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February 2, 2012

Mr. Pat Casanova
State of Indiana
Office of Medicaid Policy and Planning
402 W. Washington Street
Indianapolis, IN 46204

DENTAL CLAIMS AND ENROLLMENT SUMMARIES – CY 2009 AND CY 2010

Dear Pat:

Milliman, Inc. (Milliman) was retained by the State of Indiana, Office of Medicaid Policy and Planning (OMPP) to provide information to potential dental benefits management vendors. The current document provides draft high level enrollment and dental service summaries in cost model format. The summaries cover all dental services provided by Indiana's Medicaid program during calendar year 2009 and 2010. The information is designed to assist potential vendors evaluate the value they might be able to provide to the Medicaid program.

LIMITATIONS

The information contained in this letter, including the enclosures, has been prepared for the State of Indiana, Office of Medicaid Policy and Planning and their consultants and advisors. It is our understanding that a copy of this letter may be shared with the potential dental benefit management contractors. To the extent that the information contained in this letter is provided to third parties, the letter should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for OMPP by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

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EXECUTIVE SUMMARY

The State of Indiana is considering entering into a dental benefits management contract. Milliman was requested to provide high level enrollment and dental service information to assist potential dental benefits management vendors with assessing the value they may be able to provide to Indiana's Medicaid program. It is anticipated that a copy of this letter will be distributed to potential vendors.

Enclosure 1 of this document contains cost model information illustrating utilization and cost by major dental service category for each aid group. Cost model data is illustrated for dental services incurred during calendar year 2009 and calendar year 2010 with claims completion through December 31, 2011. As the claims data includes at least one year of claims run-out, it is believed to be substantially complete. No adjustment has been made for completion.

The remainder of this letter provides high level enrollment information and provides additional documentation for the cost models.

Enrollment Information

Table 1 summarizes member months of enrollment by aid group for calendar years 2009, 2010, and 2011. Partial Eligible members are not illustrated in Table 1; these individuals had no dental utilization during the study period. Individuals enrolled in the Healthy Indiana Plan are also not illustrated in Table 1, as these individuals are not eligible for dental services.

Table 1
State of Indiana
Office of Medicaid Policy and Planning
Medicaid Enrollment by Aid Group – 2009 - 2011

	Member Months		
Aid Group	**2009**	**2010**	**2011**
Adults	1,343,260	1,378,601	1,342,303
Children	6,558,315	6,900,503	6,879,604
CHIP	675,260	712,942	717,580
CHIP II	236,887	282,120	314,380
Pregnant Women	365,126	371,455	339,489
Aged	727,623	774,118	805,358
Disabled	1,369,567	1,510,537	1,587,729
Total Member Months	**11,276,038**	**11,930,276**	**11,986,443**

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Cost Model Information

Cost model data is illustrated for dental services incurred during calendar year 2009 and calendar year 2010 with claims completion through December 31, 2011. As the claims data includes at least one year of claims run-out, it is believed to be substantially complete. No adjustment has been made for claims completion.

A separate cost model has been provided for each aid group illustrated in Table 1. The cost models illustrate average cost and utilization by dental service category. Cost model columns were developed as follows:

- **Annual Utilization per 1,000** – Number of procedures performed annually per 1,000 members (or per 12,000 member months).
- **Cost per Unit** – Total expenditures divided by total number of units in each service category.
- **Per Member Per Month Cost** – Total expenditures in each service category divided by total member months.

During 2009 and 2010, adult members aged 21 or older were subject to a $600 annual cap on most services performed in the dentist office. This cap is no longer in effect. In order to assist with analysis, certain populations have been split by age. This applies to the Adults, Pregnant Women, and Disabled aid groups.

Dental services included in the cost models were provided on the dental source file or had a procedure code beginning with "D". Indiana's Medicaid program also provides transportation services and general lab and radiology services to members that are not allocated between the medical and dental programs. To the extent that other dental service categories are not illustrated in the cost models (for example implants or bridges), there was no utilization during the study period.

