

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO.

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Frank P. Podrasky, D.D.S.

Petition No. 911010-02-076

CONSENT ORDER

WHEREAS, Frank P. Podrasky, D.D.S., of Huntington, Connecticut, hereinafter referred to as the Respondent, has been issued license number 006522 to practice dentistry by the Department of Health Services, hereinafter the Department, pursuant to Chapter 379 of the General Statutes of Connecticut, as amended; and

WHEREAS the Department alleges that between January of 1987 and October of 1989 the Respondent submitted billings to the Connecticut Medicaid system for services which he did not provide and for which he received payments. These billings include services for dentures (26), fillings (130), osteoplasties (17), incision and drainages (80), and various procedures (22) to thirty-six (36) recipients; and

WHEREAS, in consideration of this Consent Order the Respondent has chosen not to contest the above allegations. The Respondent, while admitting no guilt or wrongdoing, and denying the Department's allegation agrees that for the sole purpose of proceedings before the Department that this Consent Order shall have the same force and effect as if ordered after a full hearing held pursuant to Connecticut General Statutes Sections 19a-10, 19a-17 and 20-103a(b); and

WHEREAS the Department stipulates and agrees that this Consent Order shall fully settle all disciplinary action the Department will or may bring as pertains to the Respondent's Medicaid billing practices during the period of January 1987 through

October of 1989, irrespective of the ultimate disposition of criminal charges brought against the Respondent in the Superior Court, Hartford, Connecticut found under Docket #JD90-388785.

NOW THEREFORE, pursuant to §19a-17 and §20-103a(b) of the General Statutes of Connecticut, Frank P. Podrasky stipulates and agrees that:

1. He waives his right to a hearing on the merits of this matter.
2. His license to practice dentistry in Connecticut is hereby suspended for one (1) year.
3. At the end of the period of suspension he shall be on probation for three (3) years under the following terms and conditions:
 - (a) he shall participate in regularly scheduled therapy with a licensed therapist approved by the Department. If the licensed therapist determines that therapy is no longer necessary before the period of probation has expired, said therapist shall immediately notify the Department of the therapist's intention to terminate therapy with documentation that therapy is being discontinued with the consent of the therapist. All therapy shall be at his own expense.
 - (b) He shall not provide dental services for fee(s) to any patient who would bill such service(s) to either Medicare or Medicaid.
 - (c) During the first year he has reentered the practice of dentistry there shall be a dentist, who shall be a board certified or board eligible, licensed by the state of Connecticut or such other state where the Respondent may practice dentistry and preapproved by the Department, who shall review a random sample of the Respondent's patient records to determine to his/her satisfaction that the Respondent is practicing Dentistry within an acceptable standard.

- i) This review shall be conducted for one (1) year, with a minimum of fifty (50) patient records to be reviewed within that time.
- ii) There shall be an initial review of thirty (30) cases within the first two months of the resumption of practice.
- iii) There shall be a second review of the remaining twenty (20) cases at a time chosen by said reviewing dentist within the first year of practice.
- iv) The reviewing dentist shall examine the dental records, selected by the reviewer, within the confines of the Respondent's office. If the review of the dental records does not demonstrate any problem on the Respondent's part with respect to the practice of dentistry and/or billing practices, then the reviewing dentist's report to the Department shall so state. If a problem in the practice of dentistry or in billing is identified, a copy of the actual record which demonstrates the problem, with the reviewer's covering memorandum, shall be forwarded to the Department, subject to the Department preserving the patient's right to privacy with respect to that record pursuant to the provisions of §1-19(b) of the Connecticut General Statutes. Any report filed by said reviewing dentist that indicates, directly or indirectly, that the Respondent is unable to practice dentistry with reasonable skill and safety and/or an impropriety with billing practices shall constitute a deviation from the terms of probation and shall result in the procedures listed in paragraph 5 below. Prior to the transmittal of any record for which the reviewing dentist identifies a problem, the Respondent shall be entitled

to receive a copy of the report and the record to be transmitted to the Department together with a copy of the reviewer's covering memorandum, and the Respondent shall have an opportunity to discuss the reviewer's report with the dentist examiner prior to its transmittal to the Department.

v. The Respondent hereby assumes full responsibility for the timely filing of the reports referred to in 3.C.iv above as well as any and all costs associated with the review process.

d. He shall comply with and fulfill all the terms and conditions of probation required by the Superior Court, County of Hartford in Docket No. JD90-388785 found in Hartford Superior Court.

e. He shall practice dentistry only where one or more other dentists are on staff. In no event shall he set up or engage in a solo practice of dentistry.

f. Sixty (60) days prior to the conclusion of the one (1) year period of suspension the Respondent shall submit to the Department for its prior approval a program of community service in which he shall provide three hundred (300) hours of free dental services on a regular basis to a community or charitable facility or agency, which community service shall be concluded within the period of probation.

g. The respondent shall notify the Department of Health Services in writing of the date he intends to resume his practice. Said three (3) year period of probation referenced in paragraph 3.A. above shall begin when the respondent actually resumes the practice of dentistry.

