



Washington State Apple Health Dental Program Facts and Figures Executive Summary December 2018

Overview of WA Apple Health Dental Program

The Apple Health dental program provides dental benefits to nearly a quarter of the state's population (26%).

Children

- Apple Health for Kids is a comprehensive child health program. The program's focus is on prevention, early diagnosis, and treatment by medical and dental providers. Children through age 20 are eligible for a complete range of dental services, including preventive and restorative procedures.
- Dental coverage is free for all children in families below 200 percent of the Federal Poverty Level (\$40,320 for a family of three in 2016 and \$41,560 in 2018).

Adults

- WA State had adult dental coverage until 2011 when budget cuts went into effect, limiting most adults to emergency services, such as tooth extractions and antibiotics for pain.
- In January 2014, comprehensive dental coverage was restored to all Apple Health-insured adults, including those covered by the Medicaid Expansion component of the federal Affordable Care Act. Therefore, Fiscal Year 2014 includes six months of adult dental benefits (January 1, 2014 – June 30, 2014), while Fiscal Years 2015 – 2017 includes full years of adult dental benefits.
- Dental coverage is free through Apple Health for adults under age 65 up to 138% of the Federal Poverty Level (FPL). Older adults must have lower incomes to qualify for Apple Health.

The Apple Health dental program is transitioning to a managed care model and is scheduled to go into effect in July 2019.

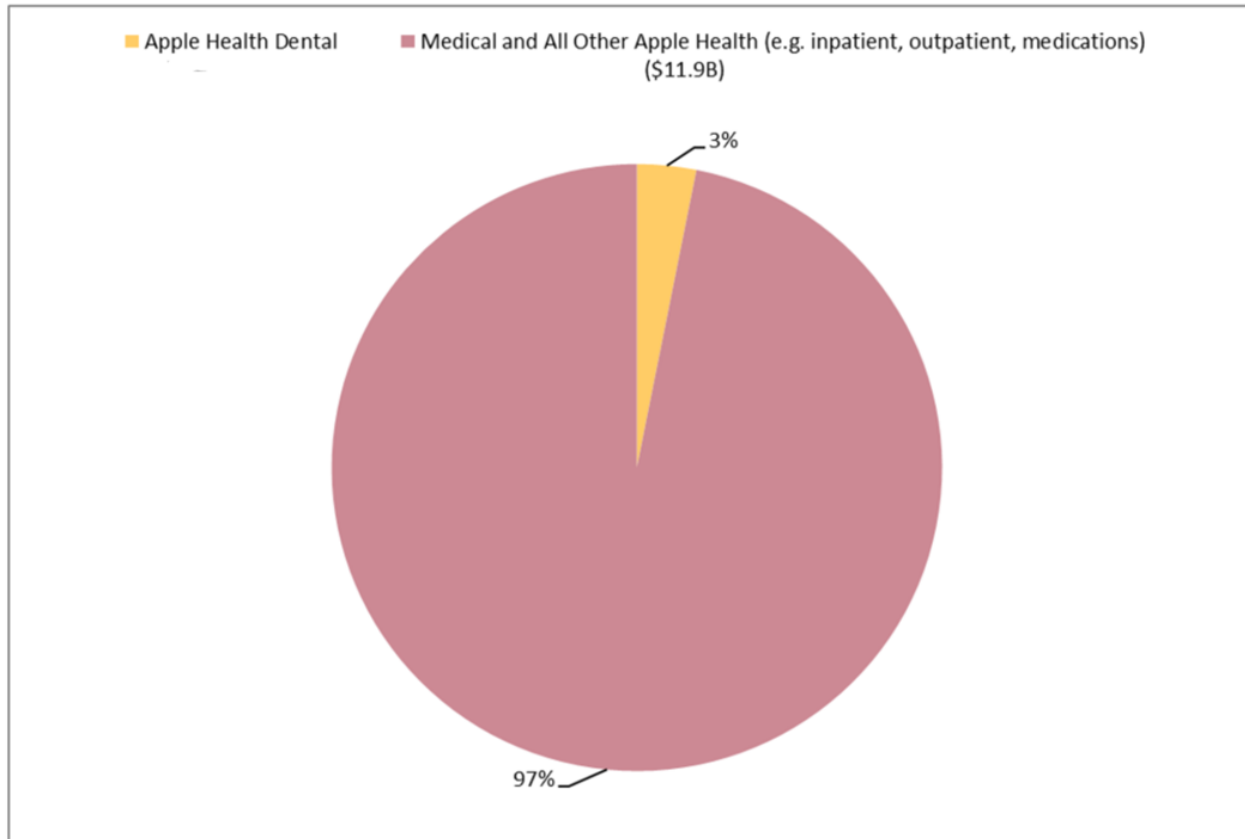
Importance of Dental Care and Oral Health

- Oral Health is a critical component of overall health. Poor oral health can cause pain and impact many aspects of a person's life, including the ability to eat, sleep, learn, and work.
- Untreated dental disease can result in pain, poor nutrition, missed school, lack of employability, and social isolation, which can have a devastating impact on quality of life.

Note: According to Health Care Authority Apple Health Program Enrollment Reports, the number of Washingtonians enrolled in Apple Health in March 2018 was 1,863,363.

Citations are available in the Resources and Appendixes section of the report.

Washington State Apple Health Dental Expenditures as a Share of Total Health Expenditures, FY 2017



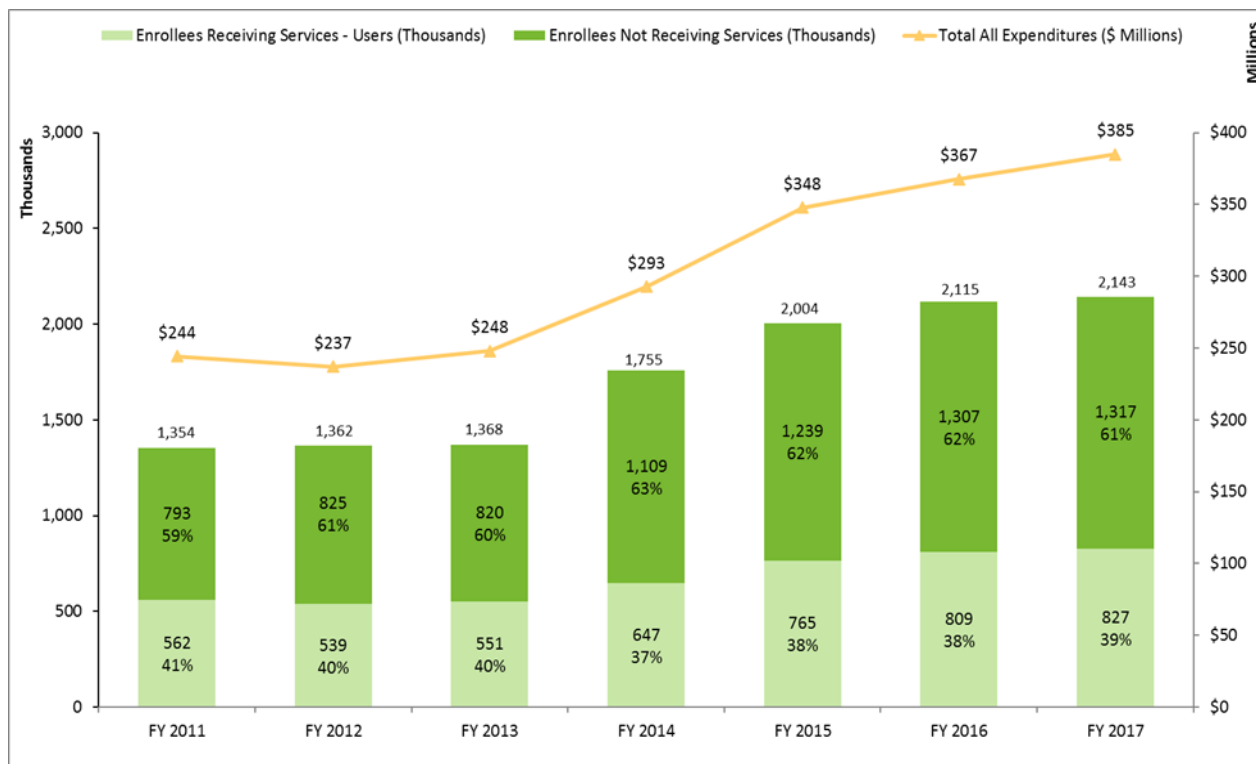
Section: All Ages

- The total federal and state expenditures for Washington's Apple Health program in FY 2017 were \$11.9B.
- Dental expenditures accounted for 3% of the total Apple Health budget.

Sources:

Washington State Health Care Authority, Financial Services, Correspondence from 05/16/2018
National Association of State Budget Officers, "Examining Fiscal 2015-2017 State Spending." Available from <https://www.nasbo.org/mainsite/reports-data/state-expenditure-report>

Apple Health Enrollees, Dental Utilization and Expenditures, FY 2011 – FY 2017



Note: Includes claims with unmatched eligibility data.

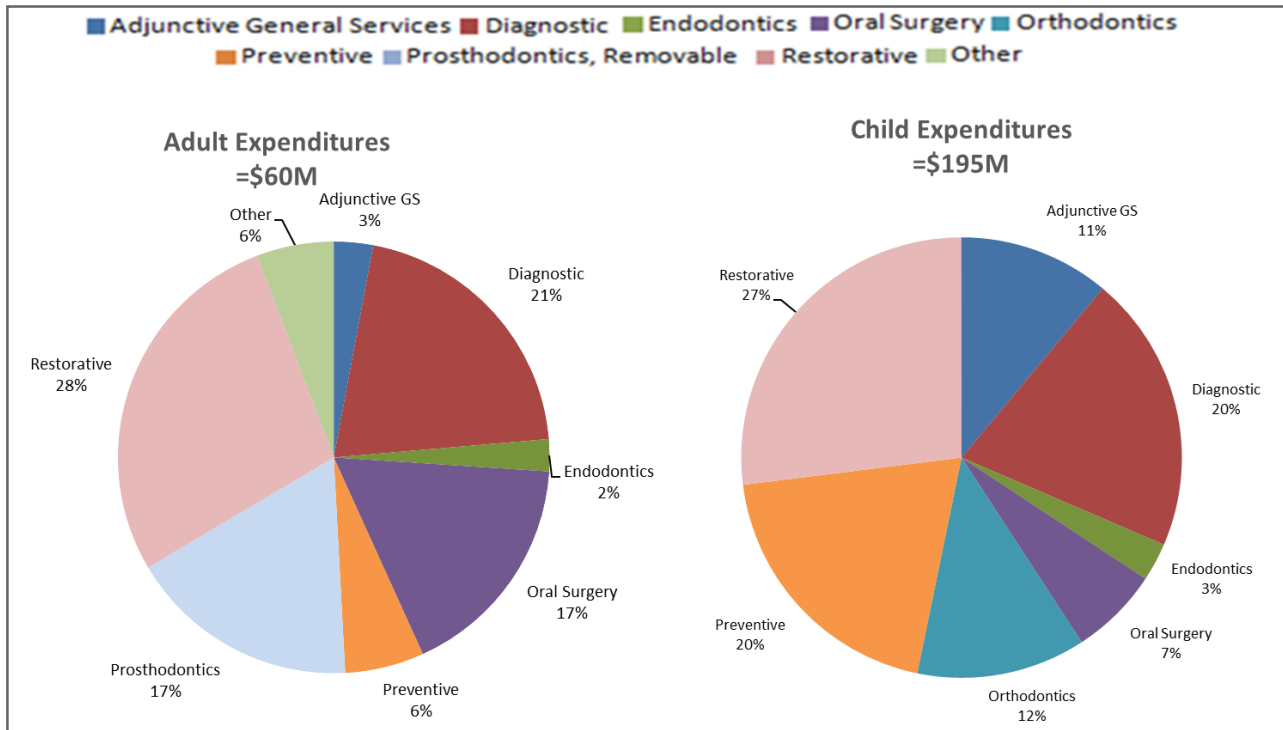
Source: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

Section: All Ages

- The number of Apple Health enrollees increased by 58% from FY 2011 to FY 2017.
- The percent of enrollees using services increased by 47%
- Total expenditures increased by 33% after adjusting for inflation. The increase in spending can be attributed to more adults receiving dental care (primarily in Federally Qualified Health Centers); however, a growing majority are adults receiving coverage through Medicaid expansion, which drew 95% federal match in 2017.

