



Background

Iowa’s Medicaid dental program for children transitioned from state fee-for-service to privatized managed care in July 2021. The new program under managed care was called Dental Wellness Plan (DWP) Kids. Children were assigned to one of two private dental carriers – Delta Dental of Iowa or Managed Care of North American (MCNA) Dental. This transition included Medicaid enrolled children from age 0 to 19. The dental benefits for children remained the same and the fee schedule remained at approximately the same reimbursement rates as pre-transition. **The objective of this study was to assess common themes among dentist survey comments related to the transition to DWP Kids.**

Methods

The data source for this study was a survey sent to all private practice dentists in Iowa in August 2021 to assess dentist experiences and attitudes regarding Iowa’s Medicaid dental program, called the Dental Wellness Plan. The survey included two open-ended items related to the transition to DWP Kids:

- Do you have any comments about the transition to DWP Kids?
- If your acceptance of new child patients changed as a result of the transition to DWP Kids, what are the main reasons why it changed?

Responses to these two questions were qualitatively analyzed and coded in Excel to determine common themes.

Results

46% (n=564) of dentists participated in the survey. Of those, 31.7% (n=179) provided open-ended comments, with 25% responding to the first question and 14% responding to the second. Table 1 summarizes the characteristics of all the survey respondents compared to respondents who provided open-ended comments. It was noted that dentists who provided comments had a fairly similar distribution in terms of age, sex, and practice characteristics with the exception of pediatric dentists providing more comments relative to other specialties.

For the first question, the most common themes were reimbursement, administrative burden, carrier issues, and the inability to restrict Medicaid participation to children only. Example quotations are presented in Table 2. Many dentists stated that the reimbursement rates for procedures were too low, coupled with rising overhead and new COVID related expenditures. They also commonly noted frustrations related to the amount of paperwork the program required. Concerns were also raised that many patients and families had little awareness about the program’s transition, which caused extra work for office staff to help explain the change

For the second question, the most common themes that arose were reimbursement/cost and contract language, including general concerns about the contract or concerns related to child acceptance being tied to adult acceptance. Example quotations are presented in Table 3. Regarding contract issues, many dentists commented that there was uncertainty in the contract regarding whether they could enroll as a DWP provider and only accept children and not adults. Some dentists found it difficult to contact the dental carriers with questions or had trouble obtaining approval for procedures especially when sedation was required.

Conclusions

Through a qualitative analysis of comments from a survey sent to private practice dentists, it was discovered that the most common themes related to the transition to Medicaid managed care for kids were reimbursement, administrative burden, carrier issues, and contract issues.

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Table 1. Demographic and Practice Characteristics of Participating Dentists.

Characteristics	All Survey Respondents (N=564)	Respondents providing Open Ended Comments about DWP Kids (N=179)
Age		
<35	12.5%	14.5%
35-44	28.7%	26.3%
45-54	21.4%	21.2%
55-64	20.0%	20.1%
65+	17.5%	17.9%
Sex		
Male	65.6%	62.0%
Female	34.4%	38.0%
Specialty		
General	88.1%	91.1%
Oral Surgery	2.7%	1.1%
Pediatric	4.1%	7.3%
Endodontics	2.3%	0.0%
Periodontics	1.2%	0.6%
Prosthodontics	1.1%	0.0%
Solo or group practice		
Solo practice	40.6%	42.5%
Group practice	59.4%	57.5%
Role in Practice		
Solo practice owner	52.0%	54.2%
Partner	27.8%	29.6%
Associate	13.1%	10.6%
Employee in a corporate owned practice	4.1%	1.1%
Other	3.0%	2.5%
Current Status of Dental Practice		
Open and business as usual	79.0%	78.1%
Open but lower patient volume than usual	20.8%	21.3%
Closed but seeing emergency patients only	0.0%	0.6%
Closed and not seeing any patients	0.2%	0.0%
Busyness		
Too busy to treat all requesting appointments	15.3%	18.5%
Provided care to all requesting it, but felt overworked	38.1%	44.9%
Provided care to all requesting it, but did not feel overworked	41.2%	33.7%
Not busy enough, would have liked more patients	5.3%	2.8%

Table 2. Qualitative Themes and Example Quotations for Survey Item: “Do you have any comments about the transition to DWP Kids?”