DATA RELIANCE

In developing the cost models and other information provided in this document, Milliman relied upon claims and eligibility data provided by the State of Indiana's fiscal agent, Hewlett Packard (HP). The data used included claims for dental services incurred during calendar year 2009 and 2010, with payments made through December 31, 2011. Dental services were defined claims that were provided on the dental source file or had a procedure code beginning with "D". Milliman also used eligibility data provided by HP for calendar years 2009 through 2011.

Milliman has relied upon HP and the State of Indiana for the accuracy of the information provided. Milliman performed no independent audit or review of the data and information. The results illustrated in this letter will change to the extent that there are material errors in the information that was provided.

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If you have any questions regarding the enclosed information, please contact me at (317) 524-3563.

Sincerely,

Christine Mytelka, FSA, MAAA
Consulting Actuary

CMM/lrb
Enclosure

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ENCLOSURE 1

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State of Indiana
Office of Medicaid Policy and Planning
Dental Cost Model by Service Category and Calendar Year

Population **Aged**

	2009			2010		
Member Months	727,623			774,118		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	376.8	$ 28.10	$ 0.88	357.7	$ 27.84	$ 0.83
Prophylaxis	150.8	$ 47.31	$ 0.59	139.7	$ 45.51	$ 0.53
Fluoride	-	$ -	$ -	-	$ -	$ -
X-Rays	108.3	$ 28.53	$ 0.26	116.5	$ 27.11	$ 0.26
Sealants	-	$ -	$ -	-	$ -	$ -
Class II						
Space Maintainers	-	$ -	$ -	-	$ -	$ -
Simple Extractions	89.1	$ 70.59	$ 0.52	94.7	$ 69.28	$ 0.55
Surgical Extractions	70.3	$ 157.51	$ 0.92	85.4	$ 153.54	$ 1.09
Oral Surgery	22.2	$ 203.52	$ 0.38	28.5	$ 201.26	$ 0.48
Anesthesia	5.1	$ 61.95	$ 0.03	6.4	$ 60.30	$ 0.03
Restorations	72.6	$ 87.04	$ 0.53	76.2	$ 86.09	$ 0.55
Periodontics	43.6	$ 144.73	$ 0.53	70.2	$ 129.34	$ 0.76
Endodontics	0.1	$ 88.32	$ 0.00	0.1	$ 93.28	$ 0.00
Class III						
Inlays/Onlays/Crowns	2.5	$ 114.14	$ 0.02	2.2	$ 99.92	$ 0.02
Dentures	54.9	$ 316.55	$ 1.45	58.7	$ 309.15	$ 1.51
Repair (Simple)	4.5	$ 88.03	$ 0.03	4.2	$ 86.80	$ 0.03
Maxillofacial Prosthetics	-	$ -	$ -	-	$ -	$ -
Other Prosthetics	8.0	$ 213.11	$ 0.14	7.8	$ 205.01	$ 0.13
Class IV						
Orthodontics	-	$ -	$ -	-	$ -	$ -
Class V						
Miscellaneous	-	$ -	$ -	0.0	$ 191.25	$ 0.00
Professional	-	$ -	$ -	-	$ -	$ -
SUM OF COVERED SERVICES	1,008.7	$ 74.75	$ 6.28	1,048.2	$ 77.50	$ 6.77

Note: For the calendar years reported the agency applied an annual $600 cap for selected services. The cap is no longer in effect

State of Indiana
Office of Medicaid Policy and Planning
Dental Cost Model by Service Category and Calendar Year

