DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850

Children and Adults Health Programs Group

SEP 29 2014

Julie Lovelady
Interim State Medicaid Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315

Dear Ms. Lovelady:

The Centers for Medicare & Medicaid Services (CMS) is approving Iowa's proposed Dental Wellness Plan evaluation design for the Section 1115 Demonstrations titled Iowa Wellness Plan (Project Number 11-W-00289/5) and Iowa Marketplace Choice Plan (Project Number 11-W-00288/5) received on July1, 2014. Per our agreement to provide flexibility for the state to submit an evaluation design on Healthy Behaviors pending completion of the RFP process, the state will provide the following evaluation design components as provided for following the schedule below:

- First draft of the healthy behaviors evaluation design addendum including enrollee incentives by January 31, 2015; and
- Final evaluation design by March 31, 2015

You may now post the approved evaluation design on the state Medicaid website pursuant to Special Terms and Conditions (STCs).

Your project officer for this demonstration is Ms. Leila Ashkeboussi. She is available to answer any questions concerning your section 1115 demonstration. Ms. Ashkeboussi's contact information is:

Centers for Medicare & Medicaid Services
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Official communications regarding program matters should be sent simultaneously to Mr. James Scott, Associate Regional Administrator for the Division of Medicaid and Children's Health in the Kansas City Regional Office. Mr. Scott's contact information is as follows:

Centers for Medicare & Medicaid Services
Richard Bolling Federal Building
601 East 12th Street
Room 355
Kansas City, MO 64106-2808
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We look forward to continuing to partner with you and your staff on the Iowa Wellness and Marketplace Choice Plan demonstrations.

Sincerely,

Manning Pellanda
Director
Division of State Demonstrations and Waivers

cc:
Cindy Mann, CMCS
Eliot Fishman, CMCS
James Scott, ARA, Region VII
Andrea Casart, CMCS

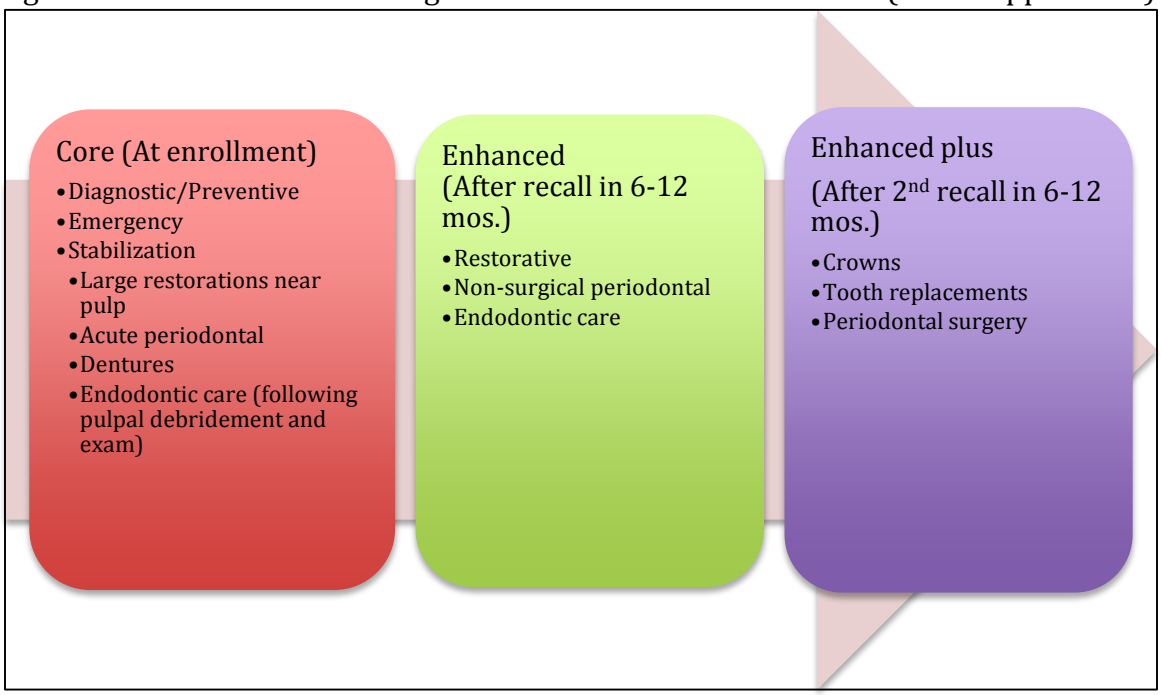
Iowa Dental Wellness Plan Evaluation

Background

On May 1, 2014 the Iowa Medicaid Enterprise (IME) implemented the Iowa Dental Wellness Plan (DWP). DWP provides dental coverage for all low income adults in Iowa's Medicaid expansion program-the Iowa Health and Wellness Plan (IHAWP). This population includes adults age 19-64 with income between 0-133% federal poverty level (FPL) that are not otherwise eligible for Medicaid or Medicare. The DWP covers adults in both components of the IHAWP-the Iowa Wellness Plan (adults with income between 0 and 100% FPL) and the Iowa Marketplace Choice Plan (adults with income between 101 and 133% FPL). This plan is operated by Delta Dental of Iowa and includes an earned benefits model to encourage healthy preventive care-seeking behaviors.

The DWP offers an earned benefit structure in which enrollees are rewarded with additional covered services when they demonstrate preventive care-seeking behaviors by returning for regular periodic recall exams. All enrollees are eligible for a "**Core**" set of benefits upon enrollment including emergency and stabilization services. If they return for a periodic recall exam within 6-12 months of the initial exam, members earn the ability to receive "**Enhanced**" services. After receiving a 2nd recall exam within 6-12 months of the 1st recall, members earn the ability to receive "**Enhanced Plus**" services.

Figure 1: Earned benefits through the Iowa Dental Wellness Plan (Detail Appendix A)



Core benefits, or tier 1 services, include diagnostic and preventive services, emergency services, and stabilization services. Stabilization services are those that "prevent a condition from deteriorating in an imminent timeframe to a more serious situation".[1]

Enhanced benefits, tier 2, include routine restorative services, root canals, non-emergent tooth extractions, and basic periodontal services.

Enhanced plus benefits, tier 3, include crowns, bridges, and periodontal surgery. See Appendix A for a detailed list of covered services within each of these three tiers.

The DWP expects to establish a larger provider network than for adults with regular Medicaid dental coverage by offering higher reimbursement (approximately 50% higher) and reduced administrative burdens as compared with the traditional Medicaid program. Providers will also be asked to conduct clinical risk assessments of their DWP patients.

The IHAWP replaces the IowaCare program, which provided limited health coverage to low income adults who did not qualify for Medicaid prior to implementation of the ACA. IowaCare did not cover dental services except for emergency extractions at two locations in the state. A 2013 study of IowaCare members by the UI Public Policy Center (PPC) found that dental problems were the most commonly reported of all chronic health conditions lasting at least three months and the oral health status of enrollees was rated significantly lower than for Medicaid enrolled adults.[2] Thus, pent-up demand for dental care is anticipated to be an important issue for new DWP members.

Member incentives ("Earned Benefits")

Positive incentive-Members who return for a recall exam (regular dental check-up) every 6-12 months will earn access to additional services at no out-of-pocket cost to the enrollee.

Negative incentive-Members who do not return for a recall exam every 6-12 months do not have access to the Enhanced or Enhanced Plus services.

Provider incentives

The State has developed a Provider Incentive Plan ("Bonus Pool") for dental providers. The Incentive Plan will reward general dentists based on the number of comprehensive and periodic exams performed for DWP members (Appendix B).

Additional incentives to participate include generally higher reimbursement for fee-for-

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[1] Delta Dental. Dental Wellness Plan: Frequently Asked Questions & Answers. Available at: https://www.deltadentalia.com/assets/docs/dwp/dentist_faq_dwp.pdf. Last accessed August 25, 2014.
[2] Damiano PC, Bentler SE, Momany ET, Park KH, Robinson E. Evaluation of the IowaCare Program: Information about the Medical Home Expansion. University of Iowa Public Policy Center. Available at: http://ppc.uiowa.edu/publications/evaluation-iowacare-program-information-about-medical-home-expansion. Last accessed June 10, 2014.

service care than they would normally receive for adult Iowa Medicaid members (about 50% higher), and reimbursement for conducting a clinical risk assessment (CRA) and for providing oral hygiene instruction. Both services that are not routinely covered by Medicaid of traditional dental insurance plans.

Independent Entity

The State will work within policies and procedures established under the Iowa Code to contract with an independent entity to complete the evaluation activities. In the past, The University of Iowa Public Policy Center (UI PPC) has conducted many independent evaluations of Medicaid changes (please see: http://ppc.uiowa.edu/health). We fully anticipate that the PPC will meet the requirements of an independent entity under these policies and procedures. In addition, the University of Iowa brings the ability to meet the prevailing standards of scientific and academic rigor as appropriate and feasible for each aspect of the evaluation, including standards for the evaluation design, conduct, and interpretation and the reporting of findings. The PPC uses the best available data; uses controls and adjustments for and reporting of limitations of data and their effects on results; and discuss the generalizability of results.

Research Design

This evaluation will employ multiple levels of analyses, using quantitative and qualitative primary and secondary data. First, univariate and bivariate analyses will be used to compare demographic characteristics and dental utilization patterns of DWP members to Medicaid State Plan and Iowa Delta Dental (private dental insurance) members. Second, simple rate comparisons will be computed for a set of population-based outcomes. Finally, for hypotheses related to utilization and cost, we will utilize more sophisticated analytic approaches including a difference-in-differences estimation (DID), regression discontinuity design (RDD), survival analyses, and incremental cost effectiveness ratios (ICER). RDD will be coupled with difference-in-differences as a robust method for establishing differences in selected cost and outcome measures attributable to the DWP.

The use of the measures, both survey and claims based, will vary over time based on the implementation of the plan components and the lagged effects that the earned benefits model will have on the ability to receive certain types of services (i.e., there will be a differential impact in year one from subsequent years as a result of the implementation of these policies over time). In-depth interviews with members will supplement the survey and claims data.

Research questions and hypotheses

Below are the research questions and associated hypotheses for the evaluation of the Dental Wellness Plan.

Question 1 What are the effects of DWP on member access to care?

Hypothesis 1.1
DWP members will have equal or greater access to dental care.

Hypothesis 1.2
DWP members will be more likely to receive preventive dental care.

Hypothesis 1.3
DWP members will have equal or greater access to care, resulting in equal or lower use of emergency department services for non-traumatic dental care.

Hypothesis 1.4
DWP members will have equal or greater access to dental EPSDT services.

Hypothesis 1.5
High risk populations in the Dental Wellness Plan will be more likely to receive preventive dental care.

Question 2 What are the effects of the DWP on member quality of care?

Hypothesis 2.1
DWP members will have equal or better quality of care.

Hypothesis 2.2
DWP members will report equal or greater satisfaction with the care provided.

Hypothesis 2.3
DWP members will be equally or more likely to return for a second recall exam within 6-12 months.

Question 3 What are the effects of the DWP on costs of dental care as compared to traditional Medicaid adult dental coverage?

Hypothesis 3.1
The cost for providing dental care to DWP members will be comparable to the predicted costs for providing dental care to DWP members had they been enrolled in Medicaid State Plan.

Question 4 What are the effects of the earned benefit structure on DWP members?

Hypothesis 4.1
The earned benefit structure for DWP members will increase regular use of recall dental exams.

Hypothesis 4.2
Over 50% of DWP members will earn access to Enhanced Benefits.

Hypothesis 4.3
Over 50% of DWP members will earn access to Enhanced Plus Benefits.

Hypothesis 4.4
In year two and beyond, the regular use of dental recall exams will be higher than in

the first year of the program.

Hypothesis 4.5
The earned benefit structure will not be seen as a barrier to care perceived as needed by DWP members.

Question 5 What is the adequacy of the provider network for DWP members?

Hypothesis 5.1
DWP members will have better access to an adequate provider network than those in the Medicaid State Plan as reflected by travel distance and time, access to safety net providers, and provider acceptance of new patients.

Question 6 What are provider attitudes towards the DWP?

Hypothesis 6.1
The earned benefit structure will not be perceived by DWP providers as a barrier to providing care.

Hypothesis 6.2
Over 50% of DWP providers will remain in the plan for at least 3 years.

Question 7 What are the effects of DWP member outreach and referral services?

Hypothesis 7.1
DWP member outreach services will address dentists' concerns about missed appointments.

Hypothesis 7.2
DWP member referral services will improve access to specialty care compared to members in the State Medicaid Plan.

Hypothesis 7.3
DWP member outreach will improve members' compliance with follow-up visits, including recall exams.

Study population and comparison groups

While Iowa is very fortunate to have more comparable data and comparison populations over time than many other states (e.g., IowaCare), there are still limitations to the comparability across populations due to differences in income, categorical eligibility, and health status. We include all the comparison groups to take advantage of the full range of values for as many variables as possible, resulting in the most robust evaluation. At least some, if not all, pre and post demonstration data are available for each of following groups. The data from these groups will be utilized throughout the evaluation as comparison groups where appropriate. Dental benefits available to each comparison group are provided in Appendix C.

Study Population: Dental Wellness Plan

Dental Wellness Plan (DWP) members are the population of interest for this evaluation.

The DWP provides dental coverage to all members enrolled in the IHAWP-these are primarily single adults from age 19-64. Enrollees can be eligible for the IHAWP via one of the following three methods: 1) people who were previously enrolled in IowaCare with incomes from 0 to 133% FPL (about 52,000 people), 2) people who had been enrolled in the Medicaid State Plan but, due to increased income, were now eligible for IHAWP, and 3) those who were uninsured but met the income eligibility for IHAWP (0-133%FPL).

Dental benefits will be provided through a network of Delta Dental dentists who are recruited specifically for this program. Though the DWP dental benefit structures are the same for all IHAWP members, members may be in different health plans for the provision of their medical care. IHAWP members with incomes up to 100% FPL are in the Iowa Wellness Plan (a more traditional Medicaid model plan) while those with incomes from 101-133% FPL are in private health plans as part of the Marketplace Choice program. The two programs and their payment structures are described below.

Wellness Plan options

In 29 of Iowa's 99 counties, Wellness Plan members are able to choose from two managed care options: an HMO or a primary care provider program (PCP). Fifty-nine counties provide only a PCP option, while the remaining 11 counties will remain a fee-for-service model with no managed care option.

HMO: Meridian Health Plan is the only Medicaid HMO option in the state, operating in 29 counties in Iowa. It is available to Wellness Plan members in these 29 counties, where approximately half of the members will be initially assigned to the HMO (e.g., the PCP option mentioned below). Members have the option to change from the HMO to other options available in their county. Meridian began operating in Iowa in March 2012 and now has approximately 41,000 members.

Wellness Plan PCP: Operated through the Iowa Medicaid Enterprise, the PCP option will be available in 88 counties statewide. Members are assigned a primary care provider (PCP) who is reimbursed $8 per member per month to manage specialty and emergency care for these patients. PCP assignment within the HMO or PCP is based on history of enrollment with a provider, provider closest to home, and appropriate provider specialty. Members have the option to change the assigned provider.

Fee-for service: Members in the 11 counties with no managed care option (HMO or PCP) will be part of a fee-for-service program, not actively managed by the state or another entity.

Marketplace Choice Plan options

The following health plans are available for **Marketplace Choice Plan** enrollees statewide.

CoOportunity Health is a non-profit co-operative health plan offered on the Health Insurance Marketplace through the federal government portal. It was established with start-up funds provided through the ACA, and operates statewide in Iowa and Nebraska, in alliance with HealthPartners of Minnesota and Midlands Choice provider network.

Coventry Health Care is a "diversified national managed care company based in Bethesda, MD". They are also operating statewide and available on the Health Insurance Marketplace through the federal portal.

Comparison Group 1: Medicaid State Plan

Comparison Group 1 is composed of Medicaid State Plan members enrolled a parents of children in low income households. These parents have incomes ranging from 0-79% FPL. Though the benefits and payments structures for the provision of dental care are the same for all Medicaid State Plan members, the payment structures for medical care varying as shown below. The dental plan for MSP members is a fee-for-service state run program. Other adults eligible through disability determinations or as a pregnant mother will not be included in this comparison group.

As with adults in the IHAWP, medical care for these adults can be provided through several plan options:

Medicaid State Plan options

HMO: As mentioned for Wellness Plan enrollees, Meridian Health Plan is an HMO option for State Plan enrollees eligible because of low income in 29 counties. Members have the option to change their assigned provider.

MediPASS PCCM: Iowa Medicaid State Plan has had a Primary Care Case Management (PCCM) program called MediPASS-(Medicaid Patient Access to Services System) since 1990. This program is available in 93 counties and has approximately 200,000 members. In counties where managed care is available, new enrollees are randomly assigned to a primary care provider (PCP) within either the PCCM (or the HMO if available in the county). PCP assignment within the PCCM is based on history of enrollment with a provider, provider closest to home, and appropriate provider specialty. Members have the option to change their assigned provider. Only members enrolled in Medicaid due to low income are able to enroll in MediPASS.

Fee-for service: Members in the 15 counties with no managed care option are part of a traditional fee-for-service payment structure.

Comparison Group 2: Delta Dental of Iowa

Delta Dental of Iowa is a not-for-profit organization that offers individual or employer-based dental insurance. More than 30% of Iowa dentists participate in the Delta Dental PPO network and 90% participate in the Premier network. Services received within the

PPO network are significantly discounted; PPO dentists accept Delta Dental's payment as payment in full. The Premier network is the largest oral health insurance network in Iowa and also offers negotiated discounts to Delta members; however, out-of-pocket expenses and deductibles are higher if services are performed by a Premier dentist instead of a PPO dentist. Premier dentists accept Delta Dental's payment as payment in full. When members receive services from a non-participating dentist, rates are reimbursed at the Premier payment level and members may be billed for the remaining balance of billed charges.

Individuals may purchase benefits through the Preferred Choice or the Preventive Plan. Preferred Choice offers more comprehensive coverage and waives deductibles for preventive care; it provides coverage for major dental services such as root canals, crowns, and dentures. The Preventive Plan focuses on preventive services, with savings on basic services such as fillings.

Delta Dental coverage can be purchased through Iowa's Health Insurance marketplace, where financial assistance through the government's Advanced Premium Tax Credits is available for eligible individuals. Delta Dental has approximately 835,000 subscriber members.

Comparison Group 3: IowaCare

IowaCare was a limited provider/limited benefit program that operated from 2005-2013. The dental benefits under IowaCare were limited to only necessary extractions. The provider network included one public hospital in Des Moines, the largest teaching hospital in the state and 6 federally qualified health centers. IowaCare was only for adults not otherwise eligible for Medicaid, with incomes up to 200% FPL. The Iowa Health and Wellness Plan replaced the IowaCare program, providing the opportunity to utilize previously collected and assimilated administrative and survey data (pre-implementation data) for enrollees from this program. IowaCare enrollees were distributed in three places following the elimination of this program: 1) those with incomes 101-133% FPL were enrolled into Marketplace Choice, 2) those with incomes 0-100% FPL were enrolled in Wellness Plan, and 3) those whose income could not be verified or had incomes from 134-200% FPL were not automatically enrolled in any program but might be eligible for purchasing subsidized insurance through the online Health Insurance Marketplace.

Limitations to the study populations

The IowaCare program provided only limited dental benefits (primarily extractions) at 2 sites in the state (Broadlawns and the University of Iowa). IowaCare enrollees may have also obtained dental care from other providers, paying for this care on their own. This limits our ability to use the IowaCare data in measures that require data on dental utilization. In addition, it may be difficult to account for the wide variety of coverage options within Delta Dental of Iowa plans.

Data availability by group

Dental Wellness Plan members

1. DWP members who shifted from IowaCare contribute pre and post implementation data.
2. DWP members who shifted from another Medicaid program due to increased income contribute pre and post implementation data (these members would be ineligible for a Medicaid program in the absence of the IHAWP).
3. DWP members who were uninsured and not previously enrolled in a Medicaid program contribute post implementation data only.

Comparison Groups 1 and 2 (Medicaid State Plan and Delta Dental)

1. Members who had been enrolled in the Medicaid State Plan (MSP) or a Delta Dental Plan before the implementation of the DWP may contribute pre and post implementation data.
2. Members who were not enrolled in the MSP or a Delta Dental Plan before the DWP was started, contribute post implementation data only.

Comparison Group 3 (IowaCare)

1. Members who had been enrolled in IowaCare before the implementation of the DWP may contribute pre and post implementation data.

The IowaCare program ended December 31, 2013. The vast majority of these enrollees were auto-enrolled into either the Marketplace Choice or the Wellness Plan as shown in Table 1.

Table 1. Distribution of IowaCare members auto-enrolled in the IHAWP's Wellness Plan and Marketplace Choice

	Wellness Plan	Marketplace Choice	
		CoOportunity Health	Coventry
IowaCare	45,000	3,350	3,350

About 11,000 former IowaCare enrollees were not able to be auto-enrolled into a new plan due to insufficient income information. Table 2 provides the estimated enrollment numbers of each of these groups by payment structure.

