



**Washington State
Apple Health Dental Program
Facts and Figures
July FY 2022**

Overview of WA Apple Health Dental Program: Children's Coverage

- Apple Health for Kids is a comprehensive child health program. The program's focus is on prevention, early diagnosis, and treatment by both medical and dental providers. Children through age 20 are now eligible for a complete range of dental services, including preventive and restorative procedures.
- Dental coverage is free for all children in families below 200% of the FPL (\$49,720 for a family of three in 2023).
- Between FY 2020 and FY 2021, the COVID-19 pandemic had an impact on the dental care delivery system, the dental workforce, and patients' access to care that continued post pandemic. To conserve personal protective equipment (PPE), Gov. Inslee closed dental and medical offices by executive order to non-emergency care for 2 months in spring 2020. When offices re-opened, COVID-19 mitigation measures (including new equipment and infrastructure), increased PPE needs, workforce shortages, patient hesitancy, and patients who experienced increased financial instability due to COVID-19 all contributed to subsequent reduction in utilization rates.

Note: Apple Health for Kids is premium-free for families up to 210% of the FPL, and with sliding scale premiums between 210 and 312% of the FPL.

Sources:

[Children | Washington State Health Care Authority](#)

[Federal Poverty Guidelines / Levels for 2023 & Their Relevance to Medicaid Eligibility \(medicaidplanningassistance.org\)](#)

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.

Federal law requires states provide dental coverage to children in low-income families through Medicaid.

Overview of WA Apple Health Dental Program: Adult Coverage

- Dental coverage is free through Apple Health for adults under age 65 up to 138% of the FPL. Older adults must have lower incomes to qualify for Apple Health.
- Washington state had adult dental coverage through Apple Health prior to 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-enrolled adults. Fiscal Year (FY) 2014 includes 6 months of adult dental benefits (Jan. 1, 2014 – June 30, 2014), while FY 2015 – 2022 includes full years of adult dental benefits.
- In 2019, the legislature extended dental coverage to 2 adult populations excluded from Medicaid coverage: adults enrolled in the Medical Care Services program and adult migrants from Compact of Free Association (COFA) nations.
- In 2021, the legislature provided funding to double fee-for-service provider reimbursement rates for nearly all adult dental services, with the goal of supporting provider participation and increasing access to care. This fee increase went into effect on July 1, 2021.

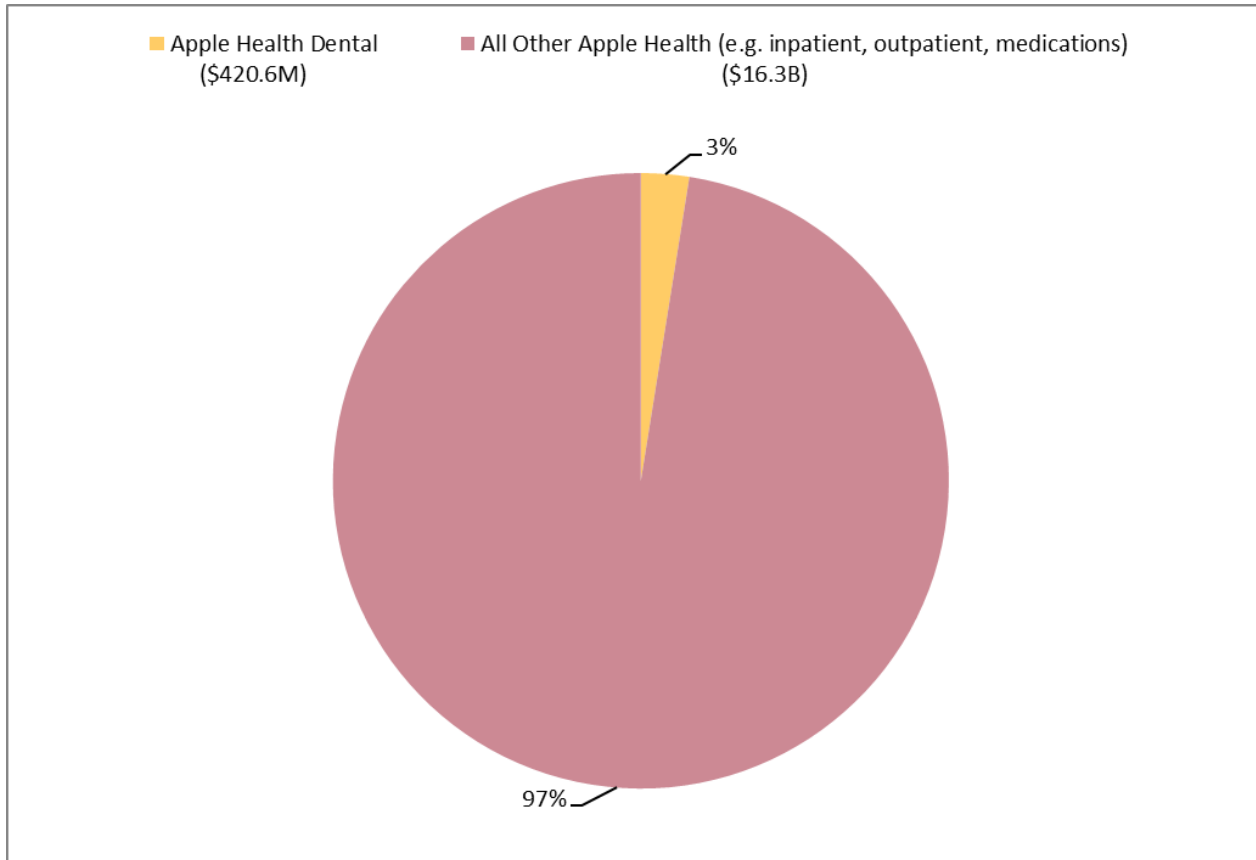
Making the Case for Adult Dental Coverage

Oral health is essential for overall health. Providing adult dental coverage through Medicaid improves access to and utilization of dental care among low-income adults and has the power to reduce racial/ethnic disparities, advance health equity, and lower medical care costs.

Sources:

[Making the Case for Dental Coverage for Adult in All State Medicaid Programs whitepaper_0721.pdf\(ada.org\)](#)
[Medicaid Reimbursement for Dental Care Services – 2022 data | American Dental Association \(ada.org\)](#)

Washington State Apple Health Dental Expenditures vs. Medical Expenditures, FY 2022



All Ages

Washington state total government spending in FY 2022 was \$63 billion (\$42 billion state funds & \$21 billion federal funds), in which health care (Apple Health) accounted for 26% of total expenditures.

Washington's FY 2022 total Apple Health expenditures were \$16.6 billion, including federal and state funding.

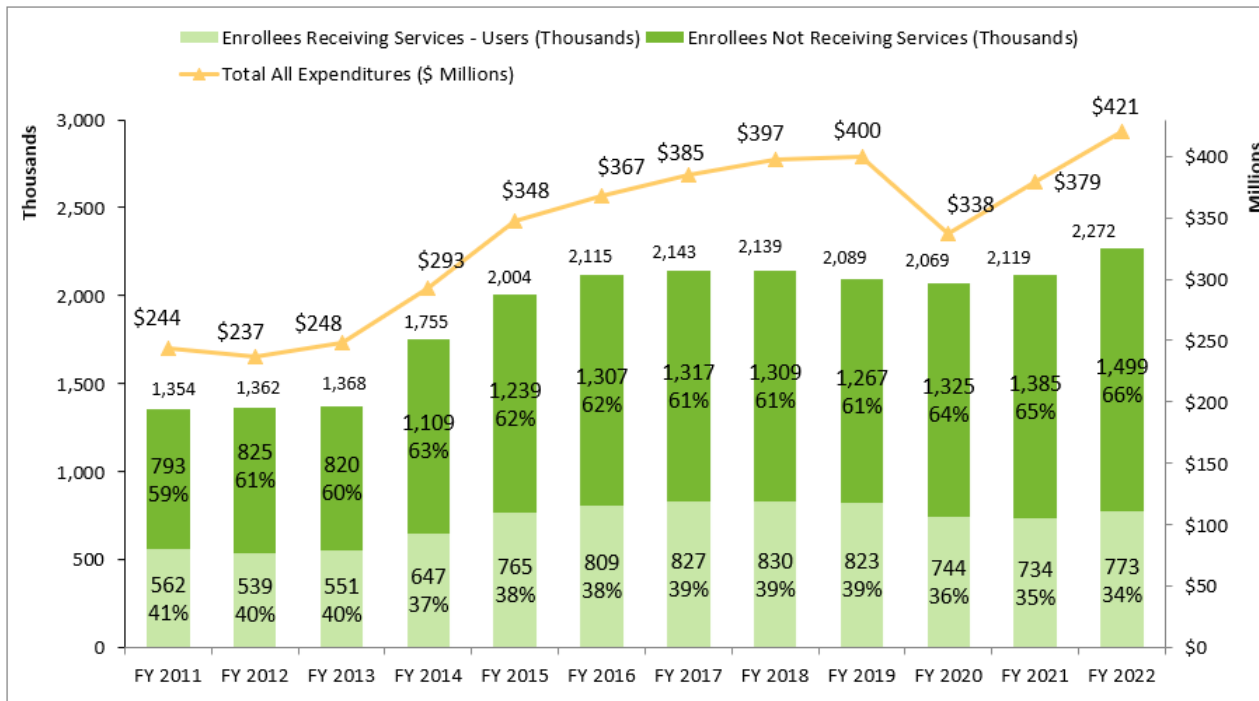
Dental expenditures were just 3% of the total Apple Health budget.

Sources:

National Association of State Budget Officers, "State Expenditure Report: State Expenditure Report, Fiscal Years 2020-2022."
Available from: [2022_State_Expenditure_Report_-_S.pdf \(higherlogicdownload.s3.amazonaws.com\)](https://higherlogicdownload.s3.amazonaws.com)

Apple Health Enrollees Dental Utilization and Expenditures, FY 2011 – FY 2022

All Ages

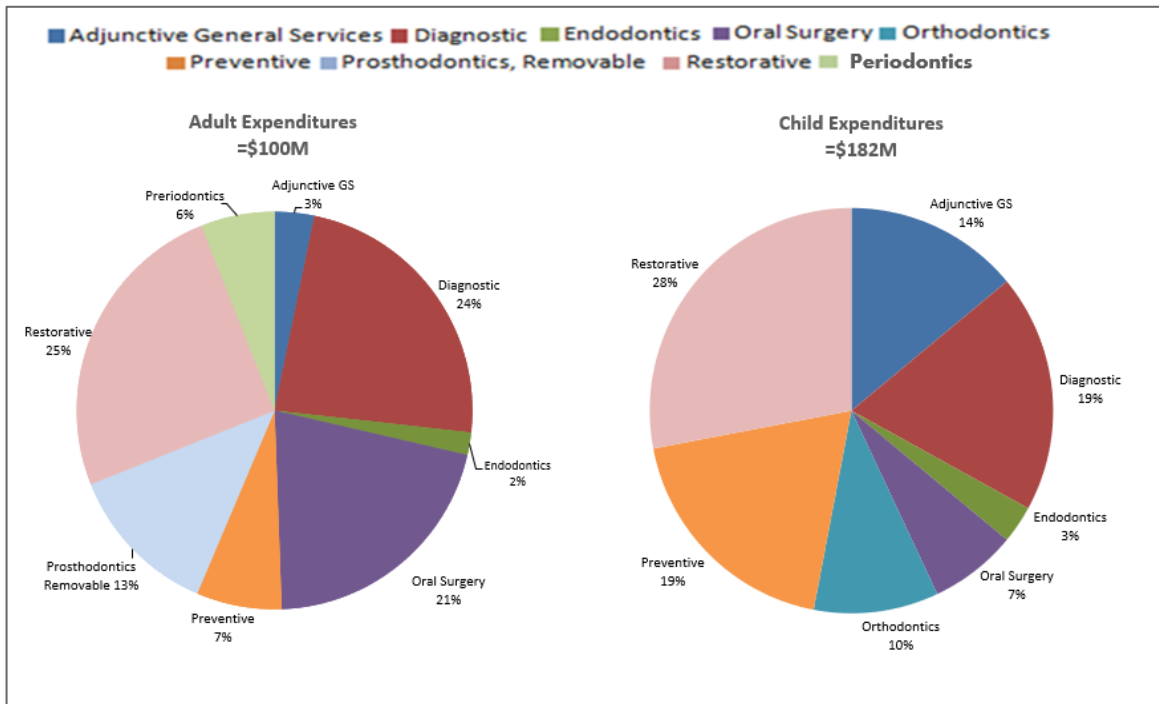


The number of Apple Health enrollees has increased by 68% from FY 2011 to FY 2022. The number of dental users increased by 38%, while total expenditures increased by 72% (25% after adjusting for inflation).

In the last fiscal year (2022), dental users increased by 5% with nearly 39,000 additional enrollees accessing dental care. However, dental utilization has not reached pre-COVID-19 pandemic levels yet.

Dental Expenditures by Procedure Group: Adults and Children, FY 2022

Expenditures on this slide **exclude** child and adult claims that occurred in Federally Qualified Health Centers (FQHCs) as not all type of dental procedures received in FQHCs can be identified.



Note: Excludes FQHC claims, claims with missing values for procedure categories, and procedure categories with less than 1% of total expenditures in FY 2022. The following are not depicted in the pie charts: For adult expenditures: orthodontics, implant services, and prosthodontics fixed, which combined represented less than 0.1% of total expenditures. For children expenditures: periodontics, prosthodontics removable, implant services, and maxillofacial prosthetics, which combined represented less than 0.1% of total expenditures. See Appendix for information on procedure groups.

