

Evaluation of the Dental Wellness Plan: Provider Attitudes After Two Years

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Background

In 2014, Iowa expanded its Medicaid program under the Affordable Care Act, providing health coverage to low-income adults previously ineligible for Medicaid. Medical coverage is provided through a program called the Iowa Health and Wellness Plan (IHAWP), and dental coverage for this population is delivered through a program called the Dental Wellness Plan (DWP). The DWP was implemented in May 2014, and at the time of the study it employed an earned benefits structure to encourage preventive health care-seeking behaviors. In this model, all DWP members were eligible for preventive and emergency services, and if they returned for regular checkups they became eligible for more dental benefits, including fillings, crowns and other treatments. By contrast, Iowa Medicaid members outside of the DWP

were eligible for comprehensive dental coverage upon enrollment.

DWP provider incentives included high reimbursement (about 50% higher than Medicaid reimbursement rates) and bonuses based on relative engagement with DWP enrollees. In the program's first two years, Delta Dental of Iowa was the DWP's sole carrier, with an 895-dentist provider network; MCNA became DWP's second carrier in July 2016.

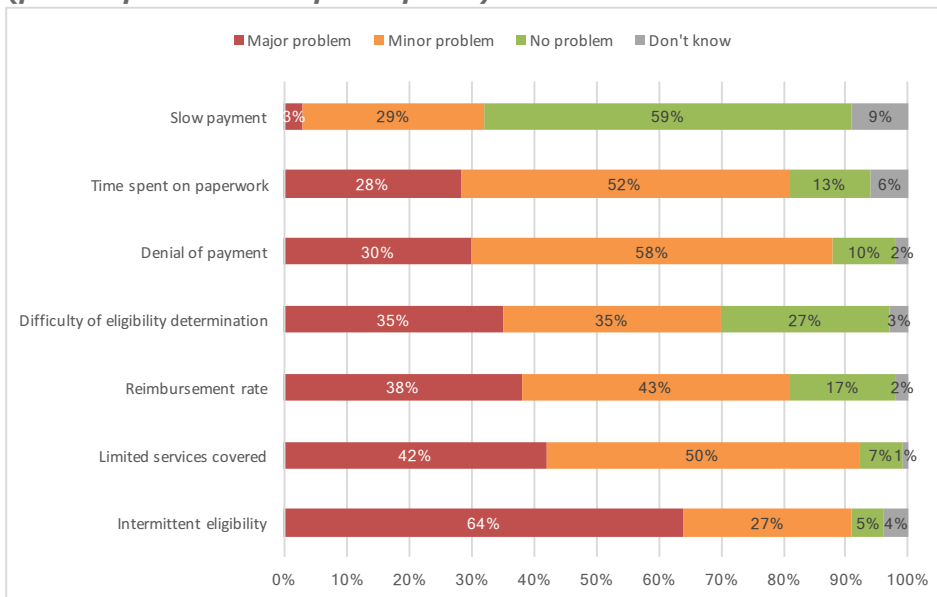
Study Methods

To assess dental providers' perceptions of and experiences with the DWP after two years, the University of Iowa Public Policy Center (PPC) distributed surveys to all Iowa community health center (CHC) dental clinics and private practice dentists and specialists in fall 2016. At

the time of this study, there were 15 CHC dental clinics and 1,301 private practice dentists and dental specialists in Iowa. Twelve out of 15 clinics and 47% of private practice dentists responded. Researchers analyzed survey responses to compare private practice dentists accepting new DWP patients and private practice dentists not accepting new DWP patients, as well as to describe DWP-related perceptions and experiences among CHC dental clinics.

*"A lot of our patients on DWP need treatment ASAP and we feel waiting until they reach the enhanced [coverage tiers] is not beneficial to them."
 – Private Practice Dentist*

Dentist rating of administrative issues as problematic (private practice DWP participants)



Results

Private practice participation in DWP appears to have remained relatively steady from 2015 to 2016. In fall 2016, 42% of private practice respondents accepted new DWP patients, comparable to the 44% who accepted new Medicaid patients. However, many participants limited DWP acceptance to a set number of patients or to their own patients of record, and only 26% of private practice respondents accepted all new DWP patients. The proportion of participants contemplating no longer accepting DWP patients rose from 32% to 41%. Of respondent clinics, two-thirds reported an increase in busyness since 2015, and one-third were too busy to provide all requested appointments.