Table 2. Study groups and estimated enrollment by payment structure as of February 11, 2014

	Pre and post data	Pre data only	Post data only
Study Population: Dental Wellness Plan Members			
Marketplace Choice Members			
CoOportunity	3,350†	0	2,000
Coventry	3,350†	0	2,000
Total	6,700	0	4,000
Wellness Plan Members			
HMO	21,000†	3,000	2,500
PCCM	21,000†	3,000	2,500
FFS	3,000†	1,000	1,000
Total	45,000	7,000	6,000
Comparison Group 1: Medicaid State Plan members enrolled due to income			
HMO	40,000	10,000	10,000
PCCM	248,000	6,000	6,000
FFS	12,000	4,000	4,000
Total	300,000	20,000	20,000
Comparison Group 2: Delta Dental of Iowa			
Total			
Comparison Group 3: Former IowaCare enrollees			
IowaCare	0	70,000	0
Total	0	70,000	0

† Pre-implementation data from IowaCare

Providers

Providers willing to participate in the Dental Wellness Plan must contract with Delta Dental of Iowa. Providers may also separately enroll to provide care to those in the Medicaid State Plan.

Data Availability and Primary Collection

Data Access

The PPC has worked hand in hand with the State of Iowa to ensure that the assurances needed to obtain Medicaid administrative data are firmly in place. The PPC has a data sharing Memorandum of Understanding (MOU) with the State of Iowa to utilize Medicaid claims, enrollment, encounter and provider data and a data sharing MOU with Delta Dental of Iowa for claims and enrollment data for approved research activities. All research activities must be approved by the University of Iowa Institutional Review Board and the Iowa Department of Human Services or Delta Dental of Iowa, as applicable. Additional data agreements will be initiated as needed, though at present none are anticipated.

Administrative data

The Iowa evaluation provides a unique opportunity to optimize several sources of data to assess the effects of innovative coverage options. The PPC is home to a Medicaid Data Repository encompassing over 100 million claims, encounter and eligibility records for all Iowa Medicaid enrollees for the period January 2000 through the present. Data are assimilated into the repository on a monthly basis. 95% of medical and pharmaceutical claims are completely adjudicated within 3 months of the first date of service, while the 'run out' for institutional claims is 6 months. PPC staff has extensive experience with these files as well as with CMS adult core measures and HEDIS measures. In addition, the database allows members to be followed for long periods of time over both consecutive enrollment months and periods before and after gaps in coverage. When the enrollment database was started in 1965, Iowa made a commitment to retain a member number for at least 3 years and to never reuse the same Medicaid ID number. This allows long term linkage of member information including enrollment, cost and utilization.

The PPC is also home to a Delta Dental of Iowa Data Repository encompassing data from 2005 through 2012, updated annually. *Note: PPC is in negotiations with Delta to receive monthly updates.* PPC staff has several years of experience managing and assimilating this data for research purposes, including preparing this data for comparisons with Medicaid data.

The evaluation strategy outlined here is designed to maximize the use of outcome measures derived through administrative data manipulation using proposed adult measures from the Dental Quality Alliance.

Consumer surveys

The PPC has worked with the developers of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey and utilized CAHPS survey measures for over 15 years to conduct enrollee surveys for the Iowa Medicaid Enterprise (IME). This background will provide us with access to CAHPS enrollee survey results for both IowaCare enrollees and Medicaid enrollees for several years prior to their enrollment in the Dental Wellness Plan. Thus, we can compare enrollee self-reported utilization and perceptions of care before and after enrollment into the Dental Wellness Plan.

After enrollment, members in the Dental Wellness Plan will be surveyed annually using an instrument that includes questions from the CAHPS 5.0 survey and some supplemental items appropriate for the programmatic design of the Dental Wellness Plan. Appendix D provides a summary of the measures from the survey, the source of the items (though some work is still needed), and a draft of the survey instrument.

Most recently the PPC conducted a survey, including CAHPS and supplemental items, with Iowa Medicaid members as part of the 1915b managed care waiver evaluation in the spring of 2013. We used a mail-back survey methodology with an opportunity to

complete the questionnaire online. Questionnaires were mailed to a plan-stratified random sample of Medicaid enrollees who had been in their current plan for at least the last six months. Random samples of community-dwelling adult enrollees were drawn from Medicaid enrollment data current as of April 2013 and included four Medicaid enrollment types (SSI/SSDI, HMO, MediPASS, and FFS). Only one person was selected per household to reduce the relatedness of the responses and respondent burden. The sample was comprised of 3,200 individuals (800 from each enrollment type).

In an effort to maximize response rates for the mailed survey, both a premium and an incentive were used during the first mailing. Each survey packet included a $2 bill. In addition, survey identification numbers of respondents completing the questionnaire within the first four weeks of the study were entered into a random drawing for one of ten $25 Wal-Mart gift cards.

Iowa's Medicaid survey response rates mirrors the national experience of declining response rates on surveys. For this evaluation we will work to increase the number of surveys that are completed by drawing larger sample sizes as directed by NCQA for Medicaid samples (n=1,350 per group). New, real-time tracking methods have been developed to closely track the response rates. Should they appear to be low, we will institute telephone follow-up and additional emphasis on the multimodal approaches.

In all, survey responses were obtained for 688 adults, for an unadjusted 22% response (Table 3). After adjusting for enrollees who were not eligible for the study (e.g., moved out of the state, invalid address), the response rate was 23%. Based on these response rates, the current study protocol will increase the sampling frame to the recommended 1,350 adults per plan. Non-response bias tests will be conducted to determine if the characteristics of respondents differ significantly from non-respondents.

Table 3. Sampling and response rates

Plan	Number Sampled	Number of Respondents	Response Rate
SSI/SSDI	800	243	35%*
HMO	800	149	22%*
FFS	800	149	22%*
MediPASS	800	147	21%*
Total	3,200	688	22%
Adjusted Total*	2,962	688	23%*

*Adjusted for ineligibles

The survey instrument to evaluate these adult Medicaid enrollees was based on the most recent version of the Consumer Assessment of Healthcare Providers and Systems

(CAHPS) 4.1 survey. The CAHPS 5.0 version will be used for this evaluation.

In addition to the CAHPS 5.0 items, we will include questions to tap members' perceptions of unmet need for dental services. These unmet need items are modified from the National Health Interview Survey (NHIS). We will also include several modified items from the CAHPS Patient-Centered Medical Home (PCMH) item set to be able to tap enrollee experiences with 1) access to care, 2) comprehensiveness of care (relative to dental health), 3) coordination of care, and 4) information about care. And, we include several demographic and self-reported health items to be used as adjustment variables in the analyses.

Provider assessments

The primary purpose of the provider assessments is to understand how the earned benefits and the provider bonus plan influence provider behavior toward members as well as their perceptions of the clinical and administrative ease/burden of participating in the program.

We will integrate several approaches for provider assessment.

- Written surveys with dentists participating in the Dental Wellness Plan
- Qualitative focus groups/cognitive interviews

A synopsis of data types and sources is provided below.

1. Encounter, claims, and enrollment data
    a. Medicaid data repository with monthly updates
    b. Delta data repository with monthly updates
2. Provider Network data
    a. Medicaid data repository with monthly updates
    b. Delta provider panel data
3. Consumer and provider surveys
    a. Data and results from previous surveys are housed at the PPC. Evaluation surveys will be fielded annually.
4. Stakeholder input
    a. Stakeholders will be engaged in order to provide a more complete examination of implementation and to inform other states of potential challenges and strategies for overcoming the challenges
    b. Stakeholders will participate in an online concept mapping process to collect, rate and categorize challenges. The strategies attempted to overcome the challenges will be explored in interviews and focus groups.

Data analyses

There will be six analytical strategies utilized within the evaluation:

1. Process measures
2. Descriptives and Means tests
3. Multivariate modelling
    a. Regression Discontinuity Design (RDD)
    b. Difference-in-Differences (DID)
4. Incremental cost effectiveness (ICER)
5. GIS
6. Survival analysis

The six are described in more detail below.

Process measures

Process measures include qualitative assessments of plan documents and provider panels. Process measures are designed to describe the state of the program or some aspect of the program, but do not lend themselves to testing.

Means testing

Many of the outcome measures are population based making it impossible to model the outcomes and their predictors. The most groups that we will have in any population based outcome analysis is three, where members of the Dental Wellness Plan, will compared to members of Delta Dental of Iowa, and the Medicaid State Plan. For these population measures, means testing for the groups before and after implementation will provide us with an understanding of the programmatic effects. Descriptives over time will be used for measures that are calculated only for DWP members.

Multivariate modelling

Measures from the Dental Quality Alliance Proposed Adult Measure Set and annual CAHPS surveys will be modelled using Difference in Difference (DID) and Regression Discontinuity Design (RDD) analytic approaches. Many of our outcomes are population based, however, through modification of the protocols, they will also be measured as individual outcomes most often through a dichotomous variable indicating whether or not the member had a service (e.g., person receiving a dental recall exam) or experienced an outcome (e.g., Emergency Department visit for non-traumatic dental reason).

For programs where a natural comparison group exists, DID methods are very useful. RDD is particularly useful for estimates of the effects for members who are very close to a program qualification threshold. The selection of members from comparison groups around the financial threshold strengthens the analyses by pinpointing program effects for a limited range of members assumed to have similar traits.

For program groups where no natural comparisons exist, regression controlling for observed patient or area characteristics will be utilized. The specific analytic technique will depend on the distribution of the dependent variable (e.g., OLS for continuous

variables and logistic regression for dichotomous variables with a skewed distribution). When appropriate, person, program or area fixed effects will be used to control for time-invariant individual (or program or area) effects and year effects. Each method has strengths and weaknesses but combined should offer a robust analysis of program effects on costs and outcomes.

Dental claims data, including Emergency Department (ED) claims, will be used to determine PMPM costs for the study period (January 2011-present). Claims data typically require a 3-6 month run out period to ensure that at least 95% of claims have been adjudicated. This varies by claim type with dental claims requiring 3 months and ED claims requiring at least 6 months.

We will model PMPM costs using a fixed effects regression modeling technique for the cost categories listed above from 2011 to present including person and time fixed effects for the period. Members will enter the regression for any months in which they are enrolled in one of the plans/programs: the Dental Wellness Plan, enrolled in Medicaid State Plan due to income level, or enrolled Delta Dental of Iowa. Sensitivity analyses will include varying the groups included in the analyses and varying the time component for DID. In addition, sensitivity analyses for RDD will involve varying the bands around the income thresholds.

$$PMPM_{it} = \alpha_i + \beta_1 Group_{it} * POST_t + \beta_2 Group_{it} + \beta_3 Post_t + \boldsymbol{x}'\beta_4 + \beta_{5t} Year_t + u_{it}$$

Where $POST_t$ is a dummy variable for observations after the program has taken effect, α_i identifies individual fixed effects, and $YEAR_t$ captures time trends.

PMPM cost-PMPM costs will be calculated for all groups using the cost of all dental services.

Group-represents a series of indicator variables that provide study group comparisons. The variables will capture whether the individual was in the program of interest. As part of the interrupted time series design, we can also capture whether an individual has switched programs in a given month. We will use dummy indicators for whether during the month a member was in the Dental Wellness Plan (0,1), Delta Dental of Iowa (0,1), IowaCare (0,1), or enrolled in Medicaid due to low income (0,0).

X represents a matrix of covariates including:

Payment structure-series of dichotomous variables that provide payment structure comparisons. The variables will indicate whether during the month a member was in the HMO (0, 1), PCCM (0, 1), or fee-for-service (0,0).

Age-calculated monthly

Age squared-to allow for a curvilinear relationship between age and costs

Gender

Race-within the Medicaid data30% of enrollees/members do not identify a race.

Previous analyses have indicated that this option does not appear to have a race-based bias or systematic component. We will perform the analyses with this group identified as race 'Undisclosed' and without this group.

Inclusion in other reform initiatives-The analyses will include whether the enrollee/member is participating in any other reform initiatives provided through the Medicaid program including health home for chronically ill, integrated health home, or other initiatives that may develop over the course of the evaluation.

Rural/urban-Rural-urban continuum codes (RUCC) provided through the US Department of Agriculture will be included. We will also test the model with the county of residence as a covariate; however, past analyses indicate that the RUCC is sufficient.

Income-Percent poverty will be included as it appears on the enrollment files. Income levels for Delta Dental of Iowa members are not reported; however, we are exploring methods for estimating this.

Incremental cost effectiveness

Cost effectiveness analyses combine the costs of care with quality and access to determine whether changes in cost, even if positive, resulted in better quality and/or access providing either cost-savings or at least a better value for each additional dollar spent. A difficulty with cost effectiveness analyses is handling the lag time of effects. For example, though dollars are shifted to preventive care allowing people with dental caries to receive regular recall visits or topical fluoride treatments, changes in oral health may not appear in the form of reduced dental services or avoidable emergency room visits for over a year. Therefore, analyses related to cost effectiveness will tend to highlight initial preventive care costs in the first year for outcomes that may improve with lagged effects in year 2 or year 3 of the demonstration. Incremental cost effectiveness (ICER) is established by taking the difference in outcome between the study group and the control groups over the difference in cost between the study group and the control groups. As we analyze year 2 and beyond we will vary the discount rate in our cost-effectiveness analysis to be sensitive to these lagged effects and their impact on program effectiveness. Survey measures can add depth to these analyses by noting improvements in the pathways that suggest future improvements in outcomes. Costs will include dental claims and administrative costs for the study and comparison groups.

The measures we anticipate using for the ICER follow with the formulas to calculate ratios for DWP versus Medicaid State Plan (MSP) and DWP versus Delta Dental of Iowa (DDI). The formulas below group MSP and DDI together to reduce redundancy, however the ratios will be provided separately for each comparison group in the reports.

The ratios shown below do not reflect any risk adjustment, however, we will adjust the rates used in the calculations for differences in population risk strata. After comparing the populations on a variety of characteristics we will weight the rates to normalize the population statistic. Depending on the numbers of members in each group and the

accuracy of income data, we will analyze the rates for each population at the income threshold.

Measure 1 Annual Dental Visit (ADV)

$$\frac{\text{Total Dental Cost}_{(DWP)}-\text{Total Dental Cost}_{(MSP/DDI)}}{\text{ADV}_{(DWP)}-\text{ADV}_{(MSP/DDI)}}$$

$$\frac{\text{Preventive Dental Cost}_{(DWP)}-\text{Preventive Dental Cost}_{(MSP/DDI)}}{\text{ADV}_{(DWP)}-\text{ADV}_{(MSP/DDI)}}$$

This outcome measure will be utilized as the denominator for 2 ratios with numerators for total cost and preventive dental cost. We would anticipate that dental care coverage through a program that encourages preventive dental visits would reduce total costs, despite a rise in preventive dental costs. This decrease is anticipated to derive from fewer complex restorations through improved oral health.

Measure 9 Use of ED for non-traumatic dental related treatment

$$\frac{\text{Total Dental Cost}_{(DWP)}-\text{Total Dental Cost}_{(MSP/DDI)}}{\text{Non-traumatic ED Use}_{(DWP)}-\text{Non-Traumatic ED Use}_{(MSP/DDI)}}$$

$$\frac{\text{Preventive Dental Cost}_{(DWP)}-\text{Preventive Dental Cost}_{(MSP/DDI)}}{\text{Non-Traumatic ED Use}_{(DWP)}-\text{Non-Traumatic ED Use}_{(MSP/DDI)}}$$

$$\frac{\text{ED Cost}_{(DWP)}-\text{ED Cost}_{(MSP/DDI)}}{\text{Non-Traumatic ED Use}_{(DWP)}-\text{Non-Traumatic ED Use}_{(MSP/DDI)}}$$

$$\frac{\text{Dental Specialist Cost}_{(DWP)}-\text{Dental Specialist Cost}_{(MSP/DDI)}}{\text{Non-Traumatic ED Use}_{(DWP)}-\text{Non-Traumatic ED Use}_{(MSP/DDI)}}$$

This outcome measure will be utilized as the denominator for 4 ratios with numerators for Total Dental Cost, Preventive Dental cost, ED cost and dental specialist cost. Access to comprehensive care should result in increased access to and cost of preventive dental, however, this increased access to less costly care options should also result in lower ED costs, lower dental specialist costs and lower total dental costs.

Measure 10 Dental EPSDT utilization

$$\frac{\text{Total Dental Cost}_{(DWP)}-\text{Total Dental Cost}_{(MSP/DDI)}}{\text{Dental EPSDT Utilization}_{(DWP)}-\text{Dental EPSDT Utilization}_{(MSP/DDI)}}$$

$$\frac{\text{Preventive Dental Cost}_{(DWP)}-\text{Preventive Dental Cost}_{(MSP/DDI)}}{\text{Dental EPSDT Utilization}_{(DWP)}-\text{Dental EPSDT Utilization}_{(MSP/DDI)}}$$

This outcome measure will be utilized as the denominator for 2 ratios with

numerators for total dental cost and preventive dental cost. Access to dental EPSDT services should result in increased cost for preventive dental and lower total dental costs.

Measures 11 and 12 People with diabetes and/or those who smoke: dental exam

Total Dental Cost(DWP)-Total Dental Cost(MSP/DDI)
At-risk Exam(DWP)-At-risk Exam(MSP/DDI)

Preventive Dental Cost(DWP)-Preventive Dental Cost(MSP/DDI)
At-risk Exam(DWP)-At-risk Exam(MSP/DDI)

This outcome measure will be utilized as the denominator for 2 ratios with numerators for total dental cost and preventive dental cost. Access to comprehensive care should result in improved oral health for members with diabetes and/or those who smoke. We anticipate that the total dental costs will be reduced while preventive dental costs will increase.

GIS

The provider network for the Dental Wellness Plan is anticipated to be different than that for either the Medicaid State Plan or Delta Dental of Iowa's PPO or Premier Plans. To establish that Dental Wellness Plan members have equal access to providers as Medicaid State Plan members or Delta Dental of Iowa members, small area analytic methods, which have been developed and refined in previous hospital utilization and primary medical care studies (most notably by the Dartmouth Atlas of Healthcare), will be used to delineate service areas that approximate local market areas better than counties. Service areas are created by assigning patient origin ZIP codes to provider locations based on where a plurality of patients received care. Service areas will be adjusted based on requirements for minimum population size and geographic contiguity. ZIP codes are linked with zip code tabulation area (ZCTA) data from the U.S. Census and provider information from the Medicaid and HMO provider files.

Maps will be generated to examine geographic variation in provider availability both within the Dental Wellness Plan, the Medicaid State Plan, and Delta Dental of Iowa's private plans. Service areas will be categorized into quartiles of increasing provider availability and described using counts, means, and proportions of service area-level characteristics.

Having providers in the same geographic area does not guarantee that access will be comparable, especially if the plans require members to switch providers. As a process measure, we will compare the provider lists by county and plan to determine the overlap between provider panels.

Regular dentists-General and pediatric dentists included in primary care.

Dental Specialists-Including oral maxillofacial surgeons, orthodontists, endodontists,

periodontists, and prosthodontists.

GIS analyses are routinely limited to providers within Iowa. Counties that border other states may have enrollees/members who receive the preponderance of their care outside the state. These enrollees who receive more than 50% of their care from providers outside Iowa will be removed from the analyses.

Survival analysis

Survival analytics will be used to determine predictors of time to 1st and 2nd recall exam for new members in DWP and MSP. The survival analyses provide an opportunity for modelling time to recall controlling for individual covariates and adjusting for time-dependent covariates. This analyses provides an answer to the question 'Do DWP members access recall exams sooner in an effort to gain Enhanced or Enhanced Plus Benefits'.

Limitations

As with all evaluations, there will be limitations to the interpretation of these results and possible biases if comparison groups are not similar to the treatment groups. Survey data, for example, are based on self-reported information and the recall of the enrollee. Response bias is also a potential. Non-response bias tests will be conducted to determine if the characteristics of respondents differ significantly from non-respondents. Administrative data are collected for billing and tracking purposes and may not always reflect the service provided accurately.

Though we propose specific analytical tools within this evaluation document and even go so far as to link analytical strategies to hypotheses, we may find that additional analytical strategies will have to be employed. Propensity scoring, instrumental variables analyses and survival analyses are all techniques that we will retain in our list of possible techniques. As we become more familiar with the distribution of the outcomes and the data we will be using, we need to be comfortable modelling and testing each outcome with the strategy that will provide us with the most accurate and useful results.

Operationalization of research questions and hypotheses

Understanding the effects of new programs on the access to health care, utilization of health care, and outcomes of health care is a complex undertaking requiring a variety of methods and analytical approaches. This evaluation incorporates population-based outcomes as well as individual assessments in an attempt to provide a balanced evaluation. The research questions, hypotheses, methods, and analyses proposed below represent our current understanding of the program and its incentives. However, we believe that additional information may yield to changes in the measures or analyses. Such changes will only be implemented in collaboration with the State of Iowa DHS and CMS. Appendices E and F contain additional detailed tables of the measures and analyses to be used for each hypothesis.

Question 1 What are the effects of DWP on member access to care?

Hypothesis 1.1
DWP members will have equal or greater access to dental care.