All Ages

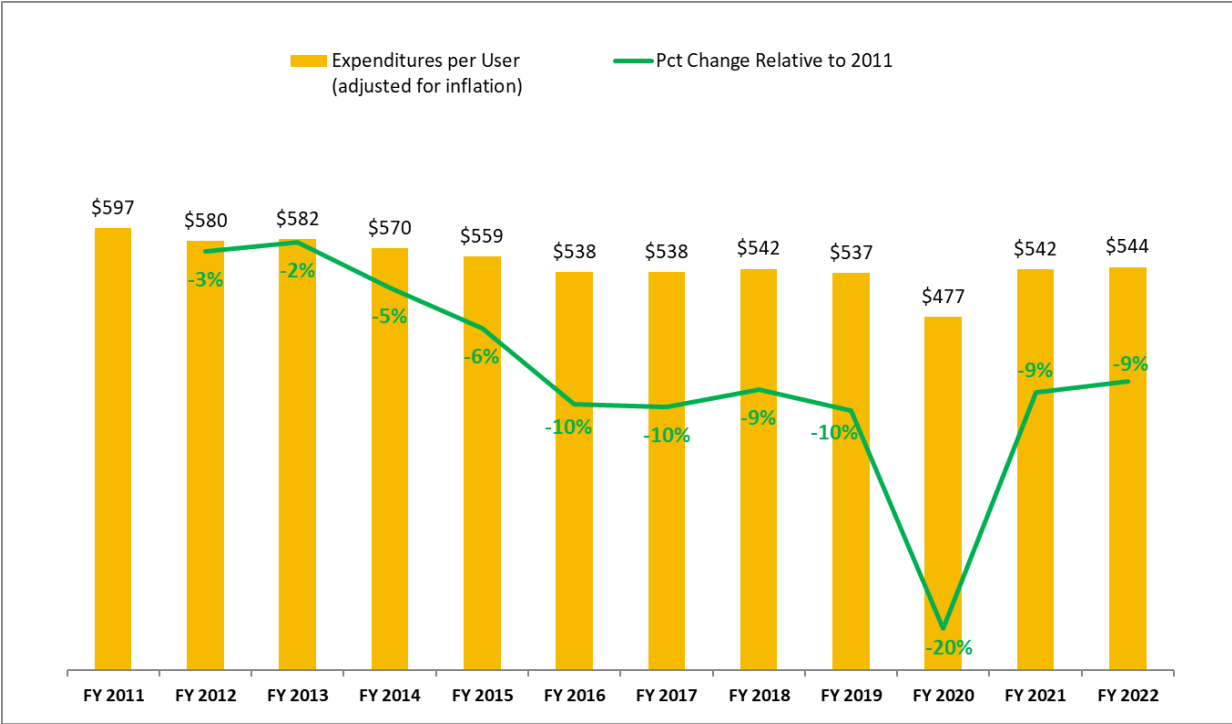
In FY 2022, restorative services accounted for the greatest portion of total expenditures (28% for children and 25% for adults).

Extractions, which fall within the oral surgery group (21%), 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 (19%), were the most frequently billed procedures for all children in FY 2022.

Average Expenditures per Dental User, FY 2011 – FY 2022

All Ages

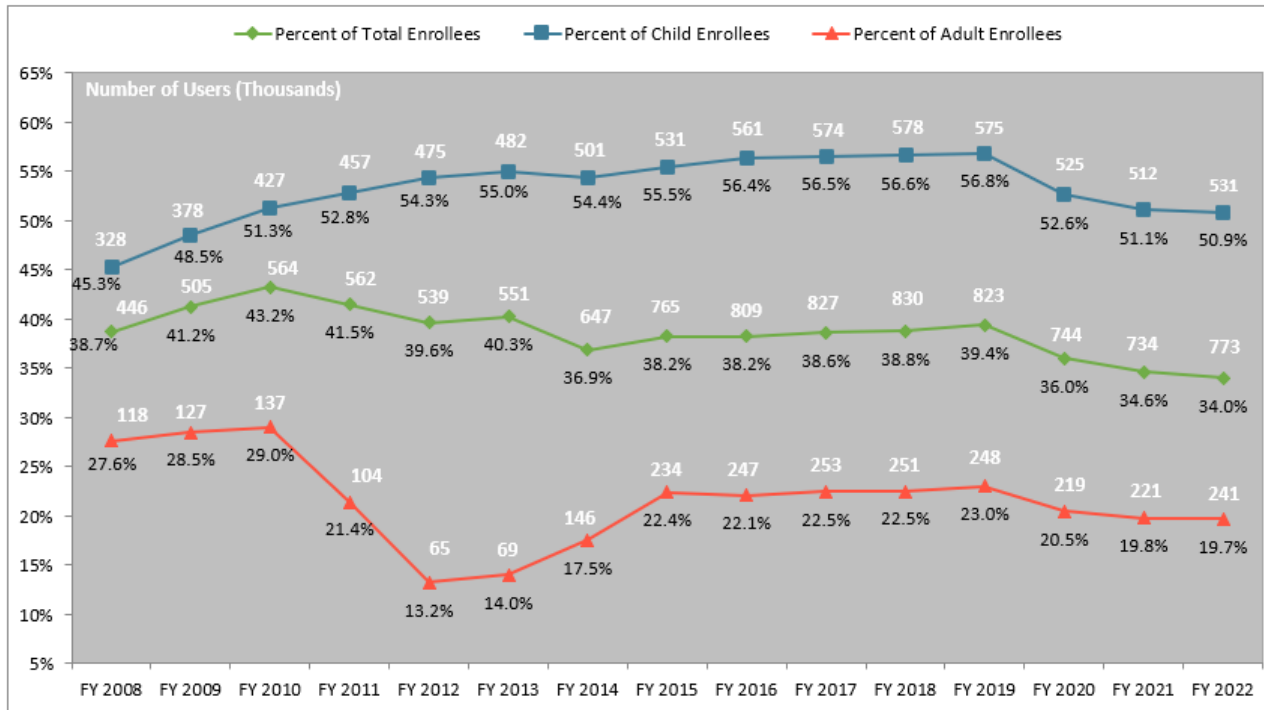
After adjusting for inflation, dental expenditures per user decreased by 9% from \$597 in FY 2011 to \$544 in FY 2022.



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

Enrollees with at Least 1 Dental Service, FY 2008 – FY 2022

All Ages



The percentage of children accessing dental services has risen steadily since FY 2008. The utilization rates increased 12%, from 45% in 2008 to 51% in 2022.

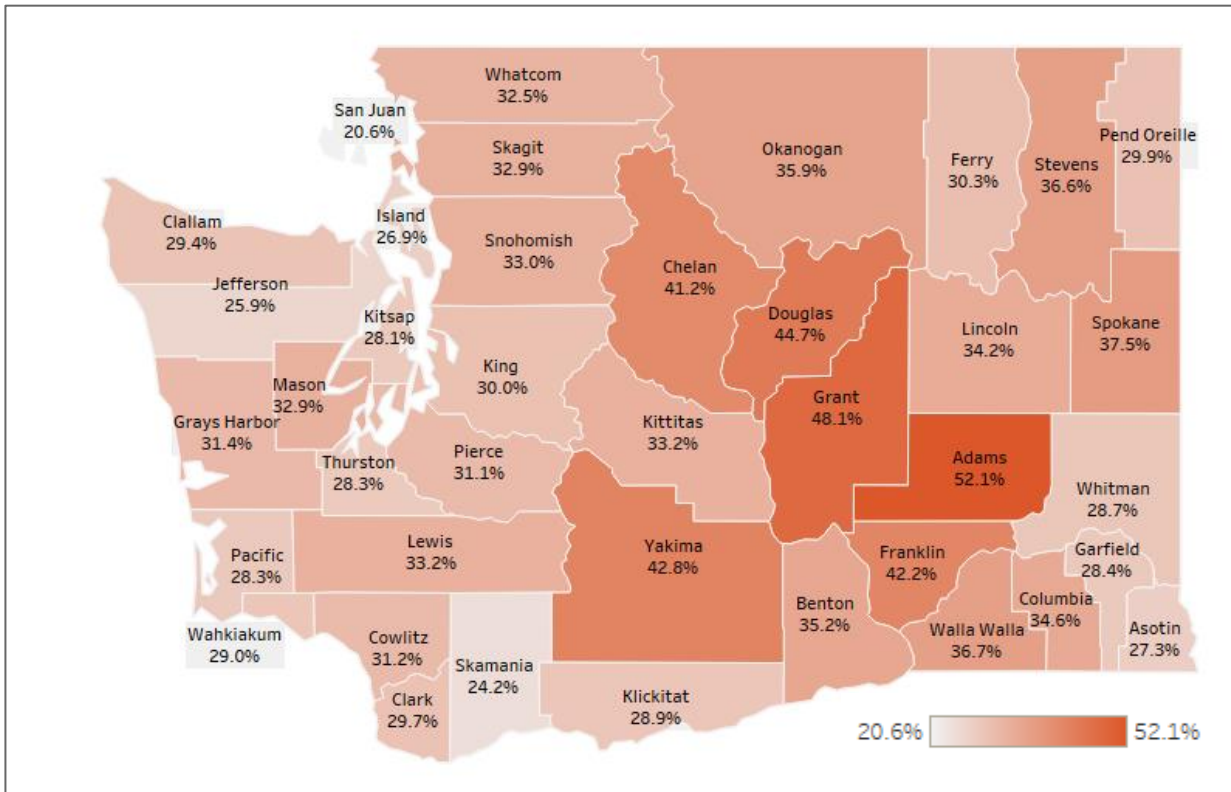
With the restoration of the adult dental program, the percent of adult enrollees accessing dental services increased from 13% in FY 2012 to 20% in FY 2022.

Although utilization rates for adults are still lower than years prior to the adult dental program cut, the number of adult users increased by 77% with nearly 105,000 additional adults receiving care since 2010.

In the last fiscal year, access to care slightly recovered after COVID-19's impact on dental clinics. Dental users increased by 4% among children (additional 18,000 children) and by 9% among adults (additional 20,000 adults).

Enrollees with at Least 1 Dental Service by County, FY 2022

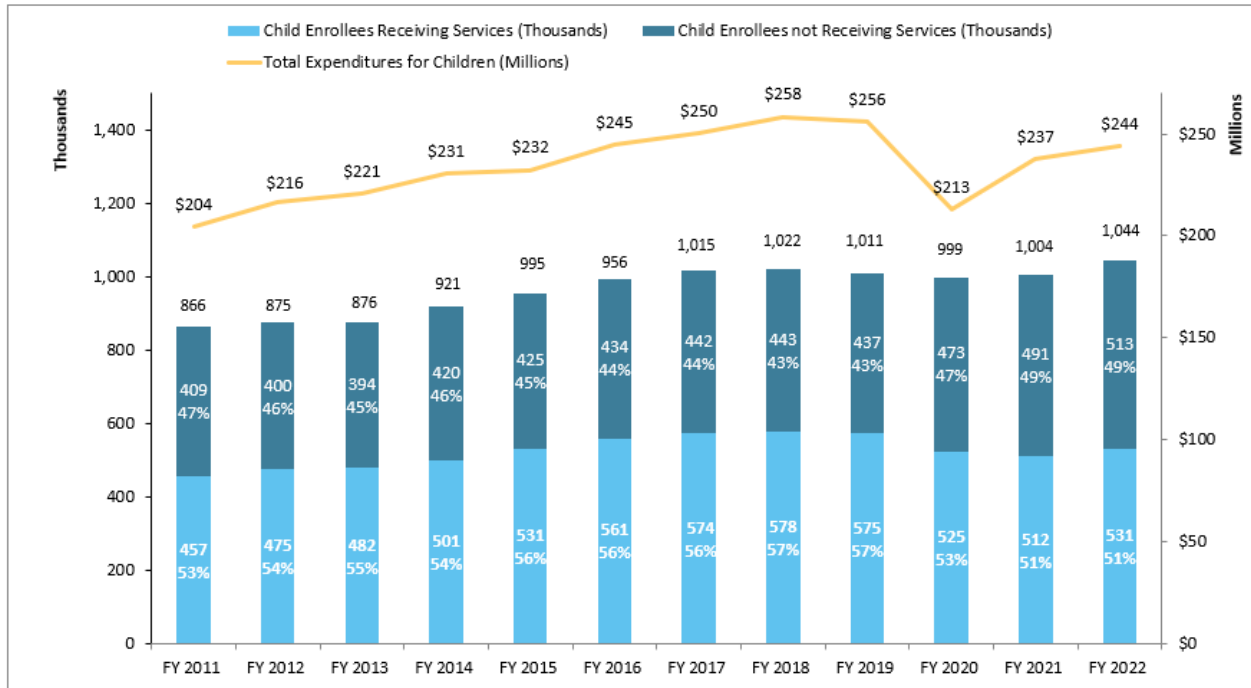
All Ages



Statewide Average Utilization: 34%

Utilization rates vary by county, with a low of 21% in San Juan County (light shading) and a high of 52% in Adams County (dark shading). King County, with the largest population in the state, had a rate of 30%.