Dental Expenditures by Procedure Group, Adults and Children, FY 2017

Expenditures in this slide exclude child and adult claims that occurred in Federally Qualified Health Centers (FQHCs) as the type of dental procedures received in FQHCs cannot be identified.



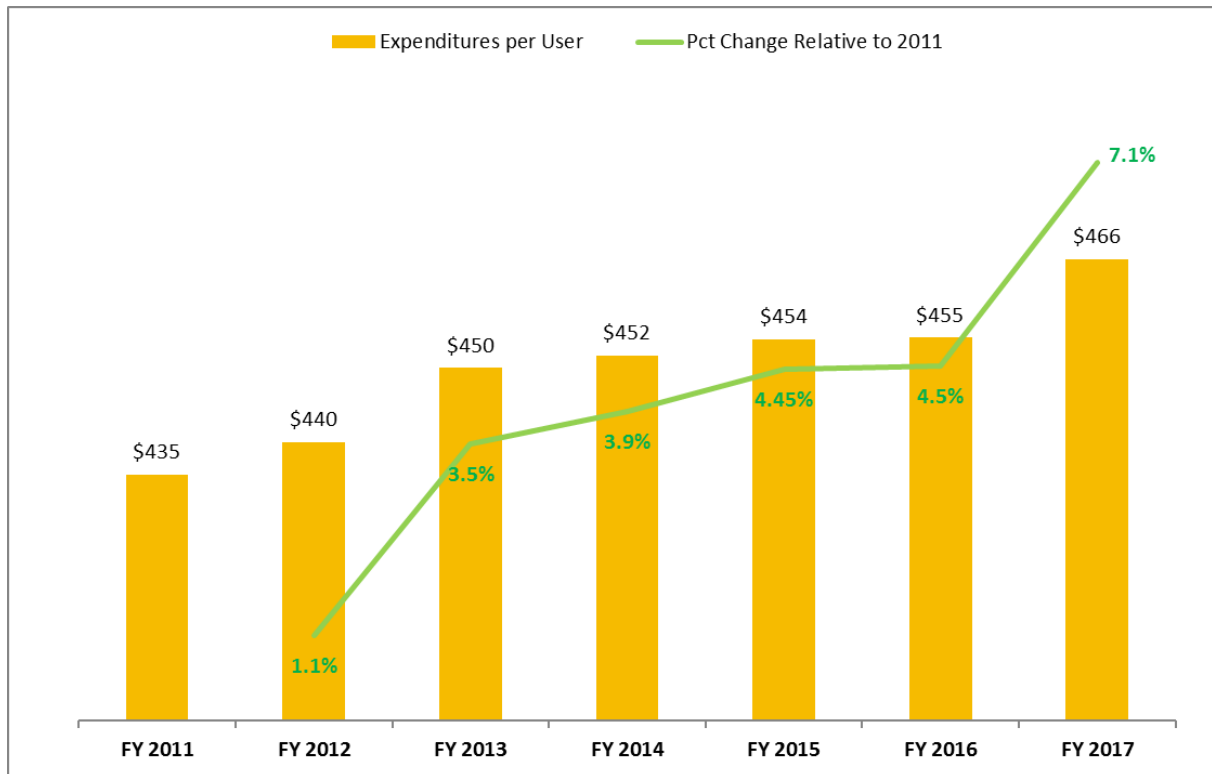
Note: Excludes FQHC claims and claims with missing values for procedure categories. Other includes Maxillofacial Prosthetics, Prostodontics Removable and Periodontics. Combined, these categories had 6% of total adult expenditures and less than 1% of total child expenditures in FY 2017. The following are not depicted in the pie charts: For adult expenditures, Orthodontics, which represented only 0.03% of total expenditures. For children expenditures, Periodontics and Prostodontics Removable, which represented only 0.04% and 0.01% of total expenditures. See Appendix for information on procedure groups.

Source: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

Section: All Ages

- In FY 2017, restorative services accounted for the greatest portion of total expenditures (27% for children and 28% for adults).
- Extractions, which fall within the oral surgery group (17%), were among the most frequently billed procedures for all adults. On the contrary, Periodic Oral Exam, Cleaning, Fluoride Varnish, and Sealants, which fall within the preventive group (20%) were the most frequently billed procedures for all children in FY 2017.

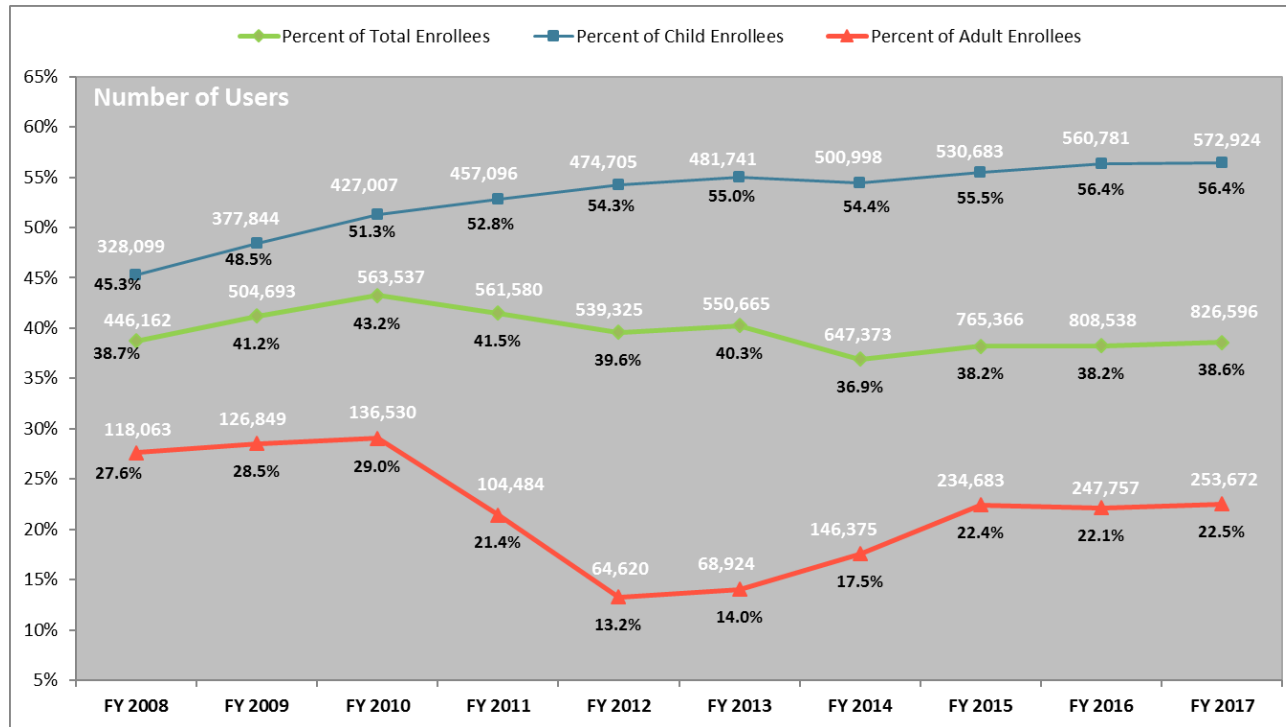
Average Expenditures per Dental User FY 2011 – FY 2017



Section: All Ages

Dental expenditures per user rose from \$435 in FY 2011 to \$466 in FY 2017, a 7.1% increase. This increase may be attributed to the increase in some costly services (orthodontics, general anesthesia, extractions, and miscellaneous restorative procedures) and to the increase in dental services received at Federally Qualified Health Centers.

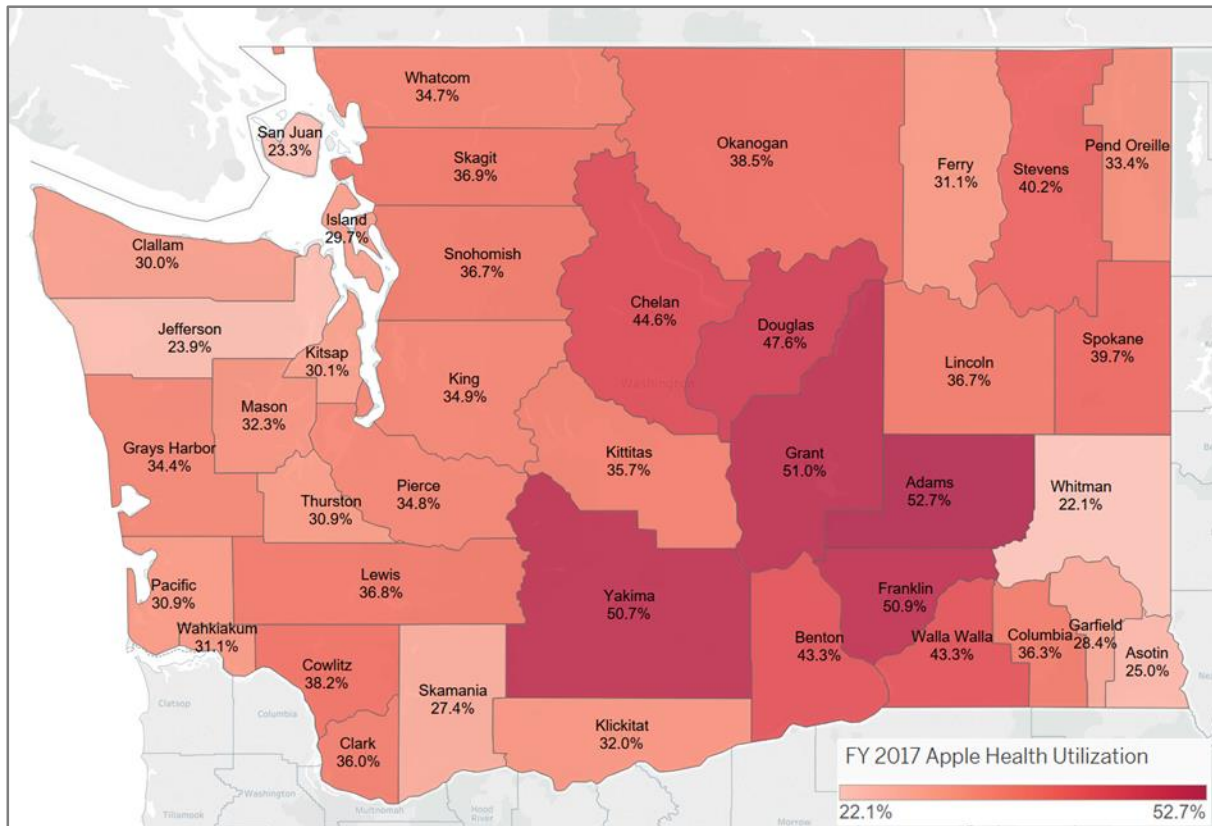
Enrollees with at Least One Dental Service FY 2008 – FY 2017



Section: All Ages

- The percentage of children using dental services has risen steadily since FY 2008.
- With the restoration of adult dental program, the percent of adult enrollees using dental services is gradually increasing.
- Although utilization rates for adults is lower than years prior to the adult dental cut, the number of adult users increased by 86% with more than 100,000 additional adults receiving care since 2010.