Measure 1 Annual dental visit

1A Percent of members who had an annual dental visit

Protocol-NCQA HEDIS ADV; NQF 1388 adapted for adults
Data source-Administrative
Analyses-Means tests between DWP members and three comparison groups before and after implementation
ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation

1B Whether member received an annual dental visit

Protocol-NCQA HEDIS ADV; NQF 1388 adapted for adults and individuals
Data source-Administrative
Analyses- RDD comparing DWP members and MSP members at the threshold
DID for DWP members and three comparison groups before and after implementation

Measure 2 Access to emergency dental care

Percent of members who needed emergency dental care and received it as soon as it was wanted

Protocol-CAHPS Dental Plan Survey
Data source-Member survey
Analyses-Means tests between DWP members and MSP members

Measure 3 Utilization of dental care

Whether member had a dental visit since enrolling in DWP

Protocol-CAHPS Dental Plan Survey
Data source-Member survey
Analyses-DID for DWP and MSP members

Measure 4 Timely appointments and care

Composite of three questions 1) getting appointments for routine dental care in a timely manner, 2) saw dental provider within 15 minutes of appointment time, and 3) received communication about scheduling delays in the waiting room

Protocol-CAHPS Dental Plan Survey
Data source-Member survey
Analyses-Means tests between DWP members and MSP members

Measure 5 Care from a dental specialist

Access to and unmet need for care from a dental specialist

Protocol-CAHPS Dental Plan Survey
Data source-Member survey
Analyses-Means tests between DWP members and MSP members

Hypothesis 1.2
DWP members will be more likely to receive preventive dental care.

Measure 6 First preventive dental exam

6A Percent of members who have a dental exam within their first 6-12 months in the program

Protocol-Original measure
Data source-Administrative
Analyses-Means tests between DWP members and three comparison groups before and after implementation

6B Whether member received a dental exam within their first 6-12 months in the program

Protocol-Original measure
Data source-Administrative
Analyses-DID for DWP members and three comparison groups before and after implementation

Measure 7 Second preventive dental exam (recall)

7A Percent of members who have a recall within 6-12 months of their first dental exam

Protocol-Original measure
Data source-Administrative
Analyses-Means tests between DWP members and three comparison groups before and after implementation

7B Whether member received a recall within 6-12 months of their first dental exam

Protocol-Original measure
Data source-Administrative
Analyses- RDD comparing DWP members and MSP members at the threshold
DID for DWP members and three comparison groups before and after implementation

Measure 8 Any diagnostic or preventive dental care

Percent of members who receive any diagnostic or preventive dental care

Protocol-Original measure
Data source-Administrative
Analyses-Means tests between DWP members and three comparison groups before and after implementation

Hypothesis 1.3
DWP members will have equal or greater access to care, resulting in equal or lower use of emergency department (ED) services for non-traumatic dental care within each earned benefit tier.

Measure 9 Use of ED for non-traumatic dental related treatment

9A Percent of members who were seen for non-traumatic dental reasons in an ED for 1, 2, 3 or more visits per year while controlling for the earned benefit tier

Protocol-Dental Quality Alliance (DQA) Proposed Adult Measures
Data source-Administrative
Analyses- Means tests between DWP members and three comparison groups before and after implementation
ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation

9B Percent of members who were seen in the ED for non-traumatic dental related reasons within the reporting year and visited a dentist for treatment services within 60 days following the ED visit while controlling for the earned benefit tier

Protocol-DQA Proposed Adult Measures
Data source-Administrative
Analyses-Means tests between DWP members and the three comparison groups

Hypothesis 1.4
DWP members will have equal or greater access to dental EPSDT services.

Measure 10 Dental EPSDT utilization

10A Percent of members age 19-20 with at least one EPSDT-related dental visit as defined by EPSDT procedure code modifiers

Protocol-Original measure
Data source-Administrative
Analyses-Means testing between DWP members and MSP members before and after implementation
ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation

10B Whether member had an EPSDT dental visit

Protocol-Original measure

Data source-Administrative
Analyses-DID comparing DWP members and MSP members before and after implementation

Hypothesis 1.5
High risk populations in the Dental Wellness Plan will be more likely to receive preventive dental care.

Measure 11 People who are smokers: dental exam

11A Percent of DWP members who are smokers who have a dental exam within the reporting year

Protocol-DQA Proposed Adult Measures
Data source-Administrative and Clinical Risk Assessments
Analyses-Descriptives and comparisons for DWP members over time
ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation

11B Whether a member identified as being a smoker had a dental exam within the reporting year

Protocol- DQA Proposed Adult Measures
Data source-Administrative and Clinical Risk Assessments
Analyses- Descriptives and comparisons for DWP members over time

Measure 12 People with diabetes: dental exam

12A Percent of DWP members identified as people with diabetes who have a dental exam within the reporting year

Protocol-DQA Proposed Adult Measures
Data source-Administrative and Clinical Risk Assessments
Analyses-Descriptives and comparisons for DWP members over time
Means tests between DWP members and MSP members over time
ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation

12B Whether a member identified as having diabetes had a dental exam within the reporting year

Protocol- DQA Proposed Adult Measures
Data source-Administrative
Analyses-DID for DWP members and MSP members before and after implementation

Question 2 What are the effects of the DWP on member quality of care?

Hypothesis 2.1
DWP members will have equal or better quality of care.

Measure 13 Emergency department (ED) use

Percent of respondents who reported that the care they received at their most recent visit to the ED could have been provided in a dentist's office if one was available at the time

Protocol-Original item
Data source-Member Survey
Analyses-Means tests between DWP members and MSP members

Hypothesis 2.2
DWP members will report equal or greater satisfaction with the care provided.

Measure 14 Care from dentists and staff

Composite measure including: 1) provider explanations are easy to understand, 2) listens carefully, 3) treats with courtesy and respect, 4) spends enough time with patient, 5) does everything they could to help patient feel as comfortable as possible during dental work, and 6) explains what they were doing while treating the patient.

Protocol-CAHPS Dental Plan Survey
Data source-Member Survey
Analyses-Means tests between DWP members and MSP members

Measure 15 Rating of regular dentist

Rating of regular dentist on 0-10 scale

Protocol-CAHPS Dental Plan Survey
Data source-Member Survey
Analyses-Means tests between DWP members and MSP members

Measure 16 Rating of all dental care received

Rating of all dental care received on 0-10 scale

Protocol-CAHPS Dental Plan Survey
Data source-Member Survey
Analyses-Means tests between DWP members and MSP members

Measure 17 Rating of DWP

A composite measure including: 1) the quality of information provided to DWP members regarding how the plan works and how to find a provider, 2) the quality of information and provided by the DWP customer service, 3) a global rating of their new dental plan on a scale from 0 (worst possible) to 10 (best possible), and 4) whether they would recommend the plan to others.

Protocol-CAHPS Dental Plan Survey
Data source-Member Survey
Analyses- Descriptives and comparisons for DWP members over time

Hypothesis 2.3
DWP members will maintain continuous access to a regular source of care.

Measure 18 Proportion who had to change regular dentist when joining the DWP

Percent of members who switched regular dentists at entry to plan

Protocol-Original measure
Data source-Member Survey
Analyses- Descriptives and comparisons for DWP members over time

Measure 19 Regular source of dental care

Percent of members who respond that they currently have a regular dentist

Protocol-CAHPS Dental Plan Survey
Data source-Member Survey
Analyses- Means tests between DWP members and MSP members

Measure 20 Experience changing dentists

Member experiences with changing to a new regular dentist

Protocol-Original item
Data source-Member Survey
Analyses- Descriptives and comparisons for DWP members over time

Question 3 What are the effects of the DWP on costs of dental care as compared to traditional Medicaid adult dental coverage?

Hypothesis 3.1
The cost for providing dental care to DWP members will be comparable to the predicted costs for providing dental care to DWP members had they been enrolled in Medicaid State Plan.

Measure 21 Compare DWP member Per member per month (PMPM) dental costs to those of MSP members

21A PMPM dental costs calculated for direct provision of care per member per month

Protocol-DQA Proposed Adult Measures
Data source-Administrative
Analyses-RDD comparing DWP members and MSP members at the threshold
DID for DWP members and MSP members before and after implementation

21B PMPM dental costs calculated for direct provision of care per member per month for all enrolled adults who received at least one dental service during the reporting year

Protocol-DQA Proposed Adult Measures
Data source-Administrative
Analyses-DID for DWP members and MSP members before and after

implementation

Measure 22 Out-of-pocket dental costs

Percent of members who report paying out-of-pocket for any dental service since joining DWP and how much they paid

Protocol- Original item
Data source-Member Survey
Analyses-Means tests between DWP members and MSP members over time

Question 4 What are the effects of the earned benefit structure on DWP members?

Hypothesis 4.1
The earned benefit structure for DWP members will increase regular use of routine dental exams.

Measure 23 Routine dental exams

23A Percent of members who received a comprehensive or periodic oral evaluation within the reporting year

Protocol- DQA Proposed Adult Measures
Data source- Administrative
Analyses-Means tests between DWP members and three comparison groups before and after implementation

23B Percent of members who accessed dental care (received at least one service) who received a comprehensive or periodic oral evaluation within the reporting year

Protocol- DQA Proposed Adult Measures
Data source- Administrative
Analyses-Means tests between DWP members and three comparison groups before and after implementation

Hypothesis 4.2
Over 50% of members will earn access to Enhanced Benefits.

Measure 24 Timing of 1st recall visit

Percent of members who receive their 1st recall exam within 6-12 months of initial oral evaluation

Protocol-Original measure
Data source- Administrative
Analyses- Descriptives and comparisons for DWP over time

Hypothesis 4.3
Over 50% of members will earn access to Enhanced Plus Benefits.

Measure 25 Timing of 2nd recall visit

Percent of members who receive their 2nd recall visit within 6-12 months of 1st recall

Protocol-Original measure
Data source- Administrative
Analyses- Descriptives and comparisons for DWP over time

Hypothesis 4.4
In the second year of enrollment and beyond, the regular use of recall exams will be higher than in the first year of enrollment in the program.

Measure 26 Recall exams after year one of enrollment

Percent of members who receive their 2nd recall visit within 6-12 months of 1st recall in each year of enrollment

Protocol- Original measure
Data source- Administrative
Analyses-Means tests between DWP members and three comparison groups before and after implementation

Hypothesis 4.5
The earned benefit structure will not be perceived as a barrier to care.

Measure 27 Member experience with covered benefits

Whether needed services were covered

Protocol-CAHPS Dental Plan Survey
Data source-Member Survey
Analyses- Descriptives and comparisons for DWP members over time

Question 5 What is the adequacy of the provider network for DWP members?

Hypothesis 5.1
DWP members will have better access to an adequate provider network than those in the Medicaid State Plan as reflected by travel distance and time, access to safety net providers, and provider acceptance of new patients.

Measure 28 Travel distance and travel time to regular dentist

Average travel distance and average time to access regular dentist within local service delivery area

Protocol-Original measure
Data source-Administrative
Analyses-GIS analyses

Measure 29 Provider network inclusion of safety net dental providers, particularly FQHCs

Proportion of safety net providers in the covered counties included in the provider network

Protocol-Original measure
Data source-Plan documents
Analyses- Process measure

Measure 30 Provider willingness to accept new patients

Percent of regular dentists indicating they will accept new DWP or MSP members

Protocol-Original items
Data source-Provider Survey
Analyses- Means tests of provider acceptance rates across DWP and MSP

Measure 31 Members with a regular dentist

Percent of respondents who report that they currently have a regular dentist

Protocol-CAHPS Dental Plan Survey; Original item
Data Source-Member Survey
Analyses- Means tests between DWP members and MSP members

Measure 32 Timeliness of getting a routine dental appointment

Percent of respondents who report that they were able to get routine dental care as soon as they wanted

Protocol-CAHPS Dental Plan Survey
Data Source-Member Survey
Analyses- Means tests between DWP members and MSP members

Measure 33 Finding a new dentist

A composite measure including: 1) whether members used any information from the DWP to help them find a new dentist, 2) whether the information was helpful, and 3) how easy it was to find a new dentist.

Protocol-CAHPS Dental Plan Survey
Data Source-Member Survey
Analyses- Descriptives and comparisons for DWP members over time

Question 6 What are provider attitudes towards the DWP?

Hypothesis 6.1
Providers will not see the earned benefit structure as a barrier to providing care.

Measure 34 Dentist satisfaction with plan

Dentist satisfaction with plan key components such as fee schedules and earned benefit structure

Protocol-Original items

Data source-Provider Survey
Analyses- Descriptives for providers over time

Hypothesis 6.2
Over 50% of providers will remain in the plan for at least 3 years.

Measure 35 Proportion of long-term dental providers

Proportion of dentists who submitted a claim in the index year and have submitted at least 1 claim annually in the next two years

Protocol-Original measure
Data source-Administrative
Analyses-Means tests between DWP providers and providers in the MSP and DID before and after implementation

Question 7 What are the effects of DWP member outreach and referral services?

Hypothesis 7.1
Outreach services will address dentists' concerns about missed appointments.

Measure 36 Dentist perceptions of missed appointments

Proportion of dentists who indicate that missed appointments are a problem

Protocol-Original measure
Data source-Provider Survey
Analyses-Comparison of provider responses regarding DWP, MSP and DDI members

Hypothesis 7.2
Referral services will improve access to specialty dental care.

Measure 37 Specialty dental utilization

Percent of members receiving any specialty dental services

Protocol- Original measure
Data source- Administrative
Analyses-Means tests between DWP members and three comparison groups

Measure 38 Timeliness of getting a dental specialist appointment

Percent of respondents who report that they were able to get specialty dental care as soon as they wanted

Protocol-CAHPS Dental Plan Survey
Data source- Member Survey
Analyses- Means tests between DWP members and three comparison groups

Hypothesis 7.3

Outreach will improve members' compliance with follow-up visits, including recall exams.

Measure 39 Time to recall exams at 6-12 month intervals

Time to recall exams at 6-12 month intervals when recall visits are defined as any visit that includes a comprehensive or periodic oral evaluation

Protocol-Original measure
Data source- Administrative
Analyses- Survival analyses for new members in DWP and MSP

Dental Wellness Plan Budget - November 1, 2014 through December 31, 2017

		Y1	Y2	Y3	Y4
		11/1/2014-12/31/2014	1/1/2015-12/31/2015	1/1/2016-12/31/2016	1/1/2017-12/31/2017
PERSONNEL		(2 mos)	(12 mos)	(12 mos)	(12 mos)
Pete Damiano, PI					
10%		$ 3,385	$ 20,616	$ 22,195	$ 21,872
Fringe benefits		$ 755	$ 4,597	$ 4,735	$ 4,877
Susan McKernan, Investigator					
20%		$ 3,367	$ 20,503	$ 21,118	$ 21,752
Fringe benefits		$ 751	$ 4,572	$ 4,709	$ 4,851
Betsy Momany, Co-PI					
10%		$ 1,663	$ 10,127	$ 10,431	$ 10,744
Fringe benefits		$ 594	$ 3,615	$ 3,724	$ 3,836
Raymond Kuthy, Investigator					
10%		$ 2,649	$ 16,133	$ 16,617	$ 17,115
Fringe benefits		$ 591	$ 3,598	$ 3,706	$ 3,817
Julie Reynolds, Research Fellow					
50%		$ 5,833	$ 35,525	$ 36,591	$ 37,688
Fringe benefits		$ 1,703	$ 10,373	$ 10,684	$ 11,005
Biostatistician					
10%		$ 2,500	$ 15,225	$ 15,682	$ 16,152
Fringe benefits		$ 730	$ 4,446	$ 4,579	$ 4,716
Survey Administrator/Analyst, (TBA)					
50%			$ 27,913	$ 28,750	$ 29,612
Fringe benefits			$ 9,965	$ 10,264	$ 10,572
Graduate Research Assistant, (TBA)					
50%			$ 22,421	$ 23,094	$ 23,787
Fringe benefits			$ 2,758	$ 2,841	$ 2,926
TOTAL PERSONNEL	**$ 681,949**	**$ 24,521**	**$ 212,387**	**$ 219,719**	**$ 225,322**
OTHER DIRECT COSTS					
Survey costs					
Provider (1500*$25)	$ 75,000		$ 37,500	$ 37,500	
Member (2700*$25)	$ 135,000		$ 67,500	$ 67,500	
Office supplies, telephone copying	$ 2,375	$ 125	$ 750	$ 750	$ 750
Travel & Meeting Costs	$ 7,575		$ 2,525	$ 2,525	$ 2,525
Modified Total Direct Costs	**$ 901,899**	**$ 24,646**	**$ 320,662**	**$ 327,994**	**$ 228,597**
Graduate Tuition (no F&A)	$ 25,889		$ 8,376	$ 8,627	$ 8,886
Total Direct Costs	**$ 927,788**	**$ 24,646**	**$ 329,038**	**$ 336,621**	**$ 237,483**
Facilities & Administration (8.0%)	$ 72,152	$ 1,972	$ 25,653	$ 26,240	$ 18,288
Total Project Budget	**$ 999,940**	**$ 26,617**	**$ 354,691**	**$ 362,861**	**$ 255,770**

Budget Justification

Peter C. Damiano, DDS, MPH will provide 10% of his effort as Principal Investigator. He will be responsible for directing the project, including all aspects of the research design implementation, data management, data analysis, project organization, writing and liaison with CMS, national evaluators and the State of Iowa. Specific responsibilities include, liaison with state and federal policymakers, liaison with external and internal constituencies such as CMS and University personnel, and developing and writing research reports and papers. Dr. Damiano is uniquely suited for this project through his previous work conducting studies regarding dental care outcomes and quality for adults in Medicaid.

Susan C. McKernan, DDS, PhD will provide 20% of her time to assist in the ongoing conceptualization of the data analysis plan, to organize, develop and manage the claims, encounter, enrollment, and program data, and assist in data analysis. She will also assist in writing papers and reports. In addition, she will direct geo mapping and analyses required to determine the provider network adequacy, develop provider surveys and analyze plan documents. Her previous work directing the development and comparison of service areas for dental care in Iowa adds needed skill and knowledge to the research team.

Elizabeth T. Momany, PhD will provide10% of her time to data analysis and assisting in the development and writing of the final report. Dr. Momany has had over 20 years of experience with Medicaid claims and encounter data. In addition, she has written or assisted with writing articles and a number of reports detailing the current utilization and outcome experience of the Medicaid program within Iowa.

Raymond A. Kuthy, DDS, MPH will provide 10% of his time for the ongoing conceptualization of the project with a focus on provider network adequacy and adult outcomes for high risk populations. He will provide liaison to Delta Dental of Iowa and Iowa Dental Association.

Julie C. Reynolds, DDS will provide 25% of her time to focus on the development and analyses of the outcomes data with a particular emphasis on the facility based outcomes such as emergency department visits. She will also be instrumental in developing the member surveys.

A **biostatistician** will provide 10% of time to the development, refinement and testing of the regression models and complex modelling techniques. He/she will supervise the data analyst in the preparation and analysis of data.

Survey Administrator/Analyst (TBA) at 50% will manage the day-to-day activities of

the surveys, including developing and finalizing the instruments, overseeing the printing, mailing, and data collection, organizing and assimilating the data, and documenting procedures and protocols. The Survey administrator/analyst will be responsible for analyzing survey data under the direction of the investigators.

Graduate Research Assistant (TBA) at 50% will provide general support to project aiding in the data preparation, analyses, writing and presentation of findings. The GRA will also be responsible for identifying and managing literature critical to understanding the appropriate methods, data analytic strategies and implications from new work on the current study.

Surveys

Member

The project budget includes $135,000 to complete 5,400 surveys: 2,700 post-implementation surveys during years two and three. The cost for each survey is budgeted at $25. This estimate is based on the current Medicaid evaluations.

Provider

The project budget includes $60,000 to complete 3,000 surveys: 1,500 surveys for providers within the Dental Wellness Plan at the end of years two and three. The cost for each survey is budgeted at $25. This estimate is based on the current Medicaid evaluations.

Materials and Supplies

Funds in the amount of $2,375 across the 38 months are requested for supplies such as copy paper, pens, binders, secure files for data storage, etc.

Travel

We have budgeted $7,575 for travel across the 38 months of the grant. This includes approximately $525 per year for travel to meet with State program staff and $2,000 per year to present the data at National meetings or meet with CMS and evaluators from other states.

Graduate Tuition

$25,889 has been budgeted to pay tuition expenses for the Graduate Research Assistant as is required by the current Graduate Student contract.

Appendix A
Dental Wellness Plan Member Benefits

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Dental Wellness Plan Member Benefits

Core Benefits

Dental Wellness Plan member is always eligible for these benefits

Oral Health Risk Assessment

- Online oral health risk assessment (1 every 12 mos.) (D0601-D603)

Diagnostic and Preventive

Evaluations and Education

- Comprehensive evaluation (D0150) (max of 1 every 3 yrs., per dentist) (D0150 or D0180 allow only 1 every 12 mos. by the same dentist)
- Periodic evaluation (D0120)(max of 1 every 6 mos.)
- Periodontal comprehensive evaluation (D0180)(max 1 every 12 mos.) (D0150 or D0180 allow only 1 every 12 mos. by the same dentist)
- Consultation (D9310) / Limited oral evaluation, problem focused (D0140) / Detailed and extensive oral evaluation, problem focused (D0160) / Re-evaluation, problem focused (D0170) / Consultation on slides / preparation (D0484, D0485)-(max 1 every 12 mos.)
- Oral Hygiene Education (D1330)(max of 1 every 3 yrs.)

