2011 MSDA National Medicaid and CHIP Oral Health Symposium
June 27th–28th, 2011 Washington DC

Session 4: Bumps in the Road
Martha Dellapenna, RDH, MEd
David Kilber, DDS and
James Thommes, DMD
Session Objectives

Participants will be able to:

describe issues related to Medicaid and CHIP dental program integrity.

explain the ways in which data and informatics relate to Medicaid and CHIP program assessment.

describe at least one way that dental plans may use data to assess provider and location integrity.
Medicaid Program Integrity

Why Do It?

It’s about combating Medicaid provider fraud, waste and abuse which diverts dollars that could otherwise be spent to safeguard the health and welfare of Medicaid recipients.
“The fraud control game is dynamic, not static. Fraud control is played against opponents: opponents who think creatively and adapt continuously and who relish devising complex strategies; this means that a set of fraud controls that is perfectly satisfactory today may be of no use at all tomorrow, once the game has progressed a little”.

Malcolm K. Sparrow

Medicaid Program Integrity

Background– Federal Perspective:

• 2006–Deficit Reduction Act (DRA) created the Medicaid Integrity Program (MIP) under Section 1936 of Social Security Act

• Comprehensive Federal strategy to prevent and reduce fraud, waste and abuse in the $427 billion/year Medicaid Program
State Responsibilities

• Responsible for detecting and preventing fraud, waste and abuse in the Medicaid Program

• State Program Integrity Units (PIUs) and State Medicaid Fraud Control Units (MFCUs)—protect Medicaid Program dollars

• Provider, member, and vendor actions are monitored, investigated, and if necessary referred to law enforcement

• Center for Medicare and Medicaid (CMS) offers technical assistance, guidance and oversight
The Program Manager’s Role

- Varies by state:
  - Oversight and monitoring of contractor(s)
  - Direct involvement in case review
  - Policy and/or Program Integrity Plan revisions
  - Dental provider education

- Interaction with CMS
Medicaid Program Integrity

• A comprehensive Medicaid Program Integrity Program includes:
  – Written policies and procedures for a consistent, documented approach
  – Training and retraining for employees
  – Periodic review of the Program’s policies and procedures
Fraud

Intentional deception or misrepresentation made by a person with knowledge that the deception could result in some unauthorized benefit to himself or some other person. Includes any act that constitutes fraud under applicable Federal or State Law.

Abuse

Provider practices that are inconsistent with sound fiscal, business or medical practices and result in unnecessary cost to the Medicaid program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. Includes recipient practices that result in unnecessary cost to the Medicaid program.

Comprehensive Medicaid Integrity Plan of the Medicaid Integrity Program, FY 2007-2011,
David Kilber DMD
NHCAA on Fraud and Abuse

*“Your cases are in the data. It’s all in the data. That’s where the case begins. If you can’t prove it with the data, you can’t go out and conduct interviews or conduct surveillance. You can’t do anything. You have to be able to prove the wrongdoing in the data.”

*The NHCAA Fraud Fighter’s Handbook
“F-Word” Disclaimer

• Not meant to accuse any participant in the Medicaid System of Fraud & Abuse.

• Most providers and members are honest and ethical.

• The reality is that Fraud & Abuse exist and together we must identify and control it.
Perspective
Data and Analytics

Will identify problems and improve *Program Integrity*. Allowing Medicaid dollars to provide treatment to those who need it.
Medicaid members are suffering with dental disease

Including:

• Baby Bottle Caries
• Missing Teeth
• Periodontal Disease
• Pulpal Pathology
• Malocclusion and more
Medicaid is overstretched and we have patients in need...

...and Medicaid is exposed to Fraud and abuse from multiple sources:
– Taking treatment resources from those in need
– Damaging the Medicaid System
Program Integrity Problems:

**Unbundling** –
Breaking a Procedure into parts and charging separately for each part.

**Upcoding** –
Procedure charged for is more expensive than procedure actually delivered.
Program Integrity Problems:

**Patient Fraud:**
- Collusion with a provider, provider staff member

**Medicaid Fraud & Abuse Market:**
- Loaning, stealing or using another’s insurance card
- Loaning, stealing or using a dentist’s license, tax ID or NPI
Program Integrity Problems:

Fraudulent Medicaid payments come in many forms:

– Paying for care never rendered
– Falsified dates, services, or identities of members or providers
– Kickbacks to patients
– Unnecessary treatment
Impact of Program Integrity Issues

*An estimated $54 billion was lost through improper Medicare and Medicaid payments in 2009.