Themes/Sub-Themes	Selected Quotes
Reimbursement	
Too Low	“Reimbursement too low - doesn’t cover overhead.”
Fee Schedule Issues	“[carrier] reassured there would not be any changes. We have had an increase in non-reimbursements for codes/ procedures previously accepted by Medicaid.”
Administrative Burden	
Claim Submission/ Approval/Payment	“The hoops we have to go through to get a child approved for going to the operating room are ridiculous. My front office people have spent HOURS on the phone being transferred and getting nowhere with Ameri Group DWP ([carrier] is better at OR approvals). [carrier] right now HAS NOT paid for exams since July 1, 2021 for us due to a computer “Glitch”. They now are rejecting our claims and say we need to reprocess those claims for July and August. VERY time consuming for my office manager. NOT worth the little we got paid.”
Red Tape/Paperwork	“Concern about administrative burden, and burden of communicating and transitioning patient population, training staff on new policies and practices”
Carrier Issues	
Families Under Different Carriers	“It’s been a large challenge with kids within the same family being on [carrier] and [carrier]. Tying up a lot of staff hours. Recipients’ parents as a whole do not understand the changes (85-90%).”
Poor Communication/ Customer Service	“It was hard to decide not to provide care to DWP kids. When I called about participating for children only, the reply was vague as to whether we could do that. Also, our existing patients didn’t seem to know whether they had [carrier] or [carrier]. This is a problem that has lead to confusion for our patients.”
Issues with Having Multiple Carriers/ Preferences	“This seems to make it more difficult for patients and offices to see children in the program as not all offices participate in both the [carrier] and [carrier] portions. Meaning parents must change providers or switch dental coverage to maintain patient status in the office.”
Patient/Family Knowledge/ Awareness of Transition	“Patients are having a hard time understanding that their benefits/children’s benefits have changed to DWP or [carrier]. Most are very confused by this when they enter our office.”
Cannot Restrict Acceptance to Only Kids	“I would be fine treating children, but the contract says I have to accept adults. If this was changed, I would consider accepting DWP kids.”
Coverage	“I would like to see coverage for SDF full month every 6 months, sealants for premolars and primary molars up to age 18. Increase the motivation (\$) for dentists to encourage preventive care.”

Table 3. Qualitative Themes and Example Quotations for Survey Item: “If your acceptance of new child patients changed as a result of the transition to DWP Kids, what are the main reason(s) why it changed?”

Themes/Sub-Themes	Selected Quotes
Reimbursement	
	“We are currently not accepting any form of Medicaid as the reimbursement rates are much too low. We did have a set number we would see but will no longer be accepting any form of Medicaid.”
Administrative Burden	
	“At the time of transition, we accepted the same amount (we were already seeing a lot of T XIX kiddos), but now with all the hassles, we are rethinking whether it is worth all the time and effort. My front office manager has spent literally HOURS on the phone dealing with rejections for children going to the operating room.”
Carrier Issues	
	“Because there are 2 companies processing claims. We will not be contracting with [carrier] and our patients don’t know what they were assigned...”
Contract Issues	
Contract Language	“...Contract was overly protective and directly contradicted the verbal assurances we were given.”
Child Acceptance tied with Adult Acceptance	“We quit taking them because we are not going to take the adult program. We dropped that a few years ago. We would have kept the kids had the program not changed. We understand the program says we don’t have to take the adults, but that is not true. If adult has primary [carrier] and secondary DWP, it will automatically process - therefore we were forced to quit taking the kids as well...”
Patient/Family Awareness	
	“Increased variability in filing for benefits. Changes in coverages, a population who has very limited to no understanding of benefit levels requires the office staff to do all the work. Very time consuming.”
Busy/Staff Shortage	
	“Time, too many kids enrolled and lack of other providers.”