

STATE OF FLORIDA
OFFICE OF THE ATTORNEY GENERAL
MEDICAID FRAUD CONTROL UNIT

Case Name: Schneider Howard Sheldon 3

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Field Office: Jacksonville

Interview Note

Subject: Dr. Jodi Mason interview 5-12-15

Created by:	David Schwab on 06/01/2015
Reviewed by:	Michael Maloney

Profile Information:

Profile Type:	Witness
Name:	Jodi Eve MASON
Business Address:	2008 Riverside Ave 101 Jacksonville, Fl 32204
Phone 1:	(904) 372-3260
Race:	White
Sex:	Female
Job Title:	Dentist
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Professional License Number:	DN17658
State Issued:	Florida

Narrative Detail

On 05-12-15 LEI Schwab interviewed Dr. Jodi Mason of Beantree (Pediatric Dentistry) at her office at 2008 Riverside Blvd. #101, Jacksonville, FL. Dr. Mason worked at the Duval County Health Department from 2007-2008 and from 2009-2011, before opening her own practice.

LEI Schwab swore in Dr. Mason.

Dr. Mason was asked by Schwab to tell him about working on patients after they had seen by Dr. Schneider. Dr. Mason said that she spent the majority of her time that she was at the Health Department working on patients that had been treated by Dr. Schneider. Any of the patients of the Health Department that needed a pediatric dentist, which was a significant number of patients, were either referred to either Dr. Schneider or Dr. Klein. Those patients would then return to the Health Department for their care after their treatment needs were taken care of by Dr. Schneider or Dr. Klein

(Dr. Klein passed away in 2008).

Schwab asked Dr. Mason what kind of issues the patients that had seen Dr. Schneider came back with. Dr. Mason said "As best as I can recall. There were a lot of abscessed teeth that had been restored with nerve treatments and a crown and the crown had come off. I mean, it was like if Dr. Schneider had done crowns the crown was gone, if Dr. Schneider had done a filling the filling was gone. So, the teeth that he had done fillings on they needed crowns or needed to be taken out, or the teeth that he had fixed needed to be taken out, um, because they either had an infection and he fixed that, instead of taking it out or, um, they got an infection after he fixed it. Um, so a lot of infections, um, so, yeah." Schwab asked Dr. Mason if the crowns that she had to replace looked like they had been cemented on or just forced on the tooth. Dr. Mason said "At the point I saw them the crowns were gone, there was no crown there, usually we didn't see a loose crown or anything it was, the crown was gone. Um, very rare that the patient or parent actually brought the crown in you know, and if they did I don't think that I would've, I would remember, if there would have been cement inside of it or not, though."

Dr. Mason said that she has some patients at her practice now that were patients of Dr. Schneider, but she said it is a very low number. The patients that she does have that went to Dr. Schneider have the same issues as the issues the patients she saw when she was with the Health Department; as far as crowns being gone. Schwab asked if the patients that she sees from Dr. Schneider now at her practice are Medicaid. She is not a Medicaid provider and the Medicaid patients that she does see pay cash for the procedures that she performs. Dr. Mason said that she would work on putting together a list of Medicaid patients that she is treating at her practice.

Dr. Mason said that parents of patients that had been treated by Dr. Schneider told her about their child having scratches and bruises. Dr. Mason said that when she heard those types of stories she would encourage the parent to report the abuse. She said that she never saw any of the scratches or bruises by the time the child got to her. She also stated that even when she was at the Health Department she encouraged people if they didn't think that the work was done properly or the child was abused to report it.

Schwab asked her if she ever used the papoose board. She said that she has used it twice in the last year; she said that she usually will use it only for frenectomies (a procedure to cut a piece of skin under the tongue, or lip, to allow more movement of the tongue or lip). Usually if they are under two, or three years old, and the parents uncomfortable or unable to hold the child still enough to do certain procedures which are short procedures she would use the papoose board. Dr. Mason also said that she did use one a little more often when she was at the Health Department, but she only used it on cases where there was an infected or broken tooth that had to come out. She said that she does not practice like that and advised Schwab that she does not do conscious sedations at her office for safety reasons.