Cleanings

- Cleaning (D1110) (max of 1 every 6 months) (D1110 and/or D4910 only 1 every 6 mos.)
- Periodontal maintenance (D4910) (4 every 12 mos. for first 24 mos. post surgery and therapy) (D1110 and/or D4910 only 1 every 6 mos.)

X-Rays

- Bitewing, Occlusal X-Rays, Extraoral X-Rays (D0240; D0250, D0260, D0270-D0277) (max of 1 per 12 mos.)
- Periapical X-Rays (D0220, D0230)
- Full mouth/panoramic (D0210, D0330) (1 per every 5 yrs.)

Other

- Fluoride (D1206, D1208) (max 1 per 12 mos.)
- Pulp vitality test (D0460) per visit, not with definitive procedures
- Unspecified diagnostic and preventive procedures, by report (D0999, D1999)

Emergency Services - To relieve significant pain or relieve acute infections (unlimited subject to specific criteria).

- Problem Focused Exams (D0140, D0160, D0170)
- Pulp vitality test (D0460)
- Extractions/Oral surgery (D7140, D7210, D7250)
- Tooth reimplantation/stabilization (D7270)
- Biopsy(D7285, D7286)
- Surgical incision and drain (D7510, D7511)
- Anesthesia (D9220,D9221,D9241, D9242, D9248)
- Palliative treatment (D9110)
- Periapical/panoramic X-Rays (D0220, D0230, D0330)
- Pulpal debridement (D3221) and pulpotomy (D3220, D3222)
- Office visit after regularly scheduled hours (D9440)

Stabilization - Allows member to maintain basic human functions. Example, eating and speech, or preventing a condition from deteriorating in an imminent timeframe to a more serious situation (subject to specific criteria).

- Restorations for large cavities impinging on the pulp(D2140-D2161; D2330-D2335; D2391-D2394; D2940,D2950, D2951)
- Recement crown (D2920)
- Scaling and root planing (D4341, D4342)
- Stainless steel (posterior) (D2931)/resin crowns (anterior) (D2390, D2932) for fractured tooth, temporary crown, (fractured tooth) (D2970)
- Endodontic therapy (D3310-D3330) (only following pulpal debridement/pulpotomy and after or in conjunction with a comprehensive evaluation)
- Full mouth debridement (D4355) (1 every 3 yrs.)
- Extractions / Alveoloplasty / Tuberosity reduction related to delivery of dentures (D7140, D7210, D7250, D7310, D7311, D7485)
- Denture adjustments, repairs, relines, rebases and tissue conditioning (D5410-D5671, D5710-D5761, D5850, D5851) (2 adjustments/repairs/relines/rebases per year)
- Complete dentures (D5110, D5120, D5130, and D5140) (1 every 5 yrs.)
- Interim partial dentures (D5820, D5821) (1 every 12 mos.)

Dental Wellness Plan Member Benefits Continued . . .

Enhanced Benefits*

Earned after Dental Wellness Plan member returns for a periodic exam 6-12 months after their 1st Exam visit

All Core Benefits Plus the following:

- Minor restorations and other restorative services
- Root Canals, apexification, apicoectomy, and other endodontic services
- Non-surgical gum treatment (once per quadrant per 24 mos.)
- Denture adjustments, repairs, relines (limit 2 per 12 mos.)
- Fixed partial denture services – recement fixed partial denture; fixed partial denture repair
- Non-surgical and surgical extractions and other Oral Surgery services
- Designated adjunctive services
- Crowns and onlays are only considered for a tooth which received endodontic therapy as a stabilization service. (anterior permanent teeth with extensive coronal destruction/incisal fracture and posterior teeth with a broken cusp/root canal therapy/cracked tooth syndrome). All crowns and onlays require prior approval
- The member must return for 1 periodic exam every 6 – 12 mos. of previous periodic exam

** All covered CDT codes will be listed on the Dental Wellness Plan website (www.DWPIowa.com) after May 1, 2014*

Enhanced Plus Benefits*

Earned after Dental Wellness Plan member returns for a periodic exam 6-12 months after their 2nd recall visit

All Core and Enhanced Benefits Plus the following (services require preauthorization)

- Crowns/Onlays – for anterior permanent teeth with extensive coronal destruction/incisal fracture and posterior teeth with a broken cusp/root canal therapy/cracked tooth syndrome. (limit 1 per tooth per 5 yrs.), and other restorative services
- Gum Surgery (limit once per quadrant/site per 36 mos.)

Tooth Replacements

- Dentures (partial) – for replacing anterior teeth and posterior teeth when there are fewer than eight teeth in occlusion or when required to balance the occlusion (limit 1 per 5 yrs.)
- Dentures (Complete) –for edentulous (limit 1 per 5 yrs.)
- Bridges (only covered for replacement of missing anterior teeth or for designated clinical conditions in which a removable partial denture is contraindicated. (limit 1 per 5 yrs.)
- Implant / Abutment supported Crowns (implant procedures are not covered) (implant/abutment supported crowns are only covered for the replacement of missing anterior teeth) (limit 1 per 5 yrs.)

- The member must return for 1 periodic exam every 6 – 12 mos. of previous periodic exam

** All covered CDT codes will be listed on the Dental Wellness Plan website (www.DWPIowa.com) after May 1, 2014*

Maintaining Benefits and Annual Benefit Maximums

Maintaining Earned Benefits

To retain earned benefits, a Dental Wellness Plan member must receive one preventative examination every 12 months. If the member fails to comply with required periodic exams, the member will no longer have access to Enhanced and Enhanced Plus services. The member will only have access to Core services, and the member must start over to earn additional benefits.

Annual Benefit Maximum - Does not apply

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Core	Diagnostic	Clinical Oral Evaluations	D0120	periodic oral evaluation - established patient
	Emergency Care	Core	Diagnostic	Clinical Oral Evaluations	D0140	limited oral evaluation - problem focused
		Child Non Covered	Diagnostic	Clinical Oral Evaluations	D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver
		Core	Diagnostic	Clinical Oral Evaluations	D0150	comprehensive oral evaluation - new or established patient
	Emergency Care	Core	Diagnostic	Clinical Oral Evaluations	D0160	detailed and extensive oral evaluation - problem focused, by report
	Emergency Care	Core	Diagnostic	Clinical Oral Evaluations	D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)
		Core	Diagnostic	Clinical Oral Evaluations	D0180	comprehensive periodontal evaluation - new or established patient
		Non Covered	Diagnostic	Pre-diagnostic Services	D0190	screening of a patient
		Non Covered	Diagnostic	Pre-diagnostic Services	D0191	assessment of a patient
		Core	Diagnostic	Diagnostic Imaging	D0210	intraoral - complete series of radiographic images
	Emergency Care	Core	Diagnostic	Diagnostic Imaging	D0220	intraoral - periapical first radiographic image
	Emergency Care	Core	Diagnostic	Diagnostic Imaging	D0230	intraoral - periapical each additional radiographic image
		Core	Diagnostic	Diagnostic Imaging	D0240	intraoral - occlusal radiographic image
		Core	Diagnostic	Diagnostic Imaging	D0250	extraoral - first radiographic image
		Core	Diagnostic	Diagnostic Imaging	D0260	extraoral - each additional radiographic image
		Core	Diagnostic	Diagnostic Imaging	D0270	bitewing - single radiographic image
		Core	Diagnostic	Diagnostic Imaging	D0272	bitewings - two radiographic images
		Core	Diagnostic	Diagnostic Imaging	D0273	bitewings - three radiographic images
		Core	Diagnostic	Diagnostic Imaging	D0274	bitewings - four radiographic images
		Core	Diagnostic	Diagnostic Imaging	D0277	vertical bitewings - 7 to 8 radiographic images
		Non Covered	Diagnostic	Diagnostic Imaging	D0290	posterior-anterior or lateral skull and facial bone survey radiographic image
		Non Covered	Diagnostic	Diagnostic Imaging	D0310	sialography
		Non Covered	Diagnostic	Diagnostic Imaging	D0320	temporomandibular joint arthrogram, including injection
		Non Covered	Diagnostic	Diagnostic Imaging	D0321	other temporomandibular joint radiographic images, by report
		Non Covered	Diagnostic	Diagnostic Imaging	D0322	tomographic survey
	Emergency Care	Core	Diagnostic	Diagnostic Imaging	D0330	panoramic radiographic image
		Non Covered	Diagnostic	Diagnostic Imaging	D0340	cephalometric radiographic image
		Non Covered	Diagnostic	Diagnostic Imaging	D0350	oral/facial photographic images obtained intraorally or extraorally
		Non Covered	Diagnostic	Diagnostic Imaging	D0364	cone beam CT capture and interpretation with limited field of view – less than one whole jaw
		Non Covered	Diagnostic	Diagnostic Imaging	D0365	cone beam CT capture and interpretation with field of view of one full dental arch – mandible
		Non Covered	Diagnostic	Diagnostic Imaging	D0366	cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
		Non Covered	Diagnostic	Diagnostic Imaging	D0367	cone beam CT capture and interpretation with field of view of both jaws; with or without cranium

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Diagnostic	Diagnostic Imaging	D0368	cone beam CT capture and interpretation for TMJ series including two or more exposures
		Non Covered	Diagnostic	Diagnostic Imaging	D0369	maxillofacial MRI capture and interpretation
		Non Covered	Diagnostic	Diagnostic Imaging	D0370	maxillofacial ultrasound capture and interpretation
		Non Covered	Diagnostic	Diagnostic Imaging	D0371	sialoendoscopy capture and interpretation
		Non Covered	Diagnostic	Diagnostic Imaging	D0380	cone beam CT image capture with limited field of view – less than one whole jaw
		Non Covered	Diagnostic	Diagnostic Imaging	D0381	cone beam CT image capture with field of view of one full dental arch – mandible
		Non Covered	Diagnostic	Diagnostic Imaging	D0382	cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
		Non Covered	Diagnostic	Diagnostic Imaging	D0383	cone beam CT image capture with field of view of both jaws; with or without cranium
		Non Covered	Diagnostic	Diagnostic Imaging	D0384	cone beam CT image capture for TMJ series including two or more exposures
		Non Covered	Diagnostic	Diagnostic Imaging	D0385	maxillofacial MRI image capture
		Non Covered	Diagnostic	Diagnostic Imaging	D0386	maxillofacial ultrasound image capture
		Non Covered	Diagnostic	Diagnostic Imaging	D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
		Non Covered	Diagnostic	Diagnostic Imaging	D0393	treatment simulation using 3D image volume
		Non Covered	Diagnostic	Diagnostic Imaging	D0394	digital subtraction of two or more images or image volumes of the same modality
		Non Covered	Diagnostic	Diagnostic Imaging	D0395	fusion of two or more 3D image volumes of one or more modalities
		Non Covered	Diagnostic	Test & Examinations	D0415	collection of microorganisms for culture and sensitivity
		Non Covered	Diagnostic	Test & Examinations	D0416	viral culture
		Non Covered	Diagnostic	Test & Examinations	D0417	collection and preparation of saliva sample for laboratory diagnostic testing
		Non Covered	Diagnostic	Test & Examinations	D0418	analysis of saliva sample
		Non Covered	Diagnostic	Test & Examinations	D0421	genetic test for susceptibility to oral diseases
		Non Covered	Diagnostic	Test & Examinations	D0425	caries susceptibility tests
		Non Covered	Diagnostic	Test & Examinations	D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures
	Emergency Care	Core	Diagnostic	Test & Examinations	D0460	pulp vitality tests
		Enhanced Plus	Diagnostic	Test & Examinations	D0470	diagnostic casts
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0472	accession of tissue, gross examination, preparation and transmission of written report
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0475	decalcification procedure

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0476	special stains for microorganisms
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0477	special stains, not for microorganisms
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0478	immunohistochemical stains
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0479	tissue in-situ hybridization, including interpretation
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0480	accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0481	electron microscopy - diagnostic
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0482	direct immunofluorescence
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0483	indirect immunofluorescence
		Core	Diagnostic	Oral Pathology Laboratory	D0484	consultation on slides prepared elsewhere
		Core	Diagnostic	Oral Pathology Laboratory	D0485	consultation, including preparation of slides from biopsy material supplied by referring source
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0486	laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
		Non Covered	Diagnostic	Oral Pathology Laboratory	D0502	other oral pathology procedures, by report
		Core	Diagnostic	Risk Assessment	D0601	caries risk assessment and documentation, with a finding of low risk
		Core	Diagnostic	Risk Assessment	D0602	caries risk assessment and documentation, with a finding of moderate risk
		Core	Diagnostic	Risk Assessment	D0603	caries risk assessment and documentation, with a finding of high risk
		Core	Diagnostic	Other Diagnostic Services By Report	D0999	unspecified diagnostic procedure, by report
		Core	Preventive	Dental Prophylaxis	D1110	prophylaxis - adult
		Child Non Covered	Preventive	Dental Prophylaxis	D1120	prophylaxis - child
		Core	Preventive	Topical Fluoride Treatment	D1206	topical application of fluoride varnish
		Core	Preventive	Topical Fluoride Treatment	D1208	topical application of fluoride
		Non Covered	Preventive	Other Preventive Services	D1310	nutritional counseling for control of dental disease
		Non Covered	Preventive	Other Preventive Services	D1320	tobacco counseling for the control and prevention of oral disease
		Education	Preventive	Other Preventive Services	D1330	oral hygiene instructions
		Non Covered	Preventive	Other Preventive Services	D1351	sealant - per tooth
		Non Covered	Preventive	Other Preventive Services	D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth
		Child Non Covered	Preventive	Space Maintenance (Passive Appliances)	D1510	space maintainer - fixed - unilateral
		Child Non Covered	Preventive	Space Maintenance (Passive Appliances)	D1515	space maintainer - fixed - bilateral
		Child Non Covered	Preventive	Space Maintenance (Passive Appliances)	D1520	space maintainer - removable - unilateral
		Child Non Covered	Preventive	Space Maintenance (Passive Appliances)	D1525	space maintainer - removable - bilateral
		Child Non Covered	Preventive	Space Maintenance (Passive Appliances)	D1550	re-cementation of space maintainer

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Child Non Covered	Preventive	Space Maintenance (Passive Appliances)	D1555	removal of fixed space maintainer
		Core	Preventive	By Report	D1999	unspecified preventive procedure, by report
	Stabilization	Enhanced	Restorative	Amalgam Restorations	D2140	amalgam - one surface, primary or permanent
	Stabilization	Enhanced	Restorative	Amalgam Restorations	D2150	amalgam - two surfaces, primary or permanent
	Stabilization	Enhanced	Restorative	Amalgam Restorations	D2160	amalgam - three surfaces, primary or permanent
	Stabilization	Enhanced	Restorative	Amalgam Restorations	D2161	amalgam - four or more surfaces, primary or permanent
	Stabilization	Enhanced	Restorative	Resin Based Composite Restorations Direct	D2330	resin-based composite - one surface, anterior
	Stabilization	Enhanced	Restorative	Resin Based Composite Restorations Direct	D2331	resin-based composite - two surfaces, anterior
	Stabilization	Enhanced	Restorative	Resin Based Composite Restorations Direct	D2332	resin-based composite - three surfaces, anterior
	Stabilization	Enhanced	Restorative	Resin Based Composite Restorations Direct	D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)
	Stabilization	Enhanced	Restorative	Resin Based Composite Restorations Direct	D2390	resin-based composite crown, anterior
	Stabilization	Enhanced	Restorative	Resin Based Composite Restorations Direct	D2391	resin-based composite - one surface, posterior
	Stabilization	Enhanced	Restorative	Resin Based Composite Restorations Direct	D2392	resin-based composite - two surfaces, posterior
	Stabilization	Enhanced	Restorative	Resin Based Composite Restorations Direct	D2393	resin-based composite - three surfaces, posterior
	Stabilization	Enhanced	Restorative	Resin Based Composite Restorations Direct	D2394	resin-based composite - four or more surfaces, posterior
		Non Covered	Restorative	Gold Foil Restorations	D2410	gold foil - one surface
		Non Covered	Restorative	Gold Foil Restorations	D2420	gold foil - two surfaces
		Non Covered	Restorative	Gold Foil Restorations	D2430	gold foil - three surfaces
		Non Covered	Restorative	Inlay/Onlay Restorations	D2510	inlay - metallic - one surface
		Non Covered	Restorative	Inlay/Onlay Restorations	D2520	inlay - metallic - two surfaces
		Non Covered	Restorative	Inlay/Onlay Restorations	D2530	inlay - metallic - three or more surfaces
		Enhanced	Restorative	Inlay/Onlay Restorations	D2542	onlay - metallic - two surfaces
		Enhanced	Restorative	Inlay/Onlay Restorations	D2543	onlay - metallic - three surfaces
		Enhanced	Restorative	Inlay/Onlay Restorations	D2544	onlay - metallic - four or more surfaces
		Non Covered	Restorative	Inlay/Onlay Restorations	D2610	inlay - porcelain/ceramic - one surface
		Non Covered	Restorative	Inlay/Onlay Restorations	D2620	inlay - porcelain/ceramic - two surfaces
		Non Covered	Restorative	Inlay/Onlay Restorations	D2630	inlay - porcelain/ceramic - three or more surfaces
		Enhanced	Restorative	Inlay/Onlay Restorations	D2642	onlay - porcelain/ceramic - two surfaces
		Enhanced	Restorative	Inlay/Onlay Restorations	D2643	onlay - porcelain/ceramic - three surfaces
		Enhanced	Restorative	Inlay/Onlay Restorations	D2644	onlay - porcelain/ceramic - four or more surfaces
		Non Covered	Restorative	Inlay/Onlay Restorations	D2650	inlay - resin-based composite - one surface
		Non Covered	Restorative	Inlay/Onlay Restorations	D2651	inlay - resin-based composite - two surfaces
		Non Covered	Restorative	Inlay/Onlay Restorations	D2652	inlay - resin-based composite - three or more surfaces
		Enhanced	Restorative	Inlay/Onlay Restorations	D2662	onlay - resin-based composite - two surfaces

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Enhanced	Restorative	Inlay/Onlay Restorations	D2663	onlay - resin-based composite - three surfaces
		Enhanced	Restorative	Inlay/Onlay Restorations	D2664	onlay - resin-based composite - four or more surfaces
		Enhanced	Restorative	Crowns - Single Restorations Only	D2710	crown - resin-based composite (indirect)
		Enhanced	Restorative	Crowns - Single Restorations Only	D2712	crown - ¾ resin-based composite (indirect)
		Enhanced	Restorative	Crowns - Single Restorations Only	D2720	crown - resin with high noble metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2721	crown - resin with predominantly base metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2722	crown - resin with noble metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2740	crown - porcelain/ceramic substrate
		Enhanced	Restorative	Crowns - Single Restorations Only	D2750	crown - porcelain fused to high noble metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2751	crown - porcelain fused to predominantly base metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2752	crown - porcelain fused to noble metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2780	crown - 3/4 cast high noble metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2781	crown - 3/4 cast predominantly base metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2782	crown - 3/4 cast noble metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2783	crown - 3/4 porcelain/ceramic
		Enhanced	Restorative	Crowns - Single Restorations Only	D2790	crown - full cast high noble metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2791	crown - full cast predominantly base metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2792	crown - full cast noble metal
		Enhanced	Restorative	Crowns - Single Restorations Only	D2794	crown - titanium
		Non Covered	Restorative	Crowns - Single Restorations Only	D2799	provisional crown– further treatment or completion of diagnosis necessary prior to final impression
		Enhanced	Restorative	Other Restorative Services	D2910	recement inlay, onlay, or partial coverage restoration
		Enhanced	Restorative	Other Restorative Services	D2915	recement cast or prefabricated post and core
	Stabilization	Enhanced	Restorative	Other Restorative Services	D2920	recement crown
		Enhanced	Restorative	Other Restorative Services	D2921	reattachment of tooth fragment, incisal edge or cusp
		Child Non Covered	Restorative	Other Restorative Services	D2929	prefabricated porcelain/ceramic crown – primary tooth
		Child Non Covered	Restorative	Other Restorative Services	D2930	prefabricated stainless steel crown - primary tooth