Population **CHIP**

	2009			2010		
Member Months	675,260			712,942		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	964.8	$ 25.82	$ 2.08	982.8	$ 24.70	$ 2.02
Prophylaxis	844.1	$ 38.13	$ 2.68	862.0	$ 36.83	$ 2.65
Fluoride	789.0	$ 21.45	$ 1.41	811.7	$ 20.90	$ 1.41
X-Rays	1,101.1	$ 28.54	$ 2.62	1,026.0	$ 28.30	$ 2.42
Sealants	798.8	$ 29.10	$ 1.94	807.8	$ 28.02	$ 1.89
Class II						
Space Maintainers	29.1	$ 176.75	$ 0.43	27.8	$ 168.88	$ 0.39
Simple Extractions	142.8	$ 73.77	$ 0.88	138.1	$ 71.46	$ 0.82
Surgical Extractions	73.7	$ 266.65	$ 1.64	77.5	$ 259.36	$ 1.68
Oral Surgery	8.3	$ 204.15	$ 0.14	7.8	$ 200.03	$ 0.13
Anesthesia	246.0	$ 35.78	$ 0.73	246.7	$ 34.49	$ 0.71
Restorations	756.2	$ 71.86	$ 4.53	720.9	$ 69.46	$ 4.17
Periodontics	14.7	$ 140.19	$ 0.17	14.9	$ 122.79	$ 0.15
Endodontics	51.0	$ 222.92	$ 0.95	46.2	$ 216.02	$ 0.83
Class III						
Inlays/Onlays/Crowns	98.2	$ 147.94	$ 1.21	92.1	$ 142.68	$ 1.09
Dentures	0.5	$ 613.95	$ 0.03	0.6	$ 560.26	$ 0.03
Repair (Simple)	2.7	$ 58.00	$ 0.01	2.6	$ 55.69	$ 0.01
Maxillofacial Prosthetics	-	$ -	$ -	-	$ -	$ -
Other Prosthetics	0.0	$ 200.00	$ 0.00	-	$ -	$ -
Class IV						
Orthodontics	0.5	$ 5,968.29	$ 0.26	0.5	$ 4,383.01	$ 0.20
Class V						
Miscellaneous	20.9	$ 46.26	$ 0.08	20.5	$ 44.69	$ 0.08
Professional	-	$ -	$ -	0.0	$ 21.25	$ 0.00
SUM OF COVERED SERVICES	5,942.4	$ 43.97	$ 21.78	5,886.3	$ 42.15	$ 20.68

State of Indiana
Office of Medicaid Policy and Planning
Dental Cost Model by Service Category and Calendar Year

Population **CHIP**

	2009			2010		
Member Months	236,887			282,120		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	1,030.3	$ 25.91	$ 2.22	1,071.0	$ 24.68	$ 2.20
Prophylaxis	907.3	$ 37.72	$ 2.85	940.4	$ 36.38	$ 2.85
Fluoride	840.9	$ 21.38	$ 1.50	878.3	$ 20.82	$ 1.52
X-Rays	1,073.9	$ 28.64	$ 2.56	1,030.0	$ 28.23	$ 2.42
Sealants	705.5	$ 29.04	$ 1.71	739.6	$ 27.85	$ 1.72
Class II						
Space Maintainers	24.4	$ 179.54	$ 0.36	24.4	$ 165.43	$ 0.34
Simple Extractions	144.5	$ 73.05	$ 0.88	133.8	$ 70.47	$ 0.79
Surgical Extractions	77.5	$ 266.33	$ 1.72	79.0	$ 253.49	$ 1.67
Oral Surgery	8.6	$ 212.46	$ 0.15	7.6	$ 208.72	$ 0.13
Anesthesia	241.7	$ 35.85	$ 0.72	250.2	$ 34.05	$ 0.71
Restorations	716.0	$ 71.04	$ 4.24	709.4	$ 69.00	$ 4.08
Periodontics	11.8	$ 142.80	$ 0.14	11.7	$ 112.63	$ 0.11
Endodontics	52.7	$ 186.72	$ 0.82	48.8	$ 192.42	$ 0.78
Class III						
Inlays/Onlays/Crowns	113.5	$ 147.99	$ 1.40	100.0	$ 142.77	$ 1.19
Dentures	0.7	$ 632.33	$ 0.04	0.5	$ 609.75	$ 0.02
Repair (Simple)	2.5	$ 56.93	$ 0.01	2.6	$ 55.55	$ 0.01
Maxillofacial Prosthetics	-	$ -	$ -	-	$ -	$ -
Other Prosthetics	-	$ -	$ -	-	$ -	$ -
Class IV						
Orthodontics	0.2	$ 3,798.00	$ 0.06	0.8	$ 4,110.98	$ 0.26
Class V						
Miscellaneous	28.4	$ 45.70	$ 0.11	29.6	$ 44.34	$ 0.11
Professional	-	$ -	$ -	-	$ -	$ -
SUM OF COVERED SERVICES	5,980.2	$ 43.15	$ 21.50	6,057.7	$ 41.44	$ 20.92

