



## **Evaluation of the Dental Wellness Plan: Experiences of Private Practice Dentists after Two Years**

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# Executive Summary

## Introduction

This report by the University of Iowa Public Policy Center describes one component of a Centers for Medicare and Medicaid Services (CMS)-approved evaluation of the Iowa Dental Wellness Plan (DWP). The DWP provides dental benefits for members enrolled in the Iowa Health and Wellness Plan (IHAWP), Iowa's version of the Medicaid expansion. The DWP was implemented on May 1, 2014, and has a unique *earned benefits structure* aimed at encouraging preventive health care-seeking behaviors. Enrollees earn additional covered services when they return for regular periodic recall exams every 6-12 months. From May 2014 through July 2016, Delta Dental of Iowa was the sole dental carrier for the DWP. As of July 2016, MCNA Dental became the second carrier to join the DWP. Both carriers are required to offer the same benefits; however, each carrier maintains a separate network of dental providers. The aim of this component of the evaluation is to study DWP providers' experiences with the program, as well as all dentists' perceptions of the DWP, two years after program implementation.

## Methods

Surveys were administered to all licensed Iowa general dentists and dental specialists in private practice as of August 2016 (n=1301), regardless of DWP participation. Dentists received a paper survey by mail in October 2016 and were given the option to complete the survey online. Univariate and bivariate analyses were conducted to compare characteristics of dentists who were currently accepting new DWP patients ("DWP participants") and those who were not accepting new DWP patients ("non-participants"). Participants were primarily those contracting with Delta Dental of Iowa due to the fact that MCNA had only been operating in Iowa for three months at the time of the survey. 557 Iowa private practice dentists responded to the survey for a 47% response rate after adjusting for those who were ineligible.

## Key Findings

### Individual and Practice Characteristics

- DWP participating dentists were significantly more likely to be male ( $p=.04$ ) and in solo practice ( $p=.02$ ) compared to non-participants.
- DWP participants and non-participants did not significantly differ based on any practice characteristics that were studied.

### Participation in DWP (General Dentists)

- 42% (n=211) of survey respondents were currently accepting new DWP patients; 12% (n=62) had seen some DWP patients but discontinued their participation; 2% (n=12) had signed up but had never seen a DWP patient; and 42% (n=209) had never signed up to participate in DWP. These rates have remained relatively constant since the survey of dentists after the first year of the program in 2015.
- Among those currently accepting new DWP patients, 63% accept all new patients and 37% place limits on DWP patient acceptance. The most common constraints were limiting new DWP patients to dentists' patients of record who go on DWP (55%) or limiting to a set number of new DWP patients (54%).
- The proportion of DWP participants who were at least moderately considering stopping acceptance of new DWP patients increased from 32% in 2015 to 41% in 2016.
- The top three reasons dentists reported for not signing up for DWP were reimbursement rates (75%), scope of services covered (32%), and DWP patient-related reasons (30%).
- 56% of non-participating dentists said that if changes were made to the program they would consider signing up. The most common type of requested change was increasing reimbursement rates.
- 21% of DWP participants had contracted with the second DWP dental benefits carrier,

MCNA, whereas 11% had not yet but planned to and 68% did not plan to.

### **Participation in Medicaid State Plan**

- Overall, 44% (n=212) of respondents currently accept new Medicaid-enrolled patients into their practice.
- DWP participants were significantly more likely than non-participants to accept new Medicaid-enrolled patients; 64% of DWP participants were accepting Medicaid patients, whereas only 28% of non-DWP participants did.

### **Attitudes and Experiences with DWP<sup>1</sup>**

#### *Overall Attitude toward DWP*

- Among DWP participants, almost two-thirds had a positive view of the DWP. The proportion of DWP participants with overall positive attitudes toward the plan increased from 59% in 2015 to 64% in 2016.
- 60% of DWP participants said they would recommend DWP participation to other dentists.
- Among non-participants, only 17% had an overall positive attitude toward the DWP.

#### *DWP Administration and Benefits*

- The proportion of DWP participating dentists with a positive attitude toward Delta Dental of Iowa's administration of the DWP remained constant at approximately 70% from 2015 to 2016.
- The administrative issues most highly cited as 'major problems' by DWP participants were: intermittent eligibility (64%), limited services covered (42%), and reimbursement rate (38%).
- Conversely, 59% of participants cited slow payment as 'no problem'.

#### *Earned Benefits Structure*

- DWP participants were significantly more likely to have positive attitudes toward the earned benefits approach compared to non-participants (59% versus 37%, respectively).
- Approximately three-quarters of both DWP participants and non-participants believed that the earned benefits approach makes it difficult to provide comprehensive treatment to DWP patients; approximately 7 in 10 members of both groups believed that it prevents DWP patients from getting needed care.

#### *Attitudes about DWP Patients*

- Among both DWP participants and non-participants, broken appointments was rated the most problematic among all patient-related issues, with 40% of DWP participants rating it as a 'major problem'.

#### *DWP Provider Network*

- 74% of DWP participants reported having had difficulty referring their DWP patients to dental specialists.
  - Of those having difficulty referring, the type of specialist most difficult to refer to was endodontist.

#### *Experience with PreViser Risk Assessment*

- The proportion of DWP participating dentists who reported using the PreViser risk assessment with any of their DWP patients increased from 63% in 2015 to 73% in 2016.
- The most important reasons dentists use the PreViser risk assessment were that they were reimbursed for it (53%) and because of the bonus pool program (35%), whereas the most common reason for not using it was the time needed to complete it (64%).
- 58% of DWP participants had a positive attitude toward the PreViser risk assessment and 41% had a negative attitude.

<sup>1</sup> Attitudes are mostly related to Delta Dental of Iowa's administration of the DWP, as MCNA had only been operating in Iowa for 3 months at the time of the survey.

### *Comparisons with Medicaid*

- Regarding administrative issues, a majority of DWP participants believed that *reimbursement rates* were better in DWP compared to Medicaid. On most other administrative issues, the highest proportion of DWP participants believed they were the same in both programs.
- For most patient-related and provider network-related issues, a majority of DWP participants said they were the same in both DWP and Medicaid.

### **Open-ended comments**

- The most common issues cited in respondents' open-ended comments were related to frustrations with the earned benefits structure, low reimbursement rates, and administrative/paperwork-related issues.



## Background

The aim of this study was to evaluate Dental Wellness Plan (DWP) providers' experiences with the program, as well as all dentists' perceptions of the DWP, two years after program implementation.

### Dental Wellness Plan

The DWP is the dental benefits plan for members enrolled in the Iowa Health and Wellness Plan (IHAWP), Iowa's version of the Affordable Care Act-related Medicaid expansion. It was enacted through bi-partisan legislation to provide comprehensive health care coverage to low income adults. The IHAWP was implemented on January 1, 2014. It replaced the IowaCare program with plans that offer more covered services and a broader provider network. Dental coverage under the IowaCare program included only tooth extractions provided at two locations in Iowa: the University of Iowa Hospitals and Clinics in Iowa City or Broadlawns Dental Clinic in Des Moines. Starting on April 1, 2016, IHAWP members, together with most of the state's traditional Medicaid State Plan (MSP) members, were moved into one of three managed care organizations (MCOs) that manage all physical, behavioral, and long term care services. These MCOs are not responsible for dental care.

The DWP was implemented on May 1, 2014. From May 2014 through July 2016, Delta Dental of Iowa was the sole dental carrier for the DWP. As of July 2016, MCNA Dental became the second carrier to join the DWP. Both carriers are required to offer the same benefits; however, each carrier maintains a separate network of dental providers.

#### *Eligibility*

IHAWP includes adults aged 19-64 years with income between 0-133% of the Federal Poverty Level (FPL) who are not otherwise eligible for Medicaid. All IHAWP members are automatically enrolled in the DWP. In year 2 of the program (May 2015-April 2016), 211,012 individuals were enrolled in DWP for at least one month.<sup>2</sup>

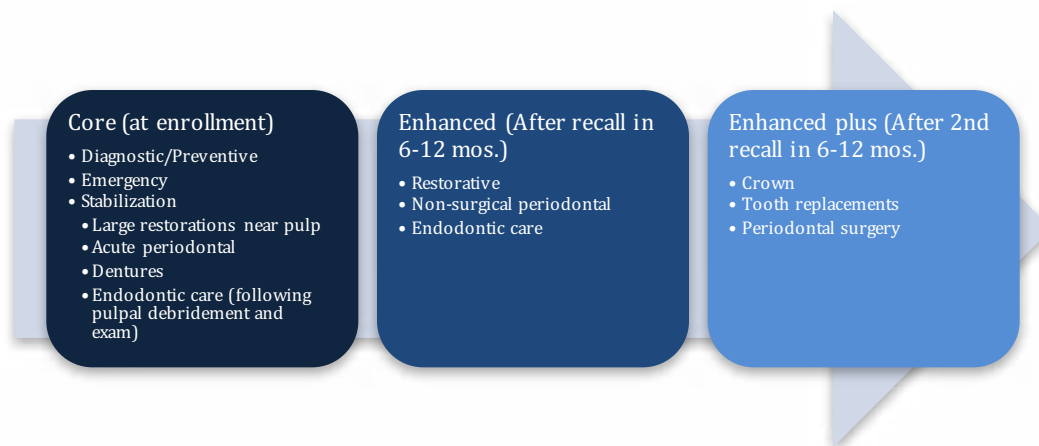
#### *Dental Benefits in DWP*

The DWP has a unique *earned benefits structure* to encourage preventive health care-seeking behaviors. Members earn additional covered services when they return for regular periodic recall exams. All members are eligible for a "Core" (Tier 1) set of benefits upon enrollment that includes emergency and stabilization services. If members return for a periodic recall exam within 6-12 months of an initial comprehensive exam, they become eligible for "Enhanced" (Tier 2) services. After receiving a second recall exam within 6-12 months, members become eligible for "Enhanced Plus" (Tier 3) services. **Figure 1** shows dental services covered in each tier.

<sup>2</sup> McKernan S, Momany E, Ingleswar A, Ayyagari P, Singhal A, Shane DM, Ghattas A, Damiano P. Access, Utilization & Cost Outcomes: Iowa Dental Wellness Plan Evaluation 2014-2016. March 2017. University of Iowa Public Policy Center.



**Figure 1. Earned benefits through Iowa DWP**



### *Provider Incentives*

The DWP also includes several provider incentives. First, provider reimbursement is approximately 50% higher than Medicaid. Second, there are Bonus Pools for participating DWP dentists contracted with Delta Dental of Iowa that reward general dentists based on the number of exams performed on DWP members, and reward specialists based on the number of unique DWP patients seen. General dentists are only eligible for the Bonus Pool if they complete an online risk assessment form (called the PreViser Risk Assessment) for each new DWP patient and update it annually; providers are also reimbursed on a fee-for-service basis for conducting each risk assessment.

### *Provider Network*

As of May 2016, 895 dentists were contracted providers in the DWP network, with 822 dentists who provided at least one service to DWP members during year 2. By comparison, 986 dentists had provided at least one service to adult MSP members during year 2.

## Methods

In October 2016, surveys were administered to all licensed Iowa general dentists and dental specialists<sup>3</sup> who were in private practice as of August 2016 (n=1301), regardless of DWP participation. Dentist addresses and demographic data were drawn from the Iowa Dentist Tracking System (IDTS), which tracks state dentist workforce information and is part of the University of Iowa's Office of Statewide Clinical Education Programs. The IDTS was established in 1997, and since then has contacted all dentists actively practicing in Iowa every six months to update individual and practice information.<sup>4</sup> The IDTS is part of the University of Iowa's Office of Statewide Clinical Education Programs, which tracks state workforce information for five health professions: physicians, pharmacists, dentists, physician assistants, and advanced practice nurses.

As part of a prior DWP survey, dentists were asked to provide their email address if they preferred to receive future surveys by email. For this survey, dentists either received 1) an email-based survey if they previously provided their email address, or 2) a paper survey by mail and the option to complete the survey online. A reminder postcard was sent one week after the initial mailing. A second paper survey was sent two weeks later to all those who had not yet completed the survey.

This survey is a follow up to a previous survey that was administered to all Iowa private practice dentists in 2015. Descriptive comparisons are made between responses to the two surveys, where appropriate.

## Survey Instrument

Survey questions were modified from a previous survey administered to Iowa private practice dentists in 2015. Survey items on the original survey were either original or adapted from other sources. These sources include a previous Public Policy Center survey to Iowa dentists about the Medicaid program<sup>5</sup>, a 2011 survey to mental health providers in Maryland<sup>6</sup>, and a 2011 survey of primary care providers in Washington State<sup>7</sup>.

The survey instrument was approved by the Iowa Medicaid Enterprise (IME) prior to distribution. A copy of the survey is located in Appendix 1.

## Analyses

Univariate and bivariate analyses were conducted to compare characteristics of dentists who were currently accepting new DWP patients ("DWP participants") and those who were not accepting new DWP patients ("non-participants"). Participants were primarily those contracting with Delta Dental of Iowa due to the fact that MCNA had only been operating in Iowa for three months at the time of the survey. A small number of non-DWP providers (n=62) reported previous participation with the DWP program, but they have discontinued. This group is of particular interest due to their experiences with the program and decision to discontinue participation; therefore, we provide a summary of this specific group at the end of the results section. Dental specialists were also analyzed separately from general practitioners and a summary is provided following the findings for the former DWP participants.

Survey data were merged with data from the Iowa Dentist Tracking System (IDTS) on individual and practice information.

All results are presented unweighted, and all analyses were conducted using IBM SPSS Version 21. Only statistically significant bivariate results are presented as such, and all non-statistically significant results are presented as univariate statistics.

3 Orthodontists were excluded due to the lack of orthodontic coverage within the DWP.

4 Kuthy RA, McKernan SC, Hand JS, Johnsen DC. Dentist workforce trends in a primarily rural state: Iowa: 1997-2007. *J Am Dent Assoc.* 2009;140(12):1527-1534.

5 McKernan SC, Reynolds JC, Kuthy RA, Kateeb ET, Adrianse NB, Damiano PC. Factors affecting Iowa dentist participation in Medicaid. University of Iowa Public Policy Center. 2013. Available at [http://ppc.uiowa.edu/sites/default/files/evaluation\\_of\\_medicaid\\_final.pdf](http://ppc.uiowa.edu/sites/default/files/evaluation_of_medicaid_final.pdf)

6 Department of Health and Mental Hygiene, Mental Hygiene Administration. Maryland's public mental health system: 2011 provider survey. Available at <http://bha.dhmh.maryland.gov/RESOURCES/Documents/Data/2011%20Provider%20Survey%20Executive%20Summary%20With%20Appendices%20Final%20%20112911.pdf>

7 Skillman SM, Fordyce MA, Yen W, Mounts T. Washington State Primary Care Provider Survey, 2011-2012: Summary of findings. August 2012. Available from [http://depts.washington.edu/uwrhrc/uploads/OFM\\_Report\\_Skillman.pdf](http://depts.washington.edu/uwrhrc/uploads/OFM_Report_Skillman.pdf)

## Response Rates and Response Bias

In total, 557 Iowa private practice dentists responded to the survey for an overall response rate of 47% after adjusting for those who were ineligible (**Table 1**). 12% of respondents completed the survey online.

**Table 1. Dentist Survey Response Rates**

Total Population	Adjusted Total*	Completed	Adjusted Response Rate*
1301	1187	557	47%

\*Adjusted for ineligible, including undeliverable addresses, and dentists who had retired.

Compared to nonrespondents, those who participated in the survey were significantly more likely to be older ( $p=.01$ ) and in solo practice ( $p=.002$ ) (**Table 2**). There was a small but significant difference in the mean age of respondents (51 years) versus nonrespondents (49 years) ( $p=.004$ ). There was no difference with regard to gender, race/ethnicity, or specialty.

**Table 2. Comparison of respondents and non-respondents†**

	Respondents (n=556)	Non-respondents (n=745)
<b>Age in Years*</b>		
<35	14%	18%
35-44	21%	26%
45-54	20%	16%
55-64	30%	27%
65+	16%	13%
<b>Gender</b>		
Female	28%	25%
Male	72%	75%
<b>Race/Ethnicity</b>		
White	89%	85%
Black	<1%	<1%
Hispanic	1%	1%
Asian	1%	3%
Unknown	9%	11%
<b>Specialty</b>		
General dentistry	90%	85%
Oral surgery	4%	5%
Pediatric dentistry	2%	5%
Endodontics	2%	2%
Periodontics	1%	2%
Prosthodontics	1%	1%
<b>Solo or Group Practice*</b>		
Solo practice	46%	37%
Group practice	54%	63%

†Calculated using IDTS data

\*Chi-square test statistically significant at  $p<.05$

## Limitations

Limitations for this study relate to recall bias, or the potential bias inherent in respondents' attempts to remember past events, and the potential for social desirability bias.

# Results

Results include only general practice dentists; a summary of dental specialists' responses (n=56) can be found at the end of this section.

## Demographic and Practice Characteristics

**Table 3** presents **demographic characteristics** of respondent general practice dentists. The mean age of DWP participants and non-participants were similar (50 years vs. 52 years, respectively). DWP participants were significantly more likely to be male (p=.04) and in solo practice (p=.02) compared to non-participants.

**Table 3. Demographic characteristics of survey respondents – General dentists (DWP participants and non-participants)†**

	Participants (n=211)	Non-participants (n=283)
<b>Age in Years*</b>		
<35	16%	14%
35-44	15%	24%
45-54	21%	18%
55-64	28%	30%
65+	20%	13%
<b>Gender*</b>		
Male	75%	67%
Female	25%	33%
<b>Race/Ethnicity</b>		
White	88%	90%
Black	<1%	<1%
Hispanic	<1%	1%
Asian	1%	1%
Unknown	10%	7%
<b>Solo or Group practice*</b>		
Solo practice	53%	42%
Group practice	47%	58%

†Calculated using IDTS data

\*Chi-square test statistically significant at p<.05

**Table 4** presents **practice characteristics** of respondent dentists. DWP participants and non-participants did not significantly differ based on any practice characteristics. Among the questions that were also asked in the 2015 survey (practice busyness, practice arrangement, and personal gross production), descriptive results were comparable from 2015 to 2016.

**Table 4. Practice characteristics of survey respondents – General dentists**

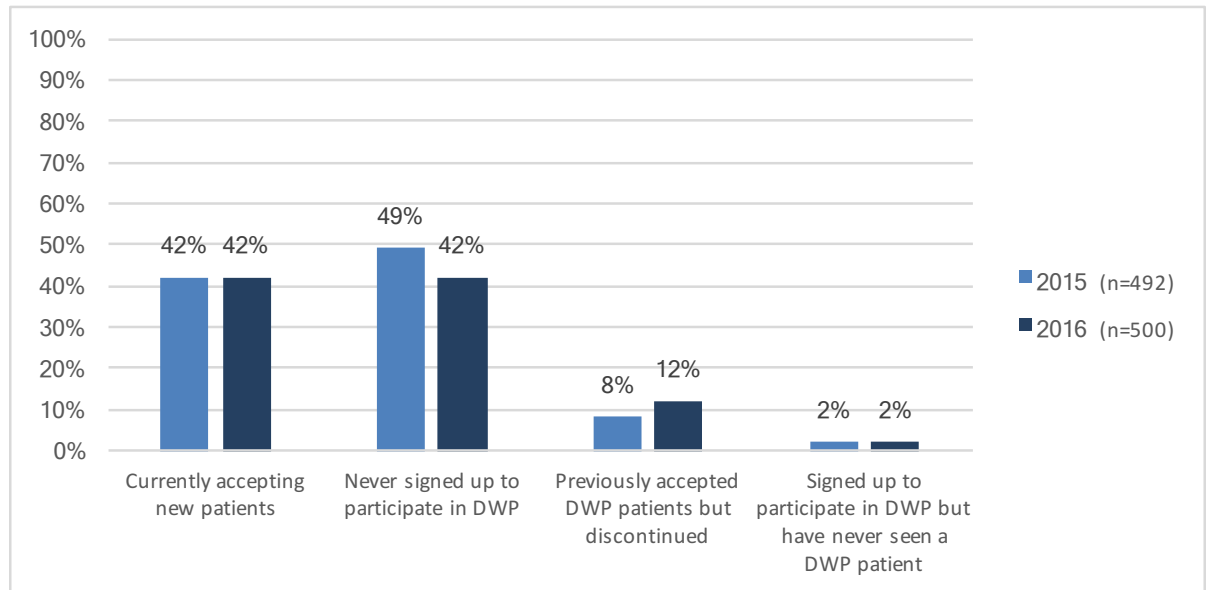
	Percentage
<b>Practice busyness (n=469)</b>	
Too busy to treat all requesting appointments	10%
Provided care to all requesting it, but felt overworked	21%
Provided care to all requesting it, but did not feel overworked	57%
Not busy enough, would have liked more patients	12%
<b>Hours worked (n=492)</b>	
Full time (32+ hours/week)	84%
Part time (<32 hours/week)	16%
<b>Use electronic health record system in practice (n=488)</b>	
Yes	68%
No	32%
<b>Practice arrangement (n=489)</b>	
Solo practice	56%
Partner	22%
Associate not buying into practice	7%
Associate buying into practice	5%
Employee in a corporate owned practice	5%
Independent contractor	2%
Other	4%
<b>Personal gross production (n=417)</b>	
< \$200,000	11%
\$200-499,999	32%
\$500-799,999	35%
≥ \$800,000	23%

\*Chi-square test statistically significant at  $p < .05$

## Participation in DWP

**Figure 2** displays general dentist participation in DWP and compares survey results from 2015 and 2016. The proportion of dentists currently accepting new patients and those who signed up to participate in DWP but never saw a patient remained constant from 2015 to 2016. However, there was a slight decrease in the proportion who had never signed up for DWP and a slight increase in the proportion who had discontinued acceptance of DWP patients.

**Figure 2. General dentist participation in DWP in 2015 and 2016\***



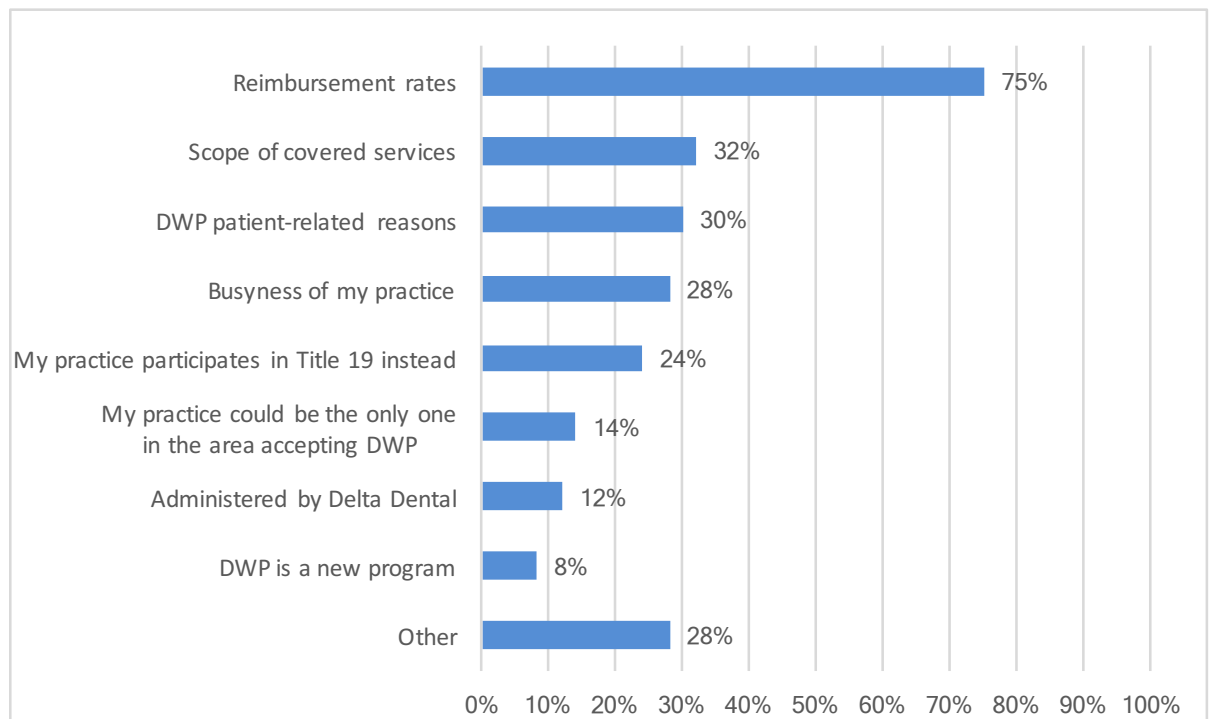
\*Self-reported program participation at the time each survey was conducted

Subgroup comparisons in this report are between dentists who were *accepting new* DWP patients (**DWP participants**) and those *not currently accepting new* DWP patients (**DWP non-participants**).

### DWP Participation Considerations

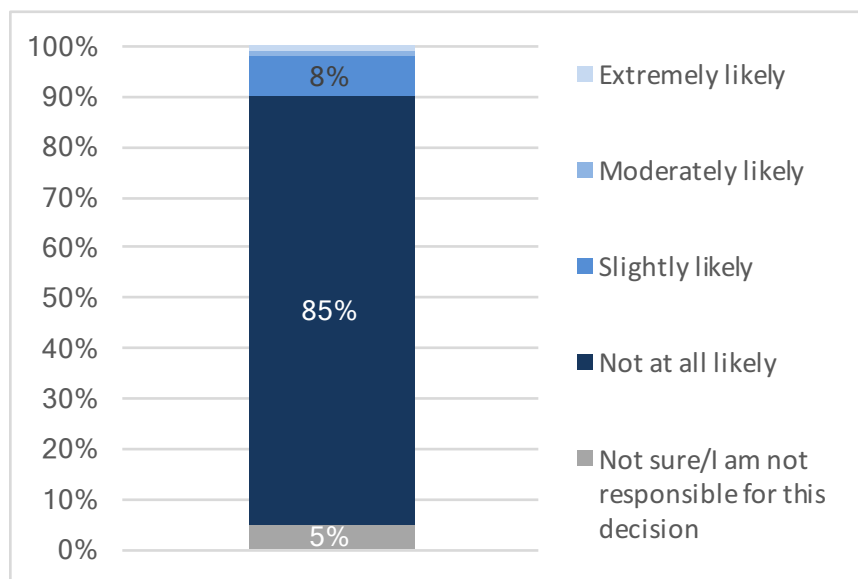
Non-participating dentists were asked to select the **top three reasons they chose not to participate in the DWP program**. The top three reasons given for not signing up were reimbursement rates (75%), scope of services covered (32%), and DWP patient-related reasons (30%) (**Figure 3**). Among those who selected 'other', the most common themes in the open-ended responses were related to concerns with the amount of time spent on paperwork and confusion regarding earned benefits and covered services.

**Figure 3. Reasons non-DWP participants did not contract with DWP (n=205)**



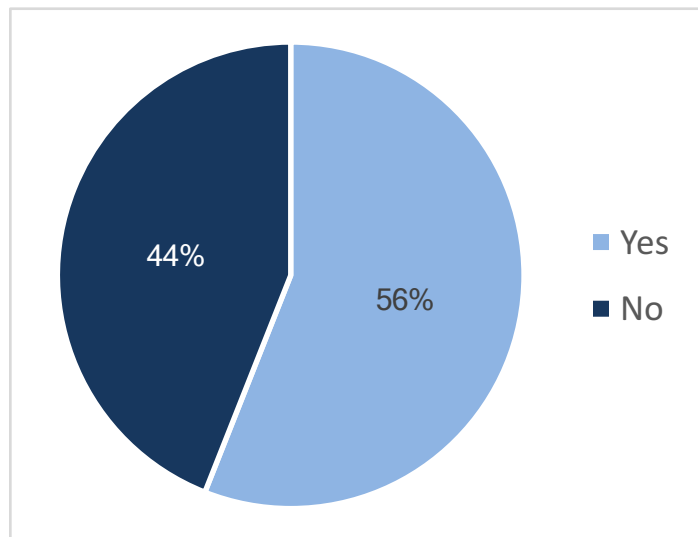
Among non-participating dentists, 85% said they were not at all likely to sign up to be a DWP provider within the next year (**Figure 4**).

**Figure 4. How likely were non-participants to sign up for DWP within the next year (n=208)**



When asked **whether any change could be made to the DWP program that would increase the likelihood that they would sign up**, 56% (n=113) of non-participants said yes (**Figure 5**). In their open-ended responses, the most common changes cited were increasing reimbursement rates, decreasing administrative burden, and eliminating the earned benefits structure.

**Figure 5. Could any change be made to the DWP program that would increase the likelihood of you signing up? (Non-participants, n=208)**



Among those who had signed up to be a DWP provider, 74% were **currently accepting new DWP patients** into their practice at the time of the survey. Among those accepting new DWP patients:

- 63% (n=132) accepted *all* new DWP patients
- 37% (n=78) accept only *some* new DWP patients.

The most common restrictions on new patient acceptance among this group were:

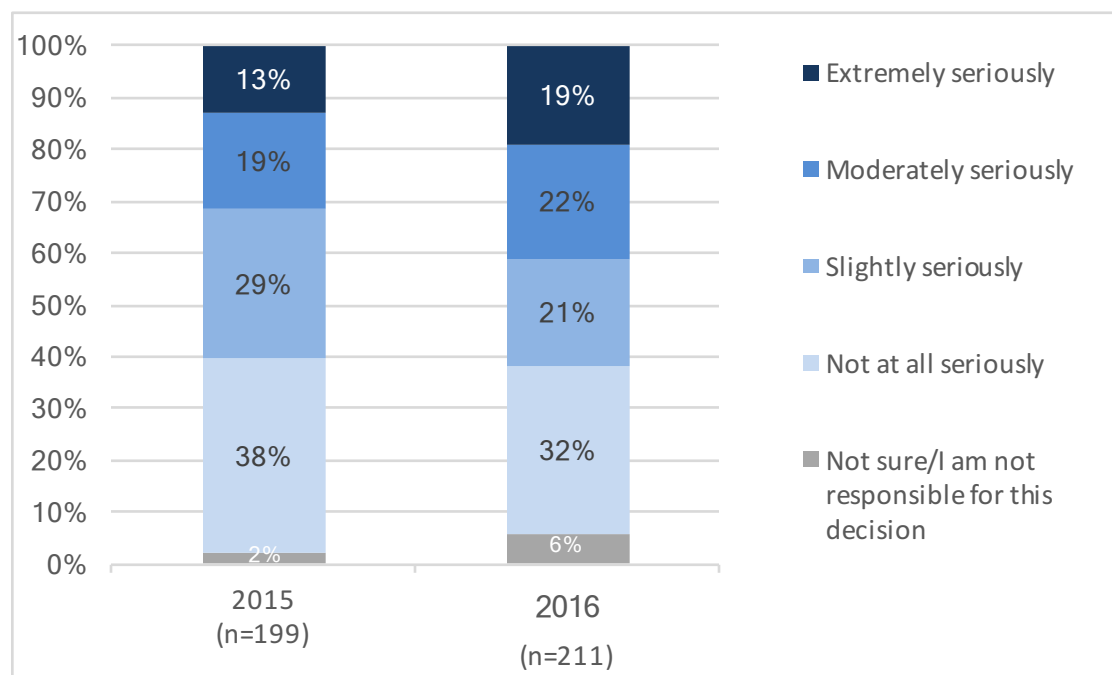
- 1) dentists' own patients who go on DWP (55%, n=42)
- 2) a set number of new DWP patients (54%, n=41)

These participation categories were comparable to findings in 2015.



When asked **how seriously DWP participants had considered *stopping* acceptance of new DWP patients**, the proportion who had given it at least moderate consideration increased from 32% in 2015 to 41% in 2016 (**Figure 6**).

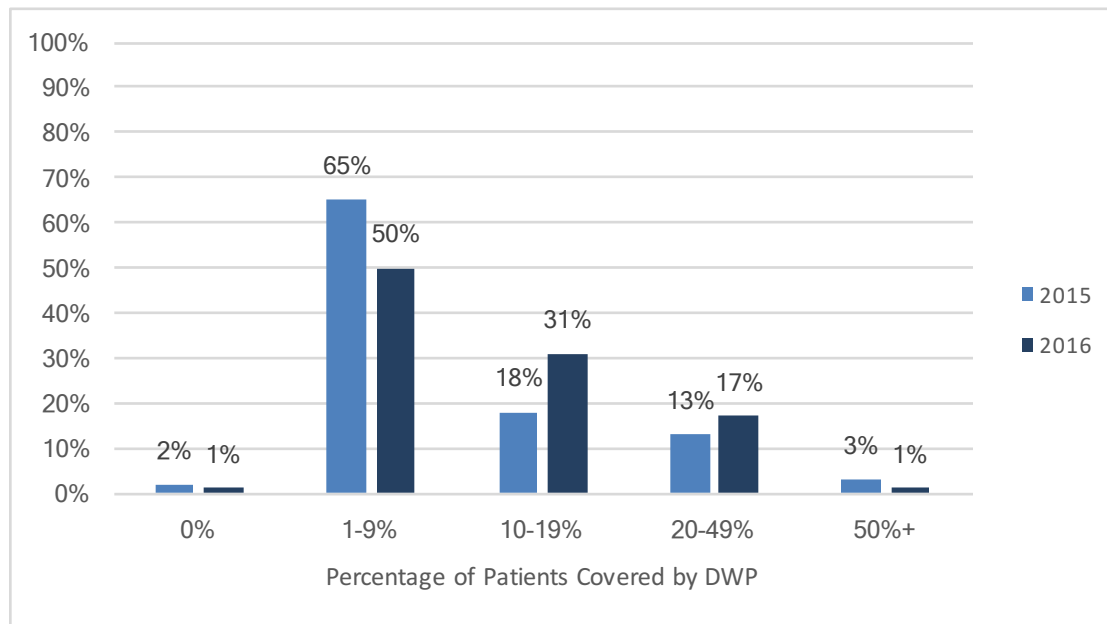
**Figure 6. How seriously DWP participants had considered stopping acceptance of new DWP patients**



Among those who had **signed up but were not currently accepting new DWP patients**, 84% (n=62) had accepted new DWP patients at one time but stopped, and 16% (n=12) had never accepted new DWP patients. These rates are comparable to the previous year. The most common reasons this group did not currently accept new DWP patients were reimbursement rates (66%), the busyness of the practice (47%), and the scope of covered services (37%). 37% of respondents selected 'other'; the most common themes in their open-ended responses were only accepting DWP patients covered by Delta Dental of Iowa and not MCNA, and accepting only immediate family members of existing patients.

Respondents were asked what **percentage of their current patients are covered by the DWP**. The mean percentage of patients enrolled in DWP among DWP participants was 11%, up from 9% in 2015 (Figure 7). The mean percentage for non-participants was 2%.

**Figure 7. Percentage of current patients covered by DWP, comparison of 2015 and 2016 survey results (DWP participants)**



**Table 5** describes the primary location **where dentists refer DWP patients** they are not interested or able to see in their practice. Among DWP participants, the most common referral location was the UI College of Dentistry. Non-participants were most likely to refer to community health centers, although one-fifth did not have a good place to refer.

**Table 5. Primary referral location for DWP members (DWP participants vs. non-participants)\***

	Participants (n=208)	Non-participants (n=274)
I accept them all	40%	0%
UI College of Dentistry	16%	13%
Community Health Center	14%	23%
DWP's "Find a Dentist" website	11%	21%
Another local practice	4%	18%
I don't have a good place to refer	13%	21%

\*Chi-square test statistically significant at  $p < 0.05$

Respondents were asked **who in the practice was responsible for deciding whether to accept DWP patients**. A majority of both groups reported that they alone were responsible for this decision (**Table 6**); however, DWP participants were significantly more likely to be either solely or collectively responsible for deciding whether to participate ( $p = .02$ ).

**Table 6. Who was responsible for making decision about whether to accept DWP patients (DWP participants vs. non-participants)\***

	Participants (n=209)	Non-participants (n=274)
I was	58%	53%
The dentists in the practice as a group	23%	19%
The owner of the practice	13%	19%
The clinic management/administration	6%	5%
Other	0%	4%

\*Chi-square test statistically significant at  $p < 0.05$

Starting in July 2016, a second dental benefits carrier – MCNA Dental – joined the DWP in addition to

Delta Dental of Iowa. At the time of the survey, 21% (n=41) of DWP participants had contracted with MCNA, whereas 11% (n=22) had not yet but planned to and 68% (n=132) did not plan to. The latter group was asked why they did not plan to; the most common themes among open-ended responses were not wanting to add another contract, content with Delta Dental of Iowa's administration of the program, and confusion with having more than one carrier.

## Participation in Medicaid

Overall, 44% of respondents currently accept new Medicaid-enrolled patients into their practice. DWP participants were significantly more likely than non-participants to accept new Medicaid-enrolled patients ( $p<.001$ ) (**Figure 8**). Among those currently accepting new Medicaid-enrolled patients, DWP participants were also significantly more likely to accept *all* new Medicaid patients rather than limit acceptance ( $p>.001$ ); 32% (n=43) of DWP participants and 9% (n=7) of non-participants reported accepting all new Medicaid-enrolled patients.

**Figure 8. Acceptance of new Medicaid patients (DWP participants vs. non-participants)\***

\*Chi-square test statistically significant at  $p<0.05$

Among dentists who limited Medicaid acceptance, we asked **what types of Medicaid-enrolled patients they will accept**. The most common type of Medicaid-enrolled patients accepted by both groups were their own patients who transitioned to Medicaid (**Table 7**). DWP participants were significantly more likely than non-participants to accept a set number of Medicaid-enrolled patients ( $p=.02$ ), Medicaid-enrolled patients only from their county ( $p=.02$ ), and adult Medicaid-enrolled patients only ( $p=.03$ ).

**Table 7. Types of Medicaid-enrolled patients accepted among providers who place limits on Medicaid acceptance (DWP participants vs. non-participants)**

	Participants (n=90)	Non-participants (n=69)
Our own patients who go on Title 19	67%	78%
A set number of new Title 19 patients*	33%	17%
Patients only from our county*	24%	10%
Pediatric Title 19 only	24%	38%
Referrals from other dentists/physicians	9%	8%
Adult Title 19 patients only*	7%	0%
Other	18%	30%

\*Chi-square test statistically significant at  $p<0.05$

We asked respondents how their **opinion or experience regarding DWP has changed their acceptance of new adult and child Medicaid patients**. Among DWP participants currently accepting new Medicaid patients, 17% (n=22) reported that they accept fewer *adult* Medicaid patients as a result of DWP, and for 77% (n=101) it has not changed their acceptance of adult Medicaid patients. Additionally, 85% (n=112) of DWP participants reported no change in their acceptance of *child* Medicaid patients as a result of DWP.

Dentists participating in Medicaid were asked whether they submit Medicaid claims electronically. There was not a statistically significance difference in electronic submission based on DWP participation. 81% of respondents do submit claims electronically, and 19% do not. When asked why the latter group do not submit claims electronically, the most common theme among open-ended responses were that their offices were not set up for electronic submission (however, some were in the process of doing so), and that it is too difficult to complete online.

