Washington State Apple Health (Medicaid) Dental Program Facts and Figures

FY 2008 – FY 2024



ARCORA Foundation

Bending the Arc of Oral Health Toward Equity

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Report Background and Goals

In 2013, Arcora Foundation commissioned Health Management Associates (HMA) to examine dental services utilization and expenditures for Washington state's Apple Health population. HMA identified the oral health status and analyzed a 5-year trend (2008-2012).

Arcora developed subsequent reports with a similar format and analysis methods.

About Arcora

Arcora is the foundation of Delta Dental of Washington—the leading dental benefits company in Washington state—which funds Arcora.

As part of work to advance oral health equity, Arcora analyzes oral health data and trends to be a resource for policymakers, health care leaders and community organizations.

About Facts and Figures

Since 2008, Arcora has had a data sharing agreement with the Health Care Authority (HCA) and receives Apple Health dental data annually and analyzes Apple Health dental utilization and expenditures.

The goal of this report is to identify the status and trends in utilization, services, and costs of the Apple Health dental program to understand the impact of policy, community-based interventions and plan for the future.

Prior to publication, the HCA reviews and approves all Washington Apple Health dental program Facts and Figures reports.

Health systems and social determinants including access to providers, dental health care coverage, paid leave for dentist visits, and water fluoridation



Routine dental care including preventive and restorative care from childhood to old age



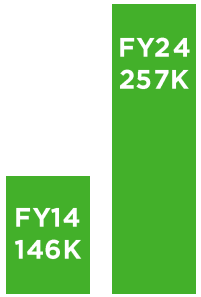
At home oral health care like brushing and flossing



The **Facts and Figures Report** highlights key findings related **to routine dental care** and the **Apple health system in Washington**, including enrollment, access, utilization, and spending. It focuses on low-income children and adults who rely on public dental coverage.

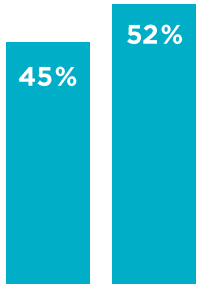
Key Findings

Utilization of dental care



Adult dental utilization increased following the restoration of benefits, with the number of adults accessing dental services rising from **146,000 in FY 2014 to nearly 257,000 in FY 2024**.

However, approximately **1 million adults—about 80% of the adult Apple Health population—remain unserved**.



Access to dental care also improved for children over time. The share of children accessing dental services increased from **45% in FY 2008 to 52% in FY 2024**, while the share receiving **preventive dental care** rose from **40% to 48%** over the same period.

Service patterns differed by age group: **restorative services were among the most common procedures for adults**, while **preventive services predominated among children**.

Expenditures

Total dental expenditures increased by **$324 million over the past decade**, rising from **$244 million to $568 million**.

After adjusting for inflation, this represents a **65% increase**. In 2024 fiscal year, expenditures rose by **$77 million**, a **12% increase after inflation**.



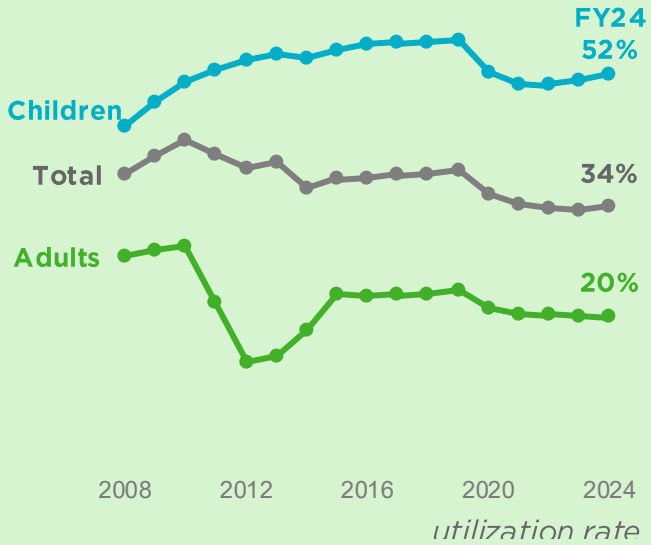
Following the restoration of adult dental benefits, **61% of dental spending was for children** while **39% was for adults (FY2015 to FY2024).**

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.

All Ages Outcomes

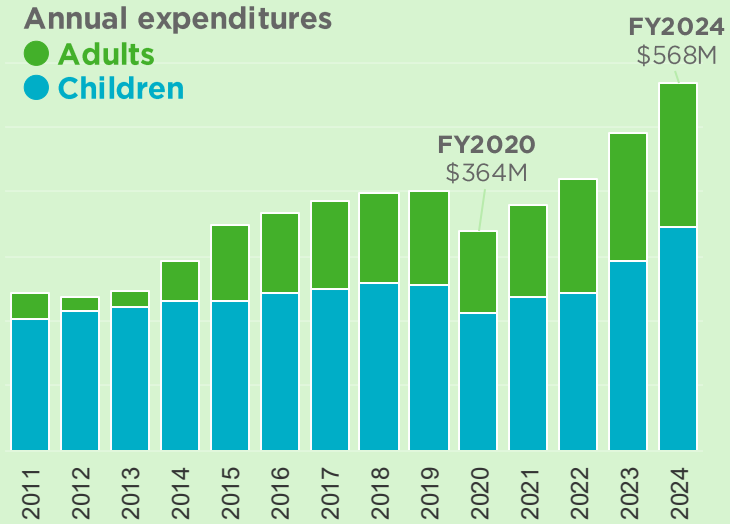
1 in 3 enrolled used dental services in FY2024

Utilization rates have not recovered to pre-pandemic levels for adults or children, leaving care gaps for preventive and restorative services.



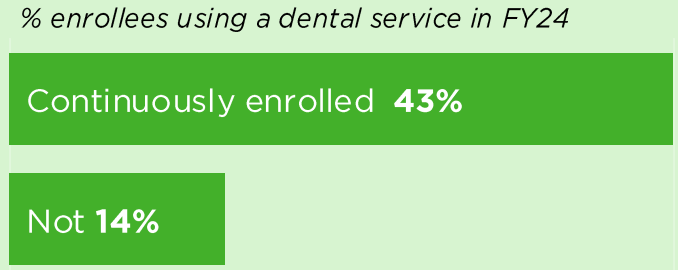
Total expenditures have increased 68% since FY2020

The increased expenditures are primarily due to inflation, as utilization has been slow to recover to pre-pandemic levels.



Continuous enrollment translates to better utilization

As growth in utilization moves slowly, maintaining enrollment and supporting continuity of care supports better oral health outcomes



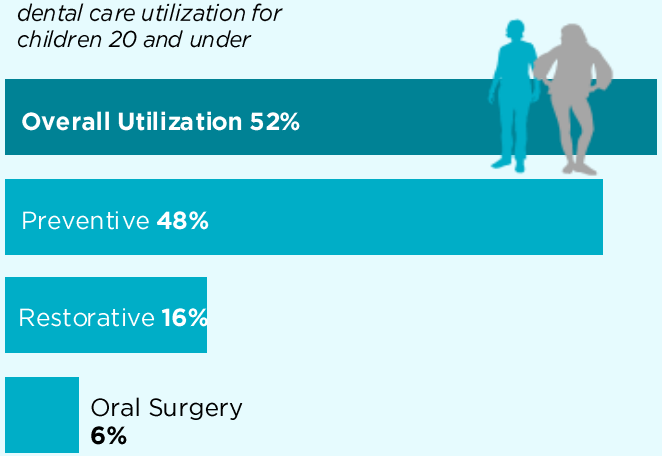
Children's Outcomes

1 in 2 children enrolled received care in FY2024

Most received **preventive** care.

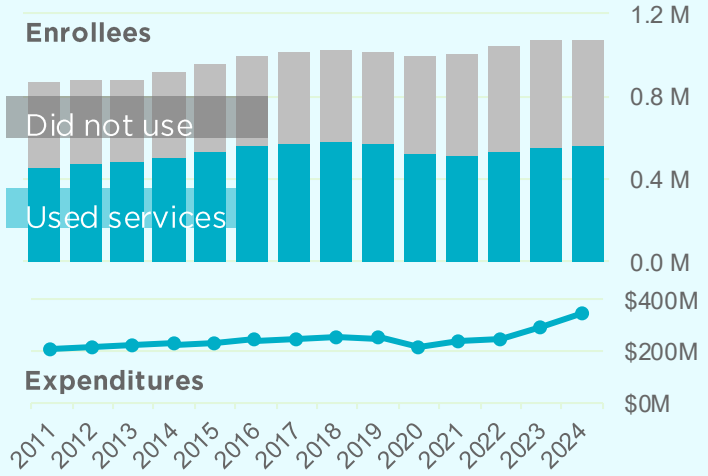
Washington state is a leader in preventive dental care for children, ranking #2 across states and exceeding the national average.

dental care utilization for children 20 and under



Apple Health spent $345M on children's dental services

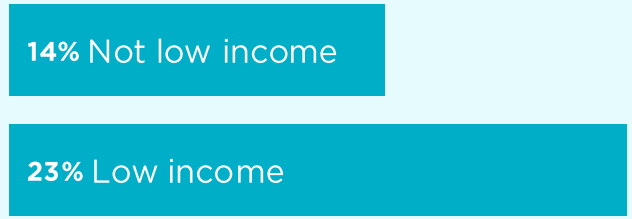
Children's dental expenditures increased 18% in 2024 fiscal year (12% after adjusting for inflation) but outpace changes in utilization.



Smile Survey findings show equity gaps persist.

The untreated decay rate has risen back to 2005 levels after a decade of decline. Students from low-income households were more than 50% more likely to have untreated decay.

