Washington State Apple Health (Medicaid) Dental Program

Facts and Figures Executive Summary

FY 2008–FY 2024

ARCORA Foundation
Bending the Arc of Oral Health Toward Equity



FY 2024 Key Insights

1. **Apple Health is an essential statewide service**, serving 30% of all Washingtonians.

2. **Continuous enrollment matters** Avoiding gaps in coverage supports better utilization. 43% of children and adults continuously enrolled in Apple Health used at least 1 dental service compared to 14% who weren't continuously enrolled.

3. **Utilization remains low**: only 20% of adults and 52% of children enrolled used dental services. Rates for both remain below pre-pandemic levels.

4. **More participating dental providers are needed.** While number of dentists in Washington has increased, the share accepting Apple Health remains low at 28% and has declined which may create access gaps.

5. **Prevention is powerful.** Community water fluoridation saves $20 in dental costs for every $1 invested in the community benefit. But more than half of Washingtonians lack access to fluoridated drinking water.

Washington state has made meaningful progress in strengthening access to dental care through Apple Health, particularly for children and following the restoration of adult dental benefits.

The **Facts and Figures Report** highlights key findings from fiscal year (FY) 2024 data related to routine dental care and the Apple Health system in Washington, including enrollment, access, utilization, and spending.

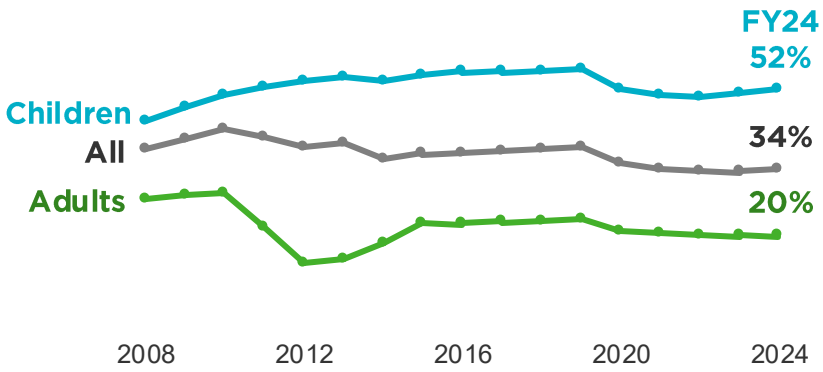
Read the full report

Challenges

Utilization rates remain low.

Dental utilization has not fully rebounded to pre-pandemic levels, particularly among adults. For children, utilization is higher than adults, but 52% isn't a number to celebrate: nearly half of enrolled children didn't receive a single service. By comparison, utilization among Washington children with private dental coverage is 68%.

Only 1 in 3 of those enrolled used dental services in FY 2024.
Utilization rate by population

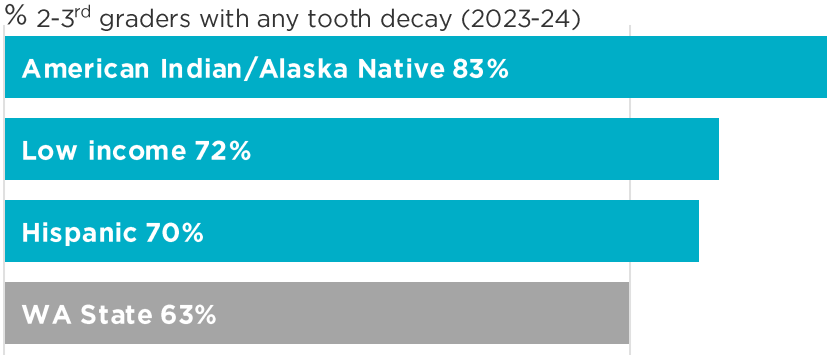


Continuity of care matters, particularly for dental care where preventive care improves outcomes and reduces future costs on restorative treatments.

Equity gaps persist.