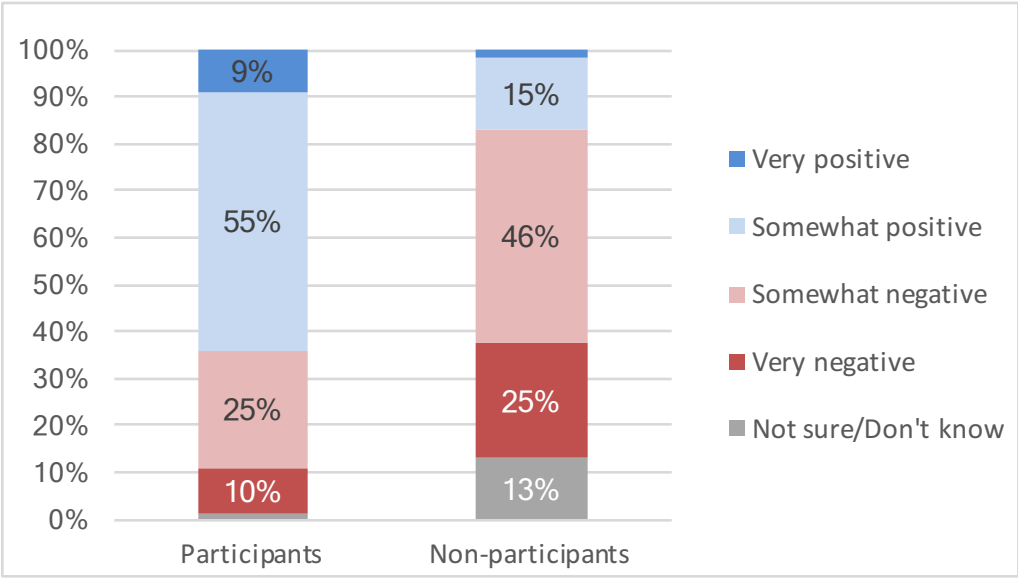
## Attitudes and Experiences with DWP

### Overall Attitude toward DWP

DWP participants were significantly more likely to have an overall positive attitude toward the DWP

compared to non-participants ( $p<.001$ ) (**Figure 9**). Among DWP participants, almost two-thirds had a positive view of the DWP; whereas among non-participants only 17% did. The proportion of DWP participants with overall positive attitude toward the plan increased from 59% in 2015 to 64% in 2016.

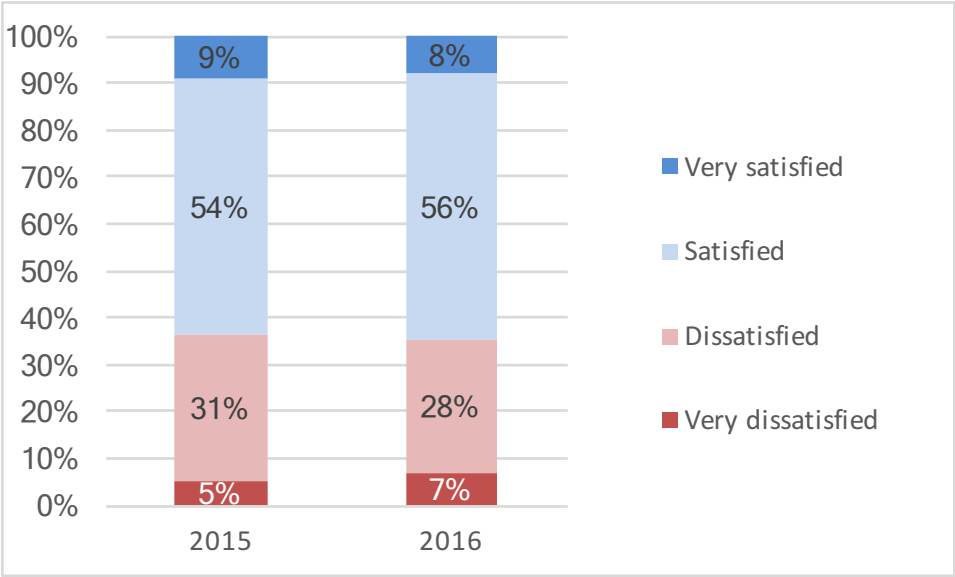
**Figure 9. Overall attitude toward the DWP (DWP participants vs. non-participants)\***



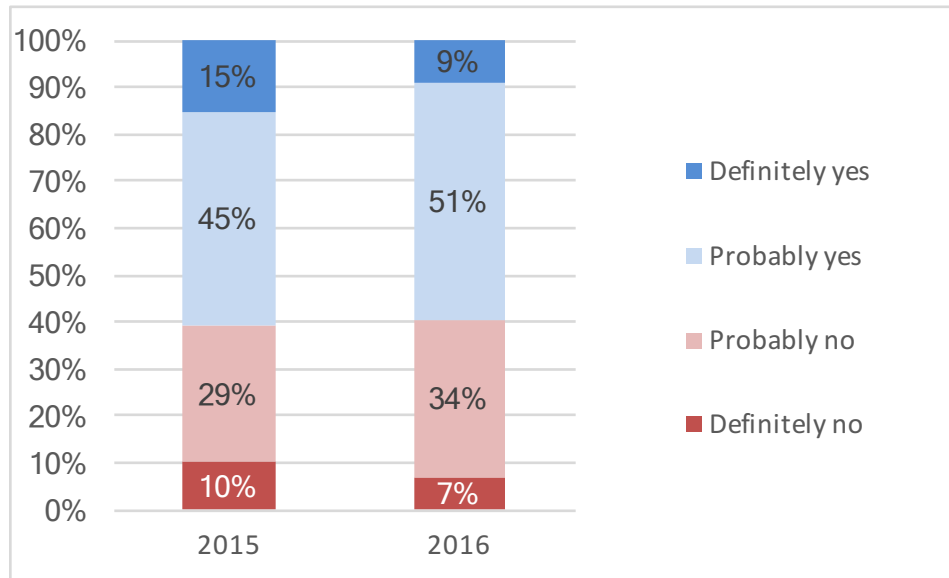
\*Chi-square test statistically significant at  $p<0.05$

DWP participants were asked about their **overall satisfaction with the DWP**; 64% said that they were either 'very satisfied' or 'satisfied' with the DWP, which is comparable to results from 2015 (**Figure 10**). Additionally, 60% of DWP participants said they would either 'probably' or 'definitely' **recommend DWP participation to other dentists**, which is comparable to results from 2015 as well (**Figure 11**).

**Figure 10. Overall satisfaction with the DWP (DWP participants)**



**Figure 11. Recommendation of DWP participation to other Iowa dentists (DWP participants)**

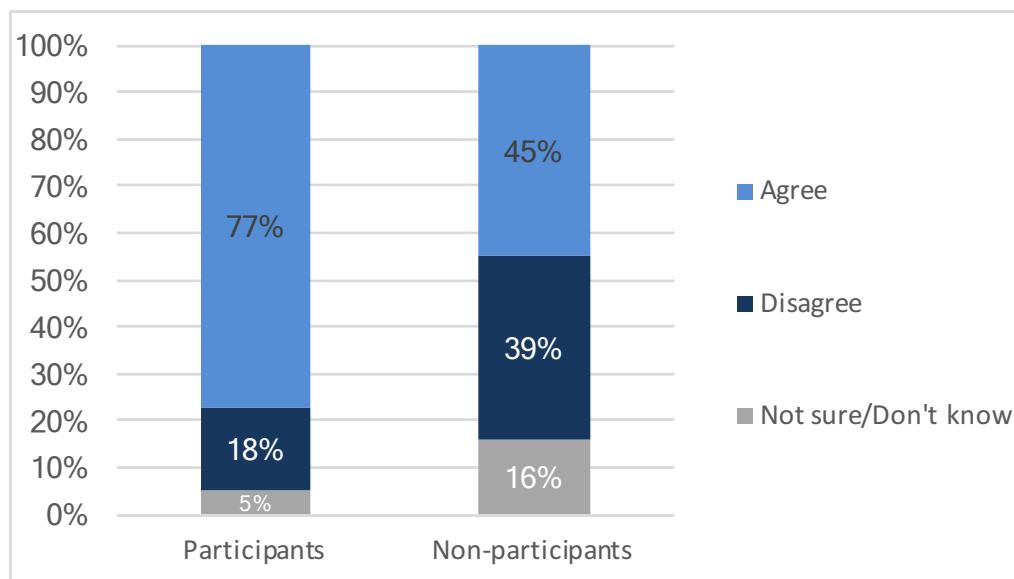


**Figures 12-14** show comparisons between participants' and non-participants' agreement with various aspects of the DWP. DWP participants were significantly more likely to agree with the following statements compared to non-participants:

- 'Without the DWP program, these low-income patients would not be able to get adequate dental care' (**Figure 12**)
- 'The DWP program respects dentists' professional judgment concerning patient care' (**Figure 13**)
- 'Dentists can have an impact on the policies of the DWP program' (**Figure 14**)

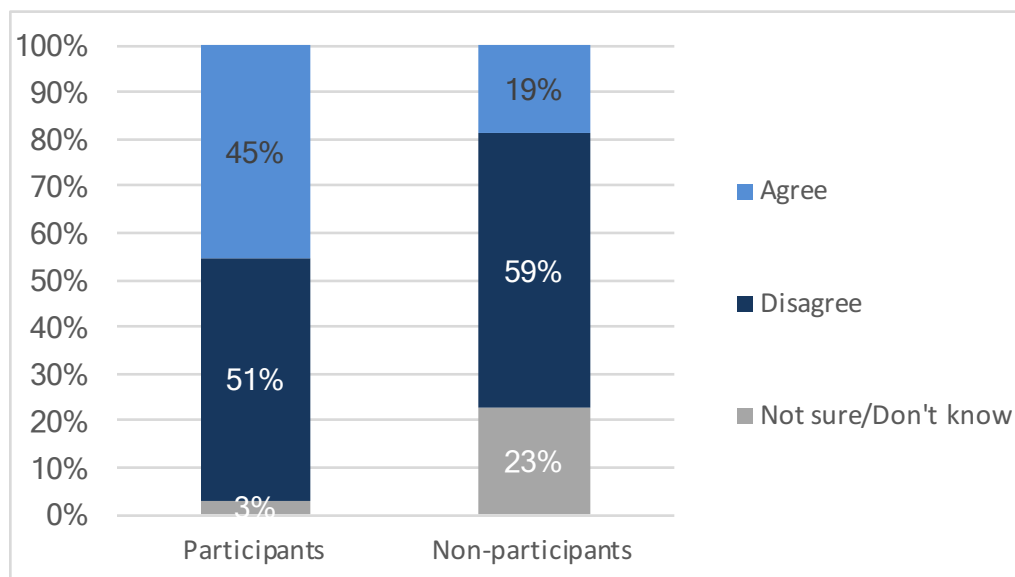
Although DWP participants were more likely to agree with all of these statements compared to non-participants, less than half of participants agreed that the program respects dentists' professional judgment concerning patient care and that dentists can have an impact on DWP policies.

**Figure 12. Agreement with the statement 'without the DWP program, these low income patients would not be able to get adequate dental care' (DWP participants vs. non-participants)\***



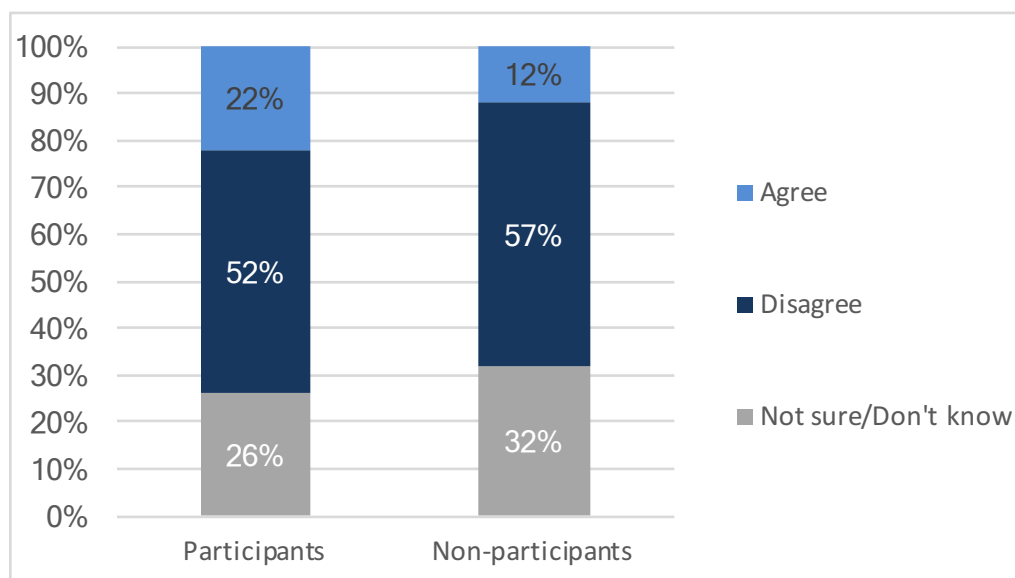
\*Chi-square test statistically significant at  $p < 0.05$

**Figure 13. Agreement with the statement 'the DWP program respects dentists' professional judgment concerning patient care' (DWP participants vs. non-participants)\***



\*Chi-square test statistically significant at  $p < 0.05$

**Figure 14. Agreement with the statement 'dentists can have an impact on the policies of the DWP program' (DWP participants vs. non-participants)\***



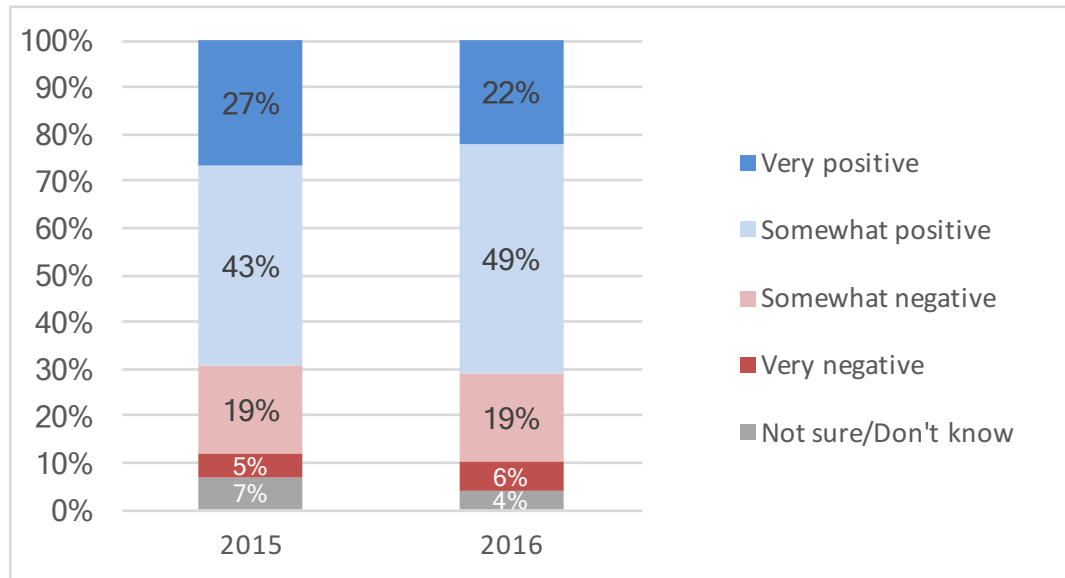
\*Chi-square test statistically significant at  $p < 0.05$

### *DWP Administration and Benefits*

DWP participants were asked about their attitude toward Delta Dental of Iowa's administration of the program. Additionally, all respondents were asked about their attitudes toward specific administrative issues of DWP and the earned benefits approach.

The proportion of DWP participants who had a positive **attitude toward Delta Dental of Iowa's administration** of the DWP remained constant from 2015 to 2016 (**Figure 15**).

**Figure 15. Attitude toward Delta Dental of Iowa's administration of the DWP (DWP participants)**



We asked all respondents the degree to which they thought certain **DWP administrative issues** were problematic. **Figures 16-17** show DWP participants' and non-participants' ratings of these issues. The three top issues rated as 'major problems' by DWP participants were:

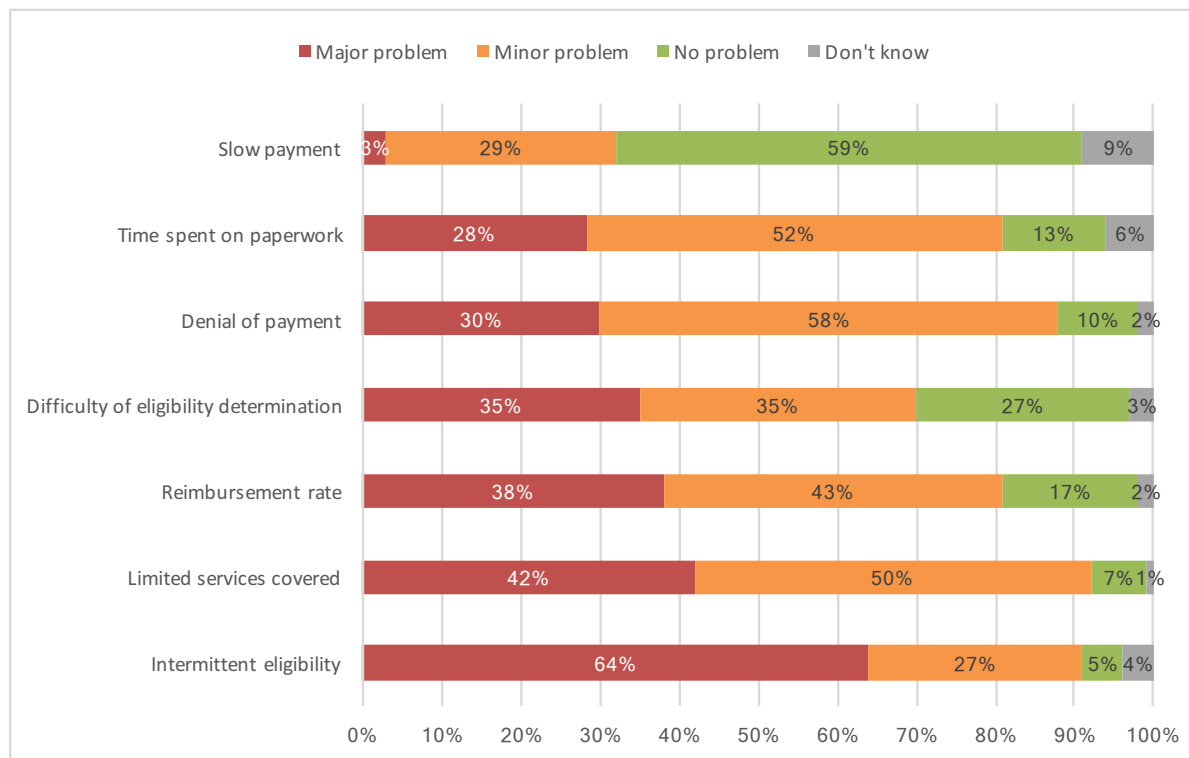
- Intermittent eligibility (64%)
- Limited services covered (42%)
- Reimbursement rate (38%)

In 2015, the two top issues rated by DWP participants as 'major problems' were *intermittent eligibility* (57%) and *limited services covered* (56%). However, the third in 2015 was *time spent on paperwork* (53%), which only 28% of DWP participants rated as a major problem in 2016.

In both 2015 and 2016, *slow payment* was the issue rated as 'no problem' by the most DWP participants, increasing from 35% in 2015 to 59% in 2016.



**Figure 16. Dentist rating of administrative issues as problematic (DWP participants)**

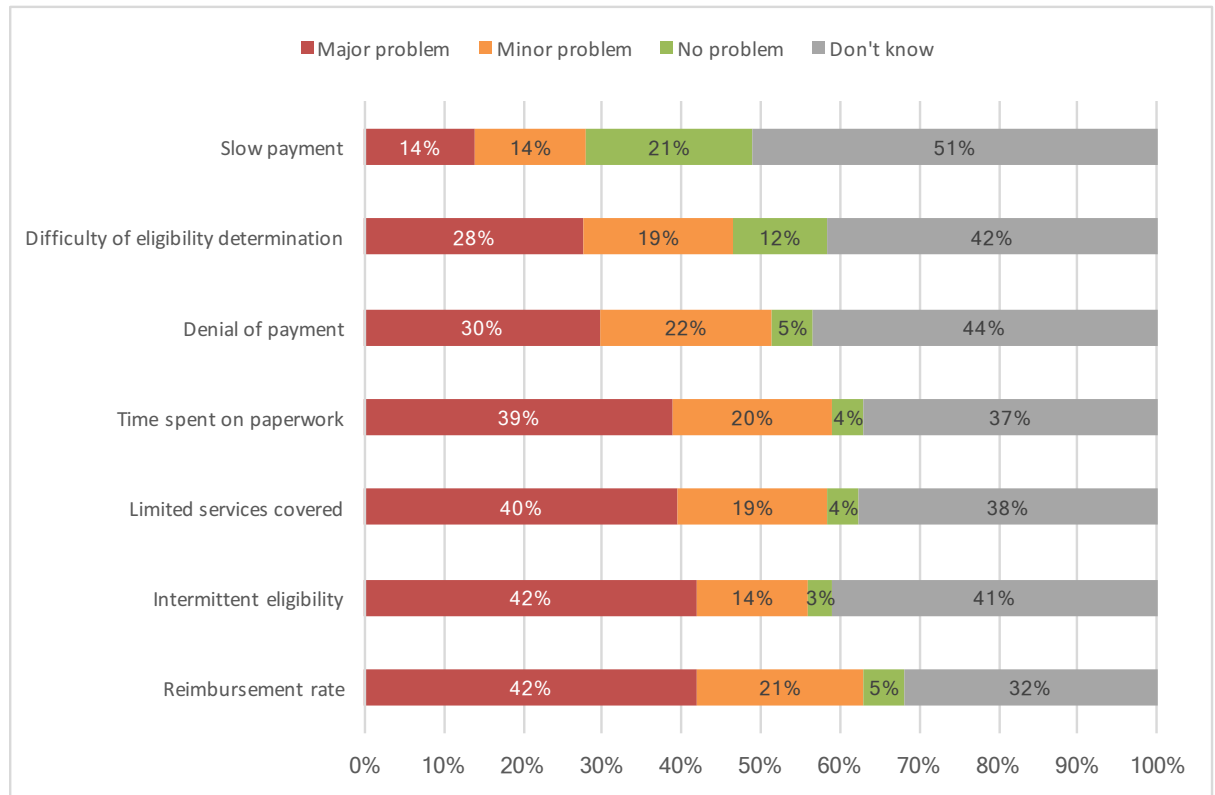


The three issues rated as 'major problems' by the most non-participants were:

- Reimbursement rate (42%)
- Intermittent eligibility (42%)
- Limited services covered (40%)

Note: Depending on the issue, from one-third to over half of non-participants did not know whether these administrative issues were problematic. Therefore, no statistical tests were conducted for these items.

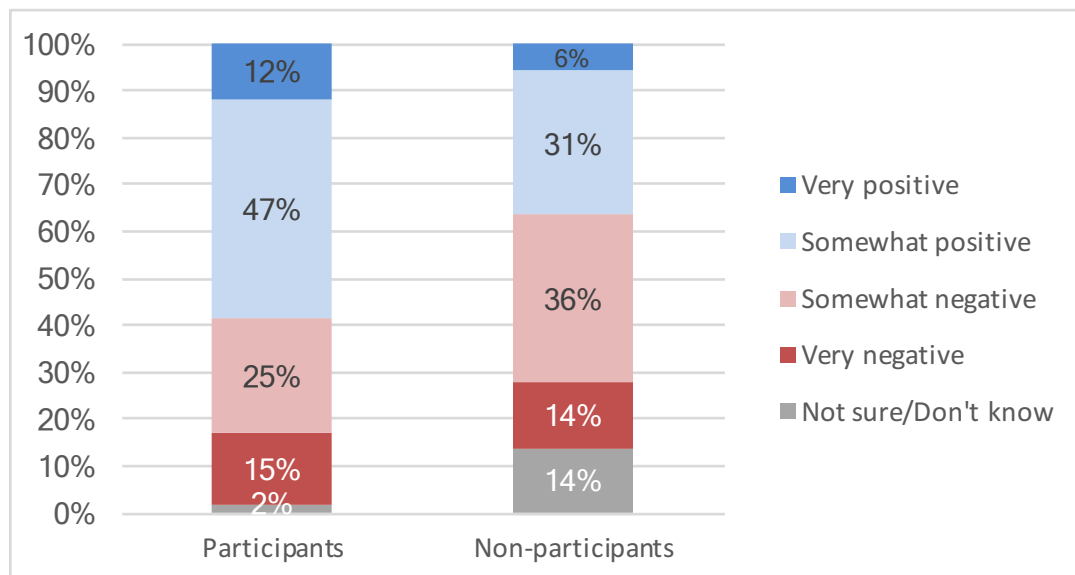
**Figure 17. Rating of administrative issues as problematic (non-participants)**



### *Earned Benefits Structure*

In addition to administrative issues, we asked about **attitudes toward the DWP's earned benefits approach**. DWP participants were significantly more likely to have positive attitudes toward the earned benefits approach compared to non-participants ( $p < .001$ ) (**Figure 18**); 59% of participants had a positive attitude whereas 37% of non-participants did. The proportion of DWP participants who had a positive attitude toward the earned benefits approach increased slightly from 55% in 2015 to 59% in 2016.

**Figure 18. Overall attitude toward earned benefits approach (DWP participants vs. non-participants)\***

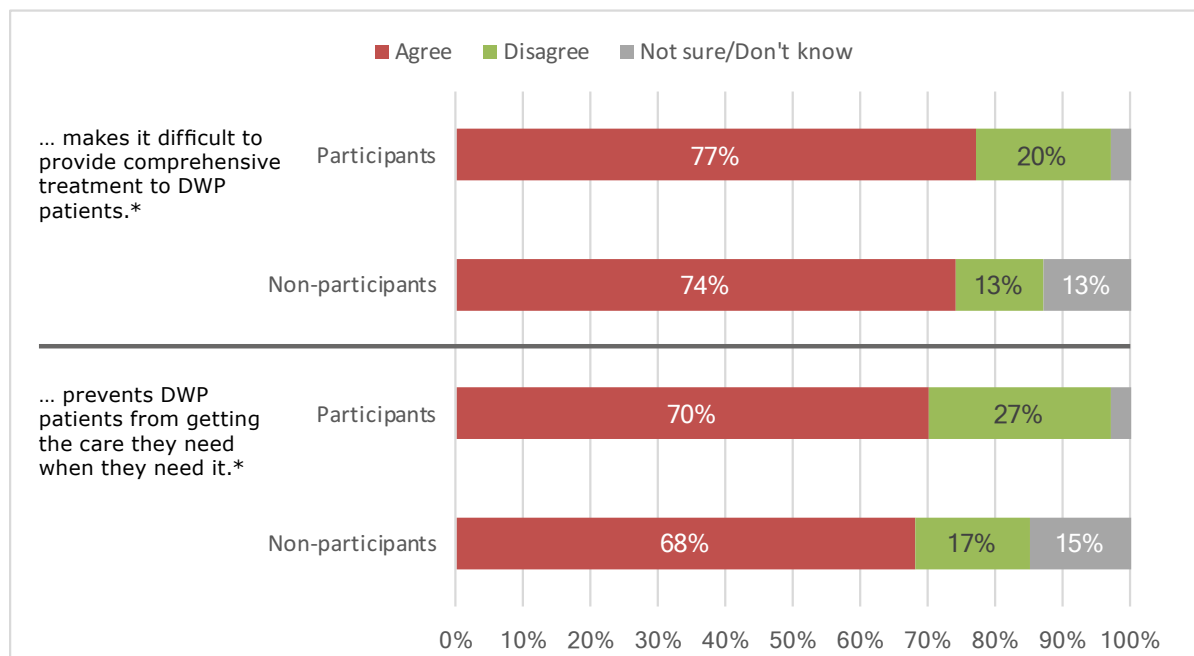


\*Chi-square test statistically significant at  $p < 0.05$

A majority of both DWP participants and non-participants agreed that the earned benefits approach

makes it difficult to provide comprehensive treatment to DWP patients (**Figure 19**). Similarly, a majority of both groups agreed that the earned benefits approach prevents DWP patients from getting the care they need when they need it.

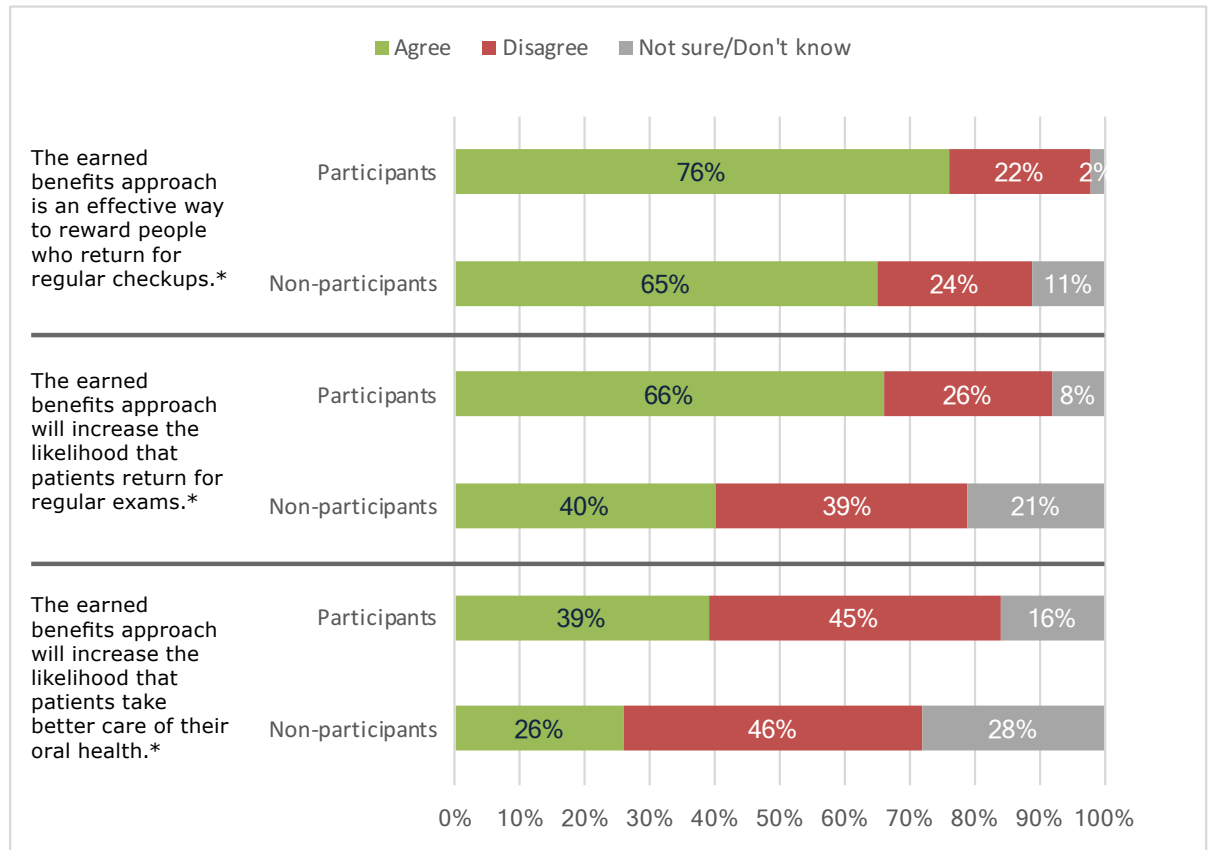
**Figure 19. Attitudes about potential disadvantages of the earned benefits approach (DWP participants vs. non-participants)**



\*Chi-square test statistically significant at  $p < 0.05$

**Figure 20** shows the beliefs of participants and non-participants about the potential advantages of the earned benefits approach. Participants were significantly more likely to agree with all three statements about effectiveness compared to non-participants. However, among those who had an opinion, a majority of participants and non-participants did not believe that it will increase the likelihood that patients take better care of their oral health.

**Figure 20. Attitudes about potential advantages of the earned benefits approach (DWP participants vs. non-participants)**

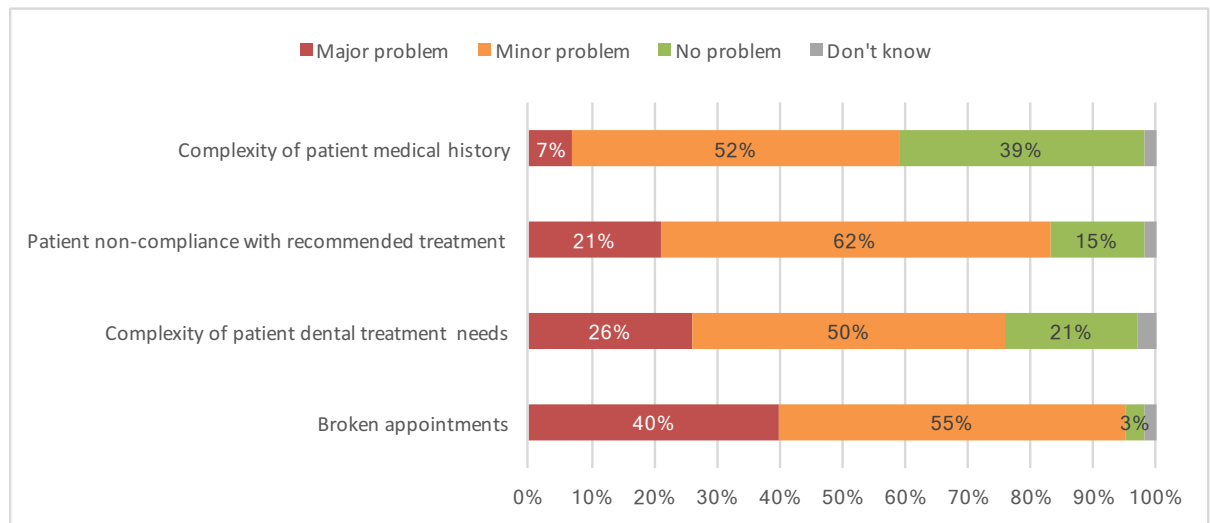


\*Chi-square test statistically significant at  $p < 0.05$

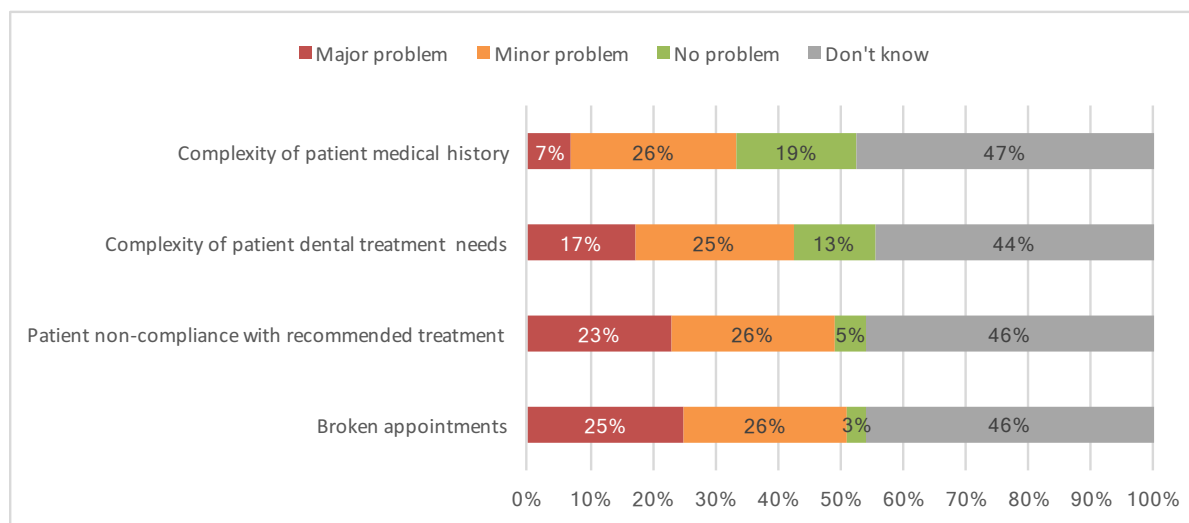
### Attitudes about DWP Patients

We asked respondents the degree to which they thought certain **DWP patient-related issues** were problematic. Among both DWP participants and non-participants, *broken appointments* was rated the most problematic among all patient-related issues, with 40% of DWP participants rating it as a 'major problem' (Figures 21-22).

**Figure 21. Rating of DWP patient-related issues as problematic (DWP participants)**



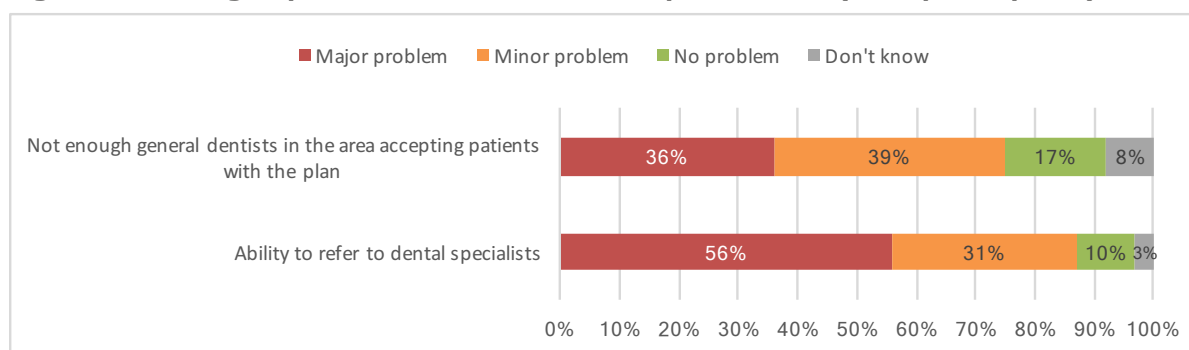
**Figure 22. Rating of DWP patient-related issues as problematic (non-participants)**



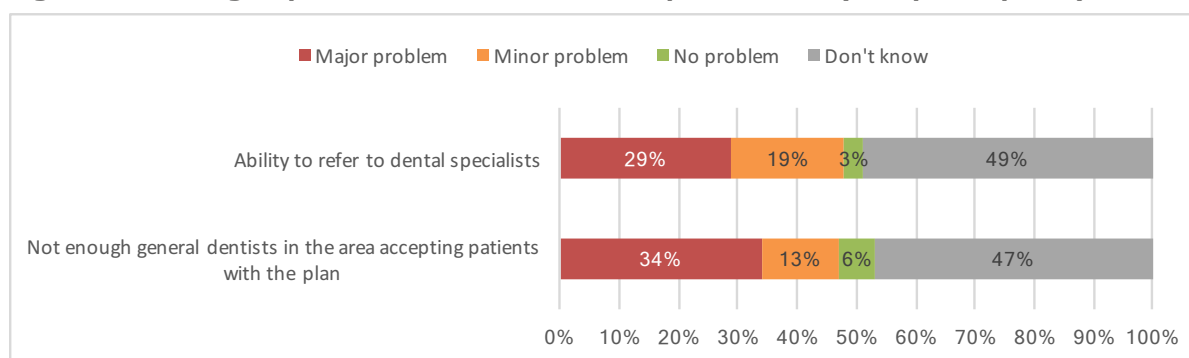
### DWP Provider Network

We asked respondents the degree to which they thought insufficient **local DWP provider network** and the ability to refer to dental specialists were problematic. Over half of DWP participants said that *referring to dental specialists* was a ‘major problem’, whereas non-participants perceived an *insufficient local DWP provider network* as a greater problem than ability to refer to specialists (**Figure 23-24**).

**Figure 23. Rating of provider network issues as problematic (DWP participants)**

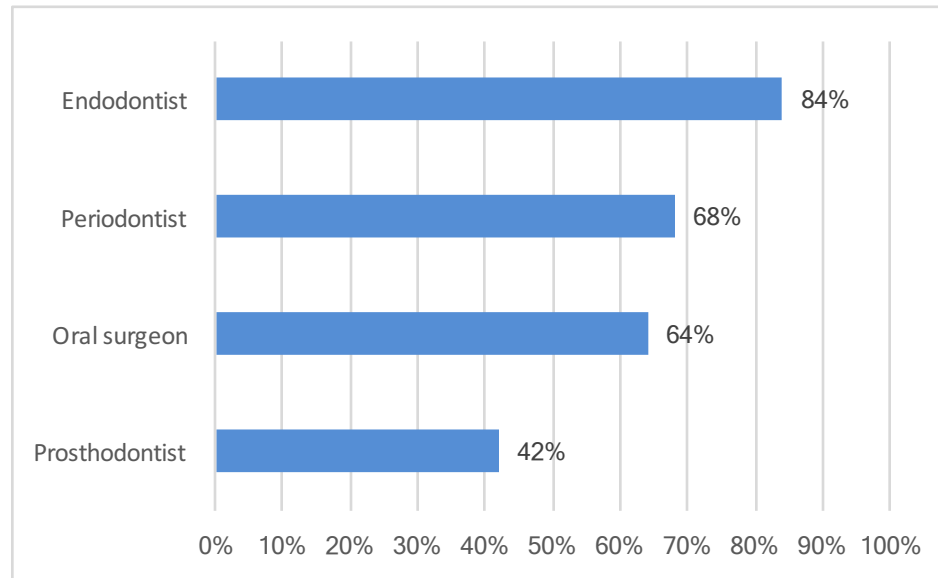


**Figure 24. Rating of provider network issues as problematic (non-participants)**



74% of DWP participants reported having had difficulty referring their DWP patients to dental specialists. Of those having difficulty referring, the **type of specialist most difficult to refer to** was endodontist (**Figure 25**). However, more than half had difficulty referring to either a periodontist or an oral surgeon.

