PRIVATE PRACTICE DENTIST ATTITUDES TOWARD AN ANNUAL BENEFIT MAXIMUM IN IOWA'S DENTAL WELLNESS PLAN

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The Dental Wellness Plan (DWP), a program unique to Iowa, provides dental benefits to low-income adults in Iowa that are enrolled in Medicaid. Starting on September 1, 2018, DWP members have a $1000 annual benefit maximum (ABM), meaning that the DWP will cover $1000 worth of dental services per year. Certain services, including diagnostic, preventive, emergency, and complete dentures, are excluded from the ABM. Many other states also include an ABM for their dental Medicaid programs, ranging anywhere from $510 in Vermont to $2500 in Mississippi. [1] While the DWP provides benefits to its members, the ability to utilize these benefits depends on the willingness of Iowa dentists to participate. Thus, it is important to examine dentist attitudes toward the DWP and specifically toward the $1000 ABM that was implemented in 2018. Dentist attitudes toward the concept of an ABM generally were also examined for comparison.

METHODS

A survey was sent to all private practice dentists (n=1,287) in Iowa in spring 2019, which assessed provider attitudes and experiences with the DWP. The response rate was 43% (n=547), and after excluding responses from specialists, 500 responses from general dentists were used. Researchers analyzed survey responses to 1) describe provider attitudes toward the $1000 ABM and any ABM, as well as 2) examine the relationship between provider ABM-related attitudes and demographic factors, practice-related factors, and provider attitudes towards other aspects of the DWP. A 5-point Likert scale was used in the survey to record dentists' attitudes. For bivariate analyses, these items were collapsed to two categories, positive and negative, and those responding "don't know/not sure" were excluded. Responses to open-ended comments about the ABM were also analyzed qualitatively.

RESULTS

Overall, 52% of providers had a positive attitude toward having an ABM generally, whereas 37% of providers had a positive attitude toward Iowa's $1000 ABM.

Among providers with an opinion about the ABM (i.e., those who didn't answer "don't know/not sure"), providers with a positive attitude toward the ABM were more likely to have positive attitudes toward other aspects of the DWP, such as the healthy behavior requirements and the plan overall. Interestingly, dentist current or past participation in DWP was not significantly associated with attitudes toward the ABM, suggesting that the ABM was not a primary factor in their decision to participate or discontinue.

The most common themes mentioned in survey comments were that the $1000 ABM is too low and that it creates a barrier to providing comprehensive care.

> "Having the $1000 annual maximum makes comprehensive care non-existent for many of my patients. By the time they save their worst couple teeth, they have a mouth full of basic restorative work that cannot be completed. It's a huge barrier to care and then those teeth end up needing more extensive treatment."

> "Every year this plan changes and is more complicated than the previous year. We have to deny patient treatment because they max out, and can't afford treatment with this annual max that was implemented. We have patients crying in our office that they can't have services. Patients max out after one root canal and crown."

There were some dentists that provided positive comments toward the $1000 ABM, but many of these comments also included some way to change the ABM to make it less restricting for patients and providers. Some suggestions included changing what procedures are included in the $1000 ABM or changing when and how the ABM is applied. For instance, increasing the ABM for the first year or adjusting the ABM based on patient need.

> "I like the $1000 annual benefit maximum but sometimes feel extractions shouldn't count towards it. Patients who need full mouth extractions go over this limit so we are forced to leave some teeth behind and then the patient must return for emergency extractions as they occur. This prolongs the patient's condition and takes up extra chair time for us."

CONCLUSIONS

The most common ABM-related attitudes among providers were having a somewhat positive attitude toward any ABM and a very negative attitude toward the $1000 ABM. Per their open-ended comments, many providers felt that the $1000 ABM is too low and that the current ABM creates a barrier to comprehensive care.