New findings from the 2023-24 Smile Survey show equity gaps persist. The untreated decay rate has risen back to 2005 levels after a decade of decline.

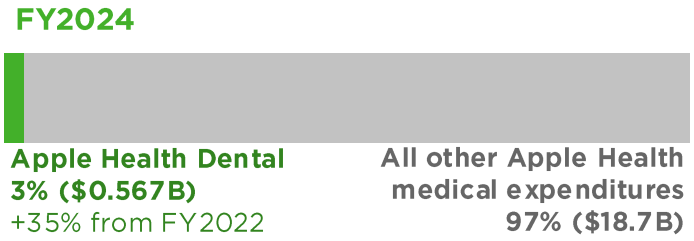
Children from low-income households and those from historically underinvested in groups had rates of tooth decay substantially higher than the statewide average.



Increasing costs create challenges.

Dental services represent a small but growing share of Apple Health spending within Washington's overall health budget.

In FY 2024, dental services represented just 3% of total Apple Health expenditures, underscoring their relatively modest share of total Apple Health spending ($18.7B in FY 2024 for medical and dental combined).



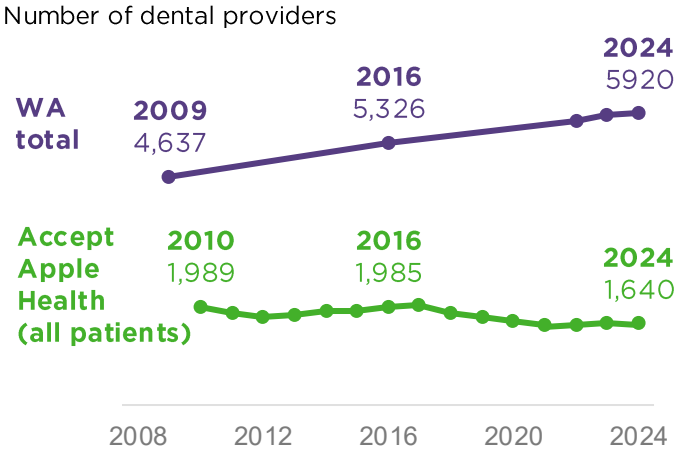
Dental accounts for a small share of Apple Health expenditures. But the increase in spending has outpaced dental utilization, in part, because of inflation and increased provider reimbursement rates.

Provider shortages have grown.

As of FY 2024, **fewer than 1 in 3 Washington state dental providers accept Apple Health**.

While the overall number of dental providers has increased across the state, the number accepting Apple Health has declined, creating access challenges for families who are low income.

Dental providers in WA have increased while the number accepting Apple Health declines.



Apple Health is an essential statewide service: 30% of all Washingtonians have Apple Health dental coverage.

Who's eligible? Dental coverage through Apple Health (Medicaid) is free for all children in families with household incomes at or below 210% of the federal poverty level (FPL, $57,300 for a family of three in 2025).

Families between 210% and 317% of the FPL ($84,492 for a family of three in 2025) pay a small monthly premium. Families do not pay a copay or deductible, and there is no "annual maximum" limit to the coverage. Coverage is also 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.

Addressing Challenges through Policy Priorities

As Washington navigates Medicaid eligibility redeterminations, workforce shortages, and broader health system reforms, strategic policy choices will be critical to protecting gains and advancing equitable access to oral health care. Together, these trends highlight clear opportunities to:

- ✓ **Shift care upstream.**
- ✓ **Stabilize access during enrollment transitions.**
- ✓ **Better align dental investments with broader health system goals.**

Turn the page for the data and details behind four policy priorities that will help Washington realize these goals.

Priority #1: Strengthen and stabilize children's dental utilization.

Children's dental access has improved substantially over time, yet nearly half of children still do not receive annual dental care, and utilization remains below pre-pandemic levels.

Utilization challenges
Nearly half of enrollees (48%) receiving no services is too many—especially given that cavities are the most common chronic disease and can disrupt both health and learning.

