Oregon Attorney General press release, 2026-10-02
Source: https://www.doj.state.or.us/media-home/news-media-releases/advantage-dental-to-pay-4-5m-for-improperly-billing-calls-to-oregon-health-plan

Attorney General Rayfield: Advantage Dental to Pay $4.5 Million for Improperly Billing Phone Calls to the Oregon Health Plan

Company treated empty cold calls as legitimate patient care

Attorney General Dan Rayfield today announced that Advantage Dental Services, LLC will pay $4.5 million to settle allegations that it improperly billed the Oregon Health Plan, the state's Medicaid program, for phone calls to patients that the company claimed were for legitimate dental care—but that allegedly didn't give patients real dental advice or even have patients' permission for the care.

Advantage Dental allegedly made thousands of these calls to pad their numbers in order to meet requirements for certain Medicaid payments.

"The Oregon Health Plan is funded by taxpayer dollars, and Oregonians expect that those funds will pay for health care—not bogus gimmicks that don't offer any actual care," said Attorney General Rayfield. "Advantage Dental put profits ahead of patients. If you bill the Oregon Health Plan, you need to deliver real care, and we'll keep holding providers accountable when they don't."

The State and the Oregon Health Authority (OHA) say that from January 2020 through December 2025, Advantage Dental billed for phone calls it recorded as nutrition and oral hygiene counseling, even though the calls didn't include real dental advice or have the patient's consent. The company allegedly used these claims to hit performance and quality targets in its contracts, which earned it yearly incentive payments funded by Medicaid. The State and OHA say Advantage Dental would not have received much of that money without the improper claims.

Under the settlement, Advantage Dental will pay $4.5 million: $2.25 million in restitution and $2.25 million in penalties. Advantage Dental cooperated with the investigation. The company denies the allegations, and the settlement is not an admission of wrongdoing.

About the Oregon Medicaid Fraud Control Unit

The case was investigated by the Oregon Department of Justice – Medicaid Fraud Unit. The MFCU is responsible for investigating and prosecuting billing fraud committed by

Medicaid providers and abuse/neglect committed by health care providers in connection with the provision of health care services.

The MFCU receives 75% of its funding from the U.S. Department of Health and Human Services under a grant award totaling $6,539,396 for October 2025 through September 2026. The remaining 25%, totaling $1,634,848, is funded by the State of Oregon.

Report fraud, abuse & neglect

For Medicaid provider fraud, email Fraud.Referral@doj.state.or.us

For Abuse or Neglect, call the Oregon abuse reporting hotline: 1-855-503-SAFE (7233)

If you think someone is in danger of being hurt, call 911.

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No settlement agreement, complaint or other court document is linked from the release; none located (state Medicaid Fraud Unit civil settlement).