State of Indiana
Office of Medicaid Policy and Planning
Dental Cost Model by Service Category and Calendar Year

Population **Children**

	2009			2010		
Member Months	6,558,315			6,900,503		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	717.3	$ 26.92	$ 1.61	736.2	$ 25.66	$ 1.57
Prophylaxis	604.5	$ 36.76	$ 1.85	624.1	$ 35.49	$ 1.85
Fluoride	566.8	$ 21.45	$ 1.01	589.6	$ 20.85	$ 1.02
X-Rays	848.9	$ 26.50	$ 1.87	800.9	$ 25.96	$ 1.73
Sealants	482.1	$ 28.84	$ 1.16	467.4	$ 27.79	$ 1.08
Class II						
Space Maintainers	21.3	$ 179.44	$ 0.32	19.7	$ 170.73	$ 0.28
Simple Extractions	106.2	$ 72.97	$ 0.65	100.9	$ 70.47	$ 0.59
Surgical Extractions	53.6	$ 249.97	$ 1.12	53.4	$ 242.45	$ 1.08
Oral Surgery	5.8	$ 210.91	$ 0.10	5.4	$ 194.66	$ 0.09
Anesthesia	198.8	$ 34.53	$ 0.57	195.6	$ 33.40	$ 0.54
Restorations	570.9	$ 71.43	$ 3.40	549.8	$ 69.23	$ 3.17
Periodontics	14.3	$ 131.74	$ 0.16	14.1	$ 133.10	$ 0.16
Endodontics	58.7	$ 181.73	$ 0.89	55.1	$ 172.89	$ 0.79
Class III						
Inlays/Onlays/Crowns	125.9	$ 149.17	$ 1.57	120.5	$ 143.83	$ 1.44
Dentures	0.5	$ 653.25	$ 0.03	0.5	$ 610.09	$ 0.03
Repair (Simple)	3.1	$ 57.66	$ 0.01	2.9	$ 55.68	$ 0.01
Maxillofacial Prosthetics	0.1	$ 507.56	$ 0.00	0.1	$ 445.30	$ 0.00
Other Prosthetics	0.0	$ 158.81	$ 0.00	0.0	$ 146.96	$ 0.00
Class IV						
Orthodontics	0.3	$ 6,223.35	$ 0.13	0.3	$ 4,229.69	$ 0.10
Class V						
Miscellaneous	30.8	$ 46.18	$ 0.12	29.8	$ 44.48	$ 0.11
Professional	-	$ -	$ -	-	$ -	$ -
SUM OF COVERED SERVICES	4,409.9	$ 45.09	$ 16.57	4,366.2	$ 43.04	$ 15.66

State of Indiana
Office of Medicaid Policy and Planning
Dental Cost Model by Service Category and Calendar Year

Population **Adult (ages 21 and older)**

	2009			2010		
Member Months	**1,292,576**			**1,325,761**		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	572.0	$ 32.73	$ 1.56	556.6	$ 31.53	$ 1.46
Prophylaxis	164.7	$ 47.30	$ 0.65	161.3	$ 45.62	$ 0.61
Fluoride	1.1	$ 21.65	$ 0.00	1.0	$ 21.26	$ 0.00
X-Rays	786.2	$ 32.68	$ 2.14	757.6	$ 31.21	$ 1.97
Sealants	2.0	$ 29.26	$ 0.00	1.5	$ 28.44	$ 0.00
Class II						
Space Maintainers	0.0	$ 36.50	$ 0.00	-	$ -	$ -
Simple Extractions	341.4	$ 73.04	$ 2.08	339.8	$ 70.49	$ 2.00
Surgical Extractions	468.5	$ 176.64	$ 6.90	463.6	$ 169.21	$ 6.54
Oral Surgery	99.1	$ 199.27	$ 1.65	96.7	$ 190.56	$ 1.54
Anesthesia	87.5	$ 69.93	$ 0.51	87.4	$ 67.17	$ 0.49
Restorations	693.7	$ 81.31	$ 4.70	688.9	$ 79.27	$ 4.55
Periodontics	261.5	$ 142.87	$ 3.11	241.8	$ 142.58	$ 2.87
Endodontics	2.2	$ 269.38	$ 0.05	2.1	$ 276.07	$ 0.05
Class III						
Inlays/Onlays/Crowns	15.1	$ 85.87	$ 0.11	15.2	$ 90.28	$ 0.11
Dentures	32.5	$ 335.75	$ 0.91	36.2	$ 324.42	$ 0.98
Repair (Simple)	1.1	$ 63.85	$ 0.01	0.9	$ 61.47	$ 0.00
Maxillofacial Prosthetics	-	$ -	$ -	-	$ -	$ -
Other Prosthetics	2.0	$ 220.17	$ 0.04	2.0	$ 209.62	$ 0.03
Class IV						
Orthodontics	-	$ -	$ -	-	$ -	$ -
Class V						
Miscellaneous	0.1	$ 46.75	$ 0.00	0.0	$ 45.97	$ 0.00
Professional	-	$ -	$ -	-	$ -	$ -
SUM OF COVERED SERVICES	3,530.5	$ 82.96	$ 24.41	3,452.6	$ 80.68	$ 23.21