Enrollees with at Least One Dental Service, by County, FY 2017

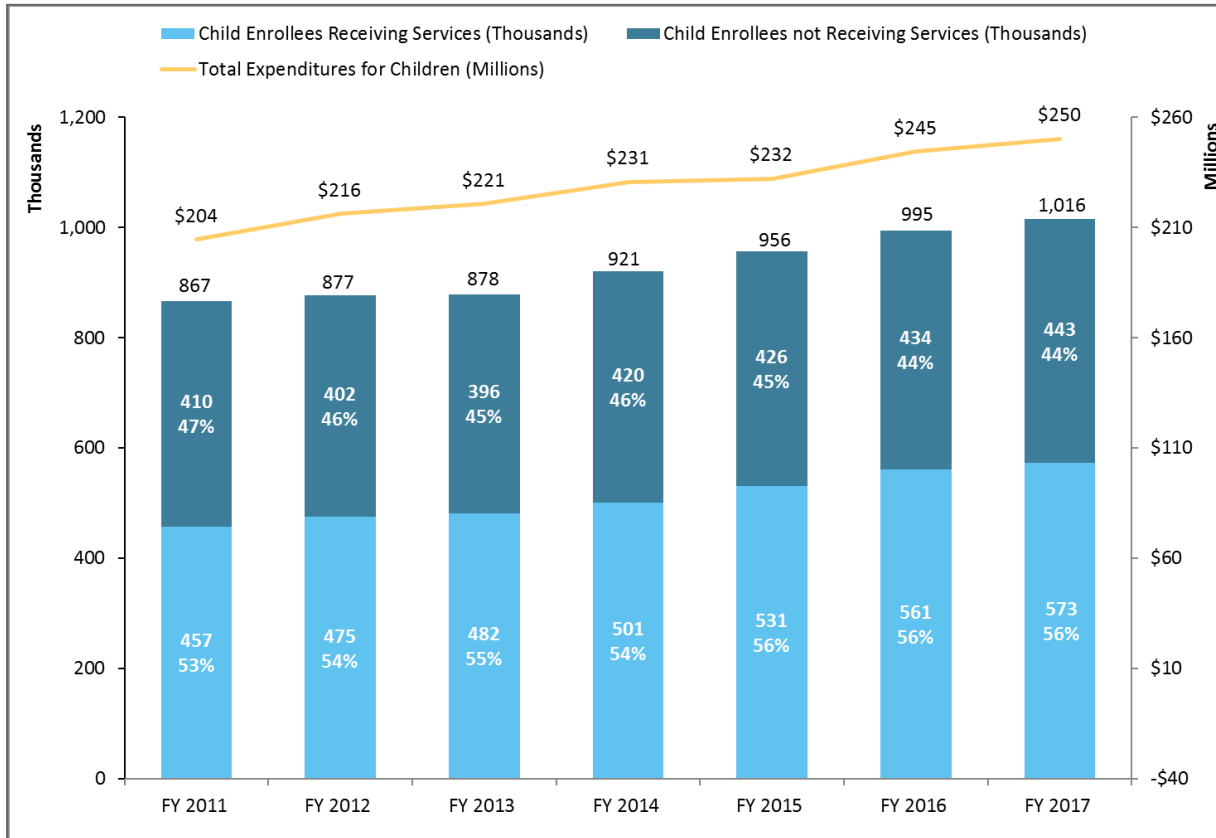


Statewide Utilization Total 38.6%

Section: All Ages

- Utilization of dental services varied widely by county, ranging from 22% to 53% in FY 2017.
- King County, with the largest population in the state, had a rate of 35%.

Utilization and Expenditures Among Children, FY 2011 – FY 2017



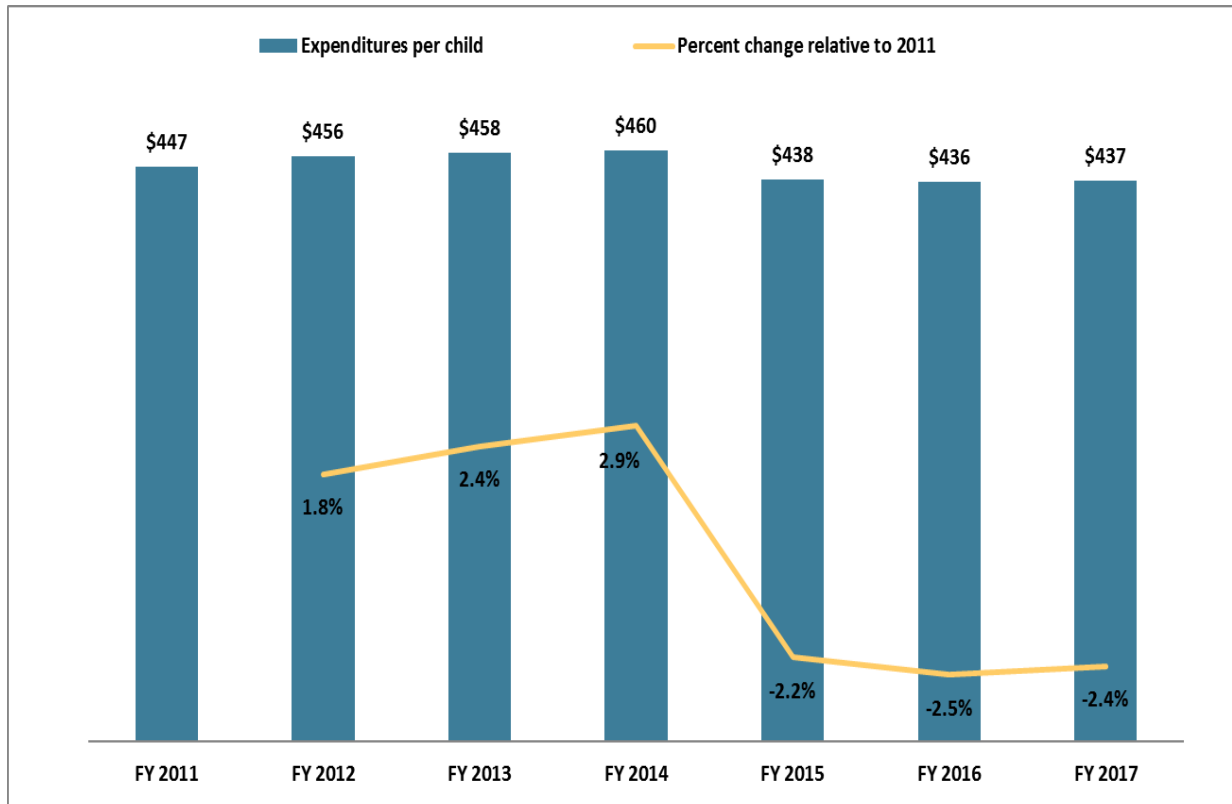
Note: Includes claims with unmatched eligibility data.

Source: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

Section: Children

- The number of children enrolled in Apple Health and associated dental expenditures increased in the last 7 years.
- After adjusting for inflation, Apple Health children expenditures increased by 2.9% since FY 2011. The increase in spending in the last 7 years was related to the 17% increase in the number of enrolled children and the 25% increase in the number of children accessing dental.

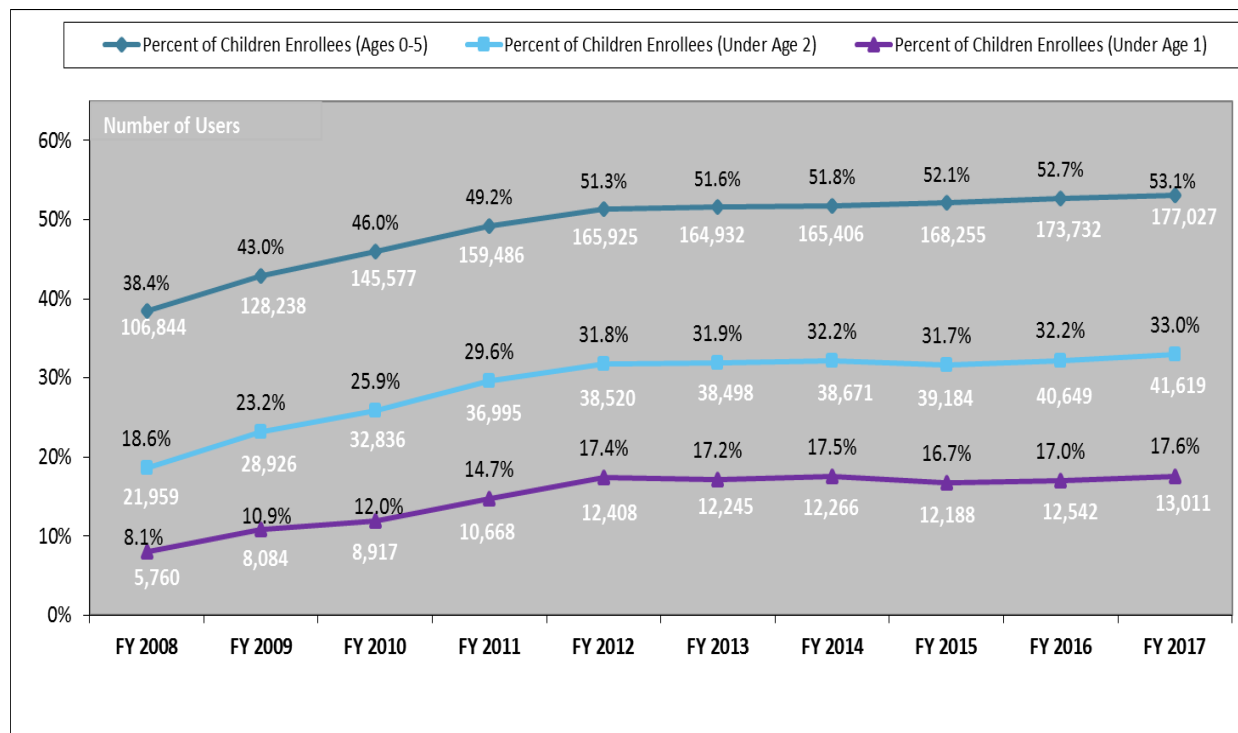
Average Child Dental Expenditures per User FY 2011 - FY 2017



Section: Children

- Dental expenditures per child user slightly decreased from \$447 in FY 2011 to \$437 in FY 2017, a 2% decrease.
- In comparison to FY 2014, dental expenditures per child user decreased by 5%. This decrease may be attributed to the decrease in some costly services such as Orthodontics (nearly \$7.3M decrease).