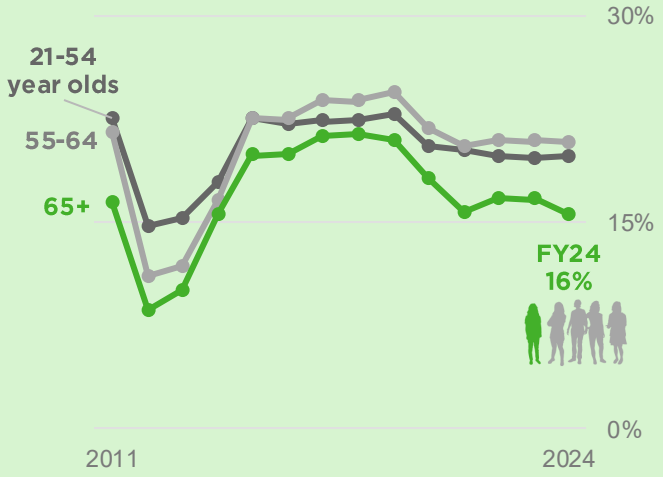
% 2nd –3rd graders with untreated decay



Adult Outcomes

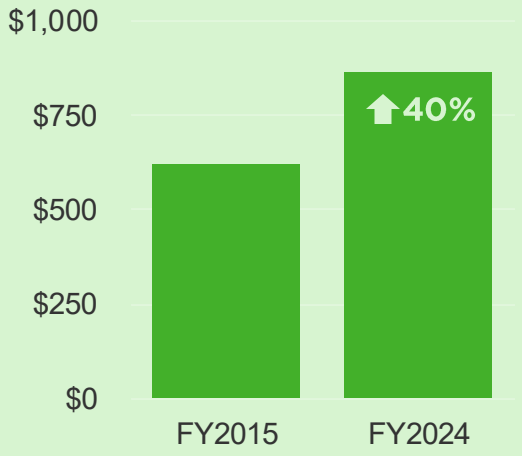
1 in 5 enrolled adults used dental services in FY24

Utilization rates vary across age groups, with the lowest utilization among older adults (65+ years) with only 16% using at least one dental service in FY2024.



Dental spending per adult increased to $868 in FY24

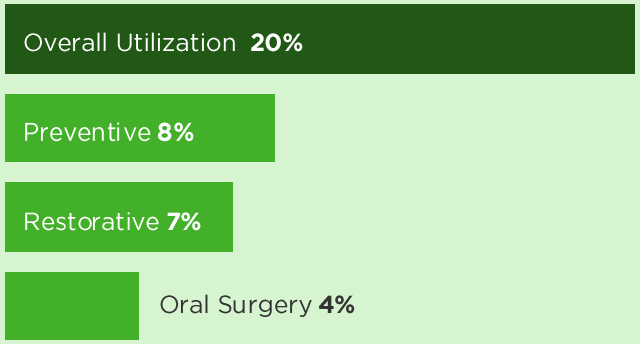
A decade ago, inflation-adjusted dental spending per adult was $622 in FY2015. By FY 2024, per-user spending increased by 40% to $868 per user, **mainly driven by inflation.**



Adults have major missed opportunities for preventive care

Preventive care remains underused compared to restorative services and oral surgery.

Many adults aren't accessing care until problems emerge, missing opportunities to prevent costly and painful conditions.

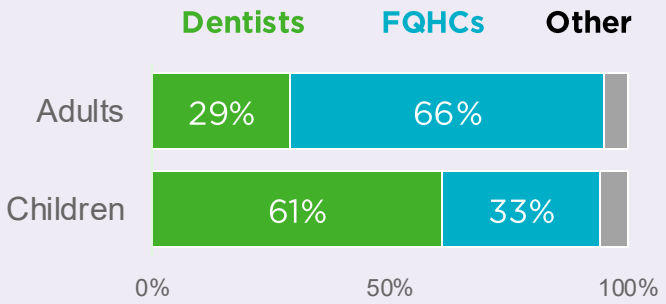


% adult enrollees who used services

Provider Access and Fluoride

Dental provider mix differs between adults and children.

Policy-driven changes to coverage and reimbursement rates influence where patients seek care with adults more likely to receive care at FQHCs while children receive care at private dentist.



% Apple Health users who received care by provider type

Fewer than 1 in 3 WA state dental providers accept Apple Health.

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

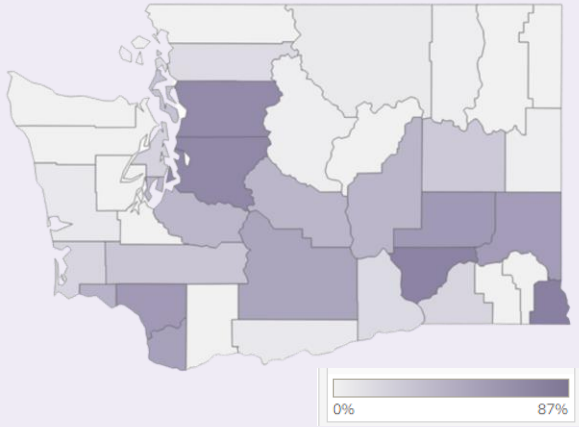


Number of dental care providers

More than half of WA residents lack access to fluoridated water

Access varies widely. Fluoridation saves $20 in dental costs for every $1 invested by preventing tooth decay.

% of residents with fluoridated water by county



Report Structure and Data Notes

- History and Background
- Dental Services and Expenditures for All Ages
- Dental Services and Expenditures for Children
- Dental Services and Expenditures for Adults
- Oral Health Providers
- Fluoridation an Upstream Prevention Strategy
- Policy Implications

Data notes

Expenditure analyses exclude data prior to FY 2011 due to a change in Washington State Department of Social and Health Services (DSHS) system payment processing in 2010. In May 2010, DSHS replaced its Apple Health Management Information System with ProviderOne.

Data on Medicaid dental claims for Federally Qualified Health Centers (FQHCs) prior to ProviderOne were not available. Consequently, total dental expenditures that include FQHC data for FY 2008 through FY 2010 are incomplete and therefore excluded from the expenditure data analysis.

Specific dental procedures for some of FQHC dental claims were not available. Therefore, all FQHC-based dental care services were classified as “other” and not presented on pages 32, 43-47, 63, 65, 66, 88, 90, and 91.

Expenditure analyses include dental services paid by both federal and state funds. We used this guide for our analysis:

- Expenditure analysis excluded data for the period FY 2008 through FY 2010.
- Total expenditure data for FY 2011 through FY 2024 includes FQHC expenditures.
- Dental utilization for FY 2008 through FY 2024 includes FQHC data.
- Analysis by procedure group excludes FQHC data for all presented fiscal years.

Notes:
The data analysis conducted for this report is similar to the 2017-2022 Apple Health Dental Program Facts and Figures reports but slightly different from the 2013-2015 reports. Prior reports excluded FQHC claims data for all years from the expenditure analysis, while 2017-2022 reports included FQHC claims data in the expenditures from 2011 and after. For more details on data analysis procedures, see the Methods section on page 137.

History and Background

The Big Picture: The Importance of Oral Health

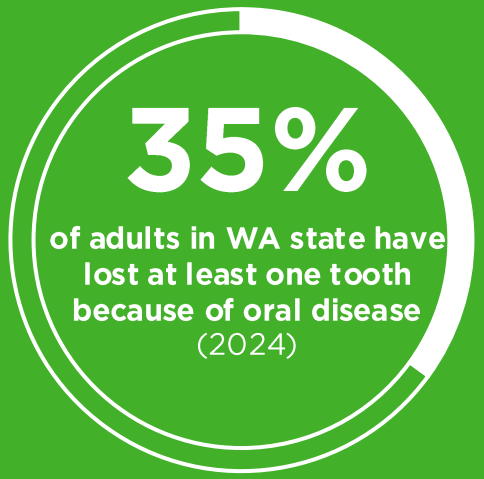
Oral health is a critical part of overall health. Poor oral health can impact the quality of life for both children and adults The intense pain people experience due to untreated dental disease can affect a person's ability to eat, sleep, learn, and work.

Untreated oral disease can also exacerbate chronic health conditions, like diabetes, negatively impacting overall health and increasing medical costs.

Periodontal disease and cavities are largely preventable. When people seek and receive oral health care early, disease can be prevented, and small problems can be treated so that they don't lead to serious and costly health problems. Early intervention can reduce unnecessary, expensive dental treatment and ensure that infection and inflammation do not cause complications from other chronic diseases.

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

Oral Health Impacts on Life & Learning: Key Stats



For children,

1 in 10

6th graders missed school due to toothache, which can impact school performance. (FY2023)



Sources: CDC Behavioral Risk Factor Surveillance System (BRFSS), 2024
Washington State Department of Health. Healthy Youth Survey (2023).

Note: Detailed citations are available in the Resources and Appendixes section of the report.

Disparities in oral health outcomes persist

The Oral Health in America report, issued by the National Institutes of Health in 2021, found that although major improvements in oral health have occurred in the U.S. population over the past two decades, **profound disparities by race, ethnicity, income, geography, and disability status persist.**

Nationally, children and adults from low-income households, communities of color, rural areas, and individuals with disabilities experience disproportionately higher rates of untreated decay, tooth loss, and limited access to preventive care. For example, children living below the federal poverty level are nearly twice as likely to have untreated tooth decay as their higher-income peers, and American Indian/Alaska Native and Hispanic children face substantially higher rates of dental disease.

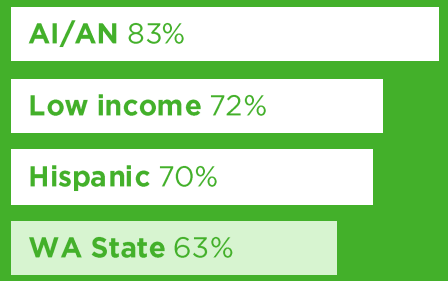
These disparities have lasting consequences. Poor oral health is linked to missed school days, lower academic performance, reduced employability, increased emergency department use, and higher long-term health care costs. Persistent inequities reflect structural barriers such as limited provider participation in Medicaid, workforce shortages, transportation challenges, and broader social and economic determinants of health.