4. All correspondence and/or reports required under the terms of this Consent Order shall be sent to:

Lynne A. Hurley, Investigator
Division of Medical Quality Assurance
Public Health Hearing Office
150 Washington Street
Hartford, Connecticut 06106

5. Any deviation from the term(s) of probation without prior written approval by the Department shall constitute a violation of probation. A violation of any term(s) of probation specified above shall result in the right of the Department to immediately revoke or take other disciplinary action as cited in Connecticut General Statutes §19a-17 against his dentist's license. Any extension of time or grace period granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of disciplinary action shall be sent to the respondent's address of record, i.e., the most current address reported to the Licensure and Registration Section of the Department of Health Services. His license shall be suspended from one week after the notification of the alleged violation of probation is mailed until the decision of the Department on the violation of probation is rendered.
6. He understands that this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Department (1) in which his compliance with this same order is at issue, or (2) in which his compliance with §20-114 of the General Statutes of Connecticut, as amended, is at issue.

7. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive him of any rights that he may have under the laws of the State of Connecticut or of the United States.
8. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
9. This Consent Order is effective the first day of the next month after which the seal of the last signatory is fixed to this document.
10. He permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Connecticut Department of Health Services to present this Consent Order and the factual basis for said Consent Order to the Department. He understands that said Department has complete and final discretion as to whether or not an executed Consent Order is approved or granted. He further agrees that the pre-hearing review form signed by him is incorporated by reference into this Consent Order.
11. He has consulted with an attorney prior to signing this document.

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I, Frank P. Podrasky, D.D.S., have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Frank P. Podrasky
Frank P. Podrasky, D.D.S.

Subscribed and sworn to before me this 11th day of MAY 1993.

Barbara Peck
Notary Public or person authorized
by law to administer an oath or
affirmation COMMISSION NO. CC010749
NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP JUNE 18, 1994
BONDED THRU GENERAL INS. UND.

The above Consent Order having been presented to the duly appointed agent of the Commissioner of Health Services on the 2nd day of

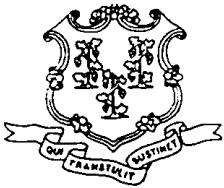
June 1993, it is hereby accepted and ordered.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the State Dental Commission on the 14th day of June, 1993, it is hereby ordered and accepted.

Barbara Peck
Connecticut State Dental Commission

RAS:cja
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2/93



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES BUREAU OF HEALTH SYSTEM REGULATION

1 July 1994

Frank Podrasky, D.M.D.
490 Summit Street
Bridgeport, CT 06606

Re: Petition No. 911010-02-076

Dear Dr. Podrasky:

Your eligibility for reinstatement from suspension to probation has been reviewed and your license will be reinstated effective July 1, 1994. The three year probationary aspect of your Consent Order will not become effective until you begin the practice of dentistry in Connecticut. You are required under the Consent Order to notify this Department in writing of the date that you intend to resume practice. In accordance with the Consent Order you may not engage in solo practice.

Renewal of your dental license is required by law annually during the month of your birth following the date of this letter. If the license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application.

State law requires you to notify this office within (30) days of ANY change of address whether in or out of this state. Should you have any questions concerning this process contact this Department at 566-1027.

The written notification of the date you intend to return to practice should be forwarded to my attention at the address listed below:

The Department of Public Health and Addiction Services
Public Health Hearing Office
150 Washington Street
Hartford, CT 06106

Thank you for your anticipated cooperation.

Very truly yours,


Lynne Hurley
Investigator
Public Health Hearing Office

LAH/lah
9735Q/17
7/94

cc:Donna Buntaine Brewer, Chief, PHHO
John Boccaccio, Chief, L & R
Joseph Gillen, Chief, APEX

Phone: 566-4663 TDD: 203-566-1279
150 Washington Street — Hartford, CT 06106
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