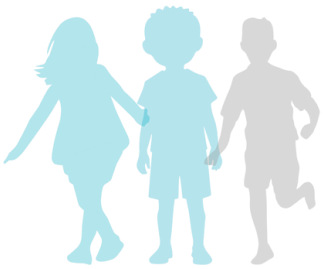
Left untreated, dental disease can result in persistent pain, poor nutrition, missed school, barriers to employability, and social isolation, which can have a devastating impact on quality of life. That's why access to dental care is important to overall health.

Notably, preventive utilization grew at a faster rate than overall utilization from FY 2008 to FY 2024, signaling progress toward earlier, prevention-focused care—yet overall access remains insufficient.

Equity gaps
Children have inequitable access to care because of provider availability and social determinants which impact overall utilization of services.

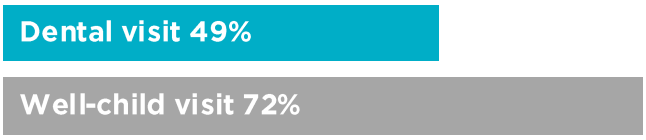
While most Washington counties saw increased dental utilization among children, gains were uneven. In addition, utilization for children of color, those from lower-income households, and those experiencing homelessness face disproportionately higher rates of untreated decay, multiple cavities, and greater barriers to accessing both preventive and restorative care.

According to the 2023-24 Smile Survey, **2 in 3 third graders across the state have experienced tooth decay**, and 1 in 5 have untreated decay, which has increased since 2015.



Need for integrated care
The gap between medical and dental care is both a challenge and an opportunity.

In FY 2024, nearly 50% more 6 year olds received a well-child visit than dental care.

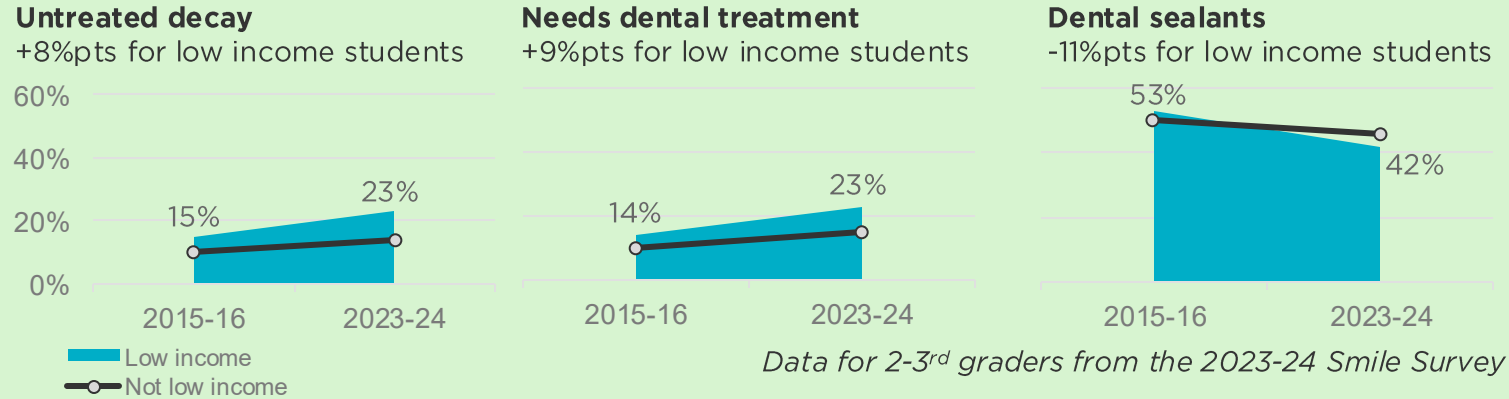


Aligning dental investments with broader health system goals—such as prevention, continuity of care, and equity—will be critical to sustaining access, particularly in rural and underinvested in communities.