Schwab asked Dr. Mason if she was treating a patient that was "fighting" did she ever hold them down by their throat. Dr. Mason said "No." Schwab then asked Dr. Mason have she ever held a patient down by their throat, pinch their nose and put your hand over their mouth. Dr. Mason said "No. I know that was a technique hand, hand over mouth was a technique that was used, somewhat used you know, with a couple of generations ago dentists, you know back before they had gloves." Schwab asked Dr. Mason about putting their hand in the child's mouth so they could not breathe. Dr. Mason

again said "No, I think that would be counter intuitive."

Dr. Mason said that if there are behavior issues that preclude doing procedures safely she has an Anesthesiologist that comes in and can do I.V. sedation. It is expensive because the Anesthesiologist set their fees and is usually out of network. She said that based upon her experience as being a Dental Assistant, then working at the Pediatric Dental facility at the University of Florida, she has the ability to determine if she is going to be able to get through to the end of the procedure safely.

Dr. Mason said unless it's an emergency they don't hold anyone or against their will. The parent is in the room and either the parent will be holding the child or they would be right there. I would tell Mom "I am going to hold her head and I need you to hold her arms." We would do that for a couple of minutes and then we would take a break.

Schwab asked Dr. Mason if she thought that having the parent in the room with the child helps the child stay calm. Dr. Mason replied sometimes it does, sometimes it doesn't, but it depends on the type of parent. She clarified saying that any time it gets to that point or if you have those behavior issues, even if they are less calm with Mom in the room, she would still want Mom in the room to see what was happening. That way if you hear screaming you know what is going on. Dr. Mason said that there are some of her patients' parents that do not want to be in the room, therefore, she lets the parent decide.

Schwab asked Dr. Mason if the children that had been to Dr. Schneider showed more fear, and anxiety, than children that had not been to Dr. Schneider. Dr. Mason said, "That part of it, it wasn't just fixing the work at the Health Department. It was working through or trying to work through all those behavior and anxiety issues, you know, here, it's a lot less of it. But, the children are truly afraid and very, very scared, and it just takes a little more time to build that relationship, ok, we're not going to do anything that is scary here, um, and there are some of those we have been able to work through."

Dr. Mason then said, "This is part of the reason I left and it was because I kind of got tired of censoring my words from parents because I didn't want to bad mouth other people's work." Dr. Mason continued "It got back to my supervisor that I wasn't happy with the care that people were receiving there, and he made me have lunch with Dr. Schneider. He like set up a lunch so that I could meet him and see what a nice man he was to provide this service for these children, and um, that was the day I decided to leave, was after I had to have lunch with him."

Dr. Mason then told Schwab that she did not know how Dr. Schneider billed. She said, "A lot of the children I didn't, I didn't see them before he did the work. Some of them I did, some of them I'd say, you know, I can't, this is more extensive than I can do in the office and I'd fill out a referral and it would be between like my supervisors and the insurance company where that patient would go. And at the time Dr. Schneider I think was the only option."

Schwab and Dr. Mason discussed the other Pediatric Dentist, Dr. H. Raymond Klein that accepted Medicaid and worked in the area. Dr. Mason said that she would refer patients to Dr. Klein. But, Dr. Klein was really strict and if the patient missed an appointment they would drop you, and a lot of the time these patients miss appointments and then they would end up at Dr. Schneider because they had

nowhere else to go.

Dr. Mason said, "When I wrote, like I said when I wrote those referrals, times, I'd try to write. Ok, these four teeth need to be extracted, they have an infection please extract these teeth. Um, these teeth are, you know, fixable, either we, a lot of time if I referred someone we couldn't even get x-rays. And I saw, you know, more stuff than would have been tolerable to do in a papoose or without any sedation. Because at the Health Department I, I, there it did not make sense to do sedation. Because I had to just see that one patient at the time, because of sedation and it was open the clinic there were a lot of reasons, but I didn't do the sedations. So the ones I felt truly needed sedation because of their age and the extent of the work I write a referral, and say please extract these teeth because they have an abscess and restore these teeth. And, I think everyone that came back from Dr. Schneider had their teeth fixed with nerve treatments and crowns and nothing taken out it was very rare. So, I ended up taken them out after he fixed them and the crowns fell off, when they could have been taken out before."