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
	Stabilization	Enhanced	Restorative	Other Restorative Services	D2931	prefabricated stainless steel crown - permanent tooth
	Stabilization	Enhanced	Restorative	Other Restorative Services	D2932	prefabricated resin crown
		Child Non Covered	Restorative	Other Restorative Services	D2933	prefabricated stainless steel crown with resin window
		Child Non Covered	Restorative	Other Restorative Services	D2934	prefabricated esthetic coated stainless steel crown - primary tooth
	Stabilization	Enhanced	Restorative	Other Restorative Services	D2940	protective restoration
		Child Non Covered	Restorative	Other Restorative Services	D2941	interim therapeutic restoration – primary dentition
		Non Covered	Restorative	Other Restorative Services	D2949	restorative foundation for an indirect restoration
	Stabilization	Enhanced Plus	Restorative	Other Restorative Services	D2950	core buildup, including any pins when required
	Stabilization	Enhanced	Restorative	Other Restorative Services	D2951	pin retention - per tooth, in addition to restoration
		Enhanced Plus	Restorative	Other Restorative Services	D2952	post and core in addition to crown, indirectly fabricated
		Enhanced Plus	Restorative	Other Restorative Services	D2953	each additional indirectly fabricated post - same tooth
		Enhanced Plus	Restorative	Other Restorative Services	D2954	prefabricated post and core in addition to crown
		Enhanced Plus	Restorative	Other Restorative Services	D2955	post removal
		Enhanced Plus	Restorative	Other Restorative Services	D2957	each additional prefabricated post - same tooth
		Non Covered	Restorative	Other Restorative Services	D2960	labial veneer (resin laminate) - chairside
		Non Covered	Restorative	Other Restorative Services	D2961	labial veneer (resin laminate) - laboratory
		Non Covered	Restorative	Other Restorative Services	D2962	labial veneer (porcelain laminate) - laboratory
	Stabilization	Enhanced	Restorative	Other Restorative Services	D2970	temporary crown (fractured tooth)
		Enhanced	Restorative	Other Restorative Services	D2971	additional procedures to construct new crown under existing partial denture framework
		Non Covered	Restorative	Other Restorative Services	D2975	coping
		Enhanced	Restorative	Other Restorative Services	D2980	crown repair necessitated by restorative material failure
		Enhanced	Restorative	Other Restorative Services	D2981	inlay repair necessitated by restorative material failure
		Enhanced	Restorative	Other Restorative Services	D2982	onlay repair necessitated by restorative material failure
		Non Covered	Restorative	Other Restorative Services	D2983	veneer repair necessitated by restorative material failure
		Non Covered	Restorative	Other Restorative Services	D2990	resin infiltration of incipient smooth surface lesions
		Enhanced	Restorative	By Report	D2999	unspecified restorative procedure, by report
		Enhanced	Endodontics	Pulp Capping	D3110	pulp cap - direct (excluding final restoration)
		Non Covered	Endodontics	Pulp Capping	D3120	pulp cap - indirect (excluding final restoration)
	Emergency Care	Enhanced	Endodontics	Pulpotomy	D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament
	Emergency Care	Enhanced	Endodontics	Pulpotomy	D3221	pulpal debridement, primary and permanent teeth
	Emergency Care	Enhanced	Endodontics	Pulpotomy	D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
		Child Non Covered	Endodontics	Endodontic Therapy On Primary Teeth	D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
		Child Non Covered	Endodontics	Endodontic Therapy On Primary Teeth	D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
	Stabilization	Enhanced	Endodontics	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	D3310	endodontic therapy, anterior tooth (excluding final restoration)

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
	Stabilization	Enhanced	Endodontics	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	D3320	endodontic therapy, bicuspid tooth (excluding final restoration)
	Stabilization	Enhanced	Endodontics	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	D3330	endodontic therapy, molar (excluding final restoration)
		Enhanced	Endodontics	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	D3331	treatment of root canal obstruction; non-surgical access
		Enhanced	Endodontics	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
		Enhanced	Endodontics	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	D3333	internal root repair of perforation defects
		Enhanced	Endodontics	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	D3346	retreatment of previous root canal therapy - anterior
		Enhanced	Endodontics	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	D3347	retreatment of previous root canal therapy - bicuspid
		Enhanced	Endodontics	Endodontic Therapy (including treatment plan, clinical procedures and follow-up care)	D3348	retreatment of previous root canal therapy - molar
		Enhanced	Endodontics	Apexification Calcification	D3351	apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
		Enhanced	Endodontics	Apexification Calcification	D3352	apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
		Enhanced	Endodontics	Apexification Calcification	D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)
		Non Covered	Endodontics	Pulpal Regeneration	D3355	pulpal regeneration - initial visit
		Non Covered	Endodontics	Pulpal Regeneration	D3356	pulpal regeneration - interim medication replacement
		Non Covered	Endodontics	Pulpal Regeneration	D3357	pulpal regeneration - completion of treatment
		Enhanced	Endodontics	Apicoectomy Periradicular Services	D3410	apicoectomy - anterior
		Enhanced	Endodontics	Apicoectomy Periradicular Services	D3421	apicoectomy - bicuspid (first root)
		Enhanced	Endodontics	Apicoectomy Periradicular Services	D3425	apicoectomy - molar (first root)
		Enhanced	Endodontics	Apicoectomy Periradicular Services	D3426	apicoectomy (each additional root)

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Enhanced	Endodontics	Apicoectomy Periradicular Services	D3427	periradicular surgery without apicoectomy
		Non Covered	Endodontics	Apicoectomy Periradicular Services	D3428	bone graft in conjunction with periradicular surgery – per tooth, single site
		Non Covered	Endodontics	Apicoectomy Periradicular Services	D3429	bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site
		Enhanced	Endodontics	Apicoectomy Periradicular Services	D3430	retrograde filling - per root
		Non Covered	Endodontics	Apicoectomy Periradicular Services	D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
		Non Covered	Endodontics	Apicoectomy Periradicular Services	D3432	guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery
		Enhanced	Endodontics	Apicoectomy Periradicular Services	D3450	root amputation - per root
		Non Covered	Endodontics	Apicoectomy Periradicular Services	D3460	endodontic endosseous implant
		Enhanced	Endodontics	Apicoectomy Periradicular Services	D3470	intentional reimplantation (including necessary splinting)
		Enhanced	Endodontics	Other Endodontic Procedures	D3910	surgical procedure for isolation of tooth with rubber dam
		Enhanced	Endodontics	Other Endodontic Procedures	D3920	hemisection (including any root removal), not including root canal therapy
		Enhanced	Endodontics	Other Endodontic Procedures	D3950	canal preparation and fitting of preformed dowel or post
		Enhanced	Endodontics	By Report	D3999	unspecified endodontic procedure, by report
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant
		Non Covered	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
		Non Covered	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4230	anatomical crown exposure - four or more contiguous teeth per quadrant
		Non Covered	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4231	anatomical crown exposure - one to three teeth per quadrant
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4245	apically positioned flap
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4249	clinical crown lengthening - hard tissue
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4260	osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4261	osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4263	bone replacement graft - first site in quadrant
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4264	bone replacement graft - each additional site in quadrant
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4265	biologic materials to aid in soft and osseous tissue regeneration
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4266	guided tissue regeneration - resorbable barrier, per site
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4268	surgical revision procedure, per tooth
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4270	pedicle soft tissue graft procedure
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4273	subepithelial connective tissue graft procedures, per tooth
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4274	distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4275	soft tissue allograft
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4276	combined connective tissue and double pedicle graft, per tooth
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4277	free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft
		Enhanced Plus	Periodontics	Surgical Services (Including Usual Postoperative Care)	D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site
		Non Covered	Periodontics	Non-Surgical Periodontal Service	D4320	provisional splinting - intracoronal
		Non Covered	Periodontics	Non-Surgical Periodontal Service	D4321	provisional splinting - extracoronal
	Stabilization	Enhanced	Periodontics	Non-Surgical Periodontal Service	D4341	periodontal scaling and root planing - four or more teeth per quadrant
	Stabilization	Enhanced	Periodontics	Non-Surgical Periodontal Service	D4342	periodontal scaling and root planing - one to three teeth per quadrant
	Stabilization	Enhanced	Periodontics	Non-Surgical Periodontal Service	D4355	full mouth debridement to enable comprehensive evaluation and diagnosis
		Enhanced	Periodontics	Non-Surgical Periodontal Service	D4381	localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth
		Core	Periodontics	Other Periodontal Services	D4910	periodontal maintenance
		Non Covered	Periodontics	Other Periodontal Services	D4920	unscheduled dressing change (by someone other than treating dentist or their staff)
		Non Covered	Periodontics	Other Periodontal Services	D4921	gingival irrigation – per quadrant
		Enhanced	Periodontics	By Report	D4999	unspecified periodontal procedure, by report

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
	Stabilization	Enhanced Plus	Prosthodontics Removable	Complete Dentures (Including Routine Post-Delivery Care)	D5110	complete denture - maxillary
	Stabilization	Enhanced Plus	Prosthodontics Removable	Complete Dentures (Including Routine Post-Delivery Care)	D5120	complete denture - mandibular
	Stabilization	Enhanced Plus	Prosthodontics Removable	Complete Dentures (Including Routine Post-Delivery Care)	D5130	immediate denture - maxillary
	Stabilization	Enhanced Plus	Prosthodontics Removable	Complete Dentures (Including Routine Post-Delivery Care)	D5140	immediate denture - mandibular
		Enhanced Plus	Prosthodontics Removable	Partial Dentures (Including Routine Post-Delivery Care)	D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)
		Enhanced Plus	Prosthodontics Removable	Partial Dentures (Including Routine Post-Delivery Care)	D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)
		Enhanced Plus	Prosthodontics Removable	Partial Dentures (Including Routine Post-Delivery Care)	D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
		Enhanced Plus	Prosthodontics Removable	Partial Dentures (Including Routine Post-Delivery Care)	D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
		Enhanced Plus	Prosthodontics Removable	Partial Dentures (Including Routine Post-Delivery Care)	D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)
		Enhanced Plus	Prosthodontics Removable	Partial Dentures (Including Routine Post-Delivery Care)	D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)
		Enhanced Plus	Prosthodontics Removable	Partial Dentures (Including Routine Post-Delivery Care)	D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)
	Stabilization	Enhanced	Prosthodontics Removable	Adjustments To Dentures	D5410	adjust complete denture - maxillary
	Stabilization	Enhanced	Prosthodontics Removable	Adjustments To Dentures	D5411	adjust complete denture - mandibular
	Stabilization	Enhanced	Prosthodontics Removable	Adjustments To Dentures	D5421	adjust partial denture - maxillary
	Stabilization	Enhanced	Prosthodontics Removable	Adjustments To Dentures	D5422	adjust partial denture - mandibular
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Complete Dentures	D5510	repair broken complete denture base
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Complete Dentures	D5520	replace missing or broken teeth - complete denture (each tooth)
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Partial Dentures	D5610	repair resin denture base
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Partial Dentures	D5620	repair cast framework
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Partial Dentures	D5630	repair or replace broken clasp
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Partial Dentures	D5640	replace broken teeth - per tooth

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Partial Dentures	D5650	add tooth to existing partial denture
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Partial Dentures	D5660	add clasp to existing partial denture
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Partial Dentures	D5670	replace all teeth and acrylic on cast metal framework (maxillary)
	Stabilization	Enhanced	Prosthodontics Removable	Repairs to Partial Dentures	D5671	replace all teeth and acrylic on cast metal framework (mandibular)
	Stabilization	Enhanced	Prosthodontics Removable	Denture Rebase Procedures	D5710	rebase complete maxillary denture
	Stabilization	Enhanced	Prosthodontics Removable	Denture Rebase Procedures	D5711	rebase complete mandibular denture
	Stabilization	Enhanced	Prosthodontics Removable	Denture Rebase Procedures	D5720	rebase maxillary partial denture
	Stabilization	Enhanced	Prosthodontics Removable	Denture Rebase Procedures	D5721	rebase mandibular partial denture
	Stabilization	Enhanced	Prosthodontics Removable	Denture Reline Procedures	D5730	reline complete maxillary denture (chairside)
	Stabilization	Enhanced	Prosthodontics Removable	Denture Reline Procedures	D5731	reline complete mandibular denture (chairside)
	Stabilization	Enhanced	Prosthodontics Removable	Denture Reline Procedures	D5740	reline maxillary partial denture (chairside)
	Stabilization	Enhanced	Prosthodontics Removable	Denture Reline Procedures	D5741	reline mandibular partial denture (chairside)
	Stabilization	Enhanced	Prosthodontics Removable	Denture Reline Procedures	D5750	reline complete maxillary denture (laboratory)
	Stabilization	Enhanced	Prosthodontics Removable	Denture Reline Procedures	D5751	reline complete mandibular denture (laboratory)
	Stabilization	Enhanced	Prosthodontics Removable	Denture Reline Procedures	D5760	reline maxillary partial denture (laboratory)
	Stabilization	Enhanced	Prosthodontics Removable	Denture Reline Procedures	D5761	reline mandibular partial denture (laboratory)
		Non Covered	Prosthodontics Removable	Interim Prosthesis	D5810	interim complete denture (maxillary)
		Non Covered	Prosthodontics Removable	Interim Prosthesis	D5811	interim complete denture (mandibular)
	Stabilization	Core	Prosthodontics Removable	Interim Prosthesis	D5820	interim partial denture (maxillary)
	Stabilization	Core	Prosthodontics Removable	Interim Prosthesis	D5821	interim partial denture (mandibular)
	Stabilization	Enhanced	Prosthodontics Removable	Other Removable Prosthetic Services	D5850	tissue conditioning, maxillary
	Stabilization	Enhanced	Prosthodontics Removable	Other Removable Prosthetic Services	D5851	tissue conditioning, mandibular

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Prosthodontics Removable	Other Removable Prosthetic Services	D5862	precision attachment, by report
		Non Covered	Prosthodontics Removable	Other Removable Prosthetic Services	D5863	overdenture – complete maxillary
		Non Covered	Prosthodontics Removable	Other Removable Prosthetic Services	D5864	overdenture – partial maxillary
		Non Covered	Prosthodontics Removable	Other Removable Prosthetic Services	D5865	overdenture – complete mandibular
		Non Covered	Prosthodontics Removable	Other Removable Prosthetic Services	D5866	overdenture – partial mandibular
		Non Covered	Prosthodontics Removable	Other Removable Prosthetic Services	D5867	replacement of replaceable part of semi-precision or precision attachment (male or female component)
		Non Covered	Prosthodontics Removable	Other Removable Prosthetic Services	D5875	modification of removable prosthesis following implant surgery
		Enhanced Plus	Prosthodontics Removable	By Report	D5899	unspecified removable prosthodontic procedure, by report
		Non Covered	Maxillofacial Prosthetics		D5911	facial moulage (sectional)
		Non Covered	Maxillofacial Prosthetics		D5912	facial moulage (complete)
		Non Covered	Maxillofacial Prosthetics		D5913	nasal prosthesis
		Non Covered	Maxillofacial Prosthetics		D5914	auricular prosthesis
		Non Covered	Maxillofacial Prosthetics		D5915	orbital prosthesis
		Non Covered	Maxillofacial Prosthetics		D5916	ocular prosthesis
		Non Covered	Maxillofacial Prosthetics		D5919	facial prosthesis
		Non Covered	Maxillofacial Prosthetics		D5922	nasal septal prosthesis
		Non Covered	Maxillofacial Prosthetics		D5923	ocular prosthesis, interim
		Non Covered	Maxillofacial Prosthetics		D5924	cranial prosthesis
		Non Covered	Maxillofacial Prosthetics		D5925	facial augmentation implant prosthesis
		Non Covered	Maxillofacial Prosthetics		D5926	nasal prosthesis, replacement
		Non Covered	Maxillofacial Prosthetics		D5927	auricular prosthesis, replacement
		Non Covered	Maxillofacial Prosthetics		D5928	orbital prosthesis, replacement

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Maxillofacial Prosthetics		D5929	facial prosthesis, replacement
		Non Covered	Maxillofacial Prosthetics		D5931	obturator prosthesis, surgical
		Non Covered	Maxillofacial Prosthetics		D5932	obturator prosthesis, definitive
		Non Covered	Maxillofacial Prosthetics		D5933	obturator prosthesis, modification
		Non Covered	Maxillofacial Prosthetics		D5934	mandibular resection prosthesis with guide flange
		Non Covered	Maxillofacial Prosthetics		D5935	mandibular resection prosthesis without guide flange
		Non Covered	Maxillofacial Prosthetics		D5936	obturator prosthesis, interim
		Non Covered	Maxillofacial Prosthetics		D5937	trismus appliance (not for TMD treatment)
		Non Covered	Maxillofacial Prosthetics		D5951	feeding aid
		Non Covered	Maxillofacial Prosthetics		D5952	speech aid prosthesis, pediatric
		Non Covered	Maxillofacial Prosthetics		D5953	speech aid prosthesis, adult
		Non Covered	Maxillofacial Prosthetics		D5954	palatal augmentation prosthesis
		Non Covered	Maxillofacial Prosthetics		D5955	palatal lift prosthesis, definitive
		Non Covered	Maxillofacial Prosthetics		D5958	palatal lift prosthesis, interim
		Non Covered	Maxillofacial Prosthetics		D5959	palatal lift prosthesis, modification
		Non Covered	Maxillofacial Prosthetics		D5960	speech aid prosthesis, modification
		Non Covered	Maxillofacial Prosthetics		D5982	surgical stent
		Non Covered	Maxillofacial Prosthetics	Carriers	D5983	radiation carrier
		Non Covered	Maxillofacial Prosthetics		D5984	radiation shield
		Non Covered	Maxillofacial Prosthetics		D5985	radiation cone locator
		Non Covered	Maxillofacial Prosthetics	Carriers	D5986	fluoride gel carrier
		Non Covered	Maxillofacial Prosthetics		D5987	commissure splint

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Maxillofacial Prosthetics		D5988	surgical splint
		Non Covered	Maxillofacial Prosthetics	Carriers	D5991	vesiculobullous disease medicament carrier
		Non Covered	Maxillofacial Prosthetics		D5992	adjust maxillofacial prosthetic appliance, by report
		Non Covered	Maxillofacial Prosthetics		D5993	maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
		Non Covered	Maxillofacial Prosthetics	Carriers	D5994	periodontal medicament carrier with peripheral seal – laboratory processed
		Non Covered	Maxillofacial Prosthetics	By Report	D5999	unspecified maxillofacial prosthesis, by report
		Non Covered	Implant Services	Surgical Services	D6010	surgical placement of implant body: endosteal implant
		Non Covered	Implant Services	Surgical Services	D6011	second stage implant surgery
		Non Covered	Implant Services	Surgical Services	D6012	surgical placement of interim implant body for transitional prosthesis: endosteal implant
		Non Covered	Implant Services	Surgical Services	D6013	surgical placement of mini implant
		Non Covered	Implant Services	Surgical Services	D6040	surgical placement: eposteal implant
		Non Covered	Implant Services	Surgical Services	D6050	surgical placement: transosteal implant
		Non Covered	Implant Services	Implant Supported Prosthetics	D6051	interim abutment
		Non Covered	Implant Services	Implant Supported Prosthetics	D6052	semi-precision attachment abutment
		Non Covered	Implant Services	Implant/Abutment Supported Removable Dentures	D6053	implant/abutment supported removable denture for completely edentulous arch
		Non Covered	Implant Services	Implant/Abutment Supported Removable Dentures	D6054	implant/abutment supported removable denture for partially edentulous arch
		Non Covered	Implant Services	Implant Supported Prosthetics	D6055	connecting bar – implant supported or abutment supported
		Non Covered	Implant Services	Implant Supported Prosthetics	D6056	prefabricated abutment – includes modification and placement
		Non Covered	Implant Services	Implant Supported Prosthetics	D6057	custom fabricated abutment – includes placement
		Enhanced Plus	Implant Services	Single Crowns, Abutment Supported	D6058	abutment supported porcelain/ceramic crown
		Enhanced Plus	Implant Services	Single Crowns, Abutment Supported	D6059	abutment supported porcelain fused to metal crown (high noble metal)
		Enhanced Plus	Implant Services	Single Crowns, Abutment Supported	D6060	abutment supported porcelain fused to metal crown (predominantly base metal)

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Enhanced Plus	Implant Services	Single Crowns, Abutment Supported	D6061	abutment supported porcelain fused to metal crown (noble metal)
		Enhanced Plus	Implant Services	Single Crowns, Abutment Supported	D6062	abutment supported cast metal crown (high noble metal)
		Enhanced Plus	Implant Services	Single Crowns, Abutment Supported	D6063	abutment supported cast metal crown (predominantly base metal)
		Enhanced Plus	Implant Services	Single Crowns, Abutment Supported	D6064	abutment supported cast metal crown (noble metal)
		Enhanced Plus	Implant Services	Single Crowns, Implant Supported	D6065	implant supported porcelain/ceramic crown
		Enhanced Plus	Implant Services	Single Crowns, Implant Supported	D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
		Enhanced Plus	Implant Services	Single Crowns, Implant Supported	D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)
		Non Covered	Implant Services	Fixed Partial Denture, Abutment Supported	D6068	abutment supported retainer for porcelain/ceramic FPD
		Non Covered	Implant Services	Fixed Partial Denture, Abutment Supported	D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)
		Non Covered	Implant Services	Fixed Partial Denture, Abutment Supported	D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
		Non Covered	Implant Services	Fixed Partial Denture, Abutment Supported	D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)
		Non Covered	Implant Services	Fixed Partial Denture, Abutment Supported	D6072	abutment supported retainer for cast metal FPD (high noble metal)
		Non Covered	Implant Services	Fixed Partial Denture, Abutment Supported	D6073	abutment supported retainer for cast metal FPD (predominantly base metal)
		Non Covered	Implant Services	Fixed Partial Denture, Abutment Supported	D6074	abutment supported retainer for cast metal FPD (noble metal)
		Non Covered	Implant Services	Fixed Partial Denture, Implant Supported	D6075	implant supported retainer for ceramic FPD
		Non Covered	Implant Services	Fixed Partial Denture, Implant Supported	D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
		Non Covered	Implant Services	Fixed Partial Denture, Implant Supported	D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
		Non Covered	Implant Services	Implant / Abutment Supported Fixed Dentures (Hybrid Prosthesis)	D6078	implant/abutment supported fixed denture for completely edentulous arch
		Non Covered	Implant Services	Implant / Abutment Supported Fixed Dentures (Hybrid Prosthesis)	D6079	implant/abutment supported fixed denture for partially edentulous arch
		Non Covered	Implant Services	Other Implant Services	D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments
		Non Covered	Implant Services	Other Implant Services	D6090	repair implant supported prosthesis, by report

