

EVALUATION OF THE DENTAL WELLNESS PLAN 2.0: MEMBER EXPERIENCES AFTER TWO YEARS

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EXECUTIVE SUMMARY

On May 1, 2014, the Centers for Medicaid and Medicare Services (CMS) approved Iowa's request to amend the Iowa Wellness Plan to include a Dental Wellness Plan (DWP) component, which provided dental benefits to the ACA expansion population. DWP 1.0 provided dental benefits, via a three-level earned benefit structure, to the adult (age 19-64) expansion population based on completion of periodic dental exams every 6-12 months.

In July 2018, Iowa integrated its fee-for-service adult dental Medicaid program with the Iowa Dental Wellness Plan (DWP). The integrated adult dental program, DWP 2.0, provides comprehensive benefits to members during their first year of enrollment, and requires members to complete healthy dental behaviors annually in order to avoid monthly premiums and maintain comprehensive benefits. Healthy dental behavior requirements include an oral health self-assessment and a preventive dental visit. If members do not complete both healthy dental behaviors each year and do not pay \$3 monthly premiums, coverage is reduced to a limited set of benefits. Beginning in September 2018, a \$1,000 annual benefit maximum was implemented for all adults in the DWP 2.0 program, except for the EPSDT population.

METHODOLOGY

This report describes members' self-reported experiences in DWP 2.0 approximately two years after implementation and makes comparisons with member experiences in 2016 pre-DWP 2.0. Data sources include two waves of surveys to DWP members conducted in 2016 and 2019. The 2016 survey was fielded to a simple random sample of 6000 DWP 1.0 members, and the 2019 survey was fielded to a stratified random sample of approximately 18,000 DWP 2.0 members. The overall response rates were 28% and 19% in 2016 and 2019, respectively. Data from 2019 were weighted to account for differential probability of selection and adjust for variation in nonresponse. For each measure, we present 1) descriptive results for the full 2019 sample, and 2) for outcomes that were measured in both 2016 and 2019, we make comparisons between 2016 and 2019 results after making adjustments to the samples to improve comparability. Additionally, comparisons were made between members with full vs. basic benefits in 2019. Chi-square tests were used to compare categorical outcomes between survey years and between full vs. basic benefits.

What are the effects of DWP 2.0 on member access to care?

- 54% of members reported visiting a dentist at least once in the past 6 months, which was not a significant change from 2016.
- Approximately 37% of members reported an unmet need for dental care in 2019, which was not a significant change from 2016.
 - However, the most important reason for unmet need differed significantly across years. In 2016 the most important reason (50%) was not being able to afford needed care, whereas in 2019 it was an inability to find a dentist who accepts DWP (59%).
- In 2019, 58% of members reported having a regular dentist; among those, 86% reported that their dentist accepts DWP.
- Compared to members with Full benefits, members with Basic benefits were significantly less likely to have a regular dentist (60% vs. 47%) and significantly more likely to have unmet need for dental care (33% vs. 51%).

What are the effects of the benefit structure – including healthy dental behavior requirements, cost sharing, and reduced benefits – on DWP 2.0 member outcomes?

- Less than half (49%) of members were aware of at least one aspect of plan design.
 - 40% were aware of the preventive visit requirement
 - 26% were aware of the risk assessment requirement
 - 19% were aware of \$3 premiums to retain full benefits following non-completion of healthy behaviors
 - 14% were aware of potential reduction in coverage
- Only 15% of members were aware of the \$1000 annual benefit maximum, and 28% were aware of the ability to claim financial hardship if unable to pay premiums.
- 60% of members did not know their benefit level.
- Knowledge about plan design and benefit level did not differ between those who were premium exempt vs. non-exempt.
- Approximately 1 in 5 DWP members reported paying out of pocket for any dental services in 2019, which was not a significant change from 2016.
- Approximately one in four members rated their oral health status as fair-poor, which was not a significant change from 2016.

- Members with Basic benefits had significantly lower awareness about plan coverage, design, carrier, and their own benefit level compared to members with Full benefits.

What are the effects of DWP 2.0 member outreach and referral services?

- 13% of members reported having been contacted by their plan in the past 6 months, and among those the most common topic discussed was a reminder to return for a dental checkup (54%).
- Compared to members with Full benefits, members with Basic benefits were significantly less likely to have received recent communication from their plan (60% vs. 47%)

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BACKGROUND

The Iowa Health and Wellness Plan 1115 demonstration was implemented in January 2014 and provided health coverage or premium support for uninsured Iowans from 0-133% of the Federal Poverty Level. On May 1, 2014, the Centers for Medicaid and Medicare Services (CMS) approved Iowa's request to amend the Iowa Wellness Plan to include a Dental Wellness Plan (DWP) component, which provided dental benefits to the ACA expansion population. DWP 1.0 provided tiered dental benefits to the adult expansion population, aged 19-64, based on completion of periodic dental exams every 6-12 months.

On July 27, 2017, CMS approved a modification to the 1115 demonstration that permitted the State to implement an integrated dental program for all Medicaid beneficiaries aged 19 and over, including the ACA expansion population, parent and other caretaker relatives, and mandatory aged, blind, and disabled individuals. Prior to July 2017, Iowa provided dental benefits to adult enrollees via two different benefit packages and management strategies, which varied by eligibility group. Individuals eligible through the state's Medicaid expansion were enrolled in DWP 1.0. All other Medicaid-enrolled adults received State Plan dental benefits via the traditional, fee-for-service delivery system. With this amendment, the State proposed to offer a single, unified adult dental program ("DWP 2.0") for most adult Medicaid populations. This unified dental program was intended to ensure continuity of care for members as they transitioned between Medicaid eligibility categories. It should be noted that several adult Medicaid populations remained excluded from DWP 2.0 and received dental benefits through the traditional Medicaid State Plan.

DELIVERY SYSTEM

DWP 2.0 benefits are provided by a managed care delivery system via Prepaid Ambulatory Health Plans (PAHPs). The State is currently contracted with two private carriers to deliver DWP benefits: Delta Dental of Iowa (Delta Dental) and MCNA Dental (MCNA). Beginning July 1, 2017, non-exempt (see below) adult Medicaid members were transitioned from the fee-for-service delivery system to one of these two PAHPs; existing Medicaid fee-for-service members were assigned evenly between the two plans. Currently, newly eligible individuals are assigned evenly between the two plans. Members have the option to change PAHPs within the first 90 days of enrollment without cause. After 90 days, members may change carriers for "Good Cause" reasons – for example, if the enrollee's dentist is not in the original carrier's network or lack of access to services.

BENEFIT DESIGN

DWP 2.0 provides the same benefits to all adult members (i.e., regardless of the reason for enrollment). Members are eligible for comprehensive dental benefits during the first year of enrollment. Thereafter, members are required to complete two "healthy dental behaviors" (HDBs) annually in order to maintain full dental benefits during subsequent years and avoid premium charges. The required HDBs include:

1. An oral health self-assessment
2. An annual preventive dental visit

ORAL HEALTH SELF-ASSESSMENT

The oral health self-assessment can be completed online or over the phone. Delta Dental offers members a "LifeSmile Score" based on the PreViser Corporation's self-administered risk assessment. MCNA provides members with a modified version of the American Dental Association's Caries Risk Assessment Form; completed forms must be emailed to MCNA. Alternately, members can complete the self-assessment over the phone. In addition to the oral health self-assessments, risk assessments completed by dental providers (i.e., CDT codes D0601, D0602, D0603) also count towards completion of a member's oral health self-assessment.

PREVENTIVE DENTAL VISIT

The annual preventive dental visit requirement includes all evaluations and some preventive services. The complete list of qualifying services is provided in Table 1.

Table 1. Services that qualify for health behavior preventive dental visit

CDT	Description of service
D0120	Periodic oral evaluation – established patient
D0140	Limited oral evaluation – problem focused
D0150	Comprehensive oral evaluation
D0180	Comprehensive periodontal evaluation
D1110	Prophylaxis (dental cleaning)
D4346	Scaling– full mouth
D4910	Periodontal maintenance

COST SHARING

Previously, adult Medicaid enrollees in the fee-for-service program were responsible for a \$3.00 visit copayment; however, there is no copayment required for dental services in the DWP 2.0. After their first year in the program, members over 50% of the federal poverty level (FPL) who fail to complete the two HDBs will have a premium obligation of \$3/month beginning in year two. If members fail to make monthly \$3.00 premium payments for 3 consecutive months, benefits are reduced to basic coverage benefits only for the remainder of the enrollment year (Table 3).¹ Certain DWP members (e.g., pregnant women) are exempt from premium obligations and reduced benefits for failure to complete the healthy dental behaviors. Enrollment years are specific to each member and based on the month the member was initially eligible². Basic benefit covered services include services that qualify for the healthy behavior dental visit, complete and partial dentures, diagnostic services, and emergent services (e.g., extractions, incision and drainage of abscesses). If members are unable to pay monthly premiums, they may claim financial hardship to be released from this obligation; hardship claims must be made each month to receive the exemption.

ANNUAL BENEFIT MAXIMUM

Beginning September 1, 2018, a \$1,000 annual benefit maximum was implemented for all adults in the DWP program, with the exception of members age 19-20 who are exempt via EPSDT. Dental services excluded from the annual maximum include services that qualify for the healthy behavior dental visit, along with additional preventive, diagnostic, and emergency dental services. Complete and partial dentures are also excluded from the annual benefit maximum. Annual benefit maximums reset at the beginning of each fiscal year (i.e., July 1st) for all DWP 2.0 members, unlike the healthy behavior requirements, which align with enrollment years.

1 "Notice of Iowa Department of Human Services Public Comment Period to Amend the 1115 Iowa Wellness Demonstration Waiver – Dental Wellness Plan" https://dhs.iowa.gov/sites/default/files/DWP_Public_Notice_Final_05.01.17.pdf?120420192219

2 "Informational Letter No.1940-MC-FFS-D" August 16, 2018. https://dhs.iowa.gov/sites/default/files/1940-MC-FFS-D_DentalWellnessPlanHealthyBehaviors_and_PremiumPaymentsFAQ.pdf?121320191651

POPULATIONS EXEMPT FROM DWP 2.0 MONTHLY PREMIUMS

It should be noted that several adult Medicaid populations are not charged premiums, and therefore do not have benefits reduced for failure to complete the healthy behaviors.³ Specifically, the following members are exempt from premiums:

3. Individuals with income less than 50% FPL
4. 19 & 20 year-olds with EPSDT coverage
5. Pregnant women
6. Individuals whose medical assistance for services furnished in an institution is reduced by amounts reflecting available income other than required for personal needs
7. 1915(c) home and community-based waiver members
8. Individuals receiving hospice care
9. Native Americans who are eligible for services by Indian Health Services or under contract health services
10. Breast and cervical cancer treatment program members
11. Medically frail members (i.e. medically exempt)

³ Id. at 4.

EVALUATION QUESTIONS AND HYPOTHESES

This report summarizes descriptive results from the **2019 wave of the DWP 2.0 consumer survey**, presented in the structure of the evaluation questions and hypotheses described below (Table 2. Evaluation questions and corresponding measures list included in report). Measures using administrative or provider survey data are not included in this report.

Table 2. Evaluation questions and corresponding measures list included in report

Hypothesis	Measures	Included in current report
Research Question 1. What are the effects of DWP 2.0 on member access to care?		
1.1: DWP 2.0 members will have equal or greater access to dental care than either IWP or Medicaid State Plan (MSP) members had prior to July 1, 2017.	Measure 1: Annual preventive dental visit (to meet healthy behavior requirements) Measure 2: Utilization of dental care Measure 3: Unmet need for dental care	No-Administrative data Yes-2019 Consumer Survey Yes
1.2: DWP 2.0 members will be more likely to receive preventive dental services than either IWP or MSP members were prior to July 1, 2017.	Measure 4: First preventive dental visit Measure 5: Any diagnostic or preventive dental care	No-Administrative data No-Administrative data
1.3: DWP 2.0 members will have equal or lower use of emergency department services for non-traumatic dental care than either IWP or MSP members had prior to July 1, 2017.	Measure 6: Use of emergency department for non-traumatic dental care Measure 7: Access to dental care	No-Administrative data Yes-2019 Consumer Survey
1.4: DWP 2.0 members will have equal or better quality of care than either IWP or MSP members did prior to July 1, 2017.	Measure 8: Emergency department use Measure 9: Consumer quality rating Measure 10: Proportion of members who had to change regular dentists Measure 11: Regular source of dental care Measure 12: Experience changing dentists	Yes-2019 Consumer Survey Yes Yes Yes No-2018 is the most recent consumer survey, not asked in 2019
1.5: DWP 2.0 members will report equal or greater satisfaction with the dental care provided than IWP or MSP members did prior to July 1, 2017.	Measure 13: Rating of regular dentist Measure 14: Rating of all dental care received Measure 15: Rating of DWP 2.0	Yes – 2019 Consumer Survey Yes Yes
1.6 DWP 2.0 members will report better understanding of their benefits when compared to the IWP tiered structure.	Measure 16: Member awareness of healthy behavior requirements	Yes-2019 Consumer Survey
1.7 The earned benefit structure will not be perceived by members as a barrier to care in comparison to IWP.	Measure 17: Difficulty completing healthy behavior requirements Measure 18: Member attitudes towards healthy behavior requirements Measure 19: Out-of-pocket dental costs Measure 20: Member experiences with covered benefits	Yes-2019 Consumer Survey Yes Yes Yes

Hypothesis	Measures	Included in current report
Research Question 2. What are provider attitudes towards DWP 2.0?		
2.1 The DWP 2.0 benefit structure will not be perceived by dentists as a barrier to providing care.	Measure 21: Dentist willingness to accept new patients Measure 22: Dentist satisfaction with DWP 2.0	No-2018 is the most recent dentists' survey No
2.2 Over 50% of DWP 2.0 providers will remain in the plan for at least 3 years.	Measure 23: Proportion of long-term care dental providers	No-Administrative data
Research Question 3. What are the effects of the benefit structure on DWP 2.0 member outcomes?		
3.1 The benefit structure for DWP 2.0 members will increase regular use of recall dental exams over the study period.	Measure 24: Self-reported oral health status Measure 25: Routine dental exams Measure 26: Recall visit Measure 27: Members' perceived impact of healthy behavior requirements	Yes-2019 Consumer Survey No-Administrative data No-Administrative data No-2018 is the most recent consumer survey, not asked in 2019
3.2 The benefit structure will not be seen as a barrier to care by DWP 2.0 members.	*Addressed by Measures 17-20 under Hypothesis 1.7	Yes-2019 Consumer Survey
3.3 In year 2 of the DWP 2.0 and beyond, use of preventive dental care will be greater than in the first year of the program.	*Addressed by Measures 24-26 under Hypothesis 3.1	No-Administrative data
3.4 DWP 2.0 policies will promote member compliance with healthy behavior activities.	Measure 28: Member compliance with both healthy behaviors	No-Administrative data
Research Question 4. What are the effects of DWP 2.0 member outreach and referral services?		
4.1 DWP 2.0 member outreach services will address dentists' concerns about missed appointments.	Measure 29: Dentist perceptions of missed appointments Measure 30: Member outreach for healthy behavior requirements	No-2018 is the most recent dentists' survey Yes-2019 Consumer Survey
4.2 DWP 2.0 member referral services will improve access to specialty care for DWP 2.0 members as compared to IWP and MSP members prior to July 1, 2017.	Measure 31: Care from a dental specialist Measure 32: Utilization of specialty dental services Measure 33: Timeliness of getting a dental specialist appointment	Yes-2019 Consumer Survey No-Administrative data Yes-2019 Consumer Survey
4.3 DWP 2.0 member outreach will improve DWP 2.0 members' compliance with follow-up visits, including recall exams, as compared to IWP and MSP members.	Measure 34: Care continuity Measure 35: Usual source of dental services	No-Administrative data No-Administrative data
4.4 DWP 2.0 member outreach will improve members' access to a regular source of dental care.	Measure 36: Members with a regular dentist Measure 37: Timeliness of getting a routine dental appointment Measure 38: Finding a dentist who accepts DWP 2.0 insurance	Yes-2019 Consumer Survey Yes No-2018 is the most recent Consumer Survey, not asked in 2019

METHODOLOGY

This report describes members' self-reported experiences in DWP 2.0 approximately two years after implementation and makes comparisons with member experiences in 2016 pre-DWP 2.0. Data sources include two waves of surveys to DWP members conducted in 2016 and 2019. Information about the two survey waves, including fielding information, eligibility criteria, and sampling approach, is listed in Table 3. 2016 and 2019 DWP member survey information. Samples were drawn from Medicaid eligibility data. For each wave, members received a paper survey by mail with the option to complete online. A reminder postcard was sent 1-2 weeks after the initial fielding date, and a second survey was sent 3-4 weeks later. In both waves, a \$2 bill was included in the first mailing as an incentive, and respondents who returned their survey within the first two weeks were entered into a drawing for one of ten \$100 gift cards to Walmart. Both waves excluded pregnant women and only allowed one person per household to be selected. The sample frame reflects all individuals who were eligible to be selected to receive the survey after applying eligibility criteria and excluding multiple individuals per household. The DWP 1.0 program only included the Medicaid expansion population, whereas DWP 2.0 included most Medicaid-eligible adults, which explains the difference in the size of the sample frames between the two survey waves.

Table 3. 2016 and 2019 DWP member survey information

	2016 survey	2019 survey
Fielding date	August 2016	October 2019
Eligibility criteria*	<ul style="list-style-type: none"> • Age 19-64 years • Currently enrolled in DWP 1.0 at time of sample draw • Enrolled in current plan for at least past 6 months • Not enrolled before May 2014 (due to DWP implementation at that time) • Eligibility category: Iowa Wellness Plan 	<ul style="list-style-type: none"> • Age 19-64 years • Currently enrolled in DWP 2.0 at time of sample draw • Enrolled in current plan for at least past 6 months • No limit on length of enrollment • Eligibility categories: Iowa Wellness Plan, Medicaid income eligible, and SSI
Sampling approach	Simple random sample of 6000 enrollees	Stratified random sample of approximately 18,000 enrollees. Approximately 3000 enrollees were randomly selected in each of six strata. See Table 2 for sample stratification.
Size of sample frame	57,940	129,661

*Differences in eligibility criteria are highlighted in bold text

Sample strata are shown in Table 4. Sample stratification response rates for DWP 2.0 2019 consumer survey. Six strata were created to achieve sufficient representation by length of enrollment, benefit level, and DWP carrier. The length of enrollment categories were developed based on the length of time an individual would have to complete healthy dental behavior requirements in the first enrollment year (12 months) plus the three month period for members to be able to pay premiums before being reduced to Basic benefits. We aimed to randomly sample 3000 from each of the six groups, but group 3 only contained 2,456 members in the sample frame so all individuals in that group received a survey. Therefore, in total, 17,456 members were sent a survey. The adjusted sample size in Table 4 shows the sample sizes after excluding undeliverable addresses and those living outside the state.