Note: For the calendar years reported the agency applied an annual $600 cap for selected services. The cap is no longer in effect

State of Indiana
Office of Medicaid Policy and Planning
Dental Cost Model by Service Category and Calendar Year

Population **Adult (ages 20 and younger)**

	2009			2010		
Member Months	**50,684**			**52,840**		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	634.8	$ 32.11	$ 1.70	594.5	$ 30.95	$ 1.53
Prophylaxis	272.7	$ 47.43	$ 1.08	251.9	$ 45.46	$ 0.95
Fluoride	126.7	$ 21.56	$ 0.23	129.2	$ 21.10	$ 0.23
X-Rays	903.0	$ 32.57	$ 2.45	813.2	$ 30.43	$ 2.06
Sealants	194.6	$ 29.27	$ 0.47	137.9	$ 27.98	$ 0.32
Class II						
Space Maintainers	0.2	$ 194.34	$ 0.00	0.2	$ 184.62	$ 0.00
Simple Extractions	155.6	$ 74.80	$ 0.97	149.9	$ 71.68	$ 0.90
Surgical Extractions	487.5	$ 223.75	$ 9.09	463.5	$ 214.14	$ 8.27
Oral Surgery	50.9	$ 208.76	$ 0.89	54.5	$ 198.49	$ 0.90
Anesthesia	205.7	$ 57.96	$ 0.99	207.1	$ 54.14	$ 0.93
Restorations	1,217.9	$ 82.39	$ 8.36	1,104.2	$ 81.36	$ 7.49
Periodontics	183.7	$ 137.09	$ 2.10	159.9	$ 135.10	$ 1.80
Endodontics	77.9	$ 463.03	$ 3.01	82.2	$ 439.32	$ 3.01
Class III						
Inlays/Onlays/Crowns	48.1	$ 139.82	$ 0.56	43.1	$ 120.82	$ 0.43
Dentures	6.9	$ 632.02	$ 0.36	8.9	$ 614.76	$ 0.45
Repair (Simple)	0.5	$ 58.27	$ 0.00	0.5	$ 68.68	$ 0.00
Maxillofacial Prosthetics	-	$ -	$ -	-	$ -	$ -
Other Prosthetics	-	$ -	$ -	1.1	$ 161.55	$ 0.02
Class IV						
Orthodontics	-	$ -	$ -	-	$ -	$ -
Class V						
Miscellaneous	10.2	$ 46.75	$ 0.04	11.8	$ 44.68	$ 0.04
Professional	-	$ -	$ -	-	$ -	$ -
SUM OF COVERED SERVICES	4,576.8	$ 84.69	$ 32.30	4,213.6	$ 83.59	$ 29.35

State of Indiana
Office of Medicaid Policy and Planning
Dental Cost Model by Service Category and Calendar Year