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Implant Services	Other Implant Services	D6091	replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
		Non Covered	Implant Services	Other Implant Services	D6092	recement implant/abutment supported crown
		Non Covered	Implant Services	Other Implant Services	D6093	recement implant/abutment supported fixed partial denture
		Enhanced Plus	Implant Services	Single Crowns, Abutment Supported	D6094	abutment supported crown - (titanium)
		Non Covered	Implant Services	Other Implant Services	D6095	repair implant abutment, by report
		Non Covered	Implant Services	Surgical Services	D6100	implant removal, by report
		Non Covered	Implant Services	Surgical Services	D6101	debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure
		Non Covered	Implant Services	Surgical Services	D6102	debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure
		Non Covered	Implant Services	Surgical Services	D6103	bone graft for repair of periimplant defect – not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration
		Non Covered	Implant Services	Surgical Services	D6104	bone graft at time of implant placement
		Non Covered	Implant Services	Pre Surgical Services	D6190	radiographic/surgical implant index, by report
		Non Covered	Implant Services	Fixed Partial Denture, Abutment Supported	D6194	abutment supported retainer crown for FPD (titanium)
		Non Covered	Implant Services	By Report	D6199	unspecified implant procedure, by report
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6205	pontic - indirect resin based composite
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6210	pontic - cast high noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6211	pontic - cast predominantly base metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6212	pontic - cast noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6214	pontic - titanium
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6240	pontic - porcelain fused to high noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6241	pontic - porcelain fused to predominantly base metal

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6242	pontic - porcelain fused to noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6245	pontic - porcelain/ceramic
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6250	pontic - resin with high noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6251	pontic - resin with predominantly base metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6252	pontic - resin with noble metal
		Non Covered	Prosthodontics, Fixed	Fixed Partial Denture Pontics	D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6545	retainer - cast metal for resin bonded fixed prosthesis
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6600	inlay - porcelain/ceramic, two surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6601	inlay - porcelain/ceramic, three or more surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6602	inlay - cast high noble metal, two surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6603	inlay - cast high noble metal, three or more surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6604	inlay - cast predominantly base metal, two surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6605	inlay - cast predominantly base metal, three or more surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6606	inlay - cast noble metal, two surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6607	inlay - cast noble metal, three or more surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6608	onlay - porcelain/ceramic, two surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6609	onlay - porcelain/ceramic, three or more surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6610	onlay - cast high noble metal, two surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6611	onlay - cast high noble metal, three or more surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6612	onlay - cast predominantly base metal, two surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6613	onlay - cast predominantly base metal, three or more surfaces

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6614	onlay - cast noble metal, two surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6615	onlay - cast noble metal, three or more surfaces
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6624	inlay - titanium
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Inlays/Onlays	D6634	onlay - titanium
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6710	crown - indirect resin based composite
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6720	crown - resin with high noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6721	crown - resin with predominantly base metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6722	crown - resin with noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6740	crown - porcelain/ceramic
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6750	crown - porcelain fused to high noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6751	crown - porcelain fused to predominantly base metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6752	crown - porcelain fused to noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6780	crown - 3/4 cast high noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6781	crown - 3/4 cast predominantly base metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6782	crown - 3/4 cast noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6783	crown - 3/4 porcelain/ceramic
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6790	crown - full cast high noble metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6791	crown - full cast predominantly base metal
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6792	crown - full cast noble metal
		Non Covered	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression
		Enhanced Plus	Prosthodontics, Fixed	Fixed Partial Denture Retainers-Crowns	D6794	crown - titanium
		Non Covered		Other Fixed Partial Denture Services	D6920	connector bar

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Enhanced		Other Fixed Partial Denture Services	D6930	recement fixed partial denture
		Non Covered		Other Fixed Partial Denture Services	D6940	stress breaker
		Non Covered		Other Fixed Partial Denture Services	D6950	precision attachment
		Non Covered		Other Fixed Partial Denture Services	D6975	coping
		Enhanced		Other Fixed Partial Denture Services	D6980	fixed partial denture repair necessitated by restorative material failure
		Child Non Covered		Other Fixed Partial Denture Services	D6985	pediatric partial denture, fixed
		Enhanced Plus		By Report	D6999	unspecified fixed prosthodontic procedure, by report
		Child Non Covered	Oral & Maxillofacial Surgery		D7111	extraction, coronal remnants - deciduous tooth
Stabilization	Emergency Care	Enhanced	Oral & Maxillofacial Surgery	Extractions	D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)
Stabilization	Emergency Care	Enhanced	Oral & Maxillofacial Surgery	Surgical Extractions	D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
		Enhanced	Oral & Maxillofacial Surgery	Surgical Extractions	D7220	removal of impacted tooth - soft tissue
		Enhanced	Oral & Maxillofacial Surgery	Surgical Extractions	D7230	removal of impacted tooth - partially bony
		Enhanced	Oral & Maxillofacial Surgery	Surgical Extractions	D7240	removal of impacted tooth - completely bony
		Enhanced	Oral & Maxillofacial Surgery	Surgical Extractions	D7241	removal of impacted tooth - completely bony, with unusual surgical complications
Stabilization	Emergency Care	Enhanced	Oral & Maxillofacial Surgery	Surgical Extractions	D7250	surgical removal of residual tooth roots (cutting procedure)
		Enhanced	Oral & Maxillofacial Surgery	Surgical Extractions	D7251	coronectomy – intentional partial tooth removal
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7260	oroantral fistula closure

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7261	primary closure of a sinus perforation
	Emergency Care	Enhanced	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7272	tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
		Enhanced	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7280	surgical access of an unerupted tooth
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7282	mobilization of erupted or malpositioned tooth to aid eruption
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7283	placement of device to facilitate eruption of impacted tooth
	Emergency Care	Enhanced	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7285	biopsy of oral tissue - hard (bone, tooth)
	Emergency Care	Enhanced	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7286	biopsy of oral tissue - soft
		Enhanced	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7287	exfoliative cytological sample collection
		Enhanced	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7288	brush biopsy - transepithelial sample collection
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7290	surgical repositioning of teeth
		Enhanced	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7291	transseptal fiberotomy/supra crestal fiberotomy, by report
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7292	surgical placement: temporary anchorage device [screw retained plate] requiring surgical flap
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7293	surgical placement: temporary anchorage device requiring surgical flap

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7294	surgical placement: temporary anchorage device without surgical flap
		Non Covered	Oral & Maxillofacial Surgery	Other Surgical Procedures	D7295	harvest of bone for use in autogenous grafting procedure
Stabilization		Enhanced	Oral & Maxillofacial Surgery	Alveoloplasty	D7310	alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
Stabilization		Enhanced	Oral & Maxillofacial Surgery	Alveoloplasty	D7311	alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
		Enhanced	Oral & Maxillofacial Surgery	Alveoloplasty	D7320	alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
		Enhanced	Oral & Maxillofacial Surgery	Alveoloplasty	D7321	alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
		Non Covered	Oral & Maxillofacial Surgery	Vestibuloplasty	D7340	vestibuloplasty - ridge extension (secondary epithelialization)
		Non Covered	Oral & Maxillofacial Surgery	Vestibuloplasty	D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Soft Tissue Lesions	D7410	excision of benign lesion up to 1.25 cm
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Soft Tissue Lesions	D7411	excision of benign lesion greater than 1.25 cm
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Soft Tissue Lesions	D7412	excision of benign lesion, complicated
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Soft Tissue Lesions	D7413	excision of malignant lesion up to 1.25 cm
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Soft Tissue Lesions	D7414	excision of malignant lesion greater than 1.25 cm
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Soft Tissue Lesions	D7415	excision of malignant lesion, complicated

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Intra Osseous Lesions	D7440	excision of malignant tumor - lesion diameter up to 1.25 cm
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Intra Osseous Lesions	D7441	excision of malignant tumor - lesion diameter greater than 1.25 cm
		Enhanced	Oral & Maxillofacial Surgery	Surgical Excision of Intra Osseous Lesions	D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
		Enhanced	Oral & Maxillofacial Surgery	Surgical Excision of Intra Osseous Lesions	D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Intra Osseous Lesions	D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Intra Osseous Lesions	D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm
		Non Covered	Oral & Maxillofacial Surgery	Surgical Excision of Soft Tissue Lesions	D7465	destruction of lesion(s) by physical or chemical method, by report
		Enhanced	Oral & Maxillofacial Surgery	Excision of Bone Tissue	D7471	removal of lateral exostosis (maxilla or mandible)
		Enhanced	Oral & Maxillofacial Surgery	Excision of Bone Tissue	D7472	removal of torus palatinus
		Enhanced	Oral & Maxillofacial Surgery	Excision of Bone Tissue	D7473	removal of torus mandibularis
	Stabilization	Enhanced	Oral & Maxillofacial Surgery	Excision of Bone Tissue	D7485	surgical reduction of osseous tuberosity
		Non Covered	Oral & Maxillofacial Surgery	Excision of Bone Tissue	D7490	radical resection of maxilla or mandible
	Emergency Care	Enhanced	Oral & Maxillofacial Surgery	Surgical incision	D7510	incision and drainage of abscess - intraoral soft tissue
	Emergency Care	Enhanced	Oral & Maxillofacial Surgery	Surgical incision	D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Oral & Maxillofacial Surgery	Surgical Incision	D7520	incision and drainage of abscess - extraoral soft tissue
		Non Covered	Oral & Maxillofacial Surgery	Surgical Incision	D7521	incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)
		Enhanced	Oral & Maxillofacial Surgery	Surgical Incision	D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue
		Non Covered	Oral & Maxillofacial Surgery	Surgical Incision	D7540	removal of reaction producing foreign bodies, musculoskeletal system
		Non Covered	Oral & Maxillofacial Surgery	Surgical Incision	D7550	partial ostectomy/sequestrectomy for removal of non-vital bone
		Non Covered	Oral & Maxillofacial Surgery	Surgical Incision	D7560	maxillary sinusotomy for removal of tooth fragment or foreign body
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Simple	D7610	maxilla - open reduction (teeth immobilized, if present)
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Simple	D7620	maxilla - closed reduction (teeth immobilized, if present)
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Simple	D7630	mandible - open reduction (teeth immobilized, if present)
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Simple	D7640	mandible - closed reduction (teeth immobilized, if present)
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Simple	D7650	malar and/or zygomatic arch - open reduction
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Simple	D7660	malar and/or zygomatic arch - closed reduction
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Simple	D7670	alveolus closed reduction may include stabilization of teeth
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Simple	D7671	alveolus, open reduction may include stabilization of teeth

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Simple	D7680	facial bones - complicated reduction with fixation and multiple surgical approaches
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Compound	D7710	maxilla open reduction
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Compound	D7720	maxilla - closed reduction
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Compound	D7730	mandible - open reduction
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Compound	D7740	mandible - closed reduction
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Compound	D7750	malar and/or zygomatic arch - open reduction
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Compound	D7760	malar and/or zygomatic arch - closed reduction
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Compound	D7770	alveolus - open reduction stabilization of teeth
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Compound	D7771	alveolus, closed reduction stabilization of teeth
		Non Covered	Oral & Maxillofacial Surgery	Treatment of Fractures Compound	D7780	facial bones - complicated reduction with fixation and multiple surgical approaches
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7810	open reduction of dislocation
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7820	closed reduction of dislocation
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7830	manipulation under anesthesia

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7840	condylectomy
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7850	surgical discectomy, with/without implant
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7852	disc repair
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7854	synovectomy
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7856	myotomy
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7858	joint reconstruction
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7860	arthrotomy
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7865	arthroplasty
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7870	arthrocentesis
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7871	non-arthroscopic lysis and lavage
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7872	arthroscopy - diagnosis, with or without biopsy

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7873	arthroscopy - surgical: lavage and lysis of adhesions
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7874	arthroscopy - surgical: disc repositioning and stabilization
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7875	arthroscopy - surgical: synovectomy
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7876	arthroscopy - surgical: discectomy
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7877	arthroscopy - surgical: debridement
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7880	occlusal orthotic device, by report
		Non Covered	Oral & Maxillofacial Surgery	Redution of Dislocation and Management of Other Temporomandibular Joint Dysfunctions	D7899	unspecified TMD therapy, by report
		Non Covered	Oral & Maxillofacial Surgery	Repair of Traumatic Wounds	D7910	suture of recent small wounds up to 5 cm
		Non Covered	Oral & Maxillofacial Surgery	Complicated Suturing	D7911	complicated suture - up to 5 cm
		Non Covered	Oral & Maxillofacial Surgery	Complicated Suturing	D7912	complicated suture - greater than 5 cm
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7920	skin graft (identify defect covered, location and type of graft)
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7921	collection and application of autologous blood concentrate product

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Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7940	osteoplasty - for orthognathic deformities
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7941	osteotomy - mandibular rami
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7944	osteotomy - segmented or subapical
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7945	osteotomy - body of mandible
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7946	LeFort I (maxilla - total)
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7947	LeFort I (maxilla - segmented)
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7949	LeFort II or LeFort III - with bone graft
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7951	sinus augmentation with bone or bone substitutes via a lateral open approach
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7952	sinus augmentation via a vertical approach
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7953	bone replacement graft for ridge preservation - per site
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7955	repair of maxillofacial soft and/or hard tissue defect

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Enhanced	Oral & Maxillofacial Surgery	Other Repair Procedures	D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure
		Enhanced	Oral & Maxillofacial Surgery	Other Repair Procedures	D7963	frenuloplasty
		Enhanced	Oral & Maxillofacial Surgery	Other Repair Procedures	D7970	excision of hyperplastic tissue - per arch
		Enhanced	Oral & Maxillofacial Surgery	Other Repair Procedures	D7971	excision of pericoronal gingiva
		Enhanced	Oral & Maxillofacial Surgery	Other Repair Procedures	D7972	surgical reduction of fibrous tuberosity
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7980	sialolithotomy
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7981	excision of salivary gland, by report
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7982	sialodochoplasty
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7983	closure of salivary fistula
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7990	emergency tracheotomy
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7991	coronoidectomy
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7995	synthetic graft - mandible or facial bones, by report
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7997	appliance removal (not by dentist who placed appliance), includes removal of archbar

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Oral & Maxillofacial Surgery	Other Repair Procedures	D7998	intraoral placement of a fixation device not in conjunction with a fracture
		Enhanced	Oral & Maxillofacial Surgery	By Report	D7999	unspecified oral surgery procedure, by report
		Non Covered	Orthodontics	Limited Orthodontic Treatment	D8010	limited orthodontic treatment of the primary dentition
		Non Covered	Orthodontics	Limited Orthodontic Treatment	D8020	limited orthodontic treatment of the transitional dentition
		Non Covered	Orthodontics	Limited Orthodontic Treatment	D8030	limited orthodontic treatment of the adolescent dentition
		Non Covered	Orthodontics	Limited Orthodontic Treatment	D8040	limited orthodontic treatment of the adult dentition
		Non Covered	Orthodontics	Interceptive Orthodontic Treatment	D8050	interceptive orthodontic treatment of the primary dentition
		Non Covered	Orthodontics	Interceptive Orthodontic Treatment	D8060	interceptive orthodontic treatment of the transitional dentition
		Non Covered	Orthodontics	Comprehensive Orthodontic Treatment	D8070	comprehensive orthodontic treatment of the transitional dentition
		Non Covered	Orthodontics	Comprehensive Orthodontic Treatment	D8080	comprehensive orthodontic treatment of the adolescent dentition
		Non Covered	Orthodontics	Comprehensive Orthodontic Treatment	D8090	comprehensive orthodontic treatment of the adult dentition
		Non Covered	Orthodontics	Minor Treatment to Control Harmful Habits	D8210	removable appliance therapy
		Non Covered	Orthodontics	Minor Treatment to Control Harmful Habits	D8220	fixed appliance therapy
		Non Covered	Orthodontics	Other Orthodontic Services	D8660	pre-orthodontic treatment visit
		Non Covered	Orthodontics	Other Orthodontic Services	D8670	periodic orthodontic treatment visit (as part of contract)
		Non Covered	Orthodontics	Other Orthodontic Services	D8680	orthodontic retention (removal of appliances, construction and placement of retainer(s))
		Non Covered	Orthodontics	Other Orthodontic Services	D8690	orthodontic treatment (alternative billing to a contract fee)
		Non Covered	Orthodontics	Other Orthodontic Services	D8691	repair of orthodontic appliance
		Non Covered	Orthodontics	Other Orthodontic Services	D8692	replacement of lost or broken retainer
		Non Covered	Orthodontics	Other Orthodontic Services	D8693	rebonding or recementing of fixed retainers
		Non Covered	Orthodontics	Other Orthodontic Services	D8694	repair of fixed retainers, includes reattachment
		Non Covered	Orthodontics	By Report	D8999	unspecified orthodontic procedure, by report
	Emergency Care	Enhanced	Adjunctive General Services	Unclassifiied Treatment	D9110	palliative (emergency) treatment of dental pain - minor procedure
		Enhanced	Adjunctive General Services	Unclassifiied Treatment	D9120	fixed partial denture sectioning
		Non Covered	Adjunctive General Services	Anesthesia	D9210	local anesthesia not in conjunction with operative or surgical procedures

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Adjunctive General Services	Anesthesia	D9211	regional block anesthesia
		Non Covered	Adjunctive General Services	Anesthesia	D9212	trigeminal division block anesthesia
		Non Covered	Adjunctive General Services	Anesthesia	D9215	local anesthesia in conjunction with operative or surgical procedures
	Emergency Care	Enhanced	Adjunctive General Services	Anesthesia	D9220	deep sedation/general anesthesia - first 30 minutes
	Emergency Care	Enhanced	Adjunctive General Services	Anesthesia	D9221	deep sedation/general anesthesia - each additional 15 minutes
		Non Covered	Adjunctive General Services	Anesthesia	D9230	inhalation of nitrous oxide / anxiolysis, analgesia
	Emergency Care	Enhanced	Adjunctive General Services	Anesthesia	D9241	intravenous conscious sedation/analgesia - first 30 minutes
	Emergency Care	Enhanced	Adjunctive General Services	Anesthesia	D9242	intravenous conscious sedation/analgesia - each additional 15 minutes
	Emergency Care	Enhanced	Adjunctive General Services	Anesthesia	D9248	non-intravenous conscious sedation
		Core	Adjunctive General Services	Professional Consultation	D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician
		Non Covered	Adjunctive General Services	Professional Visits	D9410	house/extended care facility call
		Non Covered	Adjunctive General Services	Professional Visits	D9420	hospital or ambulatory surgical center call
		Non Covered	Adjunctive General Services	Professional Visits	D9430	office visit for observation (during regularly scheduled hours) - no other services performed
	Emergency Care	Core	Adjunctive General Services	Professional Visits	D9440	office visit - after regularly scheduled hours

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Adjunctive General Services	Professional Visits	D9450	case presentation, detailed and extensive treatment planning
		Non Covered	Adjunctive General Services	Drugs	D9610	therapeutic parenteral drug, single administration
		Non Covered	Adjunctive General Services	Drugs	D9612	therapeutic parenteral drugs, two or more administrations, different medications
		Enhanced	Adjunctive General Services	Drugs	D9630	other drugs and/or medicaments, by report
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9910	application of desensitizing medicament
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9911	application of desensitizing resin for cervical and/or root surface, per tooth
		Child Non Covered	Adjunctive General Services	Miscellaneous Services	D9920	behavior management, by report
		Enhanced	Adjunctive General Services	Miscellaneous Services	D9930	treatment of complications (post-surgical) - unusual circumstances, by report
		Enhanced	Adjunctive General Services	Miscellaneous Services	D9940	occlusal guard, by report
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9941	fabrication of athletic mouthguard
		Enhanced	Adjunctive General Services	Miscellaneous Services	D9942	repair and/or reline of occlusal guard
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9950	occlusion analysis - mounted case
		Enhanced	Adjunctive General Services	Miscellaneous Services	D9951	occlusal adjustment - limited
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9952	occlusal adjustment - complete

Dental Wellness Plan
CDT 2014 Procedure Codes

Stabilization	Emergency Care	Benefit Level	CDT Category	CDT Sub Category	CDT Code	CDT Nomenclature
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9970	enamel microabrasion
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9972	external bleaching - per arch - performed in office
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9973	external bleaching - per tooth
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9974	internal bleaching - per tooth
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays
		Non Covered	Adjunctive General Services	Miscellaneous Services	D9985	sales tax
		Enhanced	Adjunctive General Services	By Report	D9999	unspecified adjunctive procedure, by report
		Child Non Covered	Endodontics	Endodontic Therapy On Primary Teeth		ENDODONTIC THERAPY ON PRIMARY TEETH
		Enhanced	Endodontics			APEXIFICATION/RECALCIFICATION
		Enhanced	Endodontics			PULPAL REGENERATION

Appendix B
Dental Wellness Plan
General Dentist Bonus Pool

DELTA DENTAL®

Dental Wellness Plan General Dentist Bonus Pool

General dentists participating in Delta Dental's Dental Wellness Plan network will be enrolled in a bonus pool.