The overall response rate in 2019 was 19% (n=2726) and ranged from 12%-29% by strata (Table 4. Sample stratification response rates for DWP 2.0 2019 consumer survey). The response rate for the 2016 survey was 28% (n=1457).

Table 4. Sample stratification response rates for DWP 2.0 2019 consumer survey

Group	Length of enrollment	Benefit level	Carrier	Sampling frame	Adjusted sample size	Total complete	Adjusted response rate
1	6-15 months	Full (by default)	MCNA	12,303	2366	367	16%
2	16+ months	Full	MCNA	27,230	2378	428	18%
3	16+ months	Basic	MCNA	2,456	1932	224	12%
4	6-15 months	Full (by default)	DDIA	17,288	2462	508	21%
5	16+ months	Full	DDIA	62,929	2528	740	29%
6	16+ months	Basic	DDIA	7,455	2489	459	18%

Group	Length of enrollment	Benefit level	Carrier	Sampling frame	Adjusted sample size	Total complete	Adjusted response rate
			TOTAL	129,661	14,155	2726	19%

COMPARISON STRATEGY AND WEIGHTING

In this report we use two strategies for reporting survey measures. For each measure, we present: 1) descriptive results for the full 2019 sample, and 2) for outcomes that were measured in both 2016 and 2019, we make comparisons between 2016 and 2019 results after making adjustments to the samples to improve comparability. Adjustments include: 1) excluding SSI enrollees from the 2019 data, due to the fact that SSI members were not surveyed in 2016, and 2) only including members who were enrolled for 24 months or fewer, as the 2016 survey was fielded approximately 2 years after DWP implementation and therefore did not include longer-term enrollees. Throughout the report, we refer to the three groups as “2016”, “2019 comparison sample”, and “2019 full sample”.

For outcomes related to the HDBs we report descriptive results for the full 2019 sample stratified on members’ exemption status. Certain DWP members qualified for an exemption from the \$3 monthly premiums and were also exempt from completing HDB requirements by either 1) being categorically exempt (as previously described), or 2) by a hardship claim (i.e., if they check the hardship box on their monthly statement and return it to IME). We determined members’ monthly exemption status from administrative enrollment files. We did not have access to hardship claims for the timeframe in question, so only categorical exemptions were considered. For the purposes of comparison, members were considered exempt overall if they were exempt (any category) for at least 5 of the last 6 months. For this report, we refer to the two groups as “HDB exempt” and “HDB non-exempt”.

To improve generalizability, 2019 data were weighted to account for differential probability of selection by sample strata, as well as variation in response rates by strata. Design weights were calculated for each stratum based on the inverse probability of selection and were normalized by dividing the raw weight by the mean of all raw weights. Non-response adjustment was calculated based on response propensity for each stratum and normalized in the same manner. The two weights were then combined to create a final weight for each stratum. These weights were used for both the 2019 full sample and the 2019 comparison sample. Data for 2016 were unweighted because a simple random sampling approach was used so all members of the sample frame had equal probability of selection. Weighted results can be considered representative of the sample frame, but not the full DWP population, since the sample frame did not include all individuals in the program (e.g., pregnant women, individuals over age 65). For reference, descriptive results for the 2019 full sample are presented both weighted and unweighted in Appendix A.

In addition to descriptive results and comparisons over time, a separate section is devoted to making comparisons on relevant measures between individuals with full and basic benefits as defined in member enrollment files. For these comparisons, only individuals who had been enrolled for 16+ months were included (i.e., stratification groups 2, 3, 5, and 6), as individuals enrolled fewer months would not yet have had a chance to be reduced to basic benefits.

ANALYTIC METHODS

For measures that were only collected in 2019, descriptive statistics were used. For measures comparing 2016 and 2019 results, a Chi-square test was used to compare categorical outcomes between the two years. Statistical tests were only used when the survey items were exactly the same between the two survey years. Chi-square tests were also used to compare categorical outcomes between members with full vs. basic benefits, using weighted data from the 2019 full sample.

SURVEY INSTRUMENT

The survey instrument was adapted from previous DWP member surveys conducted by the Public Policy Center, which included items sourced from the CAHPS Dental Plan Survey as well as items original to PPC surveys. The 2016 survey contained a total (maximum) number of 79 survey items, and the 2019 survey had a total of 54 items. Topics included the following:

- Dental Care in the last 6 months
- Emergency dental care
- Specialty dental care
- Care from a regular dentist
- Dental care received in an emergency department
- Knowledge and attitudes toward earned benefits
- Carrier outreach to members
- Coverage for needed care

- Member satisfaction with dental care, regular dentist, and plan
- Health status
- Demographic information

The survey instruments were approved by Iowa Medicaid prior to distribution. A copy of the 2019 survey can be found in Appendix B, and a copy of the 2016 survey can be found in this [report](#).

METHODOLOGICAL LIMITATIONS

Potential limitations for this study include recall bias and response bias. Recall bias is the potential bias inherent in respondents' attempts to remember past events. Response bias occurs when survey participants differ from non-participants. As is common in survey research, respondents to both the 2016 and the 2019 surveys were significantly older, more likely to be female, and more likely to be White than non-respondents (see Table 5 for 2019 nonresponse comparisons, and comparisons for the 2016 survey can be found in this [report](#)). This can impact results if older, female, or White individuals in this population respond systematically differently than their counterparts. However, in previous survey waves we found that adjusting the age and gender composition of the respondent sample to match that of the sample frame had minimal, if any, impact on descriptive results of the full respondent sample.

Table 5. Demographic comparisons between respondents and non-respondents, 2019 member survey

	2019 Survey Respondents (N=2,727)	2019 Survey Non-respondents (N=14,730)
Age in Years*		
19-34	39.8%	55.5%
35-54	38.2%	34.9%
55-64	22.0%	9.5%
Mean age*	40.6	35.0
Gender*		
Female	67.0%	59.8%
Male	33.0%	40.2%
Race/Ethnicity*		
Unknown	18.2%	18.4%
White	67.1%	59.9%
Black	7.1%	10.5%
Asian	1.4%	2.0%
Hispanic/Latino	2.6%	4.6%
Pacific Islander	0.7%	0.5%
American Indian	1.1%	1.2%
Other or Multiple Race	1.8%	3.0%

*Chi-square test reveals statistically significant ($p < .05$) difference between respondents and non-respondents

RESULTS

Table 6. Demographics characteristics of respondents, 2016 and 2019 Consumer Survey presents the demographic distribution of the 2016 and 2019 comparison samples and the 2019 full sample. Overall, DWP members in both years were similar in their demographic make-up. Across both years, the largest proportion of DWP members were age 19-34, female, White, employed, and had educational attainment higher than high school. Differences in income between the two survey years likely reflects the differing programmatic composition (e.g., Medicaid expansion population in 2016 vs. traditional Medicaid + Medicaid expansion in 2019).

Table 6. Demographics characteristics of respondents, 2016 and 2019 Consumer Survey

	2016 Survey N=1,306	Comparison Sample 2019 Survey† N=854	Full Sample 2019 Survey† N=2,577
Age in years			
19-34	42%	46%	37%
35-54	39%	34%	38%
>=55	19%	19%	25%
Sex			
Female	63%	63%	66%
Male	37%	37%	34%
Race/Ethnicity			
Non-Hispanic White	83%	80%	79%
Non-Hispanic Black	4%	7%	7%
Hispanic	4%	4%	3%
Asian	3%	2%	2%
Other race/Multiple Race	5%	6%	7%
Unknown	1%	2%	2%
Education			
<High School Degree	10%	8%	13%
High School Degree/GED	36%	38%	38%
>High School Degree	55%	54%	49%
Marital status			
Married or in a marriage-like relationship	38%	35%	34%
Divorced	21%	21%	23%
Widowed	3%	4%	3%
Separated	4%	4%	4%
Never married and not in a marriage-like relationship	35%	37%	35%
Employment status			
Employed full-time	32%	29%	25%
Employed part-time	27%	23%	23%
Out of work for less than a year	9%	9%	7%
Out of work for more than a year	12%	15%	17%
Homemaker	7%	9%	12%
Student	9%	11%	7%
Retired	5%	5%	9%
Income (% FPL)			

	2016 Survey N=1,306	Comparison Sample 2019 Survey [†] N=854	Full Sample 2019 Survey [†] N=2,577
0%	28%	45%	39%
1-49%	8%	10%	11%
50-99%	35%	25%	35%
>=100%	29%	20%	15%

Percentages may not sum to 100 due to rounding

[†]2019 sample weighted for unequal probability of selection and unequal response

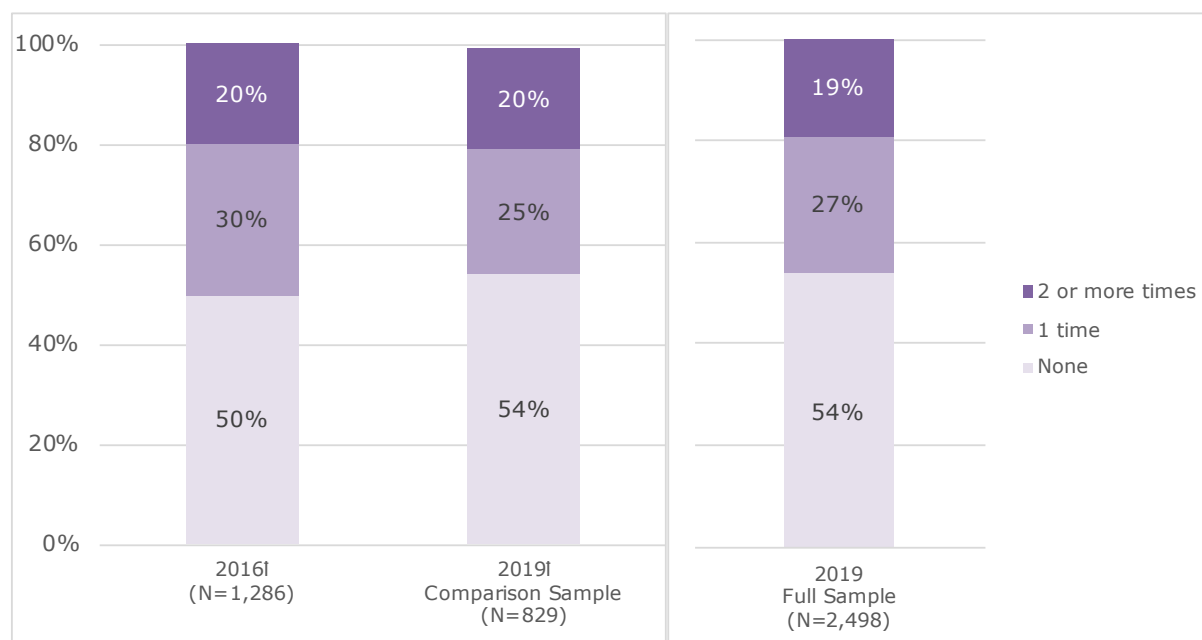
EVALUATION QUESTION 1 - WHAT ARE THE EFFECTS OF DWP 2.0 ON MEMBER ACCESS TO CARE?

Hypothesis 1.1: DWP 2.0 members will have equal or greater access to dental care than either Iowa Wellness Plan (IWP) or Family Medical Assistance Plan (FMAP) members had prior to July 1, 2017 (i.e. implementation of DWP 2.0).

Measure 2: Utilization of any dental care

Members were asked about recent utilization of dental care in the 2016 and 2019 consumer surveys. A slight decrease in self-reported dental care utilization was observed; in 2016, 50% of members reported visiting the dentist at least once in the last 6 months, compared to 45% in 2019 (Figure 1). However, this difference was not statically significant ($p>0.05$).

Figure 1. Number of dental visits in the last 6 months, 2016 vs. 2019



[†]Includes members enrolled ≤24 months and excludes SSI

No significant difference at $p<0.05$

Hypothesis 1.2: DWP 2.0 members will be more likely to receive preventive dental visits than either DWP 1.0 or FMAP members were prior to July 1, 2017.

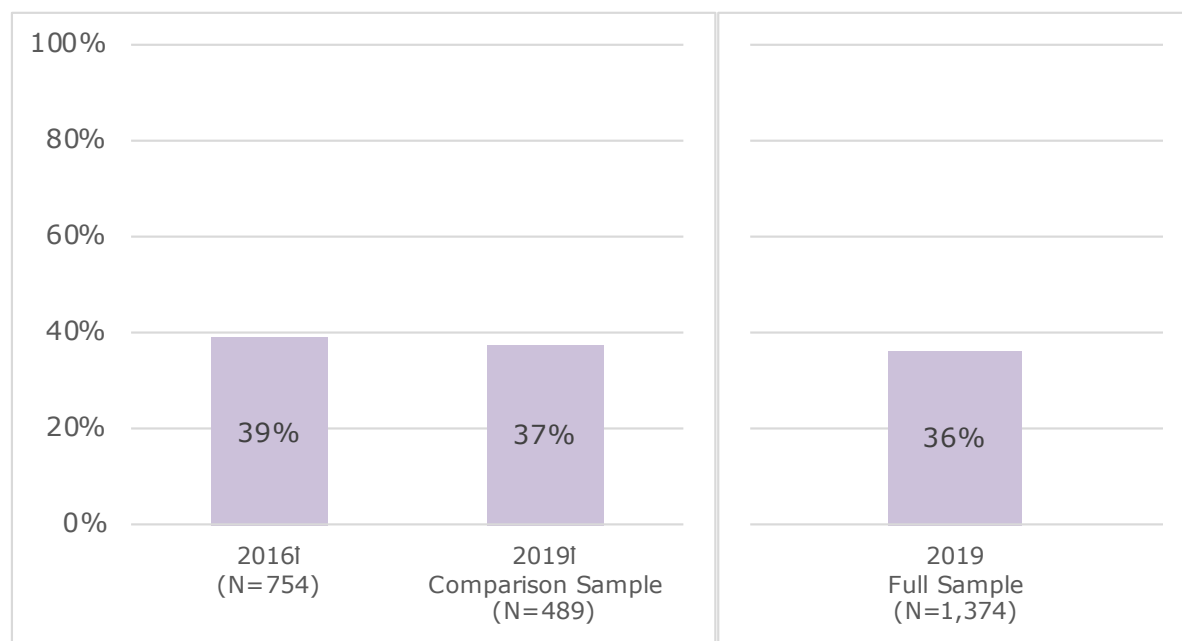
Measure 3: Unmet need for dental care

Self-reported unmet need for dental care was comparable between both years; 37-39% of members reported that in the last 6 months they needed dental care but could not get it (Figure 2).

The type of services needed were mostly similar across both years (Table 7. Type of unmet need for dental care in the past 6 months, 2016 vs. 2019). An unmet need for **'check-up and cleaning'** was the **most common type** of dental service among respondents in both years (47% and 53%, respectively); followed by 'fillings' in 2016 (41%) and 'extractions' in 2019 (37%).

There **were significant differences in cited reasons for unmet need** between survey years (Table 8). A significantly greater proportion of 2016 respondents reported ‘could not afford it’ (50%) and ‘care I needed was not covered by my insurance’ (40%) as their top two reasons for unmet need, compared to respondents in 2019 (35% and 27%, respectively; $p<0.01$). Whereas, the most commonly cited reason for unmet need in 2019 was ‘trouble finding a dentist who accepts my insurance’ (59%), which was significantly greater than that reported in 2016 (34%; $p<0.01$). Lastly, the proportion of members reporting ‘trouble getting an appointment with a dentist for another reason other than not accepting my insurance’ and ‘transportation problems’ significantly increased from 10% and 14% in 2016 to 20% and 25% in 2019, respectively ($p<0.01$).

Figure 2. Proportion of survey respondents with unmet need for dental care, 2016 vs. 2019



†Includes members enrolled ≤ 24 months and excludes SSI

No significant difference at $p<0.05$

Table 7. Type of unmet need for dental care in the past 6 months, 2016 vs. 2019

Type of unmet dental care	2016† N=288	Comparison sample 2019† N=173	Full sample 2019 N=469
Checkup and cleaning	47%	53%	51%
Fillings	41%	32%	32%
Extractions	31%	37%	34%
Crowns/Caps	19%	18%	19%
Tooth replacements, such as bridges or partial dentures	17%	18%	19%
Root canal(s)	16%	14%	14%
Full dentures that replace all upper and/or lower teeth	12%	13%	16%
Other treatment	6%	6%	5%

†Includes members enrolled ≤ 24 months and excludes SSI

No significant difference at $p<0.05$

Table 8. Reasons for unmet dental care need in the past 6 months, 2016 vs. 2019

Reasons	2016† N=288	Comparison sample 2019† N=173	Full sample 2019 N=469
Could not afford it*	50%	35%	29%
Care I needed was not covered by my insurance*	40%	27%	29%
Trouble finding a dentist who accepts my insurance*	34%	59%	61%
Fear or anxiety	19%	19%	19%
Had to travel too far or other transportation problems*	14%	25%	29%
Trouble getting an appointment with a dentist for a reason other than not accepting my insurance*	10%	20%	20%
Could not get off work	10%	12%	9%
Didn't know where to go at night or on the weekend for care	5%	10%	9%
Other	10%	7%	8%

†Includes members enrolled ≤24 months and excludes SSI

*Statistically significant difference at $p<0.01$

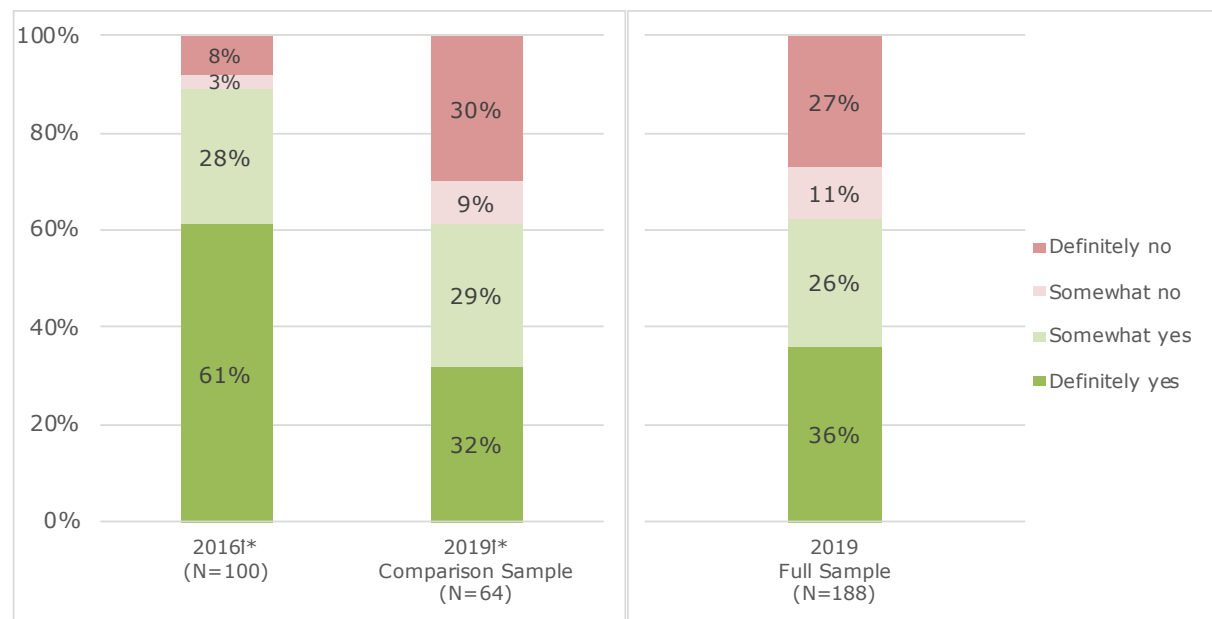
Hypothesis 1.3: DWP 2.0 members will have equal or lower use of emergency department (ED) services for non-traumatic dental conditions than either DWP 1.0 or FMAP members had prior to July 1, 2017.