Expenditures & policy changes
While recent reimbursement increases have improved provider participation in some areas, the FY 2025 reduction in children's fee-for-service dental funding underscores the importance of targeting limited resources strategically until funding can be restored.

Lawmakers reduced many children's Apple Health dental fee-for-service rates (effective FY 2026 except Access to Baby & Child Dentistry), rolling back approximately 50% of a previous increase in FY 2023 and resulting in a total reduction of $27.9 million in combined state and federal funds.

Students from low-income households, many of whom could be served by Apple Health, are experiencing more rapid increases in decay and steeper declines in sealants as preventive care.



Data for 2-3rd graders from the 2023-24 Smile Survey

Priority #2: Protect and advance adult dental access during a period of transition.

Despite recent growth in enrollments, approximately 1 million adults—about 80% of the adult Apple Health population—remain unserved.

Adult dental utilization increased following the restoration of benefits, with the number of adults accessing dental services rising from 146K in FY 2014 to nearly 257K in FY 2024. However, progress has been uneven.

The pandemic disrupted this growth in FY 2020, when adult dental users declined by 12% and expenditures fell by 13% (17% after adjusting for inflation). Utilization recovered in FY 2022 and FY 2023 (increasing 9% and 8%, respectively), before declining slightly (–1%) in FY 2024.

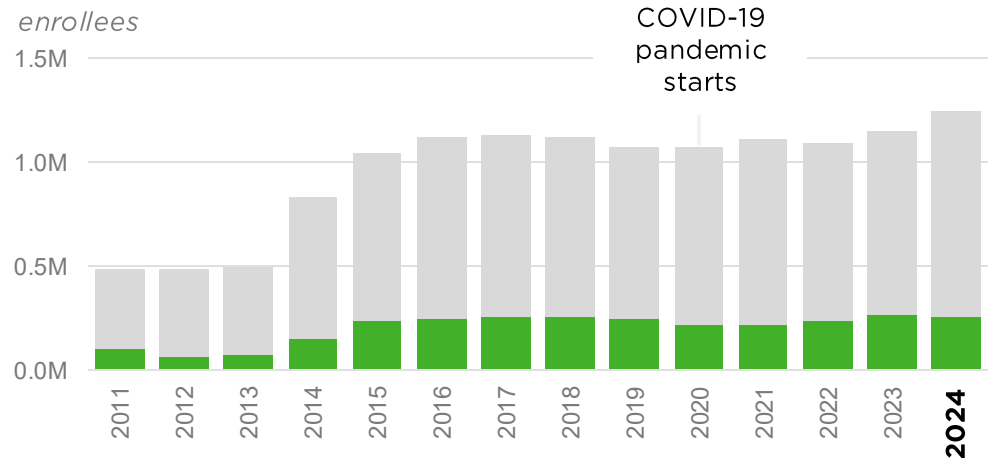
Spending, by comparison, rebounded more quickly, rising 13% (9% after inflation) in FY 2024 to $223 million. This increase reflects both higher costs and a 2021 legislative investment that, beginning in FY 2022, doubled fee-for-service reimbursements for nearly all adult dental services. The legislative investment addressed historically low reimbursement levels, with Washington Medicaid adult dental fees averaging just 32.4% of commercial reimbursement prior to the increase—a key factor affecting provider participation in the Apple Health dental program.

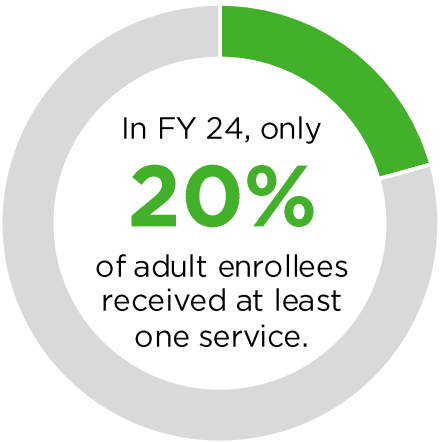
Closing this gap will require preserving the comprehensive adult dental benefit, restoring funding to support provider participation, stabilizing access points in high need regions, and strengthening prevention to ensure that increased investments translates into meaningful improvements in access and outcomes.