When fraud is perpetrated, costs are passed on to the rest of society.
Data Solutions Utilize Micro & Macro studies of

– Provider Practice Pattern Analysis
– Provider UR Denial Rate Analysis
– Patient Analysis
– Outcomes Analysis
– Benchmarking based on Outcomes Analysis
– Rules Engine Analysis
– Cross-Payer Database Analysis
Turn Data into Action

- Dental Specific
- Cross Payer
- Rich data elements
- Agile data platform
- State of the art analytics
Data solutions use the power of Data & Analytics Tools to identify Program Integrity Problems
Standardized bell Curve
Over Utilization

![Diagram showing statistical distribution with over utilization areas highlighted.](image)
Under Utilization of Preventive Services
Data solutions will provide the most efficient, effective tool to manage Program Integrity.
Dr. James E. Thommes
Clinical Management and Data Analysis

- Market standard deviation reports
- Patterns of billing
- Outliers
- Under and over utilization patterns
- Provider and/or location benchmark reports
  - Comparison of individual provider or location with market
- Top paid providers by market
- Top paid locations by market
- Follow-up to leads or complaints
Post Payment Utilization Review “Triggers”

- Variance of code usage
- Multiple surface restorations
- Single surface posterior composites verses sealants
- Age appropriate code usage
- Number of services/member/date of service
- Under utilization of restorative compared to preventive and diagnostic
Benchmark Report

<table>
<thead>
<tr>
<th>Code</th>
<th>Current Provider</th>
<th>Current Provider</th>
<th>All Providers</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Code Per 100 Patients</td>
<td>Code Per 100 Patients</td>
<td></td>
</tr>
<tr>
<td>41899</td>
<td>0</td>
<td>0.00</td>
<td>0.08</td>
<td>-100.00%</td>
</tr>
<tr>
<td>D0120</td>
<td>5</td>
<td>0.30</td>
<td>86.71</td>
<td>-99.65%</td>
</tr>
<tr>
<td>D0140</td>
<td>66</td>
<td>3.29</td>
<td>18.27</td>
<td>-81.99%</td>
</tr>
<tr>
<td>D0145</td>
<td>0</td>
<td>0.00</td>
<td>0,90</td>
<td>-100.00%</td>
</tr>
<tr>
<td>D0150</td>
<td>17</td>
<td>0.85</td>
<td>35.22</td>
<td>-97.59%</td>
</tr>
<tr>
<td>Code</td>
<td>Count</td>
<td>Code Per 100 Patients</td>
<td>Code Per 100 Patients</td>
<td>Variance</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>-----------------------</td>
<td>-----------------------</td>
<td>----------</td>
</tr>
<tr>
<td>11700</td>
<td>6</td>
<td>0.00</td>
<td>0.02</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10070</td>
<td>6</td>
<td>0.30</td>
<td>86.71</td>
<td>-99.65%</td>
</tr>
<tr>
<td>10140</td>
<td>6</td>
<td>3.79</td>
<td>11.27</td>
<td>-99.60%</td>
</tr>
<tr>
<td>10150</td>
<td>6</td>
<td>0.00</td>
<td>0.01</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10150</td>
<td>17</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10110</td>
<td>6</td>
<td>0.00</td>
<td>0.17</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10150</td>
<td>6</td>
<td>0.00</td>
<td>0.02</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10010</td>
<td>6</td>
<td>0.00</td>
<td>0.02</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10020</td>
<td>6</td>
<td>0.00</td>
<td>0.04</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10030</td>
<td>6</td>
<td>0.00</td>
<td>0.02</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10040</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10050</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10060</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10070</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10080</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10090</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10100</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10110</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10120</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10130</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10140</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10150</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10160</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10170</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10180</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10190</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10200</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10210</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10220</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10230</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10240</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10250</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
<tr>
<td>10260</td>
<td>6</td>
<td>0.00</td>
<td>0.00</td>
<td>-100.00%</td>
</tr>
</tbody>
</table>

Sample Benchmark Report
## Standard Deviation Report

<table>
<thead>
<tr>
<th>Provider</th>
<th>Provider License Number</th>
<th>No. of Patients All Services</th>
<th>D2391</th>
<th>D2393</th>
<th>D2830</th>
<th>D2831</th>
<th>D2833</th>
<th>D2834</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Report Criteria**