Measure 7: Access to dental care

In 2016 and 2019, approximately 16-17% of DWP members needed to see a dentist right away because of a dental emergency in the previous 6 months (difference not significant at $p<0.05$).

Receipt of emergency dental care as soon as wanted significantly declined from 2016 to 2019 (Figure 3. Appointment for emergency dental care as soon as wanted, 2016 vs. 2019). In 2016, 89% of DWP members reported getting an appointment as soon as wanted compared to 61% in 2019 ($p<0.01$). The wait times for an emergency dental care appointment also significantly increased from 2016 to 2019, with a greater number of members reporting that they had to wait more than 7 days for an appointment (8% vs. 24%, $p<0.01$) (Figure 4. Reported waiting times for emergency dental care in a dental office, 2016 vs. 2019).

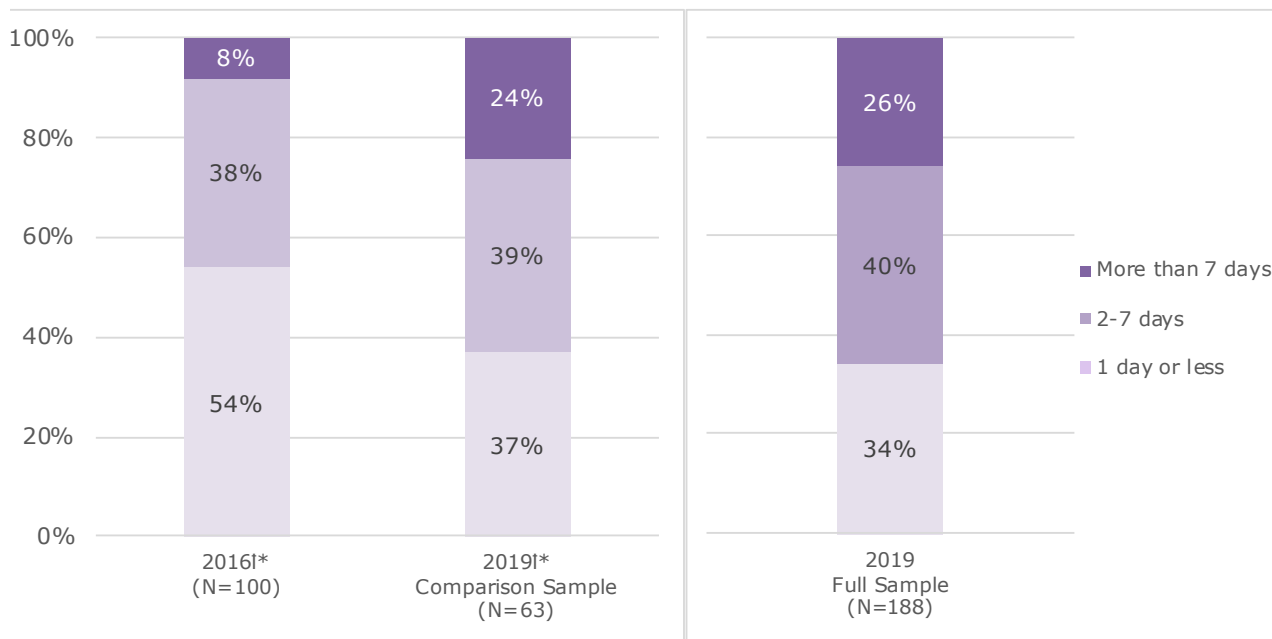
Figure 3. Appointment for emergency dental care as soon as wanted, 2016 vs. 2019



†Includes those enrolled ≤24 months and excludes SSI

*Statistically significant difference at $p<0.01$

Figure 4. Reported waiting times for emergency dental care in a dental office, 2016 vs. 2019



†Includes those enrolled ≤24 months and excludes SSI

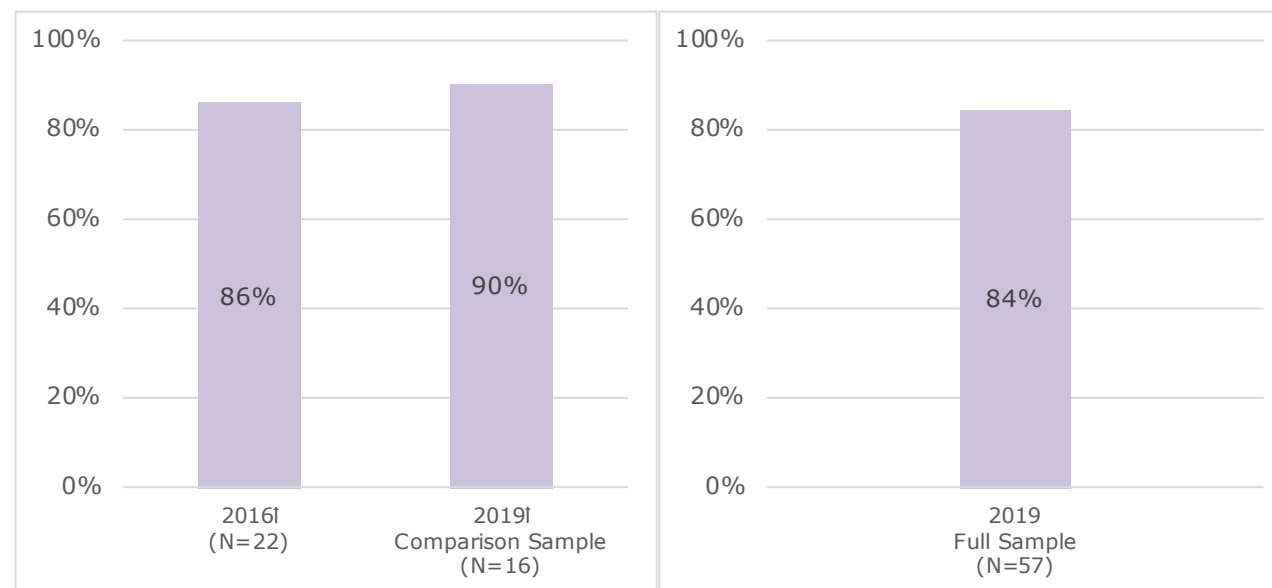
*Statistically significant difference at $p < 0.01$

Hypothesis 1.4: DWP 2.0 members will have equal or better quality of care than either IWP or MSP members did prior to July 1, 2017.

Measure 8: Emergency department use

The proportion of members reporting use of hospital emergency room for a dental problem was extremely low across both years (2% for 2016 and 2019). Among these respondents, the majority believed that the dental care sought at the hospital emergency room could have been provided at a dentist's office if one was available at the time (Figure 5. Care received in emergency room could have been provided at dentist's office, 2016 vs. 2019).

Figure 5. Care received in emergency room could have been provided at dentist's office, 2016 vs. 2019



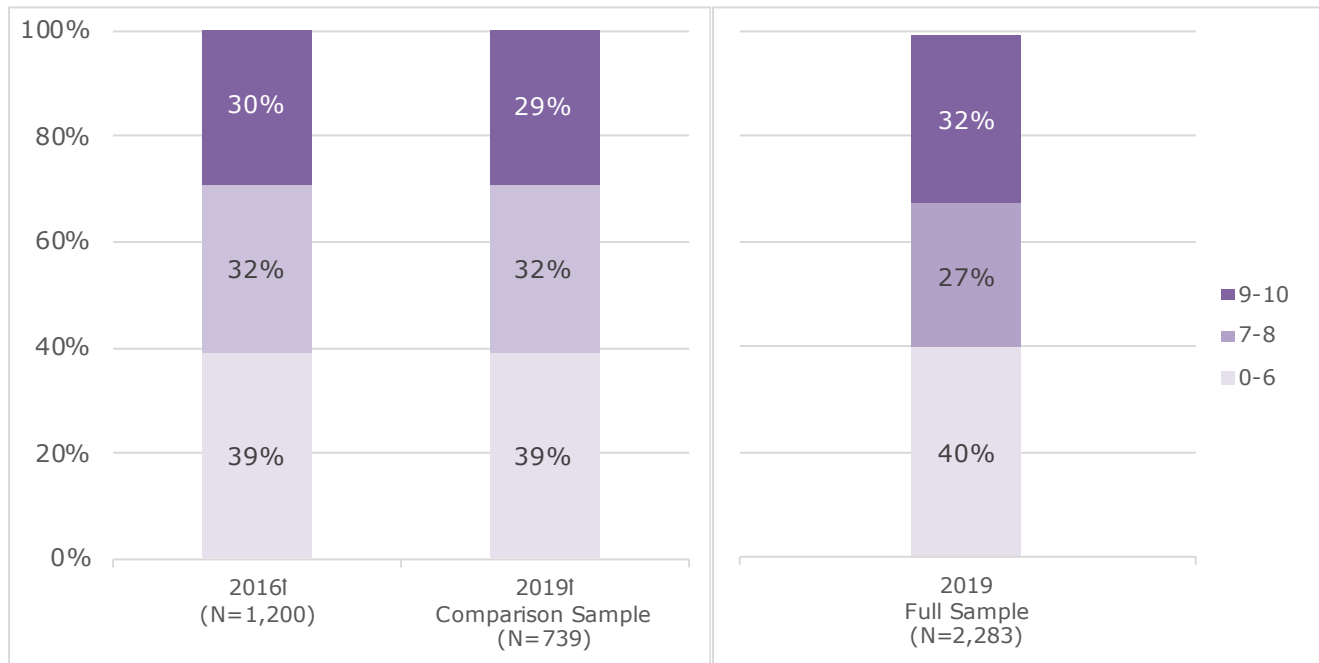
†Includes members enrolled ≤24 months and excludes SSI

No significant difference at $p < 0.05$

Measure 9: Consumer quality rating

Plan quality ratings were comparable from 2016 to 2019 (Figure 6. Ratings (0-10, 10 = best) of Dental Wellness Plan, 2016 vs. 2019). In both years, approximately 39% of members gave their plan a low rating (0-6) compared to 29-30% who gave it a high rating (9-10) (Figure 6. Ratings (0-10, 10 = best) of Dental Wellness Plan, 2016 vs. 2019). However, a majority of members in both years reported that they would recommend the plan to others (>85% for both; Figure 7. DWP members' recommendation of plan to others, 2016 vs. 2019).

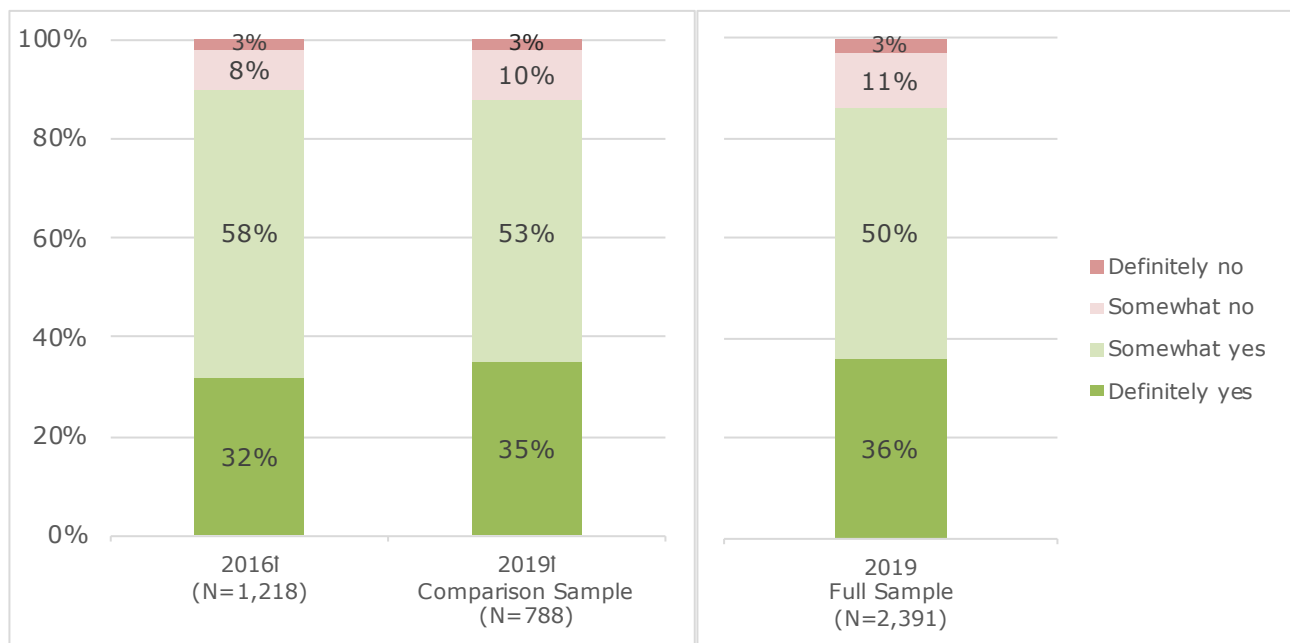
Figure 6. Ratings (0-10, 10 = best) of Dental Wellness Plan, 2016 vs. 2019



†Includes members enrolled ≤24 months and excludes SSI

No significant difference at $p < 0.05$

Figure 7. DWP members' recommendation of plan to others, 2016 vs. 2019



†Includes those enrolled ≤24 months and excludes SSI

No significant difference at $p < 0.05$

Measure 11: Regular source of care

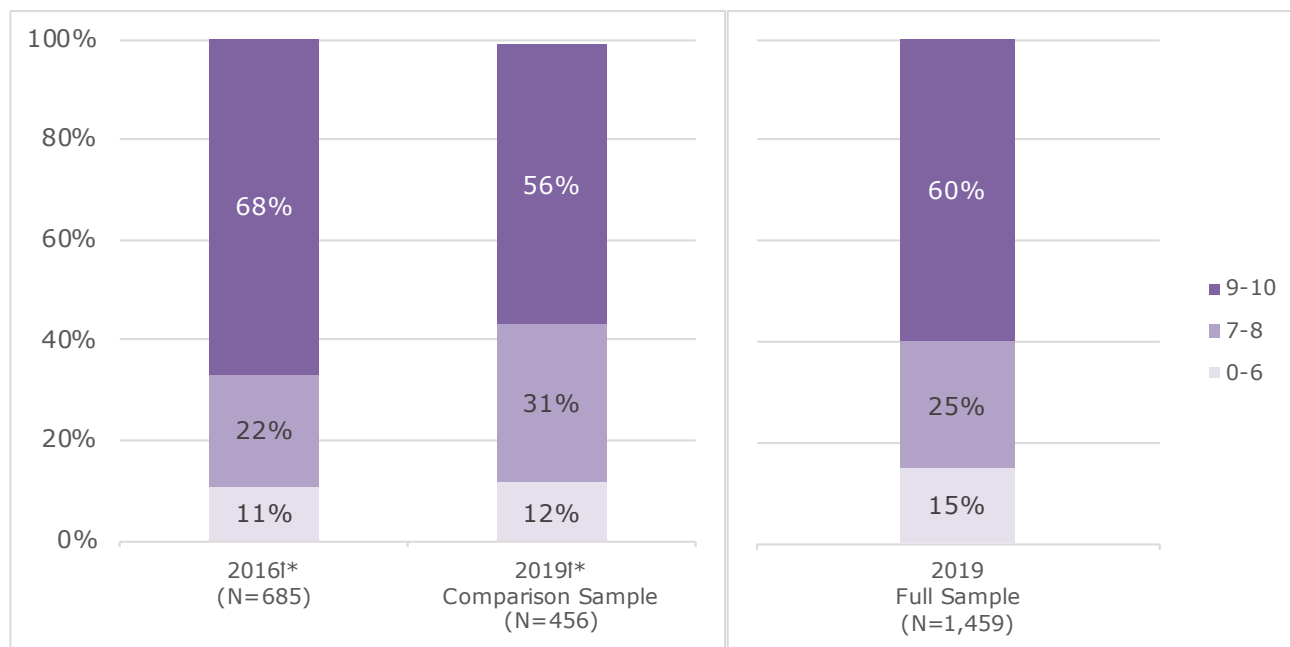
In 2019, 58% of respondents reported having a regular dentist, and among those, 86% reported that their dentist accepts their plan. The comparable survey item in 2016 was worded differently so comparisons cannot be made directly.

Hypothesis 1.5: DWP 2.0 members will report equal or greater satisfaction with the dental care provided than DWP 1.0 or MSP members did prior to July 1, 2017.

Measure 13: Rating of regular dentist

Members' rating of their regular dentist significantly decreased from 2016 to 2019 (Figure 8. Rating (0-10, 10=best) of regular dentist, 2016 vs. 2019). In 2016, 68% of members rated their regular dentist 9-10 compared to 56% in 2019 ($p<0.01$).