Greater efforts are needed to address these structural drivers and advance equitable access to preventive, culturally responsive oral health care.

Oral Health Equity Gaps in Washington

In Washington, oral health disparities continued to be evident among low-income children, American Indian/Alaska Native (AI/AN) children, and Hispanic children.

Based on the 2024 Smile Survey, these groups had the highest rates of tooth decay—substantially higher than the Washington statewide average of 63.3%.



% 2-3rd graders with any tooth decay

Sources:
National Institute of Dental and Craniofacial Research. Oral Health in America: Advances and Challenges. National Institutes of Health; 2021.
Washington State Department of Health. *Washington State Smile Survey 2024.* Olympia, WA; 2024.

Scale of Apple Health in FY 2024

The Apple Health dental program is essential for

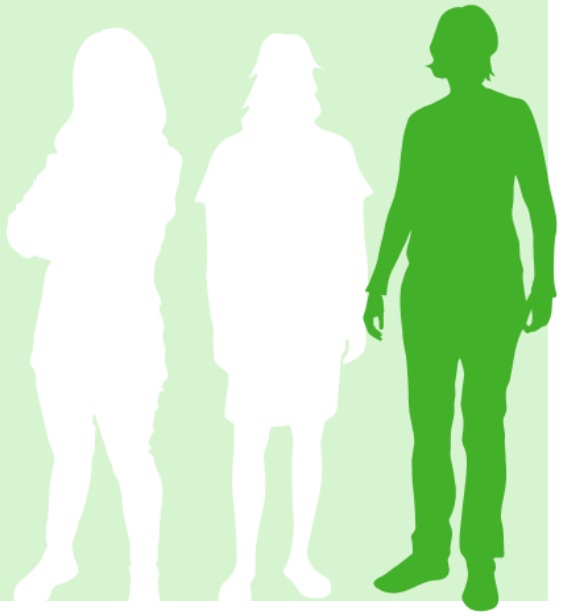
30%

of Washingtonians in accessing dental care and addressing oral health needs

That includes **1.1 million** children and **1.3 million adults** eligible for a complete range of dental services, from preventive to restorative work

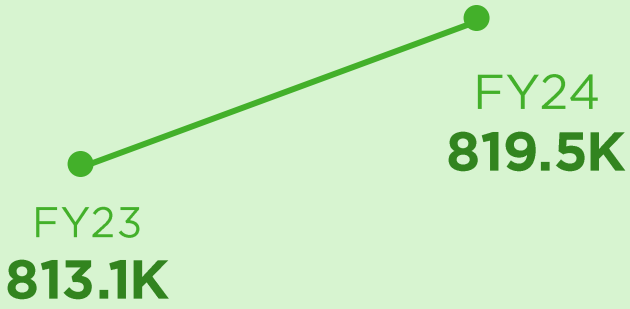
1 in 3

people in Washington receive their dental coverage through Apple Health



6.4K

more people utilized services in FY24 than in FY23



Source: Washington State Health Care Authority, Apple Health Dental Services FY 2024 Utilization

Oral Health Coverage in Washington State

Nearly 1 in 3 people in Washington state receive their health care coverage from Apple Health (Medicaid).

Apple Health is administered by the Washington State Health Care Authority (HCA) using a managed care model for medical services and a fee-for-service reimbursement model for dental services.

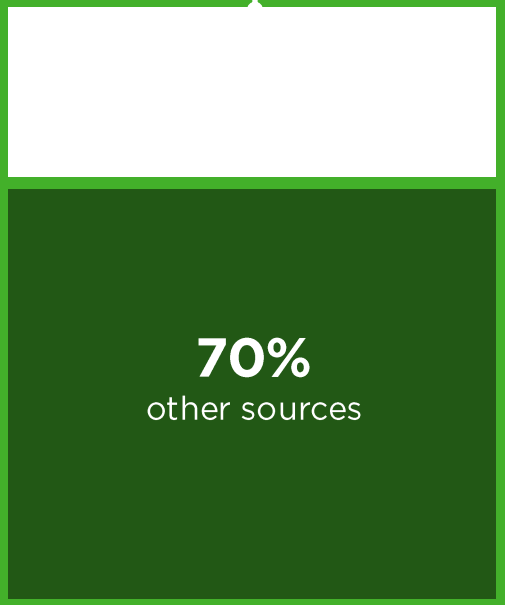
This population includes more than 1 million adults and 1 million children.

Therefore, the Apple Health dental program is a key factor in the oral health status of nearly one-third of the state's population (30%) who receive dental care through Apple Health.

Scale of Apple Health in FY 2024

30%

have dental coverage through Apple Health



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

Oral Health is a Critical Component of Overall Health and Well-Being

35% of adults have lost at least 1 tooth because of oral disease in Washington state. Nearly 17% reported experiencing pain in the mouth very often or occasionally (2024)

1 in 4 (23%) adults in Washington state reported "poor" or "very poor" condition of mouth and teeth (2024 American Dental Association (ADA) Oral Health and Well Being Survey in Washington State)

1 in 4 reported difficulty chewing, and nearly one-third suspect they may have gum disease. Gum disease is linked to a number of serious health conditions, including diabetes, heart disease, and stroke.

Tooth decay is the most common chronic childhood disease. Children with severe oral health problems are more likely to miss school and have difficulty learning.

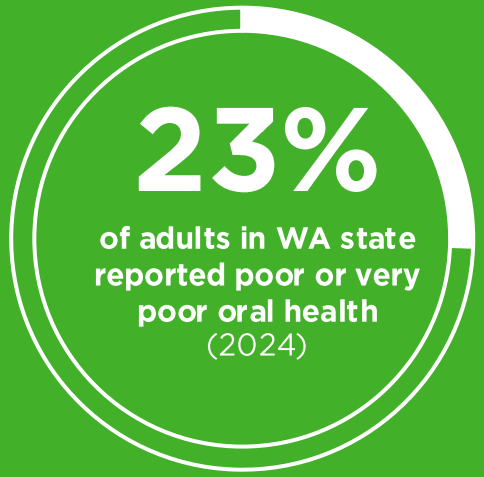
For specific populations:

Older adults, in particular, are at risk for poor oral health because many medications cause dry mouth, which leads to tooth decay and gum disease.

Low-income adults have more frequent oral health problem/issues, and reported frequently experiencing difficulty chewing, painful aching, discomfort with appearance, and less satisfaction with life.

Pregnant people are more likely to develop oral health problems due to biological changes in their bodies. Following birth, if they have active oral disease, post-partum people can pass cavity-causing bacteria through their saliva to their babies.

Adult's Oral Health in WA: Key Stats





Sources:
CDC Behavioral Risk Factor Surveillance System (BRFSS), 2024
Oral Health and Well-being in Washington State, A survey of Washingtonians for DDWA. Health Policy Institute, 2024.

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.

In 2007, with the adoption of the Cover All Kids law, Washington state made a commitment to ensure that all children have access to health care coverage. Apple Health for Kids consolidates several programs, offering a single streamlined enrollment process and the same comprehensive benefits, including dental care, to all eligible children.

In 2009, the state renewed its commitment to cover all kids because of the unprecedented economic crisis by maintaining investments in children's coverage and outreach to families. It raised the eligibility for Apple Health for Kids from children in families with incomes that are 250% of the federal poverty level (FPL) to 312% of the FPL.

Children through age 20 are now eligible for a complete range of dental services, including preventive and restorative procedures.

National Picture

While federal law (through EPSDT – Early and Periodic Screening, Diagnostic and Treatment) requires that states provide comprehensive dental benefits for children enrolled in Medicaid, states have flexibility in designing delivery systems, reimbursement, and outreach strategies. This leads to variation in access, utilization, and provider participation across the country.

Washington is among a few states that provide dental coverage to children up to 312% of the Federal Poverty Level, exceeding the federal minimum.

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



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

Dental coverage through Apple Health (Medicaid) is free for all children in families with household incomes at or below 210% of the 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.

In 2022, the Legislature increased pediatric dental reimbursement rates to strengthen provider participation and improve children's access to care, with changes effective January 2023.

In 2025, 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 the FY2023 increase and resulting in a total reduction of $27.9 million in combined state and federal funds.

Children's Funding Loss at a Glance

$27.9 million

reduction

in combined state and federal funding for children's dental fee-for-service rate cuts (FY 2026)

Sources:
Washington State Health Care Authority. Apple Health for Children. 2026. Available at: Children | Washington State Health Care Authority
Washington State Office of Financial Management. (2025). 2025 proposed operating budget: Conference summary detail.

Dental Programs and Services Available to WA Apple Health Children Enrollees

Access to Baby and Child Dentistry Program (ABCD)

Connects Apple Health-enrolled children under age 6 in every county to dentists trained to address oral health in young children.

Initiated in 1995, the ABCD program has successfully worked to:

- Identify highest risk children and enroll them by age 1.
- Educate families/caregivers to prevent cavities.
- Provide outreach and case management to connect families with dental offices.
- Train dentists in the best practices for treating young children.

Oral health preventive services during well-child checks (MouthMatters)

Given primary care medical providers on average see young children 8 or 9 times by the age of 3, well-child medical visits are an opportunity to reach children early, deliver preventive services, assess risk, and refer those in need of care to a dental provider.

Primary care medical providers in Washington state who are trained and certified by Arcora Foundation are reimbursed by Apple Health for delivering oral screenings, providing oral health education, and applying fluoride varnish.

National Picture

ABCD is nationally recognized for expanding access to care for Apple Health-enrolled young children.

The Pew Charitable Trusts praised ABCD for achieving significant results while "delivering a strong return on taxpayers' investment."