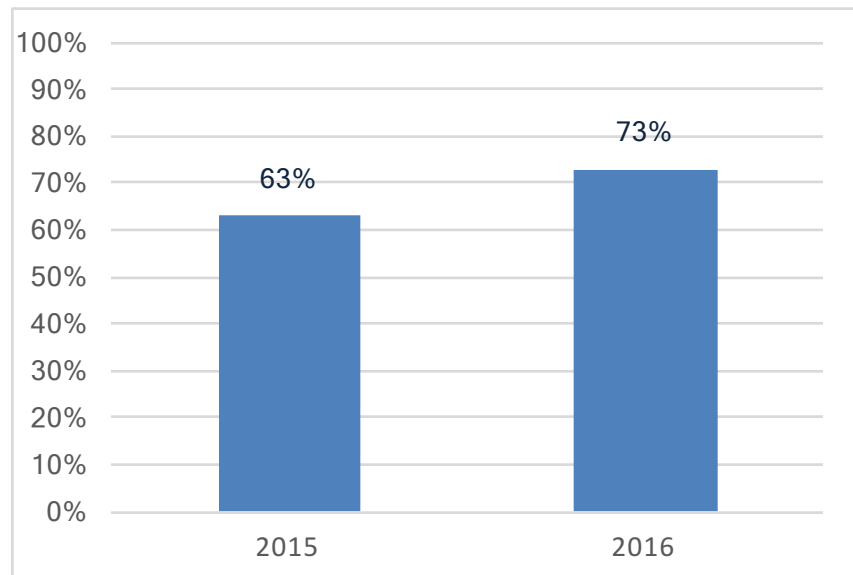
**Figure 25. Types of dental specialists that general dentists have had difficulty referring DWP patients to (DWP participants)**



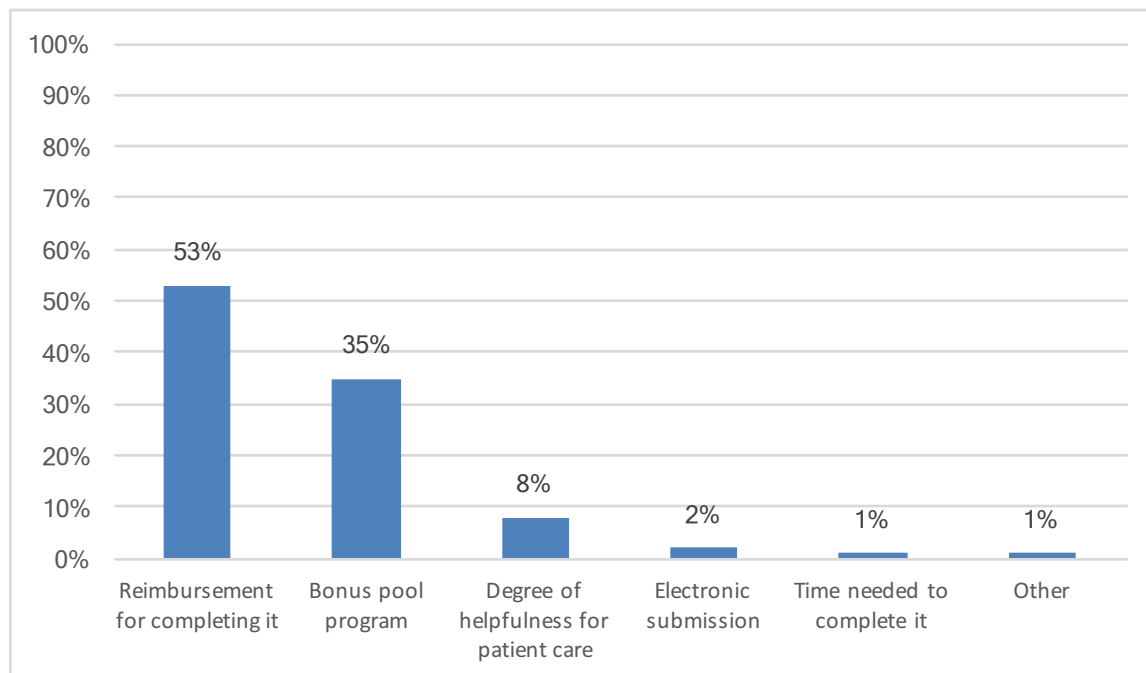
#### *Experience with PreViser Risk Assessment*

The proportion of DWP participants who reported using the PreViser risk assessment with any of their DWP patients increased from 63% in 2015 to 73% in 2016 (**Figure 26**). Those currently using the tool were asked what the most important reason was they choose to use it. The most common reasons were because they were reimbursed for it and because of the bonus pool program (**Figure 27**).

**Figure 26. Percentage of DWP participants who use the PreViser risk assessment, 2015 and 2016**

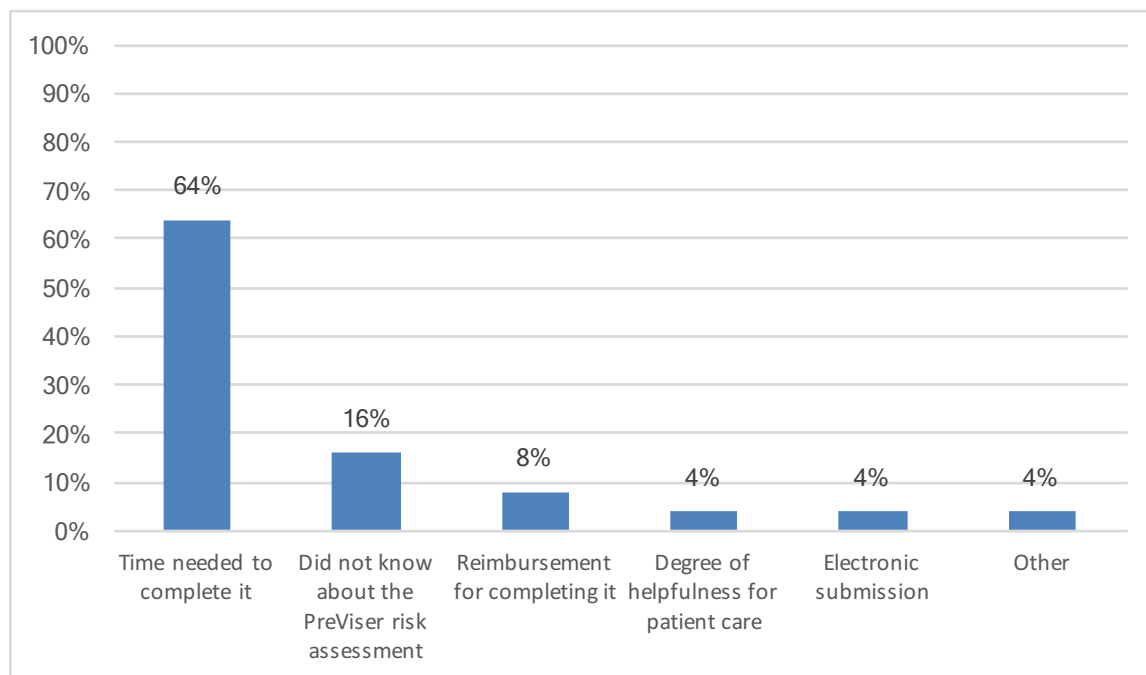


**Figure 27. Reasons DWP participants use the PreViser risk assessment (n=139)**



Among the 27% of DWP participants not currently using the PreViser risk assessment, the most important reason why was the time needed to complete it (Figure 28).

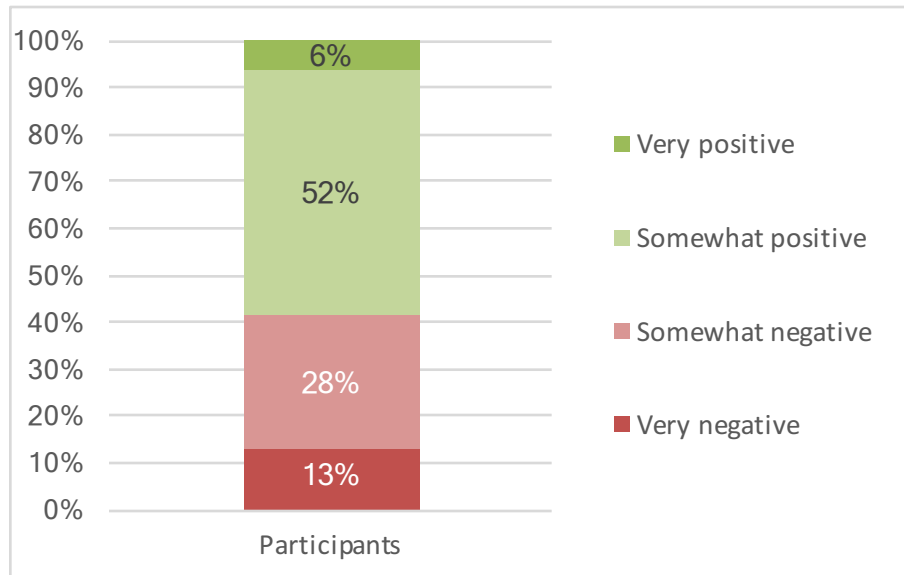
**Figure 28. Reasons DWP participants did not use the PreViser risk assessment (n=50)**



When asked about their **overall attitude toward the PreViser risk assessment**, 58% of DWP participants had a positive attitude and 41% a negative attitude (Figure 29).

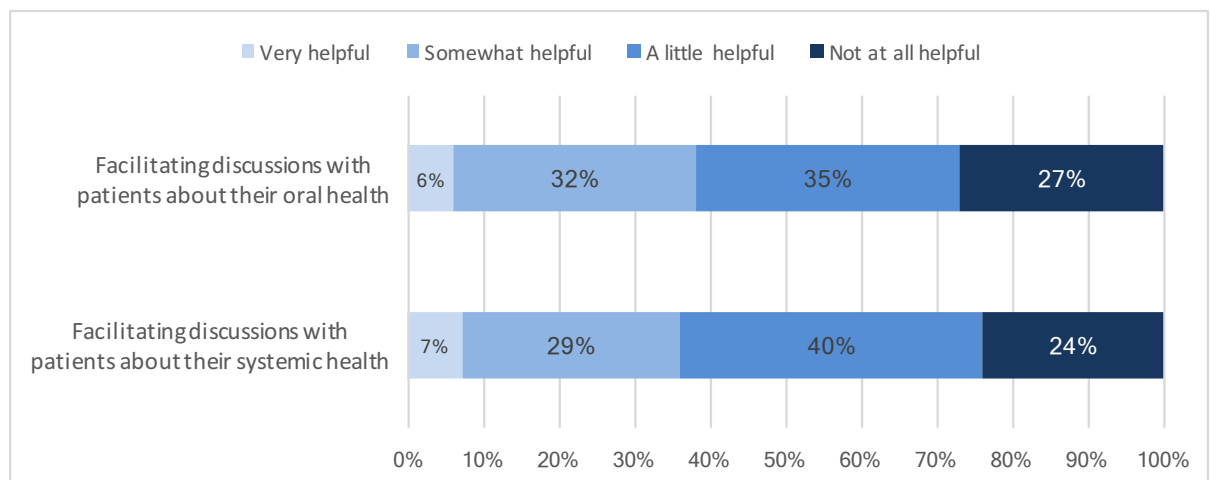


**Figure 29. Overall attitude toward PreViser risk assessment (DWP participants)**



Participants who used the risk assessment tool were asked to rate the **helpfulness of the PreViser risk assessment** for facilitating discussions with patients about their oral and systemic health. A majority of participants said the assessment was either not helpful or only a little helpful for both activities (**Figure 30**).

**Figure 30. Helpfulness of PreViser risk assessment (DWP participants)**



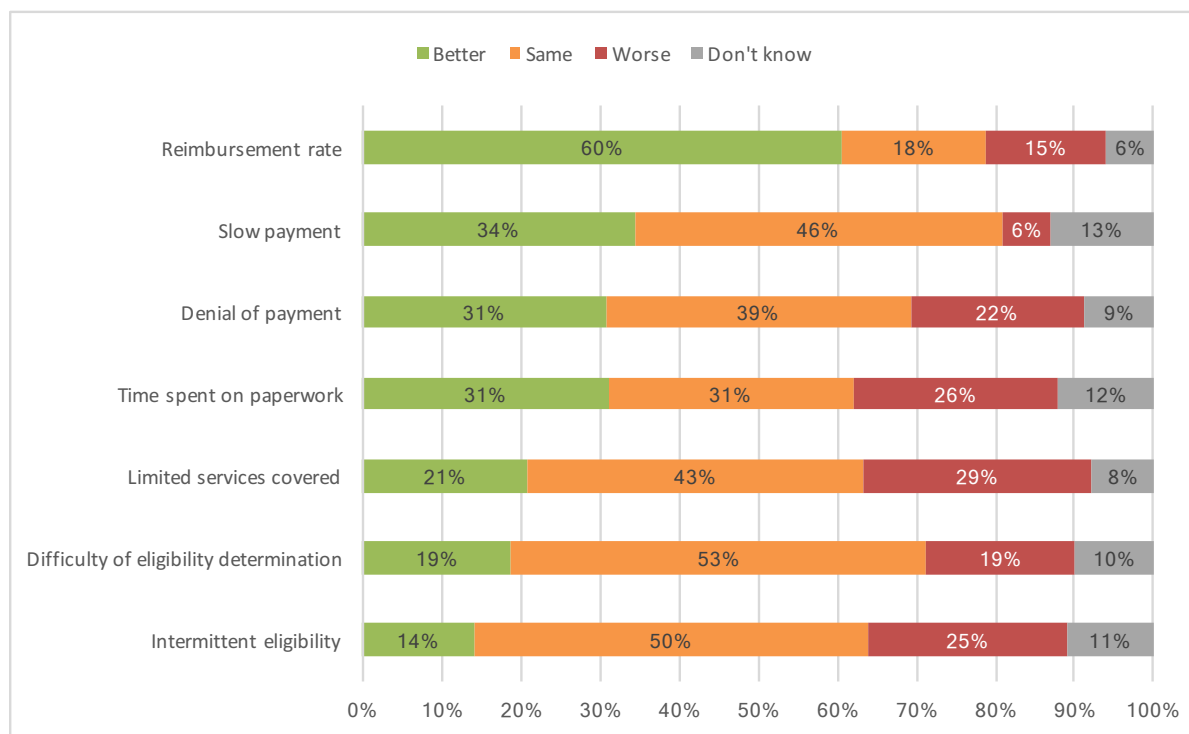
20% of DWP participants reported using a **risk assessment tool other than the PreViser** risk assessment in their office. When asked to describe how they assessed risk, the most common themes among open-ended responses were by the use of unspecified caries risk assessment tools, Caries Management by Risk Assessment (CAMBRA), and internally created risk assessment tools.

### *Comparisons with Medicaid*

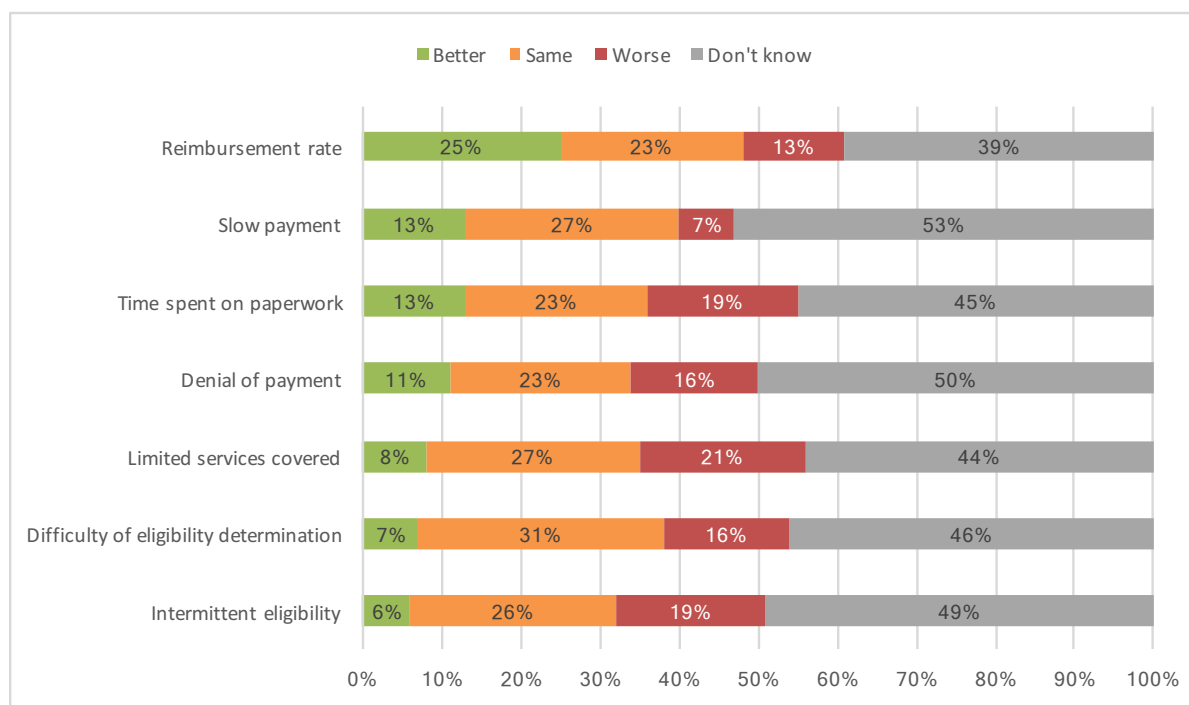
Respondents were asked to compare DWP with Medicaid on administrative issues, patient-related issues, and provider network issues. Figures 31-32 compare participants' and non-participants' attitudes about **administrative issues** in the two programs.

Among DWP participants, a majority believed that *reimbursement rates* were better in DWP compared to Medicaid (**Figure 31**). On most other administrative issues, DWP participants frequently believed they were the same in both programs. However, regarding *time spent on paperwork*, equal proportions believed it was the same or better in DWP compared to Medicaid. The issue rated as worse in DWP by the highest proportion in both groups was *limited services covered* (**Figures 31-32**).

**Figure 31. Administrative issues in DWP compared to Medicaid (DWP participants)**

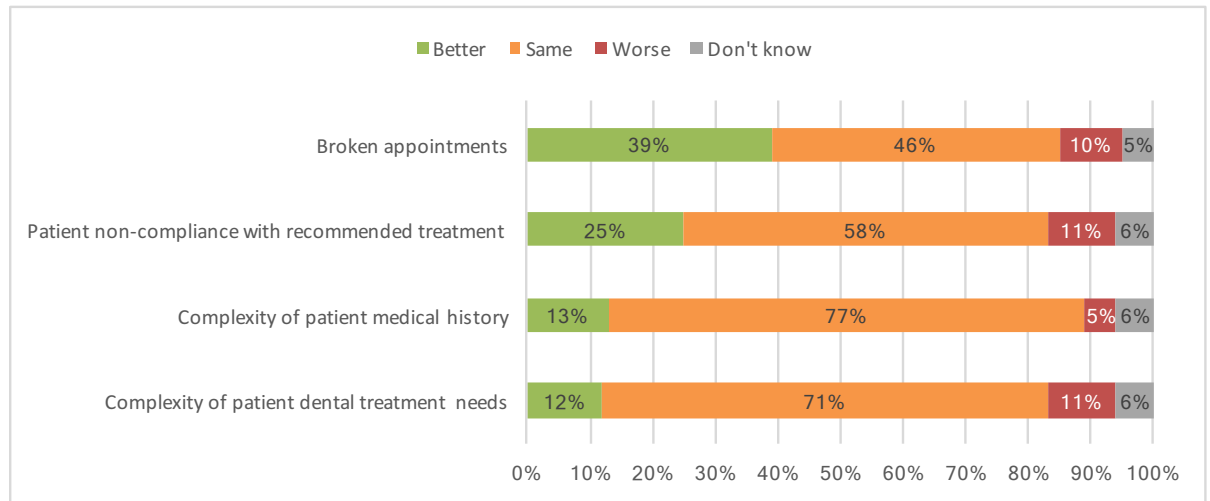


**Figure 32. Administrative issues in DWP compared to Medicaid (non-participants)**

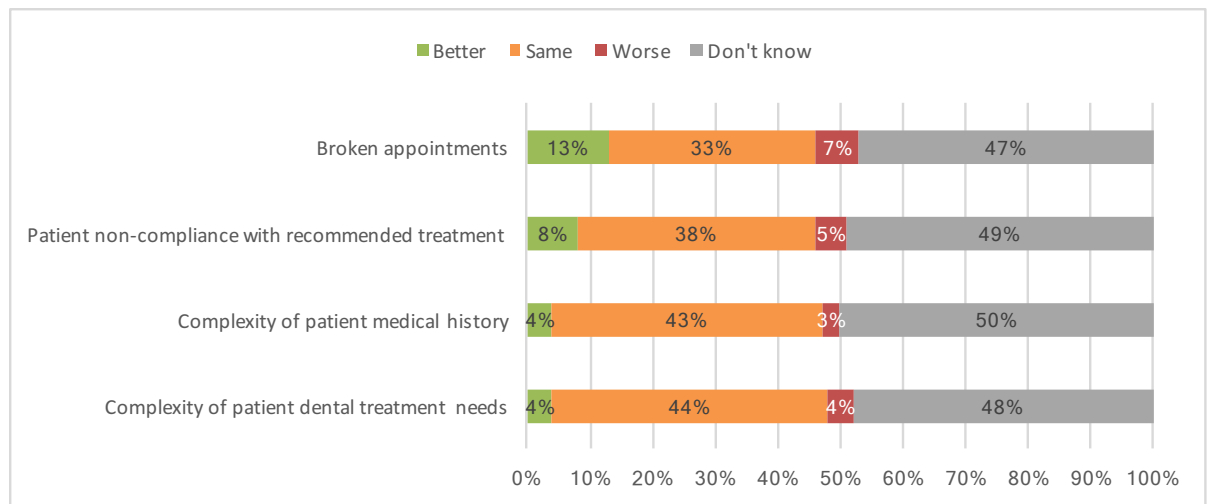


Figures 33-34 show participants' and non-participants' comparisons of **patient-related issues** in the two programs. For most issues, a majority of DWP participants said they were the same in both DWP and Medicaid. However, for 'broken appointments' 39% of DWP participants said it was better in DWP (Figure 33).

**Figure 33. Patient-related issues in DWP compared to Medicaid (DWP participants)**

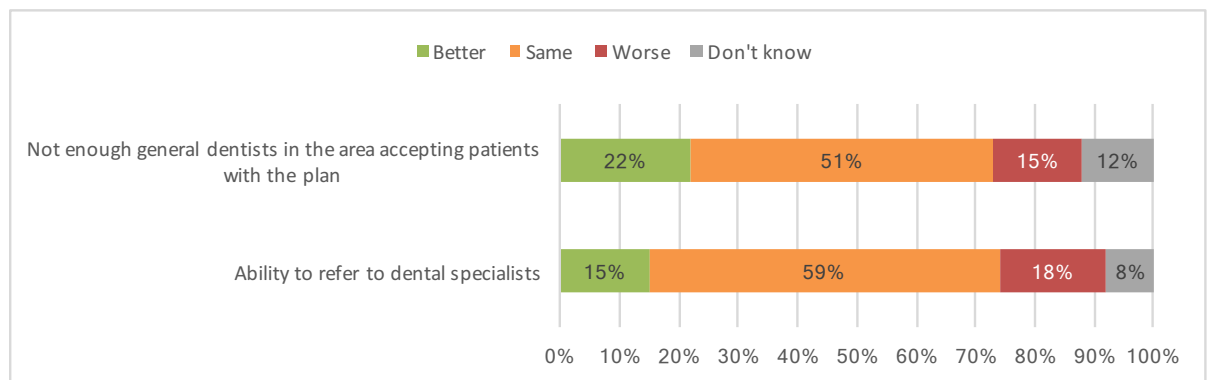


**Figure 34. Patient-related issues in DWP compared to Medicaid (non-participants)**

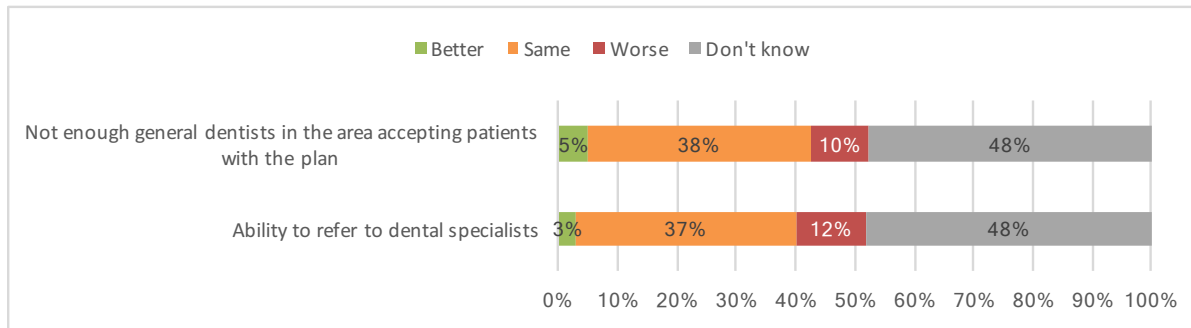


Figures 35-36 show participants' and non-participants' comparisons of **provider network issues** in the two programs. For both issues, a majority of DWP participants said they were the same in both programs.

**Figure 35. Provider network issues in DWP compared to Medicaid (DWP participants)**



**Figure 36. Provider network issues in DWP compared to Medicaid (non-participants)**



## Former DWP Participating General Dentists: A Summary

General dentists who previously accepted DWP patients but are no longer doing so have an important perspective separate from the other types of participants. At the time of the survey, 62 respondents (12% of total general dentist respondents) had discontinued participation in DWP. In the majority of this report, dentists who stopped accepting new DWP patients are included in the non-participant category. However, their attitudes are presented as a separate group here.

### *Participation in DWP and Medicaid*

The three most common reasons former participants reported not accepting new DWP patients were reimbursement rates (66%, n=39), the busyness of their practice (46%, n=27), and the scope of covered services (41%, n=24).

15% of former DWP participants reported currently accepting new Medicaid patients, whereas 86% do not.

### *Attitudes and Experiences with DWP*

#### **Overall Attitude toward DWP**

60% (n=37) of former participants had a negative overall attitude toward the DWP, and 61% (n=38) report being dissatisfied with the DWP overall. 73% (n=45) would not recommend DWP participation to other Iowa dentists.

71% (n=44) of former participants disagreed with the statement 'the DWP program respects dentists' professional judgment concerning patient care'. However, more than half (56%, n=41) agree that without this program these low income patients would not be able to get adequate dental care.

#### **DWP Administration and Benefits**

The three top administrative issues rated as 'major problems' by former participants include: intermittent eligibility (55%, n=33), limited services covered (53%, n=31), and time spent on paperwork (45%, n=27).

#### **Earned Benefits Model**

53% (n=32) of former participants have an overall negative attitude toward the earned benefits approach, whereas 38% (n=23) have an overall positive attitude toward it and 10% (n=6) don't know. 65% (n=40) of former participants believe that it is an effective way to reward people who return for regular checkups. However, 89% (n=55) believe that it makes it difficult to provide comprehensive treatment to DWP patients, and 82% (n=51) believe that it prevents DWP patients from getting the care they need when they need it.

#### **Attitudes about DWP Patients and Provider Network**

The top patient- and provider network-related issues rated as 'major problems' by former participants were: not enough general dentists in the area accepting DWP patients (66%, n=40), ability to refer to dental specialists (44%, n=27), and broken appointments (38%, n=23).

## Comparisons with Medicaid

The administrative issue most likely to be rated as *better* in DWP compared to Medicaid was reimbursement rate (45%, n=28). Issues for which the highest proportion rated DWP as *worse* compared to Medicaid were: limited services covered (39%, n=24), intermittent eligibility (36%, n=22), and time spent on paperwork (32%, n=20).

A majority of former participants said that all patient-related issues (broken appointments, complexity of patient medical history, complexity of patient dental treatment needs, and patient non-compliance with recommended treatment) and provider network issues (not enough general dentists in the area accepting patients with the plan and ability to refer to dental specialists) were comparable in both DWP and Medicaid.

## Dental Specialists: A Summary

56 dental specialists responded to the survey; 39% (n=22) were oral surgeons, 23% (n=13) were endodontists, 20% (n=11) were pediatric dentists, 9% (n=5) were periodontists, and 9% (n=5) were prosthodontists.

Note: a relatively small number of specialists responded to the survey, thus these results are intended to provide more information about dentist's attitudes toward the DWP but not necessarily representative of all specialists in the state.

### *Participation in DWP and Medicaid*

At the time of the survey, 36% (n=20) of responding specialists were currently accepting new DWP patients, whereas 5% (n=3) participated in DWP in the past but were not currently accepting new DWP patients, and 57% (n=32) had never participated in DWP. As in the rest of this report, those 36% currently accepting new DWP patients will be termed 'DWP participants,' and those 64% not currently accepting DWP patients will be termed 'non-participants' throughout this section.

The most important reason non-participants did not sign up for DWP was reimbursement rates (50%, n=16).

Among DWP participant specialists, 60% (n=12) had given at least moderate consideration to *stopping* their acceptance of new DWP patients.

90% (n=18) of DWP participants and 49% (n=16) of non-participants accepted new Medicaid patients. Most DWP participants say that their experience with DWP has not changed their acceptance of new adult and child Medicaid patients.

### *Attitudes and Experiences with DWP*

#### **Overall Attitude toward DWP**

Among participants, 32% (n=6) had an overall positive attitude toward the DWP and 53% (n=12) had a negative attitude. Among non-participants, 18% (n=6) had a positive attitude, 41% (n=14) had a negative attitude, and 41% (n=14) did not know.

37% (n=7) of DWP participants were satisfied with the DWP overall, whereas 64% (n=12) were dissatisfied. 35% (n=7) said they would recommend DWP participation to other dentists, whereas 65% (n=13) would not.

#### **Earned Benefits Model**

58% (n=11) of participants had an overall negative attitude toward the earned benefits approach, whereas only 20% (n=7) of non-participants did. 60% (n=32) of all specialists agreed that it is an effective way to reward people who return for their regular checkups; however, 55% (n=29) agreed

that it makes it difficult to provide comprehensive treatment to DWP patients.

#### **Attitudes about DWP Patients and Provider Network\***

Most DWP participants (80%, n=12) agreed that oral health problems of DWP patients are more severe than those of other patients.

\*Few specialists responded to questions about the extent to which certain administrative, patient-related, and provider network issues were problematic as well as how they compare in the Medicaid program. Therefore, results are not reported for this group.

# Dentist Comments

Respondents were asked two open-ended survey items at the conclusion of the survey:

- 1) What is the most important change that could be made to improve the Dental Wellness Plan?
- 2) We are interested in any other comments you may have about the Dental Wellness Plan.

In total, 297 individuals responded to question 1 and 146 responded to question 2. Comments were analyzed qualitatively and emergent themes are presented below, as well as several illustrative quotations for each theme. Similar themes were found for both survey items; therefore, responses from the two questions are group together by theme. Categories are presented based on the volume of responses in each category from highest to lowest. Comments are separated by DWP participation. As a reminder, non-participants may include those who formerly participated in the DWP program but have since discontinued.

The complete list of comments can be found in **Appendix 2**. Some comments span multiple categories; therefore, many are listed in more than one table.

## *Earned benefits/services provided*

The earned benefits approach and services provided for DWP patients were the most frequently cited issue. Many commented on lack of services covered in the first tier, concern over leaving treatment until patient is eligible for treatment, and difficulty tracking what tiers patients qualify for.

### **DWP participants**

- *Drop the earned benefit. I can't imagine walking into a physician and having him diagnose the patient with a serious disease and have him tell you that if you live for 1 year, then I'll treat it. It's preposterous. I have had several cases that start out as salvageable that I would STABILIZE as but I could that deteriorated to unsalvageable while we were waiting for the patient to earn care. I'm overwhelmed by the compassion of our government. They pretend they want to help, but don't.*
- *More leniency with coverage provided on first tiers, it's hard to tell a patient that they require SRP but must wait months for it, same thing with a cavity or crown.*
- *A lot of our patients on DWP need treatment ASAP and we feel waiting until they reach the enhanced level or enhanced level plus is not beneficial to them.*

### **Non-participants**

- *Eliminate some of the rules regarding major restorative i.e. need to have endodontic treatment in different earned benefits period than when crown is placed. The rules are confusing and don't allow for the dentist to determine and perform what is in the patients' best interests.*
- *Don't like that routine treatment has to wait 6-12 months to be covered. Routine treatment can become more extensive. A routine cavity/filling could become an extraction or root canal for example. Other dentists say DWP does not increase the regularity of most patients.*

## *Reimbursement rates*

Reimbursement was a common theme among respondents. Members in both groups request higher reimbursements to cover overhead charges.

### **DWP participants**

- *Increase the reimbursement rate to cover the increasing lab and other costs of providing quality care.*
- *Reimbursement rates are way too low. Overhead is barely covered.*
- *I believe the amount Delta Dental is reimbursed per patient is ridiculous. Calculate their monthly income off tax payers and apply that toward treatment for needy patients instead. In other words, the real problem is low Medicaid reimbursement rates. You could pay nearly full amount of fee for service and be money ahead. You would also find more dentists willing to see Medicaid patients. My office included. I would take several more new patients per month*



## Non-participants

- *Improve reimbursement is most important thing you could do. It would take care of a lot of the existing problems and participating would not be a problem. You are asking dentists to treat patients a lot of time at our cost or below. It's no mystery why dentists don't participate or treat more than just their patients*
- *Reimbursement rates are terrible. Don't cover overhead.*
- *If reimbursement rates allowed dentists to treat Wellness patients at a profit, instead of a loss, there would be providers.*

## Administration/Paperwork Required

Many respondents in both groups discussed the amount of paperwork that is required, particularly paperwork burden and claim denial.

### DWP participants

- *Less paperwork to get treatment that is needed approved. Many specialists in this area are hesitant to accept for two reasons; reimbursement and hoops to jump through to get paid.*
- *The paperwork we have to do is unbelievable. No other insurance company asks for all this.*

### Non-participants

- *I am still considering the plan. I do want to serve this section of the population. Less paperwork/interference would help along with increased reimbursement. Thanks.*
- *We are a small rural practice in a solo practice. We have one dentist, 1 assistant and 1 front office staff. We were told the paperwork would be burdensome and very difficult to manage without more staff. We decided not to accept DW patients because our dentist will be retiring in 2017.*

## Intermittent eligibility

Another frequently discussed concern among both groups had to do with the intermittent eligibility of patients. Comments generally referred to patients fluctuating back and forth from DWP to the Iowa Medicaid program. The difficulty of patients losing coverage prior to procedure completion was cited.

### DWP participants

- *Assessing eligibility on a monthly basis is too frequent. We often will see a patient one week and find they are not eligible the next. Also, the patients are switched back and forth between Medicaid and the DWP so often that it makes it difficult to find who is covering them at the moment and who to file with for reimbursement.*
- *Patients bounce back and forth from DWP to XIX and to no insurance and that is very difficult to work with as the "rules" for each plan are different. If a patient has a cleaning on XIX and then changes to DWP I have to repeat a cleaning/exam to start the clock on the earned benefits program-- while necessary for the patients long term benefits, it feels wrong. Something should be done to address this.*
- *One other big problem we have is with patients having no idea what insurance they are on. Are they DWP or medicaid? It seems to switch from month to month. This adds another layer of complexity to the whole prior authorization for treatment. By the time something is prior authorized and treated, are they still on the same "insurance" plan? Patients seem to have no idea what is going on- whether they are covered or not. It can be frustrating for our front desk lady. Checking every single patient for coverage before they come in for an appointment is a hassle. It is work that is above and beyond normal compared to other insurances.*
- *Patients that alternate between Title 19 and the DWP make scheduling difficult. If a patient has Title 19 during their exam, we may schedule to do a crown at the next appointment and set aside time on my schedule to do the crown, then the day of the crown appointment they come in WITH A NEW INSURANCE CARD and have DWP, now they need to go back and have exams while on DWP before the crown can be APPROVED for payment. My chair sits empty because of the need for exams before I may do the crown.*

## Non-participants

- *Make patients have 2 year eligibility period for treatment. Too much BAIT AND SWITCH W/TITLE 19*
- *People that are on the bubble between xix and dwp. They sometimes float from one to the other, depending on income. This causes a huge problem if they float to xix after being on dwp and then 8 months later are back on dwp. They have to start over (it's been over the 12 mo time frame between the 2 exams on dwp). There should be some kind of flex between the two. I also feel the people on xix over the age of 18 are responsible for a \$3 copay. It's not a lot, but it makes the patient responsible for some monetary value. On dwp, they don't pay a dime. That doesn't make sense.*
- *Very hard to keep track of benefits. Example, one week patient had Medicaid next week patient returned for cavities to be filled and checked benefits now they have DWP. Patients don't have a clue.*

## Issues with Patients' Understanding of Plan

A common concern that respondents reported had to do with patients' understanding of the plan. Many cited that patients are unaware of the tiered earned benefits program. Members of both groups also reported that often patients are unaware of what type of insurance they currently had.

## DWP participants

- *Better orientation for the cardholders themselves. There is a major lack of understanding by the patient, especially regarding EARNED enhanced plus benefits. Patients are also clueless about termination of plan, why and when.*
- *Needs to be explained better to the members. Most of our patients have no idea what services are covered and how the program works. Resources for members and providers to go for assistance.*
- *Patients tend to be confused about activating the insurance plan. I routinely will see patients that have had DWP for one plus years, and then come in to a CORE status. Patients think they have the insurance, and can use it whenever insurance documents packets are rarely read.*

## Non-participants

- *Help the patient understand why and when they have been moved from Medicaid to DWP. Make it clear to them that they can not have repairs until they meet the criteria.*
- *Patients don't realize that it is a Medicaid program. The card they receive says Delta Dental on it and often times they say over the phone that they have Delta, only to find out once they are in the office that's it's actually the DWP. It seems deceiving to the patient and makes us look bad as well. Any cards or correspondence the patient receives should be more clearly marked so the patient knows exactly what type of program it is.*

## Failed Appointments

A common frustration with both groups had to do with the frequency of DWP patients failing appointments.

## DWP participants

- *A better way to communicate when patients are no shows for the appointments.*
- *Holding pts liable for missing appointments.*
- *I would like to see a code for missed appointments so as to track members that are not making their appointments. We do not have a lot of issues with the program.*

## Non-participants

- *We don't accept, only take Medicaid patients we always seen. Patients tend to MISS appointments!*
- *My willingness to participate in the Title XIX program was very limited, due to 1) Lack of REASONABLE compensation. 2) Lack of patient compliance after emergent care was provided. 3) High incidence of broken appointments.*

## Attitudes about DWP Patient Population

Participants and non-participants offered comments on the DWP patient population. Comments were made regarding patients' behavior, health status, and needs.