Utilization and Expenditures among Children, FY 2011 – FY 2022



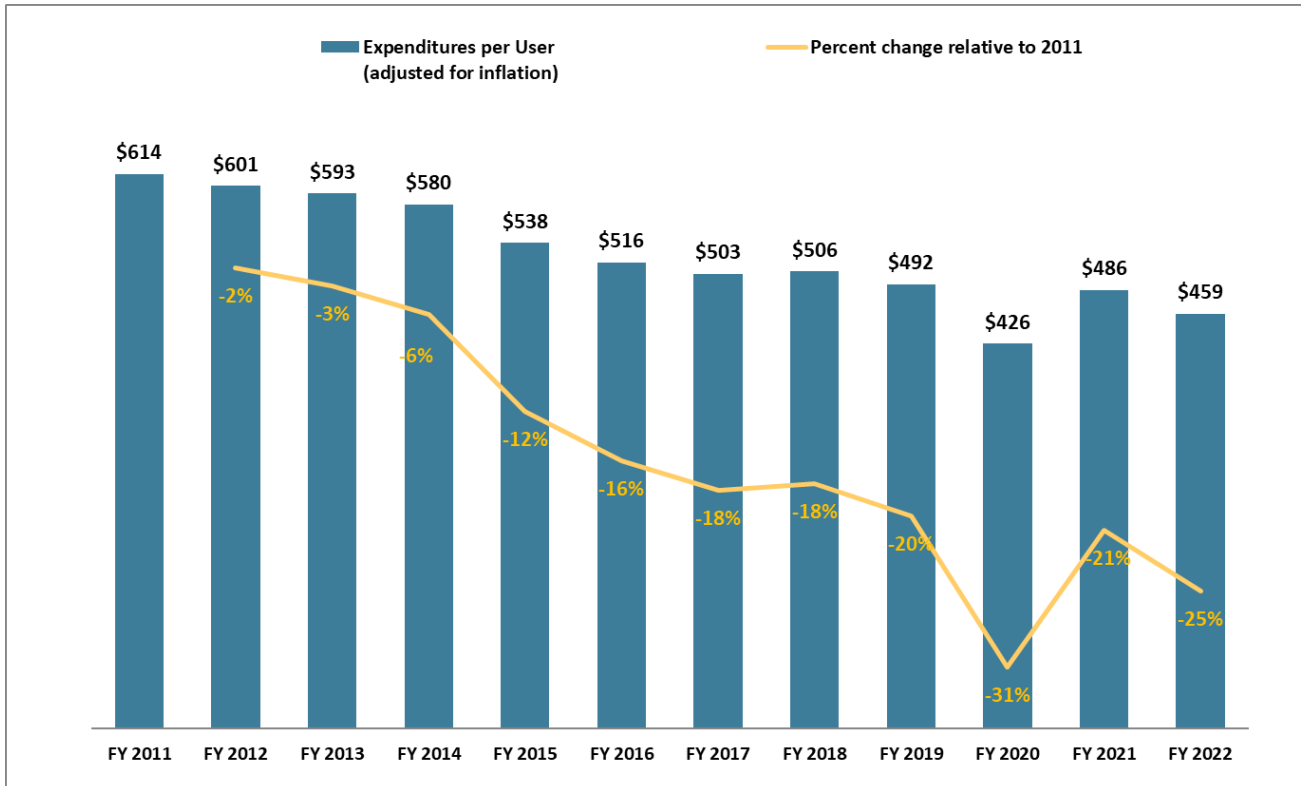
Children

Between FY 2011 and FY 2022, the number of children enrolled in Apple Health increased by 21% and the number of dental users increased by 16%.

Expenditures increased from \$204 million in FY 2011 to \$258 million in FY 2018, a 4% increase when adjusted for inflation. After FY 2019 dental expenditures experienced a decrease due to COVID-19's impact on dental clinics and overall access to care.

In the last fiscal year, dental expenditures increased by 3%, while the number of children accessing care increased by 4%. However, dental utilization has not returned to pre-COVID-19 pandemic levels yet.

Average Child Dental Expenditures per User, FY 2011 - FY 2022

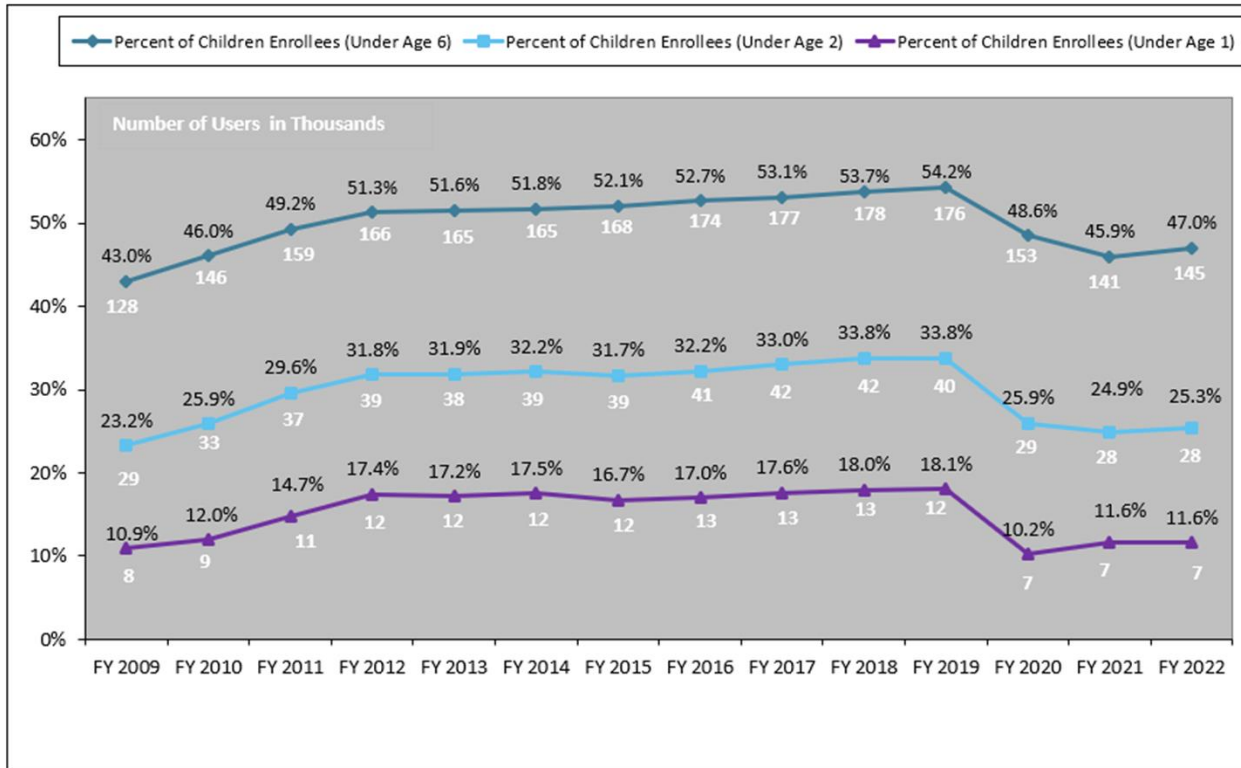


Children

After adjusting for inflation, dental expenditures per child user decreased from \$614 in FY 2011 to \$459 in FY 2022, a 25% decrease. In FY 2020, dental expenditures per child decreased by 31% because of COVID-19's impact on dental clinics.

In FY 2021, dental expenditures per child increased by 14% while in the last fiscal year, it decreased by 5%, after adjusting for inflation.

Child Enrollees under 6 with at Least 1 Dental Service, FY 2008 – FY 2022

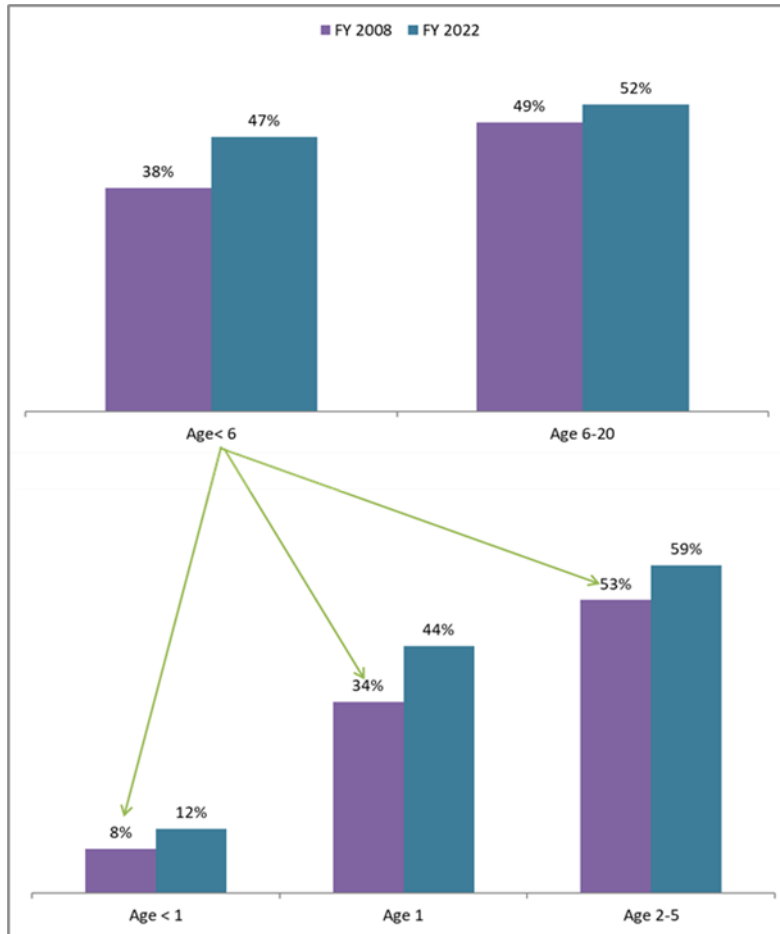


Young Children

The percentage of children under 6 accessing dental services has risen steadily from FY 2008 to FY 2019.

In FY 2020, the dental utilization rates among children under age 6 decreased by 10% to 49%, a result of COVID-19's impact on dental clinics and access to care. However, utilization in the last fiscal year (FY2022) increased by 2.3%.

Percent of Child Enrollees Accessing at Least 1 Service by Age Group, FY 2008 vs. FY 2022



Note: The percent of children accessing at least 1 service for all age groups in FY 2008 was 45% and in FY 2022 was 51%.

Sources:

Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data
Washington State Health Care Authority, Washington Apple Health 2023 Comparative and Regional Analysis Report. Comagine Health.
Available from: [2023 EQR Comparative Analysis Report \(wa.gov\)](#)

Children

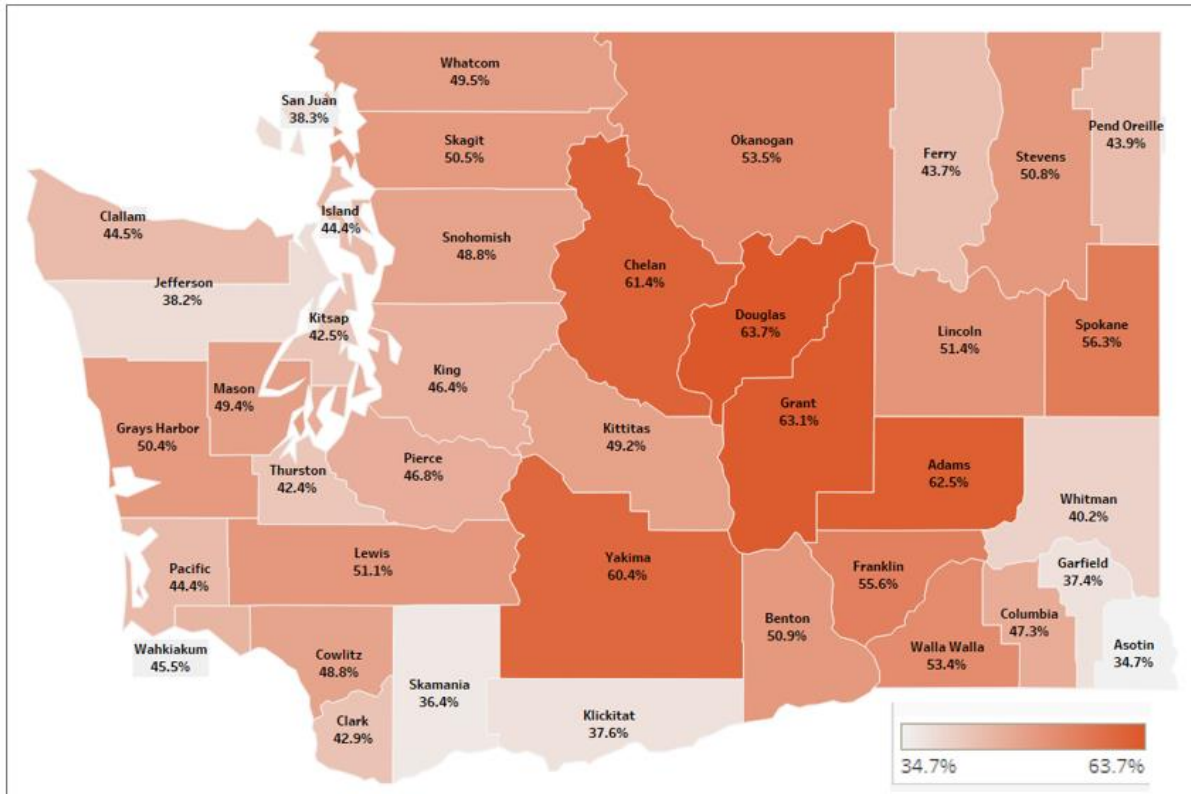
Since FY 2008, the percentage of children of all age groups that have received dental services has had notable increases. However, the percentage of children under 2 years accessing dental care is still significantly lower than the portion of similarly aged children accessing primary medical care (65% in FY 2022).

