CORRECTIONAL DENTAL ASSOCIATES

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Dear Mr. Makarevic:

Please be advised that based on seven months of dental service data, we can now clearly demonstrate with statistical validity that the Correctional Medical Services (CMS)/AllCare dental service should be disqualified and removed as the dental service provider for the New Jersey Department of Corrections (NJDOC), because of its non compliant performance.

We have already documented that CMS/AllCare has absolutely none of the required documented individual or organizational experience in a statewide dental service delivery of similar size and scope. We have additionally proven that AllCare is not a bona fide autonomous professional service corporation, but the virtual alter ego affiliate of CMS, and that CMS, in an apparent violation of the New Jersey Professional Service Corporation Act, controls every basic aspect of the dental delivery.

The most significant non-compliance concern is the statewide failure to provide scheduled routine comprehensive preventive dental care to the NJDOC inmate population, which should constitute 74.5% of the provided care and be based on a reasonable community standard. The documented 92% increase in Sick Calls, the 9.3% compliance of the prosthetic delivery and the unsatisfactory 33.3% Biennial Recall Compliance are clear evidence that there is minimal comprehensive preventive care being scheduled or provided. The established comprehensive dental care for the State inmate population has been reduced to a County Jail emergency care system. This is a blatant denial of routine care and a violation of the N.J.A.C. 10A, the NJDOC Internal Management Procedures and the RFP performance requirements, which all mandate comprehensive scheduled follow up care for all State inmates within 30 days with no co-payment. The EMR Compliance Reports will provide additional support for this finding.

CMS appears to discourage inmates from pursuing the routine preventive care to which they are entitled at no charge, with the systematic and rampant abuse of the Inmate Co-Payment/Dental Sick Call System. In an apparent attempt to discourage utilization, approximately 946 inmates per month, who should be routinely scheduled, are being forced to pursue routine care through the Co-Payment/Dental Sick Call System. Every additional inmate with an active Dental Classification should be routinely scheduled or sign a refusal form. Apparently, there is a minimal level of comprehensive scheduling for routine dental treatment in place.

CMS Routine Comprehensive Treatment Compliance for the active Dental Classifications is projected between 9.3% and 33.3% (21.3%) of the required and previously maintained 95%, based on the historical 2,801 patient visits per month average for 2004/2005. Routine Comprehensive Treatment should comprise 74.5% of all required institutional treatment. To compound this problem, the State has not demonstrated the ability or interest to monitor the clinical performance of its provider at a level commensurate with the established computerized standard, which reported the compliance status of every inmate in the system on a monthly basis.

CMS/AllCare is compliant with the intake requirement, which is approximately 5.3% of the statewide clinical requirement and does not involve dental treatment.

The CMS Biennial Recall Compliance (Annual Exam) is less than 33.3% of the required and previously maintained 95% requirement, based on 1247 scheduled cleanings divided by 3749 indicated cleanings. The two largest facilities, South Woods State Prison and Northern State Prison, with a collective population of more than 6,000 inmates, have recorded a total of zero (0) cleanings in seven (7) months. CMS determined that only a statewide maximum of 9.8% of the entire inmate population required dental cleanings. To date, 2,502 indicated patients have been denied routine preventive cleanings. In 2006, at this rate of non compliance, when the biennial recalls are due approximately 8,333 indicated patients will be denied the dental care to which they are entitled. Based on our documented experience over the past nine (9) years, this minimal percentage of indicated cleanings represents a virtual neglect of the periodontal needs of thousands of inmates.

The CMS Prosthetic delivery system is less than 9.3% compliant and 4.8 months behind the required 60 day time frame as indicated by the submitted CMS NJ Regional Data. The CMS data currently indicate 594 backlogged cases. A more detailed monthly report of the CMS prosthetic activity should be required and requested. Apparently, CMS does not have the necessary prosthetic tracking mechanisms in place or the clinical capability to achieve or maintain prosthetic compliance, which is clearly indicated by the data.

As documented, CDA delivered 438 in process cases to CMS in April of 2005. CMS started (ordered) a total of 1570 new cases from April through October, 2005. Adding the transitional in process cases to the new cases equals 2008 total cases. Starting in April and through October, 2005, CMS inserted (received) a total of 874 cases. These 874 cases, subtracted from 2008 total cases, leave 1134 outstanding or pending cases. Please note that the CMS NJ Regional Data report only 320 pending cases for October, 2005. **This is a discrepancy of 814 unaccounted prosthetic cases.** In all fairness, the "pending" number should not be an exact total of the proceeding months, but rather a current reflection generated by a separate prosthetic tracking system. CMS can not keep track of its active cases, much less insert these prosthetics within the required 60 day time frame.

Additionally, CMS will fall approximately 114 cases further behind each month beyond the backlog of 594 cases currently pending. CMS reported an average 280 prosthetic starts per month versus 166 prosthetic inserts per month for the previous four months. No successful, well managed dental care delivery can justify starting more cases than it has the documented capability to finish. Considering a normal, first in first out, chronological prosthetic delivery, 1134 total cases, the 4.8 month backlog of 594 cases and the 166 case average monthly insertion rate we can accurately estimate that the CMS Prosthetic Compliance is between 0.0% and 9.3% of a 95% requirement relative to a 60 day time frame for insertions. As documented in the CMS NJ Regional Data, this situation is getting worse every month.

Oral Surgery Consults increased 430% from a CDA average of 35 referrals per month in the first quarter of 2005 to an average of 151.4 CMS referrals per month. The State should require and request a monthly listing, including initial referral and completion dates, of all current and completed oral surgery referrals. The CMS/AllCare dental service is not performing the necessary sick call oral surgery procedures. These oral surgery referrals usually represent the most serious institutional dental concerns, which are pain and infection. In 2004, CDA routinely performed a monthly average of 1,037 extractions per month, without referring these procedures to a specialist.

