

CORRECTIONAL DENTAL ASSOCIATES

**192 West State Street
Trenton, New Jersey 08608
609-599-2800**

April 21, 2008

Mary Jane Cooper, Esquire
Inspector General
Post Office Box 208
Trenton, New Jersey 08625-0208

**Re: Dental Services for the Department of Corrections
2007 CMS N.J. Regional Data Indicates Provision of 49.7% of Annual Requirement and
\$7,800,000 of Overcharges for Required Dental Services That Were Not Provided**

Dear Ms. Cooper:

We recently learned that the State will not extend its inmate health services contract with Correctional Medical Services (CMS). However, in light of the Inspector General's October 15, 2007 Report and the ongoing assessment of CMS' performance and compliance with the terms of its contract with the State, we wanted to share some information that we believe will be helpful to your investigation.

We have analyzed the provision of inmate dental services to the New Jersey Department of Corrections (NJDOC), under the State's contract with Correctional Medical Services (CMS) for the period January 1, 2007 through December 31, 2007. The utilized reports were prepared directly by CMS and its dental services subcontractor, AllCare. We obtained these reports through an Open Public Records Act request. Our review of the CMS Monthly Reports reveals that these filings are inaccurate, incomplete, unsigned and not standardized. The reports contain many numerical errors and inconsistencies and fail to comply with provisions of the New Jersey Administrative Code. The CMS Monthly Reports also fail to include the intake statistics for approximately 15,000 Dental Examinations at the Central Reception and Assignment Facility (CRAF). Total Patient Visits are conspicuously absent from the CMS Monthly Reports and have to be calculated. These figures are important and the State should require their reporting to ensure that the reported categories do not overlap. Obviously, overlapping figures would tend to inflate the CMS Total Patient Visit figures discussed below.

In 2007, CMS Total Patient Visits, not including intake, actually rose from 47.6% to 49.7% of the established 2004 patient care requirement. CMS total patient visits in 2006 were 29,206 and rose to 30,534 in 2007, not including intake. Interestingly, in 2004, when Correctional Dental Associates (CDA) was providing inmate dental services, we recorded 61,342 Total Patient Visits, not including intake. The State continues to pay CMS approximately 95.4% of the 2004 fees paid to CDA as a subcontractor (5.4 million dollars) for less than 49.7% of the contracted and required dental care. This comparison is based on Total Patient Visits, not including intake, which is a nationally accepted standard.

These figures, based on Correctional Dental Associates' 2004 Annual Reports provide a verifiable compliance baseline. Unlike the reports filed by CMS, the enclosed 2004 CDA reports that were submitted to the NJDOC were comprehensive and signed. The information in these reports is easily substantiated. The numerical deficiencies in live patient care indicate serious lapses in care that the State of New Jersey has contracted for, is paying for and is legally responsible to provide. CMS has short changed the NJDOC by approximately 30,808 patient visits in 2007 and over 93,752 patient visits since the beginning of the contract. Consequently, since April 1, 2005, New Jersey taxpayers have been overcharged by approximately \$7,800,000 worth of the required and contracted for dental services that were never provided.

Though required by the terms of the contract, except for the OIG Report, there has been little reported measurement of contractual time frame compliance. However, it is mathematically impossible for the time frame compliance to be any higher than the 49.7% Total Patient Visit compliance. In fact, the OIG Report indicates that time frame compliance with important treatment requirements that are not associated with liquidated damages, should be substantially lower.

In glaring violation of the Administrative Code, the NJDOC Internal Management Procedures and the RFP Requirements, except for Recalls, there is no mention or categorization of scheduled routine preventive care in the CMS Reports. Routine Preventive Care should be the mainstay of the NJDOC Dental Service. According to the CMS Monthly Reports, every dental appointment is either a medication dental visit, a Sick Call or a Recall. CDA established a level of contractually compliant comprehensive care that CMS has reduced to a County Jail emergency care system. Emergency care as the delivery model for a high-risk long-term prison population is a violation of the New Jersey Administrative Code.

