



Office of the
Washington
State Auditor
Pat McCarthy

Medicaid Fluoride Cost Savings

Joint Legislative Audit and Review Committee

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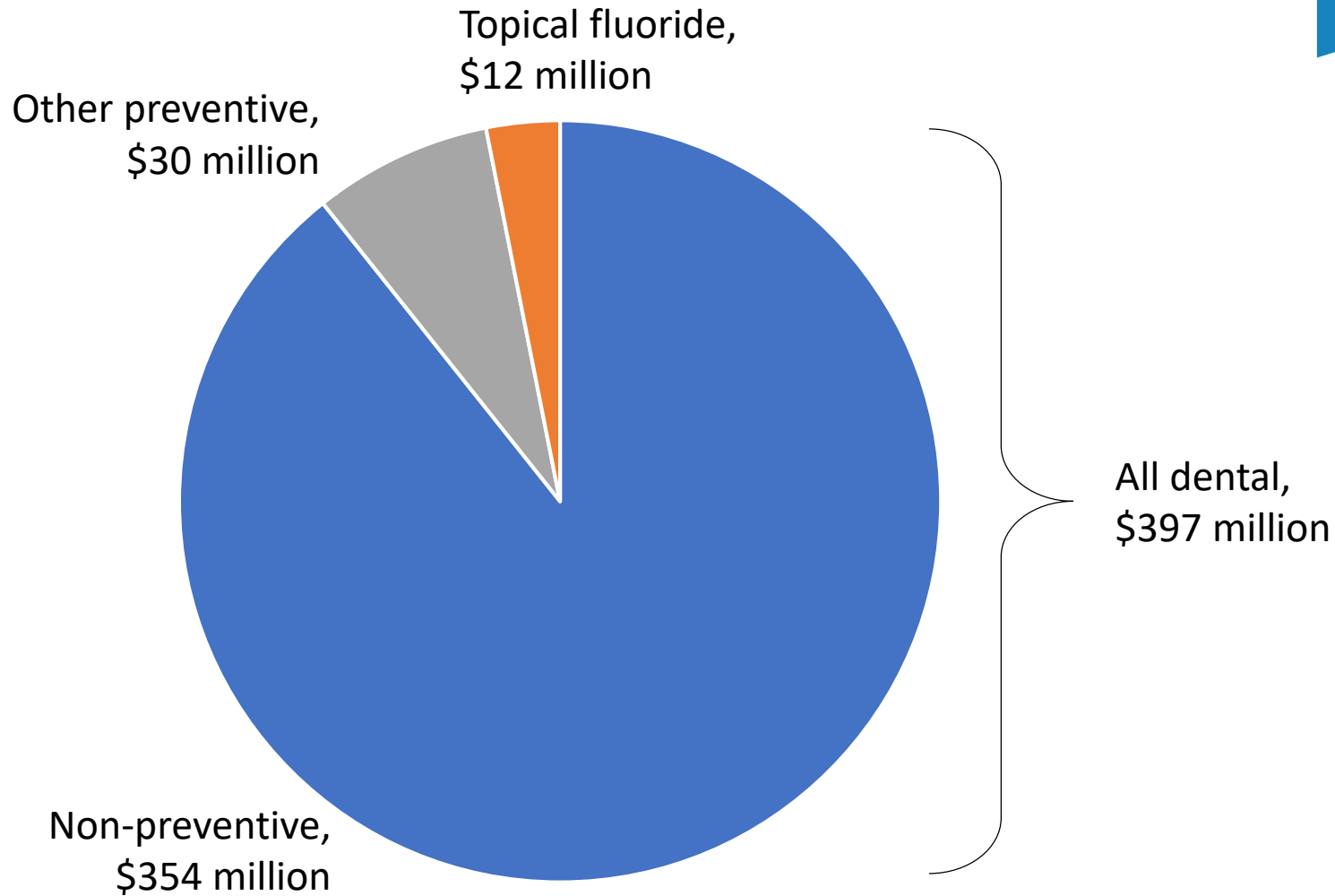


Our audit asked:

- Can Washington's Medicaid program save money on fluoride treatments by following leading practices?