- **Purchaser Subgroups**
- **Select by:** Provider
- **Metric:** Services per 100
- **Specialty:** General Dentists
- **DOB Period:**
- **Age Range:**
- **Service Type:** Paid
- **Panel:** Deviation Threshold
- **Ranked:** Highest to lowest
<table>
<thead>
<tr>
<th>Provider</th>
<th>Provider License Number</th>
<th># of Patients (All Services)</th>
<th>D2391,D23140</th>
<th>D2396,D23146</th>
<th>D2398,D23981, D2393,D2394</th>
<th>D3220</th>
<th>D6110,D6120, D6211,D6212</th>
<th>D7111</th>
<th>D7210</th>
<th>D8820</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,140.0</td>
<td>-0.7</td>
<td>-0.4</td>
<td>-0.3</td>
<td>-0.2</td>
<td>-0.1</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,860.0</td>
<td>0.0</td>
<td>-0.4</td>
<td>0.4</td>
<td>0.5</td>
<td>-0.1</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,430.0</td>
<td>0.3</td>
<td>-0.3</td>
<td>0.7</td>
<td>0.0</td>
<td>-0.1</td>
<td>0.5</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,370.0</td>
<td>0.1</td>
<td>-0.3</td>
<td>0.2</td>
<td>-0.1</td>
<td>-0.1</td>
<td>-0.2</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,330.0</td>
<td>0.3</td>
<td>-0.3</td>
<td>1.4</td>
<td>0.3</td>
<td>-0.1</td>
<td>0.1</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,326.0</td>
<td>0.6</td>
<td>-0.4</td>
<td>1.2</td>
<td>0.2</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,310.0</td>
<td>0.2</td>
<td>-0.2</td>
<td>1.0</td>
<td>0.9</td>
<td>-0.1</td>
<td>0.9</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,271.0</td>
<td>0.2</td>
<td>-0.3</td>
<td>0.9</td>
<td>0.6</td>
<td>-0.1</td>
<td>1.1</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,215.0</td>
<td>0.2</td>
<td>-0.2</td>
<td>1.0</td>
<td>0.6</td>
<td>-0.1</td>
<td>1.4</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,182.0</td>
<td>-0.1</td>
<td>-0.3</td>
<td>0.4</td>
<td>0.0</td>
<td>-0.1</td>
<td>1.2</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>2,153.0</td>
<td>0.7</td>
<td>-0.3</td>
<td>0.1</td>
<td>-0.1</td>
<td>0.5</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,999.0</td>
<td>-0.1</td>
<td>-0.3</td>
<td>0.3</td>
<td>-0.1</td>
<td>0.7</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,974.0</td>
<td>-0.2</td>
<td>-0.3</td>
<td>0.3</td>
<td>-0.1</td>
<td>0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,961.0</td>
<td>0.2</td>
<td>-0.3</td>
<td>0.4</td>
<td>0.0</td>
<td>-0.1</td>
<td>0.7</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,894.0</td>
<td>0.4</td>
<td>-0.2</td>
<td>1.3</td>
<td>0.2</td>
<td>-0.3</td>
<td>0.4</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,886.0</td>
<td>-0.1</td>
<td>-0.3</td>
<td>0.4</td>
<td>0.2</td>
<td>-0.3</td>
<td>0.9</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,875.0</td>
<td>0.6</td>
<td>-0.2</td>
<td>1.0</td>
<td>0.1</td>
<td>-0.1</td>
<td>0.1</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,629.0</td>
<td>0.3</td>
<td>-0.2</td>
<td>1.1</td>
<td>0.4</td>
<td>-0.1</td>
<td>0.5</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,786.0</td>
<td>1.3</td>
<td>-0.3</td>
<td>1.0</td>
<td>0.1</td>
<td>-0.1</td>
<td>2.0</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,781.0</td>
<td>-0.1</td>
<td>-0.2</td>
<td>0.8</td>
<td>0.9</td>
<td>-0.1</td>
<td>0.5</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,758.0</td>
<td>-0.2</td>
<td>-0.3</td>
<td>0.1</td>
<td>0.2</td>
<td>-0.1</td>
<td>0.0</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,747.0</td>
<td>0.0</td>
<td>-0.3</td>
<td>0.3</td>
<td>0.1</td>
<td>-0.1</td>
<td>0.9</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,708.0</td>
<td>0.4</td>
<td>-0.3</td>
<td>1.1</td>
<td>0.1</td>
<td>-0.1</td>
<td>0.7</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,655.0</td>
<td>0.3</td>
<td>-0.3</td>
<td>1.2</td>
<td>-0.1</td>
<td>-0.1</td>
<td>1.2</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
<tr>
<td>1,620.0</td>
<td>0.6</td>
<td>-0.2</td>
<td>1.3</td>
<td>0.2</td>
<td>-0.1</td>
<td>0.7</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.3</td>
<td>-0.1</td>
</tr>
</tbody>
</table>
Following Data Analysis

• Increased rigor in review and/or oversight
  – Decision based on available clinical documentation
  – Process that will provide the best results to address the identified issue

• Approaches for review and/or oversight are:
  – Utilization Oversight Program
  – Clinical Audit of Enrollee dental records
Utilization Oversight Program