Figure 8. Rating (0-10, 10=best) of regular dentist, 2016 vs. 2019



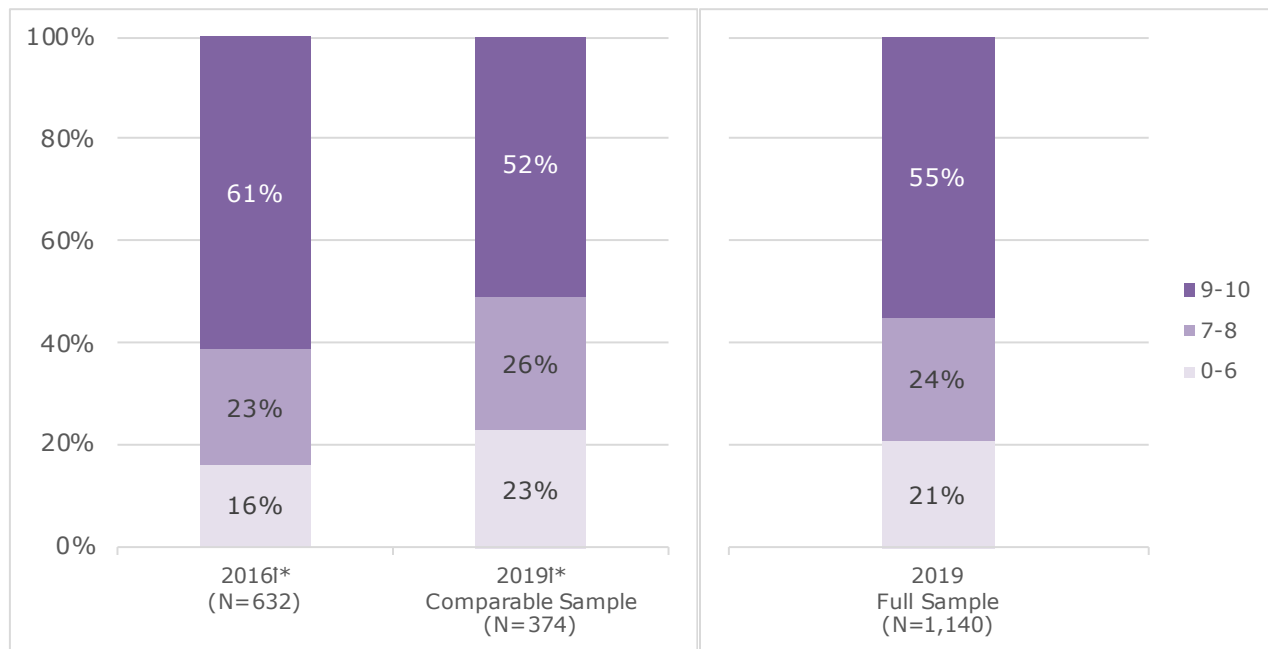
†Includes those enrolled ≤ 24 months and excludes SSI

*Statistically significant difference at $p<0.01$

Measure 14: Rating of all dental care received

Similar to dentist ratings, member ratings of the quality of their dental care significantly decreased as well (61% rated 9-10 in 2016 compared to 52% in 2019; $p<0.01$) (Figure 9. Rating (0-10, 10=best) of all dental care received, 2016 vs. 2019).

Figure 9. Rating (0-10, 10=best) of all dental care received, 2016 vs. 2019



†Includes those enrolled ≤24 months and excludes SSI

*Statistically significant difference at $p < 0.01$

Measure 15: Rating of DWP 2.0: Addressed by Measure 9, see Figure 6.

Hypothesis 1.6 DWP 2.0 members will report better understanding of their benefits when compared to the DWP 1.0 tiered structure.

Measure 16: Member awareness of healthy behavior requirements

We differentiate the results for awareness of healthy dental behaviors by member exemption status, since we assumed that members who were exempt from the healthy behavior requirements would be less aware of these.

In 2019, less than half (49%) of HDB exempt and non-exempt DWP members were aware of at least one key aspect of the plan design. Across both groups, the two most commonly reported key aspects that respondents were aware of included the annual preventive visit requirement (39–42%) and the self-assessment requirement (25–26%) (Table 9). Roughly one in five were aware of the \$3 premiums and fewer were aware of the potential reduction in benefits. Respondents who were aware of the healthy behavior requirements were asked how they had learned of the healthy behavior requirements; the most common source of information for both groups was their dental plan (52–55%), followed by materials from Iowa Medicaid (39–42%) (Figure 10).

Overall, 28% of members were aware that they could claim a financial hardship if unable to pay the \$3 premium; a greater proportion of non-exempt members were aware that they could claim a financial hardship if unable to pay the \$3 premium compared to exempt members (34% vs. 23%).

Among the two groups, only 15–16% were aware that their dental coverage is limited to a \$1000 annual maximum, and approximately one-third (31–33% among exemption groups, 32% overall) of members in both groups did not know which dental carrier they were enrolled with.

While awareness about aspects of the healthy behavior and plan structure was relatively low, a majority of HDB exempt and non-exempt members knew that their Medicaid enrollment included coverage for dental care (87–89%).

Questions about plan design in the 2016 wave of the consumer survey pertained to the original DWP 1.0 structure (including the 3 benefit levels: *Core*, *Enhanced*, and *Enhanced Plus*). In 2016 (two years after DWP 1.0 implementation), only 26% were aware of the three benefit levels.

Member awareness of DWP 2.0 plan structure was also assessed in the 2018 wave of the DWP survey, and member awareness of the four key aspects plan design appear to have increased from 2018 to 2019.⁴ For example, 31% of DWP

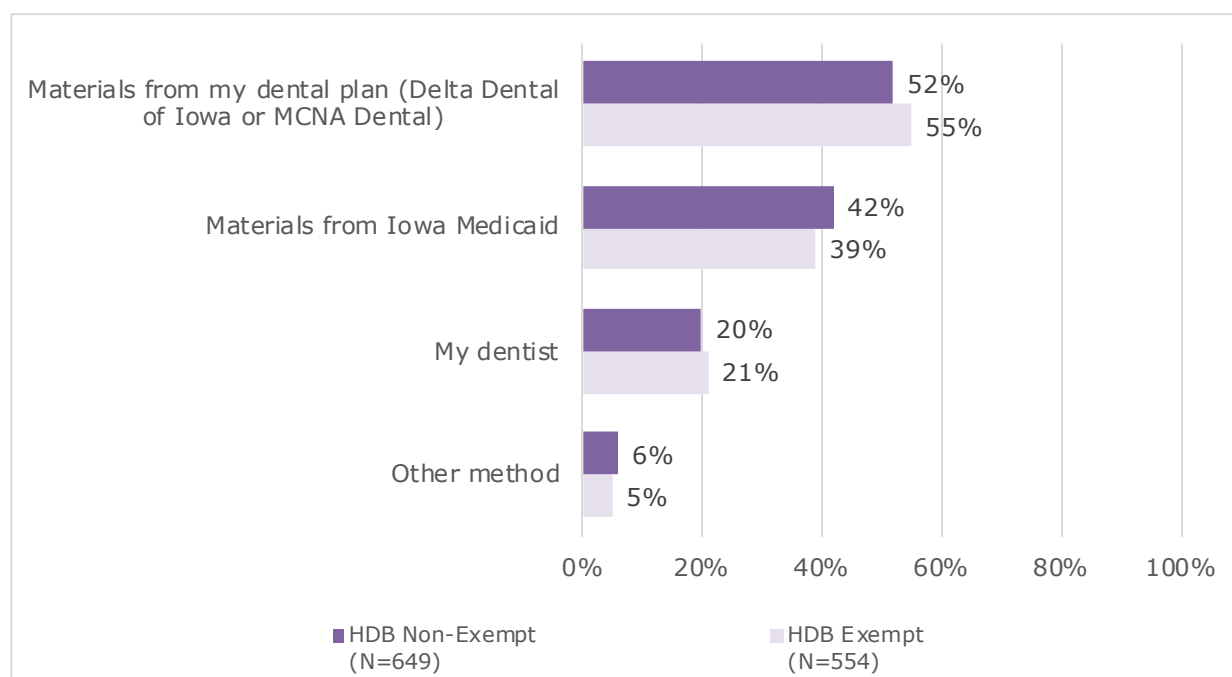
⁴ McKernan SC, Reynolds JR, Momany E, Ingleswar A, Sukalski J, Damiano P. DWP Evaluation: Annual Report 2018. December 2018. University of Iowa Public Policy Center. Iowa City, IA. Available [here](#).

members were aware of the preventive visit requirement in 2018 compared to 40% in 2019, and 16% knew about the self-assessment in 2018 compared to 26% in 2019. However, the sampling approach differed between the two survey waves (the 2018 sample included members enrolled 12+ months whereas the 2019 sample included members enrolled 6+ months), so comparisons should be made with caution.

Table 9. Proportion of members who reported knowledge about key aspects of the DWP 2.0 program design, 2019 Consumer Survey by HDB exemption status

Key Aspects	2019 Full Sample		
	HDB Exempt N=1,359	HDB Non-exempt N=1,192	OVERALL
I need to get a dental check-up every year to keep full benefits	42%	39%	40%
I need to fill out an oral health self-assessment every year to keep full benefits	26%	25%	26%
If I don't complete the two healthy behaviors every year, I will have to pay \$3/month to keep full benefits	18%	20%	19%
If I do not pay the \$3/month, my dental benefits will be limited to basic services only	14%	15%	14%

Figure 10. Member-reported source of information about healthy behaviors, 2019 Consumer Survey by HDB exemption status



Hypothesis 1.7: The earned benefit structure will not be perceived by members as a barrier to care in comparison to DWP 1.0.

Measure 17: Difficulty completing healthy behavior requirements

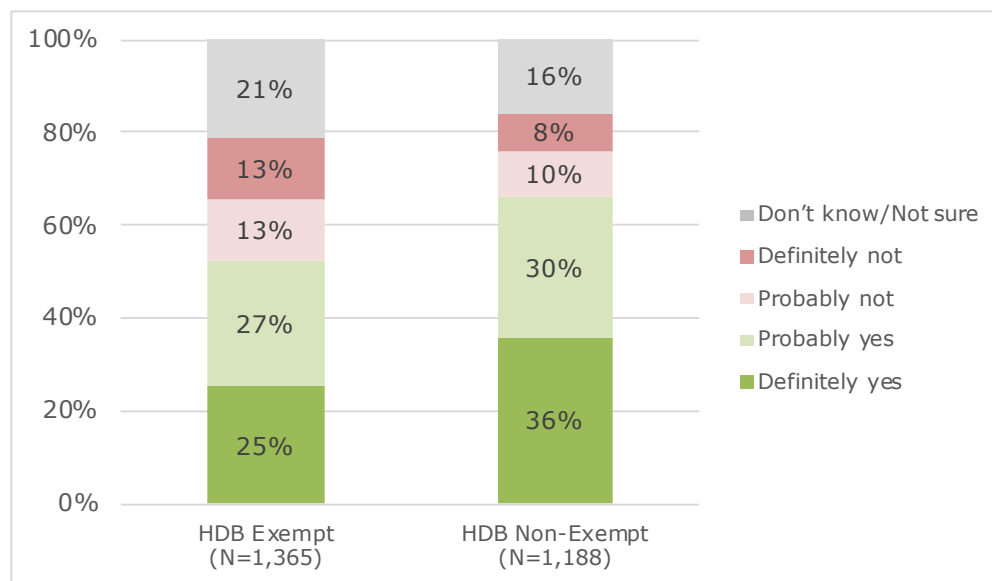
Self-reported knowledge of benefits level was comparable between HDB exempt and non-exempt respondents of the 2019 survey. Thirty-two to 37% reported having Full benefits, 5-7% reported having Basic benefits, and the majority reported that they didn't know or were not sure (58-61%). Among those who reported having Basic benefits, they were asked about the main reason for not completing the healthy behaviors to retain full benefits with response options "I didn't know about them", "I don't need/want full benefits" and "Other reason". A majority of HDB exempt and non-exempt members reported a lack of awareness about them (Table 10). However, this proportion was considerably greater among non-exempt members compared to exempt members (68% vs. 59%). On the other hand, fewer HDB non-exempt members reported not needing/wanting full benefits compared to their exempt counterparts (10% vs. 18%).

When asked about their ability to pay \$3/month to retain their full benefits a greater majority of HDB non-exempt members reported that they could 'definitely or probably' be able to pay it compared to exempt members (66% vs. 52%, Figure 11).

Table 10. Self-reported reason for not completing healthy behavior requirements among members with self-reported basic benefits, 2019 Consumer Survey by HDB exemption status

Reason	2019 Full Sample	
	HDB Exempt (N=66)	HDB Non-Exempt (N=76)
I didn't know about them	59%	68%
I don't need/want full benefits	18%	10%
Other reason	23%	21%

Figure 11. Ability to pay \$3/month to keep full benefits, 2019 Consumer Survey by HDB exemption status



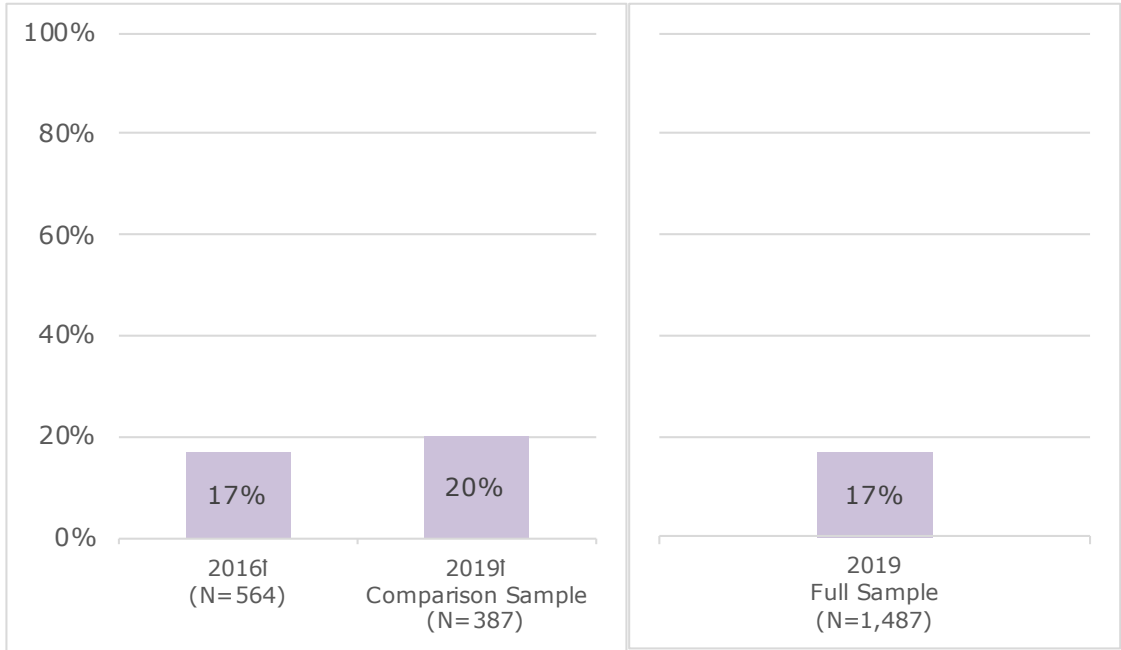
Measure 18: Member attitudes towards healthy behavior requirements

In 2019, over 70% of members, irrespective of HBD exemption status, had a positive attitude toward the healthy behavior requirements. A small proportion (8-9%) in both groups had a negative attitude. Lastly, a slightly greater number of HDB exempt respondents were unsure of their attitudes towards the healthy behavior requirements, compared to non-exempt respondents (21% vs. 16%).

Measure 19: Out-of-pocket dental costs

Approximately 1 in 5 DWP members reported paying out of pocket for any dental services in 2019, which was not a significant change from 2016 (Figure 12. Members reported paying out-of-pocket for any dental service, 2016 vs. 2019).

Figure 12. Members reported paying out-of-pocket for any dental service, 2016 vs. 2019



†Includes those enrolled ≤24 months and excludes SSI

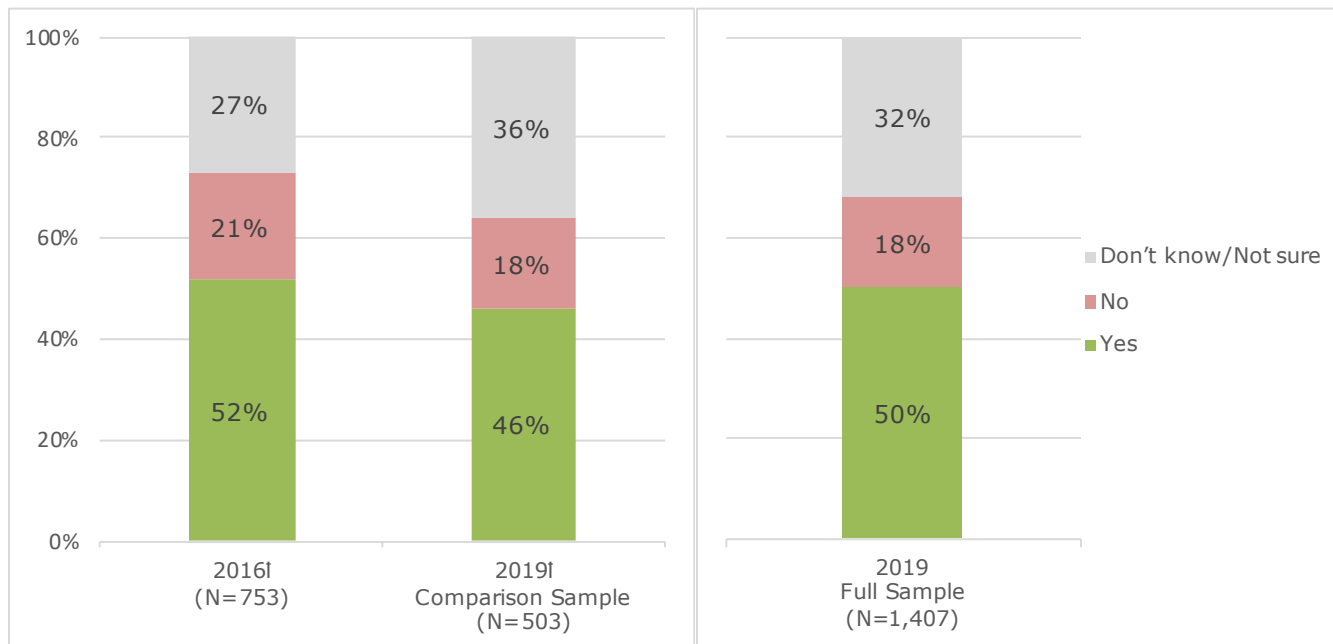
No significant difference at $p < 0.05$

Measure 20: Member experiences with covered benefits

Among DWP members who reported a need for dental care, the proportion reporting that the Dental Wellness Plan had covered all needed care decreased slightly from 52% in 2016 to 46% in 2019 (difference not significant; $p > 0.05$) (Figure 13).

While the overall distribution of non-covered dental services needed remained relatively similar across both years, the rates of the specific non-covered dental services differed significantly between 2016 and 2019 (Table 11). Overall, the proportion reporting unmet coverage for ‘extractions’, ‘fillings’ and ‘crowns’ declined significantly from 2016 to 2019 ($p < 0.05$).