Child Enrollees Ages 20 and Under with at Least 1 Dental Service by County, FY 2022

Children

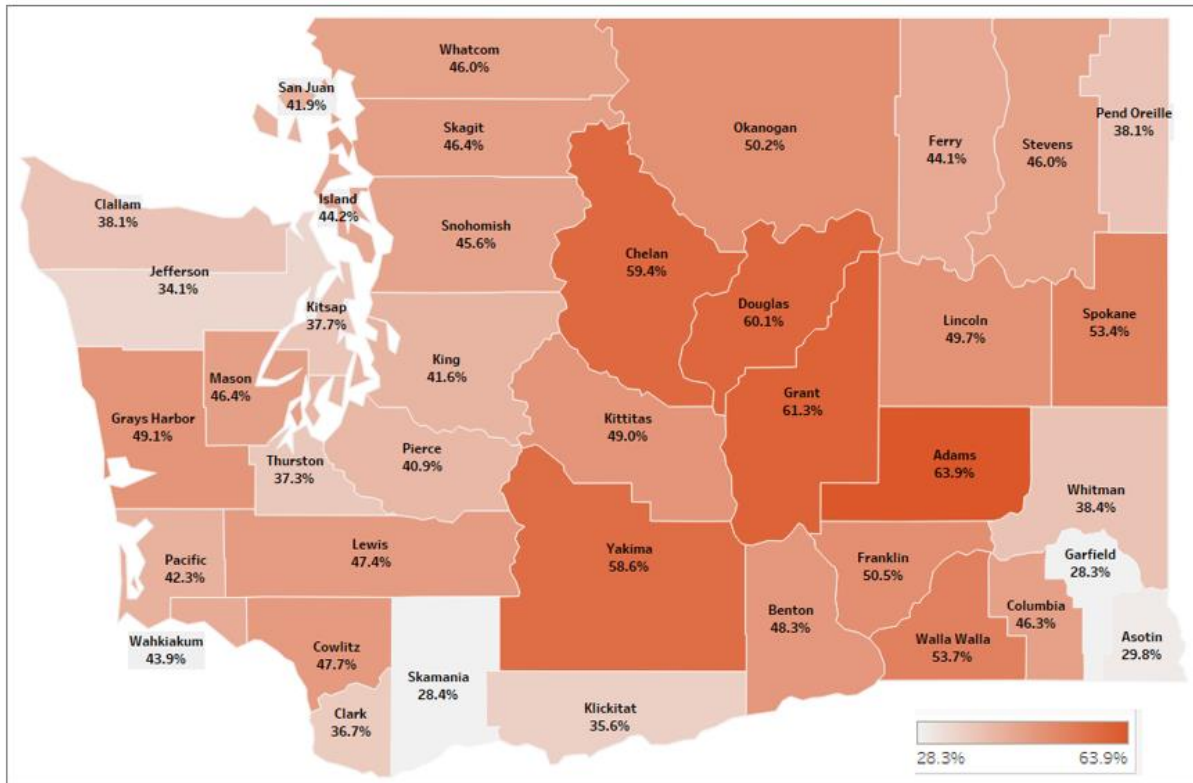
Utilization across the state ranged from 35% to 64%.

Douglas County had the largest percentage of children receiving dental services in FY 2022 (indicated by darker shading), while Asotin County had the lowest (indicated by lighter shading).



Statewide Average Utilization: 51%

Child Enrollees under Age 6 with at Least 1 Dental Service by County, FY 2022

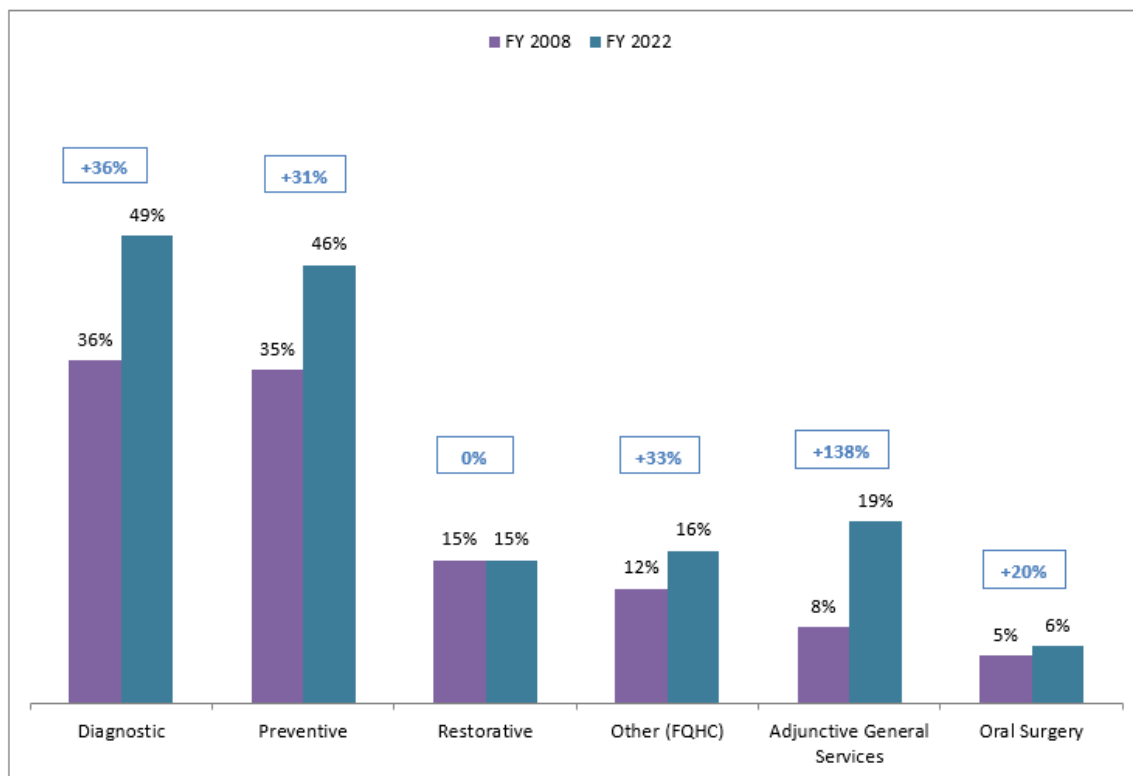


Statewide Average Utilization: 47%

Children

Utilization rates vary by county with a low of 28% in Garfield County (indicated by light shading) and a high of 64% in Adams County (indicated by dark shading). King County, with the largest population in the state, had a rate of 42%.

Percentage of Child Enrollees Accessing Services by Procedure Group, FY 2008 vs. FY 2022



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

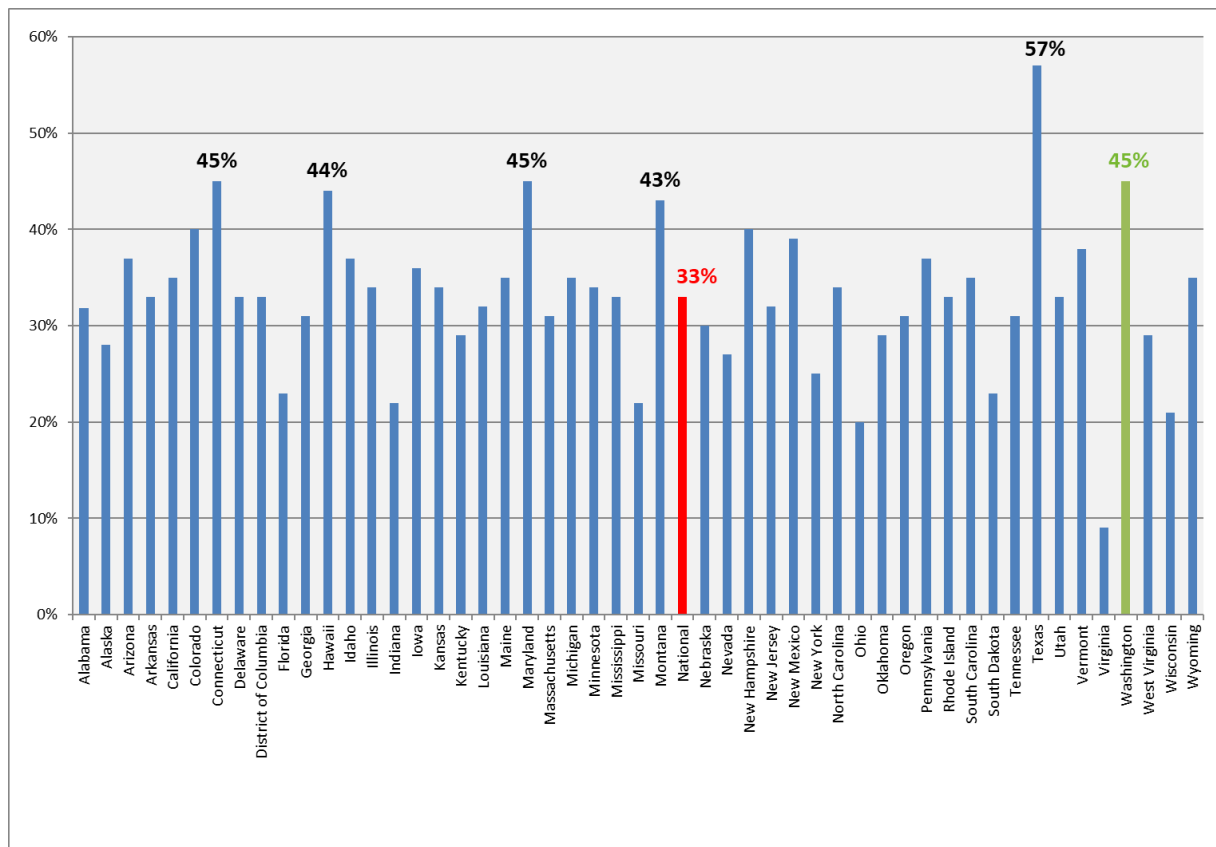
Children

Children who are eligible for care are receiving more preventive and diagnostic services. This is an indication that more children are getting the care needed to prevent disease. On the other hand, there has been a significant increase in adjunctive general services, which are services performed in addition to another procedure such as general anesthesia (GA). Although access to dental GA can be essential, it is the most expensive due to the additional costs and hospital facility fees. Also, in extremely rare cases, GA might be associated with respiratory or cardiac compromise, brain or spinal cord injury, or even death. Therefore, for most children dental GA should be the last possible resort to complete routine restorative and surgical dental treatment. More focused efforts must be made on chronic disease management.

Medicaid Utilization for Young Children Washington vs. Other States

Washington state is a leader nationally in the percentage of Medicaid-enrolled young children receiving preventive dental care.

Percentage of Children Ages 0-5 Enrolled in Medicaid for at Least 90 Continuous Days Receiving Preventive Dental Services by or under the Supervision of a Dentist, 2021



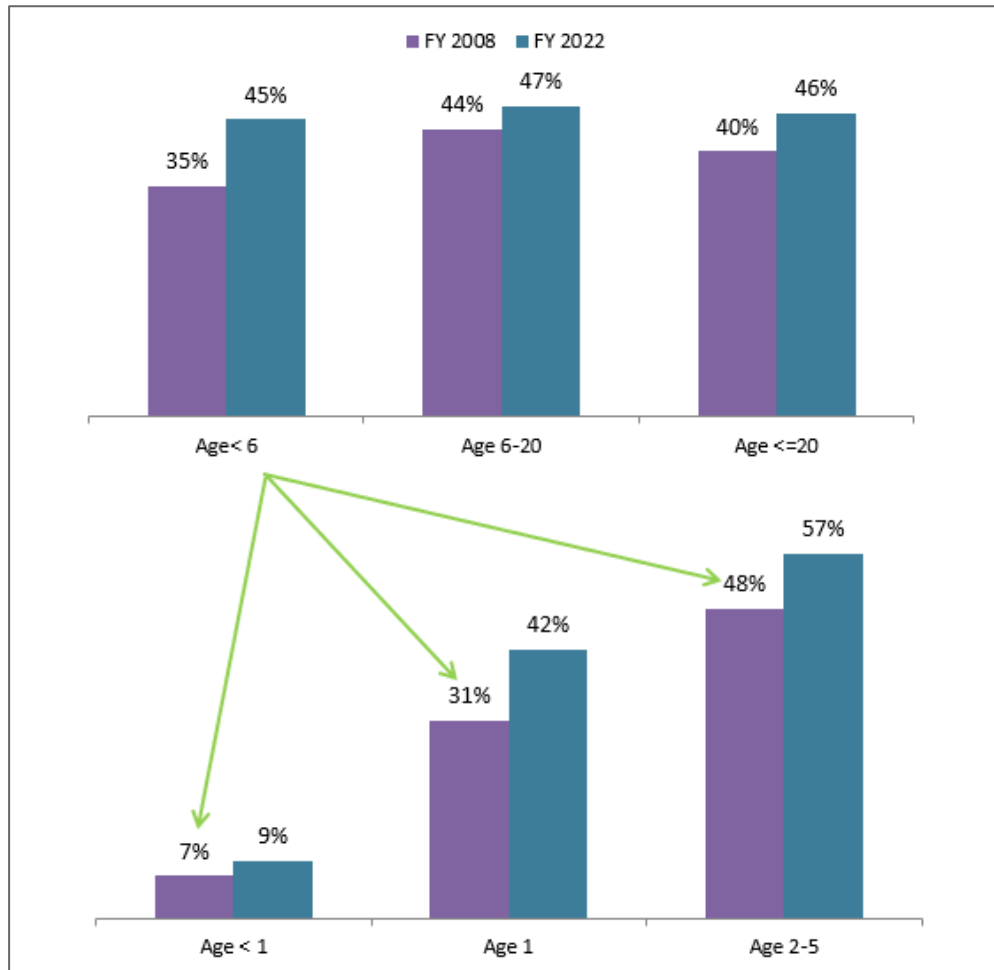
Note: National Medicaid data is from CMS-416 state annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) reports. EPSDT benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. It is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. Source: 2021 CMS-416 reports, Line 1b and Line 12b (accessed 01/05/2024).