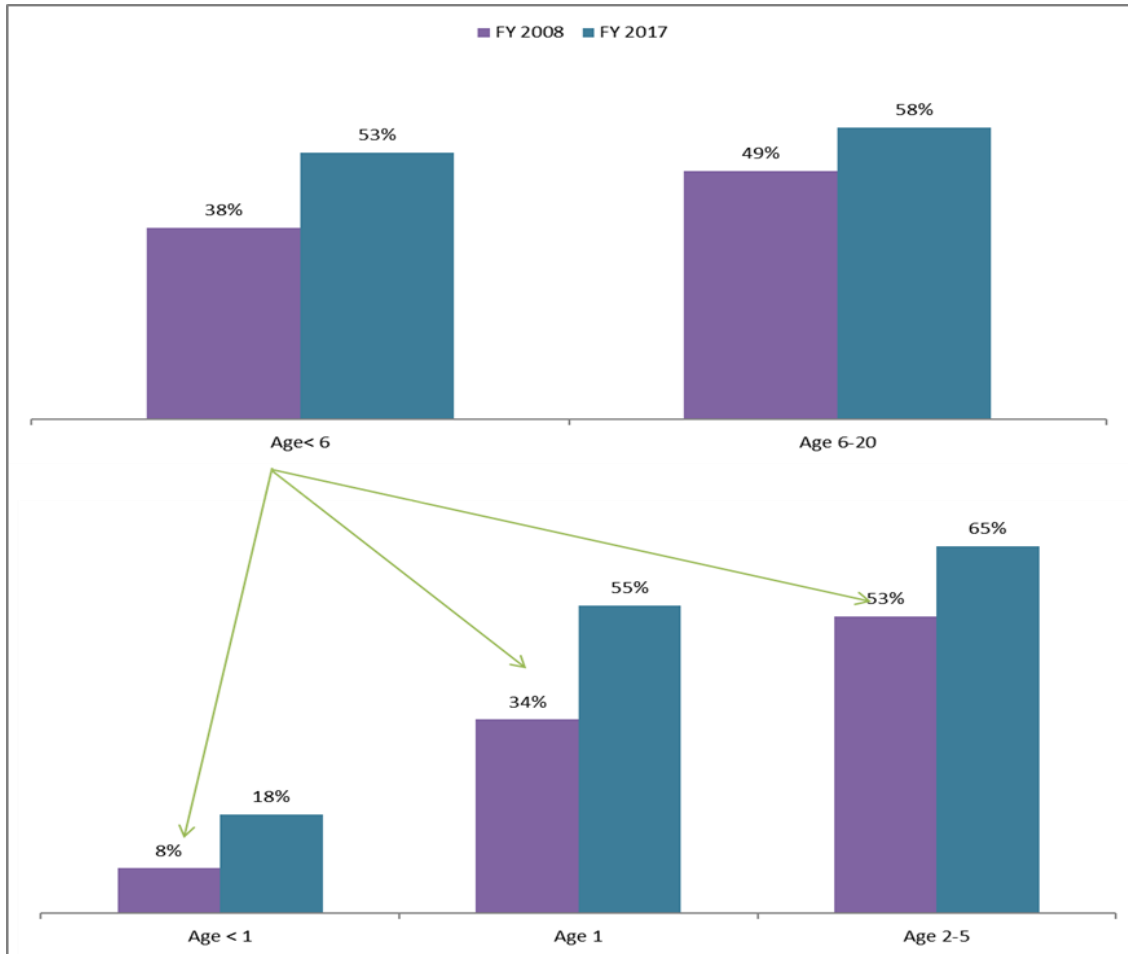
Children Enrollees under Six with at Least One Dental Service, FY 2008 – FY 2017



Section: Young Children

- The percentage of children under six using dental services has risen steadily from FY 2008 to FY 2017.
- In FY 2017, the percentage of children using dental services increased among all age groups, especially among younger children (under age 2 and under age 1).

Percent of Child Enrollees Using at Least One Service, by Age Group, FY 2008 vs. FY 2017



Note: The percent of children using at least one service for all age groups in FY 2008 was 45% and in FY 2017 was 56%.

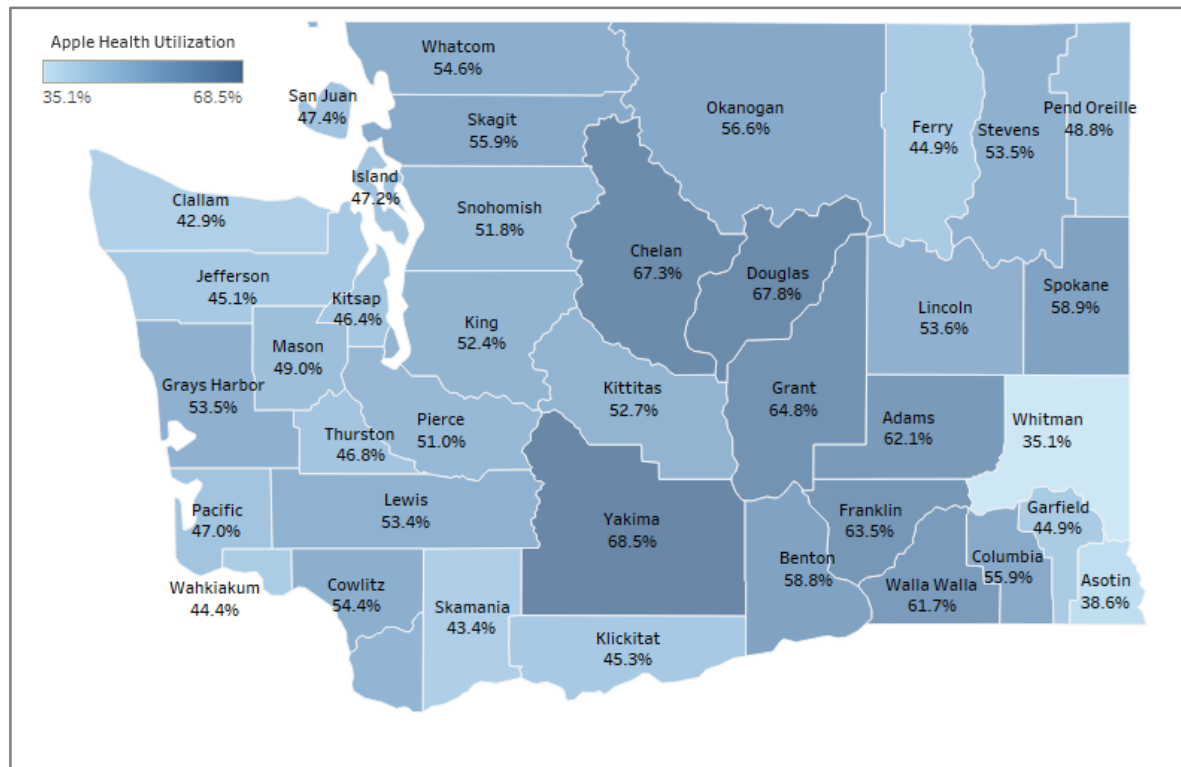
Sources:

Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data
Washington State Health Care Authority, Washington Apple Health 2017 Comparative Analysis Report. Qualis Health.

Section: Children

- Children dental utilization rates increased across all age groups between FY 2008 and FY 2017 and was most dramatic among the youngest age groups
- Although the percentage of children under 6 years accessing dental care has increased to 53%, it is still significantly lower than the portion of similarly aged children accessing primary medical care (86%).

Child Enrollees Ages 20 and Under with at Least One Dental Service, by County FY 2017



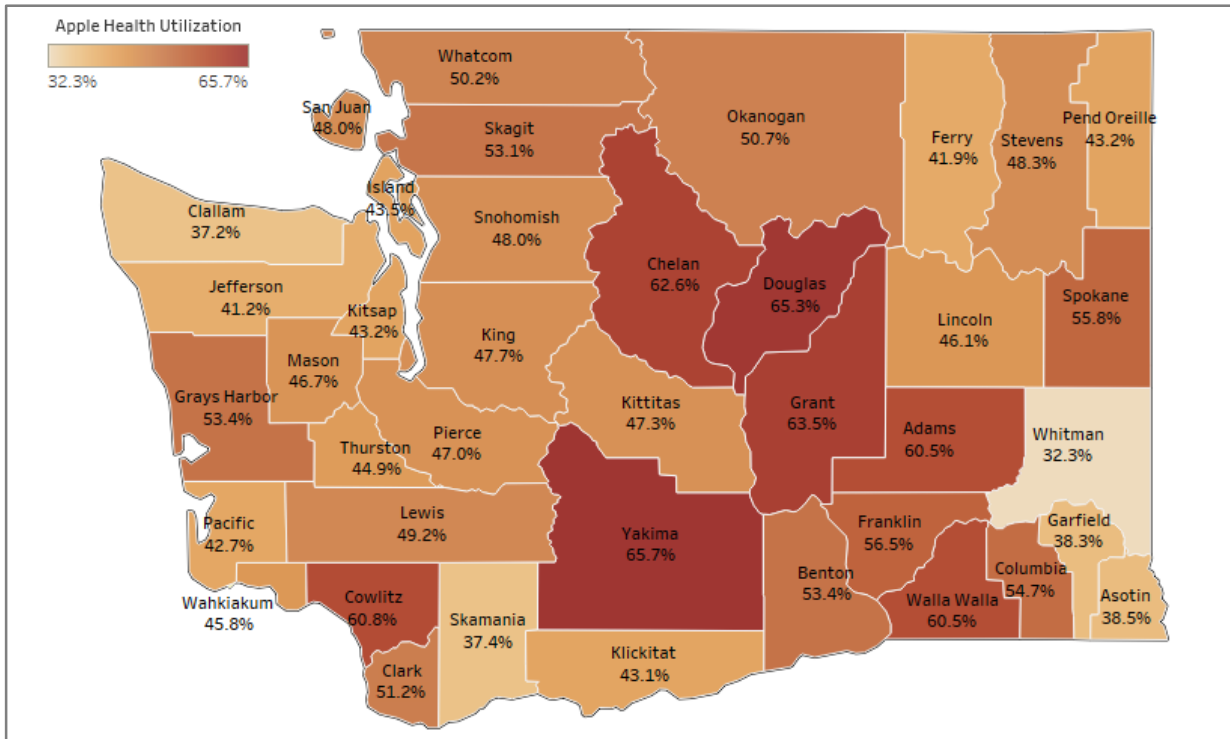
Statewide Utilization Total 56.4%

Section: Children

- Utilization across the state ranged from 35% to 69%.
- Yakima had the largest percentage of children receiving dental services in FY 2017 (indicated by darker shading), while Whitman County had the lowest (indicated by lighter shading).

Child Enrollees under Age Six with at Least One Dental Service, by County FY 2017

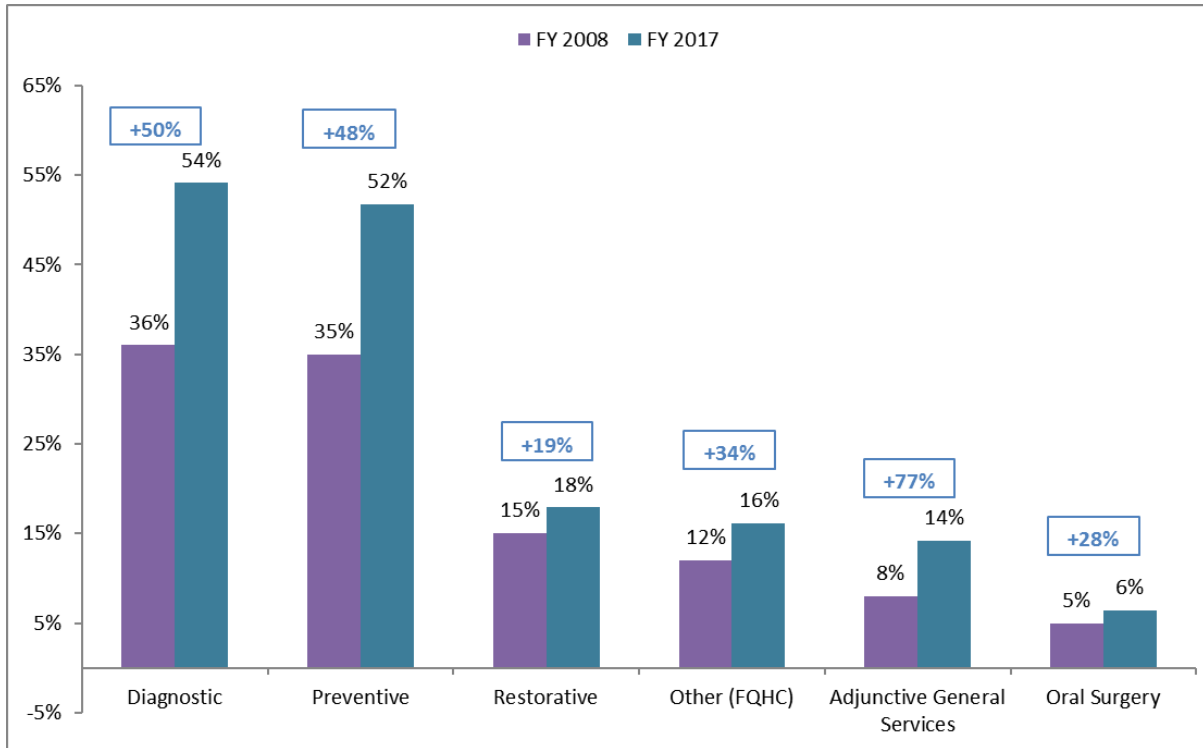
Section: Children



Statewide Utilization Total 53%

The percentage of children under age 6 accessing dental services in Washington increased for 38 counties between FY 2008 and FY 2017. However, geographic disparities remain.