Figure 13. Current dental plan has covered needed dental care, DWP members reporting a recent need for dental care, 2016 vs. 2019



†Includes those enrolled ≤24 months and excludes SSI

No significant difference at $p < 0.05$

Table 11. Type of dental services needed that were not covered, 2016 vs. 2019

Needed dental services that were not covered	2016† N=150	Comparison sample 2019† N=81	Full sample 2019 N=236
Fillings*	31%	36%	31%
Crowns/Caps*	27%	31%	34%
Tooth replacements, such as bridges or partial dentures	25%	27%	30%
Checkup and cleaning	19%	26%	26%
Root canal(s)	14%	18%	20%
Extractions**	11%	27%	25%
Full dentures that replace all upper and/or lower teeth	8%	18%	16%
Other treatment	15%	20%	15%

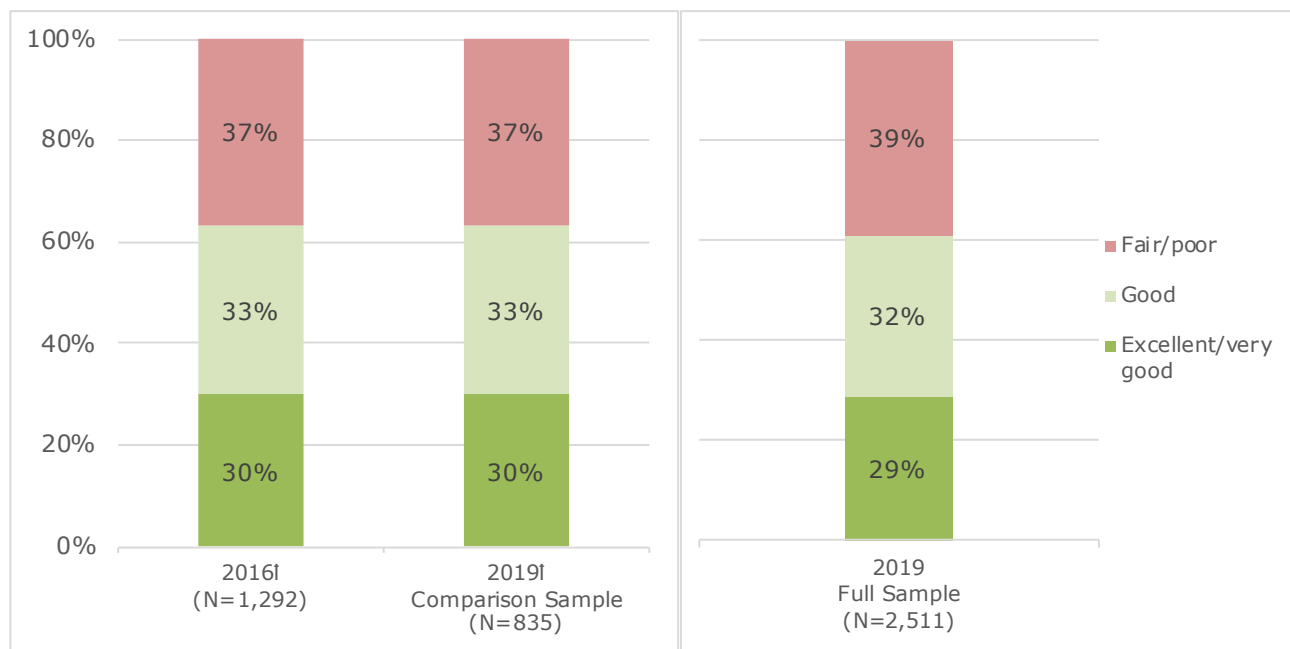
†Includes those enrolled ≤24 months and excludes SSI

*Significant difference at $p < 0.05$; **Significant at $p < 0.01$

Measure 24: Self-reported oral health status

Across both years, approximately 1 in 4 members (37%) rated their oral health status as fair-poor (Figure 14).

Figure 14. Self-reported oral health status, 2016 vs. 2019



†Includes those enrolled ≤24 months and excludes SSI

No significant difference at $p < 0.05$

EVALUATION QUESTION 3 - WHAT ARE THE EFFECTS OF THE BENEFIT STRUCTURE - INCLUDING HEALTHY BEHAVIOR REQUIREMENTS, COST SHARING, AND REDUCED BENEFITS - ON DWP MEMBER OUTCOMES?

Hypothesis 3.4: DWP 2.0 policies will promote member compliance with healthy dental behavior requirements.

Measure 28: Member compliance with healthy behavior requirements

Among survey respondents who self-reported as having Basic benefits (6% of 2019 Full Sample), 63% planned to complete the healthy behavior requirements in the current year in order to have full benefits the next year.

EVALUATION QUESTION 4. WHAT ARE THE EFFECTS OF DWP 2.0 MEMBER OUTREACH AND REFERRAL SERVICES?

Hypothesis 4.1: DWP 2.0 member outreach services will address dentists' concerns about missed appointments.

Measure 30: Member outreach for healthy behavior requirements

In 2019, 12% percent and 15% of HDB exempt and non-exempt members, respectively, reported having been contacted (phone call or other form of communication) from their dental insurance plan within the last 6 months. Across both groups, the most commonly reported topic of discussion with the insurance representative was a reminder to return for regular dental check-ups (57% and 53%) (Table 12. Information discussed with insurance representative, 2019 Consumer Survey by HDB exemption status). These results are comparable to that of the 2016 survey wherein 17% of the respondents reported being contacted by their DWP care coordinator, with a majority (61%) reporting that they were reminded to go for a regular dental check-up in order to qualify for the next level of benefits. Interestingly, a moderately greater proportion of HDB exempt members were reminded to complete an oral health self-assessment, compared to their non-exempt counterparts (49% vs 41%, Table 12. Information discussed with insurance representative, 2019 Consumer Survey by HDB exemption status).

Table 12. Information discussed with insurance representative, 2019 Consumer Survey by HDB exemption status

Key aspect	2019 Full Sample*	
	HDB Exempt N=150	HDB Non-Exempt N=167
Reminder to return for a regular dental checkup	57%	53%
Reminder to complete oral health self-assessment	49%	41%
Finding a DWP dentist	10%	17%
Other	13%	10%

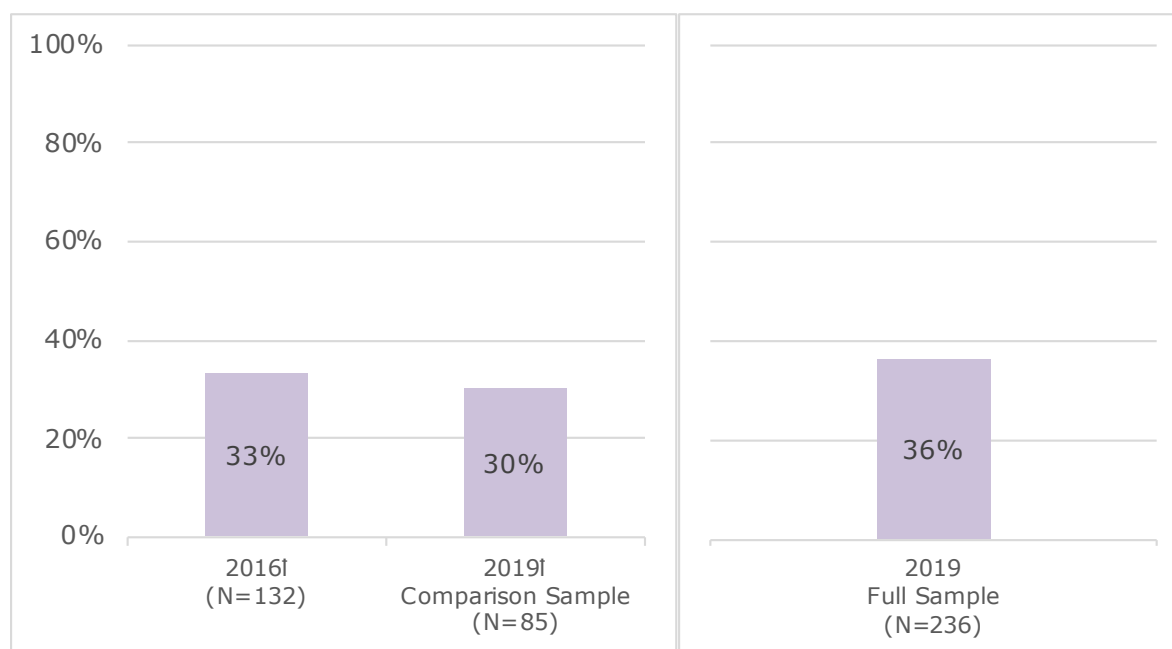
*Only includes members who had been contacted by their plan.

Hypothesis 4.2: DWP 2.0 member referral services will improve access to specialty care for DWP 2.0 members as compared to MSP members prior to July 1, 2017.

Measure 31: Care from a dental specialist

Approximately one in three members had an unmet need for specialist care in 2019, which was not a significant change from 2016 (Figure 15).

Figure 15. Self-reported recent unmet dental need for specialist care, 2016 vs. 2019



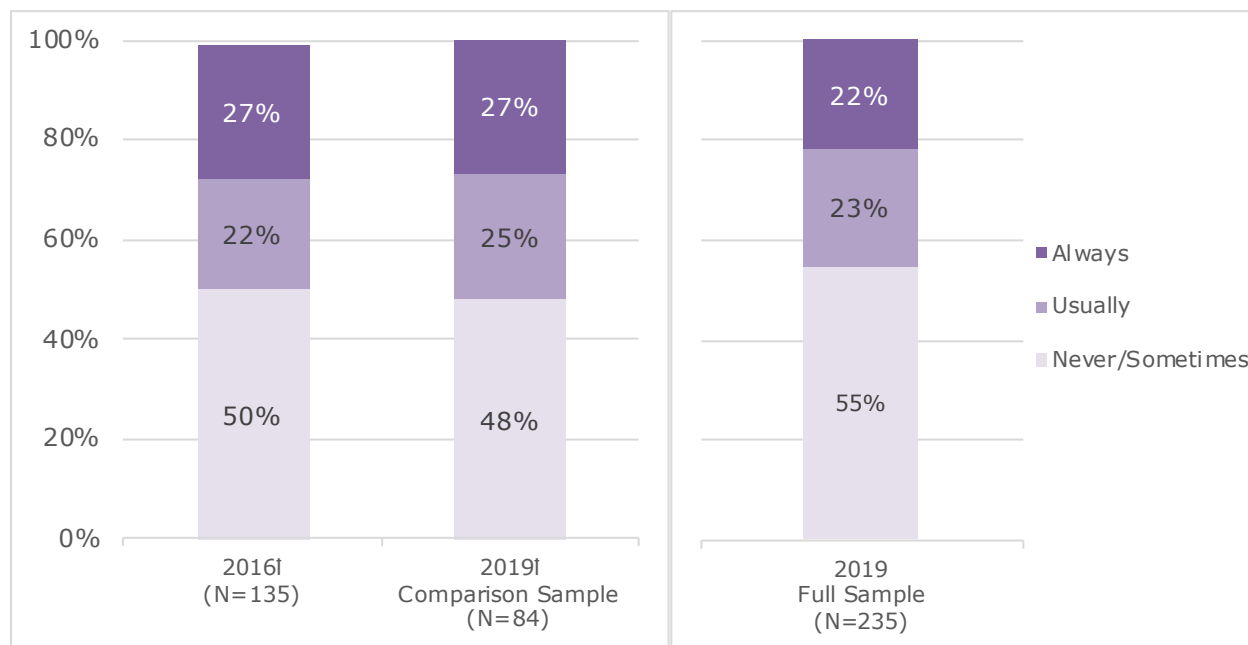
†Includes those enrolled ≤24 months and excludes SSI

No significant difference at $p < 0.05$

Measure 33: Timeliness of getting a dental specialist appointment

Across both years 50–52% of members reported receipt of specialty care always or usually as soon as wanted, while 48–50% reported ‘never’ or ‘sometimes’ obtaining specialty care as soon as wanted (Figure 16).

Figure 16. Appointment for specialist dental care as soon as wanted, 2016 vs. 2019



†Includes those enrolled ≤24 months and excludes SSI

No significant difference at $p < 0.05$

Hypothesis 4.4: DWP 2.0 member outreach will improve members' access to a regular source of dental care.

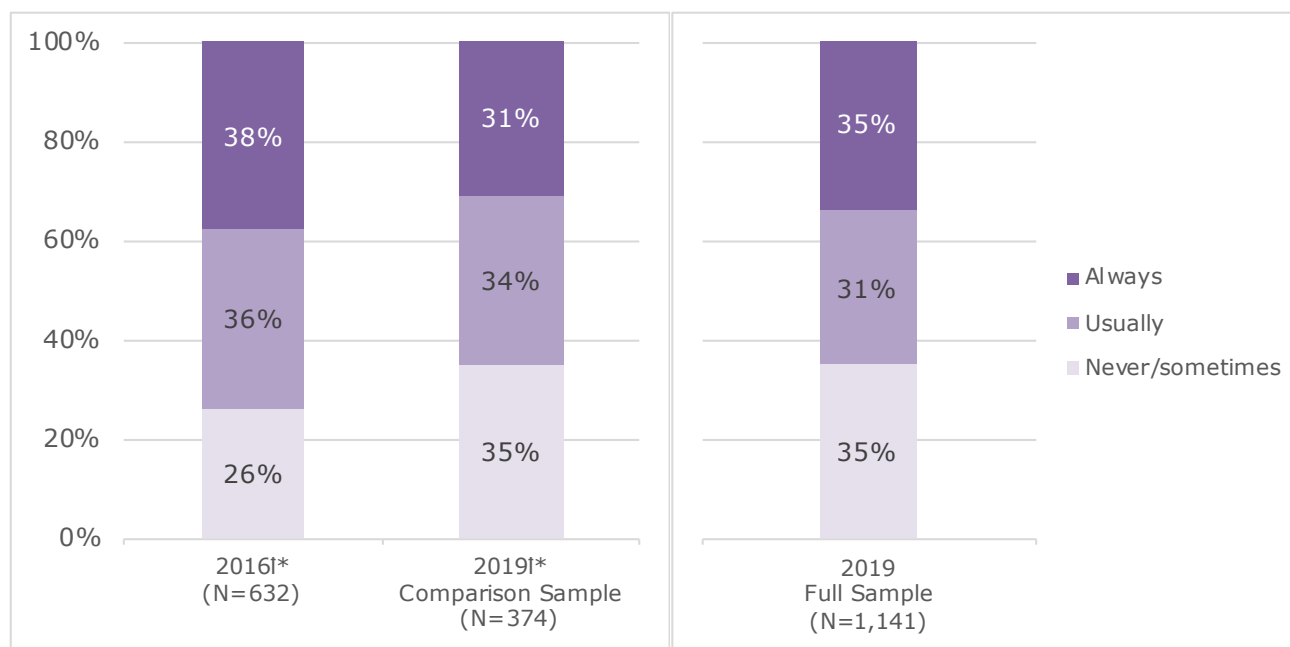
Measure 36. Members with a regular dentist – Addressed by Measure 11 (see above).

Measure 37: Timeliness of getting a routine dental appointment

DWP members were significantly less likely to report always or usually receiving an appointment as soon as wanted in 2019, compared to in 2016 (65% in 2019 vs. 74% in 2016; $p < 0.01$) (Figure 17. Appointment for routine dental care as soon as wanted, 2016 vs. 2019).

Wait times for receipt of a routine dental care appointment remained relatively stable across both years with 60–65% of members stating that they usually received an appointment within two weeks (Figure 18. Reported waiting times for routine dental care in a dental office, 2016 vs. 2019).

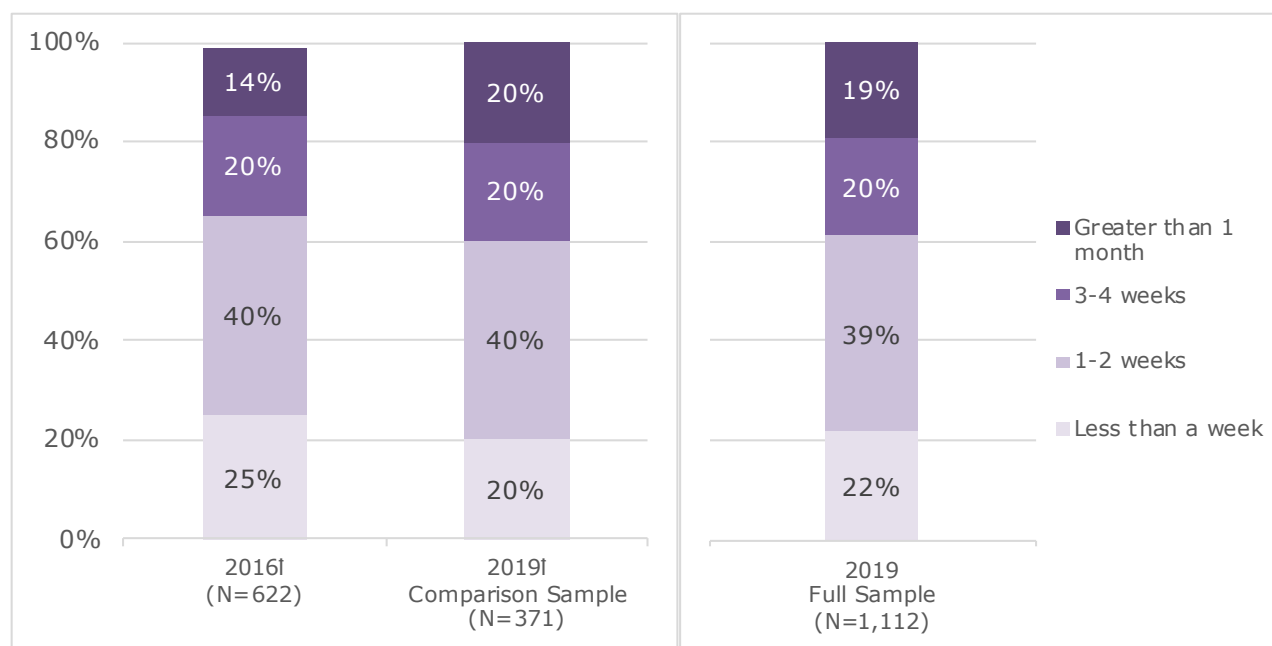
Figure 17. Appointment for routine dental care as soon as wanted, 2016 vs. 2019



†Includes those enrolled ≤ 24 months and excludes SSI

*Significant difference at $p < 0.01$

Figure 18. Reported waiting times for routine dental care in a dental office, 2016 vs. 2019



†Includes those enrolled ≤ 24 months and excludes SSI

No significant difference at $p < 0.05$

COMPARISON OF MEMBERS WITH FULL BENEFITS VS. BASIC BENEFITS

This section makes comparisons between 2019 survey respondents with Full vs. Basic benefits, as obtained from member enrollment data. We describe differences in demographic characteristics, oral health status, awareness and attitudes toward healthy behaviors, and access to care measures. These comparisons include members who were enrolled 16+ months. Members enrolled for 15 or fewer months were excluded because that length of enrollment did not allow enough time to be moved to Basic benefits. These comparisons do not exclude members who were exempt from healthy behavior requirements, so the group with Full benefits includes both exempt and non-exempt members.

Overall, members with Basic benefits were significantly more likely to be female, married, employed, have poor/fair oral health status, and report visiting the dentist rarely ($p < 0.05$ for all) (Table 13).