Delta Dental will fund a financial pool to reward general dentists for their work in improving the oral health of the Dental Wellness Plan members covered by Delta Dental of Iowa. On an annual basis,[1] if you meet the bonus pool requirements,[2] you can receive a bonus allocation based on the number of comprehensive and periodic exams performed for members to whom you provided services.

The bonus calculation:

$$\frac{\text{\# of exams you performed}}{\text{\# of exams performed by all general dentists}} \times \text{Bonus Pool Amount} = \boxed{\text{BONUS PAYOUT}}$$

Example of how the bonus pool works:

$$\frac{\underset{\text{(\# of exams you performed)}}{200}}{\underset{\text{(\# of exams performed by all general dentists)}}{40{,}000}} \times \underset{\text{(sample bonus pool amount)}}{\$1{,}000{,}000} = \boxed{\underset{\text{(your sample bonus payout)}}{\$5{,}000}}$$

In this example, a dentist could receive a bonus pool payout of $5,000.[3] The bonus payment pool is an additional benefit of being a part of the Dental Wellness Plan network.

[1] Current bonus pool is only for calendar year 2014.
[2] Specific details and requirements of the bonus pool program are a part of the attached Dental Wellness Plan 2014 General Dentist Bonus Pool Program.
[3] This is for illustrative purposes only and Delta Dental makes no guarantees of the amount you may receive in this bonus program.

DELTA DENTAL

Dental Wellness Plan 2014 General Dentist Bonus Pool Program

As a general practice dentist participating in the Dental Wellness Plan, you are automatically enrolled in Delta Dental's Dental Wellness Plan 2014 General Dentist Bonus Pool program. Delta Dental will periodically fund a financial pool to reward general practice dentists for their work in improving the oral health of the Dental Wellness Plan members covered by Delta Dental of Iowa. You may be eligible to receive a bonus, subject to meeting bonus pool requirements.

1. Requirements to receive the Dental Wellness Plan Bonus Pool Program for 2014 include:
    i. Complete the required online risk assessment form, along with an exam, on each new Dental Wellness Plan patient and update the risk assessment form with the appropriate recall exam on an annual basis.
    ii. Proactively reach out to patients to encourage recall visits and care maintenance. This can be accomplished by mail, phone or text message.
    iii. Do not have any active or recent Fraud, Audit or Member Complaint issues with Delta Dental or Iowa Medicaid.
    iv. You will need to be an active participating provider in the Dental Wellness Plan network on 12/31 of each year.

2. Dental Wellness Plan General Dentist Bonus Pool – Delta Dental of Iowa will create a bonus pool to enhance payment to General Practice Dentists who are facilitating a dental home for members of the Dental Wellness Plan. Delta Dental will fund the bonus pool with 10% of paid claims. To receive a bonus payout, a general practice dentist will need to meet all requirements outlined in #1 above. Allocation is based on the number of comprehensive and periodic exams (D0120 & D0150) performed for members to whom you provided services as the member's dental home. Your bonus will be paid in proportion to the number of exams that you performed compared to the number of exams for all general practice dentists in Delta Dental's Dental Wellness Plan network. The calculation is as follows:

$$\text{Your Bonus Payout} = \text{Bonus Pool} \times \frac{\text{\# of exams you performed}}{\text{\# of exams all GP's performed}}$$

3. Payment Timing – The Dental Wellness Plan General Dentist Bonus Pool will be paid to all eligible providers by April 15th of the following calendar year. For this bonus pool, the payout options will be April 15th, 2015 (for 2014 services).

4. Future Incentive Plan(s) – Delta Dental of Iowa has the right to update the requirements and/or calculation of the bonus pool or discontinue the bonus pool on an annual basis. Any change to the bonus pool will be provided to the participating dentist prior to the next incentive plan year.

Appendix C
Dental Wellness Plan Comparison to IowaCare, Medicaid State Plan and Delta Dental of Iowa

Comparison of Dental Benefits

Benefits	Iowa Care Program	Medicaid State Plan	Delta Dental of Iowa	Dental Wellness Plan		
				Core Benefits	***Enhanced Plan***	***Enhanced Plus***
				Member is always eligible	*Earned after member returns for a periodic exam 6-12 months after 1st exam*	*Earned after member returns for a periodic exam 6-12 months after 2nd periodic exam*
Diagnostic & Preventive		**Covered**	**Varies by plan**	**Covered**		
Emergency Services	**Limited**	**Covered**	**Varies by plan**	**Covered** (to relieve pain or acute infections)		
Stabilization	**N/A**	**N/A**	**N/A**	**Covered*** (includes restorations for large cavities, interim partial dentures, etc.)		
Basic Restorative Services	**Limited** (available at only 1 site)	**Covered**	**Varies by plan**	**Limited** (for stabilization only)		
Advanced Restorative Services		**Covered**	**Varies by plan**	**None**	**Limited** (Endodontic procedures, crowns /onlays only for endodontically treated teeth)	**Limited** (crowns/onlays for teeth with extensive destruction, implant supported crowns)
Periodontal Services		**Covered**	**Varies by plan**	**None**	**Limited** (non-surgical gum treatment)	**Limited** (gum surgery)
Dentures		**Covered**	**Varies by plan**	**None**	**Limited** (adjustments, repairs, relines)	**Limited** (dentures with restrictions, anterior bridges)
Oral Surgery Services	**Limited**	**Covered**	**Varies by plan**	**None**	**Covered**	**Covered**
Annual Limits		**None**	**Varies by plan**	**None**	**None**	**None**

*"To allow members to maintain basic human functions. Examples: eating and speech, or preventing a condition from deteriorating in an imminent timeframe for a more serious situation." (Source: Dental Wellness Plan Member Benefits, 2014)

Appendix D
Dental Wellness Plan Member Survey Specifications

DWP Member Survey

Eligible Population for Survey

Language	English
Ages	19 – 64 years old
Continuous Enrollment	The six months prior to the survey sample
Current Enrollment	Currently enrolled at the time the survey is completed

Each measure (**M**) will refer to a research question (**RQ**) and hypothesis (**H**) from the evaluation plan and will include a source indicator (CAHPS or other survey).
The recall time period for each question is since enrolling in the Dental Wellness Plan

Overview of Research Questions and Measures

RQ1. Access to Care

H1.1

M2. Access to Emergency Dental Care

M3. Utilization of Dental Care

M4. Timely Appointments and Care (composite)

M5. Care from a Dental Specialist

RQ2. Quality of Care

H2.1

M13. Emergency Department Use

H2.2

M14. Care from dentists and staff (composite)

M15. Rating of Regular Dentist

M16. Rating of Dental Care Received

M17. Rating of Dental Wellness Plan (composite)

H2.3

M18. Had to Change Dentists

M19. Regular Source of Dental Care

M20. Experience Changing Dentists

RQ3. Costs

H3.1

M22. Out-of-pocket Dental Costs

RQ4. Earned Benefit Structure

H4.5

M27. Member Experience with Covered Benefits (composite)

RQ5. Provider Network Adequacy

H5.1

M31. Members with a Regular Dentist

M32. Timeliness of Getting a Routine Dental Appointment

M33. Finding a New Dentist

RQ7. Member Outreach and Referral Services

H7.2

M38. Timeliness of Getting a Dental Specialist Appointment

RQ1. H1.1. M2. Access – Emergency Dental Care

Description

One survey item will be used to assess access to emergency dental care provided in a dental office (as opposed to in an emergency department). Access to urgent dental care = the percentage who responded that they got to see a dentist as soon as they wanted if they had a dental emergency.

Source CAHPS Dental Plan Survey

Questions Q17

Modification

The measure is calculated only for those who responded that they had a dental emergency since joining the Dental Wellness Plan (Q17, options 1-4).

RQ1. H1.1. M3. Access – Utilization of Dental Care

Description

One survey item will measure access to dental care. Access to dental care = the percentage who responded that they have gone to a dentist's office since joining the Dental Wellness Plan.

Source CAHPS Dental Plan Survey

Questions Q4

RQ1. H1.1. M4. Access – Timely Appointments and Care

Description

This is a composite measure designed to assess respondent experience with getting appointments for care as soon as they needed, the time they spend at the office waiting for their appointment, and receiving timely updates about scheduling delays while in the waiting room. Composite measures combine results for closely-related items that have been grouped together. Three survey items are combined for this composite measure: got dental appointment as soon as respondent wanted, saw dental provider within 15 minutes of appointment time, and received communication about scheduling delays in the waiting room.

Source CAHPS Dental Plan Survey

Questions Q16, Q21, Q22

RQ1. H1.1. M5. Access – Care from a Dental Specialist

Description

There are two aspects to this measure: 1) access to specialty dental care = the percentage who responded that they received an appointment to see a specialist as soon as they needed since joining the Dental Wellness Plan, and 2) what type of specialized care was needed.

Source	(1) CAHPS Dental Plan Survey
	(2) Original item
Questions	Q19, Q20

Modification

The second measure is calculated only for those who responded that they tried to get an appointment with a specialist dentist since joining the Dental Wellness Plan (Q19, options 1-4).

RQ2. H2.1 M13 Quality – Emergency Department Use

Description

One question will be used to measure emergency department use. ED use = the percentage who responded that, since joining the Dental Wellness Plan, they went to the emergency room for a dental problem that could have been treated in a dental office.

Source	Original item
Questions	Q18

RQ2. H2.2 M14 Quality – Care from Dentists and Staff

Description

This is a composite measure designed to assess respondent perception of how well their dentist communicated with them during office visits. Composite measures combine results for closely-related items that have been grouped together. Six survey items are combined for this composite measure: provider explanations are easy to understand, listens carefully, treats with courtesy and respect, spends enough time with patient, does everything they could to help patient feel as comfortable as possible during dental work, and explain what they were doing while treating the patient.

Source	CAHPS Dental Plan Survey
Questions	Q9, Q10, Q11, Q12, Q14, Q15

RQ2. H2.2 M15 Quality – Rating of Regular Dentist

Description

One survey item will be used to measure the rating of respondents' regular dentist. Respondents will be asked to rate their regular dentist on a scale from 0 (worst possible) to 10 (best possible).

Source CAHPS Dental Plan Survey

Question Q13

Modification

This measure is calculated only for those who responded that they currently have a regular dentist (Q5).

RQ2. H2.2 M16 Quality – Rating of Dental Care Received

Description

One survey item will be used to measure the rating of respondents' dental care they have received. Respondents will be asked to rate their overall dental care on a scale from 0 (worst possible) to 10 (best possible).

Source CAHPS Dental Plan Survey

Question Q23

Modification

This measure is calculated only for those who responded that they have gone to a dentist's office or clinic for care since joining the DWP (Q4).

RQ2. H2.2 M17 Quality – Rating of Dental Wellness Plan

Description

There are four aspects to this measure: 1) the quality of information provided to Dental Wellness Plan members regarding how the plan works and how to find a provider (measured with 4 survey items), 2) the quality of information and provided by the Dental Wellness Plan customer service (measured with 3 survey items), 3) a global rating of their new dental plan on a scale from 0 (worst possible) to 10 (best possible), and 4) whether they would recommend the plan to others.

Source CAHPS Dental Plan Survey

Question Q28, Q29, Q33, Q34, Q35, Q36, Q37

RQ2. H2.2 M18 Quality – Had to Change Dentists

Description

One survey item will be used to measure whether respondents had to change dentists as a result of their new coverage.

Source Original item

Question Q7

Modification

This measure is calculated only for those who responded that they had a regular dentist before enrolling in the Dental Wellness Plan (Q6).

RQ2. H2.3 M19 Quality – Regular Source of Care

Description

One survey item will assess whether respondents currently have a regular source of care. Regular source of care = the percentage who respond that they currently have a regular dentist, defined as one you would go to for check-ups and cleanings or when you have a cavity or tooth pain.

Source CAHPS Dental Plan Survey

Question Q5

RQ2. H2.2 M20 Quality – Experience Changing Dentists

Description

One survey item will be used to measure respondents' experience changing dentists. Experience changing dentists = the percentage of respondents who found it easy, hard, or impossible to find a new regular dentist.

Source Original item

Question Q8

Modification

This measure is calculated only for those who responded that they had to change to a different regular dentist upon enrolling in the Dental Wellness Plan (Q7).

RQ3. H3.1 M22 Costs – Out-of-Pocket Costs

Description

There are two aspects to this measure: 1) whether respondents had to pay out of pocket to get any services, and 2) how much they had to pay.

Source Original Items

Question Q26, Q27

Modification

The first measure is calculated only for those who responded that the Dental Wellness Plan did not cover what they needed to get done (Q24), and the second measure is only calculated for those who responded that the Dental Wellness Plan did not cover what they needed to get done (Q24) and they had to pay out of pocket (Q26).

RQ4. H4.5 M27 Earned Benefit Structure – Covered Benefits

Description

There are two aspects to this measure: 1) whether the plan covered needed services, and 2) if not, what services were not covered.

Source (1) CAHPS Dental Plan Survey

(2) Original Items

Question Q24, Q25

RQ5. H5.1 M31 Provider Network – Members with a Regular Dentist

Description

One item will assess whether respondents currently have a regular dentist.

Source (1) CAHPS Dental Plan Survey

Question Q4

RQ5. H5.1 M32 Provider Network – Timeliness of Getting a Routine Dental Appointment

Description

One survey item will be used to assess the timeliness of getting a dental appointment.

Source CAHPS Dental Plan Survey

Question Q16

FQ5. H5.1 M33 Provider Network – Finding a New Dentist

Description

There are three measures to this concept: 1) whether members used any information from the Dental Wellness Plan to help them find a new dentist, 2) whether the information was helpful, and 3) how easy it was to find a new dentist.

Source CAHPS Dental Plan Survey

Questions Q30, Q31, Q32

RQ7. H7.2 M38 Referrals – Timeliness of Getting a Dental Specialist Appointment

Description

One survey item will be used to measure the timeliness of getting a dental specialist appointment. Access to specialty dental care = the percentage who responded that they received an appointment to see a specialist as soon as they needed since joining the Dental Wellness Plan.

Source CAHPS Dental Plan Survey

Question Q19

DRAFT Dental Plan Member Survey

1. Our records show that you are now in the Dental Wellness Plan. Is that right? *(CAHPS dental, #1)*

1☐ Yes
2☐ No → If No, go to Question *
3☐ Don't Know/Unsure

2. Prior to enrolling in the Dental Wellness Plan, did you have dental insurance coverage? *(new)*

0☐ No, I did not have any dental insurance → **If No, go to Question 4**
1☐ Yes, I had dental insurance

3. If you had dental insurance before enrolling in the Dental Wellness Plan, what was the name of your dental plan? *(new)*

1☐ Iowa Medicaid
2☐ IowaCare
3☐ Other, *please list:* _____
4☐ Don't Know/Unsure

4. Since joining the Dental Wellness Plan, have you gone to a dentist's office or clinic for care? *(CAHPS dental, #3)*

1☐ Yes
2☐ No

Your Regular Dentist

5. A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you currently have a regular dentist? *(CAHPS dental, #4)*

1☐ Yes
2☐ No **If No, go to Question 14**

6. Before you enrolled in the Dental Wellness Plan, did you have a regular dentist? *(new)*

1☐ Yes
2☐ No → **If No, go to Question 9**

7. Some dentists do not accept the Dental Wellness Plan. When you enrolled in the Dental Wellness Plan, did you have to change to a different regular dentist? *(new)*

1☐ Yes
2☐ No → **If No, go to Question 9**

8. How easy was it for you to change from your previous regular dentist to a different dentist? *(new)*

1☐ Very easy
2☐ Somewhat easy
3☐ Somewhat hard
4☐ Very hard
5☐ I cannot find a new regular dentist

9. Since joining the Dental Wellness Plan, how often did your regular dentist explain things in a way that was easy to understand? *(modified, CAHPS dental, #6)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

10. Since joining the Dental Wellness Plan, how often did your regular dentist listen carefully to you? *(modified, CAHPS dental, #7)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

11. Since joining the Dental Wellness Plan, how often did your regular dentist treat you with courtesy and respect? *(modified, CAHPS dental, #8))*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

12. Since joining the Dental Wellness Plan, how often did your regular dentist spend enough time with you? *(modified, CAHPS dental, #9)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

13. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your regular dentist? *(CAHPS dental, #10)*

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

Your Dental Care Since Joining the Dental Wellness Plan

These questions ask about <u>any dental care</u> you have had since you have been in the Dental Wellness Plan. This includes dental care with your regular dentist or with someone else.

14. Since joining the Dental Wellness Plan, how often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work? *(modified, CAHPS dental, #11)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

15. Since joining the Dental Wellness Plan, how often did the dentists or dental staff explain what they were doing while treating you? *(modified, CAHPS dental, #12)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

16. Since joining the Dental Wellness Plan, how often were your dental appointments as soon as you wanted? *(modified, CAHPS dental, #13)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

17. Since joining the Dental Wellness Plan, if 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? *(modified, CAHPS dental, #14)*

0☐ I have not had a dental emergency since joining the Dental Wellness Plan → **Go to Question 19**
1☐ Definitely yes
2☐ Somewhat yes
3☐ Somewhat no
4☐ Definitely no

18. Since joining the Dental Wellness Plan, have you gone to an emergency room for a dental problem that could have been treated in a dental office or clinic? *(new)*

1☐ Yes
2☐ No

19. Since joining the Dental Wellness Plan, if you had to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease), how often did you get an appointment as soon as you wanted? *(modified, CAHPS dental, #15)*

0☐ I did not try to get an appointment with a specialist dentist for myself since joining the Dental Wellness Plan → **Go to Question 21**
1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

20. If you needed to get an appointment with a dentist who specializes in a particular type of dental are, what kind of dental care did you need? *(new)*

1☐ Root canal or other endodontic treatment
2☐ Tooth extraction or other oral surgery
3☐ Braces or other orthodontic care
4☐ Treatment for gum disease or other periodontal care
5☐ Dentures, crown, bridge, or other prosthodontic care
6☐ Other, *please list:* _____

21. Since joining the Dental Wellness Plan, how often did you have to spend more than 15 minutes in the waiting room before you saw someone for your appointment? *(modified, CAHPS dental, #16)*

1☐ I never had to spend more than 15 minutes in the waiting room before seeing someone for an appointment → **If No, go to Question 23**
2☐ Sometimes
3☐ Usually
4☐ Always

22. If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay would be? *(CAHPS dental, #17)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

23. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate your dental care you personally received since joining the Dental Wellness Plan? *(modified, CAHPS dental, #18)*

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

The Dental Wellness Plan

For this next set of questions, answer only about your current dental plan.