Percent of Child Enrollees Using Services, by Procedure Group, FY 2008 vs. FY 2017



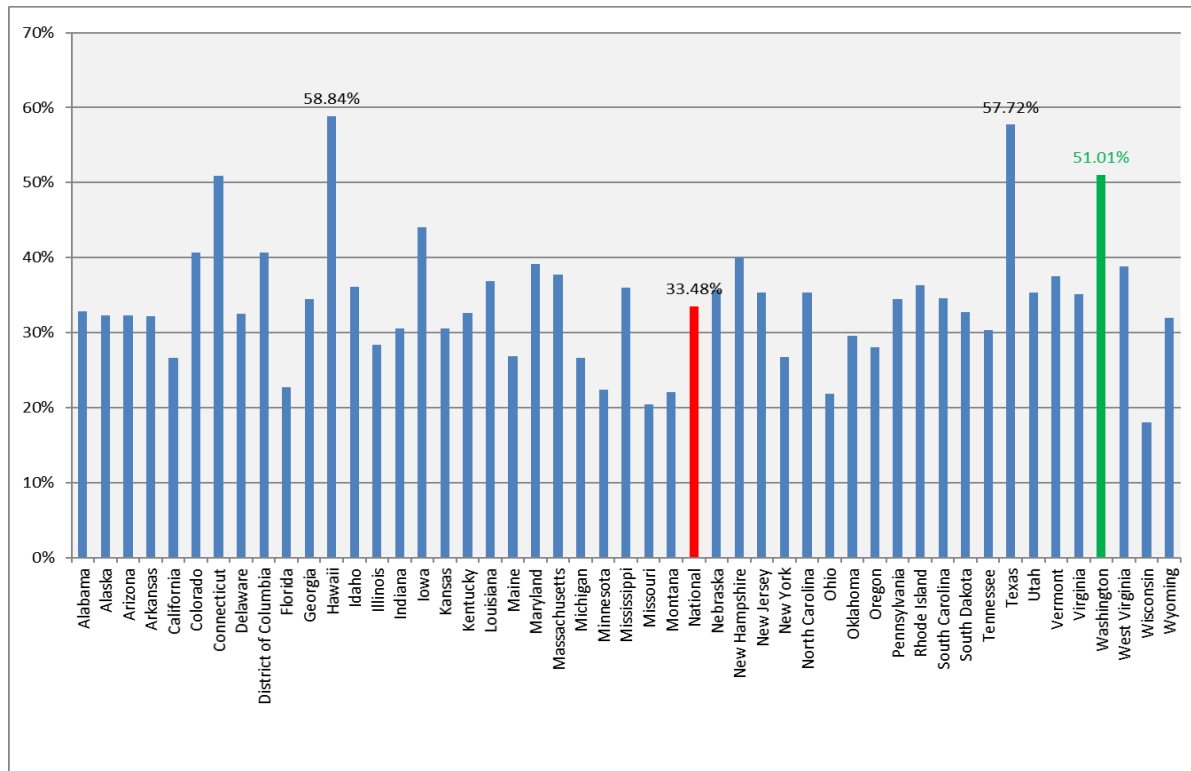
Note: The percent of users with Endodontics, Orthodontics, Periodontics, Prosthodontics (Removable), and Maxillofacial Prosthetics was 5% or less for both years.

More children are getting the care needed to prevent disease, rather than solely treatment.

Utilization for Young Children Washington vs. Other States

Washington state is one of the leaders in the country in the percentage of Medicaid-insured young children receiving preventive dental care.

Percentage of Children Age 0-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Preventive Dental Services by or under the Supervision of a Dentist, 2016



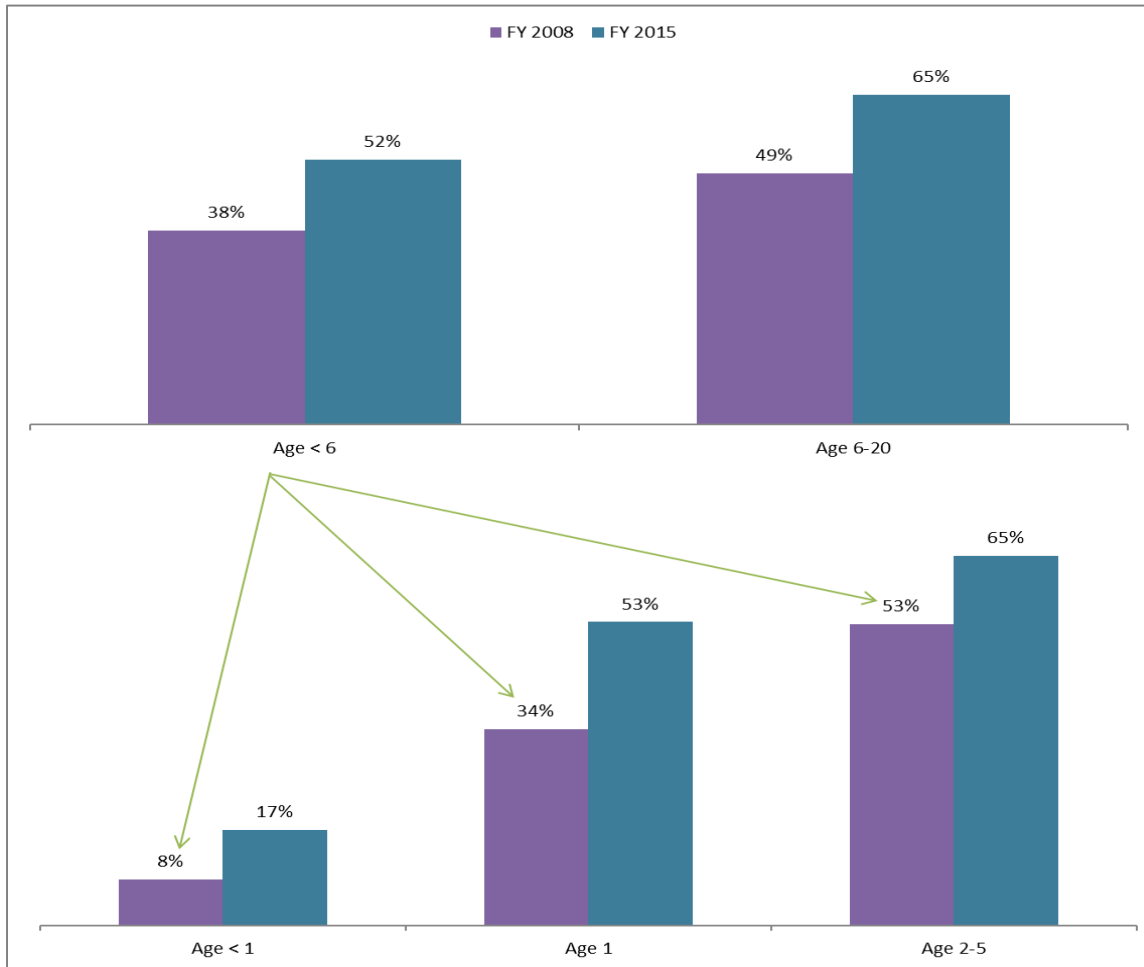
Note: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

Source: 2016 CMS-416 reports, Line 1b and Line 12b (accessed 04/24/2018).

Section: Children

- Washington state is one of the states that leads innovative programs to improve access to dental care for young children.
- **ABCD:** Connects Apple Health-insured children under age six to dental care and engages primary care medical providers in delivering preventive services.
- **Early learning:** Head Start and child care providers, as well as home visitors, have been trained to identify children at risk for oral health problems and connect them to community resources.

Percent of Child Enrollees Using Preventive Services, by Age Group, FY 2008 vs. FY 2017

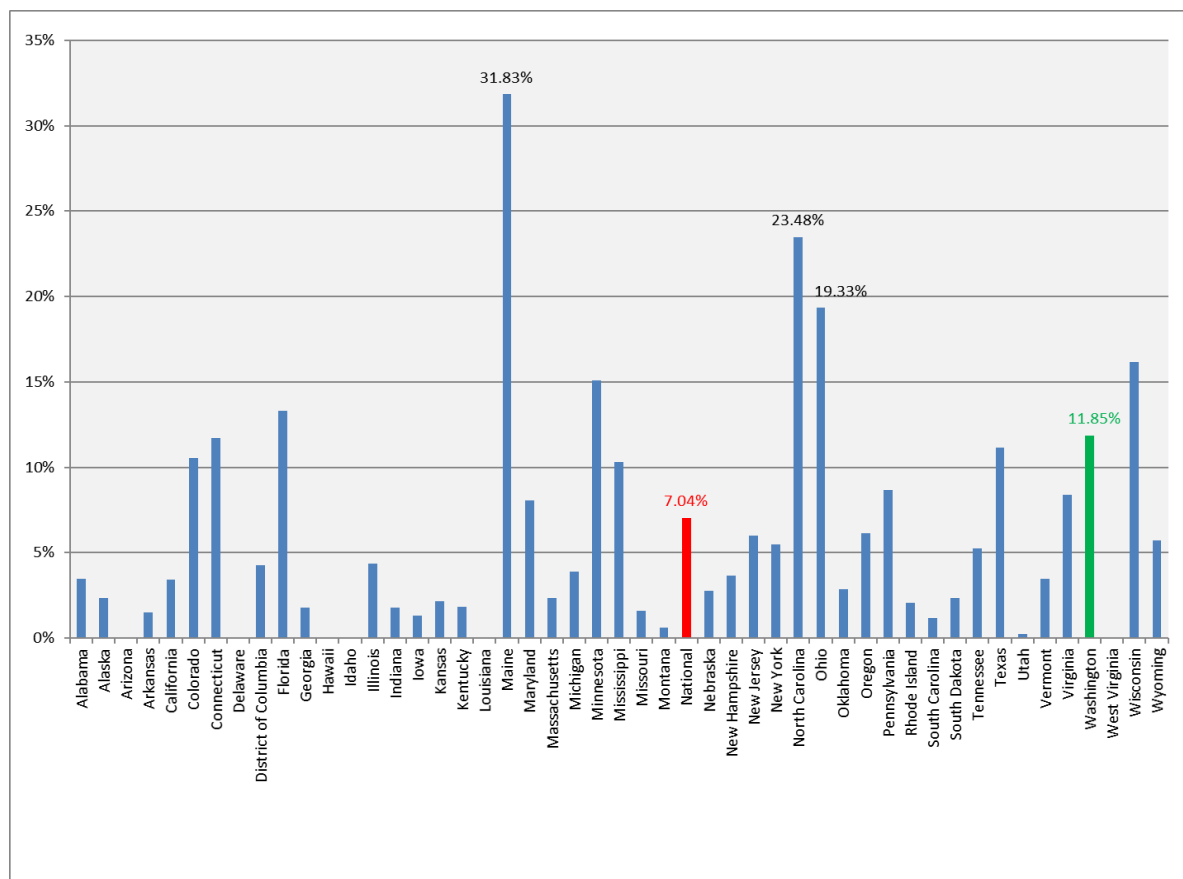


Section: Children

- The percentage of children who received preventive dental care increased for all age groups since FY 2008.
- By FY 2017, 65% of children between the ages of 2 and 5 received preventive dental care.

Children Receiving Oral Health Preventive Services by a Non-Dentist Provider

Percentage of Children Age 0-5 Enrolled in EPSDT for at Least 90 Continuous Days Receiving Oral Health Services Provided by a Non-Dentist Provider, 2016



Note: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

Non-Dentist Providers include pediatricians, independently practicing dental hygienists, and all other licensed practitioners that are not dentists.