Table 13. Demographic and oral health characteristics of members by benefit level, 2019 Consumer Survey

	Full Benefits N=1,790	Basic Benefits N=196
	2019 Survey Full Sample†	
Age in years		
19-34	34%	36%
35-54	39%	44%
>=55	27%	21%
Sex*		
Female	66%	74%
Male	34%	26%
Race		
Non-Hispanic White	82%	82%
Non-Hispanic Black	7%	8%
Hispanic	3%	3%
Asian	2%	1%
Other race/Multiple Race	7%	6%
Unknown		
Education		
<High School Degree	15%	11%
High School Degree/GED	38%	39%
>High School Degree	47%	50%
Marital status*		
Married or in a marriage-like relationship	32%	45%
Divorced	25%	21%
Widowed	4%	3%
Separated	5%	5%
Never married and not in a marriage-like relationship	35%	26%
Employment status**		
Employed full-time	23%	42%
Employed part-time	23%	27%
Out of work for less than a year	6%	9%
Out of work for more than a year	18%	9%
Homemaker	14%	8%
Student	6%	3%

	Full Benefits N=1,790	Basic Benefits N=196
	2019 Survey Full Sample†	
Retired	10%	4%
Oral Health Status*		
Excellent/Very Good/Good	61%	53%
Fair/Poor	39%	47%
Edentulousness		
Dentate (1 tooth to all teeth)	90%	93%
Edentulous (all teeth lost)	10%	7%
Dental visit behavior**		
Regularly (at least once a year)	47%	26%
Occasionally	17%	23%
Rarely/Only when you have a problem	36%	51%

Percentages may not sum to 100 due to rounding.

†2019 sample weighted for unequal probability of selection and unequal response.

*Statistically significant difference at $p<0.05$; **Statistically significant difference at $p<0.001$

Table 14 provides a comparison of awareness, attitude, and access-related survey measures between DWP members with Full benefits and those with Basic benefits. Overall, members with Basic benefits were significantly less likely to know that their insurance covers dental care, and had lower awareness about the following: which dental carrier they were enrolled with, aspects of plan design, and ability to claim financial hardship ($p<0.05$ for all). Among members with Basic benefits, 16% thought they had Full benefits, 20% thought they had Basic, and 64% did not know their benefit level.

Almost half (47%) of members with Basic benefits reported having a regular dentist, significantly lower than among members with Full benefits (60%). Members with Basic benefits were also significantly more likely to have unmet need for routine dental care and to give Dental Wellness Plan a low rating ($p<0.05$ for all).

Table 14. Comparisons of DWP awareness and access measures by Benefit Level, 2019 Consumer Survey

	2019† Full Sample	
	Full Benefits N=1,790	Basic Benefits N=196
AWARENESS AND ATTITUDES TOWARD PLAN COVERAGE AND STRUCTURE		
Aware that plan covers dental care*	90%	84%
Members who report “don’t know” when asked which dental carrier they have*	32%	42%
Lack of awareness about aspects of plan design*	49%	56%
Self-reported awareness of benefit level category**		
Full Benefits	36%	16%
Basic Benefits	5%	20%
Don’t know/Not sure	59%	64%
Aware of ability to claim financial hardship*	31%	40%
Opinion about retaining full benefits ‘Would you rather...’		
Complete the healthy behaviors	83%	78%
Pay \$3/month	13%	17%
Neither; I don’t need/want full benefits	4%	5%
Overall attitude toward the healthy behavior requirements		
Positive	72%	69%
Negative	9%	11%
Don’t know/Not sure	20%	20%
Overall rating of Dental Wellness Plan* 0 ‘Worst’ – 10 ‘Best’		
0-6	40%	51%
7-8	26%	26%
9-10	34%	23%
Received communication from dental insurance plan in last 6 months*	13%	7%
ACCESS TO CARE		
Have a regular dentist**	60%	47%
Self-reported unmet dental care need**	33%	51%
Emergency room visit for dental care in past 6 months	3%	3%

Percentages may not sum to 100 due to rounding.

†2019 sample weighted for unequal probability of selection and unequal response.

*Statistically significant difference at p<0.05; **Statistically significant difference at p<0.001

CONCLUSIONS AND POLICY IMPLICATIONS

In this report we describe self-reported member experiences 2 years after implementation of DWP 2.0 and make comparisons with pre-DWP 2.0 implementation using survey waves from 2016 and 2019. **Most self-reported measures of access to care did not change significantly from 2016 to 2019**, including self-reported recent dental utilization, unmet need for care, and access to specialist care. Self-reported oral health status also remained consistent. However, there were significant differences in key access measures by benefit level; members with Basic benefits were less likely to have a regular dentist and more likely to have unmet dental need than those with Full benefits. While an association is evident, the direction of plausible causality is unclear; members may have Basic benefits because they didn't seek care or have a regular source of care, or their benefit level could impact the ability to meet dental needs. Future qualitative data collection will seek to explore this further.

Although unmet need did not change from 2016 to 2019, the reasons for unmet need did change. Member difficulty finding a dentist was the most important reason for unmet need in 2019, which is consistent with previous evaluation reports that found a decline in DWP participation among Iowa private practice dentists.

Consistent with previous reports, members had low awareness about various aspects of plan design, including the healthy behavior requirements and potential reduction in coverage, annual benefit maximum, and ability to claim financial hardship. Additionally, a majority of members were not aware of their benefit level. Awareness did not differ based on HDB exemption status; however, awareness was overwhelmingly lower among members with Basic benefits compared to those with Full. These findings are consistent with published literature finding low Medicaid member awareness about their plan in states that have implemented healthy behavior incentive programs. However, as the DWP healthy behavior requirements are structured as a disincentive that restricts coverage based on member behavior, awareness of those requirements is critical to ensure member access.

APPENDIX A. DESCRIPTIVE RESULTS BY MEASURE - 2019 FULL SAMPLE

DWP 2.0 measures with the corresponding 2019 consumer survey questions	Unweighted Proportion	†Weighted Proportion
Measure 2: Utilization of dental care		
Q8 - In the last 6 months, not counting any times you went to an emergency room, how many times have you gone to a dentist's office or clinic to get dental care for yourself?		
	N=2,645	N=2,498
None	57%	54%
1 time	25%	27%
2 or more times	17%	19%
Measure 3: Unmet need for dental care		
Q5 - In the last 6 months was there any time when you needed dental care but could not get it for any reason?		
	N=1,437	N=1,374
Yes	39%	36%
Q6 – What kind of dental care did you need but could not get?		
	N=546	N=469
Tooth pulled (extraction)	35%	34%
Filling(s)	35%	32%
Root canal(s)	15%	14%
Check-up and cleaning	53%	51%
Full dentures that replace all upper and/or lower teeth	15%	16%
Tooth replacements, such as bridges or partial dentures	20%	19%
Crowns/Caps	20%	19%
Other treatment	5%	5%
Q7 - In the last 6 months, which of the following stopped you from getting dental care or treatment that you or a dentist thought you needed? Please check all that apply.		
	N=561	N=483
Care I needed was not covered by my insurance	32%	29%
Trouble finding a dentist who accepts my insurance	60%	61%
Trouble getting an appointment with a dentist for a reason other than not accepting my insurance	18%	20%
Could not afford it	32%	29%
Had to travel too far or other transportation problems	26%	29%
Didn't know where to go at night or on the weekend for care	9%	9%
Could not get off work	9%	9%
Fear or anxiety	20%	19%
Other	8%	8%
Measure 7: Access to dental care		
Q12 - When you needed to see a dentist right away because of a dental emergency, did you get to see a dentist as soon as you wanted?		
	N=207	N=188
Definitely yes	35%	36%
Somewhat yes	29%	26%
Definitely no	10%	11%

DWP 2.0 measures with the corresponding 2019 consumer survey questions	Unweighted Proportion	†Weighted Proportion
Somewhat no	26%	27%
Q13 - How many days did you usually have to wait for an appointment when you needed care for a dental emergency?		
	N=206	N=186
1 day or less	34%	34%
2-7 days	40%	40%
More than 7 days	26%	26%
Measure 8: Emergency department use		
Q22 - In the last 6 months, have you gone to a hospital emergency room for a dental problem?		
	N=2,690	N=2,544
Yes	3%	2%
Q23 - Do you think the dental care you received at the hospital emergency room could have been provided in a dental office or clinic if one were available at the time?		
	N=61	N=57
Yes	80%	84%
Measure 9: Consumer quality rating		
Q39 - Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, how would you rate the Dental Wellness Plan?		
	N=2,394	N=2,283
0-6	42%	40%
7-8	28%	27%
9-10	30%	33%
Q40- Would you recommend the Dental Wellness Plan to others?		
	N=2,523	N=2,391
Definitely yes	34%	36%
Probably yes	52%	50%
Probably no	11%	11%
Definitely no	3%	3%
Measure 10: Proportion of members who had to change regular dentists		NOT ASKED IN 2019 SURVEY
Measure 11: Regular source of dental care		
Q19 – Do you currently have a regular dentist?		
	N=2,703	N=2,551
Yes	54%	58%
No; I tried but could not find one	22%	20%
No; I have not tried to find one	24%	22%
Q20 – Does your current regular dentist accept your Dental Wellness Plan insurance (Delta Dental of Iowa or MCNA Dental)?		
	N=1,424	N=1,438
Yes	89%	91%
No; I tried but could not find a dentist who accepts my DWP insurance	6%	5%
No; I chose to see a dentist who does not accept my DWP insurance	5%	4%
Measure 12: Experience changing dentists		See Measure 11 - Q20
Measure 13: Rating of regular dentist		

DWP 2.0 measures with the corresponding 2019 consumer survey questions	Unweighted Proportion	†Weighted Proportion
Q21 - Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, how would you rate your current regular dentist?		
	N=1,450	N=1,459
0-6	16%	15%
7-8	27%	25%
9-10	57%	60%
Measure 14: Rating of all dental care received		
Q18 - Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, how would you rate all the dental care you personally received In the last 6 months?		
	N=1,121	N=1,140
0-6	23%	21%
7-8	25%	24%
9-10	52%	55%
Measure 15: Rating of DWP 2.0	See Measure 9 - Q39	
Measure 16: Member awareness of healthy behavior requirements		
Q24 - Which aspects of the Healthy Behaviors were you aware of before receiving this survey? Please check all that apply.		
	N=2,696	N=2,551
I need to get a dental check-up every year to keep full benefits	38%	40%
I need to fill out an oral health self-assessment every year to keep full benefits	23%	26%
If I don't complete the two healthy behaviors every year, I will have to pay \$3/month to keep full benefits	16%	19%
If I do not pay the \$3/month, my dental benefits will be limited to basic services only	13%	14%
I was not aware of any of this information	54%	51%
Q25 - How did you learn about the Healthy Behaviors? Please check all that apply.		
	N=1,195	N=1,203
My dentist	20%	21%
Materials from my dental plan (Delta Dental of Iowa or MCNA Dental)	52%	54%
Materials from Iowa Medicaid	41%	40%
Some other method	6%	5%
Q26 – Do you currently have full benefits or basic benefits		
	N=2,684	N=2,537
Full benefits	30%	34%
Basic benefits	8%	6%
Don't know/Not Sure	61%	60%
Q30 - Were you aware that you can claim a financial hardship if you are not able to pay the \$3 per month to keep your full dental benefits?		
	N=2,699	N=2,555
Yes	28%	28%
No	72%	72%
Q1 – Were you aware that your insurance includes coverage for dental care?		
	N=2,707	N=2,560
Yes	87%	88%

DWP 2.0 measures with the corresponding 2019 consumer survey questions	Unweighted Proportion	†Weighted Proportion
No	13%	12%
Q2 - Dental Wellness Plan members can choose from two Dental Carriers: Delta Dental of Iowa (DDIA) and Managed Care of North America (MCNA) Dental. Which dental carrier do you currently have?		
	N=2,680	N=2,530
Delta Dental of Iowa	52%	57%
MCNA Dental	13%	11%
Don't know/Nor sure	35%	32%
Q35 - Were you aware that your dental coverage is limited to \$1000 per year?		
	N=2,662	N=2,513
Yes	14%	15%
No	86%	85%
Measure 17: Difficulty completing healthy behavior requirements		
Q27 - What was the main reason that you did not complete the healthy behaviors in order to keep full benefits?		
	N=214	N=142
I didn't know about them	64%	64%
I don't need/want full benefits	11%	14%
Other	25%	22%
Q29 - If you are not able to complete the healthy behaviors every year, would you be able to pay \$3 per month to keep your full dental benefits?		
	N=2,703	N=2,553
Definitely yes	30%	31%
Probably yes	30%	28%
Probably not	12%	12%
Definitely not	10%	11%
Don't know/not sure	18%	19%
Measure 18: Member attitudes towards healthy behavior requirements		
Q31 - To keep full benefits, would you rather complete the healthy behaviors (i.e., dental checkup and self-assessment) or pay \$3 per month?		
	N=2,669	N=2,524
Complete the healthy behaviors	82%	83%
Pay the \$3/month	13%	12%
Neither; I don't need/want full benefits	5%	5%
Q32 - What is your overall attitude toward the healthy behavior requirements?		
	N=2,700	N=2,556
Very positive	40%	42%
Somewhat positive	33%	32%
Somewhat negative	5%	5%
Very negative	3%	3%
Don't know/not sure	19%	19%
Measure 19: Out-of-pocket dental costs		
Q38 - Did you pay for any of the non-covered dental services yourself?		
	N=1,241	N=1,091
Yes	16%	17%

DWP 2.0 measures with the corresponding 2019 consumer survey questions	Unweighted Proportion	†Weighted Proportion
No	84%	83%
Measure 20: Member experiences with covered benefits		
Q36 - Thinking about all of the care that you or a dentist thought you needed in the last 6 months, did the Dental Wellness Plan cover what you needed to get done?		
	N=2,636	N=2,481
Yes	43%	47%
No	15%	14%
Don't know/not sure	42%	39%
Q37 - What services did you need that were not covered? Please check all that apply.		
	N=320	N=299
Tooth pulled (extraction)	26%	24%
Filling(s)	34%	30%
Root canal(s)	21%	18%
Check-up and cleaning	30%	27%
Full dentures that replace all upper and/or lower teeth	18%	19%
Tooth replacements, such as bridges or partial dentures	28%	29%
Crowns/Caps	31%	31%
Other treatment	14%	14%
Measure 24: Self-reported oral health status		
Q42 - In general, how would you rate the overall condition of your teeth and gums		
	N=2,660	N=2,511
Excellent/Very Good	27%	29%
Good	33%	32%
Fair/Poor	40%	39%
Measure 27: Members' perceived impact of healthy behavior requirements	NOT ASKED IN 2019 SURVEY	
Measure 28: Member compliance with both healthy behaviors		
Q28 - Do you plan to complete the healthy behavior requirements this year so you can have full benefits next year?		
	N=218	N=146
Yes	69%	63%
No	6%	7%
Don't know/not sure	25%	30%
Measure 30: Member outreach for healthy behavior requirements		
Q33 - In the last 6 months, have you received a phone call or other communication from someone at your dental plan?		
	N=2,656	N=2,507
Yes	12%	13%
No	88%	87%
Q34 - What information did that person discuss with you? Please check all that apply. (N=311)		
	N=311	N=317
Reminder to return for a regular dental check up	56%	54%
Reminder to complete oral self-assessment	44%	45%
Finding a DWP dentist	16%	14%

DWP 2.0 measures with the corresponding 2019 consumer survey questions	Unweighted Proportion	†Weighted Proportion
Other	11%	12%
Measure 31: Care from a dental specialist		
Q17 - In the last 6 months, was there any time when you needed care from a dental specialist but could not get it for any reason?		
	N=252	N=236
Yes	38%	36%
Measure 33: Timeliness of getting a dental specialist appointment		
Q15 - In the last 6 months, how often did you get an appointment to see a dental specialist as soon as you wanted?		
	N=250	N=235
Never	29%	28%
Sometimes	26%	27%
Usually	23%	23%
Always	22%	22%
Measure 36. Members with a regular dentist	See Measure 11 - Q19	
Measure 37: Timeliness of getting a routine dental appointment		
Q9 - In the last 6 months, how often were your dental appointments as soon as you wanted?		
	N=1,121	N=1,141
Never	13%	13%
Sometimes	23%	22%
Usually	31%	31%
Always	34%	35%
Q10 - When you called a dental office to make an appointment for routine, non-emergency care, how long did you usually have to wait to be seen? (N=1,099)		
	N=1,099	N=1,112
Less than a week	23%	22%
1-2 weeks	40%	39%
3-4 weeks	20%	20%
Greater than 1 months but less than 2 months	11%	12%
2 months or longer	7%	8%
Measure 38: Finding a dentist who accepts DWP 2.0 insurance	NOT ASKED IN 2019 SURVEY	

Appendix B. 2019 Consumer Survey Instrument with Unweighted Results



Iowa Dental Wellness Plan Survey

Improving our understanding of Iowa's public dental programs

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.

PROPORTIONS ARE ROUNDED

In this survey, we will ask about your experiences with the Dental Wellness Plan. The Dental Wellness Plan provides dental coverage for Iowa adults enrolled in Medicaid. **(n=2707)**

1. Were you aware that your insurance includes coverage for dental care?

- ¹ ☐ Yes **87%**
² ☐ No **14%**

2. Dental Wellness Plan members can choose from two Dental Carriers: Delta Dental of Iowa and Managed Care of North America (MCNA) Dental. Which dental carrier do you currently have? **(n=2680)**

- ¹ ☐ Delta Dental of Iowa **52%**
² ☐ MCNA Dental **13%**
³ ☐ Don't know/Not sure **35%**

YOUR DENTAL CARE IN THE LAST 6 MONTHS

These questions ask about your own dental needs and care. Do not include dental care you received in a hospital emergency room.

