





USER GUIDE

Virginia Medicaid Forecasting Tool

This one pager presents information that explains how to use the Virginia Medicaid Forecasting Tool.

The aim of this tool is to guide dental professionals and administrators in self-assisted evaluation on the impact of the new Medicaid adult dental benefit in Virginia on their practice.

Navigate to the "Input" tab; anything highlighted in grey requires an input from you - practice name, calendar year, patient counts, and benefit categories performed.

Note: The benefit category input will require the use of a drop-down menu

Benefit Category	Is the benefit category performed in this clinic? Click on each cell and select Yes or No from the drop down arrow	Procedure Codes associated with each category		
Diagnostic	Yes	DC	120 - D0191, D0414 - D0999	
Imaging	Yes No	D0210 - D0395		
Preventive	Yes	D1110 - D1999		
Minor Restorations	Yes		D2000 - D2664	
Major Restorations	Yes	D2665 - D3999		
Oral Surgery	Yes	D7000 - D7999		
Other Perio	Yes		D4000 - D4340, D4356 - D4999	
Scaling and Root Planing	Yes	D4341 - D4355		
Prosthodontics	Yes	D5000 - D6999		
Adjunctive General	Yes		D9110 - D9120, D9310 - D9999	
General Anesthesia	Yes		D9220 - D9223	
Other Anesthesia	Yes		D9211 - D9219, D9230 - D9248	
User Guide & Disclaimer	Input Cover Sheet Monthly Reimbursement Prov	vided	Reimbursement by Service Category	

2

Navigate to the "Cover Sheet" tab where you will see clinic and tool details.

Sample - Tooth Fairy Health Center Virginia Adult Dental Medicaid Reimbursement Projection

January 1, 2021 - December 31, 2021

User Guide & Disclaimer Input Cover Sheet

Navigate to the "Monthly Reimbursement Projection" tab where your inputs from step one will appear, after calculations, to produce count and reimbursements for per service, reimbursement per patient and total reimbursement sorted by month.

Month and Year	Patient Count (New and Existing)	Count of Service	Average Reimbursement per Service	Average Reimbursement per Patient	Total Reimbursement	
January	1,065	4,556	58	249	264,857	
February	1,065	4,456	58	244	259,743	
March	1,065	4,492	60	251	267,388	
April	1,065	4,453	59	249	264,786	
May	1,065	4,434	60	250	266,177	
June	1,065	4,432	60	250	266,682	
July	1,065	4,433	59	244	260,262	
August	1,065	4,392	59	242	257,537	
September	1,065	4,426	58	242	258,063	
October	1,065	4,493	59	248	263,686	
November	1,065	4,404	58	239	254,115	
December	1,065	4,387	59	243	258,895	
Total	12,780	53.358	59	246	3.142.190	

Monthly Reimbursement Provide

Navigate to the "Reimbursement by Service Category" tab where your inputs from step one will appear, after calculations, to produce count and reimbursements for per service, reimbursement per patient and total reimbursement sorted by benefit category.

Benefit Category	Count of Service	Average Reimbursement per Service	Average Reimbursement per Patient	Total Reimbursement	
Diagnostic	8,583	23	15	197,198	
Imaging	20,811	18	29	368,368	
Preventive	6,495	47	24	306,509	
Minor Restorations	9,109	90	64	818,544	
Major Restorations	2,047	326	52	667,717	
Oral Surgery	3,231	113	29	364,925	
Scaling and Root Planing	1,014	90	7	91,188	
Other Perio	69	68	0	4,720	
Prosthodontics	409	560	18	228,763	
Adjunctive General	723	63	4	45,401	
General Anesthesia	296	64	1	18,944	
Other Anesthesia	570	53	2	29,913	
Total	53,358	59	246	3,142,190	
Total Patients	12,780				
Input Cover Sheet	Monthly Reimb	ursement Provided	Reimbursement	by Service Category	

You can use these results as guidance to evaluate the impact of the new Medicaid adult dental benefit in Virginia on your practice's costs and productivity.

Name of Dental Practice: Calendar Year:				Sample - Tooth Fairy Health Center					
				January 1, 2021 - December 31, 2021					
Мо	onth and Year			Nev	v Patient Count	Existing Pa	tient Count	Total Patients	
Jai	nuary				65	1,0	00	1,065	
February			65	1,000		1,065			
Ma	March			65	1,000		1,065		
Ap	April		65 1,0		00	1,065			
Ma	May		65		1,000		1,065		
Ju	June		65 1		1,0	00	1,065		
Jul	July		65		1,000		1,065		
Au	August		65		1,000		1,065		
September		65		1,000		1,065			
October		65		1,000		1,065			
November			65		1,000		1,065		
De	cember				65	1,0	00	1,065	
	User Guide & Disclaimer	Input	Cove	ver Sheet Monthly Reimburser		ment Provided Reimburseme		t by Service Category	

Input Required