Iowa’s Dental Wellness Plan

WIC Contractor Meeting
Addie Rasmusson, Delta Dental of Iowa

January 30, 2018
Dental Wellness Plan

Pregnant Women

WIC
Pregnancy can affect Oral Health

AND...

Oral Health can affect Pregnancy
New Dental Wellness Plan

Contract change July 1, 2017

- Single, Simple Dental Benefit for all Medicaid Adults
  - Comprehensive Benefits for Year One
  - Member completes Healthy Behaviors to keep Comprehensive Benefits
    - No annual maximum and fewer limitations than a commercial plan
  - Members have access to education and care coordination
  - Total enrollment about 290,000 members
Healthy Behaviors

• Requirements:
  1. Oral Health Self-Assessment- PreViser
     • Member completes the assessment
  2. Preventive Service-exam or cleaning
     • D0120, D0140, D0150, D0180, D1110, D4346, D4910

• Preventive service and OH Self-Assessment must be completed annually
• If a member fails to complete Healthy Behavior Requirements, they can pay $3 monthly premium to receive Full Benefits
Reduced Benefits:

- **Emergency Only Services**
  - Limited exams
  - Extractions

- If a member fails to complete Healthy Behaviors and does not pay the monthly premium the member will have access to Reduced Benefits

- Once a member moves to Reduced Benefits they stay there for the entire year
### About My Teeth

First section: Let's estimate how healthy your teeth are.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>How old are you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are all of your teeth gone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are any of your teeth filled or crowned (capped)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any new fillings or crowns (caps) in the last two years?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any adult teeth extracted because of decay, gum disease, or pain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any false teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have missing teeth that you think should be replaced but have not been replaced yet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any pain from chewing, aching, or sensitivity to hot or cold in your mouth during the past year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you frequently snack on sugary or starchy snacks or drink sugared beverages between meals?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### About My Gums

Second section: Let's estimate how healthy your gums are.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do your gums bleed when you brush your teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been told by a dental professional that you have bone loss around your teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have any teeth become loose NOT due to an accident?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had 7 or more adult teeth extracted because of decay, looseness, or pain? (not counting wisdom teeth or teeth removed for braces)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had or are you currently scheduled for a deep cleaning (scaling &amp; root planing)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had or are you currently scheduled for gum surgery (periodontal surgery)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The frequency that I use dental floss or another device to clean between my teeth is:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of periodontal maintenance appointment(s) I have had in the last 24 months is: (Note – exclude normal teeth cleaning appointments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your diabetic status?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*DELTA DENTAL*
### About My Risk for Oral Cancer

#### Third section: Let's estimate your risk of oral cancer

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had oral cancer?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Do you use chewing or smokeless tobacco?</td>
<td>Never Used, Formerly Used/Rarely Used</td>
</tr>
<tr>
<td>Do you smoke cigars or pipes?</td>
<td>Never Used, Formerly used/Rarely used</td>
</tr>
<tr>
<td>How many alcoholic drinks do you typically have in one week?</td>
<td>0, 1 to 7, 8 to 14, more than 14</td>
</tr>
</tbody>
</table>

### Summary

The following is a report summary:

- **Risk Score**: Describes the chance your health will get worse without good home and professional care.
- **Disease Score**: Describes how much care is needed to get you as healthy as you can be or to prevent another episode of disease.

#### Gum Disease Risk: 3
- Your estimated gum disease risk is 3, indicating moderate risk.

#### Gum Disease Score: 3
- Your estimated gum disease score is 3, indicating mild periodontitis.

#### Tooth Decay Risk: 3
- Your estimated tooth decay risk is 3, indicating moderate risk.

#### Tooth Needs: 2
- Your estimated tooth needs is 2, indicating low restorative needs.

#### Oral Cancer Risk: 1
- Your estimated oral cancer risk is 1, indicating very low risk.
You now have dental benefits through the Dental Wellness Plan (DWP).

Dental services you can access include:
- Exams
- X-rays
- Cleanings
- Fluoride
- Fillings
- Crowns
- Root Canals
- Dentures
- Extractions

Do you have questions or need help finding a dentist? Visit www.dwpiowa.com or call 1-888-472-2793. We can help you find a dentist, complete your oral health self-assessment, learn more about your plan and much more.

We look forward to serving you!

To keep your FULL dental benefits, complete both ‘healthy behaviors’ requirements:

1. Fill out the oral health self-assessment.
2. Go to the dentist for a preventive service.

Visit www.dwpiowa.com or call 1-888-472-2793
Resources

- **www.DWPiowa.com**
  - Find a Dentist
    - Can search by location, specialty, and special office features
  - Member documents
  - Instructions for the Oral Health Self-Assessment
  - Member services contact information
Questions

• Addie Rasmusson
  DWP Outreach & Care Coordination Specialist
  arasmusson@deltadentalia.com
  515-261-5535

• DWP Member Services:
  (888) 472-2793
  DWPMembers@deltadentalia.com
Delta Dental of Iowa

Our Mission
We are dedicated to improving the health and smiles of the people we serve.