3. In the last 6 months, was there any time when you or a dentist thought you needed dental care? **(n=2668)**

- ¹ ☐ Yes **56%**
² ☐ No → If No, go to #8 **44%**

4. What kinds of dental care did you or a dentist think you needed? Please check all that apply. **(n=1481)**

- ¹ ☐ Tooth pulled (extraction) **34%**
² ☐ Filling(s) **43%**
³ ☐ Root canal(s) **13%**
⁴ ☐ Checkup and cleaning **72%**
⁵ ☐ Full dentures that replace all upper and/or lower teeth **11%**

- ☐ Tooth replacements, such as bridges or partial dentures 16%
- ☐ Crowns/Caps 17%
- ☐ Other treatment (write in): 7%

5. In the last 6 months, was there any time when you needed dental care but could not get it for any reason? (n=1437)

- ☐ Yes 39%
- ☐ No → If No, go to #8 61%

6. What kinds of dental care did you need but could not get? Please check all that apply. (n=546)

- ☐ Tooth pulled (extraction) 35%
- ☐ Filling(s) 35%
- ☐ Root canal(s) 15%
- ☐ Checkup and cleaning 53%
- ☐ Full dentures that replace all upper and/or lower teeth 15%
- ☐ Tooth replacements, such as bridges or partial dentures 20%
- ☐ Crowns/Caps 20%
- ☐ Other treatment (write in): 5%

7. In the last 6 months, which of the following stopped you from getting dental care or treatment that you or a dentist thought you needed? Please check all that apply. (n=561)

- ☐ Care I needed was not covered by my insurance 32%
- ☐ Trouble finding a dentist who accepts my insurance 60%
- ☐ Trouble getting an appointment with a dentist for a reason other than not accepting my insurance 18%
- ☐ Could not afford it 32%
- ☐ Had to travel too far or other transportation problems 26%
- ☐ Didn't know where to go at night or on the weekend for care 9%
- ☐ Could not get off work 9%

- ☐ Fear or anxiety 20%
- ☐ Other (write in): 8%

8. In the last 6 months, not counting any times you went to an emergency room, how many times have you gone to a dentist's office or clinic to get dental care for yourself? (n=2645)

- ☐ None → If None, go to #19 57%
- ☐ 1 time 25%
- ☐ 2 or more times 17%

9. In the last 6 months, how often were your dental appointments as soon as you wanted? (n=1121)

- ☐ Never 13%
- ☐ Sometimes 23%
- ☐ Usually 31%
- ☐ Always 34%

10. When you called a dental office to make an appointment for routine, non-emergency care, how long did you usually have to wait to be seen? (n=1099)

- ☐ Less than a week 23%
- ☐ 1-2 weeks 40%
- ☐ 3-4 weeks 20%
- ☐ Greater than 1 month but less than 2 months 11%
- ☐ 2 months or longer 7%

Please think about care that you needed for a dental emergency that you received at a dental office.

11. In the last 6 months, did you need to see a dentist right away because of a dental emergency? (n=1115)

- ☐ Yes 19%
- ☐ No → If No, go to #14 81%

12. When you needed to see a dentist right away because of a dental emergency, did you get to see a dentist as soon as you wanted? (n=207)

- 1 ☐ Definitely yes 34%
 2 ☐ Somewhat yes 29%
 3 ☐ Somewhat no 10%
 4 ☐ Definitely no 26%

13. How many days did you usually have to wait for an appointment when you needed care for a dental emergency? (n=206)

- 0 ☐ Less than 1 day 18%
 1 ☐ 1 day 16%
 2 ☐ 2 to 3 days 25%
 3 ☐ 4 to 7 days 16%
 4 ☐ More than 7 days 26%

Please think about care that you needed from a dental specialist. Dental specialists are dentists who only provide a particular type of dental care (such as root canals or oral surgery).

14. In the last 6 months, did you need care from a dental specialist? (n=1113)

- 1 ☐ Yes 23%
 2 ☐ No → If No, go to #18 77%

15. In the last 6 months, how often did you get an appointment to see a dental specialist as soon as you wanted? (n=250)

- 1 ☐ Never 29%
 2 ☐ Sometimes 26%
 3 ☐ Usually 23%
 4 ☐ Always 22%

16. What kind of care did you need from a dental specialist? Please check all that apply. (n=254)

- 1 ☐ Root canal(s) 27%
 2 ☐ Tooth pulled or other oral surgery 64%
 3 ☐ Treatment for gum disease or other periodontal care 17%
 4 ☐ Dentures or other prosthodontic care 22%
 5 ☐ Other (write in): _____ 7%

17. In the last 6 months, was there any time when you needed care from a dental specialist but could not get it for any reason? (n=252)

- 1 ☐ Yes 38%
 2 ☐ No 62%

18. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, how would you rate all the dental care you personally received in the last 6 months? (n=1121)

- 00 ☐ 0 Worst dental care possible 3%
 01 ☐ 1 1%
 02 ☐ 2 2%
 03 ☐ 3 2%
 04 ☐ 4 4%
 05 ☐ 5 8%
 06 ☐ 6 5%
 07 ☐ 7 9%
 08 ☐ 8 16%
 09 ☐ 9 15%
 10 ☐ 10 Best dental care possible 37%

YOUR REGULAR DENTIST

A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain.

19. Do you currently have a regular dentist? (n=2703)

- ¹ ☐ Yes 54%
- ² ☐ No; I tried but *could not* find one → Go to #22 22%
- ³ ☐ No; I have *not tried* to find one → Go to #22 24%

20. Does your current regular dentist accept your Dental Wellness Plan insurance (Delta Dental of Iowa or MCNA Dental)? (n=1424)

- ¹ ☐ Yes 89%
- ² ☐ No; I tried but could not find a dentist who accepts my DWP insurance 6%
- ³ ☐ No; I chose to see a dentist who does not accept my DWP insurance 5%

21. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, how would you rate your current regular dentist? (n=1450)

- ⁰⁰ ☐ 0 Worst regular dentist possible 1%
- ⁰¹ ☐ 1 0%
- ⁰² ☐ 2 1%
- ⁰³ ☐ 3 1%
- ⁰⁴ ☐ 4 2%
- ⁰⁵ ☐ 5 7%
- ⁰⁶ ☐ 6 4%
- ⁰⁷ ☐ 7 9%
- ⁰⁸ ☐ 8 18%
- ⁰⁹ ☐ 9 15%
- ¹⁰ ☐ 10 Best regular dentist possible 42%

EMERGENCY ROOM CARE

22. In the last 6 months, have you gone to a hospital emergency room for a dental problem? (n=2690)

- ¹ ☐ Yes 3%
- ² ☐ No → If No, go to #24 97%

23. Do you think the dental care you received at the hospital emergency room could have been provided in a dental office or clinic if one were available at the time? (n=61)

- ¹ ☐ Yes 80%
- ² ☐ No 20%

HEALTHY BEHAVIORS

All Dental Wellness Plan members have full dental benefits during the first year of enrollment, meaning most types of needed dental care are covered. To keep full benefits, members must complete two healthy behaviors every year:

1. Visit a dentist for a checkup or cleaning AND
2. Fill out an oral health self-assessment and send it to your dental carrier (Delta Dental of Iowa or MCNA Dental)

Members who do not complete both of these healthy behaviors will be required to pay \$3/month to keep full benefits after the first year. If it is not paid, then coverage will be limited to basic dental benefits only (e.g., tooth extractions).

24. Which aspects of the Healthy Behaviors were you aware of before receiving this survey? Please check all that apply.
(n=2696)

- 1 ☐ I need to get a dental check-up every year to keep full benefits 38%
- 2 ☐ I need to fill out an oral health self-assessment every year to keep full benefits 23%
- 3 ☐ If I don't complete the two healthy behaviors every year, I will have to pay \$3/month to keep full benefits 16%
- 4 ☐ If I do not pay the \$3/month, my dental benefits will be limited to basic services only 13%
- 5 ☐ I was not aware of any of this information → **Go to #26** 54%

25. How did you learn about the Healthy Behaviors? Please check all that apply.
(n=1195)

- 1 ☐ My dentist 20%
- 2 ☐ Materials from my dental plan (Delta Dental of Iowa or MCNA Dental) 52%
- 3 ☐ Materials from Iowa Medicaid 41%
- 4 ☐ Some other method (write in): 6%

26. Do you currently have full benefits or basic benefits? (n=2684)

- 1 ☐ Full benefits → **Go to #29** 30%
- 2 ☐ Basic benefits 9%
- 3 ☐ Don't know/Not sure → **Go to #29** 61%

27. What was the main reason that you did not complete the healthy behaviors in order to keep full benefits? (n=214)

- 1 ☐ I didn't know about them 64%
- 2 ☐ I don't need/want full benefits 11%
- 3 ☐ Other reason (write in): 25%
- _____
- _____

28. Do you plan to complete the healthy behavior requirements this year so you can have full benefits next year? (n=218)

- 1 ☐ Yes 69%
- 2 ☐ No 6%
- 3 ☐ Don't know/Not sure 25%

29. If you are not able to complete the healthy behaviors every year, would you be able to pay \$3 per month to keep your full dental benefits? (n=2703)

- 1 ☐ Definitely yes 30%
- 2 ☐ Probably yes 30%
- 3 ☐ Probably not 12%
- 4 ☐ Definitely not 10%
- 5 ☐ Don't know/Not sure 18%

30. Were you aware that you can claim a financial hardship if you are not able to pay the \$3 per month to keep your full dental benefits? (n=2699)

- 1 ☐ Yes 28%
- 2 ☐ No 72%

31. To keep full benefits, would you rather complete the healthy behaviors (i.e., dental checkup and self-assessment) or pay \$3 per month? (n=2669)

- 1 ☐ Complete the healthy behaviors 82%
- 2 ☐ Pay \$3 per month 13%
- 3 ☐ Neither; I don't need/want full benefits 5%

32. What is your overall attitude toward the healthy behavior requirements? (n=2700)

- 1 ☐ Very positive 40%
- 2 ☐ Somewhat positive 33%
- 3 ☐ Somewhat negative 5%
- 4 ☐ Very negative 3%
- 5 ☐ Don't know/Not sure 19%

Your dental plan (Delta Dental of Iowa or MCNA Dental) assists DWP members to help them find dentists and to remind them about completing the healthy behavior requirements.

33. In the last 6 months, have you received a phone call or other communication from someone at your dental plan? (n=2656)

- 1 ☐ Yes 12%
2 ☐ No → If No, go to #35 88%

34. What information did that person discuss with you? Please check all that apply. (n=311)

- 1 ☐ Reminder to return for a regular dental checkup 56%
2 ☐ Reminder to complete oral health self-assessment 44%
3 ☐ Finding a DWP dentist 16%
4 ☐ Other (write in): 11%

DENTAL WELLNESS PLAN

As of September 2018, Iowa Medicaid started limiting the amount of covered dental services to \$1000 per year. Preventive and emergency services are excluded from the \$1000 limit.

35. Were you aware that your dental coverage is limited to \$1000 per year? (n=2662)

- 1 ☐ Yes 14%
2 ☐ No 86%

36. Thinking about all of the care that you or a dentist thought you needed in the last 6 months, did the Dental Wellness Plan cover everything you needed to get done? (n=2636)

- 1 ☐ Yes → If Yes, go to #39 43%
2 ☐ No 15%
3 ☐ Don't know/Not sure 42%

37. What services did you need that were not covered? Please check all that apply. (n=320)

- 1 ☐ Tooth pulled (extraction) 26%
2 ☐ Filling(s) 34%
3 ☐ Root canal(s) 21%
4 ☐ Checkup and cleaning 30%
5 ☐ Full dentures that replace all upper and/or lower teeth 18%
6 ☐ Tooth replacements, such as bridges or partial dentures 28%
7 ☐ Crowns/Caps 31%
8 ☐ Other treatment (write in): 14%

38. Did you pay for any of the non-covered dental services yourself? (n=1241)

- 1 ☐ Yes 16%
2 ☐ No 84%

39. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, how would you rate the Dental Wellness Plan? (n=2394)

- 00 ☐ 0 Worst dental plan possible 4%
01 ☐ 1 1%
02 ☐ 2 3%
03 ☐ 3 3%
04 ☐ 4 5%
05 ☐ 5 19%
06 ☐ 6 8%
07 ☐ 7 12%
08 ☐ 8 15%
09 ☐ 9 10%
10 ☐ 10 Best dental plan possible 20%

40. Would you recommend the Dental Wellness Plan to others? (n=2523)

- 1 ☐ Definitely yes 34%
- 2 ☐ Probably yes 52%
- 3 ☐ Probably no 11%
- 4 ☐ Definitely no 3%

YOUR HEALTH

41. Would you describe yourself as someone who visits the dentist... (n=2671)

- 1 ☐ Regularly (at least once a year) 40%
- 2 ☐ Occasionally 20%
- 3 ☐ Rarely/Only when you have a problem 40%

42. In general, how would you rate the overall condition of your teeth and gums? (n=2660)

- 1 ☐ Excellent 7%
- 2 ☐ Very good 20%
- 3 ☐ Good 33%
- 4 ☐ Fair 23%
- 5 ☐ Poor 17%

43. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or braces. (n=2669)

- 1 ☐ None 49%
- 2 ☐ 1-5 30%
- 3 ☐ 6 or more but not all 14%
- 4 ☐ All 8%

44. In general would you say your overall physical health is: (n=2688)

- 1 ☐ Excellent 9%
- 2 ☐ Very good 26%
- 3 ☐ Good 41%
- 4 ☐ Fair 19%
- 5 ☐ Poor 4%

45. In general would you say your overall mental or emotional health is: (n=2687)

- 1 ☐ Excellent 16%
- 2 ☐ Very good 28%
- 3 ☐ Good 34%
- 4 ☐ Fair 17%
- 5 ☐ Poor 5%

46. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? (n=2677)

- 1 ☐ Never 29%
- 2 ☐ Sometimes 43%
- 3 ☐ Usually 14%
- 4 ☐ Always 15%

47. In the last 12 months, was there any time when you needed transportation to or from a dental visit but could not get it for any reason? (n=2678)

- 1 ☐ Yes 14%
- 2 ☐ No 86%

48. In the last 12 months, how much, if at all, have you worried about your ability to pay for the cost of transportation to or from a dental visit? (n=2671)

- 1 ☐ Not at all 66%
- 2 ☐ A little 15%
- 3 ☐ Somewhat 11%
- 4 ☐ A great deal 8%

ABOUT YOU

49. What is your age? (n=2713)

- 1 ☐ 19 to 24 13%
- 2 ☐ 25 to 34 26%
- 3 ☐ 35 to 44 19%
- 4 ☐ 45 to 54 19%
- 5 ☐ 55 to 64 23%
- 6 ☐ 65+ 0%

50. What is your gender? (n=2712)

- 1 ☐ Male 33%
- 2 ☐ Female 67%
- 3 ☐ Transgender or genderqueer 0%

51. Are you currently... (n=2693)

- 1 ☐ Married or in a marriage-like relationship 37%
- 2 ☐ Divorced 22%
- 3 ☐ Widowed 3%
- 4 ☐ Separated 5%
- 5 ☐ Never married and not in a marriage-like relationship 34%

52. What best describes your current employment status? (n=2651)

- 1 ☐ Employed full time 29%
- 2 ☐ Employed part time 23%
- 3 ☐ Out of work for less than 1 year 8%
- 4 ☐ Out of work for 1 year or more 15%
- 5 ☐ Homemaker 11%
- 6 ☐ Student 7%
- 7 ☐ Retired 7%

53. What is the highest grade or level of school that you have completed? (n=2703)

- 1 ☐ 8th grade or less 2%
- 2 ☐ Some high school, but did not graduate 10%
- 3 ☐ High school graduate or GED 39%
- 4 ☐ Some college or 2-year degree 39%

- 5 ☐ 4-year college graduate 8%
- 6 ☐ More than 4-year college degree 3%

54. What is your race or origin? Please check all that apply.

- 1 ☐ American Indian/Alaska Native
- 2 ☐ Asian
- 3 ☐ Black/African American
- 4 ☐ Hispanic/Latino
- 5 ☐ Middle Eastern/North African
- 6 ☐ Native Hawaiian or other Pacific Islander
- 7 ☐ White
- 8 ☐ Other race or origin (write in):

Comments: Is there anything else you would like to tell us about the Dental Wellness Plan?

THANK YOU!

Please fold your completed survey and return it in the enclosed postage-paid envelope or use the following address:

Public Policy Center
 814 Jefferson Building
 129 East Washington Street
 Iowa City, Iowa 52242-1121

APPENDIX C. 2018 CONSUMER SURVEY INSTRUMENT WITH RESULTS

This survey instrument is being provided in this report due to its inadvertent omission in the 2018 annual report found [here](#), and also for reference for general descriptive comparisons with 2019 results. Results are presented unweighted.



Iowa Dental Wellness Plan Survey

Improving our understanding of Iowa's public dental programs

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.

Percentages are rounded

Starting in July 2017, Iowa Medicaid made important changes to the dental insurance program for adult Medicaid members. All adult members now receive dental benefits through a program called the Dental Wellness Plan.

In this survey, we will ask about your experiences with the Dental Wellness Plan.

1. Were you aware that your insurance includes coverage for dental care? (n=1472)

- 1 ☐ Yes 84%
2 ☐ No 16%

2. Dental Wellness Plan members can choose from two Dental Carriers: Delta Dental of Iowa (DDIA) and Managed Care of North America (MCNA) Dental. Which dental carrier do you currently have? (n=3903)

- 1 ☐ Delta Dental of Iowa 45%
2 ☐ MCNA Dental 11%
3 ☐ Don't know/Not sure 44%

YOUR DENTAL CARE SINCE JULY 2017

These questions ask about your own dental needs and care. Do not include dental care you received in a hospital emergency room.

3. Since July 2017, was there any time when you or a dentist thought you needed dental care? (n=3874)

- 1 ☐ Yes 63%
2 ☐ No → If No, go to #8 37%

4. What kinds of dental care did you or a dentist think you needed? Please check all that apply. (n=2415)

- 1 ☐ Tooth pulled (extraction) 37%
2 ☐ Filling(s) 46%
3 ☐ Root canal(s) 16%
4 ☐ Checkup and cleaning 70%
5 ☐ Full dentures that replace all upper and/or lower teeth 15%
6 ☐ Tooth replacements, such as bridges or partial dentures 16%
7 ☐ Crowns/Caps 20%

⁸ ☐ Other treatment (write in): 7%

5. Since July 2017, was there any time when you needed dental care but could not get it for any reason? (n=2343)

¹ ☐ Yes 33%

² ☐ No → If No, go to #8 67%

6. What kinds of dental care did you need but could not get? Please check all that apply. (n=1383)

¹ ☐ Tooth pulled (extraction) 34%

² ☐ Filling(s) 32%

³ ☐ Root canal(s) 16%

⁴ ☐ Checkup and cleaning 42%

⁵ ☐ Full dentures that replace all upper and/or lower teeth 19%

⁶ ☐ Tooth replacements, such as bridges or partial dentures 22%

⁷ ☐ Crowns/Caps 19%

⁸ ☐ Other treatment (write in): 7%

7. Since July 2017, which of the following stopped you from getting dental care or treatment that you or a dentist thought you needed? Please check all that apply. (n=1491)

¹ ☐ Care I needed was not covered by my insurance 33%

² ☐ Trouble finding a dentist who accepts my insurance 55%

³ ☐ Trouble getting an appointment with a dentist for a reason other than not accepting my insurance 20%

⁴ ☐ Could not afford it 30%

⁵ ☐ Had to travel too far or other transportation problems 30%

⁶ ☐ Didn't know where to go at night or on the weekend for care 10%

⁷ ☐ Could not get off work 5%

⁸ ☐ Fear or anxiety 18%

⁹ ☐ Other (write in): 6%

8. Since July 2017, not counting any times you went to an emergency room, how many times have you gone to a dentist's office or clinic to get dental care for yourself? (n=3841)

⁰ ☐ None → If None, go to #23 45%

¹ ☐ 1 time 21%

² ☐ 2 or more times 34%

9. Since July 2017, how often were your dental appointments as soon as you wanted? (n=2082)

¹ ☐ Never 11%

² ☐ Sometimes 22%

³ ☐ Usually 32%

⁴ ☐ Always 35%

10. When you called a dental office to make an appointment for routine, non-emergency care, how long did you usually have to wait to be seen? (n=2036)

¹ ☐ Less than a week 24%

² ☐ 1-2 weeks 40%

³ ☐ 3-4 weeks 22%

⁴ ☐ Greater than 1 month but less than 2 months 9%

⁵ ☐ 2 months or longer 6%

For the next several questions, please think about care that you needed for a dental emergency that you received at a dental office.