Among non-participants in private practice, 75% reported that the biggest barrier to participating in DWP was low reimbursement rates. If changes were made to the plan, 56% said they would consider accepting DWP patients, but 85% of non-participants reported that they were not at all likely to sign up in the next year.

Only 17% of non-participants held a positive view of the DWP. By contrast, almost two-thirds of private practice participants and clinics reported overall positive views of the DWP. Slightly more than half of participants reported positive opinions of the DWP's earned benefits structure as well. However, 77% of private practice participants and 64% of clinics believed the earned benefits structure makes comprehensive treatment difficult, and approximately 70% of all respondents believed the earned benefits structure prevents needed care.

When asked about potential problems with the DWP, a majority of private practice participants considered intermittent eligibility and specialist referral to be major problems; and a majority of clinics considered intermittent eligibility, a shortage of local providers, difficulty of eligibility determination and time spent on paperwork to be major problems. Even so, private practice and clinic participants viewed most DWP administrative, patient-related and provider network issues as similar to those in Medicaid, although DWP reimbursement rates were generally considered better.

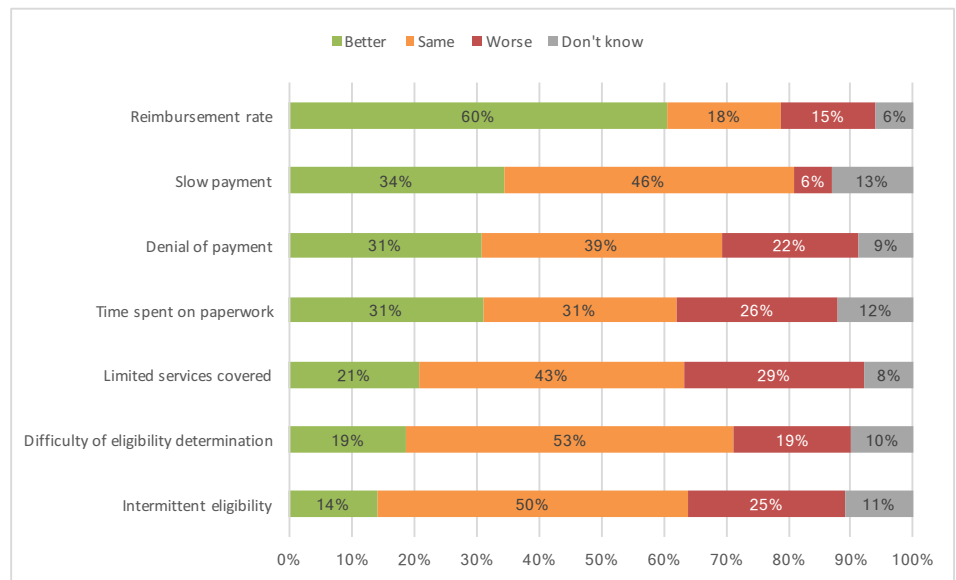
Conclusions

This study identified several key themes in provider experiences with the DWP, as well as possibilities for the program's future. Provider satisfaction with and participation in the program appeared steady, though many DWP providers had concerns about program structure, provider network and

administrative issues. Many providers believed that the DWP's earned benefits structure limits needed patient care and, in a related matter, experienced problems with patients' intermittent eligibility. Providers also expressed frustration with the limited provider network, especially in terms of specialist referral. Despite these challenges, participants felt that the DWP's administrative, patient-related and provider network issues were largely consistent with Medicaid issues, and the majority of DWP providers had positive attitudes toward the program.

"Honestly, I think this program is well thought through and effective. The patients are very appreciative of being able to have treatment and also to have access to care. More dentists do need to sign up but in time this should happen."
- Private Practice Dentist

Administrative issues in DWP compared to Medicaid (private practice DWP participants)



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