## DWP participants

- *A number of wellness patients are not very aware of the value they are receiving. In fact, they take our expertise and our time for granted behaving as though what we are providing is something they are entitled to. It is disheartening to think that many people who would like to have better dental hygiene are not receiving care due to the expense, but people given this particular opportunity are unwilling to adhere to sound dental hygiene as well as unwilling to commit to the lifestyle changes required to improve their overall health.*
- *I have patients who are abusing the system - ie owning 300k houses, businesses and some who take 3 week all inclusive trips to Mexico each year. They are able to adjust 'income' to be accepted in the program or in one case - they are quite well off and were upset that they were forced into this program due to the health insurance option they were in off the exchange. In my opinion, this program should be altered to allow for basic services - preventive, perio, basic restorations and extractions. I have several who are using this system to get crowns when eligible and plan to drop it afterwards. There seems to be a lack of oversight for eligibility and open to abuse even with the waiting period. I'm yet to find patients on the DWP who are in a high need situation.*

## Non-participants

- *The patients I have met through this program are not very nice or they seem rude to my staff.*
- *The largest problem I see is patients do not value what they are receiving from dwp (or xix for that matter). Patients love that they are getting FREE dentistry. It's FREE. They have no idea that there is a cost of doing business and we are writing off \$X on each procedure. They don't really seem to care.*
- *Until people start owning the fact they are responsible for taking care of themselves, none of these entitlement plans will work.*

## Delta Dental/MCNA

Many respondents commented on the role of Delta Dental of Iowa and the newer dental benefits carrier, MCNA. Comments included frustrations with reimbursement, denial of claims, and administrative issues.

## DWP participants

- *Remove MCNA so pts don't unknowingly have a limited (more limited) provider network.*
- *Delta has tendency for denial of payment for any minor reason.*
- *MCNA has unrealistic guidelines. Delta Dental Iowa far superior, far easier to use. Drop MCNA.*
- *Overall we have been very happy with the program and with Delta Dental. We are concerned about MCNA. We signed up with them but they are not at all good about communicating. We have been getting calls from patients stating that we are listed as an MCNA provider for Wellness but we have received no information from MCNA like we did with Delta.*

## Non-participants

- *Anything attached to Delta Dental will always give me a negative attitude.*
- *Delta Dental of Iowa is a terrible company to work with and we have more problems trying to get claims paid by them than any other insurance company.*
- *DWP has been set up to benefit only Delta Dental. Limiting coverage based on going to exams for a group of patients that are statistically less likely to show up for appointments, while still paying DD the same each month, results inpatients not having coverage they need, no payments being made to dentists, and DD benefiting. DD has set up a system that makes them more money the less patients go to their appointments.*

## PreViser Risk Assessment

DWP participants commented on the use of the PreViser risk assessment with patients. Concerns with the amount of time required, compliance, and patient's use of information was commonly mentioned.

### **DWP participants**

- *Previsor is a waste of time and manpower. We haven't had 1 patient go in and check their stuff.*
- *PreVisor needs to be reviewed, too time consuming and dentist is reprimanded if pt doesn't show up.*
- *The previsor is a waste of time and resources, I don't get who's looking at data, and then once they collect it, then what, some research study or what?*

### **Non-participants**

- *Get rid of patient risk assessment bonus pool. Feels a bit like a bribe to encourage participation.*
- *The pre visor risk assessment reimbursement and bonus is very strict. These patients have a tendency to fail. Many don't respond to reminders to come in. Very hard to meet the 100%.*

### *Referrals to Specialists*

Providers and non-providers discussed difficulty referring patients to specialists and the need for more specialists accepting DWP patients.

### **DWP participants**

- *More specialists available for referrals, especially endodontists.*
- *Wish that there were more specialists to refer patients to, sometimes patients must wait weeks for care with a specialist, that is hard for a patient and a trip to Iowa City is not always feasible.*

### **Non-participants**

- *Have specialty offices take more of this insurance.*
- *Recruit more local specialists to accept the insurance as well. Sit down with the specialists and find out how the plan could be designed to allow them to participate. General dentists refer to specialists regularly and it is important to know that dental care is a team delivered care, and we need to be able to count on our supporting professionals for DWP patients just as we do for our other patients. The complexity of the patients question was a difficult one to answer-I said no concern because I don't accept patients based on the complexity of their care or health. I don't even know about that until they sit in the dental chair. Complexity of the dental care is only a greater concern because you don't have the specialists to back you up when you need them. Some patients just can't get to Iowa City, and the college can't take on the specialty burden for the entire state of Iowa. Thankfully, we do have some local oral surgeons in our area that accept DWP. But oral surgery isn't the only dental specialty!*

### *More Providers Accepting DWP*

Some respondents in both groups commented on the general lack of providers accepting DWP patients.

### **DWP participants**

- *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.*

### **Non-participants**

- *I don't think it needs to be changed if enough dentists are enrolled to take care of the patients.*
- *To have more or all dental practices accepting the program. It is very sad to see DDS in our surrounding area promote the fact they do mission of mercy our travel on mission trips but do not accept the DWP or XIX program in their own area. They refuse to treat their own neighbors in need.*

### *Issues with Insurance Cards*

Difficulty distinguishing DWP patients from Medicaid patients was mentioned in both the provider and non-provider groups.

### **DWP participants**

- *DWP patients do not have Delta Dental of Iowa cards. When a new patient calls to make an*

*appointment they do not know what kind of insurance they have - just that it's thru the state. We have to ask many questions to assess which they have. We accept T-19 patients of record but not new so they say they have United Healthcare that's an MCO for T-19 but we have many employer sponsored plans that are United Healthcare as well.*

### **Non-participants**

- Patients don't realize that it is a Medicaid program. The card they receive says Delta Dental on it and often times they say over the phone that they have Delta, only to find out once they are in the office that's it's actually the DWP. It seems deceiving to the patient and makes us look bad as well. Any cards or correspondence the patient receives should be more clearly marked so the patient knows exactly what type of program it is.*

### **Positive Comments**

Some respondents had positive comments about the Dental Wellness Plan. A few non-providers commented positively on the structure the program.

### **DWP participants**

- I'm happy w/the plan and how it's structured, only deterrent is the HIGH no show, late cancel, or showing up late to appointments. I realize that is out of DWP control.*
- Don't change much. Customer service is top notch and they are the first people we contact if a question or issue would arise. They are a great asset to the program - knowledgeable and give good explanations. At first did not care for the steps but have adapted to the program. Win for the patient with 6 months recare & win for the office with returning patients. Only one area of concern. Accepting new patients from a provider that has discontinued serving DWP patients and if a prior authorization is left uncompleted. It would be helpful if we could access that information on the website like we are able to access history. We don't have to know the specifics about the prior authorization just that there is one out there that would alert us to contact customer service to get more details. The website is a wonderful tool that saves us time and allows us more time to provider service and not get stuck in paper work or phone calls.*
- Great customer service, fast turn around w/payments and pre-auths. Easy to navigate online claims.*
- This group of individuals have been overlooked for many years. Income too high for IME but individual does not have enough for private insurance or employer does not offer dental insur. There are many thankful individuals and a few not so thankful. GREAT JOB DWP!*

### **Non-participants**

- I think the intention of this program is excellent. The earned benefit approach, a good concept. Unfortunately, this program seems to serve people generally pricing a low value on dental health. What brings patients in and what keeps them coming back will be the eternal mystery. The EB approach sends mixed messages, but it's worth trying.*
- I like the earned benefit approach. I think it helps people take some responsibility for themselves, which is difficult in our society/country where so many people think the government should take care of them.*
- From what I know of the Dental Wellness Plan, I do think that it is a good program. My single biggest reason for not participating is that I am as busy, at this time, as I care to be. I do enjoy taking care of my patient's oral health needs, but I don't want to be responsible for behavior modification in order for the earned benefits to take effect.*
- Overall the program seems to be a step-up from Title XIX.*



## Conclusions

**What is the level of dentists' participation in DWP?** 42% of Iowa dentists were currently accepting new DWP patients; 12% had seen some DWP patients but discontinued their participation; and 2% had signed up but had never seen a DWP patient; 42% had never signed up to participate in DWP. In 2016, among DWP participants, two-thirds accepted all new patients, while one-third placed limitations on the number or type of patients they will accept. Dentists most commonly limited acceptance of DWP to their own patients who transitioned to DWP or limited acceptance to a set number of DWP patients.

**Which dentists are most likely to participate in DWP?** For the most part, participation in DWP was not related to dentist or practice characteristics. However, males, solo practitioners, and dentists who participate in the Medicaid program were more likely than their counterparts to participate in DWP. Most dentists participating in both DWP and Medicaid did not change their acceptance of Medicaid patients as a result of joining DWP.

**Has dentist participation in DWP changed between the first and second year of the program?** The overall rate of participation, the level of participation, and the limitations placed accepting new patients were relatively consistent from 2015-2016. Among DWP participants, the average proportion of their total patients who were enrolled in DWP increased slightly from 9% to 11% during this time.

**What were the main reasons that dentists chose not to participate in DWP?** The biggest barrier cited among non-participating dentists was the reimbursement rate. 75% of non-participants stated that reimbursement rates were a top reason for not contracting as a DWP provider. However, over half of non-participating dentists said that if there were a change to the program they would be more likely to sign up. When asked about what that change would be, most said an increase in reimbursement rates.

**What were dentists' overall attitudes toward the DWP program?** In 2016, almost two-thirds of DWP participants had a positive view of the program, whereas only 17% did; this is similar to what was found in 2015. However, from 2015 to 2016, there was an increase in the proportion of DWP participants who were considering stopping acceptance of new DWP patients (32% to 41%).

**What were dentists' overall attitudes toward the DWP earned benefits model?** The proportion of DWP participants with a positive attitude toward the earned benefits approach increased slightly from 55% in 2015 to 59% in 2016. Compared to DWP participants, non-participants had significantly more negative attitudes toward the earned benefits approach.

**What were dentists' overall attitudes toward the DWP program being administered by a private benefits carrier?** A majority of DWP participants had a positive attitude toward Delta Dental of Iowa's administration of the DWP. However, over two-thirds of DWP participants do not plan to contract with the second DWP dental benefits carrier, MCNA.<sup>8</sup>

**What positive and negative DWP-related issues did dentists report?** The biggest problems that DWP participating dentists had with the plan were intermittent member eligibility and the ability to refer to dental specialists. However, most DWP providers believed that these issues were equally problematic in Medicaid and DWP.

**What were dentists' overall attitudes toward risk assessment tool being used by the DWP?** Use of the PreViser risk assessment increased from 63% of dentists using this in 2015 to 73% in 2016. Use of the tool was largely driven by financial incentives rather than the tool's utility; over half of DWP participants who used the risk assessment believed it was only a little helpful or not helpful at all.

**How did dentists compare DWP to Medicaid?** When asked to compare DWP and Medicaid on administrative, patient-related, and provider network issues, the only issue that a majority of DWP participants believed was better in DWP compared to Medicaid was reimbursement rates. On most other issues, dentists believed they were similar in both programs.

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<sup>8</sup> MCNA had just become the second DWP dental benefits carrier at the time of this survey.

# Appendix 1: Survey instrument

ID



## Iowa Dental Wellness Plan Survey

**Survey instructions:** Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ☐ Yes
- ☐ No → If No, Go to #4

If you make a mistake, please **cross out** the **incorrect** answer and **circle** the **correct** answer. If there is a question that you are uncomfortable answering, feel free to skip to the next question. If you have questions, please call 1-800-710-8891.

**If you practice in more than one location, please answer the questions in this survey as they pertain to what you consider your *primary practice location*.**

1. Have you signed up to be a Dental Wellness Plan (DWP) provider?

- <sup>1</sup>☐ Yes → Go to #5 (p. 3)
- <sup>2</sup>☐ No → Go to #2 (below)

2. Why did you choose not to sign up for the DWP? Please **write "X" next to the three most important reasons** you chose not to sign up.

- ☐ Reimbursement rates
- ☐ Administered by Delta Dental
- ☐ Scope of covered services
- ☐ Busyness of my practice
- ☐ DWP patient-related reasons
- ☐ DWP is a new program
- ☐ My practice could be the only one in the area accepting DWP
- ☐ My practice participates in Title 19 instead
- ☐ Other, *please describe*: \_\_\_\_\_
- ☐ Not sure/I am not responsible for this decision

3. How likely are you to sign up to be a DWP provider within the next year?

<sup>1</sup> ☐ Extremely likely

<sup>2</sup> ☐ Moderately likely

<sup>3</sup> ☐ Slightly likely

<sup>4</sup> ☐ Not at all likely

<sup>5</sup> ☐ Not sure/I am not responsible for this decision

4. Could any change be made to the DWP program that would increase the likelihood of you signing up?

<sup>1</sup> ☐ Yes, *please describe*: \_\_\_\_\_

<sup>2</sup> ☐ No

**Go to Question 6 (p.4)**



**5. Do you currently accept NEW Dental Wellness Plan patients into your practice?**

<sup>1</sup> ☐ YES

*If you **are currently accepting new DWP patients**, please answer **a-b** below.*

**a.** Do you accept all DWP members who contact you as new patients?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No, in our office we only accept some new DWP including:  
*Select all that apply.*

<sup>1</sup> ☐ A set number of new DWP patients

<sup>2</sup> ☐ Our own patients who go on DWP

<sup>3</sup> ☐ Referrals from other dentists/physicians

<sup>4</sup> ☐ Patients only from our county

<sup>5</sup> ☐ Other: \_\_\_\_\_

**b.** How seriously have you/your practice considered stopping your acceptance of new DWP patients since the program began?

<sup>1</sup> ☐ Extremely seriously

<sup>2</sup> ☐ Moderately seriously

<sup>3</sup> ☐ Slightly seriously

<sup>4</sup> ☐ Not at all seriously

<sup>5</sup> ☐ Not sure/I am not responsible for this decision

<sup>2</sup> ☐ NO

*If you **are not currently accepting new DWP patients**, please answer **a-b** below.*

**a.** Did you ever accept new DWP patients?

<sup>1</sup> ☐ Yes, I did at one time but have stopped accepting new DWP patients

<sup>2</sup> ☐ No, I have never accepted DWP patients

**b.** Why did you choose not to accept new DWP patients? Please **write "X" next to the three most important reasons** you chose not to accept new DWP patients.

\_\_\_\_\_ Reimbursement rates

\_\_\_\_\_ Administered by Delta Dental

\_\_\_\_\_ Scope of covered services

\_\_\_\_\_ Busyness of my practice

\_\_\_\_\_ DWP patient-related reasons

\_\_\_\_\_ DWP is a new program

\_\_\_\_\_ My practice could be the only one in the area accepting DWP

\_\_\_\_\_ My practice participates in Title 19 instead

\_\_\_\_\_ Other, *please describe*:

\_\_\_\_\_

☐ Not sure/I am not responsible for this decision

6. **About** what percentage of your current patients are covered by the Dental Wellness Plan?

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%

7. Where do you **primarily** refer Dental Wellness Plan patients who you are not interested in accepting or able to accept in your practice? Please select only one.

- 1 ☐ I accept them all
- 2 ☐ Community Health Center
- 3 ☐ The UI College of Dentistry
- 4 ☐ Another local practice
- 5 ☐ DWP's "Find a Dentist" website
- 6 ☐ I don't have a good place to refer
- 7 ☐ Other: \_\_\_\_\_

8. Who was **primarily** responsible for making the decision whether your practice would accept Dental Wellness Plan patients? Please select only one.

- 1 ☐ I was
- 2 ☐ The dentists in the practice as a group
- 3 ☐ The owner of the practice
- 4 ☐ The clinic management/administration
- 5 ☐ Other: \_\_\_\_\_

9. Which best describes your overall attitude toward the Dental Wellness Plan?

- 1 ☐ Very positive  
2 ☐ Somewhat positive  
3 ☐ Somewhat negative  
4 ☐ Very negative  
5 ☐ Not sure/Don't know

10. Please read the following statements about the Dental Wellness Plan (DWP) and circle the number that indicates the degree to which you disagree or agree with these statements.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Not sure/ Don't know</i>
a. Without the DWP program, these low income patients would not be able to get adequate dental care	1	2	3	4	NS
b. The DWP program respects dentists' professional judgment concerning patient care	1	2	3	4	NS
c. Dentists can have an impact on the policies of the DWP program	1	2	3	4	NS

## EARNED BENEFITS APPROACH

For those unfamiliar with the Dental Wellness Plan benefits: The DWP uses an *earned benefits approach*. Members can earn additional covered benefits by going to the dentist for regular exams. There are three levels of coverage:

- i. Core Benefits are available after a patient's first dental exam. This level includes diagnostic, preventive, emergency, and stabilization services.
- ii. Enhanced Benefits are available if a patient returns for a second exam 6-12 months after the first. This level includes Core Benefits plus routine restorative, endodontic care, and extractions.
- iii. Enhanced Plus Benefits are available if a patient returns for a third exam 6-12 months after the second, and as long as the patient returns every 6-12 months for recall exams. This level covers Enhanced Benefits plus crowns, full and partial dentures.

Members who do not return for recall exams every 6-12 months will only be eligible for Core Benefits.

11. Please indicate the degree to which you agree or disagree with the following statements about the Dental Wellness Plan earned benefits approach.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>Not sure/ Don't know</i>
a. The earned benefits approach is an effective way to reward people who return for regular checkups	1	2	3	4	NS
b. The earned benefits approach makes it difficult to provide comprehensive treatment to DWP patients	1	2	3	4	NS
c. The earned benefits approach will increase the likelihood that patients return for regular exams	1	2	3	4	NS
d. The earned benefits approach prevents DWP patients from getting the care they need when they need it	1	2	3	4	NS
e. The earned benefits approach will increase the likelihood that patients take better care of their oral health	1	2	3	4	NS

12. Which best describes your attitude toward the earned benefits approach?

- <sup>1</sup> ☐ Very positive
- <sup>2</sup> ☐ Somewhat positive
- <sup>3</sup> ☐ Somewhat negative
- <sup>4</sup> ☐ Very negative
- <sup>5</sup> ☐ Not sure/Don't know

## YOUR EXPERIENCES WITH THE DENTAL WELLNESS PLAN

\*\*\* If you have not signed up for the Dental Wellness Plan, please go to **question 23 (p. 7)** \*\*\*

13. Which best describes your attitude toward Delta Dental's administration of the Dental Wellness Plan?

- ☐ Very positive
- ☐ Somewhat positive
- ☐ Somewhat negative
- ☐ Very negative
- ☐ Not sure/Don't know

14. Have you had difficulty referring your DWP patients to any dental specialists?

- ☐ Yes
- ☐ No → **Go to #16**
- ☐ N/A – I am a specialist → **Go to #16**

15. Which types of dental specialists have you had difficulty referring your DWP patients to?

*Select all that apply.*

- ☐ Oral surgeon
- ☐ Periodontist
- ☐ Endodontist
- ☐ Prosthodontist

16. How satisfied are you with the Dental Wellness Plan overall?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied

17. Would you recommend DWP participation to other Iowa dentists?

- ☐ Definitely yes
- ☐ Probably yes
- ☐ Probably no
- ☐ Definitely no

18. Starting July 2016, a second dental benefits carrier – called MCNA Dental - joined the Dental Wellness Plan in addition to Delta Dental. Have you contracted with MCNA as a participating provider?

- ☐ Yes
- ☐ No, but I plan to
- ☐ No, and I do not plan to; *please describe why:* \_\_\_\_\_

## PATIENT RISK ASSESSMENT

Dentists participating in DWP are encouraged to use PreViser, an online risk assessment tool. When general dentists use PreViser for their DWP patients, they receive reimbursement and are eligible for the DWP annual bonus program.

### 19. Do you currently use the PreViser risk assessment with any of your DWP patients?

<sup>1</sup> ☐ YES

a. What is the most important reason you choose to use the PreViser risk assessment?

- <sup>1</sup> ☐ Reimbursement for completing it
- <sup>2</sup> ☐ Time needed to complete it
- <sup>3</sup> ☐ Degree of helpfulness for patient care
- <sup>4</sup> ☐ Electronic submission
- <sup>5</sup> ☐ Bonus pool program
- <sup>6</sup> ☐ Other: \_\_\_\_\_
- <sup>7</sup> ☐ Not sure/I am not responsible for this decision

**Go to Question 20**

<sup>2</sup> ☐ NO

*If you **do not** currently use the PreViser risk assessment, please answer a below, and then go to Question 22.*

a. What is the most important reason you choose not to use the PreViser risk assessment?

- <sup>1</sup> ☐ Reimbursement for completing it
- <sup>2</sup> ☐ Time needed to complete it
- <sup>3</sup> ☐ Degree of helpfulness for patient care
- <sup>4</sup> ☐ Electronic submission
- <sup>5</sup> ☐ Did not know about the PreViser risk assessment
- <sup>6</sup> ☐ Other: \_\_\_\_\_
- <sup>7</sup> ☐ Not sure/I am not responsible for this decision

**Go to Question 23 (p. 8)**

20. How helpful is the PreViser risk assessment in facilitating discussions with patients about their oral health?

- <sup>1</sup> ☐ Very helpful
- <sup>2</sup> ☐ Somewhat helpful
- <sup>3</sup> ☐ A little helpful
- <sup>4</sup> ☐ Not at all helpful

21. How helpful is the PreViser risk assessment in facilitating discussions with patients about their systemic health?

- <sup>1</sup> ☐ Very helpful
- <sup>2</sup> ☐ Somewhat helpful
- <sup>3</sup> ☐ A little helpful
- <sup>4</sup> ☐ Not at all helpful

22. Which best describes your attitude toward the PreViser risk assessment?

- <sup>1</sup> ☐ Very positive
- <sup>2</sup> ☐ Somewhat positive
- <sup>3</sup> ☐ Somewhat negative
- <sup>4</sup> ☐ Very negative

23. Not counting PreViser, do you use any other risk assessment tools in your office?

- <sup>1</sup> ☐ Yes, *please describe:* \_\_\_\_\_  
<sup>2</sup> ☐ No

<b>YOUR PARTICIPATION IN TITLE 19 (MEDICAID)</b>
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24. Do you currently accept new Title 19 patients into your practice?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No ➔ **Go to #29**

25. Do you accept all new Title 19 patients?

- <sup>1</sup> ☐ Yes, I accept all new Title 19 patients  
<sup>2</sup> ☐ No, in our office we only accept the following Title 19 patients (*Select all that apply*):  
<sup>1</sup> ☐ A set number of new Title 19 patients  
<sup>2</sup> ☐ Our own patients who go on Title 19  
<sup>3</sup> ☐ Adult Title 19 patients only  
<sup>4</sup> ☐ Pediatric Title 19 only  
<sup>5</sup> ☐ Referrals from other dentists/physicians  
<sup>6</sup> ☐ Patients only from our county  
<sup>7</sup> ☐ Other: \_\_\_\_\_

26. How has your opinion or experience regarding the DWP changed your acceptance of new adult Title 19 patients?

- <sup>1</sup> ☐ I accept fewer adult Title 19 patients  
<sup>2</sup> ☐ No change in our acceptance of adult Title 19 patients  
<sup>3</sup> ☐ I accept more adult Title 19 patients  
<sup>4</sup> ☐ Not sure/Don't know

27. How has your opinion or experience regarding the DWP changed your acceptance of new pediatric Title 19 patients?

- <sup>1</sup> ☐ I accept fewer pediatric Title 19 patients  
<sup>2</sup> ☐ No change in our acceptance of pediatric Title 19 patients  
<sup>3</sup> ☐ I accept pediatric adult Title 19 patients  
<sup>4</sup> ☐ Not sure/Don't know

28. Do you submit claims electronically to Medicaid?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No, *please describe why not:* \_\_\_\_\_

The following two questions show some issues that dentists may have with dental insurance plans. Please **indicate how much you think that issue is a problem in the Dental Wellness Plan.**

Then, please **circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19** on each issue.

29. Administration-related issues:

	DENTAL WELLNESS PLAN				TITLE 19			
	No problem	Minor problem	Major problem	Not sure/ Don't know	DWP is _____ than Title 19			Not sure/ Don't know
a. Time spent on paperwork	1	2	3	NS	Better	Same	Worse	NS
b. Denial of payment	1	2	3	NS	Better	Same	Worse	NS
c. Slow payment	1	2	3	NS	Better	Same	Worse	NS
d. Reimbursement rate	1	2	3	NS	Better	Same	Worse	NS
e. Intermittent eligibility	1	2	3	NS	Better	Same	Worse	NS
f. Difficulty of eligibility determination	1	2	3	NS	Better	Same	Worse	NS
g. Limited services covered	1	2	3	NS	Better	Same	Worse	NS

30. Patient-related issues:

	DENTAL WELLNESS PLAN				TITLE 19			
	No problem	Minor problem	Major problem	Not sure/ Don't know	DWP is _____ than Title 19			Not sure/ Don't know
a. Broken appointments	1	2	3	NS	Better	Same	Worse	NS
b. Complexity of patient medical history	1	2	3	NS	Better	Same	Worse	NS
c. Complexity of patient dental treatment needs	1	2	3	NS	Better	Same	Worse	NS
d. Patient non-compliance with recommended treatment	1	2	3	NS	Better	Same	Worse	NS
e. Not enough general dentists in the area accepting patients with the plan	1	2	3	NS	Better	Same	Worse	NS
f. Ability to refer to dental specialists	1	2	3	NS	Better	Same	Worse	NS

## PRACTICE SETTING

Finally, we would like to ask some questions about your practice setting to identify how different practice characteristics relate to Iowa dentists' impressions of the Dental Wellness Plan.

31. How would you best describe your practice during the past 12 months?

- ☐ Too busy to treat all requesting appointments
- ☐ Provided care to all requesting it, but felt overworked
- ☐ Provided care to all requesting it, but did not feel overworked
- ☐ Not busy enough, would have like more patients
- ☐ Practice limited, no new patients taken

32. In your practice, do you usually work 32 hours or more per week?

- ☐ Yes
- ☐ No

33. In your primary practice, do you use an electronic health record system for patient records?

- ☐ Yes
- ☐ No

34. How would you describe your role in your primary practice?

- ☐ Solo practice owner
- ☐ Partner
- ☐ Associate buying into the practice
- ☐ Associate not buying into the practice
- ☐ Independent contractor
- ☐ Employee in a corporate owned practice (e.g., Aspen, Ocean Dental, Applewhite Dental)
- ☐ Other: \_\_\_\_\_

35. Please indicate your **personal gross production** in the practice last year (excluding investment or non-practice income).

- ☐ under \$200,000
- ☐ \$200,000 – \$299,999
- ☐ \$300,000 – \$399,999
- ☐ \$400,000 – \$499,999
- ☐ \$500,000 – \$599,999
- ☐ \$600,000 – \$699,999
- ☐ \$700,000 – \$799,999
- ☐ \$800,000 – \$899,999
- ☐ \$900,000 – \$999,999
- ☐ over \$1,000,000



36. What is the most important change that could be made to improve the Dental Wellness Plan?

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37. We are interested in any other comments you may have about the Dental Wellness Plan.

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**Thank you for completing this questionnaire.  
Please return it in the enclosed postage-paid envelope.**

## Appendix 2: Open-Ended Comments

What is the most important change that could be made to improve the DWP?

### *DWP Participants*

Earned Benefits/Covered Services	
1.	1) Allow DDS to treat immediately as he or she sees fit. 2) Increase reimbursement.
2.	1) Be able to provide restorative procedures at initial core benefits level. 2) Reimbursement for extractions is much lower than some other procedures.
3.	1) Being able to do SRP prior to 6 months wait period. 2) Being able to do fillings without prior approval. 3) Universal training on plan for verbiage, so approvals are approved. 4) Very tedious process to constantly check coverage, history, and approvals. Have to always check for lapses in coverage, or prior history, or we lose payments.
4.	1) Do away with the earned benefits system. In my opinion, this system does not encourage the recipient to come to their appointments every 6 months any more than T19 does. AND it keeps recipients from receiving the necessary treatment in a timely manner while they are eligible for DWP. The periodontal patients that need S&RP are the one that suffer the most under this earned benefit system. 2) Having two administrators of a single program is confusing for the recipients, especially since the network for one of the administrators is so poor. 3) The "off and on" nature of the DWP eligibility and checking where a recipient is in the earned benefits system is a real hassle and difficult to follow for the dental office. 4) Need to get rid of the T19 rule of not allowing Removable Partial Dentures for patients that have 8 or more posterior teeth in contact, it is not relevant most of the time.
5.	1) Ease of use. 2) Earned benefits approach is confusing to us and to patients as to what is covered and when. 3) Patients will come back and have second or third recall exams and tx is completed then claims are denied saying tx does not qualify and pt is at core benefits. Staff then has to call and constantly correct claims and inform them that pt has returned and should be in enhanced or enhanced plus tiers. Delta Dental appears to deny as much tx as possible and online tools to determine pt status are often not updated or incorrect.
6.	1) Eligibility of service covered, guidelines could be more clear. 2) More restorative work should be allowed in the CORE phase (caries that are into dentin should be allowed to be restored in core phase instead of less than 50% of distance to pulp requirement). 3) Allow SRP in core phase. 4) Better reimbursement rate.
7.	1) Fewer regulations for when treatment can be done. 2) Not needing to pre-auth for crowns (trust our license). 3) Higher reimbursement.
8.	1) Get rid of caries risk assessment. 2) Figure out new algorithm for earned benefits, too confusing dealing with high risk population.
9.	1) Improve reimbursement to increase dentist participation. 2) Coach patients not to miss appointments, allow missed appointment fees. 3) Allow SRP in core for severe cases.
10.	1) Increase reimbursement. 2) Get rid of earned benefits.
11.	1) Let us charge for failed appointments, or somehow let it reflect back on patient somehow, decrease benefits perhaps? 2) Stop changing eligibility mid-month. They come in and have lost eligibility, or I start a crown in July, and want to seal it in August and they're not covered. 3) It's hard to tell someone that they have 5-6 cavities, but because they're not 1/2 way to the pulp at their 1st level of benefits, that we have to wait 6 months. Disease is disease, should be able to fix a cavity right away instead of waiting on higher level.
12.	1) Needs to be more concise with what they cover. 2) Need to explain to pt they need to get cleanings done every 6 months. 3) Need less paper work. It's all on the computer. As long as they are coming in for regular recalls we should be able to do tx without getting an ok first.
13.	1) Not so much paperwork needed. 2) Pay on posterior fills (white). 3) Let patients get fillings during core.
14.	1) Pay for SRP right AWAY, perio is a bacterial process that affects overall health. 2) All crowns at 6 months or enhanced. All endo teeth c/in 3 months after endo. 3) Perio maint w/no limit (2 years is ridiculous). 4) This program is so damn confusing I have my doctorate and have to ask constantly. Medicaid is easier to understand.
15.	1) Reimbursement rate. 2) Consistency of program. Coverage. Patients flip flop b/w XIX and DWP depending on income level.
16.	1) Reimbursement too low. 2) Ease of knowing what is covered and not covered.
17.	1) So many rules and hoops to go through. MANY of the patients just don't get it. We do more phone calls and paperwork trying to figure it out. 2) Difficult to see decay at an exam and then not schedule to fill it. Out of sight, out of mind and people forget. I get the concept, rewarding for good behavior and thought it would get easier but it hasn't.
18.	Add basic restorations to core.
19.	Address the problem of determining whether a pt is DWP or XIX. We seem to get pts that go back and forth; call for eligibility and program and not given current program eligibility. Change so that unrestorable teeth can be extracted whether it is an emergency situation or not, so new people in the program don't have to wait for either pain, infection, or to achieve the earned benefit for treatment of teeth that can not be saved, but have not yet caused a problem. There is a wait period for surgeons that accept DWP, so if probs develop treatment response maybe prolonged. If not salvageable, allow for that portion of the treatment plan to be addressed.
20.	Allow all disease control to be performed in first phase (S&RP, fillings, endo and extractions).

21. Allow dentists to determine if caries should be treated now or wait six months.
22. Allow patients immediate eligibility for all treatment. The dental need is great. Very few patients return in 6-12 months to receive enhanced benefits. The general population with dental insurance are not required to EARN benefits and change behavior. It is mean spirited and controlling to restrict benefits.
23. Allow patients who need scaling and root planning to begin treatment during Core. Allow more exams per calendar year. We do follow up exams and post-op care at no charge for all patients, but DWP patients have complicated cases that require reassessment and tx needs change,
24. Allow restorative work to be completed w/out the waiting period.
25. Allow us to do work quicker routine restorations. Increase reimbursement rates.
26. Allowing for treatment reimbursement for dental caries immediately as we would ethically for any other patient. Eliminate patients bouncing from Wellness coverage, non coverage, and Title XIX.
27. Allowing providers to start necessary care immediately. Changing the guidelines to prevent patients from alternating from DWP to Title 19. Trusting provider's treatment plans for patients to reduce having to submit pre-authorizations multiple times.
28. Allowing scaling and root planning to be completed as a core benefit.
29. Authorizing S/RP after receiving paperwork from dentist instead of waiting 6 months, then patient may or may not have insurance and condition has become severe.
30. Better reimbursement. Earned benefits concept is frustrating. Caries will progress while we wait to see if the patient will return in 6 months.
31. Change the earned benefits.
32. Coverages of services in the Core..... ie... more perio, and fillings.
33. Don't offer procedures that are a waste of tax payer's dollars. Example, enhanced benefit of teeth whitening. That is COSMETIC, and there is no other insurance company that covers this, even for the working people that pay their own premiums.
34. Drop the earned benefit. I can't imagine walking into a physician and having him diagnose the patient with a serious disease and have him tell you that if you live for 1 year, then I'll treat it. It's preposterous. I have had several cases that start out as salvageable that I would STABILIZE as but I could that deteriorated to unsalvageable while we were waiting for the patient to earn care. I'm overwhelmed by the compassion of our government. They pretend they want to help, but don't.
35. DWP is difficult to achieve quality of patient care and still keep practice viable. On average DWP patients have not had dental care for 15-20 years therefore their needs are significant. It is not the DWP patient percentage of your practice it is the percentage of your appointment times that are having to be allotted to address all their needs, particularly with severe lack of DWP provider specialists available it's overloading the GP. The problem of DWP patients being switched between DWP and Title 19 in mid treatment. It's been a problem with quality and consistency in patient care and a financial burden for the dental practice. We have had quite a few patients we have had to suspend treatment in mid process with laboratory expenses already incurred because of patients being switched between the two programs and their lack of communication between the two. DWP patients and new T19 patients are at about a 50-60% failure rate in our practice (possibly due to the number of appointments each are requiring) and if it continues it will be the #1 reason and #2 is because of the difficulty of the parameters with patient treatment care will be deciding factors in our continuing as a DWP provider. At this point we are seeing about a 35% rate of DWP patients continue with their regular preventative care.
36. Earned benefits portion, a large number of our DWP patients come in with work that needs to be completed or on an emergency basis. It is difficult to tell our patients that yes you have work that needs completed but because of your insurance you need to wait?
37. Eliminate earned credit.
38. Flip flopping between Iowa Wellness and Title XIX: one month on Title XIX, the next month DWP, then back to Title XIX again, hard to track and follow this, inconvenient to phase treatments.
39. Get rid of earned benefits.
40. Get rid of earned benefits. Must be creative writer, bad dental practice.
41. Get rid of earned benefits. This is just a way of saving money by denying treatment for a year. Meanwhile, multiple teeth become severely damaged.
42. Get rid of the narrative to restore a tooth. Also, I was taught to restore teeth when reaching the (DEJ). They would have a doctor watch lesion that I would normally restore. It's tough to pull off tx you would normally take care of. Those are my main concerns.
43. Get rid of the tier-based system, would be easier to treat patients if we could just prescribe needed treatment at our own discretion. Too much control by the insurance company - dictating treatment plans.
44. Get rid of treatment levels and have more specialists available.
45. Get the initial small caries above earlier than 6 months.
46. Having to pre-authorize all treatment needs at the core level. This is burdensome and nearly 95% of the time it is approved any way.
47. Higher reimbursement amounts. More services covered.
48. I think waiting on any decay is doing a disservice to the patient. I understand a waiting period on major services. However decay should not go untreated.

49. I would like the earned benefits approach to be deleted.
50. I would like to see more coverage for crowns. The criteria are very limiting and it causes difficulty getting approval and treating patients properly. I would also like to see scaling and root planning covered at the core level. The Previser assessment is well intentioned and is a good tool but I do not feel it should be required and tied to the bonus pool. Please reconsider how to approach this problem.
51. Immediate benefits to allow for perio and endo treatment sooner.
52. Include restoratives the first six months. Why wait till cavities get deeper before filling them.
53. Include some restorative in core benefits other than very large symptomatic lesions. Ideally the reimbursement rate would increase.
54. Including all disease control under core benefits! The HALFWAY TO THE PULP criteria for caries in core benefits is very GREY and places all the risk on the provider. I feel the DWP system of caries management is an insult to the interest of the provider and is unethical.
55. Informing Iowa Wellness participants the difference between TXIX and Iowa Wellness. A good portion of Wellness patients come in thinking they are standard TXIX. To restore all decay after the initial comprehensive exam follows how I was trained in dental school as proper protocol. The more comprehensive TX, i.e. crown, bridge, partials was always after that and can easily delay 6%-12%.
56. Less paper work. No prior approvals to do fillings on core individuals.
57. Less waiting period especially for extractions.
58. Let us remove all caries after complete exam and allow peril right away.
59. Managing when the patient is at different levels and qualifies for different treatment is difficult when complex treatment plans are involved. This is 90% plus of the time with DWP patients. It's not fair to pass blame for not having entire office memorize DWP policies when we have to be responsible for so many other ins policies combined. DWP should receive tx plans and help members and providers layout a timeline when patients will become eligible for different tx in their plan.
60. More leniency with coverage provided on first tiers, it's hard to tell a patient that they require SRP but must wait months for it, same thing with a cavity or crown.
61. Not tying the dentist hands regarding treatment.
62. Periodontal treatment. When patients come in to the office for initial exam and have not been treated by a dentist in years, which is the case with many of the patients I see, they frequently have perio issues. Those patients do not get the treatment they need right away. They have to come back in 6 months for another exam before we can even refer them to a perio specialist due to the earned benefit structure. So, patients trying to do the right thing are essentially penalized and left untreated for an additional 6 months. Also, Crowns. Patients who have received endodontic treatment who are not in the Enhanced Plus level can not have a permanent crown. This poses an issue for dentists to try and place a temporary restoration. Also, if the patient is no longer eligible for the program in 1.5 years then that temporary restoration will never be completed in many cases. If you are going to allow Endodontic therapy then you should allow a permanent crown to be placed on the treated tooth. It is the standard of care with all other patients and should be with the programs as well.
63. Pt in core enhance benefits RCT was denied because not enough documentation. Staff time used to print forms and x-ray and mail. Pts do not understand the benefits.
64. Remove earned benefits approach. Does not work for dentist or patient.
65. Stop stating that procedures such as crowns are covered and then denying every crown we submit. Find a way to stabilize and inform us about pt eligibility. Pts bounce back and forth between Title XIX and DWP and we never know what they have and they also lose their enhanced benefit status and have to start all over when they switch back to DWP.
66. The core level is too limited. Patients need dental treatment and get discouraged and don't come back because we can't do what they need. They are not interested in improving their dental or physical health. They just want treatment. Also reimbursement is bad. We spend a lot of time fixing a near helpless situation and then receive a sad reimbursement.
67. The plan stop the tier system. Stop bundling codes. Stop having individual offices responsible to determine all eligibility for patient. Stop denial of payments by stating WE CONSIDER THIS PART OF THE ENTIRE PROCEDURE. Example: I completed a ext on a pt w/a facial cellulites, which closed the pts eye, I completed ext, no drainage obtained. I then had to incise and drain and place a drain. DWP didn't pay for I&D, they considered it part of the ext. There is NO other INS which would do such a thing.
68. The program is working the way it was set-up too. It's working well and putting some of the responsibility on the patient which they need to be accountable for. Would like to be able to just do the dentistry needed at the start but not realistic.
69. There are two I feel I must mention: 1) The waiting periods are not appropriate. If I find caries - how is it ethical to say they must wait? 2) Patients are getting pushed around between medicaid and DWP - this messes with the waiting period and puts us, as dentists in a bad position as I won't schedule in the first week of the month because the patients don't always find out their eligibility in good time.
70. Timing of treating needed conditions.
71. Too many technicalities that cause a complete denial of payment. (\$0) Too many zero payments doesn't make a provider want to continue seeing DWP patients. One example I can think of off the top of my head is that a comprehensive exam is required prior to completing a root canal according to the DWP. I understand the technical rational for this, but that's

not how the real world operates. If a patient comes to me with a toothache. I will look at the tooth and naturally look at all of his teeth to get a general idea of the rest of the condition of his mouth. Big picture is important. I'm not going to do a root canal on a tooth unless I think it is appropriate considering the patient's whole mouth. Dentists can do that by looking around the mouth. We don't need a comprehensive exam for that. The patient doesn't want to hear "we can't really think about finishing this root canal until we take xrays of all of your teeth and do a comprehensive exam... Eventually we'll get that root canal done..." Seeing emergency patients is about solving their problem and gaining their trust. DWP adds too much red tape as far as the order of exams and prior authorizations to efficiently get the patient to complete treatment. Once a patient is out of pain, they may not return to complete the root canal...they will wait til the next emergency. It hurts to get \$0 for a molar root canal when you are agreeing to work for only 65% of your fee guide to begin with. Anterior composites with multiple surfaces are routinely zero paid. That is basically the insurance company saying "we don't believe you. Send us an x-ray or we will pretend the filling you did never happened." They are much more picky than other insurance companies. I'll accept the lower fees as a service to the community (actually all of NE Iowa!) to help some people out, but I'm not sure I can stand silly complete denials of payment for certain procedures.