Considering the CMS 2004 average of 18 completed oral surgery referrals per month, the NJDOC should expect a compounding backlog of approximately 133 oral surgery referrals per month with no definitive treatment. CMS has a documented record of inappropriately canceling oral surgery consults and rewriting them as new in a apparent attempt to circumvent the time frame requirements and penalties. Consequently, many oral surgery patients could be lost in the referral system.

CMS/AllCare is approximately 50.2% compliant with effective treatment of actual Dental Sick Calls. Approximately 49.8% of all actual dental sick call emergencies have been referred for oral surgery without definitive treatment. Our analysis considers the historical statistic that approximately 26% of all dental sick calls are actual emergencies and accounts for the 946 routine care patients inappropriately seen on sick call. The 2005 actual dental emergency referral rate for CDA was 13.1%. CMS Dental Sick Call compliance with patients scheduled, seen and/or no showed is 100%. However, Sick Calls should represent only 25.5% of required dental visits statewide. We estimate Sick Calls presently constitute over 70% of statewide patient visits, which is totally unacceptable for any comprehensive preventive dental service delivery and contradicts the overall mission of the dental program.

As noted above, the oral surgery referrals usually represent the most serious institutional dental concerns, pain and infection. The primary mission for the NJDOC dental service is to handle pain and infection in a timely fashion. The CMS oral surgery delivery is historically slow, inefficient and overburdened and may take months to complete a referral. The NJDOC and CMS/AllCare are failing to apply the usual and customary community standard of care applicable to longstanding, unresolved dental pain and infection in the treatment of approximately 133 backlogged patients per month. This statistically puts the State and CMS/All Care at risk for the patient morbidity and the liability directly related to these cases.

The data indicate that CMS/AllCare has clearly failed to meet the statistical performance requirements of the RFP in every measurable aspect of dental treatment. Furthermore, the data indicate that CMS, as a dental service provider, has mismanaged thousands of patients, failed to provide the required services, consistently violated the New Jersey Administrative Code 10A (N.J.A.C. 10A), which outlines comprehensive dental care to State inmates, blatantly disregarded the NJDOC Dental Service Internal Management Procedures (IMP's), and consequently, completely failed to meet its contractual responsibilities to the State.

Despite the incomplete and unsigned October, 2005 CMS New Jersey Regional Data and in the absence of the established comprehensive EMR Compliance Reports, which have been the standard over the last five (5) years, we can numerically demonstrate that the average level of CMS clinical contractual compliance is less than 28.5% of a 95% requirement. There are several indications in the data that the actual levels of specific compliance may be much lower.

Based on the four (4) month delay of the promised audit and investigation, it appears that neither the Contract Compliance and Administration Unit nor the New Jersey Department of Corrections has the necessary staff or mechanisms in place to consistently and specifically evaluate the statewide dental service performance in a timely fashion. This is understandable, because historically, there has been no need for this level of specific evaluation. CDA, as the only qualified and incumbent provider, provided comprehensive computer generated EMR Compliance Reports to the State on a monthly basis and maintained a documented track record of contract compliance through March of 2005. We have continued to provide Monthly Compliance Reports to the New Jersey Juvenile Justice Commission (NJJJC), which document our 95% compliance with every aspect of dental care.

The enclosed EMR Compliance Reports, which will reflect the current status of every inmate in the system in less than eight (8) hours, have been the established computerized standard for over five (5) years and continue to be utilized similarly in the NJJJC. These EMR Compliance Reports make common sense and are numerical, objective and repeatable. There is no meaningful margin of error and they can not be artificially adjusted. As offered previously, CDA, as the State's only specialized correctional dental service vendor, can run these statewide reports given access to a NJDOC EMR computer. We can also instruct your staff on generating these reports and explain any statistical measurement related to the dental service in less than an hour.

Please note that the CMS/AllCare dental service continues to disregard the N.J.A.C. 10A reporting requirements and has never reported Total Patient Visits, Fillings and/or Extractions. Since the CMS attempt to provide dental services itself on April 1, 2005, the NJDOC is the only state system on the east coast and possibly in the country that is negligent in reporting these mandatory dental service statistics. The CMS reports continue to be submitted unsigned with procedural errors. The reports are unsigned and not standardized, which reflects a provider with an inadequate management structure and no prior experience in a dental care delivery of this size and scope. This unacceptable reporting also creates a serious potential for abuse.

Unfortunately, faced with the major performance deficiencies of the CMS/AllCare dental service and its failure to provide comprehensive computer generated compliance reports, the Contract Compliance and Administration Unit (CCAU) will need to use the resources available to educate itself on dental contract compliance or, as in many neighboring State systems, retain an independent dental consultant specialized in Corrections. Otherwise the CCAU will be remiss in its duties and guilty of facilitating the current discriminatory double standard of dental service contract management about which we have complained. **Please refer to the Documents Section at www.cdapc.com.**

We ask for your recommendation to remove dental services from the overall CMS contract. CMS does not have the experienced management or clinical staff in place necessary to achieve contractual compliance. Allowing more time will simply make this situation worse and increase the State's liability. Mental health services and the entire NJJJC delivery have been removed from the CMS contract for similar reasons. The separation of dental services, as seen in the privatized correctional systems in Massachusetts, New York City, Pennsylvania, Ohio, Maryland, Florida, and in the NJJJC, is consistent with the national trend that recognizes the need for specialized and experienced, independent dental service providers.

We look forward to meeting with you at your earliest convenience to discuss and explain our analysis. Thank you for your time and consideration.

Sincerely,

Leslie A. Hayling, Jr., D.D.S.
President
Correctional Dental Associates

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