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1.Medicaid Benefits: Dental Services. Kaiser Family Foundation; c2020. https://www.kff.org/medicaid/state-indicator/dental-services/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22all%22:%7B%7D%7D,%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

POLICY CONSIDERATIONS

To address the negative attitudes among providers toward an ABM, and the two most common provider grievances (the $1000 ABM is too low and that the $1000 ABM creates a barrier to comprehensive care), policymakers could consider a modification to the ABM to try to improve the ability of providers to provide needed care and improve the likelihood of dentist participation in the program. Three potential approaches, as suggested in the provider comments, include:

Option 1: Increase the ABM for all enrollees. Many other states have a higher ABM including California ($1800), Mississippi ($2500), and Montana ($1125)[1]. By increasing the ABM, a barrier to care for many DWP patients with a lower oral health status can be removed or diminished.

Option 2: Increase the ABM for only the first year that the patient is enrolled. This increase would allow dentists to provide comprehensive care to new patients in order to bring them to a manageable stage of oral health. According to provider comments, many DWP patients have extensive treatment needs that cannot be covered by the $1000 ABM. By increasing the ABM for the first year, dentists may be able to complete these extensive procedures to eliminate disease and restore health and function. After this large initial treatment, the patient's oral health may be more easily manageable and then the $1000 ABM will be more likely to cover the patient needs in subsequent years.

Option 3: Change the procedures that are counted towards the ABM. Many providers stated that some procedures should not be included in the $1000 ABM to allow them to provide appropriate care (like non-emergent extractions) because while necessary, they are expensive and use most or all of the $1000 ABM, leaving little to work with for the remainder of the year.

Overarching recommendation: Increase awareness among all Iowa dentists of the Iowa Dental Wellness Plan's ABM policy, including services that are excluded from the ABM. Many dentist comments suggested they were not aware that certain procedures are excluded from the ABM. This can lead to confusion for providers, insurance companies, and patients, which can lead to lower dentist participation in the program. To address this issue, Iowa Medicaid can work on more robust provider outreach regarding the DWP generally and the policies of the ABM specifically.

Figure 1. Iowa private practice dentists' attitudes toward the Medicaid program's $1000 ABM

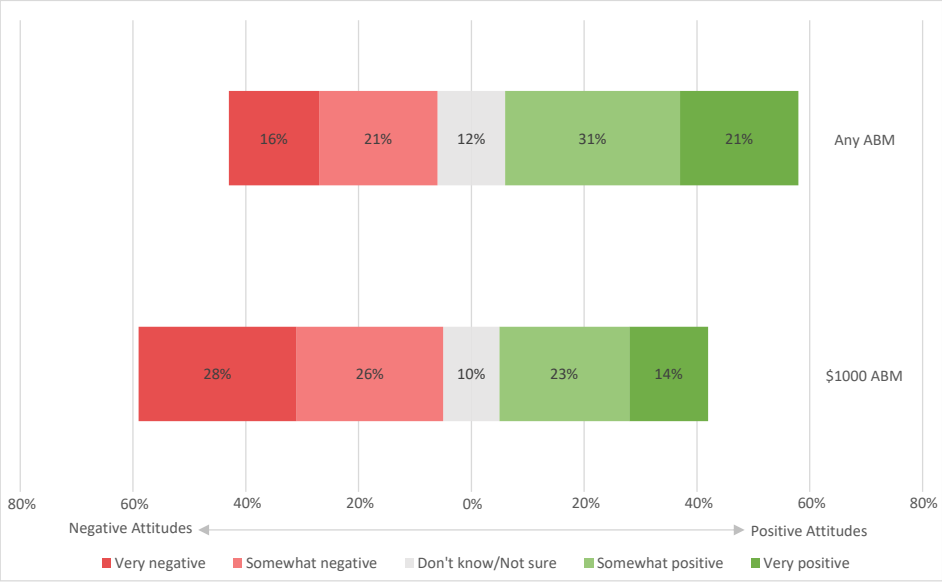

Figure 2. Overlap in provider attitudes towards any ABM and the $1000 ABM