the Patient Responsibility Amount for the billed services and Medicaid assumes the approved cost. OHCS may then receive payment for the dental services from the recipient or facility at approximately \$205 per month. Some of the residents had very few teeth or no teeth, but were paying \$205 every month for oral hygiene care only.



AHCA OIG is conducting a survey of UMED dental program administration in other states to better evaluate UMED dental expenses in Florida. We would appreciate responses to the questions below:

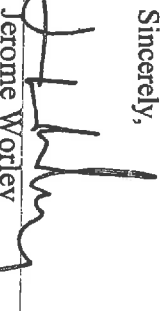
1. Please briefly describe how the UMED program is administered in your state.
2. How is your state monitoring the services provided under these dental insurance plans (UMED) that are already covered by the long-term care facility's per diem, such as routine oral hygiene?
3. Who monitors the medical necessity of services on the submitted invoices?
4. Are any post-service audits conducted?
5. How are the UMED - related complaints being handled?
6. Has your state observed any actual claims where the Medicaid program was billed for the same dental services paid for by the UMED program?
7. Are any of these dental insurance plan companies operating in your state: Onsite Health Care Services, Inc., GBS, or Elan Group, Inc.? Have you received any complaints or comments in reference to these companies marketing their services to long-term care facilities in your state?
8. Please provide the name, address, phone number, and web site address (if applicable) of any other dental insurance plans offering UMED dental services to long-term care facilities.
9. Please provide the following UMED dental program summary data in your state: expenditures per calendar year since 2007; number of claims per calendar year; unduplicated number of individuals served; and unduplicated number of dental providers.
10. Does your state's statutory law allow the licensed dentists and/or hygienists to provide dental services in the long-term care facility setting?
11. What is your state's Medicaid policy in reference to the use of mobile dental units?
12. What is the definition of a "mobile dental unit"?
13. Provide contact information for the appropriate person in your state Medicaid program for additional questions on UMED dental services.

Please submit your reply, if possible, within 30 calendar days from the receipt of the letter. Correspondence and requested information should be sent to the following address:

Kiyoe Hebert,
Senior Management Analyst II
Office of the Inspector General
Florida Agency for Health Care Administration
2727 Mahan Drive, Mail Stop # 4
Tallahassee, FL 32308-5403

If you have any questions, please contact Kiyoe Hebert, at (850) 412-3976 or via e-mail at Kiyoe.Hebert@ahca.myflorida.com.

Sincerely,



Jerome Worley
Chief of Investigations
Office of the Inspector General
Florida Agency for Health Care Administration

JW/kmh

Log # 151



South Carolina Department of
Health & Human Services

Emma Fortner • Director
Mark Sanford • Governor

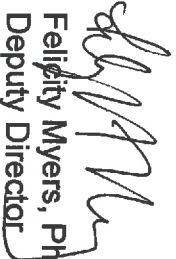
November 5, 2010

Ms. Kiyoe Hebert
Senior Management Analyst II
Office of the Inspector General
Florida Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #4
Tallahassee, Florida 32308-5403

Dear Ms. Hebert:

Enclosed please find the South Carolina Department of Health and Human Services' response to the UMED Dental Program administration survey. If you have any questions please contact Ms. Nicole Threatt at (803) 898-2590 or Mr. Roy E. Hess at (803) 898-4614.

Sincerely,


Felicity Myers, Ph.D.
Deputy Director

FM/hc

Enclosure

1. Please briefly describe how the UMED program is administered in your state.

Institutionalized individuals who have monthly recurring income are allowed deductions from their income if they incur medical expenses which are not covered by Medicaid or another third party payer. Important definitions used in explaining this policy:

- 1) Monthly recurring income – is the amount of income the individual is required to contribute toward the cost of care. The amount of monthly recurring income is determined by the county SCDHHS and is provided to the facility on a SCDHHS Form 181. It is the beneficiary's gross income minus:
 - a. The thirty dollar (\$30.00) personal needs allowance;
 - b. Income allocated to a spouse or family member at home;
 - c. Home maintenance expenses; and
 - d. Health insurance premiums (other than Medicare premiums).
- 2) Non-covered medical expenses – are those expenses which are recognized by State Law as medical expenses, but which are not covered by the Medicaid program or any other third party payer. Non-covered medical expenses include those restorative and preventive dental care. Non-covered medical expenses DO NOT include any items/services which are recognized in allowable cost for Medicaid rate setting purposes.
- 3) Incurred monthly expenses – are the allowable costs of non-covered medical expenses of the recipient which can be deducted from recipient's monthly recurring income. **No deductions can be made if the recipient has not (\$0.00) reported monthly recurring income.**
 - a. Dentures:
 - Not to exceed \$651.00 per plate
 - Not to exceed \$1320.00 for one full pair
 - Repair not to exceed \$77.00 per occurrence.