Fluoride is a small part of Medicaid dental services





How many fluoride treatments a patient can receive depends on risk

Risk	Patients	Frequency
Low	Age 19+	1 a year
Medium	Age 7-18	2 a year
High	Age 0-6 Orthodontic patients Clients of supportive services	3 a year

Additional treatments available with prior authorization

Fluoride is not only applied at dental offices



Offices

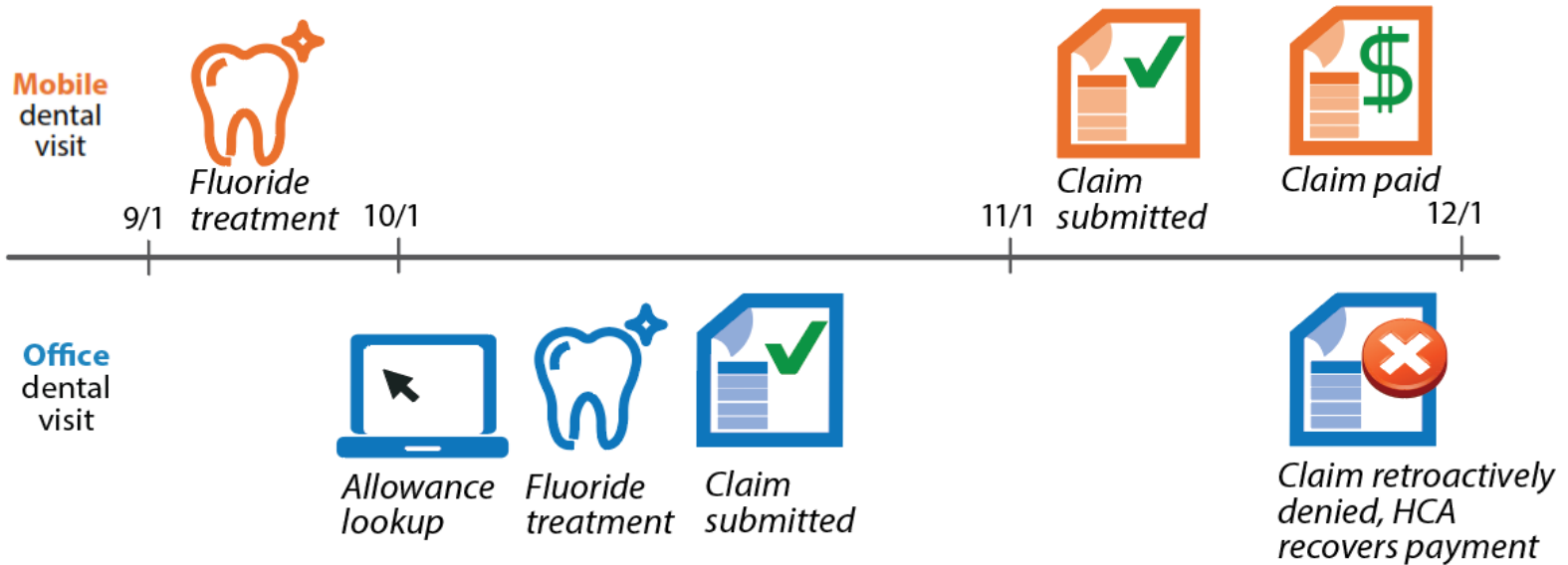
- Dental office
- Pediatrician's office

Mobile settings

- School
- Mobile clinic
- Homeless shelter
- Home
- Alternative living facility



Multiple providers caused billing conflicts



HCA's solution: Count treatments by provider or clinic



WAC 182-535-1082 (2)