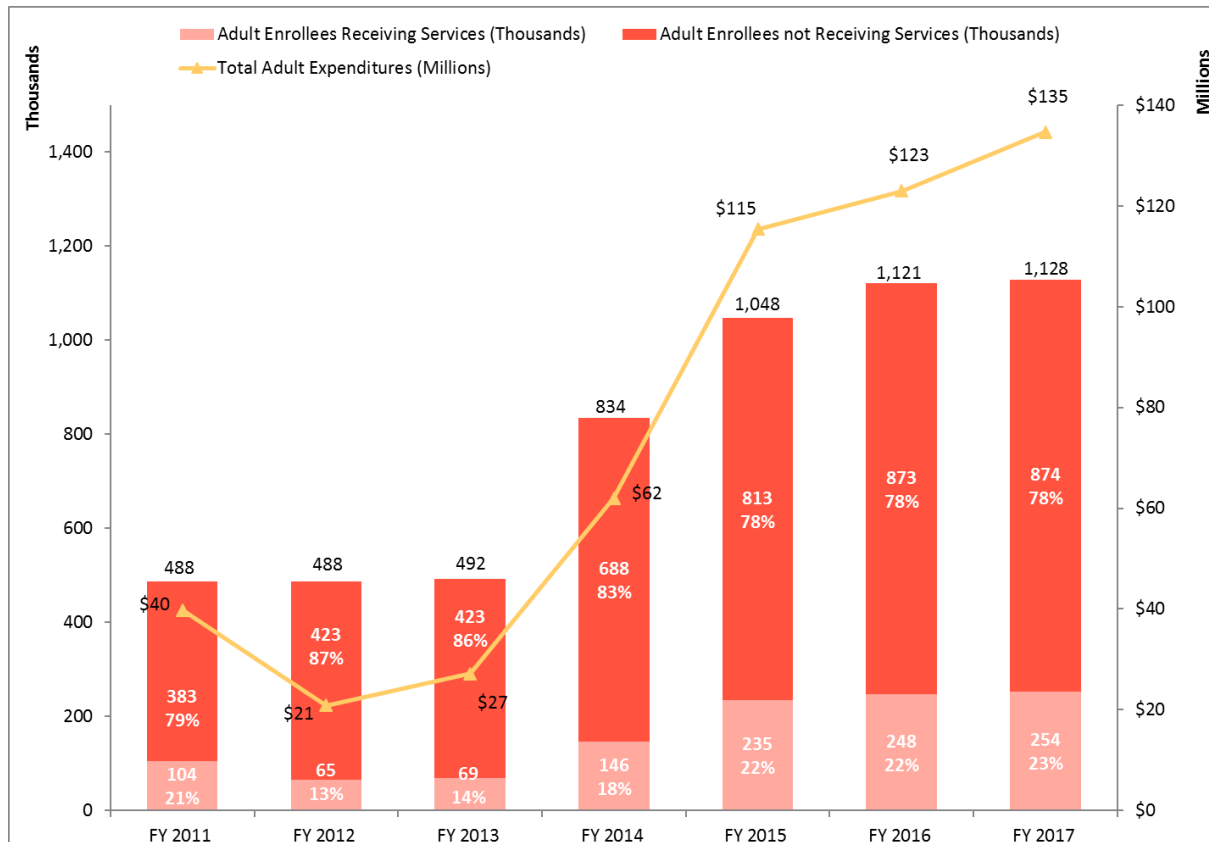
Source: 2016 CMS-416 reports, Line 1b and Line 12f (accessed 4/24/2018)

Section: Children

Incorporating Oral Health in the Primary Care Medical Setting

Approximately 12% of Apple Health-insured children under age six received oral health preventive services from a non-dental provider during early and periodic screening visits in 2016.

Trend in Dental Utilization and Expenditures Among Adults 21 and Older, FY 2011 – FY 2017



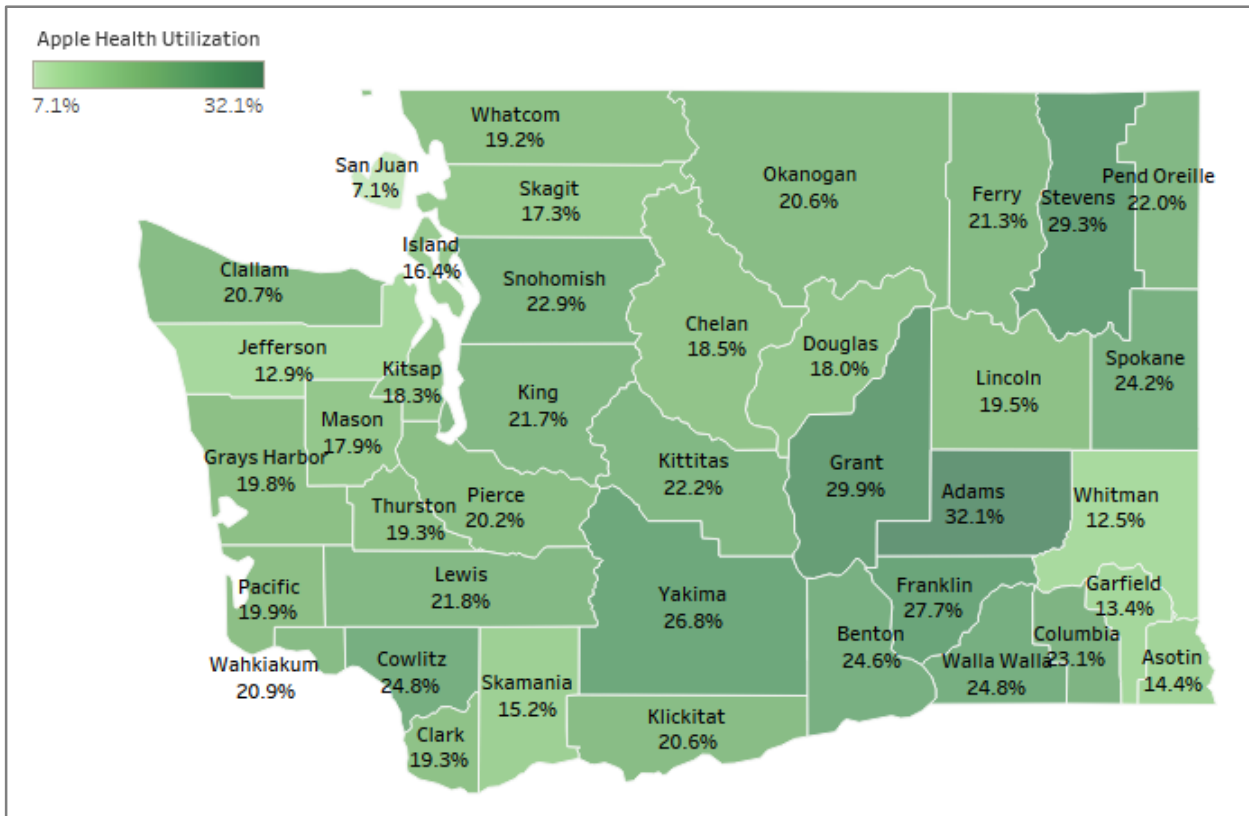
Source: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

Section: Adults

- Total expenditures and utilization fell dramatically after the adult dental cuts went in effect in January of 2011. In FY 2015, with the first twelve months of adult dental restoration, expenditures dramatically increased to \$115M.
- The number of adults accessing dental services increased since the restoration of adult benefits from 146,375 in FY 2014 to 253,672 in FY 2017. However, 874,239 (78%) adults remain unserved.
- In the last two fiscal years, adult expenditures and utilization steadily increased.
- In FY 2017, nearly 23% of adults received services compared to 13% in FY 2012 and 14% FY 2013.

Adult Enrollees with at Least One Dental Service, by County, FY 2017

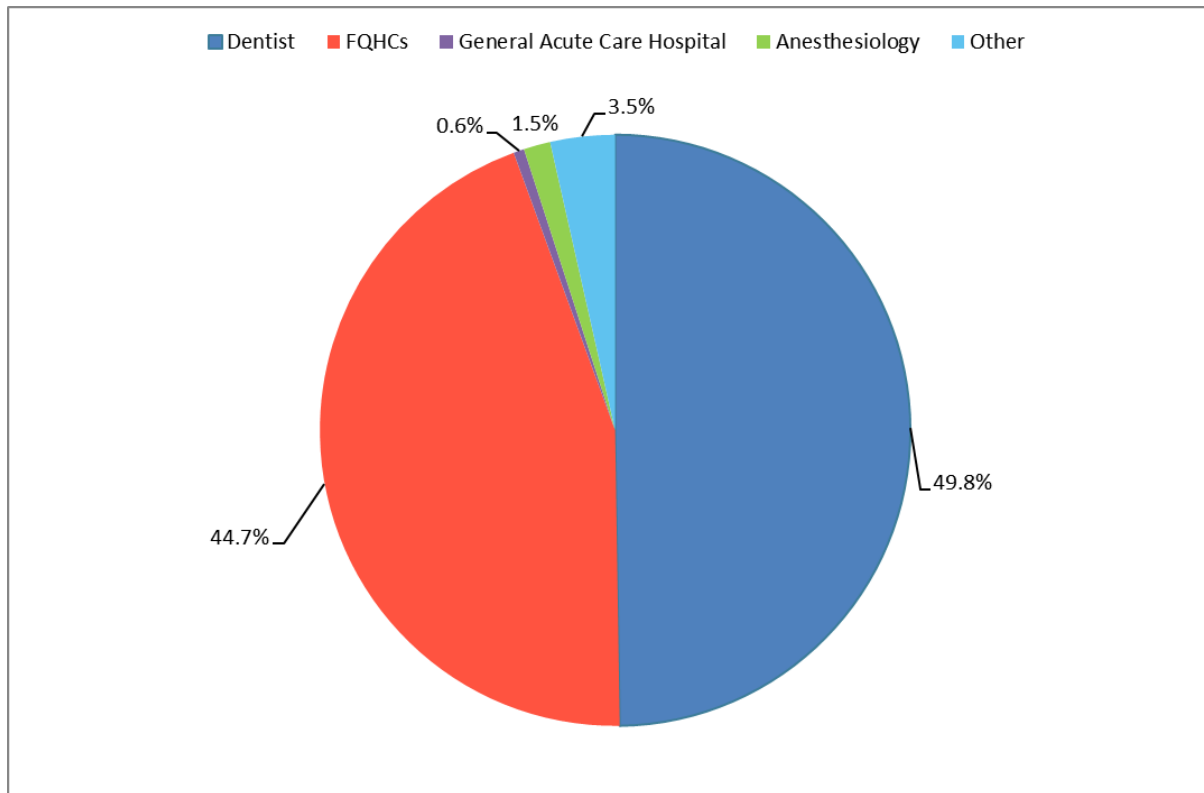
Section: Adults



Adams County had the largest percentage of Apple Health adult enrollees receiving dental services in FY 2017, 32% (indicated by darker shading), while San Juan County had the lowest at 7% (indicated by lighter shading).