Children

Washington state is 1 of the states with innovative programs that improve access to dental care for young children.

ABCD: Connects Apple Health-enrolled children under age 6 and children with certain special health care needs to dental care. It also engages primary care medical providers in delivering preventive services.

Percentage of Child Enrollees Accessing Preventive Services by Age Group, FY 2008 vs. FY 2022



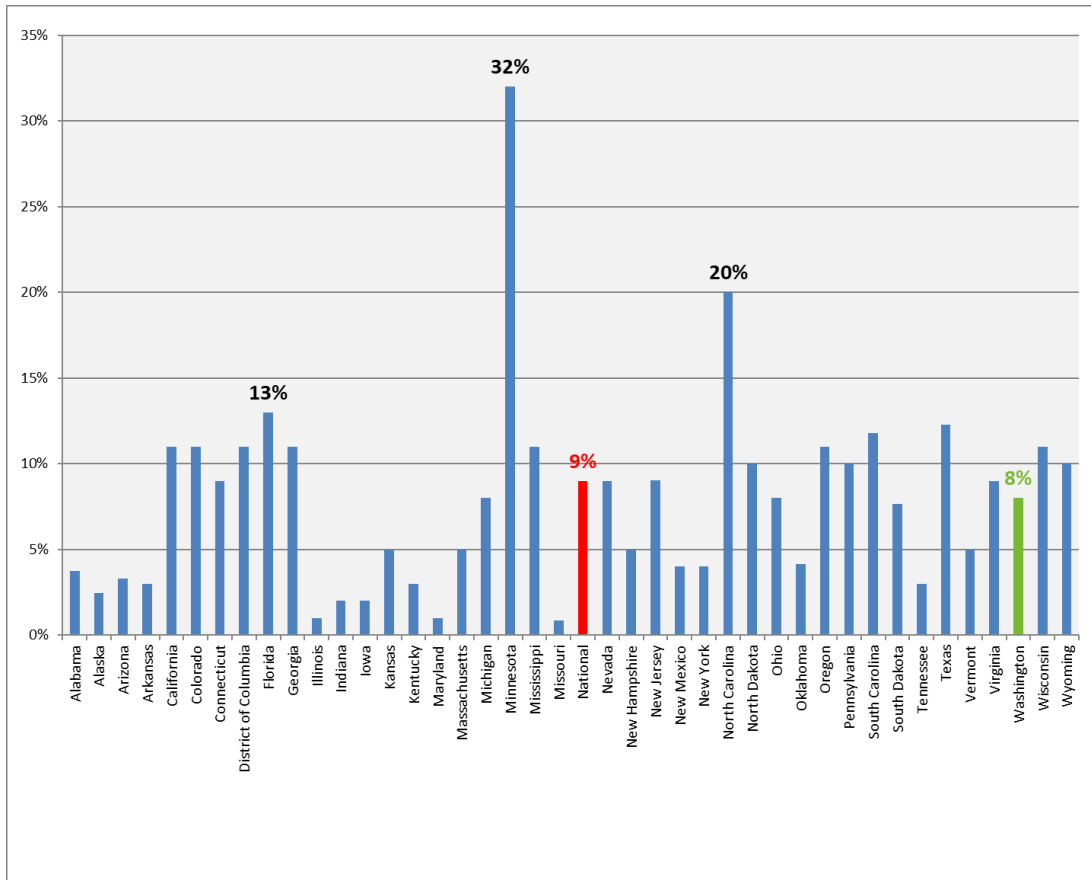
Children

The percentage of children who received preventive dental care increased for most age groups from FY 2008 to FY 2022. By FY 2022, 57% of children between the ages of 2 and 5 received preventive dental care.

The percentage of children accessing preventive services for all children (age 20 and under) in FY 2008 was 40% and in FY 2022 was 46%.

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

Percentage of Children Ages 0-5 Enrolled in Medicaid for at Least 90 Continuous Days Receiving Oral Health Services Provided by a Non-Dentist Provider, 2021



Children

Incorporating Oral Health in the Primary Care Medical Setting

Approximately 8% of Apple Health-enrolled children under age 6 received oral health preventive services from a non-dental provider during early and periodic screening visits in 2021.

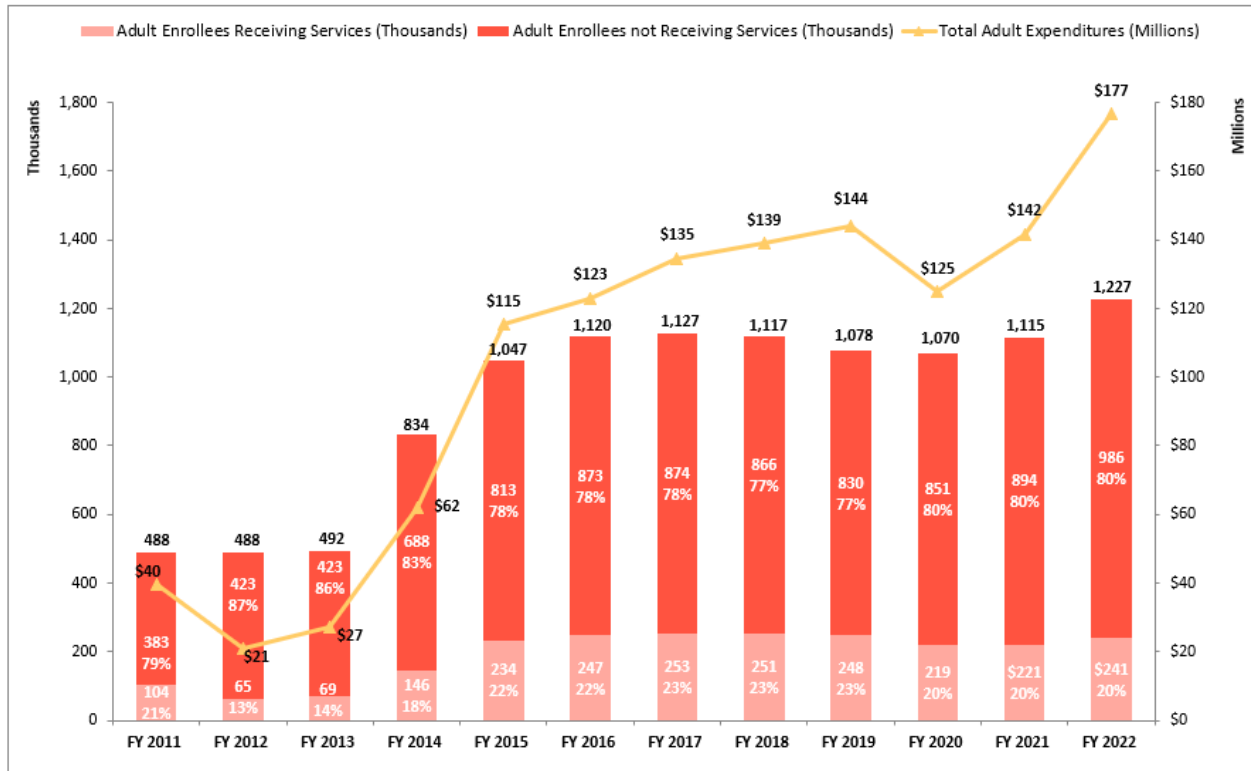
Note: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

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

Source: 2021 CMS-416 reports, Line 1b and Line 12f (accessed 01/05/2024).

Trend in Dental Utilization and Expenditures among Adults 21 and Older, FY 2011 – FY 2022

Adults

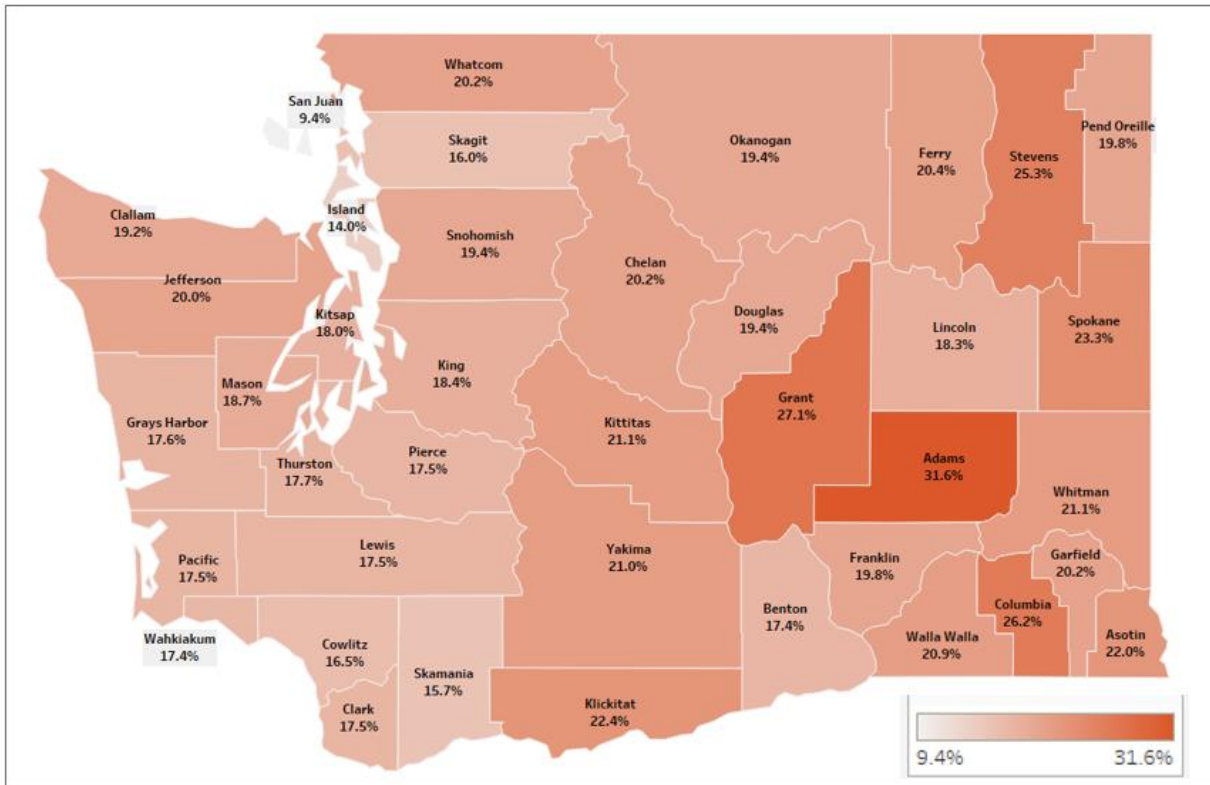


Total expenditures and utilization fell dramatically after the adult dental cuts took effect in January of 2011. Expenditures fell from \$40 million in FY 2011 to \$21 million in FY 2012. In FY 2015, with the first 12 months of adult dental restoration, expenditures dramatically increased to \$115 million.

Between FY 2015 and FY 2019, adult expenditures and utilization steadily increased. In FY 2020, both experienced a decrease as a result of COVID-19's impact on clinics. Adult dental users decreased by 11%, while expenditures decreased by 17% after adjusting for inflation. In the last fiscal year, users increased by 9%, while expenditures increased by 19% after adjusting for inflation.

Adult Enrollees with at Least 1 Dental Service by County, FY 2022

Adults



Adams County had the largest percentage of Apple Health adult enrollees receiving dental services in FY 2022 at 32% (indicated by darker shading), while San Juan County had the lowest at 9% (indicated by lighter shading).

