

Comparison of Iowa dentist participation in a Medicaid State Plan versus a private carve-out plan for the Medicaid expansion population

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Abstract

Background: In May 2014, Iowa's Dental Wellness Plan (DWP) began providing dental benefits to its ACA-related Medicaid expansion population. The DWP was administered by a private dental benefits carrier, had a higher reimbursement rate, and a more complex benefit structure compared to traditional Medicaid. The aims of this study were to 1) examine the extent of dentist participation in the DWP and traditional Medicaid, and 2) identify predictors of dentist participation in DWP and in traditional Medicaid.

Methods: A survey was mailed to all licensed Iowa dentists in private practice (n=1301) in October 2016, two years after the DWP was implemented. Analyses compared dentists accepting new DWP patients to those who were not, as well as those accepting new Medicaid patients to those who were not.

Results: The response rate was 47% (n=557). Forty-two percent of dentists participated in DWP, and 45% participated in Medicaid, with 28% of dentists participating in both programs. Among DWP participants, 40% placed limits on acceptance; whereas among Medicaid participants, 76% placed limits on acceptance. The most common limits on patient acceptance were: accepting only dentists' own patients who transitioned to DWP/Medicaid, a set number of new DWP/Medicaid patients, and pediatric Medicaid patients only.

Conclusions: While dentist participation rates in DWP and in Medicaid were each over 40%, considerable proportions of dentists limited their acceptance of new patients in each plan. Additionally, practice busyness was a significant predictor for participation in DWP but not in Medicaid.

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