Dental Programs and Services Available to WA Apple Health Children Enrollees

ABCD Expansion Children Ages 6-12 with Developmental Disabilities
Legislation passed in 2018 and 2020 expanded eligibility for the Access to Baby and Child Dentistry (ABCD) program to include children with qualifying developmental disabilities through age 12 (until their 13th birthday).

Based on the existing ABCD model, ABCD Expansion includes training and certification for dental providers, outreach and support for families, and an enhanced provider reimbursement rate.

ABCD Expansion went into effect on Jan. 1, 2022.

Increased Funding to Reduce Inequities and Increase Access for Very Young Children:
Legislation passed in 2020 established increased outreach capacity for local ABCD programs (RCW 74.09.395).

The increased capacity was to reduce racial and ethnic disparities in access to care and oral health outcomes and increasing the percentage of Medicaid-enrolled children under the age of 2 who access dental care. In subsequent sessions, the legislature allocated funding to continue to support this work.

Programs for Young Children Serve as Models

Children with developmental disabilities often have unmet, complex healthcare issues. They are more likely to have unmet oral health needs than what's typical and are at greater risk of developing oral disease.

In addition, children with more severe conditions and from families that are low-income are particularly at risk of high dental needs and poor access to care.

Therefore, developing programs that are focused on eliminating barriers to access dental care for these children, and other children with disabilities, is essential to close the gap and ensure oral health equity.



Overview of WA Apple Health Dental Program: Adult Coverage

- Prior to 2011, Washington state's Apple Health (Medicaid) benefits included adult dental coverage.
- Between 2011 and 2014, budget cuts took effect that limited most adults to emergency services, such as tooth extractions and treatment for acute infection and pain. Comprehensive dental coverage was only available to pregnant people, those in long-term care/nursing homes, and clients eligible under a 1915(c) waiver program (see footnote).
- In January 2014, comprehensive dental coverage was restored to all Apple Health-enrolled adults, including those covered by the Medicaid Expansion component of the federal Affordable Care Act.
- 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.

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.

Note: The Centers for Medicare and Medicaid Services 1915(c) waiver program covers certain medically needy and disabled clients.



Overview of WA Apple Health Dental Program: Adult Coverage

- Since adult dental coverage was restored in January 2014, FY 2014 includes 6 months of adult dental benefits (Jan. 1, 2014–June 30, 2014), while FY 2015–2024 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.
- In 2025, the 2021 Apple Health dental fee-for-service rate increase was partially rolled back, resulting in total reduction of $38,022,000 in combined state and federal funds for adult rates.
- While the Apple Health adult benefit is considered "comprehensive," future updates to benefit design could better incentivize prevention, minimally invasive care, and chronic disease management while preserving access to essential services.

National Picture

As of 2025, adult dental benefits under Medicaid vary widely across the United States. Most states and the District of Columbia now offer at least some dental services for adults — ranging from comprehensive coverage to limited routine services — while a small number of states continue to restrict coverage primarily to emergency-only benefits. States retain flexibility under federal rules to determine benefit scope, and recent expansions (e.g., Utah's comprehensive coverage effective April 2025) reflect ongoing growth in adult dental access.

Sources: CareQuest Institute Medicaid Adult Dental Coverage Checker (2025) & ADA/HPI data on adult Medicaid dental coverage.
https://www.carequest.org/Medicaid-Adult-Dental-Coverage-Checker



Overview of WA Apple Health Dental Program: Medicaid Expansion

- The federal Affordable Care Act (ACA) includes a provision for states to expand Medicaid eligibility to all adults under the age of 65 up to 138% of the FPL ($36,777 for a family of 3 in 2025), regardless of health or disability status. During the first years of expansion, the federal government paid 100% of the cost to provide Medicaid coverage to the newly eligible population. The federal contribution decreased to 94% in 2018 and 93% in 2019 and stayed at 90% in 2020 and beyond.
- While a U.S. Supreme Court decision made Medicaid Expansion optional for states, Washington state lawmakers recognized the opportunity to extend health care coverage to lower-income residents and implemented the program.
- Medicaid Expansion coverage, like Medicaid for other eligibility categories, includes comprehensive adult dental benefits in Washington.

National Picture

Many enrollees eligible through Medicaid Expansion are lower-wage workers, including restaurant and retail employees, childcare providers, students and recent college graduates.

Ten states have not adopted Medicaid expansion: Alabama, Florida, Georgia, Kansas, Mississippi, South Carolina, Tennessee, Texas, Wisconsin, and Wyoming.

Note: The federal match for the ACA Medicaid expansion remains 90% as of 2025. Proposed federal legislation could affect eligibility requirements for the expansion population but has not been implemented..

Source: KFF. *Status of State Medicaid Expansion Decisions.* https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/



Oral Health Connections Pilot: Enhanced Dental Benefit for People with Diabetes

- In 2017 the legislature authorized the Oral Health Connections (OHC) pilot. This was originally a 3-year, 3-county pilot that applied the ABCD model to increase access to care and improve health outcomes for Apple Health-enrolled pregnant people and people with diabetes.
- Studies have shown a link between the oral health status of pregnant people and people with diabetes and overall health outcomes.
- OHC included provider training and certification, enhanced provider reimbursement rates for certain procedures, patients and providers' outreach/support.
- Pilot services launched in January 2019, and the pilot concluded in 2023.
- Based on the pilot findings, in 2023 the legislature approved funding for an enhanced periodontal benefit for adult Apple Health enrollees with diabetes statewide, which went into effect Jan. 1, 2024.
- Apple Health enrollees with diabetes can now receive up to four periodontal maintenance services per year. The standard Apple Heath benefit covers one periodontal maintenance per year.

Prevention May Be Key to Lower Care Costs

Studies have shown periodontal treatment reduces medical costs for people with chronic conditions.

United Concordia's landmark oral health study revealed that annual medical cost savings are possible when individuals with diabetes are treated for gum disease.

In addition, other studies showed that significantly lower medical costs and hospitalizations occur following periodontal treatment in pregnant and diabetic patients when compared to untreated controls.

COVID-19 Pandemic: Impact on Apple Health Dental Access to Care

- During FY2020 and FY2021, the COVID-19 pandemic significantly **disrupted dental care** delivery, the dental workforce, and patients' access to care.
- In spring 2020, Washington temporarily restricted most non-urgent dental services for approximately two months to preserve personal protective equipment (PPE) and support pandemic response.
- Following reopening, enhanced infection-control requirements, workforce shortages, patient hesitancy, and pandemic-related financial challenges affected dental utilization among both children and adults. At the same time, continuous Medicaid coverage requirements substantially increased Apple Health enrollment, influencing utilization percentages during and after the Public Health Emergency.

Context for Interpreting Trends

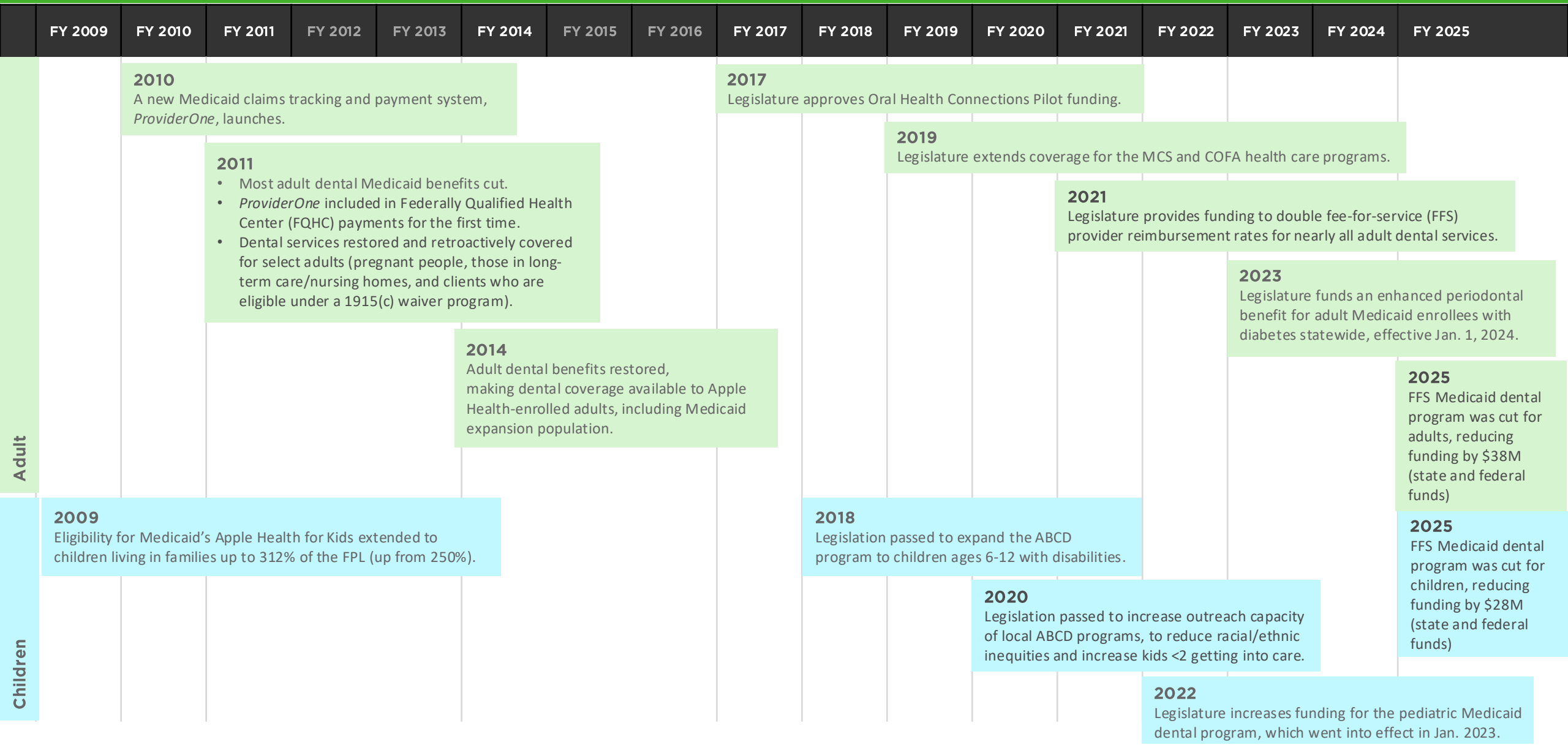
Pandemic-era trends reflect:

- Disruptions in dental care delivery and access
- Rapid growth in Apple Health enrollment

As a result, dental utilization percentages should be interpreted alongside changes in both enrollment and the number of people receiving services.