72. Trust the doctors recommended treatment more and less priors required.
73. Waiting for a year to either do SRP or providing crowns is way too long. A lot of these teeth need much more than restorations are capable of providing and by the time we are able to restore these teeth adequately often we are into endo situations or possibly even extractions.
74. We have pts w/decay that is left untreated due to DWP structure. This is against our nature as dentists. We see a problem and want to fix it soon.

## Reimbursement

1. 1) Be able to provide restorative procedures at initial core benefits level. 2) Reimbursement for extractions is much lower than some other procedures.
2. 1) Eligibility of service covered, guidelines could be more clear. 2) More restorative work should be allowed in the CORE phase (caries that are into dentin should be allowed to be restored in core phase instead of less than 50% of distance to pulp requirement). 3) Allow SRP in core phase. 4) Better reimbursement rate.
3. 1) Fewer regulations for when treatment can be done. 2) Not needing to pre-auth for crowns (trust our license). 3) Higher reimbursement.
4. 1) Improve reimbursement to increase dentist participation. 2) Coach patients not to miss appointments, allow missed appointment fees. 3) Allow SRP in core for severe cases.
5. 1) Increase reimbursement. 2) Get rid of earned benefits.
6. 1) Reimbursement rate. 2) Consistency of program. Coverage. Patients flip flop b/w XIX and DWP depending on income level.
7. 1) Reimbursement too low. 2) Ease of knowing what is covered and not covered.
8. Allow DDS to treat immediately as he or she sees fit. 2) Increase reimbursement.
9. Allow us to do work quicker routine restorations. Increase reimbursement rates.
10. Better reimbursement.
11. Better reimbursement. Earned benefits concept is frustrating. Caries will progress while we wait to see if the patient will return in 6 months.
12. Better reimbursement. Would resolve dentist shortages.
13. Consistency is the message when answering questions about what is covered. Poor reimbursement combine with documentation/paperwork requirement makes for a non-advantageous position. Don't change policies w/o written notice mailed to all dentists. Poor certainty that work will be paid for.
14. Get specialists to take patients. Make eligibility determination easier. Increase reimbursement.
15. Higher reimbursement amounts. More services covered.
16. Higher reimbursement rates.
17. 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. My only complaint is reimbursement for fillings. They are grossly under-compensated. Otherwise, I have no complaints!
18. I find that the the biggest issues for me in regards to the Dental Wellness Plan for my practice are the reimbursement rates and the intermittent flips between Title 19 and DWP. We use an eligibility tracker through Eaglesoft and it is very confusing to determine insurance coverage because it will show up as Medicaid Iowa Wellness Plan but they have DWP.
19. Include some restorative in core benefits other than very large symptomatic lesions. Ideally the reimbursement rate would increase.
20. Increase fee schedule. Payment is not enough to cover overhead especially on dentures, crowns and other lab fee related. Also to lower prophylaxis and fillings because of overhead (dental assist hourly wage and registration fees).
21. Increase fees paid and dentists, would improve number of dentists that accept patients.
22. Increase fees. Possibly screen patients better.

23. Increase reimbursement and also can be difficult to determine patients eligibility bouncing back and forth between DWP and Title XIX.
24. Increase reimbursement level to dentist. Delta Dental and MCNA are the only ones profiting from this program
25. Increase reimbursement levels.
26. Increase reimbursement rate. More communication, patients are confused.
27. Increase the reimbursement rate to cover the increasing lab and other costs of providing quality care.
28. Less paperwork to get treatment that is needed approved. Many specialists in this area are hesitant to accept for two reasons; reimbursement and hoops to jump through to get paid.
29. Make changes to get local oral surgeons on board. Raise fees for services. Simplify requirements for patients to remain on DWP program.
30. Needs to be more user friendly to the members and the providers. Better monetary coverage of services. Perhaps making the member accountable financially. Needs to be explained better to the members. Most of our patients have no idea what services are covered and how the program works. Resources for members and providers to go for assistance.
31. Raise reimbursement.
32. Reimbursement on necessary treatments. Diagnostic costs. Full mouth debridement. More providers with the plan. Better explanation of the plan to patients for their understanding. Stop flipping patients from Wellness to Medicaid; prior approved services with Wellness should be approved with Medicaid if the change occurs.
33. Reimbursement rates
34. Reimbursement rates are way too low. Overhead is barely covered.
35. The core level is too limited. Patients need dental treatment and get discouraged and don't come back because we can't do what they need. They are not interested in improving their dental or physical health. They just want treatment. Also reimbursement is bad. We spend a lot of time fixing a near helpless situation and then receive a sad reimbursement
36. When it comes to fillings on posterior teeth. IA Wellness will tell patients they cover resin filling, however the write off is huge. You expect the dentist to write off for the filling. If the patient want the resin filling on a molar tooth then they can pay the difference. You can not expect to get the best service and not have the best insurance. Just like most patients that have regular insurance, they choose the better filling and they have to pay the difference.

#### Intermittent Eligibility

1. 1) Being able to do SRP prior to 6 months wait period. 2) Being able to do fillings without prior approval. 3) Universal training on plan for verbiage, so approvals are approved. 4) Very tedious process to constantly check coverage, history, and approvals. Have to always check for lapses in coverage, or prior history, or we loose payments.
2. 1) Continuity of coverage. There is too much flip flopping between DWP and XIX. It halts treatment midway through and isn't fair that a patient can not pick up where they left off if they are temporarily on Medicaid. 2) Assurance of necessary emergency treatment payment. There is too much preauthorizing and errors in uploading x-rays, perio charting.
3. 1) Do away with the earned benefits system. In my opinion, this system does not encourage the recipient to come to there appointments every 6 months any more than T19 does. AND it keeps recipients from receiving the necessary treatment in a timely manor while they are eligible for DWP. The periodontal patients that need S&RP are the one that suffer the most under this earned benefit system. 2) Having two administrators of a single program is confusing for the recipients, especially since the network for one of the administrators is so poor. 3) The "off and on" nature of the DWP eligibility and checking where a recipient is in the earned benefits system is a real hassle and difficult to follow for the dental office. 4) Need to get rid of the T19 rule of not allowing Removable Partial Dentures for patients that have 8 or more posterior teeth in contact, it is not relevant most of the time.
4. 1) Let us charge for failed appointments, or somehow let it reflect back on patient somehow, decrease benefits perhaps? 2) Stop changing eligibility mid-month. They come in and have lost eligibility, or I start a crown in July, and want to seal it in August and they're not covered. 3) It's hard to tell someone that they have 5-6 cavities, but because they're not 1/2 way to the pulp at their 1st level of benefits, that we have to wait 6 months. Disease is disease, should be able to fix a cavity right away instead of waiting on higher level.
5. 1) Reimbursement rate. 2) Consistency of program. Coverage. Patients flip flop b/w XIX and DWP depending on income level.
6. Allowing for treatment reimbursement for dental caries immediately as we would ethically for any other patient. Eliminate patients bouncing from Wellness coverage, non coverage, and Title XIX.
7. Assessing eligibility on a monthly basis is too frequent. We often will see a patient one week and find they are not eligible the next. Also, the patients are switched back and forth between Medicaid and the DWP so often that it makes it difficult to find who is covering them at the moment and who to file with for reimbursement.
8. Changing b/t T19 and DWP. Delta has been great.
9. DWP is difficult to achieve quality of patient care and still keep practice viable. On average DWP patients have not had dental care for 15-20 years therefore their needs are significant. It is not the DWP patient percentage of your practice it is the percentage of your appointment times that are having to be allotted to address all their needs, particularly with severe lack of DWP provider specialists available it's overloading the GP. The problem of DWP patients being switched



between DWP and Title 19 in mid treatment. It's been a problem with quality and consistency in patient care and a financial burden for the dental practice. We have had quite a few patients we have had to suspend treatment in mid process with laboratory expenses already incurred because of patients being switched between the two programs and their lack of communication between the two. DWP patients and new T19 patients are at about a 50-60% failure rate in our practice (possibly due to the number of appointments each are requiring) and if it continues it will be the #1 reason and #2 is because of the difficulty of the parameters with patient treatment care will be deciding factors in our continuing as a DWP provider. At this point we are seeing about a 35% rate of DWP patients continue with their regular preventative care.

10. Eligibility needs to be for the entire month not day to day. Administrative nightmare.
11. Eligibility not changing on a daily basis.
12. Eligibility well defined, stable. Too intermittent.
13. Eligibility, patient unsure when no longer qualify.
14. Eligibility. We have pts. that are being switched between Title IX and DWP and it is sometimes difficult for us to keep track of where they are and what coverage they have.
15. Flip flopping between Iowa Wellness and Title XIX: one month on Title XIX, the next month DWP, then back to Title XIX again, hard to track and follow this, inconvenient to phase treatments.
16. I feel there is a gray area with the transitioning from XIX to DWP. Treatment may begin with XIX and by the time treatment is finished some of our patients have DWP and the treatment that we have completed is not covered because that patient starts out in the core level of benefits. There has got to be a better way. We loose out on payment.
17. I find that the the biggest issues for me in regards to the Dental Wellness Plan for my practice are the reimbursement rates and the intermittent flips between Title 19 and DWP. We use an eligibility tracker through Eaglesoft and it is very confusing to determine insurance coverage because it will show up as Medicaid Iowa Wellness Plan but they have DWP.
18. Increase reimbursement and also can be difficult to determine patients eligibility bouncing back and forth between DWP and Title XIX.
19. Less narratives for emergency and stabilization services. Cut down on the paperwork. Educate patients on what insurance they have and the benefits and how they are earned. We spend many amounts of time making sure eligibility thru DD of IA or XIX, sometimes even XIX isn't sure when you call.
20. Never knowing if patients are covered from one appointment to the next, Have to check every time
21. Not change back to Medicaid and then back to Wellness. Back and forth.
22. Not having patients lose their Wellness benefit level when they are switched to Title 19 and then switched back to the Wellness program.
23. Patients bounce back and forth from DWP to XIX and to no insurance and that is very difficult to work with as the "rules" for each plan are different. If a patient has a cleaning on XIX and then changes to DWP I have to repeat a cleaning/exam to start the clock on the earned benefits program--while necessary for the patients long term benefits, it feels wrong. Something should be done to address this.
24. Patients seem to bump around from Iowa Wellness to Title XIX and it's frustrating to have to re-check benefits and when treatment planning because they are different benefits. It would be easier if they were approved for longer periods of time so if say they had Iowa Wellness they could earn the benefits.
25. Previsor is a waste of time and manpower. We haven't had 1 patient go in and check their stuff. We spend a large amount of time checking eligibility each month. Each pt needs to be checked along with frequencies.
26. Reimbursement on necessary treatments. Diagnostic costs. Full mouth debridement. More providers with the plan. Better explanation of the plan to patients for their understanding. Stop flipping patients from Wellness to Medicaid; prior approved services with Wellness should be approved with Medicaid if the change occurs.
27. Stop stating that procedures such as crowns are covered and then denying every crown we submit. Find a way to stabilize and inform us about pt eligibility. Pts bounce back and forth between Title XIX and DWP and we never know what they have and they also lose their enhanced benefit status and have to start all over when they switch back to DWP.
28. The churn, people going off and on. Difficult for eligibility and for patients to understand.
29. The first thing is people going between T19 and Wellness on month by month basis. Would help if once they go on one they would stay there for 3 or 6 months. Second would be the difficulty in referring to specialists, often it takes several weeks to get a Wellness patient in to their schedule.
30. The intermittent eligibility and the fact that there is no "set" date when a person can or may lose eligibility. You basically have to check on eligibility the day of the appointment and if it has changed or termed...then the office now has a hole to fill. Also, in the last few weeks..the process of the patient having to select a provider (at least with Scott County patients)..has become confusing to the patient and they think they have coverage when they do not.
31. There are two I feel I must mention: 1) The waiting periods are not appropriate. If I find caries - how is it ethical to say they must wait? 2) Patients are getting pushed around between medicaid and DWP - this messes with the waiting period and puts us, as dentists in a bad position as I won't schedule in the first week of the month because the patients don't always find out their eligibility in good time.
32. Too much flipping back and forth between Dental Wellness and Title XIX.
33. Waiting periods for fillings should be eliminated. People should not bounce back and forth between Medicaid and Dental Wellness. Causes major problems w/pre-auth and waiting periods.

## Administration/Paperwork Required

1. 1) Being able to do SRP prior to 6 months wait period. 2) Being able to do fillings without prior approval. 3) Universal training on plan for verbiage, so approvals are approved. 4) Very tedious process to constantly check coverage, history, and approvals. Have to always check for lapses in coverage, or prior history, or we lose payments.
2. 1) Continuity of coverage. There is too much flip flopping between DWP and XIX. It halts treatment midway through and isn't fair that a patient can not pick up where they left off if they are temporarily on Medicaid. 2) Assurance of necessary emergency treatment payment. There is too much preauthorizing and errors in uploading x-rays, perio charting.
3. 1) Ease of use. 2) Earned benefits approach is confusing to us and to patients as to what is covered and when. 3) Patients will come back and have second or third recall exams and tx is completed then claims are denied saying tx does not qualify and pt is at core benefits. Staff then has to call and constantly correct claims and inform them that pt has returned and should be in enhanced or enhanced plus tiers. Delta Dental appears to deny as much tx as possible and online tools to determine pt status are often not updated or incorrect.
4. 1) Fewer regulations for when treatment can be done. 2) Not needing to pre-auth for crowns (trust our license). 3) Higher reimbursement.
5. 1) Needs to be more concise with what they cover. 2) Need to explain to pt they need to get cleanings done every 6 months. 3) Need less paper work. It's all on the computer. As long as they are coming in for regular recalls we should be able to do tx without getting an ok first.
6. 1) Not so much paperwork needed. 2) Pay on posterior fills (white). 3) Let patients get fillings during core.
7. 1) Risk assessment/previser - not worth all the paperwork. 2) Should be a co-pay for these patients and should be able to charge for broken or failed appointments.
8. 1) So many rules and hoops to go through. MANY of the patients just don't get it. We do more phone calls and paperwork trying to figure it out. 2) Difficult to see decay at an exam and then not schedule to fill it. Out of sight, out of mind and people forget. I get the concept, rewarding for good behavior and thought it would get easier but it hasn't.
9. Better communication with the DWP reps when calling for answers to questions
10. Better support from help line with submission of claim issues. We feel brushed aside and questions are not answered promptly or difficult claims processed quickly.
11. Consistency is the message when answering questions about what is covered. Poor reimbursement combine with documentation/paperwork requirement makes for a non-advantageous position. Don't change policies w/o written notice mailed to all dentists. Poor certainty that work will be paid for.
12. Delta has tendency for denial of payment for any minor reason.
13. Delta has tendency for denial of payment for any minor reason.
14. Difficulty receiving approval for needed treatment. Ex. a patient needed a retreat of a root canal where the original attempt did not reach the apex. DWP would not approve pre-auth based on requiring a post-obturation film.
15. Do not call it Delta Dental. Easier way to identify eligibility, changes quickly. Entitlement (XIX and Wellness) should be rescue programs to eliminate infection, disease. Also to provide removable anterior esthetic appliances. We can not afford posterior RCT and crowns.
16. Don't change much. Customer service is top notch and they are the first people we contact if a question or issue would arise. They are a great asset to the program - knowledgeable and give good explanations. At first did not care for the steps but have adapted to the program. Win for the patient with 6 months recare & win for the office with returning patients. Only one area of concern. Accepting new patients from a provider that has discontinued serving DWP patients and if a prior authorization is left uncompleted. It would be helpful if we could access that information on the website like we are able to access history. We don't have to know the specifics about the prior authorization just that there is one out there that would alert us to contact customer service to get more details. The website is a wonderful tool that saves us time and allows us more time to provider service and not get stuck in paper work or phone calls.
17. Get specialists to take patients. Make eligibility determination easier. Increase reimbursement.
18. Having to pre-authorize all treatment needs at the core level. This is burdensome and nearly 95% of the time it is approved any way.
19. Improvement to the DWP website, specifically claim response, submission and clarity. More competitive pay on claims, less denials on stabilization and emergency treatments (relating back to better website and submission of claims).
20. Less narratives for emergency and stabilization services. Cut down on the paperwork. Educate patients on what insurance they have and the benefits and how they are earned. We spend many amounts of time making sure eligibility thru DD of IA or XIX, sometimes even XIX isn't sure when you call.
21. Less paper work. No prior approvals to do fillings on core individuals.
22. Less paperwork to get treatment that is needed approved. Many specialists in this area are hesitant to accept for two reasons; reimbursement and hoops to jump through to get paid.
23. Needs to be more user friendly to the members and the providers. Better monetary coverage of services. Perhaps making the member accountable financially. Needs to be explained better to the members. Most of our patients have no idea what services are covered and how the program works. Resources for members and providers to go for assistance.



24. Pt in core enhance benefits RCT was denied because not enough documentation. Staff time used to print forms and x-ray and mail. Pts do not understand the benefits.
25. time spent getting approval for complex stabilization patients
26. Too many technicalities that cause a complete denial of payment. (\$0) Too many zero payments doesn't make a provider want to continue seeing DWP patients. One example I can think of off the top of my head is that a comprehensive exam is required prior to completing a root canal according to the DWP. I understand the technical rational for this, but that's not how the real world operates. If a patient comes to me with a toothache. I will look at the tooth and naturally look at all of his teeth to get a general idea of the rest of the condition of his mouth. Big picture is important. I'm not going to do a root canal on a tooth unless I think it is appropriate considering the patient's whole mouth. Dentists can do that by looking around the mouth. We don't need a comprehensive exam for that. The patient doesn't want to hear "we can't really think about finishing this root canal until we take xrays of all of your teeth and do a comprehensive exam... Eventually we'll get that root canal done..." Seeing emergency patients is about solving their problem and gaining their trust. DWP adds too much red tape as far as the order of exams and prior authorizations to efficiently get the patient to complete treatment. Once a patient is out of pain, they may not return to complete the root canal...they will wait til the next emergency. It hurts to get \$0 for a molar root canal when you are agreeing to work for only 65% of your fee guide to begin with. Anterior composites with multiple surfaces are routinely zero paid. That is basically the insurance company saying "we don't believe you. Send us an x-ray or we will pretend the filling you did never happened." They are much more picky than other insurance companies. I'll accept the lower fees as a service to the community (actually all of NE Iowa!) to help some people out, but I'm not sure I can stand silly complete denials of payment for certain procedures.

#### Issues with Patients' Understanding of Plan

1. 1) Needs to be more concise with what they cover. 2) Need to explain to pt they need to get cleanings done every 6 months. 3) Need less paper work. It's all on the computer. As long as they are coming in for regular recalls we should be able to do tx without getting an ok first.
2. 1) So many rules and hoops to go through. MANY of the patients just don't get it. We do more phone calls and paperwork trying to figure it out. 2) Difficult to see decay at an exam and then not schedule to fill it. Out of sight, out of mind and people forget. I get the concept, rewarding for good behavior and thought it would get easier but it hasn't.
3. Better orientation for the cardholders themselves. There is a major lack of understanding by the patient, especially regarding EARNED enhanced plus benefits. Patients are also clueless about termination of plan, why and when.
4. Increase reimbursement rate. More communication, patients are confused.
5. Informing Iowa Wellness participants the difference between TXIX and Iowa Wellness. A good portion of Wellness patients come in thinking they are standard TXIX. To restore all decay after the initial comprehensive exam follows how I was trained in dental school as proper protocol. The more comprehensive TX, i.e. crown, bridge, partials was always after that and can easily delay 6%-12%.
6. Less narratives for emergency and stabilization services. Cut down on the paperwork. Educate patients on what insurance they have and the benefits and how they are earned. We spend many amounts of time making sure eligibility thru DD of IA or XIX, sometimes even XIX isn't sure when you call.
7. Needs to be more user friendly to the members and the providers. Better monetary coverage of services. Perhaps making the member accountable financially. Needs to be explained better to the members. Most of our patients have no idea what services are covered and how the program works. Resources for members and providers to go for assistance.
8. Pt in core enhance benefits RCT was denied because not enough documentation. Staff time used to print forms and x-ray and mail. Pts do not understand the benefits.
9. Pt in core enhance benefits RCT was denied because not enough documentation. Staff time used to print forms and x-ray and mail. Pts do not understand the benefits.
10. Reimbursement on necessary treatments. Diagnostic costs. Full mouth debridement. More providers with the plan. Better explanation of the plan to patients for their understanding. Stop flipping patients from Wellness to Medicaid; prior approved services with Wellness should be approved with Medicaid if the change occurs.
11. Remove MCNA so pts don't unknowingly have a limited (more limited) provider network. Pt counseling about program benefits and regulations so they understand their responsibility in remaining eligible.
12. The churn, people going off and on. Difficult for eligibility and for patients to understand.
13. The intermittent eligibility and the fact that there is no "set" date when a person can or may lose eligibility. You basically have to check on eligibility the day of the appointment and if it has changed or termed...then the office now has a hole to fill. Also, in the last few weeks..the process of the patient having to select a provider (at least with Scott County patients)..has become confusing to the patient and they think they have coverage when they do not.

#### Referral to Specialists

1. Better specialist network
2. Broken appointments, we kick them out. Lack of specialists especially at Iowa in Endo, OS and perio. I think the faculty at XXX is just plain lazy.
3. Find a way to entice local oral surgeons to participate with the program
4. Get rid of treatment levels and have more specialists available.
5. Get specialists to take patients. Make eligibility determination easier. Increase reimbursement.
6. Having specialists available in the Quad Cities area. Most patients cannot drive to Iowa City for care. Distance too far / time away from work.
7. Less paperwork to get treatment that is needed approved. Many specialists in this area are hesitant to accept for two reasons; reimbursement and hoops to jump through to get paid.
8. Make changes to get local oral surgeons on board. Raise fees for services. Simplify requirements for patients to remain on DWP program.
9. More specialists available for referrals, especially endodontists.
10. The first thing is people going between T19 and Wellness on month by month basis. Would help if once they go on one they would stay there for 3 or 6 months. Second would be the difficulty in referring to specialists, often it takes several weeks to get a Wellness patient in to their schedule.

#### Failed Appointments

1. 1) Improve reimbursement to increase dentist participation. 2) Coach patients not to miss appointments, allow missed appointment fees. 3) Allow SRP in core for severe cases
2. 1) Let us charge for failed appointments, or somehow let it reflect back on patient somehow, decrease benefits perhaps? 2) Stop changing eligibility mid-month. They come in and have lost eligibility, or I start a crown in July, and want to seal it in August and they're not covered. 3) It's hard to tell someone that they have 5-6 cavities, but because they're not 1/2 way to the pulp at their 1st level of benefits, that we have to wait 6 months. Disease is disease, should be able to fix a cavity right away instead of waiting on higher level.
3. 1) Risk assessment/previser - not worth all the paperwork. 2) Should be a co-pay for these patients and should be able to charge for broken or failed appointments.
4. A better way to communicate when patients are no shows for the appointments.
5. Broken appointments, we kick them out. Lack of specialists especially at Iowa in Endo, OS and perio. I think the faculty at XXXX is just plain lazy.
6. DWP is difficult to achieve quality of patient care and still keep practice viable. On average DWP patients have not had dental care for 15-20 years therefore their needs are significant. It is not the DWP patient percentage of your practice it is the percentage of your appointment times that are having to be allotted to address all their needs, particularly with severe lack of DWP provider specialists available it's overloading the GP. The problem of DWP patients being switched between DWP and Title 19 in mid treatment. It's been a problem with quality and consistency in patient care and a financial burden for the dental practice. We have had quite a few patients we have had to suspend treatment in mid process with laboratory expenses already incurred because of patients being switched between the two programs and their lack of communication between the two. DWP patients and new T19 patients are at about a 50-60% failure rate in our practice (possibly due to the number of appointments each are requiring) and if it continues it will be the #1 reason and #2 is because of the difficulty of the parameters with patient treatment care will be deciding factors in our continuing as a DWP provider. At this point we are seeing about a 35% rate of DWP patients continue with their regular preventative care.
7. Holding pts liable for missing appointments.
8. I'm happy w/the plan and how it's structured, only deterrent is the HIGH no show, late cancel, or showing up late to appointments. I realize that is out of DWP control.

#### Delta Dental/MCNA

1. 1) Do away with the earned benefits system. In my opinion, this system does not encourage the recipient to come to there appointments every 6 months any more than T19 does. AND it keeps recipients from receiving the necessary treatment in a timely manor while they are eligible for DWP. The periodontal patients that need S&RP are the one that suffer the most under this earned benefit system. 2) Having two administrators of a single program is confusing for the recipients, especially since the network for one of the administrators is so poor. 3) The "off and on" nature of the DWP eligibility and checking where a recipient is in the earned benefits system is a real hassle and difficult to follow for the dental office. 4) Need to get rid of the T19 rule of not allowing Removable Partial Dentures for patients that have 8 or more posterior teeth in contact, it is not relevant most of the time.
2. 1) Ease of use. 2) Earned benefits approach is confusing to us and to patients as to what is covered and when. 3) Patients will come back and have second or third recall exams and tx is completed then claims are denied saying tx does not qualify and pt is at core benefits. Staff then has to call and constantly correct claims and inform them that pt has

returned and should be in enhanced or enhanced plus tiers. Delta Dental appears to deny as much tx as possible and online tools to determine pt status are often not updated or incorrect.

3. Changing b/t T19 and DWP. Delta has been great.
4. Delta has tendency for denial of payment for any minor reason.
5. Do not call it Delta Dental. Easier way to identify eligibility, changes quickly. Entitlement (XIX and Wellness) should be rescue programs to eliminate infection, disease. Also to provide removable anterior esthetic appliances. We can not afford posterior RCT and crowns.
6. Increase reimbursement level to dentist. Delta Dental and MCNA are the only ones profiting from this program
7. More flexibility for Delta to work with providers.
8. Remove MCNA so pts don't unknowingly have a limited (more limited) provider network. Pt counseling about program benefits and regulations so they understand their responsibility in remaining eligible.

#### PreViser Risk Assessment

1. 1) Get rid of caries risk assessment. 2) Figure out new algorithm for earned benefits, too confusing dealing with high risk population.
2. 1) Risk assessment/previser - not worth all the paperwork. 2) Should be a co-pay for these patients and should be able to charge for broken or failed appointments.
3. For the 3 patients I saw this year: the previsor paperwork was a bit time consuming. I could see if I saw more DWP patients this could become a major issue.
4. I would like to see more coverage for crowns. The criteria are very limiting and it causes difficulty getting approval and treating patients properly. I would also like to see scaling and root planning covered at the core level. The Previser assessment is well intentioned and is a good tool but I do not feel it should be required and tied to the bonus pool. Please reconsider how to approach this problem.
5. Previsor is a waste of time and manpower. We haven't had 1 patient go in and check their stuff. We spend a large amount of time checking eligibility each month. Each pt needs to be checked along with frequencies.

#### More Accepting Providers

1. DWP is difficult to achieve quality of patient care and still keep practice viable. On average DWP patients have not had dental care for 15-20 years therefore their needs are significant. It is not the DWP patient percentage of your practice it is the percentage of your appointment times that are having to be allotted to address all their needs, particularly with severe lack of DWP provider specialists available it's overloading the GP. The problem of DWP patients being switched between DWP and Title 19 in mid treatment. It's been a problem with quality and consistency in patient care and a financial burden for the dental practice. We have had quite a few patients we have had to suspend treatment in mid process with laboratory expenses already incurred because of patients being switched between the two programs and their lack of communication between the two. DWP patients and new T19 patients are at about a 50-60% failure rate in our practice (possibly due to the number of appointments each are requiring) and if it continues it will be the #1 reason and #2 is because of the difficulty of the parameters with patient treatment care will be deciding factors in our continuing as a DWP provider. At this point we are seeing about a 35% rate of DWP patients continue with their regular preventative care.
2. 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. My only complaint is reimbursement for fillings. They are grossly under-compensated. Otherwise, I have no complaints!

#### Attitudes about DWP Patient Population

1. The core level is too limited. Patients need dental treatment and get discouraged and don't come back because we can't do what they need. They are not interested in improving their dental or physical health. They just want treatment. Also reimbursement is bad. We spend a lot of time fixing a near helpless situation and then receive a sad reimbursement

#### Issues with Insurance Cards

1. DWP patients do not have Delta Dental of Iowa cards. When a new patient calls to make an appointment they do not know what kind of insurance they have - just that it's thru the state. We have to ask many questions to assess which they have. We accept T-19 patients of record but not new so they say they have United Healthcare that's an MCO for T-19 but we have many employer sponsored plans that are United Healthcare as well.

#### Positive Comments

1. Changing b/t T19 and DWP. Delta has been great.
2. Don't change much. Customer service is top notch and they are the first people we contact if a question or issue would arise. They are a great asset to the program - knowledgeable and give good explanations. At first did not care for the steps but have adapted to the program. Win for the patient with 6 months recare & win for the office with returning patients. Only one area of concern. Accepting new patients from a provider that has discontinued serving DWP patients and if a prior authorization is left uncompleted. It would be helpful if we could access that information on the website like we are able to access history. We don't have to know the specifics about the prior authorization just that there is one out there that would alert us to contact customer service to get more details. The website is a wonderful tool that saves us time and allows us more time to provide service and not get stuck in paper work or phone calls.
3. 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. My only complaint is reimbursement for fillings. They are grossly under-compensated. Otherwise, I have no complaints!
4. I'm happy w/the plan and how it's structured, only deterrent is the HIGH no show, late cancel, or showing up late to appointments. I realize that is out of DWP control.
5. The program is working the way it was set-up too. It's working well and putting some of the responsibility on the patient which they need to be accountable for. Would like to be able to just do the dentistry needed at the start but not realistic.

#### Other Comments

1. A better way to communicate when patients are no shows for the appointments.
2. Drop the earned benefit. I can't imagine walking into a physician and having him diagnose the patient with a serious disease and have him tell you that if you live for 1 year, then I'll treat it. It's preposterous. I have had several cases that start out as salvageable that I would STABILIZE as but I could that deteriorated to unsalvageable while we were waiting for the patient to earn care. I'm overwhelmed by the compassion of our government. They pretend they want to help, but don't.
3. DWP is difficult to achieve quality of patient care and still keep practice viable. On average DWP patients have not had dental care for 15-20 years therefore their needs are significant. It is not the DWP patient percentage of your practice it is the percentage of your appointment times that are having to be allotted to address all their needs, particularly with severe lack of DWP provider specialists available it's overloading the GP. The problem of DWP patients being switched between DWP and Title 19 in mid treatment. It's been a problem with quality and consistency in patient care and a financial burden for the dental practice. We have had quite a few patients we have had to suspend treatment in mid process with laboratory expenses already incurred because of patients being switched between the two programs and their lack of communication between the two. DWP patients and new T19 patients are at about a 50-60% failure rate in our practice (possibly due to the number of appointments each are requiring) and if it continues it will be the #1 reason and #2 is because of the difficulty of the parameters with patient treatment care will be deciding factors in our continuing as a DWP provider. At this point we are seeing about a 35% rate of DWP patients continue with their regular preventative care.
4. Get private, for-profit insurance companies out of the program. Their only goal is to make more profit by denying benefits, controlling treatment, and delaying payments.
5. 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. My only complaint is reimbursement for fillings. They are grossly under-compensated. Otherwise, I have no complaints!
6. I do not know how much money the State of Iowa spends on developing programs to promote and provide care for the indigent, but it is probably a lot. As a dentist, I feel if you are going to spend our State tax dollars and our Federal tax dollars on dental work, why have all the program and paperwork, put the money into the treatment at a fair price every year and when it's gone it's gone. But there would be a lot of people out of work in Des Moines. I truly have no solutions for you.
7. I would like to be a participating DDS for Dental Wellness.
8. Increase fees. Possibly screen patients better.
9. Making the patients have some SKIN IN THE GAME.

Reimbursement	
1.	1) I like the earned benefits approach. 2) Having it set up similar to Hawk-I for benefits to the patient and reimbursement for the dentist. This would do possibly do two things. Get more dentists accepting the program. If the patients know there is a max benefit (i.e. 1000.00) they make take more responsibility in their oral care. Educating alone sometimes doesn't cut it.
2.	1) Make patients have 2 year eligibility period for treatment. Too much BAIT AND SWITCH W/TITLE 19. 2) Increase reimbursement rate to 80%, at least Hawk-I rates. 3) Treat deceases as early as possible.
3.	1) Remove earned benefits, it becomes the primary factor when treating patients and causes ethical problem when you force a doctor to decide between proper treatment and payment. 2) Current payment schedule is only 45% of fees. From a business standpoint. It is difficult to have patients where the payment is so low and risk of missed appt is so high.
4.	Better reimbursement rates.
5.	Better reimbursement rates.
6.	Better reimbursement.
7.	Better reimbursement.
8.	Better reimbursement. I can't afford to do fillings at cost and make zero dollars.
9.	Delta payments are low as or Title XIX, so payments in DWP would not be expected to have a great reimbursement amt.
10.	Delta Wellness plan is medicaid in sheep's clothing. Asking dentists to deal with all the staging of care and poor reimbursement rate is not reasonable. The medical profession is in shambles because of poor reimbursement rates of government programs. The more we promote these programs, the more we will see the same result in dentistry. Public programs need to be public programs. These are where this kind of dentistry should be done.
11.	Dentist compensation for rendered tx.
12.	Eliminate earned benefits. Increase reimbursement for resins, nobody does amalgam anymore.
13.	Fair fees.
14.	Fee reimbursement rates, comprehensive care, not limiting patient care due to 3rd party (insurance) rules and regulations.
15.	Finding a way to make administration of this program better. (I don't know if it's possible). Patient's status can charge at any time, and great detail is needed to see what services pts qualify for at any given time requires much extra staff time. Given the poor reimbursement and increased overhead costs, this became too much of a burden, esp since our practice focuses on high quality patient care and devoting adequate time for this, it's almost impossible to do this given the DWP limitations.
16.	higher reimbursement rate and less paperwork Too much government regulations
17.	Higher reimbursement rates.
18.	Higher reimbursement.
19.	Higher reimbursement.
20.	I don't know if you can implement the changes needed for me to consider accepting the DWP. 1. accepting my fee schedule and 2. easy reimbursement meaning little paperwork, or time on the phone for my front desk team
21.	I don't like waiting 6 months to treat decay that is not causing patient pain. I believe it results in larger fillings and/or possible root canals when a more conservative filling could be initially placed. I don't like having to check to see "what is covered" when I would rather just sit down and be a dentist. Also, higher reimbursement rates would provide more incentive to see more of these patients. Low reimbursement with high failure rates makes this plan very unattractive.
22.	I will retire soon, but reimbursement rates with high no-shows to me seem to be a problem.
23.	Improve reimbursement is most important thing you could do. It would take care of a lot of the existing problems and participating would not be a problem. You are asking dentists to treat patients a lot of time at our cost or below. It's no mystery why dentists don't participate or treat more than just their patients.
24.	improve reimbursement rates.
25.	Increase reimbursement
26.	increase reimbursement levels.
27.	Increase reimbursement rate and more dentists accepting DWP
28.	Increase reimbursement rates.
29.	Increase reimbursement.
30.	Increase reimbursement. Decrease paperwork. Decrease eligibility requirements.
31.	Increased reimbursements would be great, but my biggest problem is the lack of respect for dentists' treatment plans and execution.
32.	It is obvious that we need to get paid for the work that we do in order to pay our bills. Doing work at the cost of doing the work is not enjoyable or business wise. Pay us our fees and you will have no problem finding dentists to treat these low income individuals.

33. It would be nice for an increase in reimbursement. Thankfully, it is more than Medicaid and understand that this would be hard to do.
34. Less hoops to jump through. Better reimbursement.
35. No DD. Increase reimbursement.
36. Normal coverage at the usual 85-90% reimbursement rate.
37. Pay the doctor fee!
38. Rates comparable to regular ins.
39. Reduce paperwork.
40. Reimburse at GOING RATE. Loose less money playing computer games instead of treating DWP.
41. Reimbursement
42. Reimbursement and less paperwork.
43. reimbursement and treatment limitations
44. Reimbursement has to be higher in order for people to accept this more. Due to higher overheads in a private practice the reimbursement as they stand do not cover overheads and thus would lose income if accepting these patients.
45. Reimbursement increase and decrease in paper work. The efficiency is very poor and requires a lot of employee time to receive reimbursement.
46. Reimbursement is likely our biggest issue. We write off huge amounts from Title XIX, and we weren't too excited to sign up for more of the same.
47. Reimbursement level and ease of paperwork (from what I have heard).
48. Reimbursement rate.
49. Reimbursement rates are terrible. Don't cover overhead.
50. Reimbursement rates, coverage increase and participants recognizing importance of oral health care (aka-elimination of no shows).
51. Reimbursement rates.
52. Simplify all aspects. Increase reimbursement. Bring it into line with commercial private dental insurance operation.
53. The reimbursement for procedures that need to be done with a dental lab (i.e. dentures, partial, crowns) somehow doesn't cover the lab cost and I refuse to do inferior treatment.
54. The tier system is cumbersome for the provider as well as the patient. The patient's don't understand the system and it limits dentists from providing essential services in a timely manner. The medicaid system is slightly better as both the patient and provider understand exactly what is covered and will be covered immediately rather than some arbitrary time in the future. Reimbursement rate is also a burden for providers and requires that some providers in the area either limit or do not accept these patients as reimbursement will not cover overhead costs for seeing these patients. Thank you for your attention with this pressing problem to best serve these patients in the future.
55. With both Title XIX and the Dental Wellness Program, a system of same day or next day reimbursement needs to be implemented. I do believe that the future of dentistry will involve payment of the practitioner's office at the time of service. It is simply too expensive and time consuming to carry patient balances on the books for extended periods of time. In the last several years, I have seen insurance reimbursement go from the sublime to the ridiculous. We have seen numerous instances this year and last year where insurance companies request documentation and radiographs for relatively simple 2-and -3 surface restorations. Based on what insurance will not cover in regards to restorative procedures, most patients would be better off with an HSA for dental work and save the money that is spent on the insurance premiums. I have been in the field for 35 years and I can honestly say that the reimbursements, relative to the cost of providing services, were better 30 years ago than they are today. \$750 to \$1500 yearly maximums for insurance coverage are an insult to both the practitioners and the insurance subscribers. Most dental insurance is not all that expensive, but that is simply because the coverages are so poor.