While the number of enrollees has increased yearly after a drop during the pandemic, the share of adult enrollees using at least one service in a year has remained around 20% since FY2020.

Dental Utilization (Adults age 21+)

● Not receiving services
● Receiving services





Did you know?

Data shows that avoiding gaps in coverage supports better utilization: 43% of those continuously enrolled in Apple Health used at least one service in FY 2024 compared to 14% of those who are not continuously enrolled.

% enrollees using a dental service in FY 24

Continuously enrolled **43%**

Not **14%**

Priority #3: Increase prevention

Adults continue to have major missed opportunities for preventive care: while 20% of enrolled adults utilized care, only 8% received preventive services.

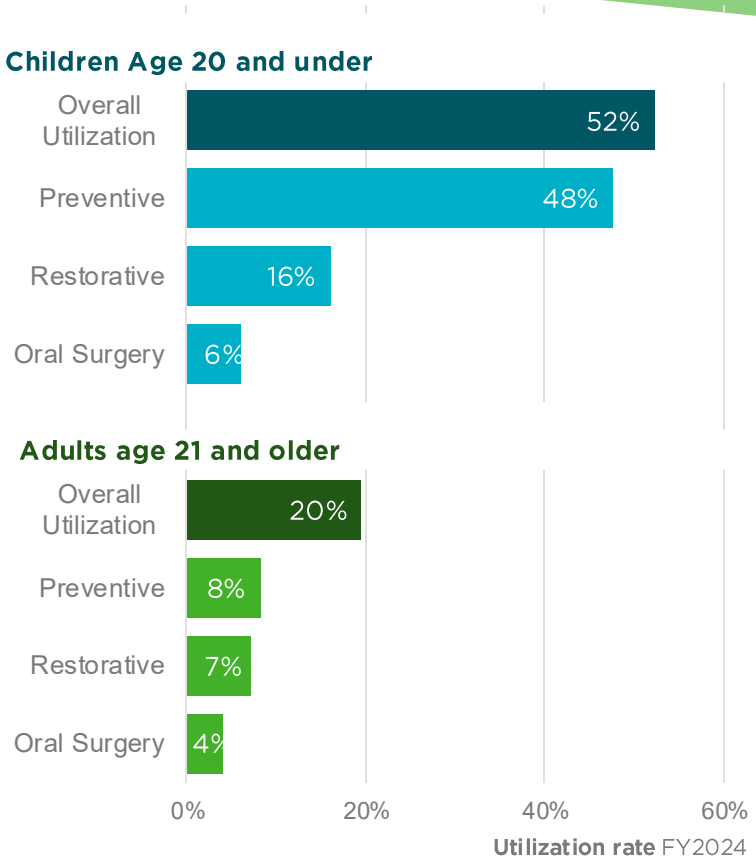
As a result, many adults aren't accessing care until problems emerge, driving higher-cost, more invasive treatment.

Strengthening prevention and early intervention remains one of the most effective strategies to improve oral health outcomes while moderating long-term costs, especially in a constrained fiscal environment.

FY 2024 data shows preventive dental care is more common among children than adults, while restorative and surgical services drive a disproportionate share of dental spending—particularly for adults. Following the restoration of adult dental benefits, 61% of dental spending was for children while 39% was for adults (FY 2015 to FY 2024).

Utilizing a system of care approach to expand access to preventive care—especially for adults—represents a critical opportunity to improve outcomes, reduce avoidable treatment, and better align spending with value.

For children, preventive care may be more common but is still accessed by fewer than half of enrolled children.