*Must be deemed medically necessary.

2. How is your state monitoring the services provided under these dental insurance plans (UMED) that are already covered by the long-term care facility's per diem, such as routine oral hygiene?

The nursing facility makes a copy of the bill and practitioner's certification and enters the amount of the bill on SCDHHS Form 236. The copy of the bill and practitioner's certification must be attached to the log sheet and maintained by the facility for audit purposes. A monthly log sheet (SCDHHS Form 236) will be maintained for each patient who requests and is allowed a deduction. Dollar limits have been established for most items/services. If the limit is less than the actual cost of the item/service, the limit must be used greater than the actual costs. **In other words, actual costs will be used unless it is greater than the established limit.**

At the end of each month, the nursing facility totals the allowable non-covered medical expenses found in the "Lesser of Cost or Allowable Deduction" column of SCDHHS Form 236 that the recipient accumulated during the month. This is the amount to be deducted from the recipient's monthly recurring income. If the recipient's non-covered medical expenses are greater than his recurring income, the difference is carried over into the following month(s).

3. Who monitors the medical necessity of services on the submitted invoices?

The patient or responsible party must also provide a statement from a licensed practitioner to certify that the item is medically necessary. All statements are maintained by the nursing facility and subject to review by SCDHHS. Also, medical necessity is subject to review during the survey by the State Survey Agency (SC Department of Health and Environmental Control, Bureau of Survey and Certification).

4. Are any post-service audits conducted?

Yes, by SC Department of Health and Environmental Control (SCDHEC) and SC Department of Health and Human Services (SCDHHS) Program Integrity

5. How are the UMED – related complaints being handled?

State Survey Agency SC Dept. of Health and Environmental Control / Bureau of Survey and Certification; also, Long Term Care Ombudsman

6. Has your state observed any actual claims where the Medicaid program was billed for the same dental services paid for by the UMED program?

No

7. Are any of these dental insurance plan companies operating in your state: Onsite Health Care Services, Inc., GBS, or Elan Group, Inc.? Have you received any complaints or comments in reference to these companies marketing their services to long-term care facilities in your state?

We are unaware of any. This was verified also with the SC Department of Insurance.

8. Please provide the name, address, phone number, and web site address (if applicable) of any other dental insurance plans offering UMED dental services to long-term care facilities.

We have no knowledge of any insurance plan.

9. Please provide the following UMED dental program summary data in your state: expenditures per calendar year since 2007; number of claims per calendar year; unduplicated number of individuals served; and unduplicated number of dental providers.
Unknown, data not available.

10. Does your state's statutory law allow the licensed dentists and/or hygienists to provide dental services in the long-term care facility setting?
Yes

11. What is your state's Medicaid policy in reference to the use of mobile dental units?
- Mobile dental units must register with the State Board of Dentistry through the Department of Labor, Licensing and Regulations (LLR).
 - If the unit provides Medicaid covered preventive services only and utilizes registered dental hygienists under General Supervision with no licensed dentist on board the unit, the unit must establish a Memorandum of Agreement (MOA) with the SCDHEC Oral Health program. There must be a licensed dentist listed as the Supervising Dentist. The Supervising Dentist accepts responsibility for all services provided by the dental hygienists on the mobile dental unit.
 - If the unit provides Medicaid covered comprehensive dental services by a licensed dentist, the unit will not require a MOA with SCDHEC, but still must be registered with the LLR.

12. What is the definition of a "mobile dental unit"?

Per the Department of Labor, Licensing and Regulation Board of Dentistry, Chapter 39-18:

- "Mobile dental facility" means any self-contained facility in which dentistry or dental hygiene will be practiced, which may be moved, towed or transported from one location to another.
- "Portable dental operation" means dental equipment utilized in the practice of dentistry or dental hygiene that is transported to and utilized in the practice of dentistry or dental hygiene that is transported to and utilized on a temporary basis at an out-of-office location, including, but not limited to:
 - a. Other dental offices;
 - b. Patient's homes;
 - c. Schools;
 - d. Nursing homes; or
 - e. Other institutions or locations

13. Provide contact information for the appropriate person in your state

Medicaid program for additional questions on UMED dental services.

Nicole Mitchell-Threatt

Department of Facility Services

803-898-2689

mitcheln@scdhhs.gov

URL to NF Manual Chapter 300:

<http://www.scdhhs.gov/Internet/pdf/manuals/Nursing/SECTION%203.pdf>