

Evaluation of the Dental Wellness Plan: Member Experiences After Two Years

Julie Reynolds, Susan McKernan, Peter Damiano, Jennifer Sukalski, Brooke McInroy

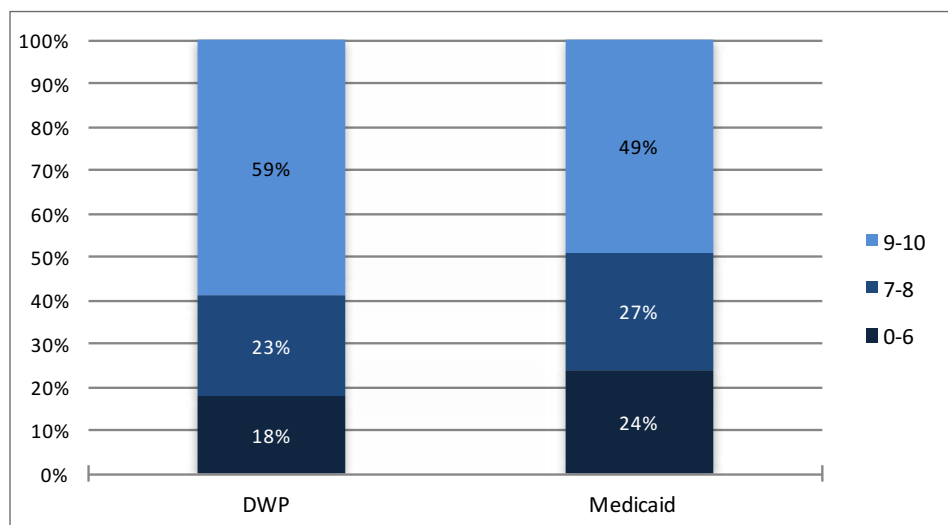
Background

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

DWP provider incentives included high reimbursement (about 50%

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

Ratings (0-10, 10 = best) of all dental care received, DWP and Medicaid members



Study Methods

To assess DWP member experiences in comparison with those of Iowa Medicaid members, the University of Iowa Public Policy Center (PPC) distributed surveys to DWP members and newly enrolled adult Medicaid members in fall 2016. Researchers analyzed survey responses to compare member experiences with the two plans.

Reasons for unmet need for dental care in the past 6 months, DWP and Medicaid members

Reason for unmet need	DWP (n=316)	Medicaid (n=317)
Could not afford it	50%	37%
Care I needed was not covered by my insurance	39%	33%
Trouble finding a dentist who accepted my insurance	35%	55%
Fear or anxiety	18%	18%
Had to travel too far or other transportation problems	14%	31%
Trouble getting an appointment with a dentist for a reason other than not accepting my insurance	10%	18%
Could not get off work	10%	8%
Didn't know where to go at night or on the weekend for care	6%	9%
Other reason	12%	8%

Results

Only one-fourth of DWP members were **aware of the plan's levels of coverage**. Despite a low level of awareness around coverage, DWP members generally had positive opinions about the plan's structure.

Four in 10 DWP members reported a recent **unmet need for dental care**, meaning they needed dental care in the past six months but were unable to get it. Four in 10 Medicaid members also reported an unmet dental-care need. Among DWP members the key barrier to care was difficulty affording care, whereas among Medicaid members it was difficulty finding a provider who accepted their insurance.

Only 2% of DWP members reported recently **visiting the emergency department (ED)** for dental care, which was significantly less than among Medicaid members (6%). Of all respondents who utilized the ED, the majority reported doing so because no dental office was available.

Fifty-five percent of DWP members had a **regular dentist** at the time of the survey, which was significantly less than Medicaid members (64%). Among those without a regular dentist, 29% of DWP members reported that they had tried but were unable to find a regular dentist in their plan, and 71% had not tried to find one. Medicaid members, on the other hand, were split almost evenly between those who had had tried but were unable to find a regular dentist (51%) and those who did not try to find one (49%).

Compared to Medicaid members, DWP members reported greater ease in **finding and changing providers** and scheduling dental visits and emergency care as soon as wanted, as well as fewer unmet transportation needs.

With adjustments for demographic differences, **overall satisfaction with the dental plan** was similar for DWP and Medicaid members. Twenty-eight percent of DWP members and 36% of Medicaid members rated their plan highly, while 39% of each group rated their plan poorly. Member satisfaction was adjusted for age, oral health status, and educational attainment, meaning that the comparison is robust and not impacted by differences in these demographic factors between the two groups. In comments, respondents most frequently reported difficulty accessing coverage (often due to onerous travel requirements) or obtaining coverage for specific services.

"Overall the Dental Wellness Plan is good. I just hate that you have to wait to get to the next levels to get work done."

Conclusions

This study identified several key themes in DWP member experiences and how they compare with Medicaid member experiences. DWP members' lack of awareness about the benefit structure is noteworthy; however, it is consistent with previous studies that have found low member awareness about complex benefit plans, particularly among members with low income.

Unmet need for care was similar among the two groups and comparable to national estimates of unmet need for dental care. However, DWP members reported greater ease in finding a dentist who accepts their plan compared to Medicaid members. Difficulty finding a dentist who accepts their plan was a consistent theme among Medicaid participants throughout this survey.

The highest proportion of both DWP and Medicaid members gave a poor rating of their dental plan. For Medicaid members this plan rating may be related to difficulty in finding providers who accept their insurance. However, DWP members' attitudes and experiences did not present a clear picture of what factors are influencing the rating of their plan.

"I must be honest and say that I didn't know there were three levels of coverage in the DWP. I think that policy encourages someone like me that might not otherwise go to the dentist to decide to better seek out a dentist to take care of my dental needs."

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