Source: WA Governor's Proclamation 20-24 (2020); Centers for Medicare & Medicaid Services, COVID-19 continuous enrollment guidance.

WA Apple Health Dental Services and Claims Timeline

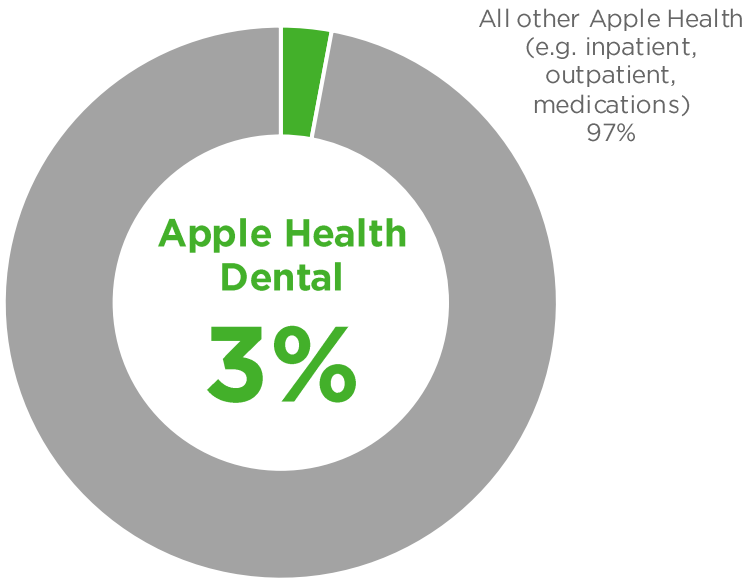


Notes: All years are fiscal years. They run from July 1 of the previous year to June 30 of the mentioned year.
ProviderOne is the Medicaid Management Information System that is the State's Medicaid Payment system managed by HCA.

Dental Services and Expenditures **All Ages**

The **share of Apple Health funds spent on dental expenses** has remained consistent (3%) since FY 2022, though overall spending has increased.

Washington State Apple Health Dental Expenditures vs. Medical Expenditures FY 2024



Fiscal Year	Dental spending	All other medical spending
FY 2022	$420.6M	$16.3B
FY 2024	$567.8M +35% from FY22	$18.7B +15% from FY22

All Ages

Washington state total government spending in FY 2024 was $63 billion ($46 billion state funds & $17 billion federal funds), in which health care (Apple Health) accounted for 31% of total expenditures.

Washington's FY 2024 total Apple Health expenditures were $18.7 billion, including federal and state funding.

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

Sources: National Association of State Budget Officers (NASBO), *State Expenditure Report* (2024).

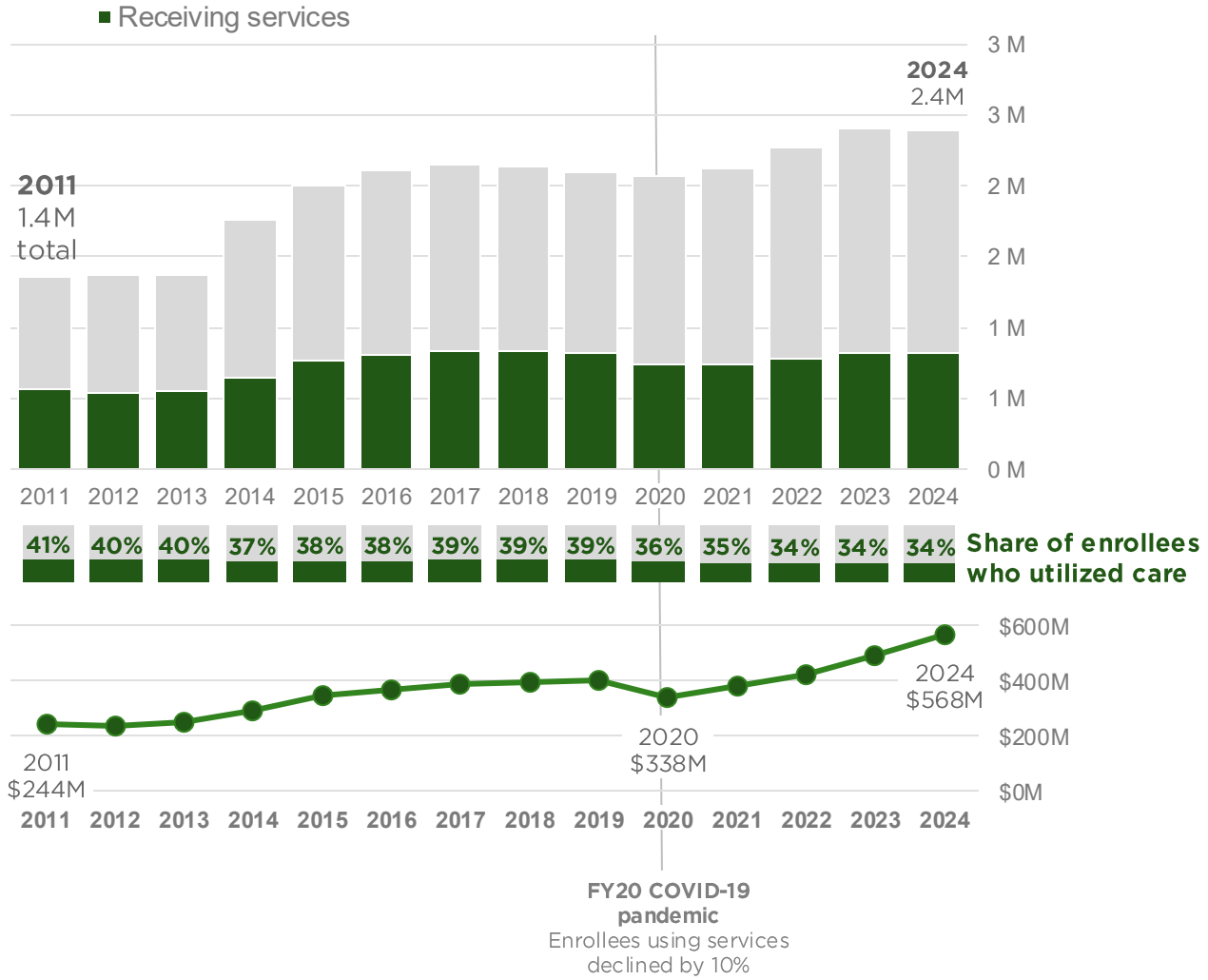
Dental utilization has recovered gradually since the pandemic, while expenditures have continued to increase.

Apple Health Enrollees Dental Utilization and Expenditures, FY 2011 – FY 2024

34%

of enrollees utilized care in FY24

Dental spending **increased by 68%** since 2020, while utilization remains below pre-pandemic levels.



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

All Ages

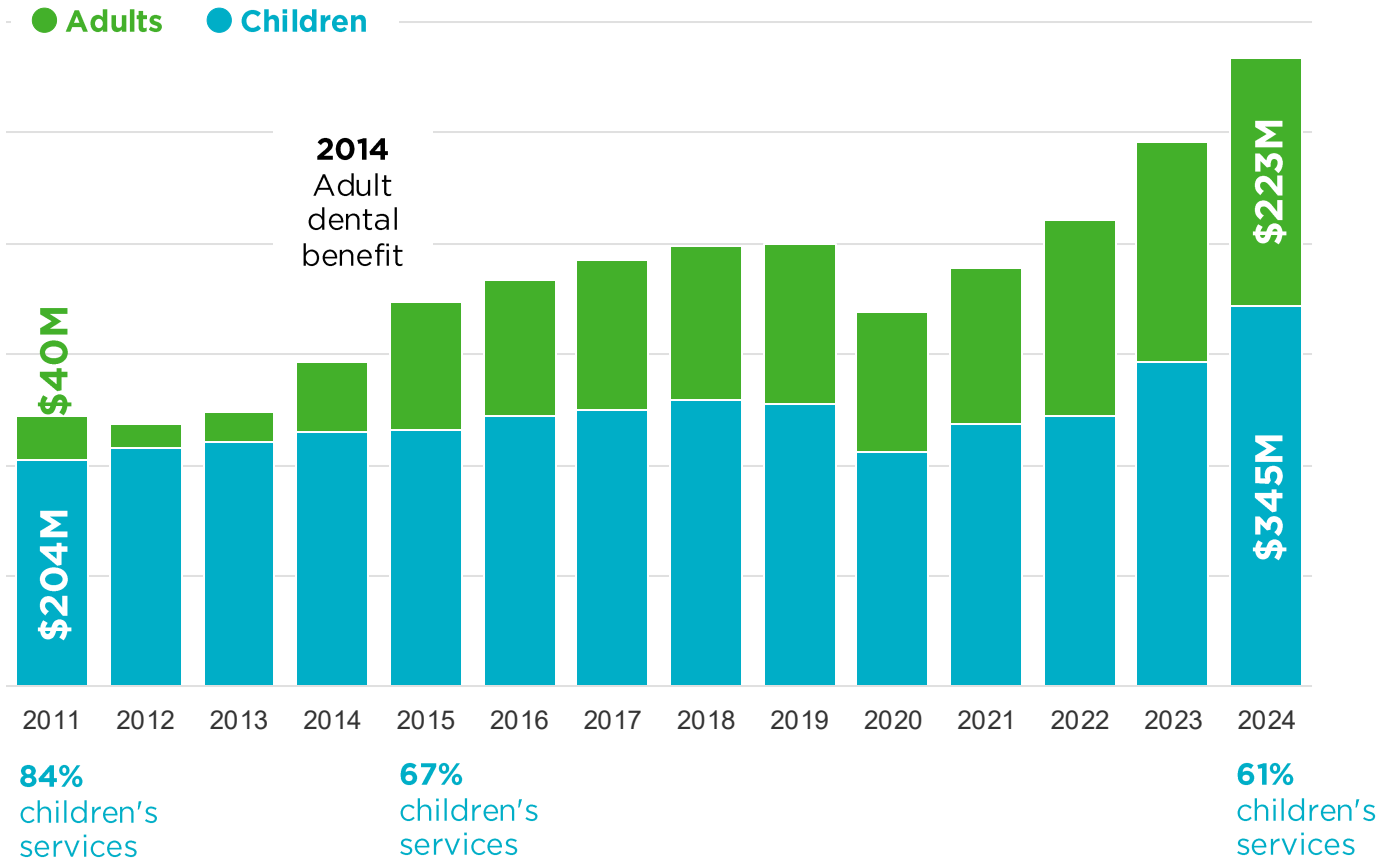
From FY 2011 to FY 2024, Apple Health enrollment increased by 76%, while the number of dental users increased by 46%. During the same period, dental expenditures more than doubled, rising 132% (65% after inflation).