#### Earned Benefits/Covered Services

1. 1. Provide comprehensive care to patients from day one of coverage. If you can't do it all, then at least allow all disease control phases of dentistry. If it isn't financially possible, allow patients to purchase additional coverage-potentially at a subsidized rate or pay a co-pay. 2. Recruit more local specialists to accept the insurance as well. Sit down with the specialists and find out how the plan could be designed to allow them to participate. General dentists refer to specialists regularly and it is important to know that dental care is a team delivered care, and we need to be able to count on our supporting professionals for DWP patients just as we do for our other patients. The complexity of the patients question was a difficult one to answer-I said no concern because I don't accept patients based on the complexity of their care or health. I don't even know about that until they sit in the dental chair. Complexity of the dental care is only a greater concern because you don't have the specialists to back you up when you need them. Some patients just can't get to Iowa City, and the college can't take on the specialty burden for the entire state of Iowa. Thankfully, we do have some local oral surgeons in our area that accept DWP. But oral surgery isn't the only dental specialty!
2. 1) Coverage changing from month to month. 2) Covering major services when needed if doctor deems necessary.
3. 1) I believe the 1557 rule and other federal involvement is a problem (i.e. ICD 10 codes for me when working in hospital). 2) Ability to manage pt treatment in a timely and ethical manner.



4. 1) It would be nice to be able to treat a patient sooner than 6 months for cavities. Most of these patients have never had regular dental care and need a lot of work. 2) Patients need to have more instruction on earned benefits. Most have had Medicaid that paid for services they did not have to wait 6 months for service.
5. 1) Make patients have 2 year eligibility period for treatment. Too much BAIT AND SWITCH W/TITLE 19. 2) Increase reimbursement rate to 80%, at least Hawk-I rates. 3) Treat diseases as early as possible.
6. 1) Philosophically disagree with earned benefits approach goes against all my instincts of providing care for over 30 years. By the time they have earned the benefits, they are often no longer on Wellness. 2) Get rid of patient risk assessment bonus pool. Feels a bit like a bribe to encourage participation.
7. 1) Provider autonomy. 2) Specialty coverage. 3) Complexity of the system is prohibitive, streamline the rules.
8. 1) Remove earned benefits, it becomes the primary factor when treating patients and causes ethical problem when you force a doctor to decide between proper treatment and payment. 2) Current payment schedule is only 45% of fees. From a business standpoint. It is difficult to have patients where the payment is so low and risk of missed appt is so high.
9. All restorations, extractions, scaling and root planing (all disease control phase) should be covered in Tier I, preferably without extensive documentation in order to get services covered.
10. Allow all necessary restorative procedures (except crowns) and periodontal treatment as a core benefit immediately. It makes no sense to identify areas of decay and not treat them for 6 months, especially when the patient may no longer qualify for care under DWP in the future. I feel this is a major disservice to patients and creates additional administrative work for the insurance company (which ultimately means lower reimbursement rates).
11. Allow ALL treatment after 2nd check up.
12. Allow to repair teeth when diagnosed.
13. Allow us to tx pts and not interfere with improved rate of reimbursement. And the false allure of somehow the rest of the dental community might share in the redistribution other than just the university.
14. Being able to treat patients when needed not according to level of benefits.
15. Decrease paperwork. Shorten time required to be eligible. Make what is covered and what is not more clear.
16. Eliminate earned benefits. Increase reimbursement for resins, nobody does amalgam anymore.
17. Eliminate some of the rules regarding major restorative i.e. need to have endodontic treatment in different earned benefits period than when crown is placed. The rules are confusing and don't allow for the dentist to determine and perform what is in the patients' best interests.
18. Eliminate the "carrot and stick" requirement to maintain 6 mo recall appointments to gain additional benefits. Without authorization to provide all facets of treatment, we are being asked to absorb the cost or under treat the patient. Please look closer as to why this population cannot afford the same level of care as the median wage earners without taxpayer funding. Either give them one level of coverage or end the program.
19. Eliminate the earned benefit approach, there is no way a dentist designed that program.
20. Eliminating the prophylaxis first rule. We do not have the capacity to add new hygiene appointments. Caries control should be the first priority. Glass ionomer sed fills can be done efficiently at a reasonable cost and are the only restoration that will hold up to this population's consumption of citric acid beverages.
21. endo and surgery should be covered in basic coverage
22. Fee reimbursement rates, comprehensive care, not limiting patient care due to 3rd party (insurance) rules and regulations.
23. I don't like waiting 6 months to treat decay that is not causing patient pain. I believe it results in larger fillings and/or possible root canals when a more conservative filling could be initially placed. I don't like having to check to see "what is covered" when I would rather just sit down and be a dentist. Also, higher reimbursement rates would provide more incentive to see more of these patients. Low reimbursement with high failure rates makes this plan very unattractive.
24. I like the earned benefit approach. I think it helps people take some responsibility for themselves, which is difficult in our society/country where so many people think the government should take care of them.
25. I think the intention of this program is excellent. The earned benefit approach, a good concept. Unfortunately, this program seems to serve people generally pricing a low value on dental health. What brings patients in and what keeps them coming back will be the eternal mystery. The EB approach sends mixed messages, but it's worth trying.
26. I understand the reasoning behind the earned benefits, however it is very challenging to keep up with a patient's eligibility as they can be eligible one month and then the next they are not. This makes it difficult to schedule treatment under guidelines for reimbursement. Patients also are unaware what INSURANCE PLAN they have whether it is Title XIX or Dental Wellness because to them they have insurance so it doesn't matter what aid program they fall under.
27. if the government would be responsible for the coding of levels 1, 2 and 3 and not left for the dentists to keep track by using different colored cards, codes, etc. would make me more likely to accept DWP
28. if the government would be responsible for the coding of levels 1, 2 and 3 and not left for the dentists to keep track by using different colored cards, codes, etc. would make me more likely to accept DWP
29. Include routine restorative in core benefits.
30. it is very difficult to tell a patient they have active decay and need a filling but that they have to wait 6 months to get their restoration because they haven't EARNED it.
31. It's a problem to diagnose problems, but not be able to treat them. The patients I have met through this program are not very nice or they seem rude to my staff.

32. Less time intensive process to treat patients. Too difficult to check eligibility of every pt every time they have/need tx, esp if they jump around to other dentists. I love the idea of earned benefits but it makes it very difficult to treat the patients and too much expense on dentists to keep track of eligibility, too much investigatory work and time to treat patients and to worry if things won't be covered due to subjectivity of tx needed.
33. Make it less complicated -2 tiers would make things much more straightforward.
34. Make it less complicated. It felt like I was exhausting trying to figure out what can be done now, what needs to wait etc.
35. Need to make more clear your definition of core benefits work versus stabilization. Ex: we told pt who had 2 minor restorations could wait until they received core benefits but pt called Delta and was told she could utilize them under stabilization treatment.
36. no wait for SRP, crowns immediately after RCT
37. No waiting periods for complex treatment.
38. Offer more financial incentive to student (loan forgiveness) to accept DWP. These people have a lot more time for tx and great way to get young DDS comfortable and up to speed. DWP employees must be informed correctly, they give pts a lot of misinformation on what is and isn't allowed at a certain time. Dentures sadly NOW and then we tell them waiting period of 12 months.
39. reimbursement and treatment limitations
40. Reimbursement rates, coverage increase and participants recognizing importance of oral health care (aka-elimination of no shows).
41. Remove all the limitations to what treatment the patient can receive. It should be up to the doctor to decide what treatments the patient needs at that time.
42. Remove restrictions on when we can perform treatment. Waiting period to treat caries is actually malpractice. The program restricts us treating patients who have disease during waiting period. There are too many rules and restrictions.
43. Repair tooth decay sooner, having patient wait 6 months-1 year for repair only makes problems bigger. Disease is disease, it needs to be addressed.
44. Start over, great idea to have earned benefits but reality is that patients have to wait for care which is irresponsible.
45. The earned benefit approach is not user friendly. Too much time spent on tracking down when patients can have certain procedures. The dentist is left either denying treatment needs or absorbing the cost.
46. The earned benefits approach typically doesn't work as patients come in on an as needed basis. Most are non-compliant with cleanings but want other work done when they are having trouble but it is too late to do a cleaning at that point.
47. The limitation on being able to treat patients needs due to tiers.
48. The system that describes all the different levels is cumbersome. Patients don't understand how it works and they get upset when we explain it that they have cavities, but have to wait until they come back because the decay isn't deep enough (1/2 way to nerve).
49. The tier system is cumbersome for the provider as well as the patient. The patient's don't understand the system and it limits dentists from providing essential services in a timely manner. The medicaid system is slightly better as both the patient and provider understand exactly what is covered and will be covered immediately rather than some arbitrary time in the future. Reimbursement rate is also a burden for providers and requires that some providers in the area either limit or do not accept these patients as reimbursement will not cover overhead costs for seeing these patients. Thank you for your attention with this pressing problem to best serve these patients in the future.
50. Tiered system (earned benefits) doesn't seem to work.
51. Unsure, we like that patients need to be more responsible w/the earned benefits, but it can put us in a bad position w/people needing certain tx and waiting 6 months.
52. Waiting periods for fillings should be eliminated. People should not bounce back and forth between Medicaid and Dental Wellness. Causes major problems w/pre-auth and waiting periods.
53. While we understand the wait periods for the earned care it also makes a lot more work to keep track of.

#### Administration/Paperwork Required

1. 1) Provider autonomy. 2) Specialty coverage. 3) Complexity of the system is prohibitive, streamline the rules.
2. 1) Reduce admin work. 2) Combination of tracking pts benefits, pre-authorizations, risk assessments, etc. 3) Hard for small rural practice in combination w/complex treatment plans, and health history, and frequent breaking of appts.
3. 1) Simplicity and reduction of paperwork. 2) Eliminate patients jumping between Title XIX and DWP. 3) More doctor autonomy.
4. Administrators.
5. Consistency. Have had several instances where we've sent claim with radiographs and gotten back a request for radiographs. Sent again with more information, deny they received it, even though we are submitting through the Delta Wellness website. Feels like they are either highly disorganized or intentionally trying to delay payments.
6. Decrease paperwork. Shorten time required to be eligible. Make what is covered and what is not more clear.
7. Finding a way to make administration of this program better. (I don't know if it's possible). Patient's status can change at any time, and great detail is needed to see what services pts qualify for at any given time requires much extra staff time. Given the poor reimbursement and increased overhead costs, this became too much of a burden, esp since our



practice focuses on high quality patient care and devoting adequate time for this, it's almost impossible to do this given the DWP limitations.

8. Get a simple form for billing.
9. Get rid of the exclusions;paperwork;denials, gridlock.....It's a maze of restrictions ...
10. higher reimbursement rate and less paperwork Too much government regulations
11. I do not want to take extra time out of an already too busy day to ensure all requirements for patient are met before being able to give them the care they need.
12. I don't know if you can implement the changes needed for me to consider accepting the DWP. 1. accepting my fee schedule and 2. easy reimbursement meaning little paperwork, or time on the phone for my front desk team
13. Increase reimbursement. Decrease paperwork. Decrease eligibility requirements.
14. Less hoops to jump through. Better reimbursement.
15. Less time intensive process to treat patients. Too difficult to check eligibility of every pt every time they have/need tx, esp if they jump around to other dentists. I love the idea of earned benefits but it makes it very difficult to treat the patients and too much expense on dentists to keep track of eligibility, too much investigatory work and time to treat patients and to worry if things won't be covered due to subjectivity of tx needed.
16. Need to make more clear your definition of core benefits work versus stabilization. Ex: we told pt who had 2 minor restorations could wait until they received core benefits but pt called Delta and was told she could utilize them under stabilization treatment.
17. needness requirement to justified treatment discisions.
18. Reimbursement and less paperwork.
19. Reimbursement increase and decrease in paper work. The efficiency is very poor and requires a lot of employee time to receive reimbursement.
20. Reimbursement level and ease of paperwork (from what I have heard).
21. use a State run plan to administer. If ran correctly, it would benefit us all as tax payers and as providers. Thank you for asking all us providers and reconsider the 3rd party administrator.
22. We had an associate that partook in Dental Wellness and it really bogged down our front desk staff, too much paperwork. Also, he could not make decisions regarding patient care, he always had to go through so much red tape before treating.

#### Intermitted Eligibility

1. 1) Coverage changing from month to month. 2) Covering major services when needed if doctor deems necessary.
2. 1) Get rid of it. 2) Make eligibility clearer, do not have same ID as T-19, don't make it easy to be on/off DWP and T-19 (or switch between the two).
3. 1) Make patients have 2 year eligibility period for treatment. Too much BAIT AND SWITCH W/TITLE 19. 2) Increase reimbursement rate to 80%, at least Hawk-I rates. 3) Treat deceases as early as possible.
4. 1) Simplicity and reduction of paperwork. 2) Eliminate patients jumping between Title XIX and DWP. 3) More doctor autonomy.
5. Less time intensive process to treat patients. Too difficult to check eligibility of every pt every time they have/need tx, esp if they jump around to other dentists. I love the idea of earned benefits but it makes it very difficult to treat the patients and too much expense on dentists to keep track of eligibility, too much investigatory work and time to treat patients and to worry if things won't be covered due to subjectivity of tx needed.
6. Less time intensive process to treat patients. Too difficult to check eligibility of every pt every time they have/need tx, esp if they jump around to other dentists. I love the idea of earned benefits but it makes it very difficult to treat the patients and too much expense on dentists to keep track of eligibility, too much investigatory work and time to treat patients and to worry if things won't be covered due to subjectivity of tx needed.
7. People that are on the bubble between xix and dwp. They sometimes float from one to the other, depending on income. This causes a huge problem if they float to xix after being on dwp and then 8 months later are back on dwp. They have to start over (it's been over the 12 mo time frame between the 2 exams on dwp). There should be some kind of flex between the two. I also feel the people on xix over the age of 18 are responsible for a \$3 copay. It's not a lot, but it makes the patient responsible for some monetary value. On dwp, they don't pay a dime. That doesn't make sense.
8. The communication with the provider is challenging and the complexity of eligibility is overwhelming. I enrolled to help my patients but it is a burden to try and negotiate the system. So simplifying the eligibility process and better communication would help greatly.

#### More Accepting Providers

1. Get more providers to join network.
2. I don't think it needs to be changed if enough dentists are enrolled to take care of the patients.
3. Increase reimbursement rate and more dentists accepting DWP

4. More practitioner participation.
5. Need more in-network providers.
6. Need more local dentists accepting it, and keep them on core, enhanced and enhanced plus program. I like it.
7. To have more or all dental practices accepting the program. It is very sad to see DDS in our surrounding area promote the fact they do mission of mercy our travel on mission trips but do not accept the DWP or XIX program in their own area. They refuse to treat their own neighbors in need.

#### Issues with Patients' Understanding of Plan

1. 1) It would be nice to be able to treat a patient sooner than 6 months for cavities. Most of these patients have never had regular dental care and need a lot of work. 2) Patients need to have more instruction on earned benefits. Most have had Medicaid that paid for services they did not have to wait 6 months for service.
2. Help the patient understand why and when they have been moved from Medicaid to DWP. Make it clear to them that they can not have repairs until they meet the criteria.
3. I understand the reasoning behind the earned benefits, however it is very challenging to keep up with a patients eligibility as they can be eligible one month and then the next they are not. This makes it difficult to schedule treatment under guidelines for reimbursement. Patients also are unaware what INSURANCE PLAN they have whether it is Title XIX or Dental Wellness because to them they have insurance so it doesn't matter what aid program they fall under.
4. Patients don't realize that it is a Medicaid program. The card they receive says Delta Dental on it and often times they say over the phone that they have Delta, only to find out once they are in the office that's it's actually the DWP. It seems deceiving to the patient and makes us look bad as well. Any cards or correspondence the patient receives should be more clearly marked so the patient knows exactly what type of program it is.
5. The system that describes all the different levels is cumbersome. Patients don't understand how it works and they get upset when we explain it that they have cavities, but have to wait until they come back because the decay isn't deep enough (1/2 way to nerve).
6. The tier system is cumbersome for the provider as well as the patient. The patient's don't understand the system and it limits dentists from providing essential services in a timely manner. The medicaid system is slightly better as both the patient and provider understand exactly what is covered and will be covered immediately rather than some arbitrary time in the future. Reimbursement rate is also a burden for providers and requires that some providers in the area either limit or do not accept these patients as reimbursement will not cover overhead costs for seeing these patients. Thank you for your attention with this pressing problem to best serve these patients in the future.

#### Delta Dental/MCNA

1. Anything attached to Delta Dental will always give me a negative attitude.
2. Need to make more clear your definition of core benefits work versus stabilization. Ex: we told pt who had 2 minor restorations could wait until they received core benefits but pt called Delta and was told she could utilize them under stabilization treatment.
3. NO DD. Increase reimbursement.
4. Not be a government plan and not administered by Delta Dental.
5. Not so great that Delta runs it. Change to looking for more reasons to reimburse than to not! Change to at least fillings in Core benefits instead of watching it get worse

#### Attitudes about DWP Patient Population

1. Eliminate the "carrot and stick" requirement to maintain 6 mo recall appointments to gain additional benefits. Without authorization to provide all facets of treatment, we are being asked to absorb the cost or under treat the patient. Please look closer as to why this population cannot afford the same level of care as the median wage earners without taxpayer funding. Either give them one level of coverage or end the program.
2. It's a problem to diagnose problems, but not be able to treat them. The patients I have met through this program are not very nice or they seem rude to my staff.
3. Many patients do seem to need the coverage. They have cash (unreported) income or partner with money. Therefore, explore more completely if a person qualifies.
4. The earned benefits approach typically doesn't work as patients come in on an as needed basis. Most are non-compliant with cleanings but want other work done when they are having trouble but it is too late to do a cleaning at that point.

#### Referral to Specialists

1. Provide comprehensive care to patients from day one of coverage. If you can't do it all, then at least allow all disease control phases of dentistry. If it isn't financially possible, allow patients to purchase additional coverage-potentially at a subsidized rate or pay a co-pay.
2. Recruit more local specialists to accept the insurance as well. Sit down with the specialists and find out how the plan could be designed to allow them to participate. General dentists refer to specialists regularly and it is important to know that dental care is a team delivered care, and we need to be able to count on our supporting professionals for DWP patients just as we do for our other patients. The complexity of the patients question was a difficult one to answer-I said no concern because I don't accept patients based on the complexity of their care or health. I don't even know about that until they sit in the dental chair. Complexity of the dental care is only a greater concern because you don't have the specialists to back you up when you need them. Some patients just can't get to Iowa City, and the college can't take on the specialty burden for the entire state of Iowa. Thankfully, we do have some local oral surgeons in our area that accept DWP. But oral surgery isn't the only dental specialty!
2. 1) Provider autonomy. 2) Specialty coverage. 3) Complexity of the system is prohibitive, streamline the rules.
3. Have specialty offices take more of this insurance.

#### Failed Appointments

1. I will retire soon, but reimbursement rates with high no-shows to me seem to be a problem.
2. Reimbursement rates, coverage increase and participants recognizing importance of oral health care (aka-elimination of no shows).
3. We don't accept, only take Medicaid patients we always seen. Patients tend to MISS appointments!

#### PreViser Risk Assessment

1. 1) Philosophically disagree with earned benefits approach goes against all my instincts of providing care for over 30 years. By the time they have earned the benefits, they are often no longer on Wellness. 2) Get rid of patient risk assessment bonus pool. Feels a bit like a bribe to encourage participation.

#### Issues with Insurance Cards

1. Patients don't realize that it is a Medicaid program. The card they receive says Delta Dental on it and often times they say over the phone that they have Delta, only to find out once they are in the office that's it's actually the DWP. It seems deceiving to the patient and makes us look bad as well. Any cards or correspondence the patient receives should be more clearly marked so the patient knows exactly what type of program it is.

#### Positive Comments

1. I like the earned benefit approach. I think it helps people take some responsibility for themselves, which is difficult in our society/country where so many people think the government should take care of them.
2. I think the intention of this program is excellent. The earned benefit approach, a good concept. Unfortunately, this program seems to serve people generally pricing a low value on dental health. What brings patients in and what keeps them coming back will be the eternal mystery. The EB approach sends mixed messages, but it's worth trying.
3. Start over, great idea to have earned benefits but reality is that patients have to wait for care which is irresponsible.
4. The concept is good but I am too busy to start up with this so I don't know enough about it to make a constructive comment as to how it could be better.

#### Other Comments

1. 1) Get rid of it. 2) Make eligibility clearer, do not have same ID as T-19, don't make it easy to be on/off DWP and T-19 (or switch between the two).
2. 1) I believe the 1557 rule and other federal involvement is a problem (i.e. ICD 10 codes for me when working in hospital). 2) Ability to manage pt treatment in a timely and ethical manner.
3. Delta Wellness plan is medicaid in sheep's clothing. Asking dentists to deal with all the staging of care and poor reimbursement rate is not reasonable. The medical profession is in shambles because of poor reimbursement rates of

government programs. The more we promote these programs, the more we will see the same result in dentistry. Public programs need to be public programs. These are where this kind of dentistry should be done.

4. Do not know enough about this plan to be able to comment.
5. Do not like any insurance participation plans.
6. Don't know.
7. Eliminate DWP and XIX.
8. get for-profit companies out of administration of the program; vast majority of benefits need to go to direct patient care
9. higher reimbursement rate and less paperwork Too much government regulations
10. I am not sure because of not working w/the program.
11. I don't know as I don't participate.
12. I feel I don't have the time or staff to treat these patients.
13. Know all rules/etc upfront.
14. Less rules/govt regulations.
15. None.
16. Not be a government plan and not administered by Delta Dental.
17. Nothing should be completely free to people
18. Offer more financial incentive to student (loan forgiveness) to accept DWP. These people have a lot more time for tx and great way to get young DDS comfortable and up to speed. DWP employees must be informed correctly, they give pts a lot of misinformation on what is and isn't allowed at a certain time. Dentures sadly NOW and then we tell them waiting period of 12 months.
19. Pay for dental school, then dentist gives 10 years to a community in need and accepts all lower income CLIENTS. Also dentists pay no Federal or State taxes on these benefit programs income.
20. Pre-assessment over each time patient comes in when on plan again.
21. Simplify all aspects. Increase reimbursement. Bring it into line with commercial private dental insurance operation.
22. Simplify!
23. The concept is good but I am too busy to start up with this so I don't know enough about it to make a constructive comment as to how it could be better.
24. This isn't a viable plan. It is disgusting to me the way the government and insurance companies has treated the provider and patients is sub standard care and doesn't even cover our overhead. This is an embarrassment to the dental profession and dental care.
25. Too close to retirement to get involved with a new program.
26. We are currently not providers of the Dental Wellness Plan.
27. Would be more interested in donating hours in a separate clinic- such as a free dental clinic (or IMOM)and have patients on first come, first served basis

## Additional Comments about DWP

### *DWP Participants*

#### Administration/Paperwork Required

1. 1) Takes too long to get approvals. 2) Pts should be told that it will take 6 weeks to get approved, they come in thinking they will get tx done that day. If it's covered, it needs to be paid for for everyone that has met the requirements. The thoughts behind the program is great. The running of it is very rough. XIX should require the same requirements everything is online there is no reason it couldn't be totally agree the pt needs to be seen every 6 months to earn benefits but less paperwork would be great. It's all free for them, therefore no good reason for them to not have check ps regularly. Especially people that were switched from XIX to Wellness expect tx the day they come in. People should EARN the treatment they receive they need to take responsibility for their own mouth. 3) Pay for more services for denture patients. (Hire someone that has a clue about what a patient needs to have done, before a denture or after a root canal). 4) Why approve a RCT but no filling? Really, this is the type of thing I was talking about in being more concise.
2. Great customer service, fast turn around w/payments and pre-auths. Easy to navigate online claims.
3. I have had several issues with denial of prior authorization or claims when proper films and/or narration was provided, however it was as though it was never read by Delta Dental. The documentation was then resubmitted without change and either approved or approved after a phone call from our office manager. This is a waste of time for all involved and could be resolved by simply reading the submission from our office, reviewing all radiographs submitted, and then coming to a decision.
4. I think it's hardly a good idea with major limitations in execution. Mostly in the communication aspect.
5. Need to limit the administration of DWP to one carrier, and get rid of the earned benefits system.

6. Occasionally when calling DWP customer service, the staff seem frustrated and appear to be short at times. Not unprofessional in itself, but a tone of frustration seems to be evident.
7. Please look into the ability to upload radiographs online, the portal has been down for a while now. Thanks.
8. Sometimes pre-authorizations are denied when the patient really needs care. Also, the tiered program is hard for some patients to understand regardless of the handout and explanation given.
9. The paperwork we have to do is unbelievable. No other insurance company asks for all this.
10. The previsor doesn't assist patients at all nor do they pay attention to it. It does assist our office with pt numbers. There seems to be a lot of correspondence online, but difficulty uploading EOB's, perio charting, pt's chart, etc. Pt is very unaware of what coverage they have, a lot of flip flopping b/t Medicaid and DWP.
11. The specialists in my area are limiting their DWP patients because of earned benefits and paperwork, they are more willing to take Title 19 even though it pays a lot less because they knew they will get paid.
12. Too many patients flip-flopping eligibility it is difficult to know what tier they are in, pre-authorizations for treatment are inconsistent, low reimbursement rates make it difficult to stay motivated, especially with relatively high broken appointment rates compared to our other patient populations.
13. We have had three patients this week that say they have Dental Wellness only to find out they have T-19 for this month then on November 1st they switch to DWP. The State is VERY slow at updating Delta Dental of eligibility. The State says yes they have it and DP says not on their end but they get their info from the State - frustrating.
14. We have RUDE comments back on priors, come on people. People switch back and forth b/t XIX and DWP all the time. Continuous care is virtually impossible.
15. We were PROMISED that DWP would be USER FRIENDLY, which it has not been. In addition to lower than UCR reimbursement rates, it seems that office staff spends a good portion of the day dealing with DWP LOGISTICS. We were also PROMISED that the DWP patient pool would be a more RELIABLE patient pool, with regard to both showing up for appointments as well as following through on recommended/approved treatment (may I add for which they don't have to pay). They are not.

#### Intermittent Eligibility

1. 1) Change of insurance during treatment from XIX to Wellness and vice versa. 2) Bringing patients back in 6 months and to find out they have no insurance. 3) No show in 6 months and failing appointments. 4) Seems like patient do not know how DWP works and have levels of care.
2. 1) Emergency procedures aren't always clear as to what is covered. 2) Previsor - we do a comprehensive exam and go over nutrition, habits and many topics. To ask us to do more when reimbursed less? What for? I know it says I can get more money but really, not worth it to me. 3) Eligibility - patient switched from DWP to XIX 19 for a month and then back, this affected their eligibility and was confusing. We don't know when this happens and the patient doesn't either.
3. 1) Takes too long to get approvals. 2) Pts should be told that it will take 6 weeks to get approved, they come in thinking they will get tx done that day. If it's covered, it needs to be paid for for everyone that has met the requirements. The thoughts behind the program is great. The running of it is very rough. XIX should require the same requirements everything is online there is no reason it couldn't be totally agree the pt needs to be seen every 6 months to earn benefits but less paperwork would be great. It's all free for them, therefore no good reason for them to not have check ps regularly. Especially people that were switched from XIX to Wellness expect tx the day they come in. People should EARN the treatment they receive they need to take responsibility for their own mouth. 3) Pay for more services for denture patients. (Hire someone that has a clue about what a patient needs to have done, before a denture or after a root canal). 4) Why approve a RCT but no filling? Really, this is the type of thing I was talking about in being more concise.
4. DWP is frustrating to our office personnel. There are many patients that alternate between DWP and Title 19 based on their income. This makes it very difficult to pre-authorize treatment and get the treatment completed. Patients often complain because when they are seen on initial exam they are required to wait to start treatment until they reach the next level of DWP. It is difficult to convey the importance of having treatment completed, if patients are required to wait 6 months. It minimizes the urgency of care and often treatment plans change in that 6 month period.
5. It is a difficult population. I am frustrated with patients feeling entitled and lack of responsibility for their oral care and keeping appointments.
6. It is frustrating to have patients change back and forth between XIX and DWPI.
7. It is just a pain when patients can be changed monthly
8. One other big problem we have is with patients having no idea what insurance they are on. Are they DWP or medicaid? It seems to switch from month to month. This adds another layer of complexity to the whole prior authorization for treatment. By the time something is prior authorized and treated, are they still on the same "insurance" plan? Patients seem to have no idea what is going on- whether they are covered or not. It can be frustrating for our front desk lady. Checking every single patient for coverage before they come in for an appointment is a hassle. It is work that is above and beyond normal compared to other insurances.
9. Patients that alternate between Title 19 and the DWP make scheduling difficult. If a patient has Title 19 during their exam, we may schedule to do a crown at the next appointment and set aside time on my schedule to do the crown, then the day of the crown appointment they come in WITH A NEW INSURANCE CARD and have DWP, now they need to

go back and have exams while on DWP before the crown can be APPROVED for payment. My chair sits empty because of the need for exams before I may do the crown.

10. Pts switch from DW to XIX on and off. Always unsure when pt comes in if on Wellness. We need more FQHC dental in Iowa. They get enhanced reimbursement and have staff to figure out eligibility.
11. There needs to be a resolution to patients bouncing between Title 19 and the DWP. If a patient starts their initial treatment in DWP, then 6 months later are switched to Title 19 that exam does not count towards advancing to the next step in the program even though they are coming back when they should. So, the patient is again penalized and denied the level of benefit they would have had they not gotten switched from program to program. This is out of the patient's hands and they have no control over it. It is not fair to the patient, nor is it fair to the dentist who has to try and come up with alternative treatment, or submit prior authorization to try and obtain services the member should technically have.
12. Too many patients flip-flopping eligibility it is difficult to know what tier they are in, pre-authorizations for treatment are inconsistent, low reimbursement rates make it difficult to stay motivated, especially with relatively high broken appointment rates compared to our other patient populations.
13. We have had three patients this week that say they have Dental Wellness only to find out they have T-19 for this month then on November 1st they switch to DWP. The State is VERY slow at updating Delta Dental of eligibility. The State says yes they have it and DP says not on their end but they get their info from the State – frustrating
14. We have RUDE comments back on priors, come on people. People switch back and forth b/t XIX and DWP all the time. Continuous care is virtually impossible.

#### Earned Benefits/Covered Services

1. 1) Emergency procedures aren't always clear as to what is covered. 2) Previsor - we do a comprehensive exam and go over nutrition, habits and many topics. To ask us to do more when reimbursed less? What for? I know it says I can get more money but really, not worth it to me. 3) Eligibility - patient switched from DWP to XIX 19 for a month and then back, this affected their eligibility and was confusing. We don't know when this happens and the patient doesn't either.
2. A lot of our patients on DWP need treatment ASAP and we feel waiting until they reach the enhanced level or enhanced level plus is not beneficial to them.
3. Do a crown (tx) when the pt needs them. It's wrong to place a temp than a year later do a crown or wait for partials. Put real working dentists on your board. My opinion is Title 19 is better than Wellness. If you miss or break 2 appointments you will be suspended from all dental care for one year. Make them pay their own money and maybe they will remember to show up.
4. DWP should follow the same criteria for allowing benefits for the DWP pts as they do for the regular insured pts. It is apparent these DWP pts are being treated differently than regularly insured pts. That is called discrimination.
5. I feel an annual benefit list is needed, whether XIX or DWP. Let doctor and patient receive NP, complete initial exam and tx plan then provide care as determined by need up to certain limits. Like a privately insured patient. Unlimited fills, RCT's etc with XIX seems excessive when private insured patients have to manage limits.
6. It is an inconvenience for patients that require endo on initial visit to have to return for endo completion after initial exam and x-rays. It also takes up another appointment spot and requires another anesthetic.
7. Need to limit the administration of DWP to one carrier, and get rid of the earned benefits system.
8. Pay more to providers. Allow us to plan dental procedures based on needs not on what tier of benefits the pt has. Waiting 6-12 months to do perio or major restorative work is ineffective and un-ethical.
9. Please replace XXXX XXXXXXXX at XXXXX XXXXXX . He has never worked in private practice and doesn't understand how dental offices need to be treated. Since he has taken over Delta has placed ridiculous restrictions on SRP and other procedures. He is tarnishing Delta Dental's reputation as the reasonable and easy to work with dental insurance.
10. Restorative needs. I do not feel comfortable diagnosing and then having to wait 6 months until patient returns for exam and then qualifies for treatment
11. Sometimes pre-authorizations are denied when the patient really needs care. Also, the tiered program is hard for some patients to understand regardless of the handout and explanation given.
12. Stop dictating treatment. Allow Dr's to treat problems as needed.
13. When I do dental and partial denture repairs, I seldom get paid. Need better coverage when we try to repair existing prosthesis.

#### Delta Dental/MCNA

1. Delta Dental have been wonderful to work with.
2. Delta should administer all government programs.
3. I have had several issues with denial of prior authorization or claims when proper films and/or narration was provided, however it was as though it was never read by Delta Dental. The documentation was then resubmitted without change and either approved or approved after a phone call from our office manager. This is a waste of time for all involved



and could be resolved by simply reading the submission from our office, reviewing all radiographs submitted, and then coming to a decision.

4. Keep Delta Dental.
5. MCNA has unrealistic guidelines. Delta Dental Iowa far superior, far easier to use. Drop MCNA.
6. Overall we have been very happy with the program and with Delta Dental. We are concerned about MCNA. We signed up with them but they are not at all good about communicating. We have been getting calls from patients stating that we are listed as an MCNA provider for Wellness but we have received no information from MCNA like we did with Delta.
7. Please replace XXXX XXXXXXXX at XXXXX XXXXXXXX . He has never worked in private practice and doesn't understand how dental offices need to be treated. Since he has taken over Delta has placed ridiculous restrictions on SRP and other procedures. He is tarnishing Delta Dental's reputation as the reasonable and easy to work with dental insurance.
8. Why doesn't Delta Dental work for 40% of their normal fees like they expect us dentists to do?

#### Reimbursement

1. I believe the amount Delta Dental is reimbursed per patient is ridiculous. Calculate their monthly income off tax payers and apply that toward treatment for needy patients instead. In other words, the real problem is low Medicaid reimbursement rates. You could pay nearly full amount of fee for service and be money ahead. You would also find more dentists willing to see Medicaid patients. My office included. I would take several more new patients per month.
2. I believe this program is a step in the right direction, compared to Title 19. I have always felt that reimbursement is the single most important thing to resolve - more people will be providers if they don't LOSE MONEY when they work on these patients. The obvious way to achieve this is by selectively reimbursing providers at a higher rate. Dental Wellness is making better patients because they reward the RIGHT THINGS.
3. If x-rays are unavailable no payment made. We try to limit x-rays take to least amount. Ant teeth can be diagnosed sometimes without x-ray.
4. Pay more to providers. Allow us to plan dental procedures based on needs not on what tier of benefits the pt has. Waiting 6-12 months to do perio or major restorative work is ineffective and un-ethical.
5. The risk assessment it time consuming and does not improve patient health. Instead of a bonus pool, just reimburse at a better rate.
6. We were PROMISED that DWP would be USER FRIENDLY, which it has not been. In addition to lower than UCR reimbursement rates, it seems that office staff spends a good portion of the day dealing with DWP LOGISTICS. We were also PROMISED that the DWP patient pool would be a more RELIABLE patient pool, with regard to both showing up for appointments as well as following through on recommended/approved treatment (may I add for which they don't have to pay). They are not.
7. When I do dental and partial denture repairs, I seldom get paid. Need better coverage when we try to repair existing prosthesis.

#### Issues with Patients' Understanding of Plan

1. I have patients who are abusing the system - ie owning 300k houses, businesses and some who take 3 week all inclusive trips to Mexico each year. They are able to adjust 'income' to be accepted in the program or in one case - they are quite well off and were upset that they were forced into this program due to the health insurance option they were in off the exchange. In my opinion, this program should be altered to allow for basic services - preventive, perio, basic restorations and extractions. I have several who are using this system to get crowns when eligible and plan to drop it afterwards. There seems to be a lack of oversight for eligibility and open to abuse even with the waiting period. I'm yet to find patients on the DWP who are in a high need situation.
2. Need to educate the patients. We inform them about the plan. And they don't understand anything
3. One other big problem we have is with patients having no idea what insurance they are on. Are they DWP or medicaid? It seems to switch from month to month. This adds another layer of complexity to the whole prior authorization for treatment. By the time something is prior authorized and treated, are they still on the same "insurance" plan? Patients seem to have no idea what is going on- whether they are covered or not. It can be frustrating for our front desk lady. Checking every single patient for coverage before they come in for an appointment is a hassle. It is work that is above and beyond normal compared to other insurances.
4. Patients tend to be confused about activating the insurance plan. I routinely will see patients that have had DWP for one plus years, and then come in to a CORE status. Patients think they have the insurance, and can use it whenever insurance documents packets are rarely read.
5. Sometimes pre-authorizations are denied when the patient really needs care. Also, the tiered program is hard for some patients to understand regardless of the handout and explanation given.

6. The previser doesn't assist patients at all nor do they pay attention to it. It does assist our office with pt numbers. There seems to be a lot of correspondence online, but difficulty uploading EOB's, perio charting, pt's chart, etc. Pt is very unaware of what coverage they have, a lot of flip flopping b/t Medicaid and DWP.
7. Wish that patients were more aware/understanding of the level of care that they can receive in each tier. Wish that there were more specialists to refer patients to, sometimes patients must wait weeks for care with a specialist, that is hard for a patient and a trip to Iowa City is not always feasible.

#### PreViser Risk Assessment

1. Emergency procedures aren't always clear as to what is covered. 2) Previsor - we do a comprehensive exam and go over nutrition, habits and many topics. To ask us to do more when reimbursed less? What for? I know it says I can get more money but really, not worth it to me. 3) Eligibility - patient switched from DWP to XIX 19 for a month and then back, this affected their eligibility and was confusing. We don't know when this happens and the patient doesn't either.
2. I think the provider report is a waste of time and a waste of money.
3. PreVisor needs to be reviewed, too time consuming and dentist is reprimanded if pt doesn't show up.
4. The previser doesn't assist patients at all nor do they pay attention to it. It does assist our office with pt numbers. There seems to be a lot of correspondence online, but difficulty uploading EOB's, perio charting, pt's chart, etc. Pt is very unaware of what coverage they have, a lot of flip flopping b/t Medicaid and DWP.
5. The previsor is a waste of time and resources, I don't get who's looking at data, and then once they collect it, then what, some research study or what?
6. The risk assessment is time consuming and does not improve patient health. Instead of a bonus pool, just reimburse at a better rate.

#### Attitudes about DWP Patient Population

1. A number of wellness patients are not very aware of the value they are receiving. In fact, they take our expertise and our time for granted behaving as though what we are providing is something they are entitled to. It is disheartening to think that many people who would like to have better dental hygiene are not receiving care due to the expense, but people given this particular opportunity are unwilling to adhere to sound dental hygiene as well as unwilling to commit to the lifestyle changes required to improve their overall health.
2. I have patients who are abusing the system - ie owning 300k houses, businesses and some who take 3 week all inclusive trips to Mexico each year. They are able to adjust 'income' to be accepted in the program or in one case - they are quite well off and were upset that they were forced into this program due to the health insurance option they were in off the exchange. In my opinion, this program should be altered to allow for basic services - preventive, perio, basic restorations and extractions. I have several who are using this system to get crowns when eligible and plan to drop it afterwards. There seems to be a lack of oversight for eligibility and open to abuse even with the waiting period. I'm yet to find patients on the DWP who are in a high need situation.
3. It is a difficult population. I am frustrated with patients feeling entitled and lack of responsibility for their oral care and keeping appointments.
4. We were PROMISED that DWP would be USER FRIENDLY, which it has not been. In addition to lower than UCR reimbursement rates, it seems that office staff spends a good portion of the day dealing with DWP LOGISTICS. We were also PROMISED that the DWP patient pool would be a more RELIABLE patient pool, with regard to both showing up for appointments as well as following through on recommended/approved treatment (may I add for which they don't have to pay). They are not.