- Supports need for education and clinical guidance
- Supports need to place the provider/location on a code specific prior authorization and/or pre-payment review status
- Does **not** support the need to elevate the findings to the level of the Utilization Review process
Utilization Review Process

- Audits are either focused or statistically valid random samples
- Include *clinical review* of enrollee records
- Comprehensive *review of the codes of concern*
- Detailed letters are sent to providers
- Preliminary comprehensive *review of submitted documentation*
- Clinical review and decisions by dentist
- Audit results indicate next steps
Utilization Review Process continued

- Letter sent to the provider
- Recovery of funds
- Referral to Peer Review Committee
- Expansion of the current audit
- Corrective Action Plan
- Referral to the Health Plan or State
- Referral to the appropriate state law enforcement agency
- Referral to an external peer review committee
- Referral to the Credentialing Committee
Advanced Utilization Oversight

• Escalation of audit may result
• Issues related to:
  – quality of care
  – member’s complaints
  – allegations received from outside sources
  – at the request of a client or law enforcement agency
Advanced Audit

• Expansion of the clinical audit process, based on results/findings of the Utilization Review Process
• Onsite audit conducted by staff or panel of outside experts
• Onsite request for pre-selected member records
• Review of member treatment records by an outside dental consultant
• Results of an advanced audit are subject to the same sanctions, referrals or disciplinary actions as outlined in the Utilization Review Process.
Case Study #1

• People
  – Annual Fraud and Abuse Training
  – Account Representative/high number of services per member and high paid dollars
  – Referred to UR

• Systems
  – Analysis of utilization reports supported concerns of Account Representative and need for desktop audit
  – With the availability of specialized reporting staff was able to drill down the data to select member specific cases with the available supportive documentation to focus on the identified issues
Case Study #1 continued

• Processes
  – Clinical review supported this provider was billing for restorations that were not supported on post treatment radiographs
  – Case referred to Peer Review Committee for review
  – Peer Review Committee recommended referral for further investigation into the pattern of billing for services not rendered

• Outcome
  – State Program Integrity expanded investigation to all MCO with exposure from this provider
  – State Investigation supported additional quality of care issues
  – Provider surrendered his license
  – State recovery was approximately 1 million dollars
Case Study #2

• Benchmark Report
  – High utilization of the surgical extraction code D7210, no utilization of code D7140

• Investigation
  – A desktop audit was conducted and documentation did not support the medical necessity for surgical extractions
  – Patients treatment record did not support a surgical extraction was performed, no documentation of bone removal and/or sectioning of the tooth
Case Study #2 continued

• Peer Review
  – Based on the lack of supportive documentation and the pattern of billing only D7210 provider was referred to law enforcement agency for further investigation

• Referral to State Law Enforcement Agency
  – Case was accepted and investigation process began in 2004
  – In cooperation with law enforcement agency, investigation continued. Additional services billed and paid by the provider were not rendered. These findings added to the investigation.
  – Search warrant issued and 1000 records were taken from this provider's office
Case Study #2 continued

- Indictment on 24 counts of State Medicaid fraud dating from 9/2007
- Case is presently in “Discovery”
  - Providers license to practice dentistry is still in good standing
  - Provider is no longer within the plan
Contact Information

**Martha Dellapenna, RDH, MEd**
Oral Health Access Project Manager
ACS with RI Department of Human Services
74 West Road #74 Hazard Building, First Fl.
Cranston, RI 02920
Email: MDellapenna@dhs.ri.gov
Telephone: (401) 462-6362
Fax: (401) 462-6352

**Medicaid/SCHIP Dental Association**
4411 Connecticut Ave NW, Unit 302
Washington DC 20008
Telephone: 202-248-2315
Email: mfoley@medicaiddental.org
Contact Information

Dr. David Kilber
Executive Vice President, Business Development
P & R Dental Strategies, Incorporated
255 West 36th St., Suite 1404
New York, New York 10018
Email: dkilber@pandrdental.com
Telephone: 612-804-0809

Medicaid/SCHIP Dental Association
4411 Connecticut Ave NW, Unit 302
Washington DC 20008
Telephone: 202-248-2315
Email: mfoley@medicaiddental.org
Contact Information

Dr. James Thommes
VP, Clinical Management
DentaQuest
12121 N. Corporate Parkway
Mequon, WI 53092
Email: James.Thommes@greatdentalplans.com
Telephone: 262-471-7140
Fax: 262-241-7366

Medicaid/SCHIP Dental Association
4411 Connecticut Ave NW, Unit 302
Washington DC 20008
Telephone: 202-248-2315
Email: mfoley@medicaiddental.org
THANK YOU

2011 MSDA National Medicaid and CHIP Oral Health Symposium
June 27th-28th, 2011 Washington DC