Population **Disabled (ages 21 and older)**

	2009			2010		
Member Months	**1,288,318**			**1,418,356**		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	435.1	$ 28.73	$ 1.04	443.9	$ 28.22	$ 1.04
Prophylaxis	190.7	$ 46.78	$ 0.74	184.6	$ 45.01	$ 0.69
Fluoride	0.5	$ 21.51	$ 0.00	0.6	$ 19.06	$ 0.00
X-Rays	409.4	$ 30.86	$ 1.05	434.1	$ 30.06	$ 1.09
Sealants	0.4	$ 22.13	$ 0.00	0.6	$ 28.85	$ 0.00
Class II						
Space Maintainers	-	$ -	$ -	0.0	$ 36.50	$ 0.00
Simple Extractions	271.5	$ 71.85	$ 1.63	315.0	$ 69.26	$ 1.82
Surgical Extractions	226.1	$ 162.14	$ 3.06	280.9	$ 157.03	$ 3.68
Oral Surgery	70.4	$ 209.83	$ 1.23	87.6	$ 197.76	$ 1.44
Anesthesia	38.4	$ 65.74	$ 0.21	42.2	$ 63.69	$ 0.22
Restorations	359.3	$ 82.23	$ 2.46	384.6	$ 79.94	$ 2.56
Periodontics	117.9	$ 145.64	$ 1.43	138.8	$ 143.32	$ 1.66
Endodontics	0.7	$ 128.67	$ 0.01	1.0	$ 127.58	$ 0.01
Class III						
Inlays/Onlays/Crowns	10.8	$ 125.99	$ 0.11	11.3	$ 115.88	$ 0.11
Dentures	51.4	$ 324.29	$ 1.39	58.8	$ 316.97	$ 1.55
Repair (Simple)	2.3	$ 70.93	$ 0.01	2.2	$ 71.11	$ 0.01
Maxillofacial Prosthetics	-	$ -	$ -	-	$ -	$ -
Other Prosthetics	5.0	$ 209.97	$ 0.09	5.3	$ 202.69	$ 0.09
Class IV						
Orthodontics	-	$ -	$ -	-	$ -	$ -
Class V						
Miscellaneous	-	$ -	$ -	0.0	$ 87.28	$ 0.00
Professional	-	$ -	$ -	-	$ -	$ -
SUM OF COVERED SERVICES	2,189.8	$ 79.26	$ 14.46	2,391.4	$ 80.20	$ 15.98

Note: For the calendar years reported the agency applied an annual $600 cap for selected services. The cap is no longer in effect

State of Indiana
Office of Medicaid Policy and Planning
Dental Cost Model by Service Category and Calendar Year

Population **Disabled (ages 20 and younger)**

	2009			2010		
Member Months	81,249			92,181		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	751.8	$ 23.70	$ 1.48	761.7	$ 23.19	$ 1.47
Prophylaxis	612.5	$ 37.81	$ 1.93	604.5	$ 36.96	$ 1.86
Fluoride	475.7	$ 19.15	$ 0.76	476.3	$ 19.04	$ 0.76
X-Rays	580.9	$ 24.26	$ 1.17	581.5	$ 24.66	$ 1.20
Sealants	297.0	$ 26.04	$ 0.64	258.9	$ 25.69	$ 0.55
Class II						
Space Maintainers	3.8	$ 136.94	$ 0.04	5.2	$ 140.43	$ 0.06
Simple Extractions	142.1	$ 65.77	$ 0.78	128.7	$ 60.68	$ 0.65
Surgical Extractions	104.4	$ 213.12	$ 1.85	119.2	$ 211.45	$ 2.10
Oral Surgery	16.5	$ 170.33	$ 0.23	11.7	$ 179.57	$ 0.18
Anesthesia	106.5	$ 38.57	$ 0.34	122.6	$ 37.68	$ 0.39
Restorations	462.0	$ 69.92	$ 2.69	516.3	$ 70.38	$ 3.03
Periodontics	57.5	$ 148.39	$ 0.71	61.7	$ 130.72	$ 0.67
Endodontics	19.9	$ 286.77	$ 0.48	26.2	$ 294.51	$ 0.64
Class III						
Inlays/Onlays/Crowns	57.2	$ 133.32	$ 0.64	47.3	$ 130.43	$ 0.51
Dentures	3.5	$ 613.15	$ 0.18	2.5	$ 576.37	$ 0.12
Repair (Simple)	1.0	$ 55.30	$ 0.00	0.7	$ 53.14	$ 0.00
Maxillofacial Prosthetics	0.3	$ 1,485.00	$ 0.04	0.3	$ 885.38	$ 0.02
Other Prosthetics	0.4	$ 117.67	$ 0.00	0.5	$ 180.69	$ 0.01
Class IV						
Orthodontics	1.8	$ 1,353.13	$ 0.20	0.5	$ 2,866.32	$ 0.12
Class V						
Miscellaneous	44.2	$ 41.16	$ 0.15	44.4	$ 39.74	$ 0.15
Professional	-	$ -	$ -	-	$ -	$ -
SUM OF COVERED SERVICES	3,739.0	$ 46.02	$ 14.34	3,770.8	$ 46.11	$ 14.49