Statewide Utilization Total 22.5%

Expenditures by Billing Provider Type Specialty, FY 2017

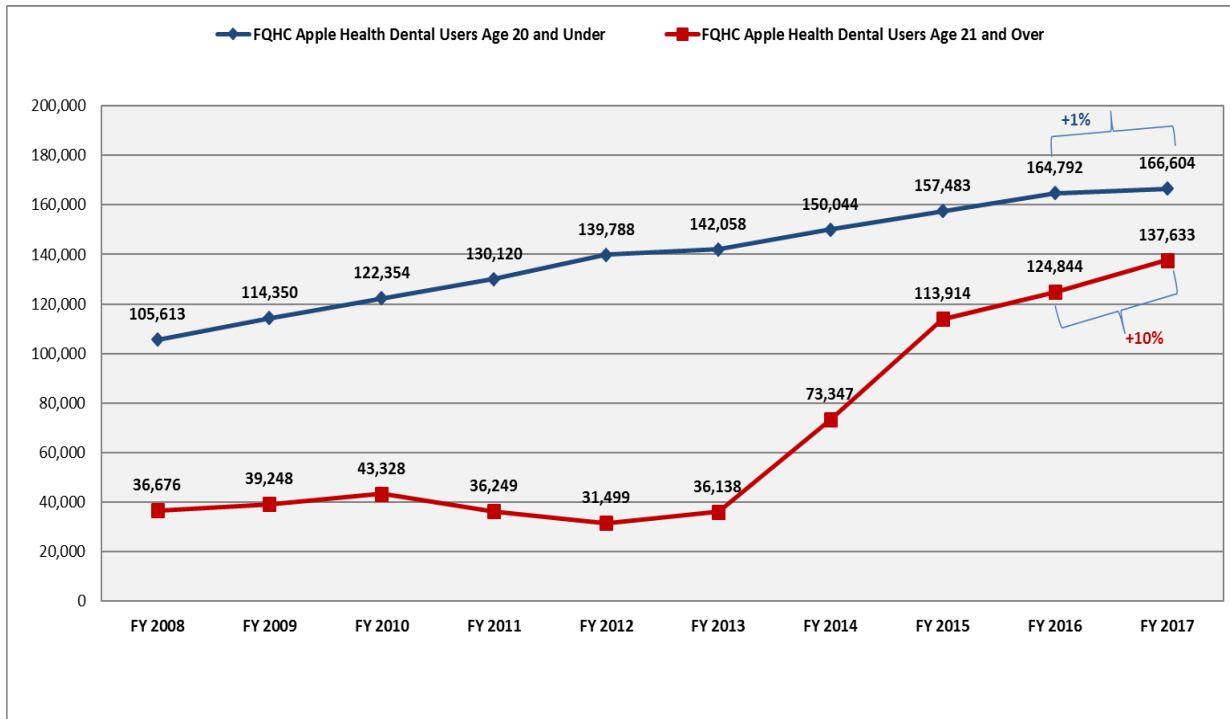


Note: "Other" includes Multi-Specialty, Dental Hygienists, Pediatrics, Denturists, Oral & Maxillofacial Surgery, Nurse Anesthetist (Certified Registered), Single Specialty, Public Health, Family Practice, Nurse Practitioner, Internal Medical, and General Practice.

Section: Providers

In FY 2017, fifty cents out of every dollar for Apple Health dental services went to private practice providers, while forty-five went to Federally Qualified Health Centers.

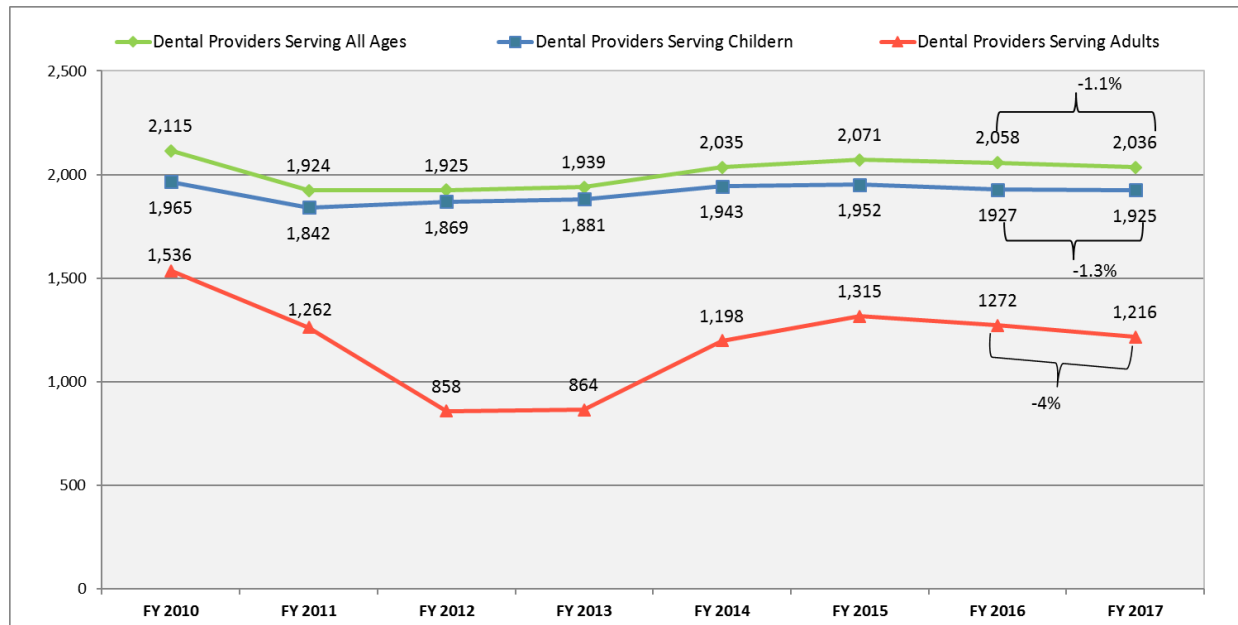
Apple Health Dental Users Served by Federally Qualified Health Centers, FY 2008 – FY 2017



Section: Providers

- More Apple Health-insured children are served by Federally Qualified Health Centers than adults, as more children use dental services in general.
- The number of adults served by Federally Qualified Health Centers increased by 88% since the restoration of adult dental benefits in FY 2014.

Non-Federally Qualified Health Center Providers Serving Apple Health-insured Clients FY 2010 – FY 2017



Note: Adult dental benefits were restored in January 2014. FY 2014 data reflects 6 months of services, while FY 2015-FY 2017 data reflect full years of adult dental services.

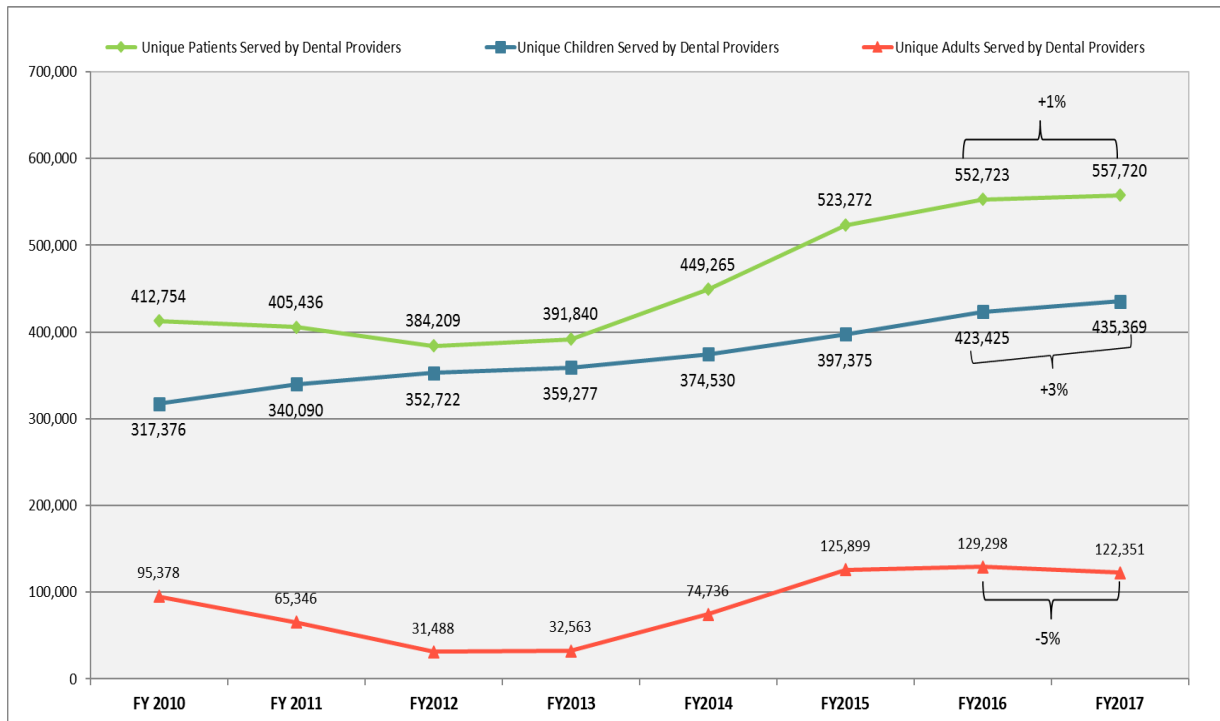
Non-Federally Qualified Health Center providers include unique individual dentists identified through Service Provider's NPI (dentists may all be working at the same clinic).

Some providers serve adults and children; therefore, the total number of providers serving children and those serving adults do not add up to the overall number of providers serving all ages.

Section: Providers

The total number of Non-FQHC providers serving Apple Health-insured clients in the last two fiscal years is slightly decreasing among all age groups.

Apple Health-insured Patients Served by Non-Federally Qualified Health Center Providers FY 2010 – FY 2017



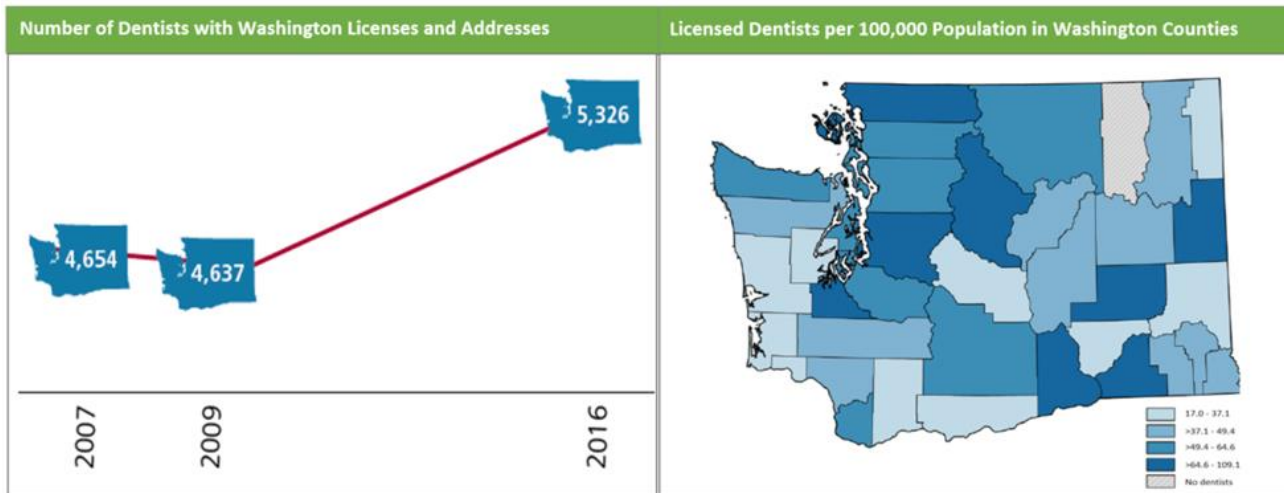
Note: Adult dental benefits were restored in January 2014. FY 2014 data reflects 6 months of services, while FY 2015-FY 2017 data reflect full years of adult dental services.

Non-FQHC dental providers include unique individual dentists identified through Service Provider's NPI (dentists may all be working at the same clinic)

Section: Providers

Total number of Children served by non-FQHC dentists increased by 3% since the last fiscal year, but the total number of adults served by non-FQHCs experienced a 5% decrease.