24. Since joining the Dental Wellness Plan, has your dental plan covered what you needed to get done? *(modified, CAHPS dental, #20)*

1☐ Definitely yes → **Go to Question 27**
2☐ Somewhat yes
3☐ Somewhat no
4☐ Definitely no

25. If the Dental Wellness Plan did not cover what you needed to get done, please tell us what services you needed. *(new)*

01☐ Routine dental filling
02☐ Tooth extraction or other oral surgery
03☐ Root canal or other endodontic treatment
04☐ Treatment for gum disease or other periodontal care
05☐ Crown or bridge
06☐ Dentures
07☐ Braces or other orthodontic care
08☐ Tooth whitening/bleaching
09☐ Other, *please list:* _____

26. If the Dental Wellness Plan did not cover what you needed to get done, did you pay for any dental services yourself? *(new)*

1☐ Yes
2☐ No → **If No, go to Question 28**

27. If you paid for any dental services yourself, approximately how much have you spent? *(new)*

Write in: _____

28. Since joining the Dental Wellness Plan, did you try to find out how your dental plan works by calling their 800 number, visiting their website, or reading printed materials? *(modified, CAHPS dental, #21)*

1☐ Yes
2☐ No → **If No, go to Question 30**

29. Since joining the Dental Wellness Plan, how often did the 800 number, written materials, or website provide the information you wanted? *(modified, CAHPS dental, #22)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

30. Since joining the Dental Wellness Plan, did you use any information from the dental plan to help you find a new dentist? *(modified, CAHPS dental, #23)*

1☐ Yes
2☐ No → **If No, go to Question 33**

31. Did this information help you find a dentist you were happy with? *(modified, CAHPS dental, #24)*

1☐ Definitely yes
2☐ Somewhat yes
3☐ Somewhat no
4☐ Definitely no

32. Using any number from 0 to 10, where 0 is the extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist? *(modified, CAHPS dental, #25)*

00☐ 0 Extremely difficult
01☐ 1
02☐ 2
03☐ 3
04☐ 4
05☐ 5
06☐ 6
07☐ 7
08☐ 8
09☐ 9
10☐ 10 Extremely easy

33. Since joining the Dental Wellness Plan, did you try to get information or help from your dental plan's customer service? *(modified, CAHPS dental, #26)*

1☐ Yes
2☐ No → **If No, go to Question 37**

34. Since joining the Dental Wellness Plan, how often did your dental plan's customer service give you the information or help you needed? *(modified, CAHPS dental, #27)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

35. Since joining the Dental Wellness Plan, how often did your dental plan's customer service staff treat you with courtesy and respect? *(modified, CAHPS dental, #28)*

1☐ Never
2☐ Sometimes
3☐ Usually
4☐ Always

36. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your dental plan? *(modified, CAHPS dental, #29)*

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

37. Would you recommend the Dental Wellness Plan to people who want to join? *(modified, CAHPS dental, #31)*

1☐ Definitely yes
2☐ Probably yes
3☐ Probably no
4☐ Definitely no

About You

38. In general, how would you rate the overall condition of your teeth and gums? (*CAHPS dental, #32)*

1☐ Excellent
2☐ Very good
3☐ Good
4☐ Fair
5☐ Poor

39. What is your age? (*CAHPS dental, #33)*

1☐ 18 to 24
2☐ 25 to 34
3☐ 35 to 44
4☐ 45 to 54
5☐ 55 to 64

40. Are you male or female? (*CAHPS dental, #34)*

[1]☐ Male
[2]☐ Female

41. What is the highest grade or level of school that you have completed? (*CAHPS dental, #35)*

[1]☐ 8th grade or less
[2]☐ Some high school, but did not graduate
[3]☐ High school graduate or GED
[4]☐ Some college or 2-year degree
[5]☐ 4-year college graduate
[6]☐ More than 4-year college degree

42. Are you of Hispanic or Latino origin or descent? (*CAHPS dental, #36)*

[1]☐ Yes, Hispanic or Latino
[2]☐ No, not Hispanic or Latino

43. What is your race? Mark one or more. (*CAHPS dental, #37)*

[1]☐ White
[2]☐ Black or African American
[3]☐ Asian
[4]☐ Native Hawaiian or Other Pacific Islander
[5]☐ American Indian or Alaska Native
[6]☐ Other *(write in)* _____

44. Did someone help you complete this survey? (*CAHPS dental, #38)*

[1]☐ Yes
[2]☐ No → **Go to Comments**

45. How did that person help you? *Check all that apply.* (*CAHPS dental, #39)*

[1]☐ Read the questions to me
[2]☐ Wrote down the answers I gave
[3]☐ Answered the questions for me
[4]☐ Translated the questions into my language
[5]☐ Helped in some other way
*(write in)*_____

Comments:

Please tell us if there is anything else you like or dislike about your new dental plan.

_____

_____

_____

_____

_____

THANK YOU!

Please return the completed survey in the postage-paid envelope.

Appendix E
Measures summary

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
1.1	1A	Annual dental visit	Percent of members who had an annual dental visit	NCQA HEDIS ADV; NQF 1388	Admin data	Means tests between DWP members and three comparison groups before and after implementation; ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation	X		X	X			
1.1	1B	Annual dental visit	Whether member received an annual dental visit	Above protocol modified for individual	Admin data	RDD comparing DWP members and MSP members at the threshold; DID for DWP members and three comparison groups before and after implementation							
1.1	2	Access to emergency dental care	Percent of members who needed emergency dental care and received it as soon as it was wanted	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and MSP members	X		X				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
1.1	3	Utilization of dental care	Whether member had a dental visit since enrolling in DWP	CAHPS Dental Plan Survey	Member survey	DID for DWP and MSP members	x		x				
1.1	4	Timely appointments and care	Composite of three questions 1) getting appointments for routine dental care in a timely manner, 2) saw dental provider within 15 minutes of appointment time, and 3) received communication about scheduling delays in the waiting room	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and MSP members	x		x				
1.1	5	Care from a dental specialist	Access to and unmet need for care from a dental specialist	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and MSP members	x		x				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
1.2	6A	First preventive dental exam	Percent of members who have a dental exam within their first 6-12 months in the program	Original measure	Admin data	Means tests between DWP members and three comparison groups before and after implementation	x		x	x			
1.2	6B	First preventive dental visit	Whether member received a dental exam within their first 6-12 months in the program	Above protocol modified for individual	Admin data	DID for DWP members and three comparison groups before and after implementation	x		x				
1.2	7A	Second preventive dental exam (recall)	Percent of members who have a recall within 6-12 months of their first dental exam	Original measure	Admin data	Means tests between DWP members and three comparison groups before and after implementation	x		x	x			
1.2	7B	Second preventive dental exam (recall)	Whether member received a recall within 6-12 months of their first dental exam	Above protocol modified for individual	Admin data	RDD comparing DWP members and MSP members at the threshold; DID for DWP members and three comparison groups before and after implementation	x		x		x		

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
1.2	8	Any diagnostic or preventive dental care	Percent of members who receive any diagnostic or preventive dental care	Original measure	Admin data	Means tests between DWP members and three comparison groups before and after implementation	x		x				
1.3	9A	Use of ED for non-traumatic dental related treatment	Percent of members who were seen for non-traumatic dental reasons in an ED for 1, 2, 3 or more visits per year while controlling for the earned benefit tier	Dental Quality Alliance proposed measures	Admin data	Means tests between DWP members and three comparison groups before and after implementation; ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation	x		x				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
1.3	9B	Use of ED for non-traumatic dental related treatment	Percent of members who were seen in the ED for non-traumatic dental related reasons within the reporting year and visited a dentist for treatment services within 60 days following the ED visit while controlling for the earned benefit tier	Dental Quality Alliance proposed measures	Admin data	Means tests between DWP members and the three comparison groups	x		x				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
1.4	10A	Dental EPSDT utilization	Percent of members age 19-20 with at least one EPSDT-related dental visit as defined by EPSDT procedure code modifiers	Original measure	Admin data	Means testing between DWP members and MSP members before and after implementation; ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation	x						
1.4	10B	Dental EPSDT utilization	Whether member had an EPSDT dental visit	Original measure	Admin data	DID comparing DWP members and MSP members before and after implementation	x		x				
1.5	11A	People who are smokers: dental exam	Percent of DWP members who are smokers who have a dental exam within the reporting year	Dental Quality Alliance proposed measures	Admin data	Descriptives and comparisons for DWP members over time; ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation	x		x				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
1.5	11B	People who are smokers: dental exam	Whether a member identified as being a smoker had a dental exam within the reporting year	Dental Quality Alliance proposed measures	Admin data	Descriptives and comparisons for DWP members over time	x		x				
1.6	12A	People with diabetes: dental exam	Percent of DWP members identified as people with diabetes who have a dental exam within the reporting year	Dental Quality Alliance proposed measures	Admin data	Descriptives and comparisons for DWP members over time; Means tests between DWP members and MSP members over time; ICER utilizing DWP and MSP members and DWP and DDI members before and after implementation	x		x				
1.6	12B	People with diabetes: dental exam	Whether a member identified as having diabetes had a dental exam within the reporting year	Dental Quality Alliance proposed measures	Admin data	DID for DWP members and MSP members before and after implementation	x		x				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
2.1	13	Emergency department (ED) use	Percent of respondents who reported that the care they received at their most recent visit to the ED could have been provided in a dentist's office if one was available at the time	Original measure	Member survey	Means tests between DWP members and MSP members			x				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
2.2	14	Care from dentists and staff	Composite measure including: 1) provider explanations are easy to understand, 2) listens carefully, 3) treats with courtesy and respect, 4) spends enough time with patient, 5) does everything they could to help patient feel as comfortable as possible during dental work, and 6) explains what they were doing while treating the patient.	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and MSP members			x				
2.2	15	Rating of regular dentist	Rating of regular dentist on 0-10 scale	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and MSP members			x				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
2.2	16	Rating of all dental care received	Rating of all dental care received on 0-10 scale	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and MSP members			x				
2.2	17	Rating of DWP	A composite measure including: 1) the quality of information provided to DWP members regarding how the plan works and how to find a provider, 2) the quality of information and provided by the DWP customer service, 3) a global rating of their new dental plan on a scale from 0 (worst possible) to 10 (best possible), and 4) whether they would recommend the plan to	CAHPS Dental Plan Survey	Member survey	Descriptives and comparisons for DWP members over time	x		x				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
2.3	18	Proportion who had to change regular dentist when joining the DWP	Percent of members who switched regular dentists at entry to plan	Original measure	Member survey	Descriptives and comparisons for DWP members over time		x	x				
2.3	19	Regular source of dental care	Percent of members who respond that they currently have a regular dentist	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and MSP members	x		x				
2.3	20	Experience changing dentists	Member experiences with changing to a new regular dentist	Original measure	Member survey	Descriptives and comparisons for DWP members over time		x					
3.1	21A	Compare DWP member Per member per month (PMPM) dental costs to those of MSP members	PMPM dental costs calculated for direct provision of care per member per month	Dental Quality Alliance proposed measures	Admin data	RDD comparing DWP members and MSP members at the threshold; DID for DWP members and MSP members before and after implementation				x			

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
3.1	21B	Compare DWP member Per member per month (PMPM) dental costs to those of MSP members	PMPM dental costs calculated for direct provision of care per member per month for all enrolled adults who received at least one dental service during the reporting year	Dental Quality Alliance proposed measures	Admin data	DID for DWP members and MSP members before and after implementation				x			
3.1	22	Out-of-pocket costs	Percent of members who report paying out-of-pocket for any dental service since joining DWP and how much they paid	Original measure	Member survey	Means tests between DWP members and MSP members over time			x	x			

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
4.1	23A	Routine dental exams	Percent of members who received a comprehensive or periodic oral evaluation within the reporting year	Dental Quality Alliance proposed measures	Admin data	Means tests between DWP members and three comparison groups before and after implementation	x		x		x		
4.1	23B	Routine dental exams	Percent of members who accessed dental care (received at least one service) who received a comprehensive or periodic oral evaluation within the reporting year	Dental Quality Alliance proposed measures	Admin data	Means tests between DWP members and three comparison groups before and after implementation	x		x				

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
4.2	24	Timing of 1st recall visit	Percent of members who receive their 1st recall exam within 6-12 months of initial oral evaluation	Original measure	Admin data	Descriptives and comparisons for DWP over time	x		x		x		
4.3	25	Timing of 2nd recall visit	Percent of members who receive their 2nd recall visit within 6-12 months of 1st recall	Original measure	Admin data	Descriptives and comparisons for DWP over time	x		x		x		
4.4	26	Recall exams after year one of enrollment	Percent of members who receive their 2nd recall visit within 6-12 months of 1st recall in each year of enrollment	Original measure	Admin data	Means tests between DWP members and three comparison groups before and after implementation	x						
4.5	27	Member experience with covered benefits	Whether needed services were covered	CAHPS Dental Plan Survey	Member survey	Descriptives and comparisons for DWP members over time	x		x		x		

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
5.1	28	Travel distance and travel time to regular dentist	Average travel distance and average time to access regular dentist within local service delivery area	Original measure	Admin data	GIS analyses	x					x	
5.1	29	Provider network inclusion of safety net dental providers, particularly FQHCs	Proportion of safety net providers in the covered counties included in the provider network	Original measure	Plan documents	Process measure	x					x	
5.1	30	Provider willingness to accept new patients	Percent of regular dentists indicating they will accept new DWP or MSP members	Original measure	Provider survey	Means tests of provider acceptance rates across DWP and MSP	x					x	
5.1	31	Members with a regular dentist	Percent of respondents who report they have a regular dentist	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and MSP members	x	x				x	

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
5.1	32	Timeliness of getting a routine dental appointment	Percent of respondents who report that they were able to get routine dental care as soon as they wanted	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and MSP members	x		x			x	
5.1	33	Finding a new dentist	A composite measure including: 1) whether members used any information from the DWP to help them find a new dentist, 2) whether the information was helpful, and 3) how easy it was to find a new	CAHPS Dental Plan Survey	Member survey	Descriptives and comparisons for DWP members over time	x		x			x	

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
6.1	34	Dentist satisfaction with plan	Dentist satisfaction with plan key components such as fee schedules and earned benefit structure	Original measure	Provider survey	Descriptives for providers over time			x			x	
6.2	35	Proportion of long-term dental providers	Proportion of dentists who submitted a claim in the index year and have submitted at least 1 claim annually in the next two years	Original measure	Admin data	Means tests between DWP providers and providers in the MSP and DDI before and after implementation		x				x	
7.1	36	Dentist' perceptions of missed appointments	Proportion of dentists who indicate that missed appointments are a problem	Original measure	Provider survey	Comparison of provider responses regarding DWP, MSP and DDI members						x	
7.2	37	Specialty dental utilization	Percent of members receiving an specialty dental services	Original measure	Admin data	Means tests between DWP members and three comparison groups	x		x			x	

							Research Question						
Hypo. Number	Measure number	Name	Measure description	Source	Data type	Analyses	Access	Continuity	Quality	Costs	Earned Benefits	Network adequacy	Premium Monitoring
7.2	38	Timeliness of getting a dental specialist appointment	Percent of respondents who report that they were able to get specialty dental care as soon as they wanted	CAHPS Dental Plan Survey	Member survey	Means tests between DWP members and three comparison groups	x					x	
7.3	39	Time to recall exams at 6-12 month intervals	Time to recall exams at 6-12 month intervals when recall visits are defined as any visit that includes a comprehensive or periodic oral evaluation	Original measure	Admin data	Survival analyses for new members in DWP and MSP	x	x	x				

Appendix F
Candidate Metrics Matrix

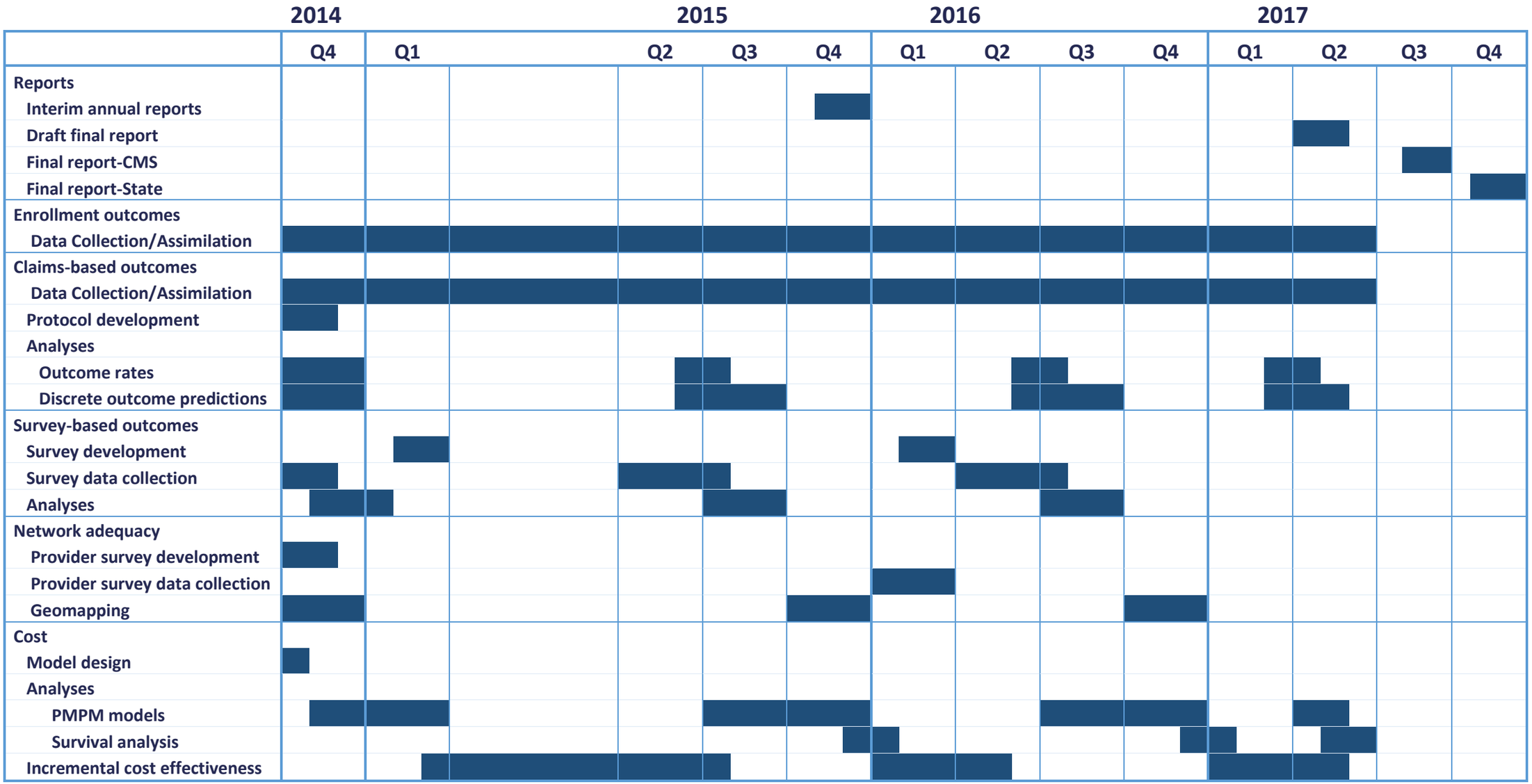
			Multivariate modelling				
Hypotheses	**Process measures**	**Descriptives & means tests**	**RDD**	**DID**	**Incremental cost effectiveness**	**GIS**	**Survival analyses**
1-Access							
1. DWP members will have equal or greater access to dental care.		1A, 2, 4, 5	1B	1B, 3	1A		
2. DWP members will be more likely to receive preventive dental care.		6A, 7A, 8,		6B, 7B			
3. DWP members will have equal or greater access to care, resulting in equal or lower use of emergency department services for non-traumatic dental care.		9A, 9B			9A		
4. DWP members will have equal or greater access to dental EPSDT services.		10A		10B	10A		
5. High risk populations in the DWP will be more likely to receive preventive dental care.		11A, 11B, 12A		12B	11A, 12A		

			Multivariate modelling				
Hypotheses	**Process measures**	**Descriptives & means tests**	**RDD**	**DID**	**Incremental cost effectiveness**	**GIS**	**Survival analyses**
2-Quality							
1. DWP members will have equal or better quality of care.		13					
2. DWP members will report equal or greater satisfaction with the care provided.		14, 15, 16, 17					
3. DWP members will be equally or more likely to return for a second recall exam within 6-12 months.		18, 19, 20					
3-Costs							
1. The cost for providing dental care to DWP members will be comparable to the predicted costs for providing dental care to DWP members had they been enrolled in MSP.		22	21A, 21B	21A			

			Multivariate modelling				
Hypotheses	**Process measures**	**Descriptives & means tests**	**RDD**	**DID**	**Incremental cost effectiveness**	**GIS**	**Survival analyses**
4-Earned Benefit Structure							
1. The earned benefit structure for DWP members will increase regular use of routine dental exams.		23A, 23B					
2. Over 50% of members will earn access to Enhanced Benefits.		24					
3. Over 50% of members will earn access to Enhanced Plus Benefits.		25					
4. In the second year of enrollment and beyond, the regular use of recall exams will be higher than in the first year of enrollment in the program.		26					
5. The earned benefit structure will not be perceived as a barrier to care.		27					
5-Provider Network							
1. DWP members will have better access to an adequate provider network than those in the Medicaid State Plan as reflected by travel distance and time, access to safety net providers, and provider acceptance of new patients.	29	30, 31, 32, 33				28	

			Multivariate modelling				
Hypotheses	**Process measures**	**Descriptives & means tests**	**RDD**	**DID**	**Incremental cost effectiveness**	**GIS**	**Survival analyses**
6-Provider Attitudes							
1. The earned benefit structure will not be perceived by DWP providers as a barrier to providing care.		34					
2. Over 50% of DWP providers will remain in the plan for at least 3 years.		35		35			
7-Member Outreach							
1. DWP member outreach services will address dentists' concerns about missed appointments.		36					
2. DWP member referral services will improve access to specialty care compared to members in the State Medicaid Plan.		37, 38					
3. DWP member outreach will improve members' compliance with follow-up visits, including recall exams.							39

Appendix G
Project Timeline


2014
2015
2016
2017
Q4
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
Reports
Interim annual reports
Draft final report
Final report-CMS
Final report-State
Enrollment outcomes
Data Collection/Assimilation
Claims-based outcomes
Data Collection/Assimilation
Protocol development
Analyses
Outcome rates
Discrete outcome predictions
Survey-based outcomes
Survey development
Survey data collection
Analyses
Network adequacy
Provider survey development
Provider survey data collection
Geomapping
Cost
Model design
Analyses
PMPM models
Survival analysis
Incremental cost effectiveness