#### Failed Appointments

1. Change of insurance during treatment from XIX to Wellness and vice versa. 2) Bringing patients back in 6 months and to find out they have no insurance. 3) No show in 6 months and failing appointments. 4) Seems like patient do not know how DWP works and have levels of care.
2. I would like to see a code for missed appointments so as to track members that are not making their appointments. We do not have a lot of issues with the program.
3. Too many patients flip-flopping eligibility it is difficult to know what tier they are in, pre-authorizations for treatment are inconsistent, low reimbursement rates make it difficult to stay motivated, especially with relatively high broken appointment rates compared to our other patient populations.
4. We were PROMISED that DWP would be USER FRIENDLY, which it has not been. In addition to lower than UCR reimbursement rates, it seems that office staff spends a good portion of the day dealing with DWP LOGISTICS. We were also PROMISED that the DWP patient pool would be a more RELIABLE patient pool, with regard to both showing



up for appointments as well as following through on recommended/approved treatment (may I add for which they don't have to pay). They are not..

#### Referral to Specialists

1. Have problems with referral to specialists. 2) Have problems with reimbursement for procedures done and not considered core.
2. The specialists in my area are limiting their DWP patients because of earned benefits and paperwork, they are more willing to take Title 19 even though it pays a lot less because they knew they will get paid.
3. Wish that patients were more aware/understanding of the level of care that they can receive in each tier. Wish that there were more specialists to refer patients to, sometimes patients must wait weeks for care with a specialist, that is hard for a patient and a trip to Iowa City is not always feasible.

#### Positive Comments

1. Good job!
2. Great customer service, fast turn around w/payments and pre-auths. Easy to navigate online claims.
3. I believe this program is a step in the right direction, compared to Title 19. I have always felt that reimbursement is the single most important thing to resolve - more people will be providers if they don't LOSE MONEY when they work on these patients. The obvious way to achieve this is by selectively reimbursing providers at a higher rate. Dental Wellness is making better patients because they reward the RIGHT THINGS.
4. Majority of my practice is Medicaid and DWP, it's a privilege to care for the underserved, appreciate the program's increased reimbursement as compared to Medicaid. The patients that have gotten DWP coverage are always grateful for the benefit that they have never had before.
5. Much easier to work with than Title XIX.
6. Overall we have been very happy with the program and with Delta Dental. We are concerned about MCNA. We signed up with them but they are not at all good about communicating. We have been getting calls from patients stating that we are listed as an MCNA provider for Wellness but we have received no information from MCNA like we did with Delta.
7. Overall--pretty good plan Earned benefits are the only way to go
8. Seems to be working. I'm wondering about future funding.
9. This group of individuals have been overlooked for many years. Income too high for IME but individual does not have enough for private insurance or employer does not offer dental insur. There are many thankful individuals and a few not so thankful. GREAT JOB DWP!

#### Other Comments

1. As the program is now we are considering turning away new patients all together that are covered with this plan due to the complexity of it.
2. Delta Wellness program is different than Medicaid, therefore separate cards should be dispensed to patients.
3. Help me become a DDS for the program.
4. I do not believe that the reimbursement is the main reason providers do not participate but rather the unwillingness of those providers to learn how the program works.
5. I dropped out of Medicaid a couple of years ago because I was fed up with the amount of time it took to navigate the beaurocracy and the unreliability of being paid a paltry sum for my efforts on behalf of my patient (even when the procedure was pre-authorized). I thought that perhaps, since DWP was being administered by a carrier that I knew they operated it would be better. In some respects it is. But not much. I think the problems originate not so much with the carriers but with the regulations that drive their behavior.
6. I think it's hardly a good idea with major limitations in execution. Mostly in the communication aspect.
7. Ok, just stay in one plan. Thanks.
8. Pts switch from DW to XIX on and off. Always unsure when pt comes in if on Wellness. We need more FQHC dental in Iowa. They get enhanced reimbursement and have staff to figure out eligibility.
9. Seems to be working. I'm wondering about future funding.
10. should have just added them to existing titleXIX I already screened new patients for ability or desire to take responsibility for their own oral health. ie. will not do extensive restorations until some degree of oral hygiene established. Will only treat symptomatically until that occurs.
11. This could be a good model for XIX.

12. We accept all new DWP and Title 19 in our office for both adults and children. We do have a waiting list to allow for emergency times for our current patient and work in the new Title 19 and DWP as our schedule allows.
13. We appreciate that DWP is trying to be flexible and understanding about treatment, given the inflexibility of the government plan.
14. You will lose more providers.

## *DWP Non-Participants*

### **Administration/Paperwork Required**

1. I am still considering the plan. I do want to serve this section of the population. Less paperwork/interference would help along with increased reimbursement. Thanks.
2. I find filing the claims very difficult and time consuming.
3. I would love to see these patients but I can not justify the time/expense I incur tracking all of the necessary info in order to treat them.
4. In speaking with other offices it seems like a lot of extra work and time goes into the DWP. You always need to check if active, tx is allowed, what tx is allowed etc. It seems as if they want DDS to sign up they should be treated as any other pt in the office, not wait and come back when tx is allowed. We have lots to do, yet to check on when and what services are allowed.
5. Paperwork and earned benefits are headaches, patients switching back and forth from XIX to DWP.
6. The complexity of the program is detrimental; I am considering withdrawing from it because of the time involvement
7. The incentive plan sounds good in theory but from those I have talked to who have been part of DWP the hygiene/pt instruction/documentation, paperwork is burdensome a lot of time is spent and many pt are still non compliant. In a small town rural practice people you see at school, church and on the street expect you to treat them, not STALL AND DELAY. Those who have not seen their dental health as a priority still don't, even with INCENTIVE program and education, they tend to want care on their terms.
8. Too cumbersome.
9. We are a small rural practice in a solo practice. We have one dentist, 1 assistant and 1 front office staff. We were told the paperwork would be burdensome and very difficult to manage without more staff. We decided not to accept DW patients because our dentist will be retiring in 2017.
10. We tried this program, but paperwork was not clear. Problems with no show patients and angry patients. I would rather provide free dental work to people that need it. This program is a big headache.
11. Website is good, easily readable and informative.
12. Why do specialist need less documentation and pre-approval than general dentists? I need approval to do endodontics but a specialist doesn't.

### **Earned Benefits/Covered Services**

1. A better plan than Title XIX in my opinion. The earned benefits approach requires compliance (to some degree) and fosters a desire to achieve better oral health. I was happy to participate in the program in these last 3 years before retirement. My willingness to participate in the Title XIX program was very limited, due to 1) Lack of REASONABLE compensation. 2) Lack of patient compliance after emergent care was provided. 3) High incidence of broken appointments.
2. Does not allow comprehensive care for patients.
3. Don't like that routine treatment has to wait 6-12 months to be covered. Routine treatment can become more extensive. A routine cavity/filling could become an extraction or root canal for example. Other dentists say DWP does not increase the regularity of most patients.
4. DWP has been set up to benefit only Delta Dental. Limiting coverage based on going to exams for a group of patients that are statistically less likely to show up for appointments, while still paying DD the same each month, results inpatients not having coverage they need, no payments being made to dentists, and DD benefiting. DD has set up a system that makes them more money the less patients go to their appointments.
5. I find some portions of the earned benefits approach to be ethically questionable. Not treating active periodontal disease until after the second exam and making patients wait for crowns that urgently need them. I have had 2 patients who needed crowns before the enhanced plus benefits, one had recurrent decay on an existing crown. I had to keep her in a temporary for a year because they weren't covered yet. The other had a cracked tooth that I performed an RCT on, she ended up non-restorable cracking the tooth before the crown was covered. They need to be able to make exemptions.
6. I like the earned benefits approach in theory, but I do see how it could make things difficult for treatment planning and administratively keeping track of where everyone is at.

7. i work at the XXXXXX XXXXXX and witness first hand the myriad of restrictions and denials DWP has. This is why We do not participate in my office.
8. In speaking with other offices it seems like a lot of extra work and time goes into the DWP. You always need to check if active, tx is allowed, what tx is allowed etc. It seems as if they want DDS to sign up they should be treated as any other pt in the office, not wait and come back when tx is allowed. We have lots to do, yet to check on when and what services are allowed.
9. Paperwork and earned benefits are headaches, patients switching back and forth from XIX to DWP.
10. Restorative - fillings are reimbursed at a lower rate than other procedures.
11. The incentive plan sounds good in theory but from those I have talked to who have been part of DWP the hygiene/pt instruction/documentation, paperwork is burdensome a lot of time is spent and many pt are still non compliant. In a small town rural practice people you see at school, church and on the street expect you to treat them, not STALL AND DELAY. Those who have not seen their dental health as a priority still don't, even with INCENTIVE program and education, they tend to want care on their terms.
12. The most discouraging factor I have encountered with DWP would be the moment the patient is no longer covered on the program, they either cancel appointments previously scheduled or do not return for their routine care. We need to somehow get the mindset of IF IT IS NOT FREE I WILL NOT COME attitude. I really thought the program would help but it has not in our area. Thank you

#### Reimbursement

1. The state and DWP are placing the majority of financial cost on DENTISTS, not the state, or insurance companies. Dentists providing quality care can not afford to participate in the DWP unless they do so as a deliberate conscious choice to do so as a charitable contribution.
2. The largest problem I see is patients do not value what they are receiving from dwp (or xix for that matter). Patients love that they are getting FREE dentistry. It's FREE. They have no idea that there is a cost of doing business and we are writing off \$X on each procedure. They don't really seem to care.
3. rules keep changing, takes a lot of time to figure out what will get paid, takes too much time for a lower reimbursement rate
4. Restorative - fillings are reimbursed at a lower rate than other procedures.
5. Reimbursement rates need to increase.
6. Reimburse at a competitive rate, comprehensive care coverage (no earned benefits). Unfortunately dental practices are small businesses with fixed costs, it's hard to provide a profit for a prophy and your hygienist is making 36/hour, decreasing the quality of care and increasing productivity is not in the best interest of the patient, i.e. 2-4 Dental Wellness patients per hour or 2-4 Medicaid patients per hour verses 1 regular pay patient per hour, who receives the best care.
7. In combination with Medicaid, accepting DWP can easily OVER-RUN a practice but low reimbursement and longer appts (more complex needs, more education/explanation) combined with more frequent fails/late cancels make for very long-feeling, busy days with low compensation.
8. If reimbursement rates allowed dentists to treat Wellness patients at a profit, instead of a loss, there would be providers. Overhead is real and Wellness rates. Do not cover it.
9. I would like to know how this program was funded, cost of funding the program, the amount of "overhead" charged by Delta Dental. Could this money be better put to use increasing the number of appointments that XXXXXXXXXX XXXXX clinics? Could the "community health clinic" model be extended to all counties? If the payment out to dental insurance/benefit companies was increased, could competition be created to lower overhead? How was this contract bid out? Delta Dental of Iowa is notorious for restricting care to the private sector doctors and policy holders. This is influencing signup of doctors who are willing to participate. Did the participating doctors receive any "good samaritan" relief from the Iowa Bar Association? Since the patient pool is higher risk with restrictions on "paid" treatment, either the doctor has to absorb the cost or "under treat" this population. This is the number one reason why I do not provide that many hours of care to this population.
10. DWP has been set up to benefit only Delta Dental. Limiting coverage based on going to exams for a group of patients that are statistically less likely to show up for appointments, while still paying DD the same each month, results inpatients not having coverage they need, no payments being made to dentists, and DD benefiting. DD has set up a system that makes them more money the less patients go to their appointments.
11. By increasing the reimbursement rate annually, more DR's would be inclined to accept this program. It's a great program. So easy to work with. Wish there were more practices taking it.
12. A better plan than Title XIX in my opinion. The earned benefits approach requires compliance (to some degree) and fosters a desire to achieve better oral health. I was happy to participate in the program in these last 3 years before retirement. My willingness to participate in the Title XIX program was very limited, due to 1) Lack of REASONABLE compensation. 2) Lack of patient compliance after emergent care was provided. 3) High incidence of broken appointments.

### Intermittent Eligibility

1. Hard to tx pts when they go on and off DWP or Title 19.
2. I am especially impressed by study of pre treatment plans for Wellness or XIX to get approval - only to find they have been switched from one provider to another and the pre treatment is void. What a waste of time.
3. It is very difficult to treat patients when they are on Wellness on one visit than Medicaid next visit.
4. Paperwork and earned benefits are headaches, patients switching back and forth from XIX to DWP.
5. The pre visor risk assessment reimbursement and bonus is very strict. These patients have a tendency to fail. Many don't respond to reminders to come in. Very hard to meet the 100%. 2) Very hard to keep track of benefits. Example, one week patient had Medicaid next week patient returned for cavities to be filled and checked benefits now they have DWP. Patients don't have a clue.
6. This survey asks about intermittent eligibility. I think those who are knowledgeable about this sort of thing understand that these patients have intermittent eligibility. The way this plan is designed makes it more difficult for patients with variable income to achieve comprehensive care. Is that the intent? We know adults change from DWP to T-19 and from DWP to having income that is just above qualifying for it. What the decision makers really need to do is answer the questions of, "What is really our goal for these patients? Who do we help and how much? What is the value in helping people now who may improve their financial situation in the future and no longer be dependent on the DWP for care? Will providing care for those who qualify now save money in the long run because Iowa mouths are healthier even if a percentage of these patients don't need government support programs in the future since treatment of smaller problems costs less money? Parties that pay for future dental care for these patients will no doubt save resources by having the treatment completed more conservatively, whether that be their future dental benefit plan or the patient's pocket book. Do we want to incentivize insurance plans to delay care?" There are plenty of statistics that will tell you that earlier care is more cost effective. If you want to give patients incentive to take care of their teeth and dental work, allowing them to carry over unused dental benefits and having them have some sort of co-payment gives them some buy in and helps reduce cost for the payer. I have been told that dentists were at the table when this program was first started, but someone didn't like what the dentists had to say, so they essentially put their hands over their ears and walked out of the room or excused the dentists, however you want to look at it. Then the plan was introduced and from the very beginning I communicated that I was not comfortable with how this plan works.

### Attitudes about DWP Patient Population

1. A better plan than Title XIX in my opinion. The earned benefits approach requires compliance (to some degree) and fosters a desire to achieve better oral health. I was happy to participate in the program in these last 3 years before retirement. My willingness to participate in the Title XIX program was very limited, due to 1) Lack of REASONABLE compensation. 2) Lack of patient compliance after emergent care was provided. 3) High incidence of broken appointments.
2. From what I know of the Dental Wellness Plan, I do think that it is a good program. My single biggest reason for not participating is that I am as busy, at this time, as I care to be. I do enjoy taking care of my patient's oral health needs, but I don't want to be responsible for behavior modification in order for the earned benefits to take effect.
3. The incentive plan sounds good in theory but from those I have talked to who have been part of DWP the hygiene/pt instruction/documentation, paperwork is burdensome a lot of time is spent and many pt are still non compliant. In a small town rural practice people you see at school, church and on the street expect you to treat them, not STALL AND DELAY. Those who have not seen their dental health as a priority still don't, even with INCENTIVE program and education, they tend to want care on their terms.
4. The largest problem I see is patients do not value what they are receiving from dwp (or xix for that matter). Patients love that they are getting FREE dentistry. It's FREE. They have no idea that there is a cost of doing business and we are writing off \$X on each procedure. They don't really seem to care.
5. The most discouraging factor I have encountered with DWP would be the moment the patient is no longer covered on the program, they either cancel appointments previously scheduled or do not return for their routine care. We need to somehow get the mindset of IF IT IS NOT FREE I WILL NOT COME attitude. I really thought the program would help but it has not in our area. Thank you!
6. Until people start owning the fact they are responsible for taking care of themselves, none of these entitlement plans will work.

**Delta Dental/MCNA**

1. Delta Dental of Iowa is a terrible company to work with and we have more problems trying to get claims paid by them than any other insurance company.
2. DWP has been set up to benefit only Delta Dental. Limiting coverage based on going to exams for a group of patients that are statistically less likely to show up for appointments, while still paying DD the same each month, results inpatients not having coverage they need, no payments being made to dentists, and DD benefiting. DD has set up a system that makes them more money the less patients go to their appointments.
3. Get Delta or other insurance company out of it. They have no business doing anything but clerical work for payment.
4. Having a 2nd provider will only lead to more confusion and problems with the plan. Not a good policy change by own State house in Des Moines.
5. I would like to know how this program was funded, cost of funding the program, the amount of "overhead" charged by Delta Dental. Could this money be better put to use increasing the number of appointments that XXXXXXXXXX XXXXX clinics? Could the "community health clinic" model be extended to all counties? If the payment out to dental insurance/benefit companies was increased, could competition be created to lower overhead? How was this contract bid out? Delta Dental of Iowa is notorious for restricting care to the private sector doctors and policy holders. This is influencing sign-up of doctors who are willing to participate. Did the participating doctors receive any "good samaritan" relief from the Iowa Bar Association? Since the patient pool is higher risk with restrictions on "paid" treatment, either the doctor has to absorb the cost or "under treat" this population. This is the number one reason why I do not provide that many hours of care to this population.

**Issues with Patients' Understanding of Plan**

1. 1) The pre-visit risk assessment reimbursement and bonus is very strict. These patients have a tendency to fail. Many don't respond to reminders to come in. Very hard to meet the 100%. 2) Very hard to keep track of benefits. Example, one week patient had Medicaid next week patient returned for cavities to be filled and checked benefits now they have DWP. Patients don't have a clue.
2. In combination with Medicaid, accepting DWP can easily OVER-RUN a practice but low reimbursement and longer appts (more complex needs, more education/explanation) combined with more frequent fails/late cancels make for very long-feeling, busy days with low compensation.
3. Pts seemed confused or don't even know who their DWP carrier is.

**Failed Appointments**

1. A better plan than Title XIX in my opinion. The earned benefits approach requires compliance (to some degree) and fosters a desire to achieve better oral health. I was happy to participate in the program in these last 3 years before retirement. My willingness to participate in the Title XIX program was very limited, due to 1) Lack of REASONABLE compensation. 2) Lack of patient compliance after emergent care was provided. 3) High incidence of broken appointments.
2. We tried this program, but paperwork was not clear. Problems with no-show patients and angry patients. I would rather provide free dental work to people that need it. This program is a big headache.

**Pre-Visit Risk Assessment**

1. The pre-visit risk assessment reimbursement and bonus is very strict. These patients have a tendency to fail. Many don't respond to reminders to come in. Very hard to meet the 100%. 2) Very hard to keep track of benefits. Example, one week patient had Medicaid next week patient returned for cavities to be filled and checked benefits now they have DWP. Patients don't have a clue.

**Positive Comments**

13. 1) It maybe a good program. 2) One question that you could of asked, reason why I do not participate. I will be retiring soon, so I am busy as is, and do not want to start a new program. If I recently graduated I would probably participate. It sounds like a good program, better than XIX when I use to participate in it. But it has been a long time since I have seen XIX so did not feel knowledgeable enough of the 2 programs to compare them.
14. A better plan than Title XIX in my opinion. The earned benefits approach requires compliance (to some degree) and fosters a desire to achieve better oral health. I was happy to participate in the program in these last 3 years before retirement. My willingness to participate in the Title XIX program was very limited, due to 1) Lack of REASONABLE

compensation. 2) Lack of patient compliance after emergent care was provided. 3) High incidence of broken appointments.

15. By increasing the reimbursement rate annually, more DR's would be inclined to accept this program. It's a great program. So easy to work with. Wish there were more practices taking it.
16. From what I know of the Dental Wellness Plan, I do think that it is a good program. My single biggest reason for not participating is that I am as busy, at this time, as I care to be. I do enjoy taking care of my patient's oral health needs, but I don't want to be responsible for behavior modification in order for the earned benefits to take effect.
17. I have found the plan very easy to understand, I love all the options available at the DWP website.
18. My daughter just joined my practice after graduating from dental school in June. She signed up for DWP. It seems to be working alright for her so far. She is building up her practice so she needs new patients and this is a good source of patients. She will continue to evaluate the program as time goes on.
19. Overall the program seems to be a step-up from Title XIX.
20. The incentive based plan is brilliant.
21. Website is good, easily readable and informative.

#### Other Comments

1. It maybe a good program. 2) One question that you could of asked, reason why I do not participate. I will be retiring soon, so I am busy as is, and do not want to start a new program. If I recently graduated I would probably participate. It sounds like a good program, better than XIX when I use to participate in it. But it has been a long time since I have seen XIX so did not feel knowledgeable enough of the 2 programs to compare them.
2. Being close to retirement and not being involved in DWP. I really can't comment.
3. Don't know.
4. Due to wait time pts choose to have limited tx here for our fees.
5. Have not heard much about DWP since it first began. If any changes/improvements are occurring, would be interested in getting information on it.
6. I always want to try to DO MY PART, and treat donated dental patients and many special, needs Title 19 patients (even though Title 19 reimbursement is very poor, at least it is less confusing and less staff/clinician time is needed to FIGURE IT OUT). I wanted to participate in DWP, and initially signed up; however myself and my partners dropped our participation due to the increased burdens it posed.
7. I apologize, it is difficult for me to comment on DWP due to my lack of Delta participation. [Name omitted] and I decided 17 years ago to not participate in Delta to maintain exceptional quality and autonomy. We focused our efforts on taking as much Medicaid for [COUNTY NAME] county children as our practice can afford. I think that DWP is a step in the right direction for Delta Providers. [Name Omitted]
8. I give thousands of dollars a year to patients in my practice who need work and can't afford. This brings me great joy! However, it's on my time. I don't appreciate being made feeling guilty for NOT DOING MY PART, and taking a SIGNIFICANT hit on my rate when I do.
9. I have not read any articles about the successes or failures of the plan despite its two year history. I would be more likely to join if I read about the successes of the program. I would also like to see statistics on patients who reach the third tier of treatment benefits or complete all planned treatment.
10. I would like to know how this program was funded, cost of funding the program, the amount of "overhead" charged by Delta Dental. Could this money be better put to use increasing the number of appointments that XXXXXXXX XXXXX clinics? Could the "community health clinic" model be extended to all counties? If the payment out to dental insurance/benefit companies was increased, could competition be created to lower overhead? How was this contract bid out? Delta Dental of Iowa is notorious for restricting care to the private sector doctors and policy holders. This is influencing signup of doctors who are willing to participate. Did the participating doctors receive any "good samaritan" relief from the Iowa Bar Association? Since the patient pool is higher risk with restrictions on "paid" treatment, either the doctor has to absorb the cost or "under treat" this population. This is the number one reason why I do not provide that many hours of care to this population.
11. I would love to see these patients but I can not justify the time/expense I incur tracking all of the necessary info in order to treat them.
12. I'm dropping DWP.
13. I'm not an ordinary dentist. I am 93 so I don't always feel up to lots of patients. Most of my patients are older ones with dentures or partial dentures, etc. I may retire next year if health goes bad. Wear a heart monitor but enjoy doing some dental work for folks. Broken dentures, sore spots, broken teeth, etc.
14. If guidelines and how things work were sent out outlined very clearly it may attract other dentist
15. It's a good idea but it seems to be putting more burden on the doctor.
16. Let us choose who to give services to.
17. My understanding is that the DWP is a.
18. None.
19. Patients should be required to watch a video that educates them about missed appointments and dismissal.
20. Please call my office. Sincerely XX XXXXX XXXXX



21. rules keep changing, takes a lot of time to figure out what will get paid, takes too much time for a lower reimbursement rate
22. Since we do not take DWP we are basing our opinion on peer reviews and what we are told by other dental professionals.
23. Terrible.
24. The program is broken, get rid of it.
25. The state and DWP are placing the majority of financial cost on DENTISTS, not the state, or insurance companies. Dentists providing quality care can not afford to participate in the DWP unless they do so as a deliberate conscious choice to do so as a charitable contribution.
26. This survey asks about intermittent eligibility. I think those who are knowledgeable about this sort of thing understand that these patients have intermittent eligibility. The way this plan is designed makes it more difficult for patients with variable income to achieve comprehensive care. Is that the intent? We know adults change from DWP to T-19 and from DWP to having income that is just above qualifying for it. What the decision makers really need to do is answer the questions of, "What is really our goal for these patients? Who do we help and how much? What is the value in helping people now who may improve their financial situation in the future and no longer be dependent on the DWP for care? Will providing care for those who qualify now save money in the long run because Iowa mouths are healthier even if a percentage of these patients don't need government support programs in the future since treatment of smaller problems costs less money? Parties that pay for future dental care for these patients will no doubt save resources by having the treatment completed more conservatively, whether that be their future dental benefit plan or the patient's pocket book. Do we want to incentivize insurance plans to delay care?" There are plenty of statistics that will tell you that earlier care is more cost effective. If you want to give patients incentive to take care of their teeth and dental work, allowing them to carry over unused dental benefits and having them have some sort of co-payment gives them some buy in and helps reduce cost for the payer. I have been told that dentists were at the table when this program was first started, but someone didn't like what the dentists had to say, so they essentially put their hands over their ears and walked out of the room or excused the dentists, however you want to look at it. Then the plan was introduced and from the very beginning I communicated that I was not comfortable with how this plan works.
27. Too close to retirement to want to mess with anything.
28. Too much involvement with insurance companies and government making policies rather than dentists. I don't like either.
29. Very poor.
30. We have a community health clinic in Wapello County. This clinic, XXXXX XXXXX, has 3 full time dentists. There should not be a need for private practices to accept DWP. However, if there is a need, maybe the community health clinic shouldn't take private pay patients. This would free up appointments for DWP and XIX.

## Appendix 3: Descriptive Tables

Q1: Have you signed up to be Dental Wellness Plan provider?				
	Never participant	Former participant	Current participant	Total
Yes	12 (4.7)	65 (100.0)	231 (100.0)	308 (56.0)
No	242 (95.3)	0 (0.0)	0 (0.0)	242 (44.0)
Total Responding	254	65	231	550

Missing = 7

### General dentists who have NOT signed up to be a DWP provider

Q2_1: Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total
Reimbursement rates	153 (74.6)	0 (0.0)	0 (0.0)	153 (74.6)
Not selected	52 (25.4)	0 (0.0)	0 (0.0)	52 (25.4)
Total Responding	205	0	0	205

Missing = 295

Q2_2: Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total
Administered by Delta Dental	25 (12.2)	0 (0.0)	0 (0.0)	25 (12.2)
Not selected	180 (87.8)	0 (0.0)	0 (0.0)	180 (87.8)
Total Responding	205	0	0	205

Missing = 295

Q2_3: Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total
Scope of covered services	66 (32.2)	0 (0.0)	0 (0.0)	66 (32.2)
Not selected	139 (67.8)	0 (0.0)	0 (0.0)	139 (67.8)



Total Responding	205	0	0	205
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Missing = 295

Q2_d: Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total
Busyness of my practice	58 (28.3)	0 (0.0)	0 (0.0)	58 (28.3)
Not selected	147 (71.7)	0 (0.0)	0 (0.0)	147 (71.7)
Total Responding	205	0	0	205

Missing = 295

Q2_4 Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total
DWP patient-related reasons	61 (29.8)	0 (0.0)	0 (0.0)	61 (29.8)
Not selected	144 (70.2)	0 (0.0)	0 (0.0)	144 (70.2)
Total Responding	205	0	0	205

Missing = 295

Q2_5: Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total
DWP is a new program	17 (8.3)	0 (0.0)	0 (0.0)	17 (8.3)
Not selected	188 (91.7)	0 (0.0)	0 (0.0)	188 (91.7)
Total Responding	205	0	0	205

Missing = 295

Q2_6: Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total

My practice could be the only one in the area accepting DWP	28 (13.7)	0 (0.0)	0 (0.0)	28 (13.7)
Not selected	177 (86.3)	0 (0.0)	0 (0.0)	177 (86.3)
Total Responding	2-5	0	0	2-5

Missing = 295

Q2_7: Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total
My practice participates in Title 19 instead	50 (24.4)	0 (0.0)	0 (0.0)	50 (24.4)
Not selected	155 (75.6)	0 (0.0)	0 (0.0)	155 (75.6)
Total Responding	205	0	0	205

Missing = 295

Q2_8: Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total
Other	58 (28.3)	0 (0.0)	0 (0.0)	58 (28.3)
Not selected	147 (71.7)	0 (0.0)	0 (0.0)	147 (71.7)
Total Responding	205	0	0	205

Missing = 295

Q2_9: Why did you choose not to sign up for DWP? Please write "X" next to the <u>three</u> most important reasons you chose <u>not</u> to sign up.				
	Never participant	Former participant	Current participant	Total
Not sure/I am not responsible for this decision	8 (3.8)	0 (0.0)	0 (0.0)	8 (3.8)
Not selected	200 (96.2)	0 (0.0)	0 (0.0)	200 (96.2)
Total Responding	208	0	0	208

Missing = 292

Q3: How likely are you to sign up to be a DWP provider <u>within the next year</u> ?				
	Never participant	Former participant	Current participant	Total
Extremely likely	2 (1.0)	0 (0.0)	0 (0.0)	2 (1.0)
Moderately likely	3 (1.4)	0 (0.0)	0 (0.0)	3 (1.4)
Slightly likely	16 (7.7)	0 (0.0)	0 (0.0)	16 (7.7)
Not at all likely	177 (85.1)	0 (0.0)	0 (0.0)	177 (85.1)
Not sure/I am not responsible for this decision	10 (4.8)	0 (0.0)	0 (0.0)	10 (4.8)
<b>Total Responding</b>	208	0	0	208

Missing = 292

Q4: Could any changes be made to the DWP program that would increase the likelihood of you signing up?				
	Never participant	Former participant	Current participant	Total
Yes	113 (56.2)	0 (0.0)	0 (0.0)	113 (56.2)
No	88 (43.8)	0 (0.0)	0 (0.0)	88 (43.8)
<b>Total Responding</b>	201	0	0	201

Missing = 299

#### General dentists who have signed up to be a DWP provider

Q5: Do you currently accept NEW Dental Wellness Plan patients into your practice?				
	Never participant	Former participant	Current participant	Total
Yes	0 (0.0)	0 (0.0)	211 (74.0)	211 (74.0)
No	12 (100.0)	62 (100.0)	0 (0.0)	74 (26.0)
<b>Total Responding</b>	12	62	211	285

Missing = 215

#### ➤ General dentists who are currently accepting new DWP patients in their practice

Q5_1a: Do you accept <u>all</u> DWP members who contact you as new patients?				
	Never participant	Former participant	Current participant	Total

Yes	0 (0.0)	0 (0.0)	132 (62.9)	132 (62.9)
No, in our office we only accept <u>some</u> new DWP	0 (0.0)	0 (0.0)	78 (37.1)	78 (37.1)
Total Responding	0	0	210	210

Missing = 290

Q5_1a_2_1: Do you accept all DWP members who contact you as new patients? No, in our office we only accept some new DWP including: <i>Select all that apply.</i>				
	Never participant	Former participant	Current participant	Total
A set number of new DWP patients	0 (0.0)	0 (0.0)	41 (53.2)	41 (53.2)
Not selected	0 (0.0)	0 (0.0)	36 (46.8)	36 (46.8)
Total Responding	0	0	77	77

Missing = 423

Q5_1a_2_2: Do you accept all DWP members who contact you as new patients? No, in our office we only accept some new DWP including: <i>Select all that apply.</i>				
	Never participant	Former participant	Current participant	Total
Our own patients who go on DWP	0 (0.0)	0 (0.0)	42 (54.5)	42 (54.5)
Not selected	0 (0.0)	0 (0.0)	35 (45.5)	35 (45.5)
Total Responding	0	0	77	77

Missing = 423

Q5_1a_2_3: Do you accept all DWP members who contact you as new patients? No, in our office we only accept some new DWP including: <i>Select all that apply.</i>				
	Never participant	Former participant	Current participant	Total
Referrals from other dentists/physicians	0 (0.0)	0 (0.0)	9 (11.7)	9 (11.7)
Not selected	0 (0.0)	0 (0.0)	68 (88.3)	68 (88.3)
Total Responding	0	0	77	77

Missing = 423

Q5_1a_2_4: Do you accept all DWP members who contact you as new patients? No, in our office we only accept some new DWP including: <i>Select all that apply.</i>				
	Never participant	Former participant	Current participant	Total
Patients only from our county	0 (0.0)	0 (0.0)	8 (10.4)	8 (10.4)
Not selected	0 (0.0)	0 (0.0)	69 (89.6)	69 (89.6)
Total Responding	0	0	77	77

Missing = 423

Q5_1a_2_5: Do you accept all DWP members who contact you as new patients? No, in our office we only accept some new DWP including: <i>Select all that apply.</i>				
	Never participant	Former participant	Current participant	Total
Other	0 (0.0)	0 (0.0)	18 (23.4)	18 (23.4)
Not selected	0 (0.0)	0 (0.0)	59 (76.6)	59 (76.6)
Total Responding	0	0	77	77

Missing = 423

Q5_1b: How seriously have you/your practice considered stopping your acceptance of new DWP patients since the program began?				
	Never participant	Former participant	Current participant	Total
Extremely seriously	0 (0.0)	0 (0.0)	39 (18.5)	39 (18.5)
Moderately seriously	0 (0.0)	0 (0.0)	47 (22.3)	47 (22.3)
Slightly seriously	0 (0.0)	0 (0.0)	45 (21.3)	45 (21.3)
Not at all seriously	0 (0.0)	0 (0.0)	67 (31.8)	67 (31.8)
Not sure/I am not responsible for this decision	0 (0.0)	0 (0.0)	13 (6.2)	13 (6.2)
Total Responding	0	0	211	211

Missing = 289

➤ General dentists who are NOT currently accepting new DWP patients in their practice

Q5_2a: Did you ever accept new DWP patients?
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	Never participant	Former participant	Current participant	Total
Yes, I did at one time but have stopped accepting new DWP patients	0 (0.0)	62 (83.8)	0 (0.0)	62 (83.8)
No, I have never accepted DWP patients	12 (100.0)	0 (0.0)	0 (0.0)	12 (100.0)
Total Responding	12	62	0	74

Missing = 426

**Q5\_2b\_1: Why did you choose not to accept new DWP patients? Please write an "X" next to the three most important reasons you chose not to accept new DWP patients.**

	Never participant	Former participant	Current participant	Total
Reimbursement rates	8 (66.7)	39 (66.1)	0 (0.0)	47 (66.2)
Not selected	4 (5.6)	20 (33.9)	0 (0.0)	24 (33.8)
Total Responding	12	59	0	71

Missing = 429

**Q5\_2b\_2: Why did you choose not to accept new DWP patients? Please write an "X" next to the three most important reasons you chose not to accept new DWP patients.**

	Never participant	Former participant	Current participant	Total
Administered by Delta Dental	1 (8.3)	0 (0.0)	0 (0.0)	1 (1.4)
Not selected	11 (91.7)	59 (100.0)	0 (0.0)	70 (98.6)
Total Responding	12	59	0	71

Missing = 429

**Q5\_2b\_3: Why did you choose not to accept new DWP patients? Please write an "X" next to the three most important reasons you chose not to accept new DWP patients.**

	Never participant	Former participant	Current participant	Total
Scope of covered services	2 (16.7)	24 (40.7)	0 (0.0)	26 (36.6)
Not selected	10 (83.3)	35 (49.3)	0 (0.0)	45 (63.4)

Total Responding	12	59	0	71
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Missing = 429

Q5_2b_4: Why did you choose not to accept new DWP patients? Please write an "X" next to the <u>three</u> most important reasons you chose <u>not</u> to accept new DWP patients.				
	Never participant	Former participant	Current participant	Total
Busyness of my practice	6 (50.0)	27 (45.8)	0 (0.0)	33 (46.5)
Not selected	6 (50.0)	32 (45.1)	0 (0.0)	38 (53.5)
Total Responding	12	59	0	71

Missing = 429

Q5_2b_5: Why did you choose not to accept new DWP patients? Please write an "X" next to the <u>three</u> most important reasons you chose <u>not</u> to accept new DWP patients.				
	Never participant	Former participant	Current participant	Total
DWP patient-related reasons	2 (16.7)	21 (35.6)	0 (0.0)	23 (32.4)
Not selected	10 (83.3)	38 (53.5)	0 (0.0)	48 (67.6)
Total Responding	12	59	0	71

Missing = 429

Q5_2b_6: Why did you choose not to accept new DWP patients? Please write an "X" next to the <u>three</u> most important reasons you chose <u>not</u> to accept new DWP patients.				
	Never participant	Former participant	Current participant	Total
DWP is a new program	2 (16.7)	0 (0.0)	0 (0.0)	2 (2.8)
Not selected	10 (83.3)	59 (100.0)	0 (0.0)	69 (97.2)
Total Responding	12	59	0	71

Missing = 429

Q5_2b_7: Why did you choose not to accept new DWP patients? Please write an "X" next to the <u>three</u> most important reasons you chose <u>not</u> to accept new DWP patients.				
	Never participant	Former participant	Current participant	Total

My practice could be the only one in the area accepting DWP	0 (0.0)	10 (16.9)	0 (0.0)	10 (14.1)
Not selected	12 (100.0)	49 (83.1)	0 (0.0)	61 (85.9)
Total Responding	12	59	0	71

Missing = 429

Q5_2b_8: Why did you choose not to accept new DWP patients? Please write an "X" next to the <u>three</u> most important reasons you chose <u>not</u> to accept new DWP patients.				
	Never participant	Former participant	Current participant	Total
My practice participates in Title 19 instead	2 (16.7)	3 (4.2)	0 (0.0)	5 (7.0)
Not selected	10 (83.3)	56 (78.9)	0 (0.0)	66 (93.0)
Total Responding	12	59	0	71

Missing = 429

Q5_2b_9: Why did you choose not to accept new DWP patients? Please write an "X" next to the <u>three</u> most important reasons you chose <u>not</u> to accept new DWP patients.				
	Never participant	Former participant	Current participant	Total
Other	6 (50.0)	20 (33.9)	0 (0.0)	26 (36.6)
Not selected	6 (50.0)	39 (54.9)	0 (0.0)	45 (63.4)
Total Responding	12	59	0	71

Missing = 429

Q5_2b_10: Why did you choose not to accept new DWP patients? Please write an "X" next to the <u>three</u> most important reasons you chose <u>not</u> to accept new DWP patients.				
	Never participant	Former participant	Current participant	Total
Not sure/I am not responsible for this decision	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Not selected	12 (100.0)	59 (100.0)	0 (0.0)	71 (100.0)
Total Responding	0	1	0	1

Missing = 429



# All General dentists

Q6: About what percentage of your current patients are covered by the Dental Wellness Plan?				
	N	Mean (SD)	Minimum	Maximum
Never participant	175	.95 (3.35)	0.0	25.0
Former participant	48	5.63 (5.73)	0.0	20.0
Current participant	181	10.6 (9.82)	0.0	50.0
Total Responding	405	5.86 (8.52)	0.0	50.0

Missing = 95

Q7: Where do you primarily refer Dental Wellness Plan patients who you are not interested in accepting or able to accept in your practice? Please select only one.				
	Never participant	Former participant	Current participant	Total
I accept them all	0 (0.0)	1 (1.6)	83 (39.9)	84 (17.4)
Community Health Center	52 (24.5)	10 (16.1)	28 (13.5)	90 (18.7)
The UI College of Dentistry	25 (11.8)	10 (16.1)	34 (16.3)	69 (14.3)
Another local practice	42 (19.8)	6 (9.7)	9 (4.3)	57 (11.8)
DWP's "Find a Dentist" website	41 (19.3)	17 (27.4)	23 (11.1)	81 (16.8)
I don't have a good place to refer	44 (20.8)	14 (22.6)	26 (12.5)	84 (17.4)
Other	8 (3.8)	4 (6.5)	5 (2.4)	17 (3.5)
Total Responding	212	62	208	482

Missing = 18

Q8: Who was primarily responsible for making the decision whether your practice would accept Dental Wellness Plan patients? Please select only one.				
	Never participant	Former participant	Current participant	Total
I was	113 (53.3)	33 (53.2)	122 (58.4)	268 (55.5)
The dentists in the practice as a group	42 (19.8)	11 (17.7)	47 (22.5)	100 (20.7)
The owner of the practice	37 (17.5)	15 (24.2)	28 (13.4)	80 (16.6)

