

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH
BOARD OF EXAMINERS IN DENTISTRY

IN THE MATTER
PETER J. D'ALLESSANDRO, DDS
OCEAN STATE DENTAL GROUP
Dental License No. DEN01942

C12-027

CONSENT ORDER

Pursuant to Rhode Island General laws Section 5-31.1-17 and the Rules and Regulations promulgated thereunder, the Department of Health Board of Examiners in Dentistry (hereinafter "Department") has investigated a complaint against Peter J. D'Allessandro, DDS (hereinafter "Respondent") alleging that certain billing by Respondent to the state Medicaid program may not have been sufficiently documented pursuant to prevailing standards for such services.

After consideration by the Department, the Executive Office of Health and Human Services ("EOHHS") and Department of Human Services Division of Medicaid Services (the "Medicaid Division") and the Department of Attorney General's Medicaid Fraud and Patient Abuse Control Unit (the "MFCU"), the following constitutes the Findings of Fact with respect to the professional performance of the Respondent.

1. Respondent is a dentist who is licensed to practice dentistry in the State of Rhode Island.
2. The primary place of business of the Respondent is Ocean State Dental Group, Inc., 1522 Elmwood Avenue, Cranston, RI 02910. (For purposes of this Consent Order, and the matters resolved and released herein, Ocean State Dental Group, Inc. and Dr. D'Allessandro are hereinafter deemed to jointly and severally be defined and referred to as "Respondent").

3. The Division of Medicaid Services at the State Department of Human Services has reviewed a selected sample of claims and related medical record documentation submitted by the Respondent and has alleged that the documentation does not sufficiently support certain of the claims for services as billed by the Respondent to the state Medicaid program.
4. The Department of Attorney General's Medicaid Fraud and Patient Abuse Control Unit conducted an investigation along with the Medicaid Division. A review of the records of the Respondent has discovered the type of billing irregularities and documentation problems that have prompted previous financial recoupment by the state Medicaid program.
5. The State of Rhode Island has alleged that the Respondent failed to maintain adequate records to support and justify treatments in violation of RIGL § 5-31.1-10(16) for unprofessional conduct in the practice of dentistry which may have resulted in the violation of RIGL § 9-1.1-3(2).
6. Respondent has cooperated with the State of Rhode Island in this matter and in lieu of challenging the allegations at a hearing before the Department or in other applicable venues available to the Medicaid Program and the State of Rhode Island has agreed to the terms and conditions set forth herein.
7. The parties hereto intend that this Consent Order shall fully resolve this matter with respect to all claims or actions against Respondent with respect to billing of Medicaid through the date of this Consent Order.

Based on the foregoing, the parties agree as follows:

1. Respondent is a dentist licensed to practice dentistry in the State of Rhode Island.
2. Respondent admits to the jurisdiction of the Department and hereby agrees to remain under the jurisdiction of the Department.
3. Respondent has read this Consent Order and understands that it is a joint proposal of the Department, the Medicaid Program and the State of Rhode Island acting through the MFCU (collectively, the "State Parties") and is subject to the final approval by the State Parties. This

Consent Order and the contents thereof are not binding on Respondent until final approval by the State Parties as demonstrated by execution by their duly authorized representatives where indicated below.

4. Subject to final approval by the State Parties, Respondent hereby acknowledges and waives:
 - a. The right to appear personally or by counsel or both before the Department;
 - b. The right to produce witnesses and present evidence on his behalf at a hearing;
 - c. The right to cross-examine witnesses;
 - d. The right to have subpoenas issued by the Department;
 - e. The right to further procedural steps except for those specifically contained herein;
 - f. Any and all rights of appeal of this Consent Order;
 - g. Any objection to the fact that this Consent Order will be presented to the Department for consideration and review;
 - h. Any objection to the fact that it will be necessary for the Department to become acquainted with all evidence pertaining to this matter in order to adequately review this Consent Order;
 - i. Any objection to the fact that potential bias against the Respondent may occur as a result of the presentation of this Consent Order to the Department.
5. The signing of this Consent Order by Respondent in advance of final approval by the State Parties is for settlement purposes only and is neither an admission of liability by Respondent nor a concession by the State Parties that their respective allegations are not well founded.
6. This Consent Order shall become part of the public record of this proceeding once it is accepted by all parties.
7. Respondent's license as a dentist is subject to the following terms:
 - a. The Respondent is issued a Reprimand. Respondent will be on probation for a period of two (2) years. During which time the Department of Health and Human Services will examine random charts on unannounced visits in order to insure compliance with

minimum requirements for record-keeping and billing. The Medicaid vendor will be available in order to share claims review findings with the Respondent in order to educate and clarify program requirements.

- b. Respondent is required as a condition of continued licensure to reimburse the State of Rhode Island (including the Medicaid Program and Attorney General Medicaid Fraud Unit) a total of the amount of Thirty-Thousand (\$30,000.00) Dollars pursuant to payment terms to be agreed to between the Respondent and the Medicaid Program. Of that amount a separate check will be payable to the Attorney General Medicaid Fraud Unit in the amount of Ten Thousand Dollars in order to cover costs of the investigation.
- 8. This Consent Order shall remain in full force and effect pending order of the Board.
- 9. This Consent Order, upon payment by Respondent of the amounts set forth above, shall constitute a full and final disposition and release of any and all administrative actions, claims or causes of action that may be brought by the State Parties relating to the matters forming the basis for this Consent Order, including, but not limited to, all matters relating to or arising from those certain Civil Investigative Demands issued to the Respondent by the State of Rhode Island through the MFCU dated on or about February 21, 2012 (IM-2011-18 and Case PR 1940).
- 10. Upon execution of this Consent Order by Respondent, even if prior to final approval by the State Parties, the Medicaid Program shall rescind, ab initio, the payment suspension imposed on Respondent by the Medicaid Program by letter dated October 25, 2012.

Signed on the 19th day of November _____, 2012.



Peter J. D'Allessandro, DDS

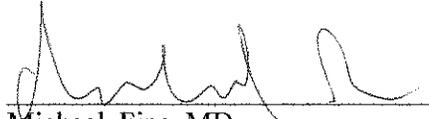
 12/31/12

Chairperson, Board of Examiners in Dentistry



Ocean State Dental Group, Inc.
By Peter J. D'Allessandro, President

Ratified as an Order of the Board of Examiners in Dentistry on this 31 day of December 2012.



Michael Fine, MD
Director of Health

Acknowledged and Agreed to:

Rhode Island Department of Human Services
Division of Medicaid Services



By: Ralph Racca
Title: Administrator OHHS

Acknowledged and Agreed to:

State of Rhode Island
By its Attorney
Peter F. Kilmartin
Attorney General

By: 

James Dube
Assistant Attorney General
Designated by the Attorney General
Medicaid Fraud and Patient Abuse Unit

CERTIFICATION

I do hereby certify that I have mailed the within Consent Order by regular and certified mail, postage prepaid, to *the above parties* on this 31st day of December 2012, and to *Charles Normand, Esq.*