Dental utilization declined during the COVID-19 pandemic but has steadily recovered, reaching approximately 819,500 users in FY 2024. Although utilization remains slightly below pre-pandemic levels, expenditures continued to increase over the same period.

Though total expenses have increased, the share allocated to adults and children remained consistent with previous years.

Apple Health Dental Expenditures: **Adults** and **Children**, FY 2011 – FY 2024
Not adjusted for inflation

61%
of dental expenditures were for **children's services**



Note: Children refer to users from birth through age 20, while adults refer to users ages 21 and over.
Percentages refer to the proportion of total expenditures by users' age (adult vs. children). Amounts are presented in nominal dollars and are not adjusted for inflation.

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

All Ages

Children historically accounted for a substantially larger share of total dental expenditures than adults, comprising more than three-quarters of spending from FY 2011 to FY 2014.

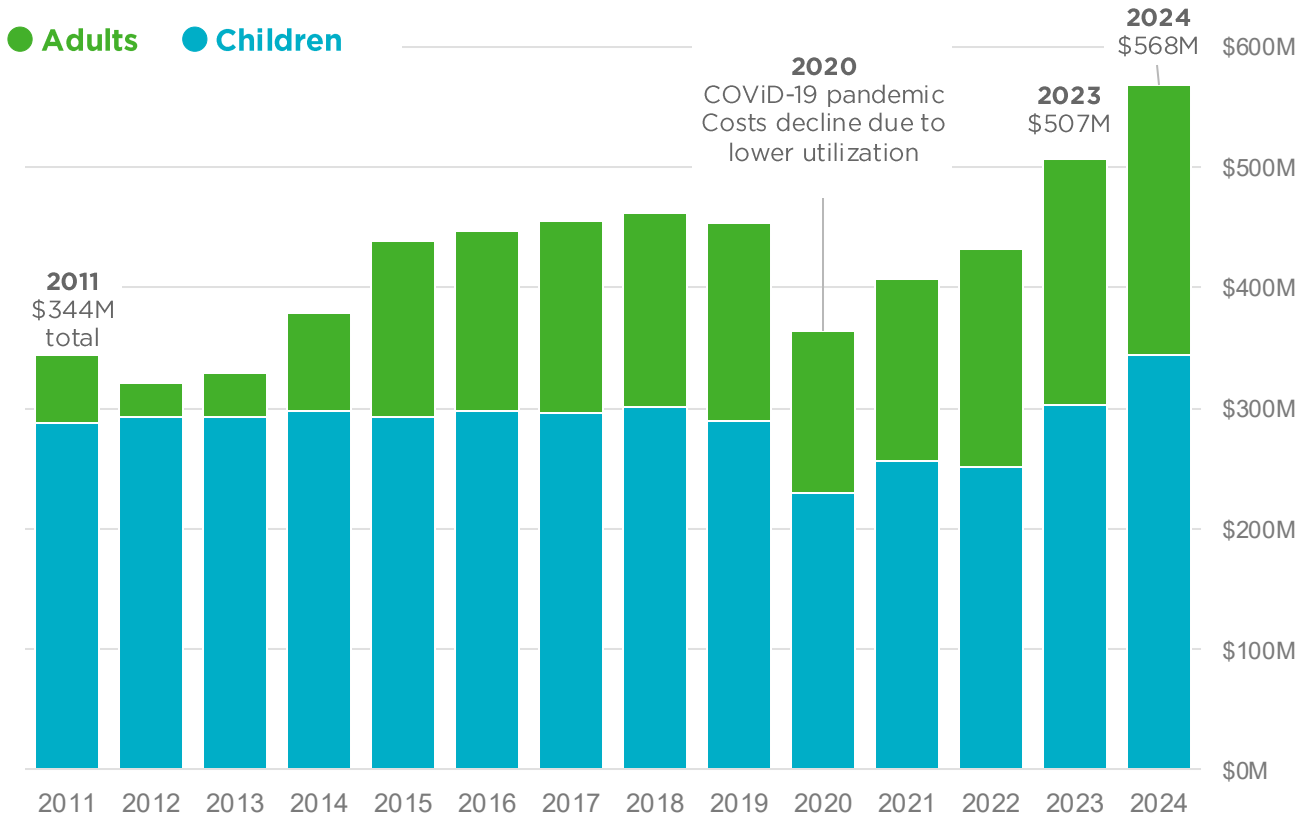
Following the restoration of adult dental benefits in FY 2014, adult dental expenditures more than tripled by FY 2024, accounting for 39% of total dental spending.

Recent spending growth is driven largely by inflation, not increased utilization.

Apple Health Expenditures Adjusted for Inflation: **Adults** and **Children**, FY 2011 – FY 2024
Adjusted for inflation

+12%

real inflation-adjusted increase in total expenditures from FY23 to FY24



Note: Dollar amounts were adjusted to 2024 dollars using the Consumer Price Index for Medical Care Services (CPI-MED) from the Federal Reserve Bank of St. Louis (FRED), July value of each fiscal year.

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

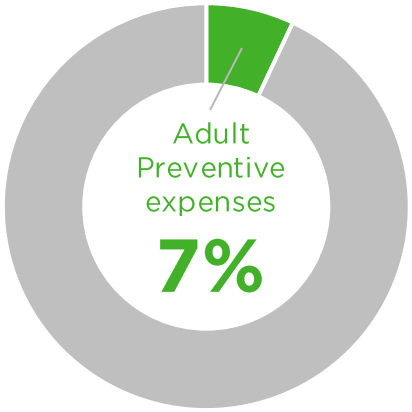
All Ages

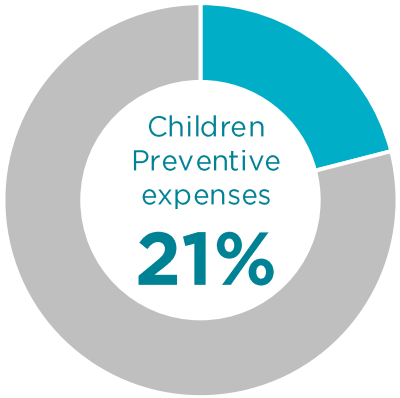
While total expenditures more than doubled since FY 2011, inflation accounts for most of this increase, rather than growth in utilization. After adjusting for inflation, total expenditures increased by 65%.

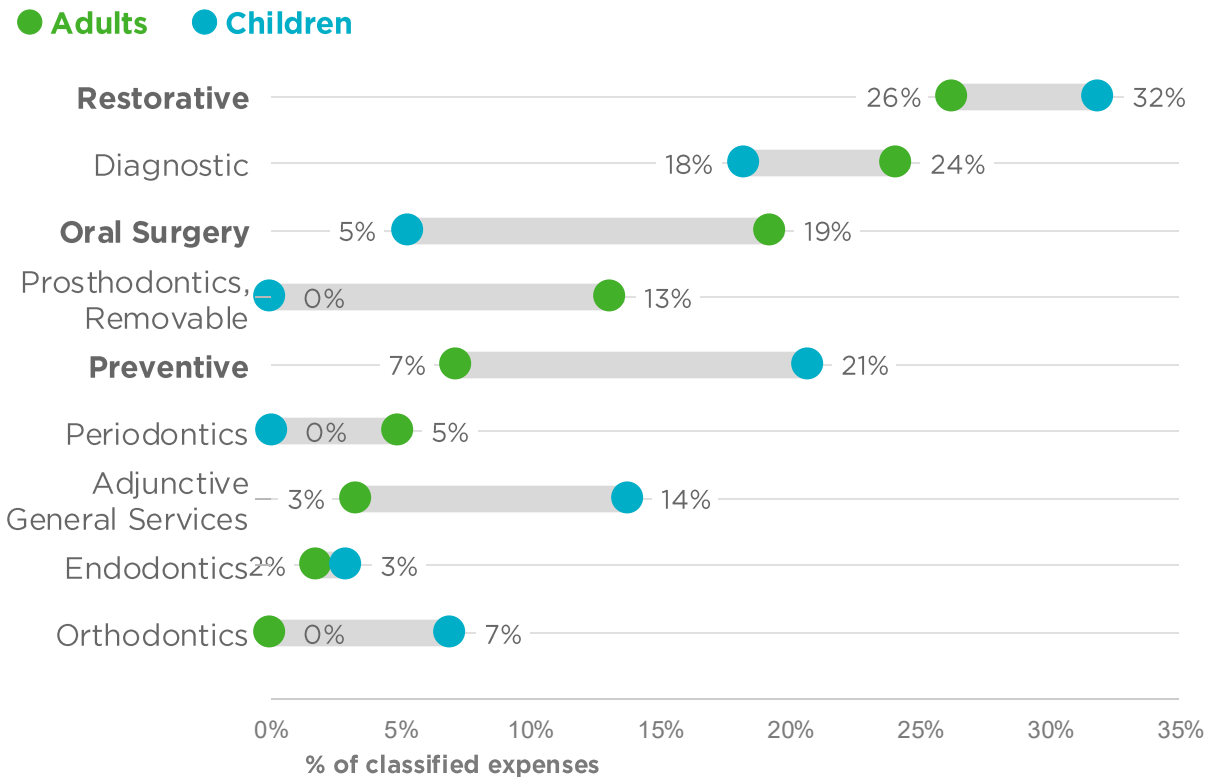
In the last fiscal year (2024), expenditures increased by 16% (12% after adjusting for inflation).