Schwab asked Dr. Mason if every time that she does a crown, she also does a root canal. Dr. Mason said, "No, only if the cavity was into the nerve of the tooth or very, very, very, close. But, if the child has been having any pain with that tooth, just spontaneous pain eating, at night time, or you know any abscess, infection it's really better to take it out. There are certain teeth in the mouth that even if there's been a little infection or a little pain; it's sometimes worth trying the nerve treatment for second molars, if they're a certain age. But, in that the caries (Dental decay. An infectious disease that progressively destroys tooth substance.), having such high caries risk population, those kinds of procedures with not such a great prognosis are not the best ones to do. It's best to do the most definitive treatment um; that you know is going be ok three years from now. You know you do a nerve treatment on a crown on something that's been bothering them; it's probably going to have to come out eventually. So, you don't always do a nerve treatment with a crown. It's a lot higher success rate if you don't do the nerve treatment with a crown. So, you know, to use those nerve treatments sparingly um for certain teeth and um, in the years I've been doing this, I just, the less you can do to a tooth the better it's going to be, um, to get them by to the point where they come out."

Dr. Mason said, "Yeah, and some of the primary teeth are important to save and then some of them it's like ok, given it's this, this, and this it's better to take it out. So, it's a long story with guidelines in figuring that out. But, a lot of time the parents don't want the front teeth taken out, and a lot of time Dr. Schneider always fixed the front teeth and they would always have problems. But, he would take, he would do the nerve treatment, which for front teeth you do most of the time, a small cavity In a front tooth can be into the nerve very easily so, a lot of time the front teeth did need a nerve treatments. If you needed a crown on a front tooth, you needed a nerve treatment on a front tooth. Back teeth are a lot different because there is more tooth structure."

Dr. Mason continued, "Um, so, but, the crowns he would do here, looked awful. I mean to me it was like this is going to look better with no tooth here than. He would take the stainless steel crowns and I guess drill or cut out the front part of it, and then stick filling, white filling material on it and it's called stainless, there's a code for it, stainless steel crown, um, with a resin window or something, like I'll, I'll look up the exact code. There are stainless steel crowns with an esthetic coating, those are expensive to buy, he never used those, because they were too expensive to buy. Um, so he would take regular stainless steel crowns which cost about five dollars (\$5.00) to buy and cut, you know, cut out

and just stick filling material on them. The filling material would fall off, um, those crowns don't hold up so well anyway, the ones with the esthetic coating on them are stronger and more durable but they are not perfect. Um, so, we had this one boy that I can't remember, last year, he had, Dr. Schneider had done four nerve treatments and crowns, I think he did nerve treatments on all of them. And the teeth were all bounded together with the, with the filling material it was stuck, like there was no way to floss, there was no way, you couldn't clean. It was like a bridge of filling material holding those teeth in. So, I, it was just, and then two of the teeth had an infection, so what do the white stuff was going to come off that was one of the worst ones, I was like how could he couldn't have seen this. I think honestly I think the man can't see. "

Dr. Mason still continued, "I don't know about him abusing children, I know they were really afraid when they went there. One of the patients was my midwife with my daughter; her son came here for a second opinion. Because he told her that her child needed like, eight crowns on his front teeth and she's like, he showed me the x-rays and showed me where the cavities were and she said 'I didn't see anything, and she's like I'm a midwife, I'm not a dentist but, I truly don't see. Can I bring him there and you can look?' His teeth were perfect, so I don't know if Dr. Schneider truly thought there were cavities or he just wanted to pretend that there were. I just, just feel like, he can't maybe he can't see."

Schwab asked Dr. Mason if it's odd that the dentist took x-rays, and did an examination and told the parent that everything looked good and then two weeks later call the mother back and tell her that her child needs to come in because they have to pull the four front teeth. Dr. Mason said, "Unless you screwed something up and looked at someone else's x-rays."

Schwab asked Dr. Mason what she would say if an assistant pulled a tooth. Dr. Mason said "Well, that would not be ok because, that is not in the delagative, delegatable duty to an assistant." Schwab asked even with expanded duties. Dr. Mason said, "That is not something an assistant or a Hygienist could do."

Dr. Mason said "I think the Health Department paid him on top of what, like, there was a, I believe, I don't the specifics of this. But, Bruce Bradberry was my boss at the time that they gave him something around the 'tune' of like \$600.00 per patient to see these kids. Like as a, I don't know I never saw the money leave the Health Department but I always said "Like you guys didn't need me here."

At that time the interview was concluded.