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Population **Pregnant Women (ages 21 and older)**

	2009			2010		
Member Months	277,471			287,815		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	186.0	$ 33.44	$ 0.52	179.7	$ 32.18	$ 0.48
Prophylaxis	58.6	$ 46.86	$ 0.23	58.7	$ 45.14	$ 0.22
Fluoride	0.9	$ 22.25	$ 0.00	1.2	$ 21.36	$ 0.00
X-Rays	212.7	$ 31.32	$ 0.56	202.8	$ 30.34	$ 0.51
Sealants	1.6	$ 29.06	$ 0.00	1.2	$ 28.77	$ 0.00
Class II						
Space Maintainers	-	$ -	$ -	0.1	$ 34.68	$ 0.00
Simple Extractions	71.7	$ 73.09	$ 0.44	72.0	$ 71.41	$ 0.43
Surgical Extractions	104.4	$ 176.32	$ 1.53	100.5	$ 171.72	$ 1.44
Oral Surgery	16.0	$ 174.43	$ 0.23	13.9	$ 176.03	$ 0.20
Anesthesia	10.2	$ 70.15	$ 0.06	9.3	$ 63.57	$ 0.05
Restorations	189.5	$ 78.40	$ 1.24	196.0	$ 76.94	$ 1.26
Periodontics	70.4	$ 135.08	$ 0.79	66.2	$ 128.92	$ 0.71
Endodontics	0.8	$ 269.67	$ 0.02	0.9	$ 287.62	$ 0.02
Class III						
Inlays/Onlays/Crowns	6.7	$ 73.79	$ 0.04	5.3	$ 80.38	$ 0.04
Dentures	2.2	$ 332.05	$ 0.06	2.4	$ 341.05	$ 0.07
Repair (Simple)	0.3	$ 47.45	$ 0.00	0.4	$ 55.36	$ 0.00
Maxillofacial Prosthetics	-	$ -	$ -	-	$ -	$ -
Other Prosthetics	-	$ -	$ -	-	$ -	$ -
Class IV						
Orthodontics	-	$ -	$ -	-	$ -	$ -
Class V						
Miscellaneous	-	$ -	$ -	-	$ -	$ -
Professional	-	$ -	$ -	-	$ -	$ -
SUM OF COVERED SERVICES	931.8	$ 73.66	$ 5.72	910.6	$ 71.63	$ 5.44

Note: For the calendar years reported the agency applied an annual $600 cap for selected services. The cap is no longer in effect

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Population **Pregnant Women (ages 20 and younger)**