Dental spending is concentrated in **restorative care**—especially among **adults.**

Dental Expenditures by Procedure Group: **Adults** and **Children**, FY 2024







Note: Excludes FQHC claims, missing procedure categories, and categories with less than 1% of total expenditures in FY 2024. The following are not depicted in the pie charts: For adult expenditures: orthodontics, implant services, and prosthodontics fixed (less than 0.1% of total expenditures). For children expenditures: periodontics, prosthodontics removable, and implant services (less than 0.1% of total expenditures). See Appendix for information on procedure groups.

All Ages

In FY 2024, **restorative services** accounted for the largest share of total expenditures (30% across all ages).

Among adults, **restorative** (26%) and **oral surgery** services (19%) together represented nearly half of total spending (45%). In contrast, these services accounted for only 37% of children' dental spending.

Preventive services—including exams, cleanings, fluoride varnish, and sealants—made up a substantially larger share of children's dental spending (21% compared with adults (7%).

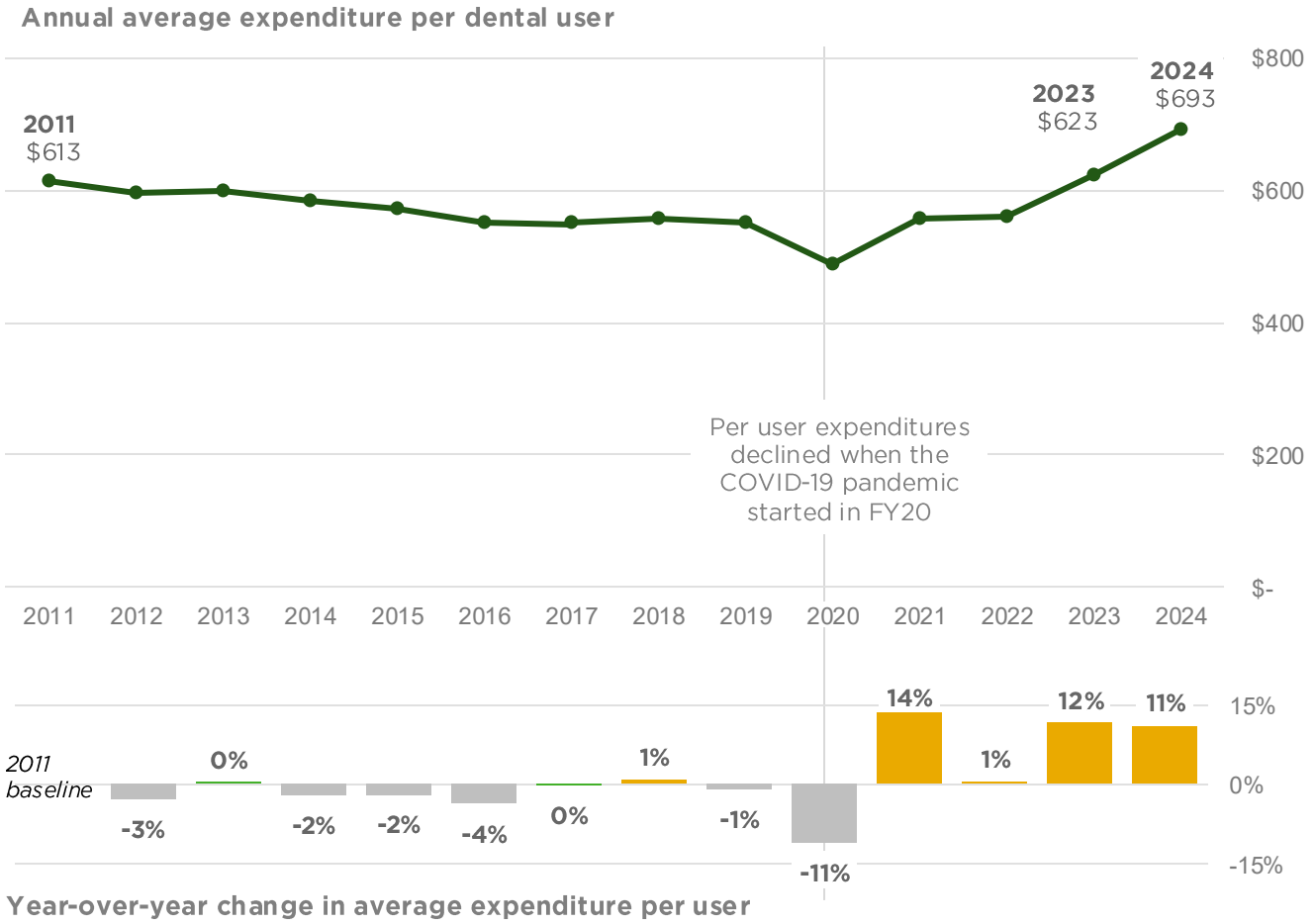
This spending pattern highlights opportunities to shift care upstream, particularly for adults, by expanding access to preventive services. Supporting this approach, a national study of Medicaid-enrolled adults found that 5 consecutive years of preventive dental care was associated with 43% lower dental costs, largely due to fewer oral surgeries.

Sources:
Washington State Health Care Authority: Apple Health Dental Services Enrollment and Utilization Data.
Okunev et al. (2022), Journal of Public Health Dentistry.

The **average dental expenditure per user has increased** year over year, rising by 11% from FY 2023 to FY 2024.

$693

FY 2024 average expenditure per dental user



All Ages

After adjusting for inflation, dental expenditures per user increased by 13% from $613 in FY 2011 to $693in FY 2024.

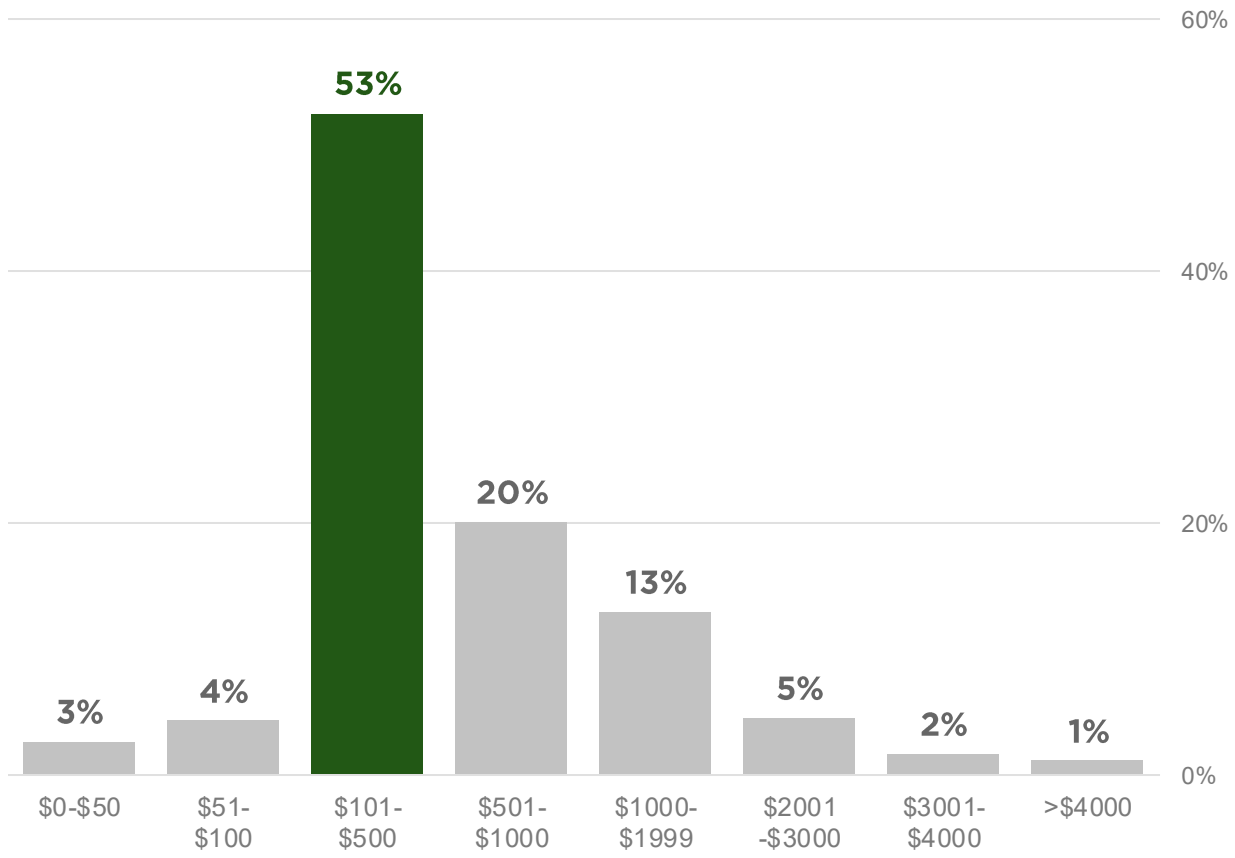
Source: Washington State Health Care Authority: Apple Health Dental Services Enrollment and Utilization Data

The share of dental users **with more than $2,000** in dental expenditures **doubled** to 8% in FY 2024, up from 4% in FY 2022.