Despite that, Washington is among the top 10 states for the percentage of Medicaid-enrolled children receiving sealants on a first permanent molar (2023) at 18% compared to the national average of 14%. Sealants significantly reduce a child's risk of having decay and can even stop decay that has already started.

Community Level Prevention through Fluoridation

While oral care at home plays a big role in preventing decay, prevention also happens at the community level through water fluoridation**. Research shows that fluoridation saves $20 in dental costs for every $1 invested by preventing tooth decay,** but, as of 2025, more than half of Washington residents lack access to fluoridated water.

Despite this gap, Washington state will **realize nearly $1 billion in reduced dental treatment costs** from the reductions in tooth decay due to water fluoridation. Expanding community water fluoridation remains a cost-effective, population-wide strategy to prevent tooth decay and reduce oral health disparities.

Projected 5-year savings (2022 – 2027) in dental treatment costs from the reduction in tooth decay due to fluoridation in WA

Children (0-19)

$193,465,191

Adults (20-64)

$587,658

Seniors (65+)

$164,289,971

Total

$945,413,438

Priority #4: Address persistent geographic and workforce disparities

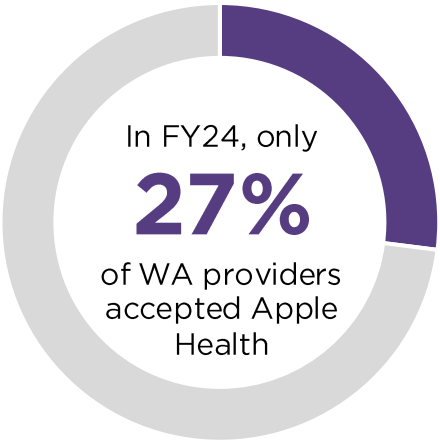
Despite increases in dental providers across the state, only 27% accept children and adults with Apple Health.

Nearly 1 in 4 (24%) Washington residents live in a dental health professional shortage area—well above the national average (17%).

Federally Qualified Health Centers (FQHCs) played a critical role in service delivery, serving one-third of Apple Health children and two-thirds of adults who received dental care in Washington state. Non-FQHC dentists consistently served more children than adults, a pattern that may partly reflect higher dental utilization among children, ABCD's efforts to connect young children with care, and enhanced reimbursement for participating providers.

The number of dental providers serving Apple Health patients varies widely by county, with three counties with zero providers in 2024: Garfield, Skamania, and Wahkiakum counties. Of the 1,640 Apple Health dental providers across the state, more than one-third work in King County.

Addressing these access gaps will require targeting resources to **high need geographies**, supporting workforce innovation and retention, strengthening referral and navigation systems like DentistLink, and expanding culturally responsive care models.



Looking forward

Washington's longstanding commitment to health coverage expansion, innovation, and public-private partnership positions the state well to respond to emerging challenges.

As Medicaid policies evolve and fiscal pressures intensify, strategic investments that prioritize prevention, continuity of coverage, workforce sustainability, and equity will be essential to maintaining progress and ensuring that all Washingtonians can access timely, affordable oral health care.

About Apple Health Dental

In 2024, 1 in 3 people received their dental health coverage through Apple Health. That includes 1.1 million children and 1.3 million adults who are eligible for a complete range of dental services, from preventive to restorative work.

Over the past decade, dental utilization has increased, preventive care has expanded for children, and provider capacity—especially within Federally Qualified Health Centers (FQHCs)—has grown. These investments have contributed to better oral health outcomes and helped mitigate the long-term consequences of untreated dental disease.

At the same time, FY 2024 data underscores persistent and emerging challenges with dental care utilization (including equity gaps), increasing costs due to inflation, and access challenges related to provider shortages.



Read more about the current state of Apple Health dental utilization, expenditures, and oral health outcomes in the Facts and Figures Report available at arcorafoundation.org/medicaid-facts--figures. The report includes details about the methodology, metric definitions, references and deeper dives into the data for adults and children.