In addition, CMS has no comprehensive prosthetic tracking mechanism. Consequently, there is no way to ascertain prosthetic 60 to 90 day time frame compliance, as required by the contract. In the future, the dental provider should maintain a separate statewide comprehensive tracking mechanism for prosthetics that should be monitored on a monthly basis.

Dental care is a continuum, similar to the maintenance of a building. The routine preventive care that is neglected in past years does not disappear, it accumulates. The NJDOC and UMDNJ, whether they recognize it or not, are sitting on three and one half years of dental neglect. The legal treatment obligations as defined by the N.J.A.C. and the NJDOC IMP's are clear and incumbent on any new provider.

Please note this over simplified general assessment of the increased annual requirement for dental care, which is based on the 2005 through 2007 CMS NJ Regional Data and the inmate release rate:

Year 1, 4/1/2005 to 12/31/2005; Terrible CMS transition, 20,119 of the required 46,006 visits provides 43.7% of the annual requirement, which leaves 56.3% neglect. 36.3% of the inmate population is retained; carry over 20.4% neglect to Year 2, 2006.

Year 2, 2006 now has 120.4% of the normal annual requirement. CMS, as documented, provides approximately 47.6% of the normal annual requirement, which leaves 72.8% neglect. 36.3% of the inmate population is retained; carry over 26.4% neglect to Year 3, 2007.

Year 3, 2007 now has 126.4% of the normal annual requirement. CMS, as documented, provides approximately 49.7% of the normal annual requirement, which leaves 76.7% neglect. 36.3% of the inmate population is retained; carry over 27.8% neglect to Year 4, 2008.

Year 4, 2008 now has 127.8% of the normal annual requirement.

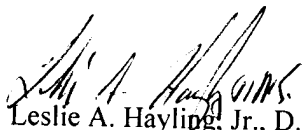
The increase in the first year's dental service delivery to correct this deficiency is approximately 10.1%. The contract clearly states that if the vendor fails to perform satisfactorily that the State may procure the services and charge the non compliant vendor the difference in cost, which is approximately \$540,000.

The Monthly Reports show, as CMS has clearly proven over the last three years, that the successful provision of dental services to the NJDOC requires more than a mere showing of dental management and adherence to numerical staffing levels. What is necessary is sound management, adequate and experienced staffing, coupled with proven organizational experience in correctional dental care. Without this combination, a dental service provider, as we have seen with CMS/AllCare, will only be able to provide less than half of the required level of care. CMS' compliance with the treatment time frame requirements of the administrative regulations, contract and NJDOC IMP's is even lower. This inadequate level of performance is similar to that of the majority of fully staffed State run institutional dental services prior to privatization. For correctional dentistry, as in other contracted services, simply filling a staffing equation does not dictate success. Rather than focusing on a particular staffing level and experimenting with unqualified and inexperienced providers, the State's primary focus should be to require the dental service provider to achieve the required level of dental service in a cost effective manner.

Comprehensive evaluation of this dental compliance data for a contract that requires over 77,000 patient visits per year requires experience and training. CDA has more successful experience in correctional dentistry than any dental provider in the State and more than most in the country. CDA is the only independent professional service corporation in the State with the requisite experience. We have provided contractually compliant dental services to the New Jersey Juvenile Justice Commission for twelve years. We provided contractually compliant dental services to the NJDOC for nine years. We provide the management of the dental care of over 13,000 inmates incarcerated on Rikers Island in New York.

As existing contract specifications, the experience, reporting, staffing and performance requirements should have been equally and diligently enforced on CMS from the onset of this recent contract as they had been on CDA, the previous dental service provider. We believe this is an accurate analysis of an alarming level of continued contractual non compliance, patient neglect and misuse of tax payer dollars. In light of your ongoing investigation of this contract, we hope you find this information useful.

Respectfully,



Leslie A. Hayling, Jr., D.D.S.

President

Correctional Dental Associates

Cc: Bonnie Watson Coleman, Assembly Majority Leader
Matthew Boxer, Comptroller