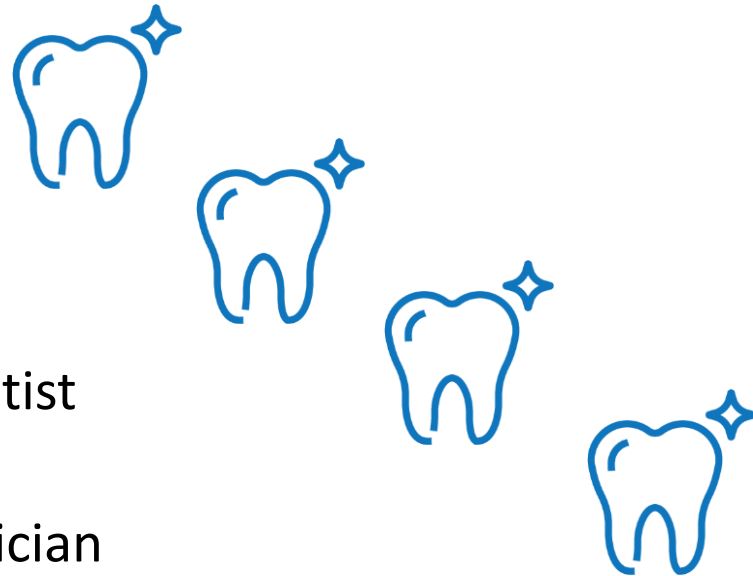
Topical fluoride treatment. The agency covers the following per client, **per provider or clinic**:

- (a) Fluoride rinse, foam or gel, fluoride varnish, including disposable trays, for clients age six and younger, three times within a twelve-month period with a minimum of one hundred ten days between applications.



The result: more spending for more treatments

- ✓ Up to 3 at the dentist
- ✓ Up to 3 at school
- ✓ Up to 3 at another dentist
- ✓ Up to 3 at a pediatrician



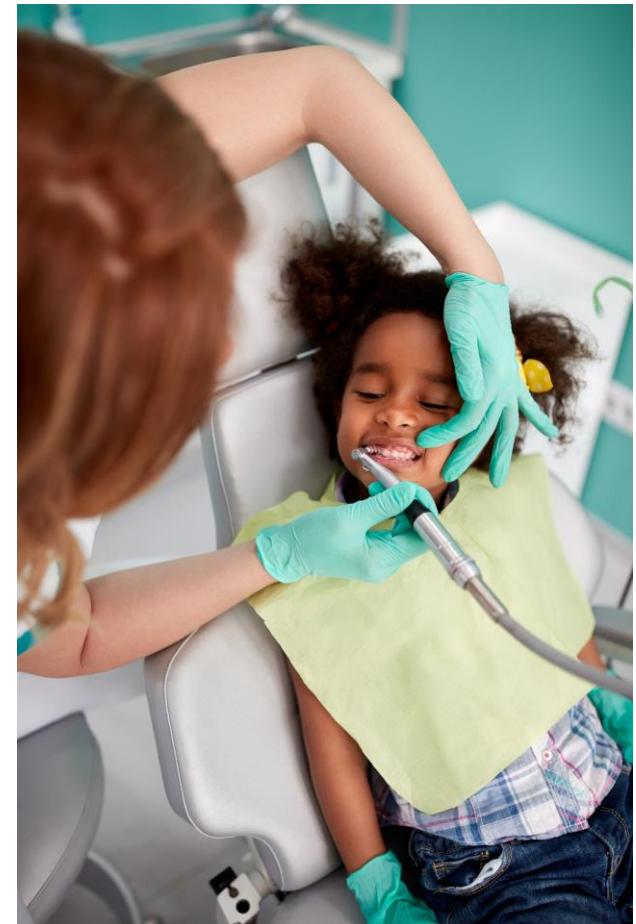
Most patients had only one extra treatment, but some got more

Result: \$290,000 a year in payments for 17,000 excess treatments for 15,000 patients



HCA has already taken steps to limit the number of additional treatments

- “Twice a year” allowed two treatments within a week
- HCA implemented minimum time periods between treatments
 - Three times a year with **a minimum of 110 days** between treatments
 - Twice a year with **a minimum of 170 days** between treatments
- Estimated savings: \$640,000 in 2018



Our recommendations to HCA



1. Under current fee-for-service model: count treatments by setting group instead of by provider
2. Under managed-care model: limit fluoride treatments to dental best practice

Count treatments by setting group instead of by provider



Office settings

- Dental office
- Surgical center
- Pediatrician's office
- Hospital

Mobile settings

- School
- Mobile clinic
- Homeless shelter
- Home
- Alternative living facility

- Saves \$130,000 annually compared to the status quo

Managed care organizations could determine treatment limits



- The state sets minimum levels, and doesn't pay for more
- Saves \$290,000 compared to status quo
- Managed care organizations could choose to pay for extra fluoride or find an alternate solution to the problem
- Can be enforced during regular contract monitoring

Contact Information



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