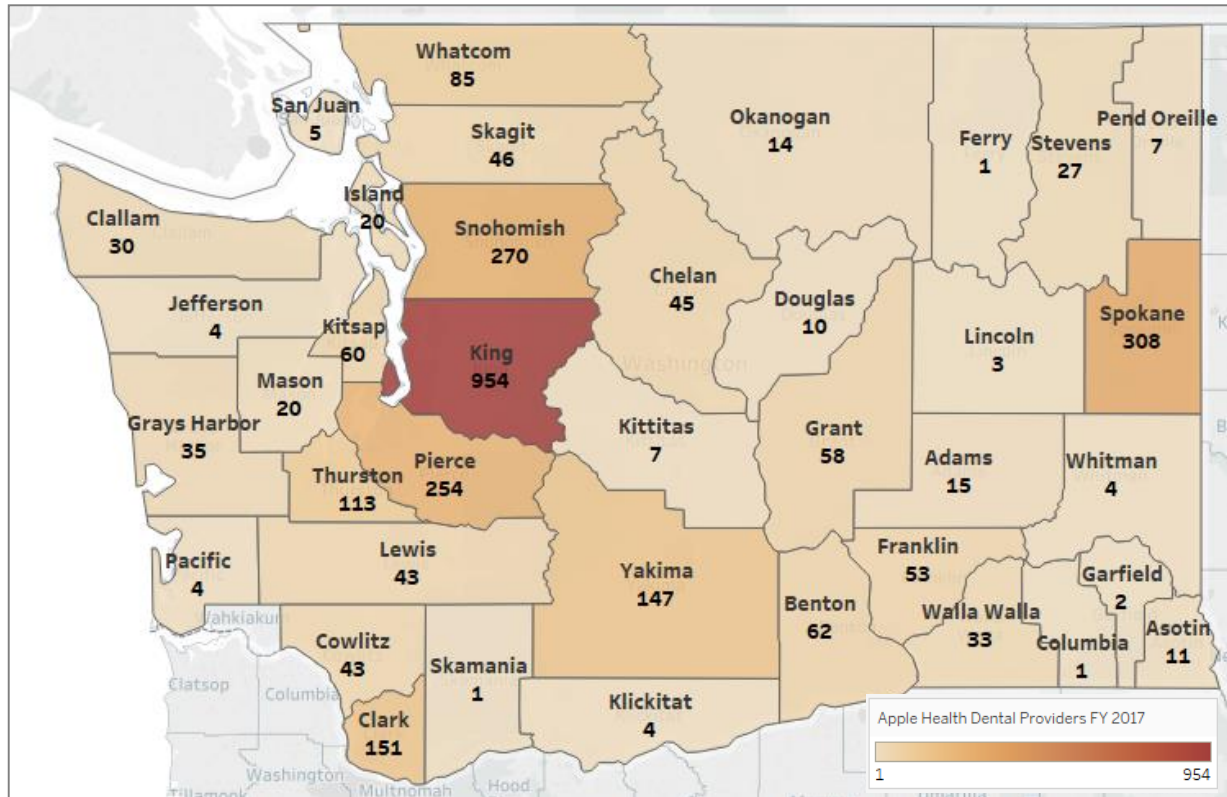
Washington State Dental Workforce, 2016



- Washington state dentists, with a license address in Washington, were unevenly distributed across Washington's counties and its Accountable Communities of Health (ACH).
- Rural areas of Washington have a disproportionately low supply of dental providers compared with urban areas.

Dental Providers Serving Apple Health-insured Clients FY 2017

Section: Providers



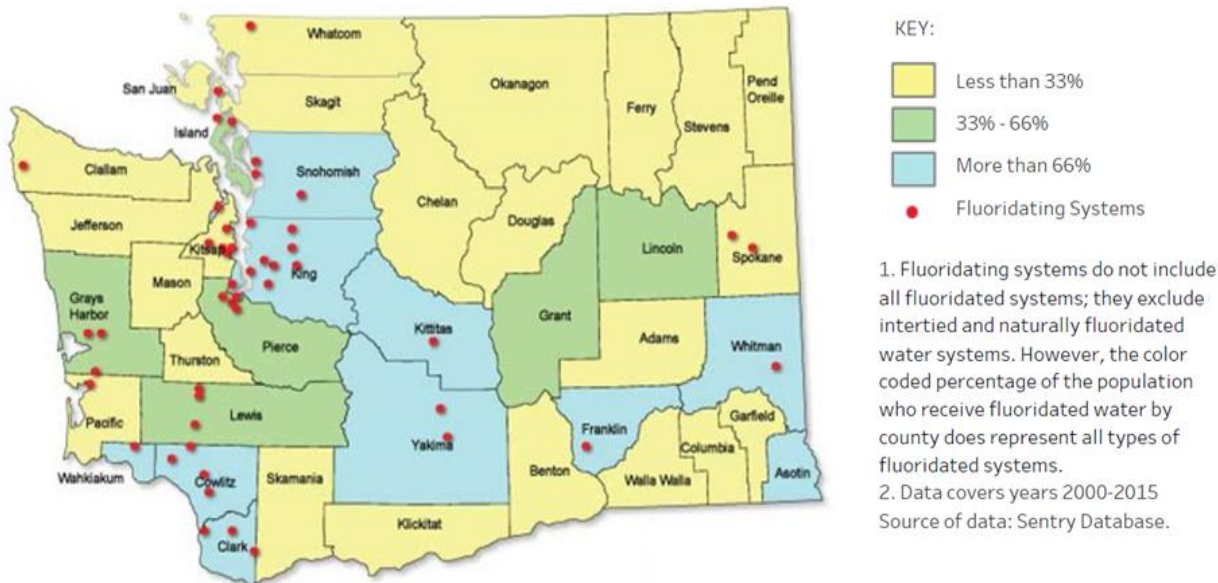
The number of dental providers accepting Apple Health-insured clients and billing for services in FY 2017 varies by county with as low as one dental provider in some counties, indicated by light shading (Skamania, Ferry and Columbia counties), and a high of 954 in King County (indicated by dark shading).

Statewide Dental Providers Total: 2,724 (range 1-954)

Note: Total providers include all types of unique individual dental providers identified through Service Provider's NPI (may all be working at the same clinic).

Fluoridation: An Upstream Prevention Strategy

Public Water System Population Receiving Dentally Significant Fluoride Levels (0.6 - 2.0 mg/L)



Key Water System Fluoridation Concepts

Fluoridated Water
Water that has dentally significant fluoride levels of 0.6 - 2.0 mg/L

Fluoridating Systems
Water Systems whose staff adjust the water to optimal levels for dental health

Intertied Fluoridated Systems
Water systems that purchase water from fluoridating systems

Naturally Fluoridated Systems
Water systems that sell water with 0.6 - 2.0 mg/L of fluoride

Section: Prevention Policy

- Community Water Fluoridation (CWF) is an upstream prevention strategy recommended by the Centers for Disease Control and Prevention to prevent dental cavities by about 25% in both children and adults.
- There are 50 water systems in Washington state that provide community water fluoridation to all their customers. Despite this, only 56% of residents on public water systems have access to water with enough fluoride to prevent tooth decay.
- Community Water Fluoridation saves money for community members as well as healthcare systems. In cities with a population of 20,000 or more, fluoridation is estimated to save \$38 in dental treatment costs for every \$1 spent. Similarly large cost savings are seen when the calculation includes smaller communities (\$20 to \$1).

Overall Key Findings

- The percentage of children accessing dental services increased from 45% in FY 2008 to 56% in FY 2017. Moreover, the percentages of those receiving **preventive** dental care increased from 40% in FY 2008 to 52% in FY 2017.
- The number of adults accessing dental services increased since the restoration of adult benefits from 146,375 in FY 2014 to 253,672 in FY 2017. However, 874,239 (78%) adults remain unserved.
- Extractions were among the most common procedures for adults, while preventive services were most common for children.
- Nearly one third of children and slightly more than half of adults receiving dental care were served by Federally Qualified Health Centers, a consistent trend.
- The total number of private practice providers (including not-for-profit) serving the Apple Health-insured population slightly decreased in the last two fiscal years.
- Total dental expenditures grew by \$141M in the last seven years. After adjusting for inflation, this is a 32.5% increase, which can be attributed to an increase in enrollees (primarily due to Medicaid Expansion) and an increase in adults receiving dental care, especially at Federally Qualified Health Centers.
- The growing majority (60%) of new adults accessing care in FY 2017 were adults receiving coverage through Medicaid expansion, which drew 95% federal match in 2017 (estimated \$71M). The remainder of new adults accessing care had classic Medicaid coverage.
- The portion of spending on adults, compared to children, has increased due to the restoration of adult benefits. In FY 2015 to 2017, two-thirds of spending was on dental services provided to children, down from 79% in FY 2014.
- Adult expenditures are increasing at a much faster rate than utilization due to adult's utilization of more costly services and a higher portion of adults receiving care in Federally Qualified Health Centers. While adult expenditures increased by 10% from FY 2016 to FY 2017, adult utilization rates increased only by 2%. On the other hand, children's expenditures and utilization both increased by 2% since last fiscal year.

Policy Implications and Opportunities

Washington state has made significant progress to improve our oral health system, especially for children. Yet the data show that much work remains to address disparities and ensure everyone is able to access the care they need, when and where they need it.

Recommended Policy Strategies:

- Invest in Increasing Utilization for Children.
 - Achieve parity between Apple Health medical utilization and Apple Health dental utilization for kids. As a result of ABCD, our state has made great strides in children's access to dental care. However, we must do more to address enduring disparities.
 - Expand the programs that are working, including ABCD and build capacity at FQHCs.
 - Focus resources to invest in strategies that reach children who are not currently connected to care, including the use of Dental Health Aide Therapists in Tribal clinics, teledentistry and other community-based care, and supporting community health workers.
- Invest in Increasing Utilization for Adults.
 - Set a goal of increasing overall adult dental utilization, and increase the share of adult dental visits that are for routine care while reducing the proportion of visits that are for dental emergencies.
 - Expand access points, especially in parts of the state with few providers, through increased dental capacity at FQHCs, dental residency programs, and teledentistry.
 - Evaluate and expand Oral Health Connections, the pilot testing an enhanced Apple Health dental benefit for pregnant women and people with diabetes.
 - Extend dental coverage to underserved adult populations like those enrolled in Medical Care Services and adult COFA migrants.

Policy Implications and Opportunities

- Increase Prevention.
 - Expand access to community water fluoridation.
 - Support sealant programs and use of silver diamine fluoride (SDF), interim therapeutic restoration, and other minimally invasive and preventive techniques.
 - Expand hygiene care at senior facilities and other community settings.
 - Incentivize true whole-person care, integrating oral, physical and behavioral health to diagnose and treat disease early.
- Ensure a Smooth Transition to Dental Managed Care.
 - Closely monitor implementation, and use contract requirements to measure increases in overall utilization and preventive services in particular. Track disparities in access and outcomes and work with plans to close those gaps.
 - Protect aspects of the program that are successful, like ABCD.

Washington state's longstanding commitment to health care access and innovation, including Cover All Kids, implementing Medicaid Expansion, and embracing public/private partnerships to pilot new ideas, makes us well-positioned to seize these opportunities. Furthermore, there is a variety of stakeholders in Washington who recognize the importance of oral health for their constituencies and are potential partners in this work.

About the Sponsor

Arcora Foundation

Arcora Foundation (formally known Washington Dental Service Foundation) completed this report for the purpose of better understanding the use and expenditures associated with dental services for Washington's Apple Health population. Arcora Foundation is a non-profit founded and funded by Delta Dental of Washington, the leading dental benefits company in Washington state. Arcora Foundation analyzes oral health data and trends to be a resource for policymakers and healthcare leaders and to advocate for the importance of oral health. It has a data sharing agreement with the Health Care Authority (HCA) and receives the Apple Health dental data annually. The Foundation has analyzed the Apple Health dental utilization and expenditures for the last ten years (2008-2017).

The sponsor and authors wish to acknowledge the support of staff at the Washington State Health Care Authority (HCA), which provided the data for this project.