Statewide Average Utilization Total 20%

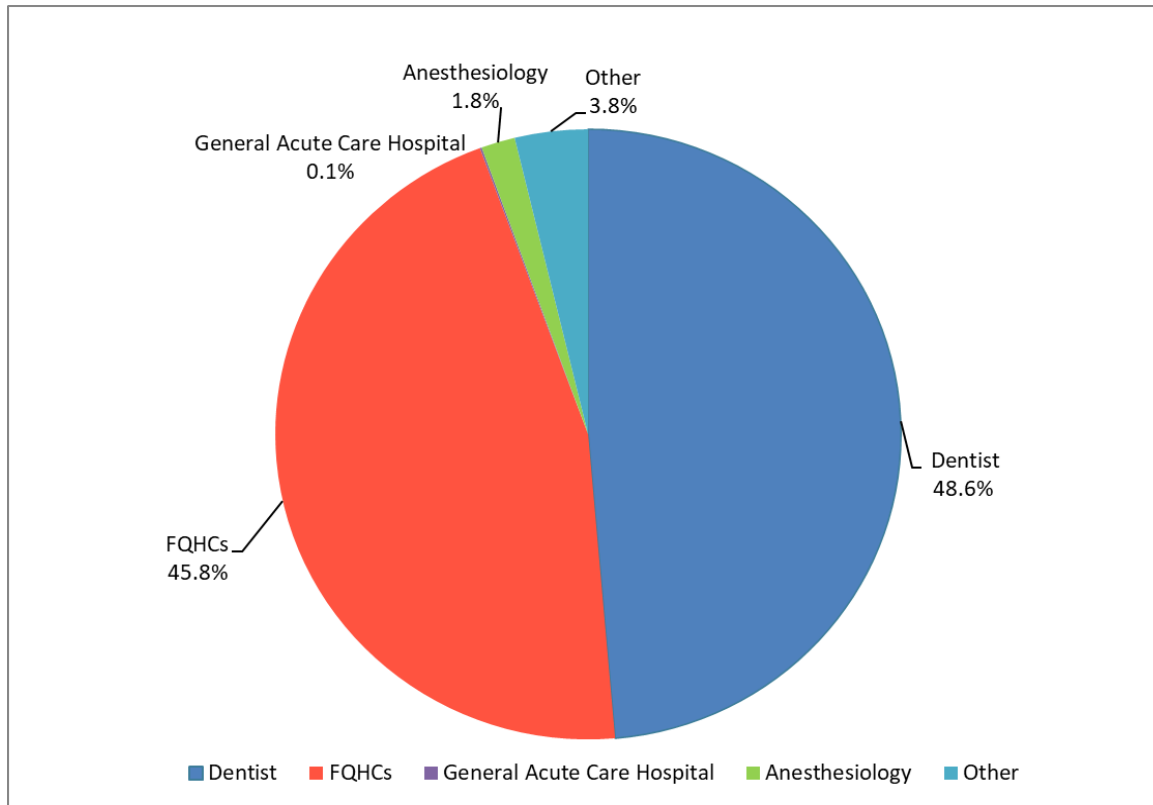
Expenditures by Billing Provider Type Specialty, FY 2022

Providers

In FY 2022, 94 cents of every dollar for Apple Health dental services went to dentists or Federally Qualified Health Centers (FQHCs). The remaining (6%) went to dental hygienists, anesthesiologists, primary care medical providers, and other dental providers.

Approximately 49% of dental expenditures in FY 2022 were provided by private practice providers (including not-for-profit), while 46% was provided by FQHCs.

HCA pays dental claims on a fee-for-service basis for private practitioners and not-for-profit providers that aren't federally qualified. FQHCs are reimbursed a flat fee for most patient visits, regardless of the services performed during that visit, to compensate the FQHCs for their actual cost of care.



Notes: "Other" includes Multi-Specialty, Dental Hygienists, Pediatrics, Denturists, Oral & Maxillofacial Surgery, Nurse Anesthetist (Certified Registered), Single-Specialty, Multi-Specialty, Nurse Practitioner, Nursing Facility, and General Practice. Oral health services provided by primary care providers (PCP) moved to Managed Care organizations' billing system in January 2020.

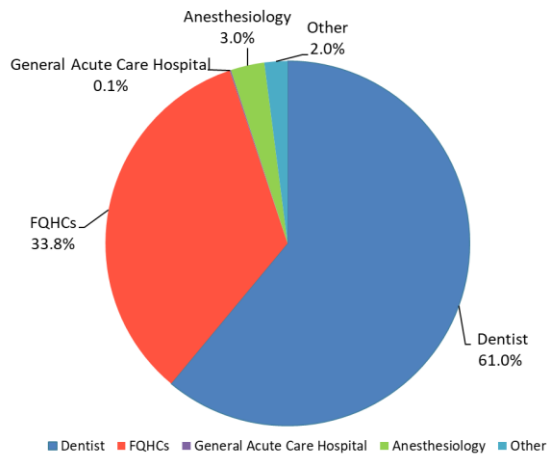
Total/percent of expenditures may not add up due to rounding.

Expenditures by Age and Billing Provider Type Specialty, FY 2022

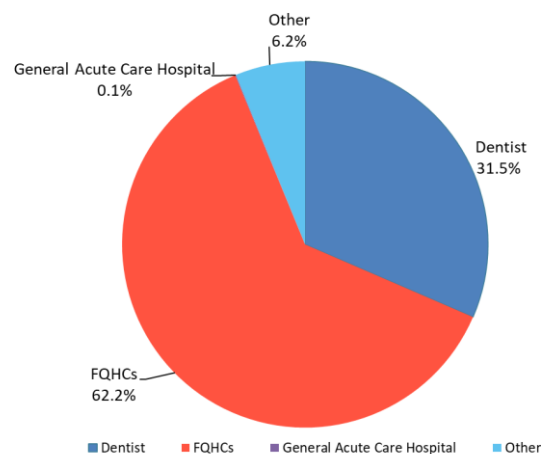
Providers

Approximately 32% of adult dental expenditures in FY 2022 were provided by private practice providers (including not-for-profit), while 62% was provided by FQHCs. On the other hand, approximately 61% of child dental expenditures in FY 2022 were provided by private practice providers (including not-for-profit), while 34% was provided by FQHCs.

Child Dental Expenditures by Billing Provider Type

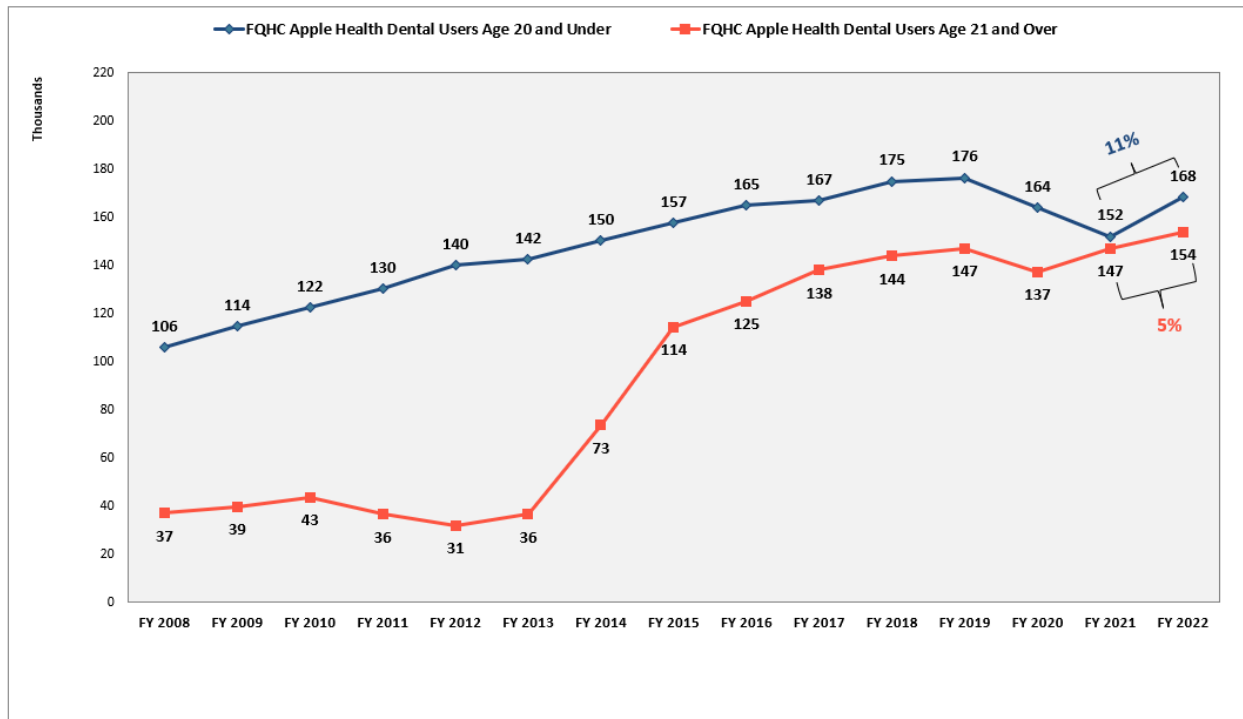


Adult Dental Expenditures by Billing Provider Type



Notes: "Other" includes Multi-Specialty, Dental Hygienists, Pediatrics, Denturists, Oral & Maxillofacial Surgery, Nurse Anesthetist (Certified Registered), Single-Specialty, Multi-Specialty, Nurse Practitioner, Nursing Facility, and General Practice. Oral health services provided by primary care providers (PCP) moved to Managed Care organizations' billing system in January 2020. Total/percent of expenditures may not add up due to rounding.

Apple Health Dental Users Served by Federally Qualified Health Centers, FY 2008 – FY 2022



Providers

More FQHCs serve Apple Health-enrolled children than adults because more children use dental services in general.

Between 2011 and 2013, the number adults who received care from FQHCs declined when cuts to Apple Health adult dental benefits took effect.

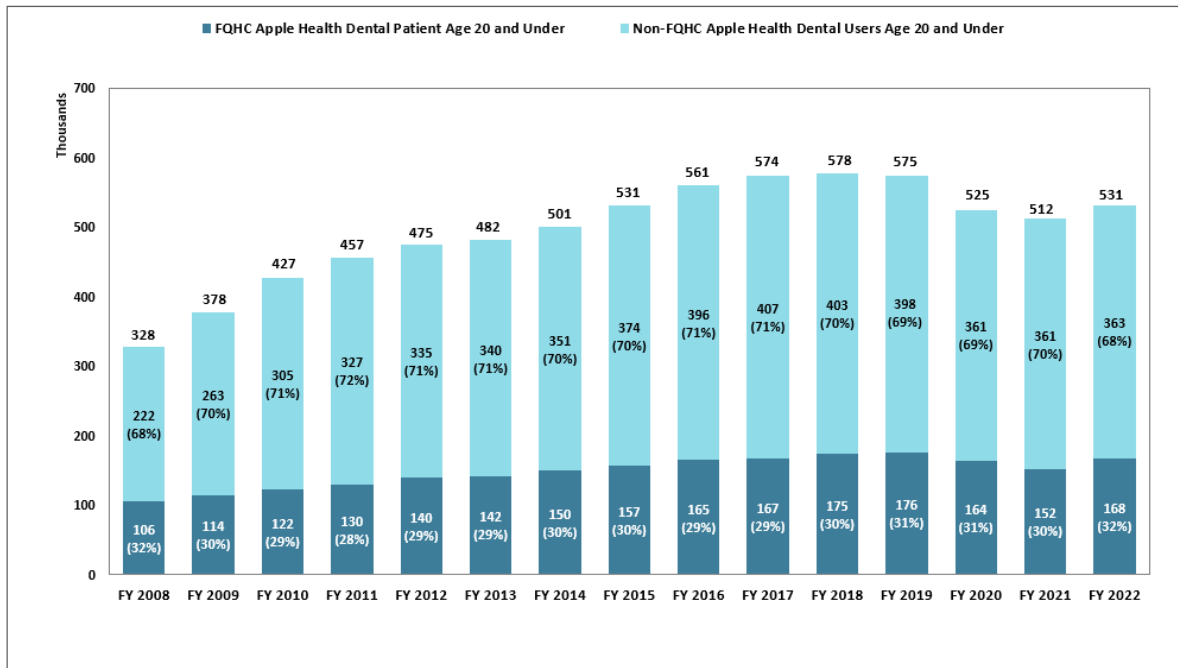
When the adult dental benefit returned, the number of adults who received care from FQHCs initially increased by 55% in FY 2015 then maintained a steady increase until FY 2019. In FY 2020, the number of adults and children who received care from FQHCs decreased by 7% because of COVID-19's impact on dental clinics. In FY 2022, children served increased by 11% and adults by 5%.

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

Federally Qualified Health Centers That Serve Children as a Portion of Total Child Users, FY 2008 – FY 2022

Providers

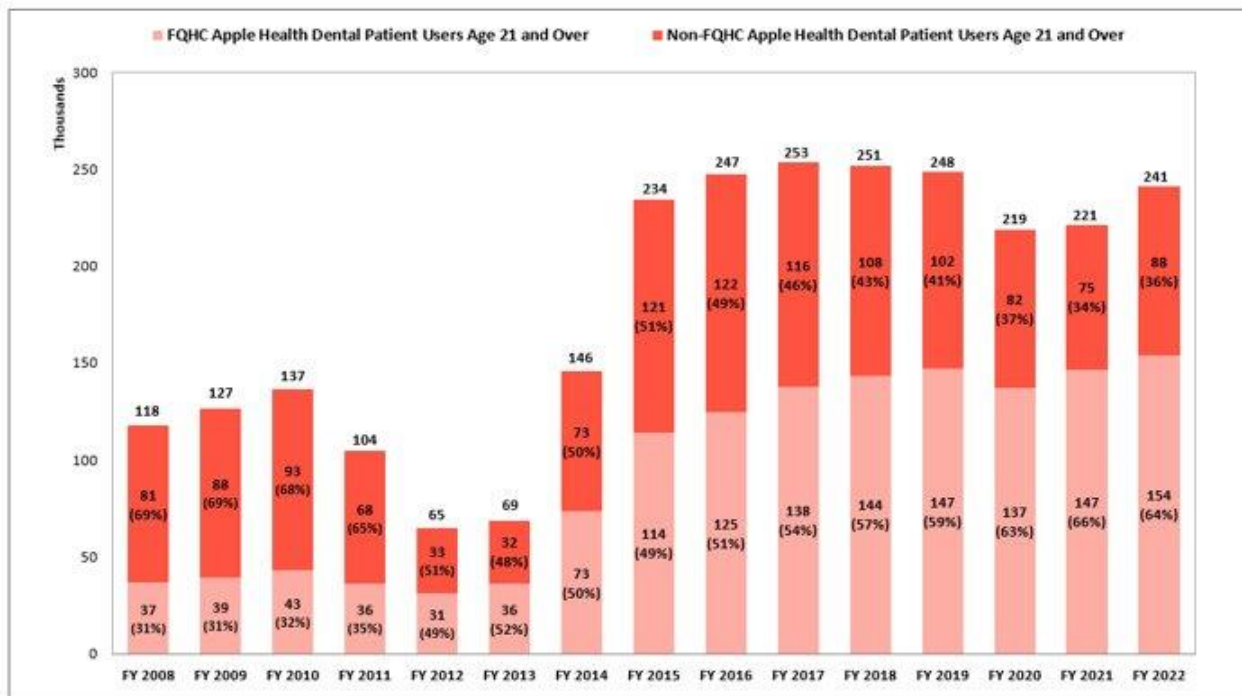
FQHCs that serve a portion of child dental users was consistent from FY 2008 to FY 2022 around 30%.