The clinic management/administration	12 (5.7)	1 (1.6)	12 (5.7)	25 (5.2)
Other	8 (3.8)	2 (3.2)	0 (0.0)	10 (2.1)
Total Responding	212	62	209	483

Missing = 17

Q9: Which best describes your overall attitude toward the Dental Wellness Plan?				
	Never participant	Former participant	Current participant	Total
Very positive	1 (0.5)	2 (0.6)	19 (3.9)	23 (4.8)
Somewhat positive	19 (9.0)	21 (33.9)	116 (55.2)	156 (32.4)
Somewhat negative	101 (48.1)	25 (40.3)	53 (25.2)	179 (37.1)
Very negative	56 (26.7)	12 (19.4)	20 (9.5)	88 (18.3)
Not sure/Don't know	33 (15.7)	1 (1.6)	2 (1.0)	36 (7.5)
Total Responding	210	62	210	482

Missing = 18

Q10a: Please read the following statements about the Dental Wellness Plan (DWP) and circle the number that indicates the degree to which you disagree or agree with these statements.				
<i>"Without the DWP program, these low income patients would not be able to get adequate dental care."</i>				
	Never participant	Former participant	Current participant	Total
Strongly disagree	16 (7.7)	3 (4.8)	7 (3.4)	26 (5.5)
Disagree	70 (33.8)	15 (24.2)	30 (14.4)	115 (24.1)
Agree	73 (35.3)	31 (50.0)	105 (50.5)	209 (43.8)
Strongly Agree	7 (3.4)	10 (16.1)	56 (11.7)	73 (15.3)
Not Sure/Don't Know	41 (19.8)	3 (4.8)	10 (2.1)	54 (11.3)
Total Responding	207	62	208	477

Missing = 23

Q10b: Please read the following statements about the Dental Wellness Plan (DWP) and circle the number that indicates the degree to which you disagree or agree with these statements.				
<i>"The DWP program respects dentists' professional judgment concerning patient care."</i>				

	Never participant	Former participant	Current participant	Total
Strongly disagree	47 (22.5)	21 (4.4)	36 (17.3)	104 (21.7)
Disagree	69 (33.0)	23 (37.1)	71 (34.1)	163 (34.0)
Agree	29 (13.9)	14 (22.6)	84 (40.4)	127 (26.5)
Strongly Agree	3 (1.4)	4 (6.5)	10 (4.8)	17 (3.5)
Not Sure/Don't Know	61 (29.2)	0 (0.0)	7 (3.4)	68 (14.2)
Total Responding	209	62	208	479

Missing = 21

<b>Q10c: Please read the following statements about the Dental Wellness Plan (DWP) and circle the number that indicates the degree to which you disagree or agree with these statements.</b>				
<i>"Dentists can have an impact on the policies of the DWP program."</i>				
	Never participant	Former participant	Current participant	Total
Strongly disagree	39 (18.8)	13 (21.0)	43 (20.6)	95 (19.8)
Disagree	71 (34.1)	30 (48.4)	65 (31.1)	166 (34.7)
Agree	20 (9.6)	7 (11.3)	38 (18.2)	65 (13.6)
Strongly Agree	3 (1.4)	1 (1.6)	8 (3.8)	12 (2.5)
Not Sure/Don't Know	75 (36.1)	11 (17.7)	55 (26.3)	141 (29.4)
Total Responding	208	62	209	479

Missing = 21

<b>Q11a: Please read the following statements about the Dental Wellness Plan (DWP) and circle the number that indicates the degree to which you disagree or agree with these statements.</b>				
<i>"The earned benefits approach is an effective way to reward people who return for regular checkups."</i>				
	Never participant	Former participant	Current participant	Total
Strongly disagree	16 (7.7)	4 (6.5)	15 (7.2)	35 (7.3)
Disagree	30 (14.4)	14 (22.6)	31 (14.8)	75 (15.6)
Agree	116 (55.5)	33 (53.2)	102 (48.8)	251 (52.3)
Strongly Agree	20 (9.6)	7 (11.3)	56 (26.8)	83 (17.3)

Not Sure/Don't Know	27 (12.9)	4 (6.5)	5 (2.4)	36 (7.5)
Total Responding	209	62	209	480

Missing = 20

Q11b: Please read the following statements about the Dental Wellness Plan (DWP) and circle the number that indicates the degree to which you disagree or agree with these statements.				
<i>"The earned benefits approach makes it difficult to provide comprehensive treatment to DWP patients."</i>				
	Never participant	Former participant	Current participant	Total
Strongly disagree	5 (2.4)	0 (0.0)	7 (3.4)	12 (2.5)
Disagree	24 (11.4)	7 (11.3)	35 (16.8)	65 (13.8)
Agree	76 (36.2)	28 (45.2)	92 (44.2)	196 (40.8)
Strongly Agree	69 (32.9)	27 (43.5)	68 (32.7)	164 (34.2)
Not Sure/Don't Know	36 (17.1)	0 (0.0)	6 (1.3)	42 (8.8)
Total Responding	210	62	208	480

Missing = 20

Q11c: Please read the following statements about the Dental Wellness Plan (DWP) and circle the number that indicates the degree to which you disagree or agree with these statements.				
<i>"The earned benefits approach will increase the likelihood that patients return for regular exams."</i>				
	Never participant	Former participant	Current participant	Total
Strongly disagree	17 (8.1)	3 (4.8)	11 (5.3)	31 (6.5)
Disagree	62 (29.7)	24 (38.7)	43 (20.7)	129 (26.9)
Agree	70 (33.5)	24 (38.7)	109 (52.4)	203 (42.4)
Strongly Agree	10 (4.8)	3 (4.8)	29 (13.9)	42 (8.8)
Not Sure/Don't Know	50 (23.9)	8 (12.9)	16 (7.7)	74 (15.4)
Total Responding	209	62	208	479

Missing = 21

Q11d: Please read the following statements about the Dental Wellness Plan (DWP) and circle the number that indicates the degree to which you disagree or agree with these statements.				
<i>"The earned benefits approach prevents DWP patients from getting the care they need when they need it."</i>				

	Never participant	Former participant	Current participant	Total
Strongly disagree	7 (3.3)	0 (0.0)	8 (3.8)	15 (3.1)
Disagree	31 (14.8)	9 (14.5)	49 (23.4)	89 (18.5)
Agree	83 (39.5)	22 (35.5)	87 (41.6)	192 (39.9)
Strongly Agree	50 (23.8)	29 (46.8)	59 (28.2)	138 (28.7)
Not Sure/Don't Know	39 (18.6)	2 (3.2)	6 (1.2)	47 (9.8)
Total Responding	210	62	209	481

Missing = 19

Q11e: Please read the following statements about the Dental Wellness Plan (DWP) and circle the number that indicates the degree to which you disagree or agree with these statements.				
<i>"The earned benefits approach will increase the likelihood that patients take better care of their oral health."</i>				
	Never participant	Former participant	Current participant	Total
Strongly disagree	25 (12.0)	5 (8.2)	14 (6.7)	44 (9.2)
Disagree	69 (33.0)	26 (42.6)	80 (38.3)	175 (36.5)
Agree	46 (22.0)	15 (24.6)	66 (31.6)	127 (26.5)
Strongly Agree	7 (3.3)	1 (1.6)	15 (7.2)	23 (4.8)
Not Sure/Don't Know	62 (29.7)	14 (23.0)	34 (16.3)	110 (23.0)
Total Responding	209	61	209	479

Missing = 21

#### All General dentists

Q12: Which best describes your attitude toward the earned benefits approach?				
	Never participant	Former participant	Current participant	Total
Very positive	12 (5.8)	4 (6.6)	25 (12.0)	41 (8.6)
Somewhat positive	63 (30.3)	19 (31.1)	97 (46.6)	179 (37.5)
Somewhat negative	73 (35.1)	23 (37.7)	51 (24.5)	147 (30.8)
Very negative	29 (13.9)	9 (14.8)	31 (14.9)	69 (14.5)
Not sure/Don't know	31 (14.9)	6 (9.8)	4 (1.9)	41 (8.6)

Total Responding	208	61	208	477
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Missing = 23

Q13: Which best describes your attitude toward Delta Dental's administration of the Dental Wellness Plan?				
	Never participant	Former participant	Current participant	Total
Very positive	0 (0.0)	0 (0.0)	45 (22.2)	45 (22.2)
Somewhat positive	0 (0.0)	0 (0.0)	99 (48.8)	99 (48.8)
Somewhat negative	0 (0.0)	0 (0.0)	39 (19.2)	39 (19.2)
Very negative	0 (0.0)	0 (0.0)	12 (5.9)	12 (5.9)
Not sure/Don't know	0 (0.0)	0 (0.0)	8 (3.9)	8 (3.9)
Total Responding	0	0	203	203

Missing = 8

Q14: Have you had difficulty referring your DWP patients to any dental specialists?				
	Never participant	Former participant	Current participant	Total
Yes	0 (0.0)	0 (0.0)	149 (74.1)	149 (74.1)
No	0 (0.0)	0 (0.0)	51 (25.4)	51 (25.4)
Total Responding	0 (0.0)	0 (0.0)	201	201

Missing = 8

Q15_1: Which types of dental specialists have you had difficulty referring your DWP patients to? <i>Select all that apply.</i>				
	Never participant	Former participant	Current participant	Total
Oral surgeon	0 (0.0)	0 (0.0)	96 (64.0)	96 (64.0)
Not selected	0 (0.0)	0 (0.0)	54 (36.0)	54 (36.0)
Total Responding	0 (0.0)	0 (0.0)	150	150

Missing = 61

Q15_2: Which types of dental specialists have you had difficulty referring your DWP patients to? <i>Select all that apply.</i>				
	Never participant	Former participant	Current participant	Total

Periodontist	0 (0.0)	0 (0.0)	102 (68.0)	102 (68.0)
Not selected	0 (0.0)	0 (0.0)	48 (32.0)	48 (32.0)
Total Responding	0 (0.0)	0 (0.0)	150	150

Missing = 61

Q15_3: Which types of dental specialists have you had difficulty referring your DWP patients to? <i>Select all that apply.</i>				
	Never participant	Former participant	Current participant	Total
Endodontist	0 (0.0)	0 (0.0)	126 (84.0)	126 (84.0)
Not selected	0 (0.0)	0 (0.0)	24 (16.0)	24 (16.0)
Total Responding	0 (0.0)	0 (0.0)	150	150

Missing = 61

Q15_4: Which types of dental specialists have you had difficulty referring your DWP patients to? <i>Select all that apply.</i>				
	Never participant	Former participant	Current participant	Total
Prosthodontist	0 (0.0)	0 (0.0)	63 (42.0)	63 (42.0)
Not selected	0 (0.0)	0 (0.0)	87 (58.0)	87 (58.0)
Total Responding	0 (0.0)	0 (0.0)	150	150

Missing = 61

Q16: How satisfied are you with the Dental Wellness Plan overall?				
	Never participant	Former participant	Current participant	Total
Very satisfied	0 (0.0)	0 (0.0)	17 (8.4)	17 (8.4)
Satisfied	0 (0.0)	0 (0.0)	113 (55.9)	113 (55.9)
Dissatisfied	0 (0.0)	0 (0.0)	58 (28.7)	58 (28.7)
Very dissatisfied	0 (0.0)	0 (0.0)	14 (6.9)	14 (6.9)
Total responding	0 (0.0)	0 (0.0)	202	202

Missing = 9

Q17: Would you recommend DWP participation to other Iowa dentists?				
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	Never participant	Former participant	Current participant	Total
Definitely yes	0 (0.0)	0 (0.0)	18 (8.8)	18 (8.8)
Probably yes	0 (0.0)	0 (0.0)	104 (50.7)	104 (50.7)
Probably no	0 (0.0)	0 (0.0)	69 (33.7)	69 (33.7)
Definitely no	0 (0.0)	0 (0.0)	14 (6.8)	14 (6.8)
Total Responding	0 (0.0)	0 (0.0)	205	205

Missing = 6

Q18: Starting July 2016, a second dental benefits barrier – called MCNA Dental – joined the Dental Wellness Plan in addition to Delta Dental. Have you contracted with MCNA as a participating provider?				
	Never participant	Former participant	Current participant	Total
Yes	0 (0.0)	0 (0.0)	41 (21.0)	41 (21.0)
No, but I plan to	0 (0.0)	0 (0.0)	22 (11.3)	22 (11.3)
No, and I do not plan to	0 (0.0)	0 (0.0)	132 (67.7)	132 (67.7)
Total Responding	0 (0.0)	0 (0.0)	195	195

Missing = 16

Q19: Do you currently use the PreViser risk assessment with any of your DWP patients?				
	Never participant	Former participant	Current participant	Total
Yes	0 (0.0)	0 (0.0)	149 (72.7)	149 (72.7)
No	0 (0.0)	0 (0.0)	56 (27.3)	56 (27.3)
Total Responding	0 (0.0)	0 (0.0)	205	205

Missing = 6

➤ General dentists who currently use the PreViser risk assessment

Q19_1a: What is the <u>most important reason</u> you choose to use the PreViser risk assessment?				
	Never participant	Former participant	Current participant	Total
Reimbursement for completing it	0 (0.0)	0 (0.0)	73 (52.5)	73 (52.5)



Time needed to complete it	0 (0.0)	0 (0.0)	1 (0.7)	1 (0.7)
Degree of helpfulness for patient care	0 (0.0)	0 (0.0)	11 (7.9)	11 (7.9)
Electronic submission	0 (0.0)	0 (0.0)	3 (2.2)	3 (2.2)
Bonus pool program	0 (0.0)	0 (0.0)	49 (35.3)	49 (35.3)
Other	0 (0.0)	0 (0.0)	1 (1.4)	1 (1.4)
Not sure/I am not responsible for this decision	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total Responding	0 (0.0)	0 (0.0)	139	139

Missing = 72

➤ General dentists who currently do NOT use the PreViser risk assessment

Q19_2a: What is the <u>most important reason</u> you choose <u>not</u> to use the PreViser risk assessment?				
	Never participant	Former participant	Current participant	Total
Reimbursement for completing it	0 (0.0)	0 (0.0)	4 (8.0)	4 (8.0)
Time needed to complete it	0 (0.0)	0 (0.0)	32 (64.0)	32 (64.0)
Degree of helpfulness for patient care	0 (0.0)	0 (0.0)	2 (4.0)	2 (4.0)
Electronic submission	0 (0.0)	0 (0.0)	2 (4.0)	2 (4.0)
Bonus pool program	0 (0.0)	0 (0.0)	8 (16.0)	8 (16.0)
Other	0 (0.0)	0 (0.0)	2 (4.0)	2 (4.0)
Not sure/I am not responsible for this decision	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Total Responding	0 (0.0)	0 (0.0)	50	50

Missing = 161

➤ General dentists who currently use the PreViser risk assessment

Q20: How helpful is the PreViser risk assessment in facilitating discussions with patients about their <u>oral health</u> ?
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	Never participant	Former participant	Current participant	Total
Very helpful	0 (0.0)	0 (0.0)	9 (6.0)	9 (6.0)
Somewhat helpful	0 (0.0)	0 (0.0)	48 (32.0)	48 (32.0)
A little helpful	0 (0.0)	0 (0.0)	53 (35.3)	53 (35.3)
Not at all helpful	0 (0.0)	0 (0.0)	40 (26.7)	40 (26.7)
Total Responding	0 (0.0)	0 (0.0)	150	150

Missing = 61

Q21: How helpful is the PreViser risk assessment in facilitating discussions with patients about their systemic health?				
	Never participant	Former participant	Current participant	Total
Very helpful	0 (0.0)	0 (0.0)	11 (7.4)	11 (7.4)
Somewhat helpful	0 (0.0)	0 (0.0)	43 (28.9)	43 (28.9)
A little helpful	0 (0.0)	0 (0.0)	59 (39.6)	59 (39.6)
Not at all helpful	0 (0.0)	0 (0.0)	36 (24.2)	36 (24.2)
Total Responding	0 (0.0)	0 (0.0)	149	149

Missing = 62

Q22: Which best describes your attitude toward the PreViser risk assessment?				
	Never participant	Former participant	Current participant	Total
Very positive	0 (0.0)	0 (0.0)	9 (6.0)	9 (6.0)
Somewhat positive	0 (0.0)	0 (0.0)	78 (52.3)	78 (52.3)
Somewhat negative	0 (0.0)	0 (0.0)	42 (28.2)	42 (28.2)
Very negative	0 (0.0)	0 (0.0)	20 (13.4)	20 (13.4)
Total Responding	0 (0.0)	0 (0.0)	149	149

Missing = 62

#### All General dentists

Q23: Not counting PreViser, do you use any other risk assessment tools in your office?				
	Never participant	Former participant	Current participant	Total

Yes	0 (0.0)	0 (0.0)	29 (19.6)	29 (19.6)
No	0 (0.0)	0 (0.0)	119 (80.4)	119 (80.4)
Total Responding	0 (0.0)	0 (0.0)	148	148

Missing = 352

Q24: Do you currently accept <u>new Title 19 patients</u> into your practice?				
	Never participant	Former participant	Current participant	Total
Yes	68 (31.2)	9 (14.5)	135 (64.0)	212 (43.2)
No	150 (68.8)	53 (85.5)	76 (36.0)	279 (56.8)
Total Responding	218	62	211	491

Missing = 9

➤ General dentists who currently accept new Title 19 patients

Q25: Do you accept <u>all</u> new Title 19 patients?				
	Never participant	Former participant	Current participant	Total
Yes	7 (10.3)	0 (0.0)	43 (32.3)	50 (23.8)
No	61 (89.7)	9 (100.0)	90 (67.7)	160 (76.2)
Total Responding	68	9	133	210

Missing = 290

Q25_2_1: Do you accept all new Title 19 patients? No, in our office we only accept the following Title 19 patients: <i>Select all that apply</i>				
	Never participant	Former participant	Current participant	Total
A set number of Title 19 patients	10 (16.7)	2 (22.2)	30 (33.3)	42 (26.4)
Not selected	50 (83.3)	7 (77.8)	60 (66.7)	117 (73.6)
Total Responding	60	9	90	159

Missing = 341

Q25_2_2: Do you accept all new Title 19 patients? No, in our office we only accept the following Title 19 patients: <i>Select all that apply</i>				
	Never participant	Former participant	Current participant	Total

<b>Our own patients who go on Title 19</b>	47 (78.3)	7 (77.8)	60 (66.7)	114 (71.7)
<b>Not selected</b>	13 (21.7)	2 (22.2)	30 (33.3)	45 (28.3)
<b>Total Responding</b>	60	9	90	159

Missing = 341

<b>Q25_2_3: Do you accept all new Title 19 patients? No, in our office we only accept the following Title 19 patients: <i>Select all that apply</i></b>				
	<b>Never participant</b>	<b>Former participant</b>	<b>Current participant</b>	<b>Total</b>
<b>Adult Title 19 patients only</b>	0 (0.0)	0 (0.0)	6 (6.7)	6 (6.7)
<b>Not selected</b>	60 (100.0)	9 (100.0)	84 (93.3)	153 (96.2)
<b>Total Responding</b>	60	9	90	159

Missing = 341

<b>Q25_2_4: Do you accept all new Title 19 patients? No, in our office we only accept the following Title 19 patients: <i>Select all that apply</i></b>				
	<b>Never participant</b>	<b>Former participant</b>	<b>Current participant</b>	<b>Total</b>
<b>Pediatric Title 19 only</b>	21 (35.0)	5 (55.6)	22 (24.4)	48 (30.2)
<b>Not selected</b>	39 (65.0)	4 (2.5)	68 (75.6)	111 (69.8)
<b>Total Responding</b>	60	9	90	159

Missing = 341

<b>Q25_2_5: Do you accept all new Title 19 patients? No, in our office we only accept the following Title 19 patients: <i>Select all that apply</i></b>				
	<b>Never participant</b>	<b>Former participant</b>	<b>Current participant</b>	<b>Total</b>
<b>Referrals from other dentists/physicians</b>	6 (10.0)	0 (0.0)	8 (8.9)	14 (8.8)
<b>Not selected</b>	54 (90.0)	9 (100.0)	82 (91.1)	145 (91.2)
<b>Total Responding</b>	60	9	90	159

Missing = 341

<b>Q25_2_6: Do you accept all new Title 19 patients? No, in our office we only accept the following Title 19 patients: <i>Select all that apply</i></b>				
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	Never participant	Former participant	Current participant	Total
Patients only from our county	7 (11.7)	0 (0.0)	22 (24.4)	29 (18.2)
Not selected	53 (88.3)	9 (100.0)	68 (75.6)	130 (81.8)
Total Responding	60	9	90	159

Missing = 341

Q25_2_7: Do you accept all new Title 19 patients? No, in our office we only accept the following Title 19 patients: <i>Select all that apply</i>				
	Never participant	Former participant	Current participant	Total
Other	18 (30.0)	3 (33.3)	16 (17.8)	37 (23.3)
Not selected	42 (70.0)	6 (66.7)	74 (82.2)	122 (76.7)
Total Responding	60	9	90	159

Missing = 341

Q26: How has your opinion or experience regarding the DWP changed your accepting of new <u>adult</u> Title 19 patients?				
	Never participant	Former participant	Current participant	Total
I accept fewer adult Title 19 patients	10 (14.9)	2 (22.2)	22 (16.8)	34 (16.4)
No change in our acceptance of adult Title 19 patients	47 (70.1)	6 (66.7)	101 (77.1)	154 (74.4)
I accept more adult Title 19 patients	0 (0.0)	0 (0.0)	1 (0.8)	1 (0.8)
Not sure/Don't know	10 (14.9)	1 (11.1)	7 (5.3)	18 (8.7)
Total Responding	67	9	131	207

Missing = 293

Q27: How has your opinion or experience regarding the DWP changed your accepting of new <u>pediatric</u> Title 19 patients?				
	Never participant	Former participant	Current participant	Total

I accept fewer adult Title 19 patients	5 (7.4)	2 (22.2)	10 (7.6)	17 (8.1)
No chance in our acceptance of adult Title 19 patients	57 (83.8)	6 (66.7)	112 (84.8)	175 (83.7)
I accept more adult Title 19 patients	0 (0.0)	0 (0.0)	2 (1.5)	2 (1.5)
Not sure/Don't know	6 (8.8)	1 (11.1)	8 (6.1)	15 (7.2)
Total Responding	68	9	132	209

Missing = 391

Q28: Do you submit claims electronically to Medicaid				
	Never participant	Former participant	Current participant	Total
Yes	54 (79.4)	9 (100.0)	106 (80.3)	169 (80.9)
No	14 (20.6)	0 (0.0)	26 (19.7)	40 (19.1)
Total Responding	68	9	132	209

Missing = 291

#### All General dentists

Q29_DWP_a: The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): <i>Time spent on paperwork</i>				
	Never participant	Former participant	Current participant	Total
No problem	2 (1.1)	8 (13.3)	27 (13.0)	37 (8.2)
Minor problem	24 (13.2)	24 (40.0)	109 (52.4)	157 (34.9)
Major problem	67 (36.8)	27 (45.0)	59 (28.4)	153 (34.0)
Not sure/Don't know	89 (48.9)	1 (1.7)	13 (6.3)	103 (22.9)
Total responding	182	60	208	450

Missing = 50

Q29_Title19_a: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: <i>Time spent on paperwork</i>
--

	Never participant	Former participant	Current participant	Total
Better	13 (7.0)	18 (29.0)	61 (31.1)	92 (20.7)
Same	33 (17.7)	24 (38.7)	61 (31.1)	118 (26.6)
Worse	28 (15.1)	20 (32.3)	50 (25.5)	98 (22.1)
Not sure	112 (60.2)	0 (0.0)	24 (12.2)	136 (30.6)
Total responding	186	62	196	444

Missing = 56

**Q29\_DWP\_b:** The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): *Denial of payment*

	Never participant	Former participant	Current participant	Total
No problem	6 (3.3)	6 (10.0)	21 (10.1)	33 (7.3)
Minor problem	24 (13.0)	29 (48.3)	119 (57.5)	172 (38.1)
Major problem	49 (26.6)	23 (38.3)	62 (30.0)	134 (29.7)
Not sure/Don't know	105 (57.1)	2 (3.3)	5 (2.4)	112 (24.8)
Total responding	183	60	207	451

Missing = 49

**Q29\_Title19\_b:** Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: *Denial of payment*

	Never participant	Former participant	Current participant	Total
Better	13 (7.0)	13 (21.0)	61 (31.0)	87 (19.6)
Same	31 (16.8)	26 (41.9)	76 (38.6)	133 (30.0)
Worse	22 (11.9)	18 (29.0)	43 (21.8)	83 (18.7)
Not sure	119 (64.3)	5 (8.1)	17 (8.6)	141 (31.8)
Total responding	185	62	197	444

Missing = 56

**Q29\_DWP\_c:** The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): *Slow payment*



	Never participant	Former participant	Current participant	Total
No problem	18 (9.9)	33 (55.0)	121 (58.7)	172 (38.5)
Minor problem	20 (11.0)	14 (23.3)	59 (28.6)	93 (20.8)
Major problem	24 (13.3)	9 (15.0)	7 (3.4)	40 (8.9)
Not sure/Don't know	119 (65.7)	4 (6.7)	19 (9.2)	142 (31.8)
Total responding	181	60	206	447

Missing = 53

Q29_Title19_c: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: <i>Slow payment</i>				
	Never participant	Former participant	Current participant	Total
Better	14 (7.6)	17 (27.4)	67 (34.2)	98 (22.2)
Same	35 (19.0)	32 (51.6)	91 (46.4)	158 (35.7)
Worse	8 (4.3)	9 (14.5)	12 (6.1)	29 (6.6)
Not sure	127 (69.0)	4 (6.5)	26 (13.3)	157 (35.5)
Total responding	184	62	196	442

Missing = 58

Q29_DWP_d: The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): <i>Reimbursement rate</i>				
	Never participant	Former participant	Current participant	Total
No problem	4 (2.2)	7 (11.7)	34 (16.6)	45 (10.0)
Minor problem	25 (13.6)	26 (43.3)	89 (43.4)	140 (31.2)
Major problem	77 (41.8)	26 (43.3)	78 (38.0)	181 (40.3)
Not sure/Don't know	78 (42.4)	1 (1.7)	4 (2.0)	83 (18.5)
Total responding	184	60	205	449

Missing = 51

Q29_Title19_d: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: <i>Reimbursement rate</i>				
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	Never participant	Former participant	Current participant	Total
Better	35 (18.6)	28 (45.2)	119 (60.4)	182 (40.7)
Same	36 (19.1)	21 (33.9)	36 (18.3)	93 (20.8)
Worse	20 (10.6)	12 (19.4)	30 (15.2)	62 (13.9)
Not sure	91 (51.6)	1 (1.6)	12 (6.1)	110 (24.6)
Total responding	188	62	197	447

Missing = 53

**Q29\_DWP\_e: The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): *Intermittent eligibility***

	Never participant	Former participant	Current participant	Total
No problem	3 (1.7)	4 (6.7)	11 (5.3)	18 (4.0)
Minor problem	17 (9.4)	17 (28.3)	57 (27.4)	91 (20.3)
Major problem	68 (15.2)	33 (55.0)	132 (63.5)	233 (52.0)
Not sure/Don't know	92 (51.1)	6 (10.0)	8 (3.8)	106 (23.7)
Total responding	180	60	208	448

Missing = 52

**Q29\_Title19\_e: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: *Intermittent eligibility***

	Never participant	Former participant	Current participant	Total
Better	9 (4.9)	6 (9.7)	28 (14.3)	43 (9.7)
Same	39 (21.1)	26 (41.9)	99 (50.5)	164 (37.0)
Worse	25 (13.5)	22 (35.5)	48 (24.5)	95 (21.4)
Not sure	112 (60.5)	8 (12.9)	21 (10.7)	141 (31.8)
Total responding	185	62	196	443

Missing = 57

**Q29\_DWP\_f: The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that**

issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): <i>Difficulty of eligibility determination</i>				
	Never participant	Former participant	Current participant	Total
No problem	6 (3.3)	22 (36.7)	56 (26.9)	84 (18.7)
Minor problem	28 (15.4)	18 (30.0)	73 (35.1)	119 (26.4)
Major problem	51 (28.0)	16 (26.7)	73 (35.1)	140 (31.1)
Not sure/Don't know	91 (53.3)	4 (6.7)	6 (2.9)	107 (23.8)
Total responding	182	60	208	450

Missing = 50

Q29_Title19_f: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: <i>Difficulty of eligibility determination</i>				
	Never participant	Former participant	Current participant	Total
Better	8 (4.3)	9 (14.8)	37 (18.8)	54 (12.2)
Same	43 (23.1)	34 (55.7)	104 (52.8)	181 (40.8)
Worse	25 (13.4)	15 (24.6)	37 (18.8)	77 (17.3)
Not sure	110 (59.1)	3 (4.9)	19 (9.6)	132 (29.7)
Total responding	186	61	197	444

Missing = 56

Q29_DWP_g: The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): <i>Limited services covered</i>				
	Never participant	Former participant	Current participant	Total
No problem	6 (3.3)	4 (6.8)	14 (6.8)	24 (5.4)
Minor problem	22 (12.2)	23 (39.0)	103 (49.8)	148 (33.1)
Major problem	64 (35.4)	31 (52.5)	87 (42.0)	183 (40.7)
Not sure/Don't know	89 (49.2)	1 (1.7)	3 (1.4)	93 (20.8)
Total responding	181	59	207	447

Missing = 53

Q29_Title19_g: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: <i>Limited services covered</i>				
	Never participant	Former participant	Current participant	Total
Better	9 (4.8)	10 (16.1)	41 (20.8)	60 (13.5)
Same	42 (22.6)	26 (41.9)	84 (42.6)	152 (34.2)
Worse	27 (14.5)	24 (38.7)	57 (28.9)	108 (24.3)
Not sure	108 (58.1)	2 (3.2)	15 (7.6)	125 (28.1)
Total responding	186	62	197	445

Missing = 55

Q30_DWP_a: The following two questions show some patient-related issues that dentists may have dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): <i>Broken appointments</i>				
	Never participant	Former participant	Current participant	Total
No problem	1 (0.6)	5 (8.2)	7 (3.3)	13 (2.9)
Minor problem	31 (17.4)	32 (18.0)	115 (54.8)	178 (39.6)
Major problem	37 (20.8)	23 (37.7)	84 (40.0)	144 (32.1)
Not sure/Don't know	109 (61.2)	1 (1.6)	4 (1.9)	114 (25.4)
Total responding	178	61	210	449

Missing = 51

Q30_Title19_a: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: <i>Broken appointments</i>				
	Never participant	Former participant	Current participant	Total
Better				
Same				
Worse				
Not sure				
Total responding				

Missing = 56

**Q30\_DWP\_b:** The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): *Complexity of patient medical history*

	Never participant	Former participant	Current participant	Total
No problem	27 (15.3)	19 (31.7)	81 (39.1)	127 (28.6)
Minor problem	29 (16.4)	33 (55.0)	107 (51.7)	169 (38.1)
Major problem	13 (7.3)	4 (6.7)	15 (7.2)	32 (7.2)
Not sure/Don't know	108 (61.0)	4 (6.7)	4 (1.9)	116 (26.1)
Total responding	177	60	207	444

Missing = 56

**Q30\_Title19\_b:** Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: *Complexity of patient medical history*

	Never participant	Former participant	Current participant	Total
Better	6 (3.3)	4 (6.6)	25 (12.8)	35 (7.9)
Same	56 (30.4)	49 (80.3)	150 (76.5)	255 (57.8)
Worse	4 (2.2)	4 (6.6)	10 (5.1)	18 (4.1)
Not sure	118 (64.1)	4 (6.6)	11 (5.6)	133 (30.2)
Total responding	184	61	196	441

Missing = 56

**Q30\_DWP\_c:** The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): *Complexity of patient dental treatment needs*

	Never participant	Former participant	Current participant	Total
No problem	20 (11.4)	11 (18.3)	44 (21.2)	75 (16.9)
Minor problem	28 (15.9)	32 (53.3)	103 (49.5)	163 (36.7)
Major problem	25 (14.2)	16 (26.7)	55 (26.4)	96 (21.6)
Not sure/Don't know	103 (58.5)	1 (1.7)	6 (2.9)	110 (24.8)
Total responding	176	60	208	444

Missing = 56

Q30_Title19_c: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: <i>Complexity of patient dental treatment needs</i>				
	Never participant	Former participant	Current participant	Total
Better	7 (3.8)	2 (3.3)	24 (12.2)	33 (7.5)
Same	56 (30.6)	52 (86.7)	139 (70.9)	247 (56.3)
Worse	5 (2.7)	5 (8.3)	22 (11.2)	32 (7.3)
Not sure	115 (62.8)	1 (1.7)	11 (5.6)	127 (28.9)
Total responding	183	60	196	439

Missing = 59

Q30_DWP_d: The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): <i>Patient non-compliance with recommended treatment</i>				
	Never participant	Former participant	Current participant	Total
No problem	3 (1.7)	9 (14.8)	31 (15.0)	43 (9.7)
Minor problem	30 (16.9)	31 (50.8)	128 (61.8)	189 (42.5)
Major problem	35 (19.8)	20 (32.8)	44 (21.3)	99 (22.2)
Not sure/Don't know	109 (61.6)	1 (1.6)	4 (1.9)	114 (25.6)
Total responding	177	61	207	445

Missing = 55

Q30_Title19_d: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: <i>Patient non-compliance with recommended treatment</i>				
	Never participant	Former participant	Current participant	Total
Better	9 (4.9)	10 (16.4)	50 (25.4)	69 (15.6)
Same	50 (27.2)	43 (70.5)	114 (57.9)	207 (46.8)
Worse	5 (2.7)	8 (13.1)	21 (10.7)	34 (7.7)
Not sure	120 (65.2)	0 (0.0)	12 (6.1)	132 (29.9)
Total responding	184	61	197	442

Missing = 61

**Q30\_DWP\_e:** The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): *Not enough general dentists in the area accepting patients with the plan*

	Never participant	Former participant	Current participant	Total
No problem	10 (5.6)	5 (8.2)	35 (17.0)	50 (11.3)
Minor problem	20 (11.3)	10 (16.4)	80 (38.8)	110 (24.8)
Major problem	41 (23.2)	40 (65.6)	75 (36.4)	156 (35.1)
Not sure/Don't know	106 (59.9)	6 (9.8)	16 (7.8)	128 (28.8)
Total responding	177	61	206	444

Missing = 56

**Q30\_Title19\_e:** Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: *Not enough general dentists in the area accepting patients with the plan*

	Never participant	Former participant	Current participant	Total
Better	6 (3.2)	6 (9.7)	44 (22.3)	56 (12.6)
Same	52 (28.0)	41 (66.1)	100 (50.8)	193 (43.3)
Worse	14 (7.5)	10 (16.1)	29 (14.7)	52 (11.9)
Not sure	114 (61.3)	5 (8.1)	24 (12.2)	143 (32.1)
Total responding	186	62	197	445

Missing = 58

**Q30\_DWP\_f:** The following two questions show some issues that dentists may have with the administration of dental insurance plans. Please circle the number to indicate how much you think that issue is a problem in the Dental Wellness Plan. (1 = No problem and 3 = Major problem): *Ability to refer to dental specialists*

	Never participant	Former participant	Current participant	Total
No problem	5 (2.8)	3 (4.9)	21 (10.1)	29 (6.5)
Minor problem	19 (10.7)	27 (44.3)	64 (30.8)	110 (24.7)
Major problem	41 (23.2)	27 (44.3)	116 (55.8)	184 (41.3)
Not sure/Don't know	112 (63.3)	4 (6.6)	7 (3.4)	123 (27.6)

Total responding	177	61	208	446
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Missing = 54

Q30_ Title19_f: Please circle whether you think the Dental Wellness Plan is better, same, or worse compared to Title 19 on each issue: <i>Ability to refer to dental specialists</i>				
	Never participant	Former participant	Current participant	Total
Better	4 (2.2)	4 (6.5)	30 (15.2)	38 (8.6)
Same	48 (26.1)	42 (67.7)	117 (59.1)	207 (46.6)
Worse	16 (8.7)	13 (21.0)	36 (18.2)	65 (14.6)
Not sure	116 (63.0)	3 (4.8)	15 (7.6)	134 (30.2)
Total responding	184	62	198	444

Missing = 56

Q31: How would you best describe your practice during the past 12 months?				
	Never participant	Former participant	Current participant	Total
Too busy to treat all requesting appointments	9 (4.3)	18 (32.1)	18 (8.8)	45 (9.6)
Provided care to all requesting it, but felt overworked	47 (22.6)	13 (23.2)	40 (19.5)	100 (21.3)
Provided care to all requesting it, but did not feel overworked	133 (63.9)	21 (37.5)	112 (54.6)	266 (56.7)
Not busy enough, would have like more patients	19 (9.1)	4 (7.1)	35 (17.1)	58 (12.4)
Total Responding	208	56	205	469

Missing = 31

Q32: In your practice, do you usually work 32 hours or more a week?				
	Never participant	Former participant	Current participant	Total
Yes	183 (83.6)	49 (79.0)	180 (85.3)	412 (83.7)
No	36 (16.4)	13 (21.0)	31 (14.7)	80 (16.3)



Total Responding	219	62	211	492
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Missing = 8

Q33: In your primary practice, do you use an electronic health record system for patient records?				
	Never participant	Former participant	Current participant	Total
Yes	147 (67.4)	42 (70.0)	153 (68.1)	332 (68.0)
No	71 (32.6)	18 (30.0)	67 (31.9)	156 (32.0)
Total Responding	218	60	210	488

Missing= 12

Q34: How would you describe your role in your primary practice?				
	Never participant	Former participant	Current participant	Total
Solo practice (owner)	105 (48.2)	39 (63.9)	130 (61.9)	274 (56.0)
Partner	57 (26.1)	9 (14.8)	43 (20.5)	109 (22.3)
Associate buying into the practice	12 (5.5)	2 (3.3)	9 (4.3)	23 (4.7)
Associate not buying into the practice	20 (9.2)	3 (4.9)	10 (4.8)	33 (6.7)
Independent contractor	5 (2.3)	3 (4.9)	3 (1.4)	11 (2.2)
Employee in a corporate owned practice (e.g. Aspen, Ocean Dental, Applewhite Dental)	10 (4.6)	1 (1.6)	11 (5.2)	22 (4.5)
Other	9 (4.1)	4 (6.6)	4 (1.9)	17 (3.5)
Total Responding	218	61	210	489

Missing = 11

Q35: Please indicate your <u>personal gross production</u> in the practice last year (excluding investment or non-practice income).				
	Never participant	Former participant	Current participant	Total
under \$200,000	22 (11.6)	3 (6.0)	20 (11.3)	45 (10.8)
\$200,000 – \$299,999	17 (8.9)	5 (10.0)	20 (4.8)	42 (10.1)

<b>\$300,000 – \$399,999</b>	20 (10.5)	8 (16.0)	16 (9.0)	44 (10.6)
<b>\$400,000 – \$499,999</b>	25 (13.2)	4 (8.0)	18 (10.2)	47 (11.3)
<b>\$500,000 – \$599,999</b>	18 (9.5)	6 (12.0)	21 (11.9)	45 (10.8)
<b>\$600,000 – \$699,999</b>	26 (13.7)	6 (1.4)	28 (15.8)	60 (14.4)
<b>\$700,000 – \$799,999</b>	16 (8.4)	8 (16.0)	15 (8.5)	39 (9.4)
<b>\$800,000 – \$899,999</b>	7 (3.7)	3 (6.0)	10 (5.6)	20 (4.8)
<b>\$900,000 – \$999,999</b>	8 (4.2)	1 (2.0)	15 (8.5)	24 (5.8)
<b>over \$1,000,000</b>	31 (16.3)	6 (12.0)	14 (7.9)	51 (12.2)
<b>Total Responding</b>	190	50	177	417