11. Since July 2017, did you need to see a dentist right away because of a dental emergency? (n=2062)

- 1 ☐ Yes 22%
2 ☐ No → If No, go to #16 78%

12. When you needed to see a dentist right away because of a dental emergency, did you get to see a dentist as soon as you wanted? (n=457)

- 1 ☐ Definitely yes 42%
2 ☐ Somewhat yes 30%
3 ☐ Somewhat no 10%
4 ☐ Definitely no 19%

13. How many days did you usually have to wait for an appointment when you needed care for a dental emergency? (n=458)

- 0 ☐ Less than 1 day 23%
1 ☐ 1 day 16%
2 ☐ 2 to 3 days 24%
3 ☐ 4 to 7 days 18%
4 ☐ More than 7 days 19%

14. Since July 2017, did you need emergency dental care for yourself during evenings, weekends or holidays? (n=449)

- 1 ☐ Yes 38%
2 ☐ No → If No, go to #16 63%

15. Since July 2017, how often were you able to get the emergency dental care you needed from a dentist's office during evenings, weekends, or holidays? (n=164)

- 1 ☐ Never 63%
2 ☐ Sometimes 17%
3 ☐ Usually 11%
4 ☐ Always 9%

16. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, how would you rate the dental care you received since July 2017? (n=2065)

- 00 ☐ 0 Worst dental care possible 2%
01 ☐ 1 1%
02 ☐ 2 2%
03 ☐ 3 2%
04 ☐ 4 3%
05 ☐ 5 8%
06 ☐ 6 5%
07 ☐ 7 9%
08 ☐ 8 17%
09 ☐ 9 13%
10 ☐ 10 Best dental care possible 37%

For the next 6 questions, please think about care that you needed from a dental specialist. Do not include care needed from a general dentist.

Dental specialists are dentists who only provide a particular type of dental care (such as root canals or oral surgery).

17. Since July 2017, did you need care from a dental specialist? (n=2040)

- 1 ☐ Yes 25%
2 ☐ No → If No, go to #23 75%

18. Since July 2017, how often did you get an appointment to see a dental specialist as soon as you wanted? (n=509)

- 1 ☐ Never 26%
 2 ☐ Sometimes 25%
 3 ☐ Usually 25%
 4 ☐ Always 25%

19. What kind of care did you need from a dental specialist? Please check all that apply. (n=490)

- 1 ☐ Root canal(s) 31%
 2 ☐ Tooth pulled or other oral surgery 60%
 3 ☐ Treatment for gum disease or other periodontal care 14%
 4 ☐ Dentures or other prosthodontic care 22%
 5 ☐ Other (write in): 7%

20. Since July 2017, was there any time when you needed care from a dental specialist but could not get it for any reason? (n=497)

- 1 ☐ Yes 36%
 2 ☐ No → If No, go to #23 64%

21. What kind of care from a dental specialist did you need but could not get? Please check all that apply. (n=166)

- 1 ☐ Root canal(s) 35%
 2 ☐ Tooth pulled or other oral surgery 45%
 3 ☐ Treatment for gum disease or other periodontal care 16%
 4 ☐ Dentures or other prosthodontic care 33%
 5 ☐ Other (write in): 13%

22. Since July 2017, which of the following stopped you from getting specialty dental care or treatment that you or a dentist thought you needed? Please check all that apply. (n=165)

- 1 ☐ Care I needed was not covered by my insurance 46%
 2 ☐ Trouble finding a specialist who accepts my insurance 52%

- 3 ☐ Trouble getting an appointment with a specialist for a reason other than not accepting my insurance 26%
 4 ☐ Could not afford it 34%
 5 ☐ Had to travel too far or other transportation problems 33%
 6 ☐ Didn't know where to go at night or on the weekend for care 11%
 7 ☐ Could not get off work 2%
 8 ☐ Fear or anxiety 12%
 9 ☐ Other (write in): 1%

YOUR REGULAR DENTIST

A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain.

23. Did you have a regular dentist before July 2017? (n=3918)

- 1 ☐ Yes 59%
 2 ☐ No 41%

24. Do you currently have a regular dentist? (n=3911)

- 1 ☐ Yes 58%
 2 ☐ No; I tried but *could not* find one → Go to #30 20%
 3 ☐ No; I have *not tried* to find one → Go to #30 23%

25. Does your current regular dentist accept your Dental Wellness Plan insurance (Delta Dental of Iowa or MCNA Dental)? (n=2205)

- 1 ☐ Yes 93%
 2 ☐ No; I tried but could not find a dentist who accepts my DWP insurance 4%
 3 ☐ No; I chose to see a dentist who does not accept my DWP insurance 3%

26. Is your current regular dentist the same person who was your regular dentist before July 2017? (n=2241)

- 1 ☐ Yes → If Yes, go to #29 69%
- 2 ☐ No, I had a *different* regular dentist before July 2017 19%
- 3 ☐ I did not have a regular dentist before July 2017 → Go to #28 12%

27. Why did you stop seeing the dentist you saw before July 2017? (n=390)

- 1 ☐ My previous dentist no longer accepted my insurance 43%
- 2 ☐ I wanted to switch dentists 18%
- 3 ☐ I moved 16%
- 4 ☐ Other (write in): 23% _____

28. How easy or difficult was it for you to find a regular dentist who accepts your dental insurance? (n=676)

- 1 ☐ Very easy 31%
- 2 ☐ Somewhat easy 33%
- 3 ☐ Somewhat difficult 22%
- 4 ☐ Very difficult 14%

29. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, how would you rate your current regular dentist? (n=2236)

- 00 ☐ 0 Worst regular dentist possible 1%
- 01 ☐ 1 0.6%
- 02 ☐ 2 1%
- 03 ☐ 3 2%
- 04 ☐ 4 1%
- 05 ☐ 5 6%
- 06 ☐ 6 4%
- 07 ☐ 7 8%
- 08 ☐ 8 16%
- 09 ☐ 9 16%
- 10 ☐ 10 Best regular dentist possible 45%

EMERGENCY ROOM CARE

30. Since July 2017, have you gone to a hospital emergency room for a dental problem? (n=3913)

- 1 ☐ Yes 4%
- 2 ☐ No → If No, go to #33 96%

31. Do you think the dental care you received at the hospital emergency room could have been provided in a dental office or clinic if one were available at the time? (n=155)

- 1 ☐ Yes 77%
- 2 ☐ No → If No, go to #33 23%

32. What was the main reason you did not go to a dentist's office or clinic for this care? *Please check only one.* (n=112)

- 1 ☐ I could not find a dentist's office or clinic in my area that accepted my insurance 27%
- 2 ☐ I had to wait too long for an appointment with the dentist's office or clinic 20%
- 3 ☐ I had transportation problems getting to a dentist's office or clinic 8%
- 4 ☐ A dentist's office or clinic was not open when I needed care 43%
- 5 ☐ Some other reason (write in): 3% _____

HEALTHY BEHAVIORS

All Dental Wellness Plan members have full dental benefits during the first year of enrollment, meaning most types of needed dental care will be covered. To keep full benefits, members must complete two healthy behaviors every year:

1. Visit a dentist for a checkup or cleaning AND
2. Fill out an oral health self-assessment and send it to your dental carrier (Delta Dental of Iowa or MCNA Dental)

Members who do not complete both of these healthy behaviors will be required to pay \$3/month to keep full benefits after the first year. If it is not paid, then dental benefits will be limited to reduced services only (e.g., tooth extractions).

33. Which aspects of the Healthy Behaviors were you aware of before receiving this survey? Please check all that apply. (n=3895)

- ☐ I need to get a dental check-up every year to keep full benefits 31%
- ☐ I need to fill out an oral health self-assessment every year to keep full benefits 16%
- ☐ If I don't complete the two healthy behaviors every year, I will have to pay \$3/month to keep full benefits 12%
- ☐ If I do not pay the \$3/month, my dental benefits will be limited to reduced services only 9%
- ☐ I was not aware of any of this information → Go to #35 65%

34. How did you learn about the Healthy Behaviors? Please check all that apply. (n=1279)

- ☐ My dentist 24%
- ☐ Materials from my dental plan (Delta Dental of Iowa or MCNA Dental) 50%
- ☐ Materials from Iowa Medicaid 43%
- ☐ Some other method (write in): 3% _____

35. Since July 2017, have you seen a dentist for a checkup or cleaning? (n=3916)

- ☐ Yes → If Yes, go to #37 48%
- ☐ No 52%

36. Do you plan to see a dentist for a checkup or cleaning before July 2018? (n=1885)

- ☐ Yes 67%
- ☐ No 33%

37. Since July 2017, have you or your dentist filled out an oral health self-assessment and sent it to your dental carrier (Delta Dental or MCNA Dental)? (n=3931)

- ☐ Yes, I completed it myself 8%
- ☐ Yes, my dentist completed it for me 4%
- ☐ No 46%
- ☐ Don't know/Not sure 43%

38. How easy or difficult will it be to get a checkup or cleaning from a dentist every year in order to keep your full dental benefits? (n=3915)

- ☐ Very easy 41%
- ☐ Somewhat easy 23%
- ☐ Somewhat difficult 10%
- ☐ Very difficult 7%
- ☐ Don't know/Not sure 20%

39. If you are not able to complete the healthy behaviors every year, would you be able to pay \$3 per month to keep your full dental benefits? (n=3932)

- ☐ 1 Definitely yes 22%
- ☐ 2 Probably yes 30%
- ☐ 3 Probably not 14%
- ☐ 4 Definitely not 14%
- ☐ 5 Don't know/Not sure 20%

40. Were you aware that you can claim a financial hardship if you are not able to pay the \$3 per month to keep your full dental benefits? (n=3922)

- ☐ 1 Yes 17%
- ☐ 2 No 83%

41. What is your overall attitude toward the healthy behavior requirements? (n=3934)

- ☐ 1 Very positive 32%
- ☐ 2 Somewhat positive 32%
- ☐ 3 Somewhat negative 8%
- ☐ 4 Very negative 3%
- ☐ 5 Don't know/Not sure 24%

42. Do you believe that the healthy behavior requirements will make you more likely to see a dentist every year? (n=3928)

- ☐ 1 Definitely yes 36%
- ☐ 2 Probably yes 32%
- ☐ 3 Probably not 11%
- ☐ 4 Definitely not 4%
- ☐ 5 Don't know/Not sure 17%

Your dental plan (Delta Dental of Iowa or MCNA Dental) assists DWP members to help them find dentists and to remind them about completing the healthy behavior requirements.

43. Since July 2017, have you received a

phone call or other communication from someone at your dental plan? (n=3906)

- ☐ 1 Yes 11%
- ☐ 2 No → If No, go to #45 89%

44. What information did that person discuss with you? Please check all that apply. (n=401)

- ☐ 1 Reminder to return for a regular dental checkup 68%
- ☐ 2 Reminder to complete oral health self-assessment 32%
- ☐ 3 Finding a DWP dentist 17%
- ☐ 4 Other (write in): 8% _____

DENTAL WELLNESS PLAN

45. Thinking about all of the care that you or a dentist thought you needed since July 2017, did the Dental Wellness Plan cover what you needed to get done? (n=3957)

- ☐ 1 Yes → If Yes, go to #49 50%
- ☐ 2 No 15%
- ☐ 3 Don't know/Not sure 35%

46. What services did you need that were not covered? Please check all that apply. (n=861)

- ☐ 1 Tooth pulled (extraction) 22%
- ☐ 2 Filling(s) 19%
- ☐ 3 Root canal(s) 12%
- ☐ 4 Checkup and cleaning 30%
- ☐ 5 Full dentures that replace all upper and/or lower teeth 27%
- ☐ 6 Tooth replacements, such as bridges or partial dentures 24%
- ☐ 7 Crowns/Caps 18%
- ☐ 8 Other treatment (write in): 12% _____

47. Did you pay for any of the non-covered dental services yourself? (n=1714)

- ☐ Yes 12%
☐ No → If No, go to #49 88%

48. What types of dental services did you pay for yourself? Please check all that apply. (n=168)

- ☐ Tooth pulled (extraction) 30%
☐ Filling(s) 24%
☐ Root canal(s) 11%
☐ Checkup and cleaning 42%
☐ Full dentures that replace all upper and/or lower teeth 13%
☐ Tooth replacements, such as bridges or partial dentures 11%
☐ Crowns/Caps 9%
☐ Other treatment (write in): 13% _____

4. —

49. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, how would you rate the Dental Wellness Plan? (n=3564)

- ☐ 0 Worst dental plan possible 4%
☐ 1 1%
☐ 2 3%
☐ 3 3%
☐ 4 3%
☐ 5 17%
☐ 6 7%
☐ 7 10%
☐ 8 14%
☐ 9 12%
☐ 10 Best dental plan possible 26%

50. Would you recommend the Dental Wellness Plan to others? (n=3670)

- ☐ Definitely yes 35%
☐ Probably yes 51%

- ☐ Probably no 11%
☐ Definitely no 4%

YOUR HEALTH

51. Would you describe yourself as someone who visits the dentist... (n=3905)

- ☐ Regularly (at least once a year) 44%
☐ Occasionally 19%
☐ Rarely/Only when you have a problem 37%

52. In general, how would you rate the overall condition of your teeth and gums? (n=3885)

- ☐ Excellent 7%
☐ Very good 18%
☐ Good 32%
☐ Fair 25%
☐ Poor 19%

53. How often during the last 6 months have you had painful aching anywhere in your mouth? (n=3932)

- ☐ Never 44%
☐ Sometimes 42%
☐ Usually 8%
☐ Always 6%

54. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or braces. (n=3919)

- ☐ None 43%
☐ 1-5 30%
☐ 6 or more but not all 16%
☐ All 11%

55. In general would you say your overall physical health is: (n=3938)

- 1 ☐ Excellent 7%
- 2 ☐ Very good 22%
- 3 ☐ Good 40%
- 4 ☐ Fair 24%
- 5 ☐ Poor 7%

56. Do you now have any physical health conditions that have lasted or are expected to last for at least 3 months? (n=3878)

- 1 ☐ Yes 50%
- 2 ☐ No 50%

57. In general would you say your overall mental or emotional health is: (n=3932)

- 1 ☐ Excellent 15%
- 2 ☐ Very good 24%
- 3 ☐ Good 32%
- 4 ☐ Fair 22%
- 5 ☐ Poor 7%

58. Have you smoked at least 100 cigarettes in your entire life? (n=3924)

- 1 ☐ Yes 59%
- 2 ☐ No 41%

59. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? (n=3926)

- 1 ☐ Every day 32%
- 2 ☐ Some days 12%
- 3 ☐ Not at all 56%

60. On an average day, how many cans of regular (non-diet) soda or pop do you drink? If you don't drink it in cans, write the amount it would be when compared to a can, 1 can = 12 oz. (n=3764) mean: 1.6, sd: 3.4, range: 0-111

_____ cans

61. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? (n=3922)

- 1 ☐ Never 29%
- 2 ☐ Sometimes 40%
- 3 ☐ Usually 14%
- 4 ☐ Always 16%

62. In the last 12 months, was there any time when you needed transportation to or from a dental visit but could not get it for any reason? (n=3897)

- 1 ☐ Yes 19%
- 2 ☐ No 81%

63. In the last 12 months, how much, if at all, have you worried about your ability to pay for the cost of transportation to or from a dental visit? (n=3903)

- 1 ☐ Not at all 62%
- 2 ☐ A little 16%
- 3 ☐ Somewhat 13%
- 4 ☐ A great deal 10%

64. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor? (n=3917)

- 1 ☐ Never 70%
- 2 ☐ Sometimes 19%
- 3 ☐ Usually 5%
- 4 ☐ Always 7%

65. Please think of how you see yourself compared to other people in society. On a scale of 1 to 10, where 1 are people who are the worst off and 10 are people who are the best off, where would you place yourself? (n=3892)

- 10 ☐ 10 2% **Best off:** most education, most money, best jobs
- 09 ☐ 9 2%
- 08 ☐ 8 7%
- 07 ☐ 7 13%
- 06 ☐ 6 15%
- 05 ☐ 5 24%
- 04 ☐ 4 13%
- 03 ☐ 3 11%
- 02 ☐ 2 5%
- 01 ☐ 1 9% **Worst off:** least education, least money, worst jobs or no jobs

ABOUT YOU

66. What is your age? (n=3944)

- 1 ☐ 19 to 24 9%
- 2 ☐ 25 to 34 23%
- 3 ☐ 35 to 44 21%
- 4 ☐ 45 to 54 20%
- 5 ☐ 55 to 64 27%
- 6 ☐ 65+ 0.3%

67. What is your gender? (n=3943)

- 1 ☐ Male 34%
- 2 ☐ Female 66%
- 3 ☐ Other (write in): 0.2% _____

68. Are you currently... (n=3914)

- 1 ☐ Married or in a marriage-like relationship 31%
- 2 ☐ Divorced 25%
- 3 ☐ Widowed 3%
- 4 ☐ Separated 5%
- 5 ☐ Never married and not in a marriage-like relationship 36%

69. What best describes your current employment status? (n=3707)

- 1 ☐ Employed full time 16%
- 2 ☐ Employed part time 19%
- 3 ☐ Out of work for less than 1 year 6%
- 4 ☐ Out of work for 1 year or more 26%
- 5 ☐ Homemaker 17%
- 6 ☐ Student 5%
- 7 ☐ Retired 11%

(n=3900)

- 1 ☐ American Indian/Alaska Native 4%
- 2 ☐ Asian 2%
- 3 ☐ Black/African American 9%
- 4 ☐ Hispanic/Latino 5%
- 5 ☐ Middle Eastern/North African 0.2%
- 6 ☐ Native Hawaiian or other Pacific Islander 0.3%
- 7 ☐ White 86%
- 8 ☐ Other race or origin (write in): 0.5%

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines. A large, light-grey watermark with the word "Handwriting" is oriented diagonally from the top-left towards the bottom-right, spanning most of the width of the page. The lines are evenly spaced and extend across the entire width of the document.

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