Note: Non-FQHC providers are private practice dentists and not-for-profit dental clinics that are not federally qualified such as UW School of Dentistry. The number of patients accessing Non-FQHCs is underestimated, as some clients may access both types of providers. This group was excluded from the Non-FQHCs users to avoid duplicate count of clients.

Federally Qualified Health Centers That Serve Adults as a Portion of Total Adult Users, FY 2008 – FY 2022

Providers

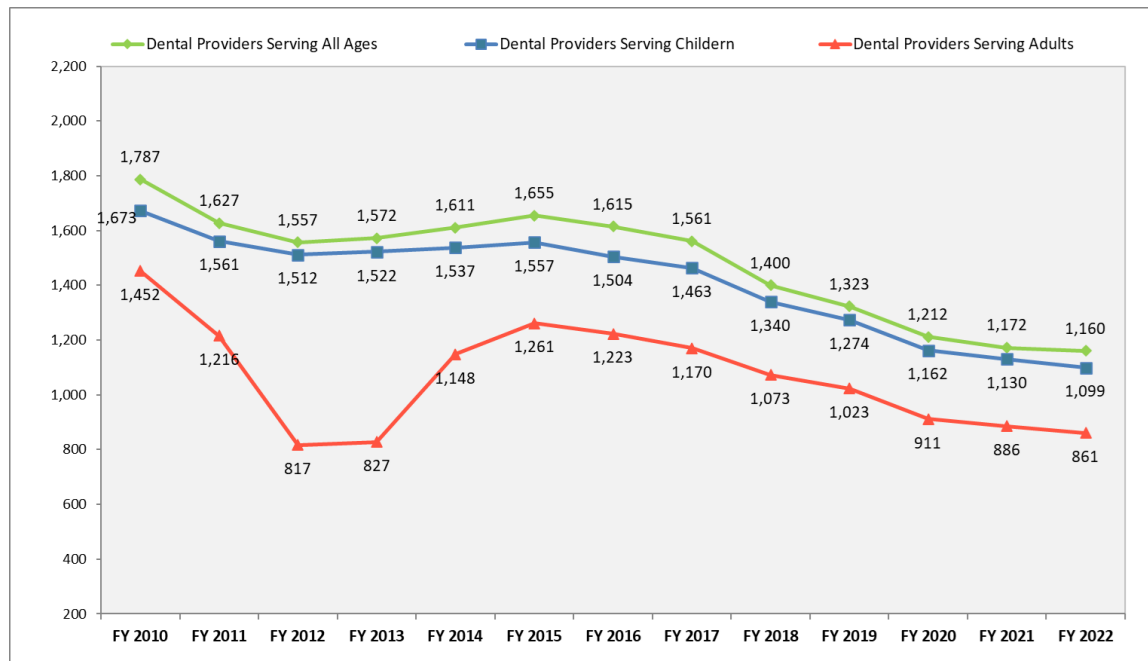


Note: Non-FQHC providers are private practice dentists and not-for-profit dental clinics that are not federally qualified such as UW School of Dentistry. The number of patients accessing Non-FQHCs is underestimated, as some clients may access both types of providers. This group was excluded from the Non-FQHCs users to avoid duplicate count of clients.

FQHCs that serve a portion of adult dental users has been on the rise since FY 2011, peaking at 66% in FY 2021.

Non-Federally Qualified Health Center Providers Serving Apple Health-enrolled Clients, FY 2010 – FY 2022

Providers



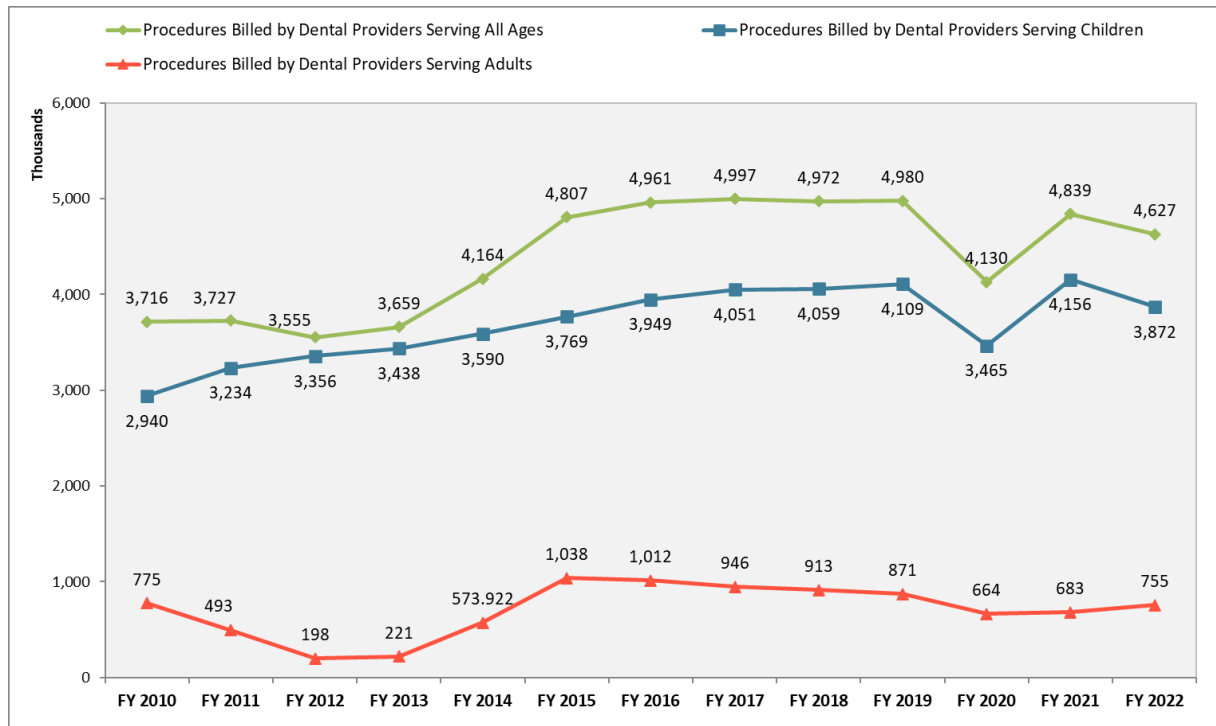
Notes: Adult dental benefits were restored in January 2014. FY 2014 data reflects 6 months of services, while FY 2015-FY 2022 data reflect full years of adult dental services.

Dental providers were identified through service provider taxonomy codes. Non-FQHC providers include unique individual dentists who billed Medicaid for dental services (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.

As a result of the adult dental benefit restoration, the total number of adults who received care from non-FQHC dentists increased by 54% between FY 2012 and FY 2015.

From 2016 to 2022, the total number of Apple Health-enrolled clients who received care from non-FQHC providers gradually decreased. In the last fiscal year, it decreased by 3% among both adults and children.

Total Apple Health Fee-for-Service Dental Procedures, FY 2010 – FY 2022



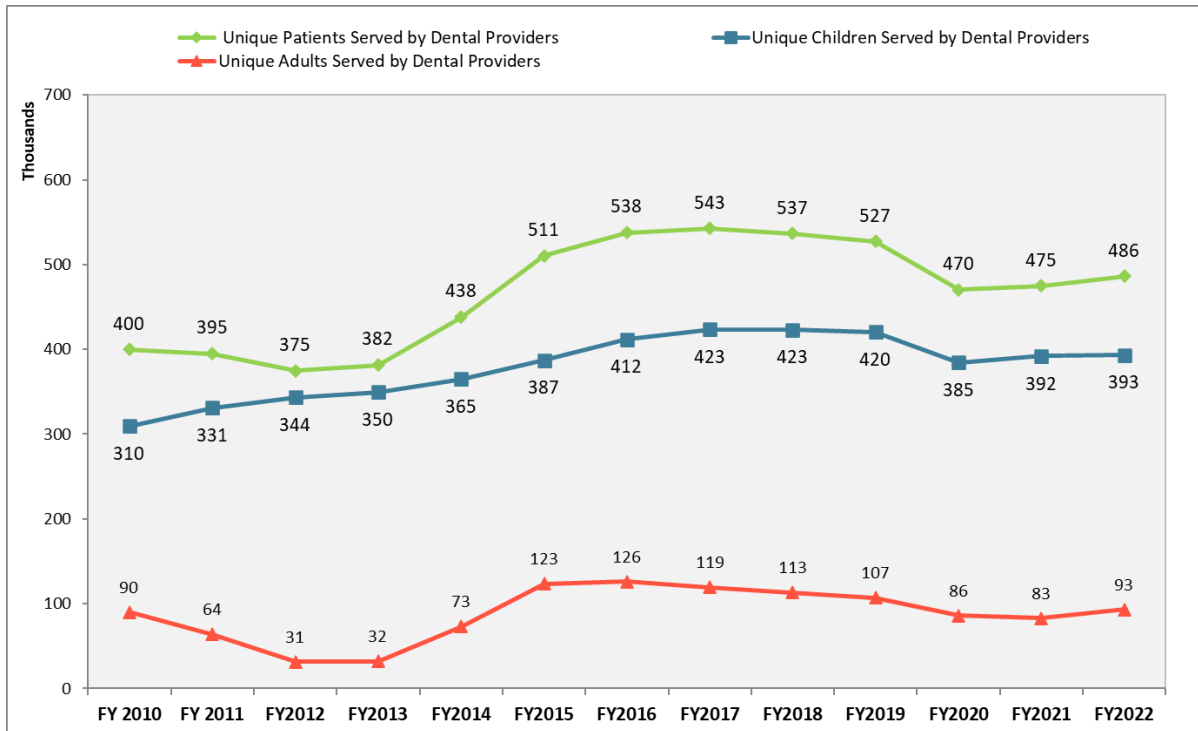
Notes: Adult dental benefits were restored in January 2014. FY 2014 data reflects 6 months of services, while FY 2015 - FY 2022 data reflect full years of adult dental services.

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

Providers

In FY 2015, the number of Apple Health adult fee-for-service dental procedures billed increased by 81% because of the adult dental benefit restoration. However, the number of procedures billed in subsequent years gradually decreased until FY 2020 (17% across all ages). In FY 2021 and FY 2022 post-pandemic, services provided increased by 12%.

Non-Federally Qualified Health Center Providers That Served Apple Health-enrolled Patients , FY 2010 – FY 2022



Notes: Adult dental benefits were restored in January 2014. FY 2014 data reflects 6 months of services, while FY 2015 - FY 2022 data reflect full years of adult dental services.

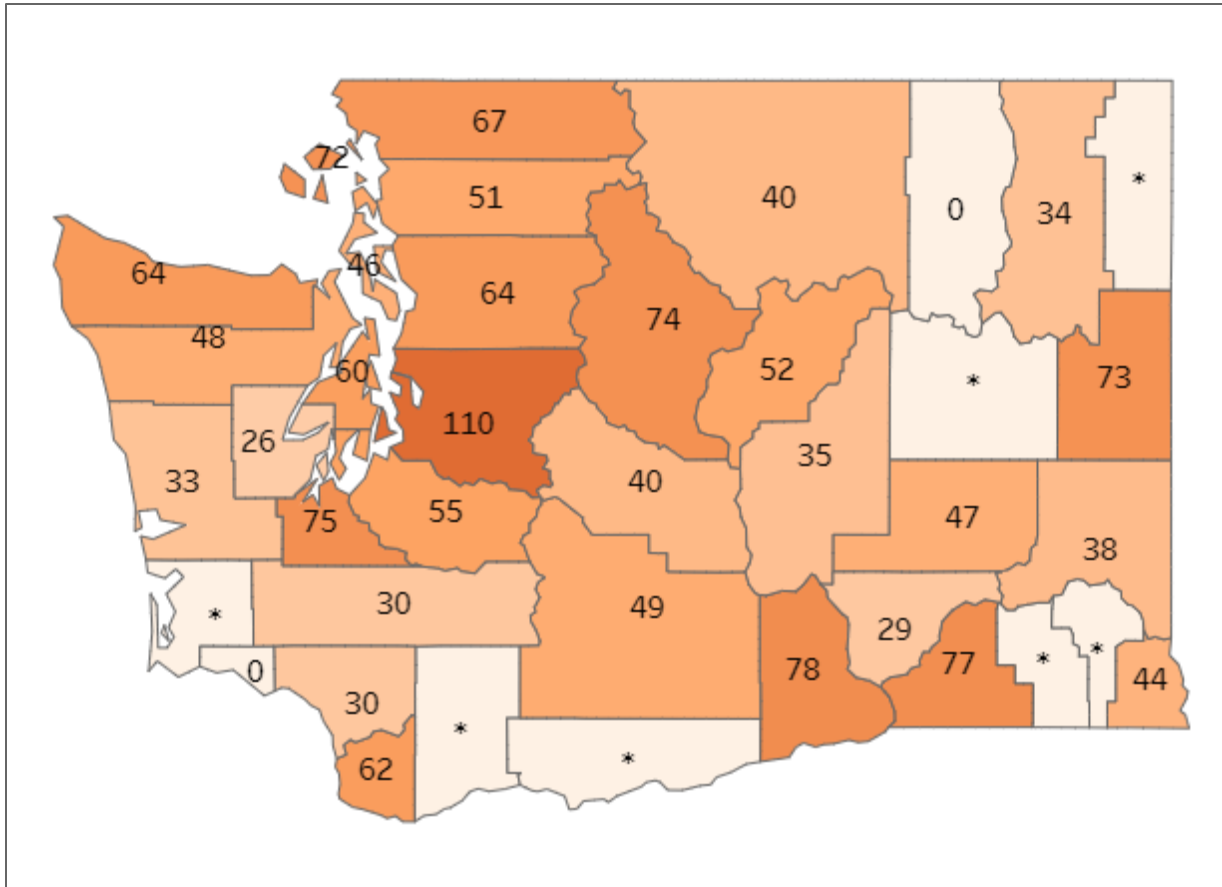
Non-FQHC providers include unique individual dentists who billed Medicaid for dental services (dentists may all be working at the same clinic).