	2009			2010		
Member Months	**87,655**			**83,640**		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	264.1	$ 31.68	$ 0.70	273.7	$ 30.18	$ 0.69
Prophylaxis	136.4	$ 47.07	$ 0.53	149.2	$ 45.12	$ 0.56
Fluoride	66.8	$ 21.47	$ 0.12	80.9	$ 20.69	$ 0.14
X-Rays	287.4	$ 31.89	$ 0.76	269.7	$ 32.09	$ 0.72
Sealants	105.1	$ 29.02	$ 0.25	114.1	$ 28.01	$ 0.27
Class II						
Space Maintainers	0.5	$ 163.78	$ 0.01	0.7	$ 83.82	$ 0.01
Simple Extractions	30.7	$ 74.69	$ 0.19	42.6	$ 71.90	$ 0.26
Surgical Extractions	98.7	$ 205.64	$ 1.69	72.7	$ 197.14	$ 1.19
Oral Surgery	10.8	$ 197.43	$ 0.18	7.0	$ 173.28	$ 0.10
Anesthesia	26.8	$ 53.47	$ 0.12	24.5	$ 49.70	$ 0.10
Restorations	404.1	$ 79.04	$ 2.66	378.6	$ 76.71	$ 2.42
Periodontics	71.6	$ 127.85	$ 0.76	63.8	$ 120.45	$ 0.64
Endodontics	26.4	$ 488.60	$ 1.08	23.0	$ 477.72	$ 0.91
Class III						
Inlays/Onlays/Crowns	12.9	$ 122.66	$ 0.13	16.1	$ 124.31	$ 0.17
Dentures	1.2	$ 559.97	$ 0.06	1.1	$ 656.93	$ 0.06
Repair (Simple)	0.3	$ 93.65	$ 0.00	0.4	$ 56.33	$ 0.00
Maxillofacial Prosthetics	-	$ -	$ -	-	$ -	$ -
Other Prosthetics	-	$ -	$ -	-	$ -	$ -
Class IV						
Orthodontics	-	$ -	$ -	-	$ -	$ -
Class V						
Miscellaneous	2.2	$ 46.11	$ 0.01	2.7	$ 45.03	$ 0.01
Professional	-	$ -	$ -	-	$ -	$ -
SUM OF COVERED SERVICES	1,546.0	$ 71.85	$ 9.26	1,521.1	$ 65.10	$ 8.25

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Population **All Aid Categories**

	2009			2010		
Member Months	11,276,038			11,930,276		
Category of Service	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**	**Annual Utilization per 1,000**	**Cost per Unit**	**Per Member Per Month Cost**
Class I						
Oral Evaluations	651.1	$ 27.61	$ 1.50	662.5	$ 26.42	$ 1.46
Prophylaxis	479.8	$ 38.12	$ 1.52	491.9	$ 36.74	$ 1.51
Fluoride	399.3	$ 21.43	$ 0.71	415.3	$ 20.84	$ 0.72
X-Rays	741.9	$ 27.86	$ 1.72	707.1	$ 27.24	$ 1.61
Sealants	347.2	$ 28.87	$ 0.84	339.8	$ 27.82	$ 0.79
Class II						
Space Maintainers	14.7	$ 179.03	$ 0.22	13.7	$ 170.13	$ 0.19
Simple Extractions	153.0	$ 72.68	$ 0.93	154.8	$ 70.15	$ 0.91
Surgical Extractions	127.6	$ 196.40	$ 2.09	133.7	$ 187.86	$ 2.09
Oral Surgery	25.7	$ 204.09	$ 0.44	27.5	$ 194.57	$ 0.45
Anesthesia	152.3	$ 38.23	$ 0.49	151.2	$ 37.00	$ 0.47
Restorations	534.2	$ 74.10	$ 3.30	521.4	$ 72.05	$ 3.13
Periodontics	59.3	$ 141.57	$ 0.70	60.5	$ 139.37	$ 0.70
Endodontics	39.3	$ 190.04	$ 0.62	36.9	$ 181.94	$ 0.56
Class III						
Inlays/Onlays/Crowns	85.5	$ 147.10	$ 1.05	81.5	$ 141.83	$ 0.96
Dentures	13.6	$ 335.20	$ 0.38	15.3	$ 325.09	$ 0.41
Repair (Simple)	2.7	$ 62.50	$ 0.01	2.5	$ 60.77	$ 0.01
Maxillofacial Prosthetics	0.0	$ 566.80	$ 0.00	0.0	$ 463.64	$ 0.00
Other Prosthetics	1.3	$ 212.37	$ 0.02	1.4	$ 204.03	$ 0.02
Class IV						
Orthodontics	0.2	$ 5,815.02	$ 0.10	0.2	$ 4,217.21	$ 0.08
Class V						
Miscellaneous	20.1	$ 46.09	$ 0.08	19.6	$ 44.43	$ 0.07
Professional	-	$ -	$ -	0.0	$ 21.25	$ 0.00
SUM OF COVERED SERVICES	3,848.8	$ 52.10	$ 16.71	3,836.8	$ 50.48	$ 16.14

Note: For the calendar years reported the agency applied an annual $600 cap covering selected services for members age 21 or older. The cap is no longer in effect