Providers

Non-FQHC dentists served more Apple Health-enrolled children than adults because, in general, more children use dental services.

Between FY 2016 and FY 2019, the total number of clients who received care from non-FQHCs remained steady. In FY 2020, the number of clients who received care decreased by 10% (8% among children and 19% among adults) due to the impact of the pandemic on dental care. However, patients access to care slowly recovered in the subsequent 2 years. In FY 2022, patient volumes increased by 2% (12% among adults and 0.3% among children).

Washington Dentist-To-Population Ratios– by County, 2022



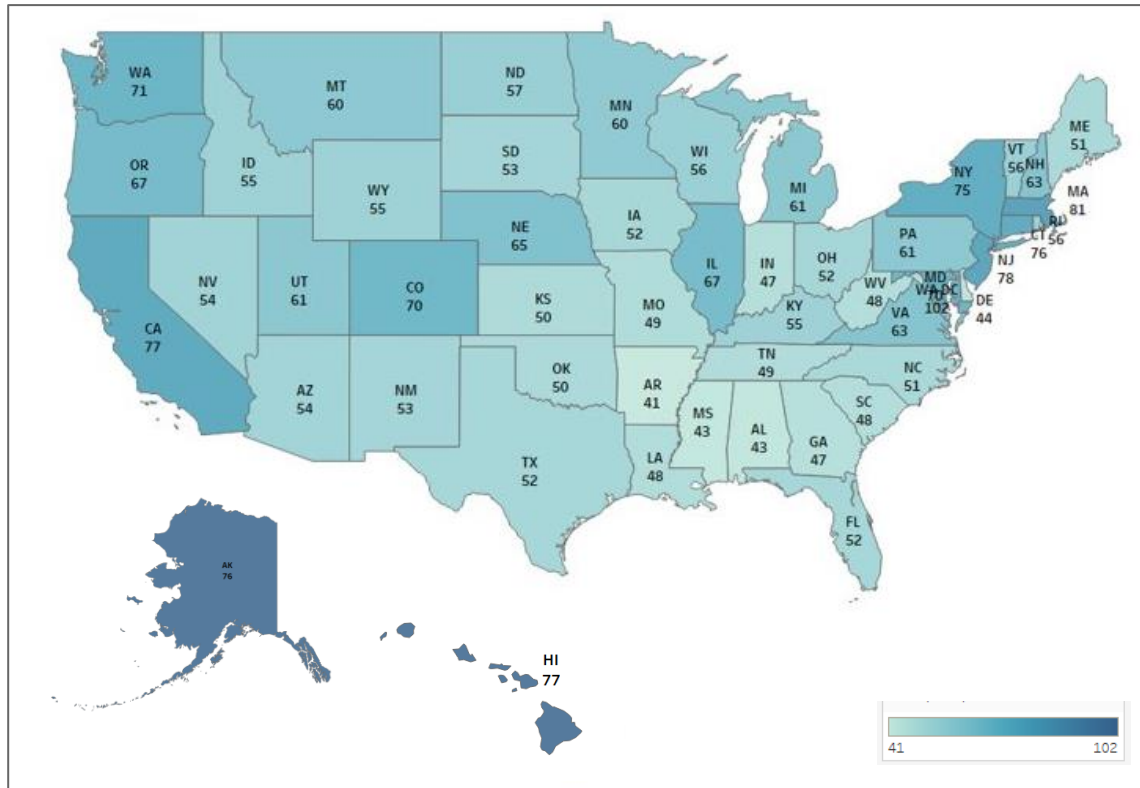
Note: *Measures for locations with 1-9 dentists are not shown to protect confidentiality

Providers

Although Washington state has a higher dentist to population ratio than the national average and has 1 of the 10 highest ratios in the nation (71 per 100,000 compared to 61 nationally), dentists are not evenly distributed throughout the state.

The dentist-to-population ratio varies widely by county. King County (110 dentists) has the highest dentist ratio per 100,000 people. There are 15 counties with a ratio lower than 50 dentists per 100,000 people.

Dentist-To-Population Ratios—Washington State vs. Other States, 2022



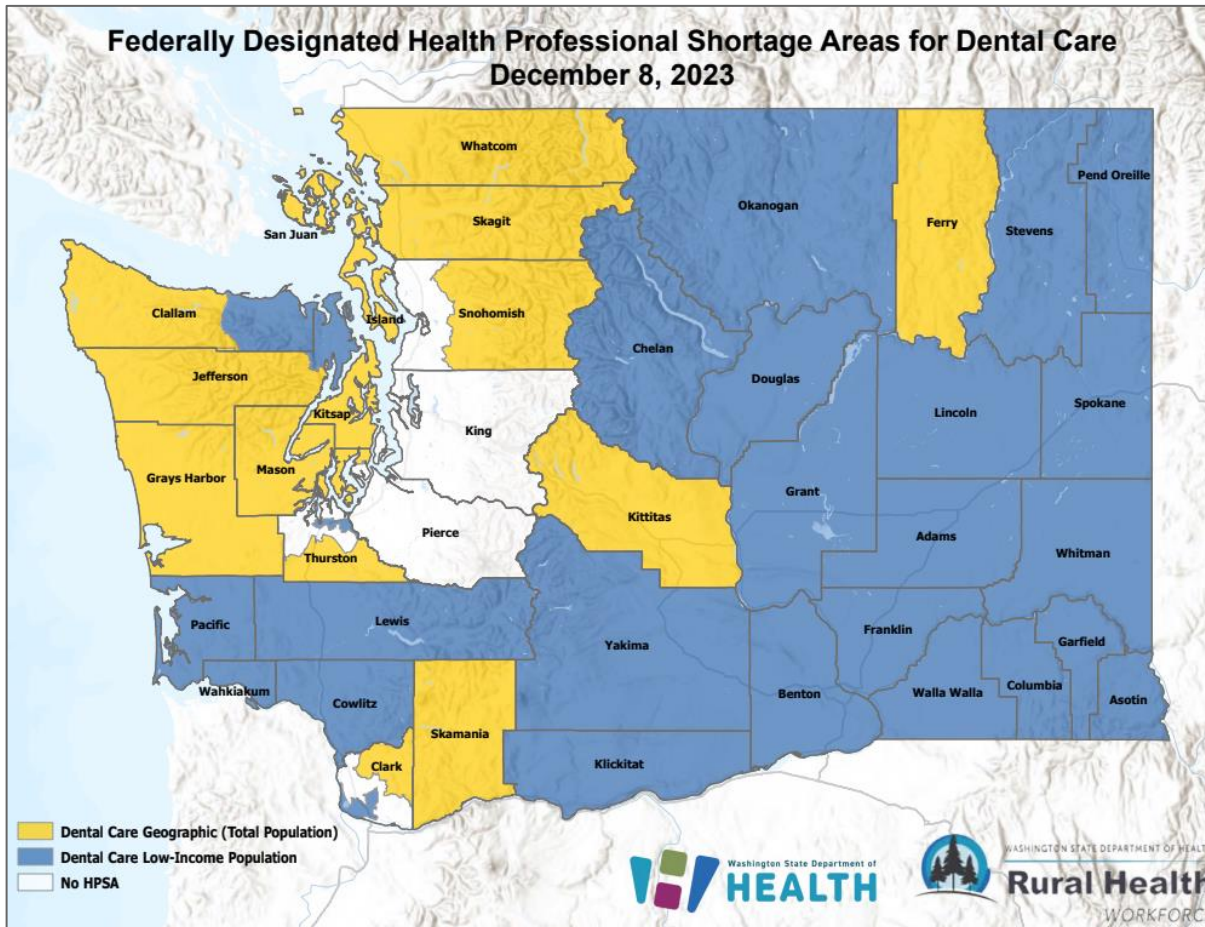
Providers

In 2022, Washington state ranked 9th in the nation for dentists per capita (71 dentists per 100,000).

It had a higher dentist to population ratio than the national average of 61 per 100,000.

Federally Designated Health Professional Shortage Areas for Dental Care, 2023

Providers



In 2023, 37 of the state's 39 counties were designated as whole- or partial-county dental health professional shortage area (HPSA). The shortage is related to the number of providers relative to the area's population, the capacity of providers in surrounding areas to meet the demand, and/or a shortage of dentists serving people who are low-income.

Fluoridation: An Upstream Prevention Strategy

People Who Receive Dentally Significant Fluoride (0.6 - 2.0 mg/L) from Public Water Systems



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

Intertiered 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

The Centers for Disease Control and Prevention recommends community water fluoridation (CWF) as an upstream strategy that prevents cavities by about 25% in both children and adults. CWF is proven effective for people of all ages, education levels, and socioeconomic and insurance statuses. For children, it reduces oral health disparities.

Washington state has more than 50 water systems 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.

CWF saves money for communities and health care systems. In cities with populations 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 51% in FY 2022. Moreover, the percentages of those receiving preventive dental care increased from 40% in FY 2008 to 46% in FY 2022.
- The number of adults accessing dental services increased since the restoration of adult benefits from 146,000 in FY 2014 to nearly 241,000 in FY 2022. However, 986,000 (80%) adults remain unserved.
- Restorative services were among the most common procedures for adults, while preventive services were most common for children.
- Total dental expenditures grew by \$177 million in the last decade (from \$244 million to \$421 million). After adjusting for inflation, this is a 25% increase. Expenditures in the last fiscal year increased by \$42 million, a 6% increase after adjusting for inflation.
- FQHCs served nearly 32% of children and 64% of adults who received care.
- Washington state has a higher dentist-to-population ratio than the national average. However, dental providers are unevenly distributed across Washington's counties. Rural areas of Washington have a disproportionately low supply of dental providers compared with urban areas.
- The portion of dental users who received care from FQHCs has increased for the last few years. FQHCs served nearly one-third of children and nearly two-thirds of adults who received dental care.
- The total number of private practice providers (including not-for-profit) serving the Apple Health-enrolled population has decreased in the last 7 fiscal years. However, the volume of patients served has increased. The number of non-FQHC providers who served 50 or more unique Apple Health-enrolled children and adults increased by 17%.

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 can access the care they need, when and where they need it. That is how we can ensure that members of all our communities are able to reap the benefits of good oral health, including improved school readiness and learning, increased employability, reduced medical expenditures, avoidance of dental pain, better overall health, and the sense of wellbeing that comes from a healthy smile.

Recommended Policy Strategies:

- Invest in More Utilization for Children.
 - Achieve parity between Apple Health medical utilization and Apple Health dental utilization for kids. In 2022, the percentage of children under age 2 accessing dental care was 25%, while the portion of similarly aged children receiving well-child visit was 65%. As a result of Access to Baby and Child Dentistry (ABCD), our state has made great strides in children's access to dental care. However, we must do more to address enduring disparities.
 - Expand successful programs, including ABCD, and build capacity at Federally Qualified Health Centers (FQHCs). Build on recent increases in provider reimbursement rates to better ensure a more sustainable program for providers and patients.
 - Focus resources to invest in strategies that reach children who are not currently connected to care. This includes dental therapists in Tribal clinics—and soon in FQHCs—expansion of teledentistry and other community-based care, and support for community health workers.

Policy Implications and Opportunities

- Invest in More Utilization for Adults.
 - Build on the important investments the legislature made in the adult dental Medicaid program in 2021. Continue to preserve the comprehensive adult dental benefit, set a goal of increasing overall adult Apple Health 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 or urgently needed treatment.
 - Expand access points, especially in parts of the state with few providers, through increased dental capacity at FQHCs, dental residency programs, teledentistry, and other oral health workforce initiatives.
- Increase Prevention.
 - Expand 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.

Policy Implications and Opportunities

Washington state's longstanding commitment to health care access and innovation, including Cover All Kids, Medicaid expansion, embracing public/private partnerships to pilot new ideas, and state funding to support connections to care (e.g., support for DentistLink—a no-cost referral service that connects people in Washington state to dental providers who accept Apple Health (Medicaid) or people without insurance) makes us well-positioned to seize these opportunities. Also, a variety of stakeholders in Washington recognize the importance of oral health for their constituencies and are potential partners in this work.

About the Sponsor

Arcora Foundation completed this report to better understand the use and expenditures associated with Washington's Apple Health dental service. Arcora advances oral health and equity across Washington state. Their mission is to bend the arc of oral health toward equity. They advance systems changes through partnering with communities and using evidence-based approaches to prevent disease, increase access to dental care, and ensure that oral health is part of whole person care. Arcora is the foundation of Delta Dental of Washington, the state's largest dental benefits company.