Total Expenditures per Dental User, FY 2024

53%

of enrollees had between $101-500 in dental expenditures



8% of users had more than $2k in dental expenditures, ***doubling since 2022***

All Ages

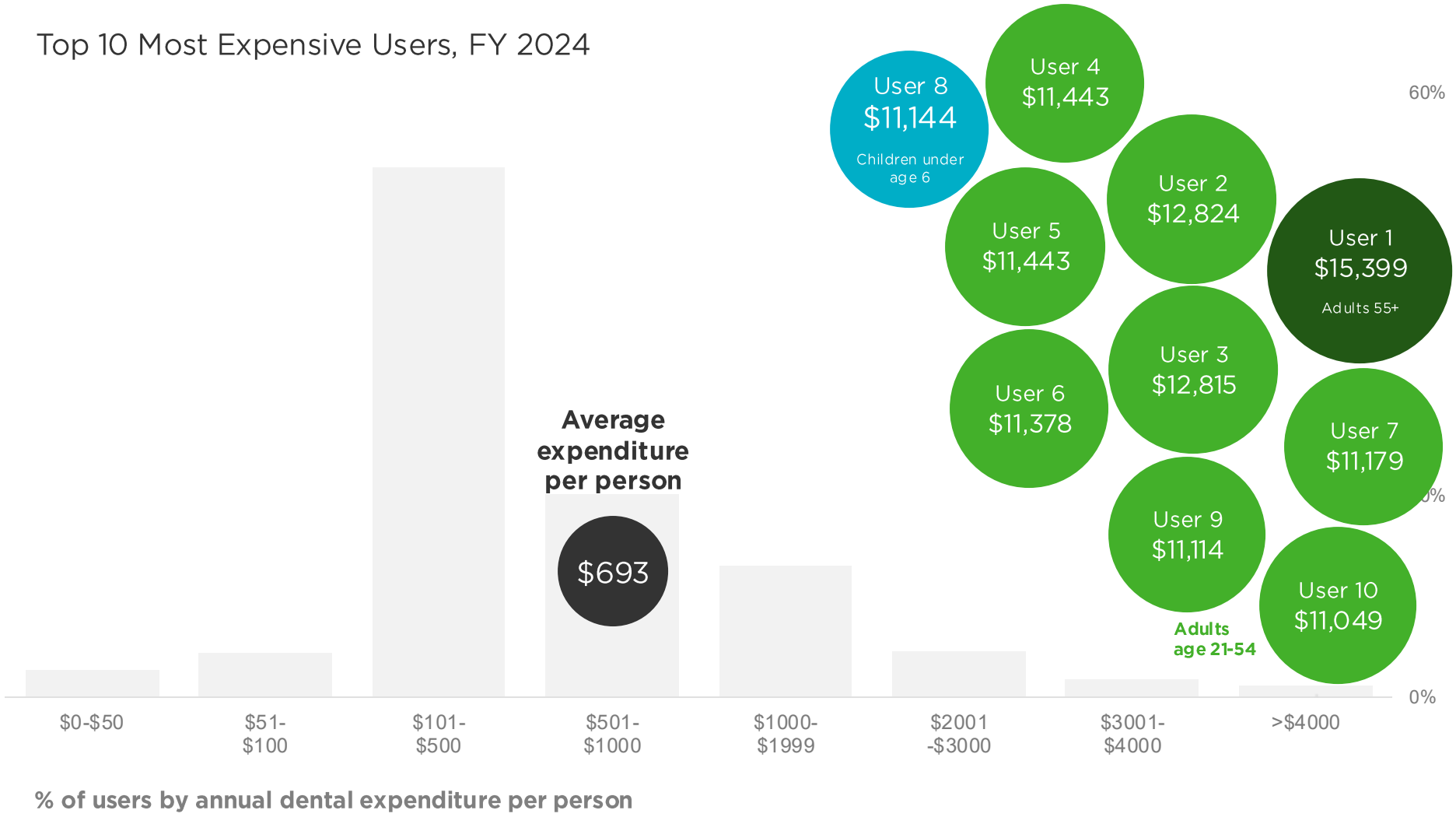
More than half of users (53%) had annual expenditures between $101 and $500 in FY 2024, consistent with prior years.

However, the share of users with more than $2,000 in dental expenditures increased to 8%, doubling since FY 2022.

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

Among the 8% of users with more than $2K in expenses, the **top ten users** each had over $11K in expenses.

Top 10 Most Expensive Users, FY 2024



Note: Users with high dental expenditures may also incur additional medical costs related to dental treatment (e.g., operating room or emergency department services), which are not captured in these dental expenditure data.

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

All Ages

Unlike medical expenditures—which can run hundreds of thousands of dollars for high-cost beneficiaries—the users with the 10 highest dental costs in FY 2024 each incurred less than $12,000 in dental expenditures.

This highlights the relatively modest upper bound of dental spending compared to medical costs, even among the highest-cost dental users.

These dental expenditures primarily reflect restorative services (e.g., crowns), endodontic services (e.g., root canals), adjunctive general services (e.g., general anesthesia), and oral surgery/extractions.

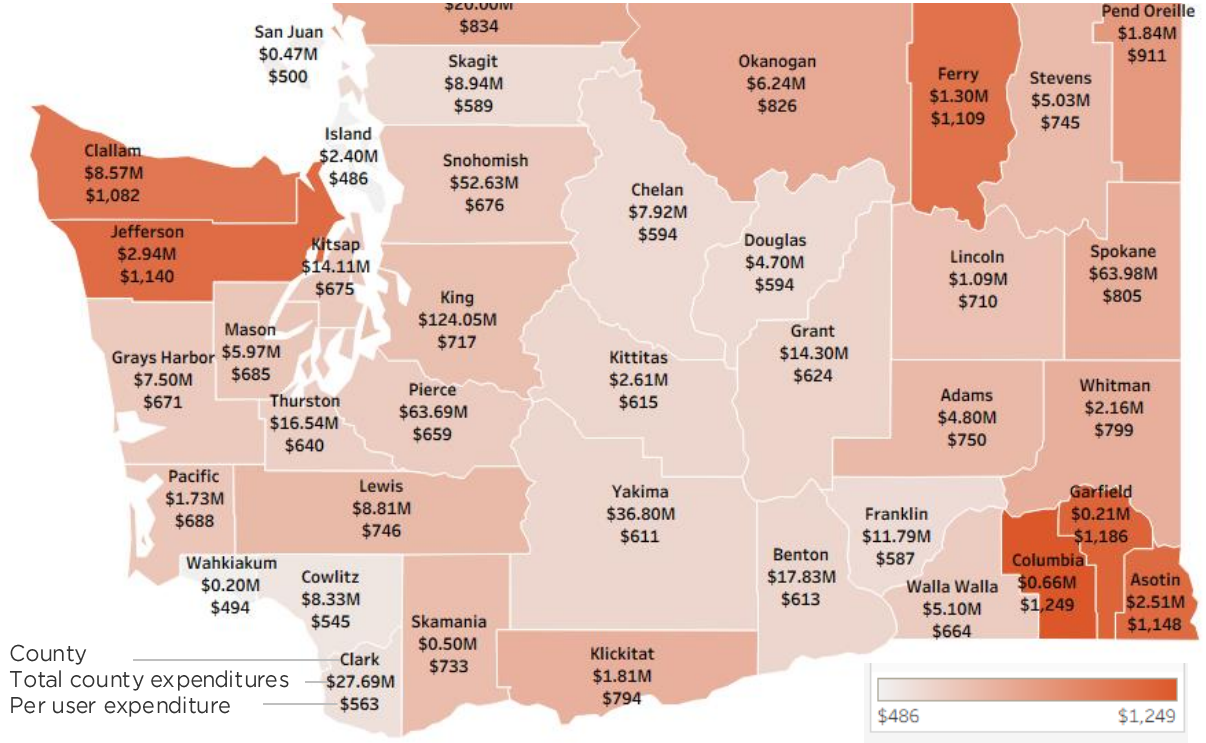
Per user dental expenditures vary widely by county

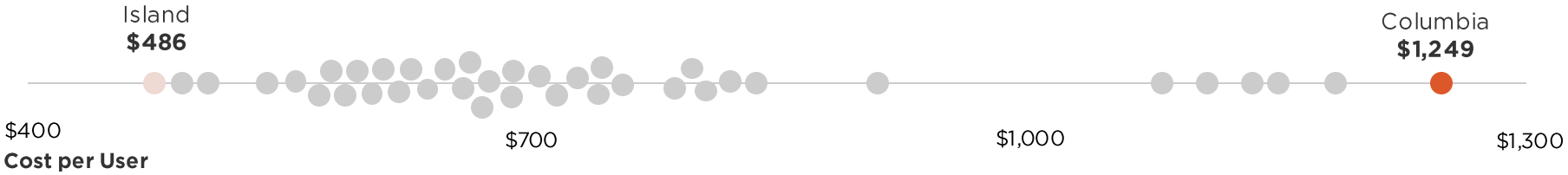
Total Dental Expenditures and Average Cost per User by County, FY 2024

$693

FY 2024 statewide per capita cost

Note: Expenditures include FQHC encounter payments





Note: Per-user expenditures may vary substantially in counties with relatively few dental users. Estimates for smaller counties should be interpreted with caution, as averages are more sensitive to a small number of high-cost cases.

All Ages

Spending per dental user varied widely in FY 2024, from $486 in Island County to $1,249 in Columbia — nearly three times higher — against a statewide average of $693.

Differences may reflect access to care, provider availability, service mix, and the relatively small number of dental users in some counties. Lower expenditures should not be interpreted as indicating better oral health.

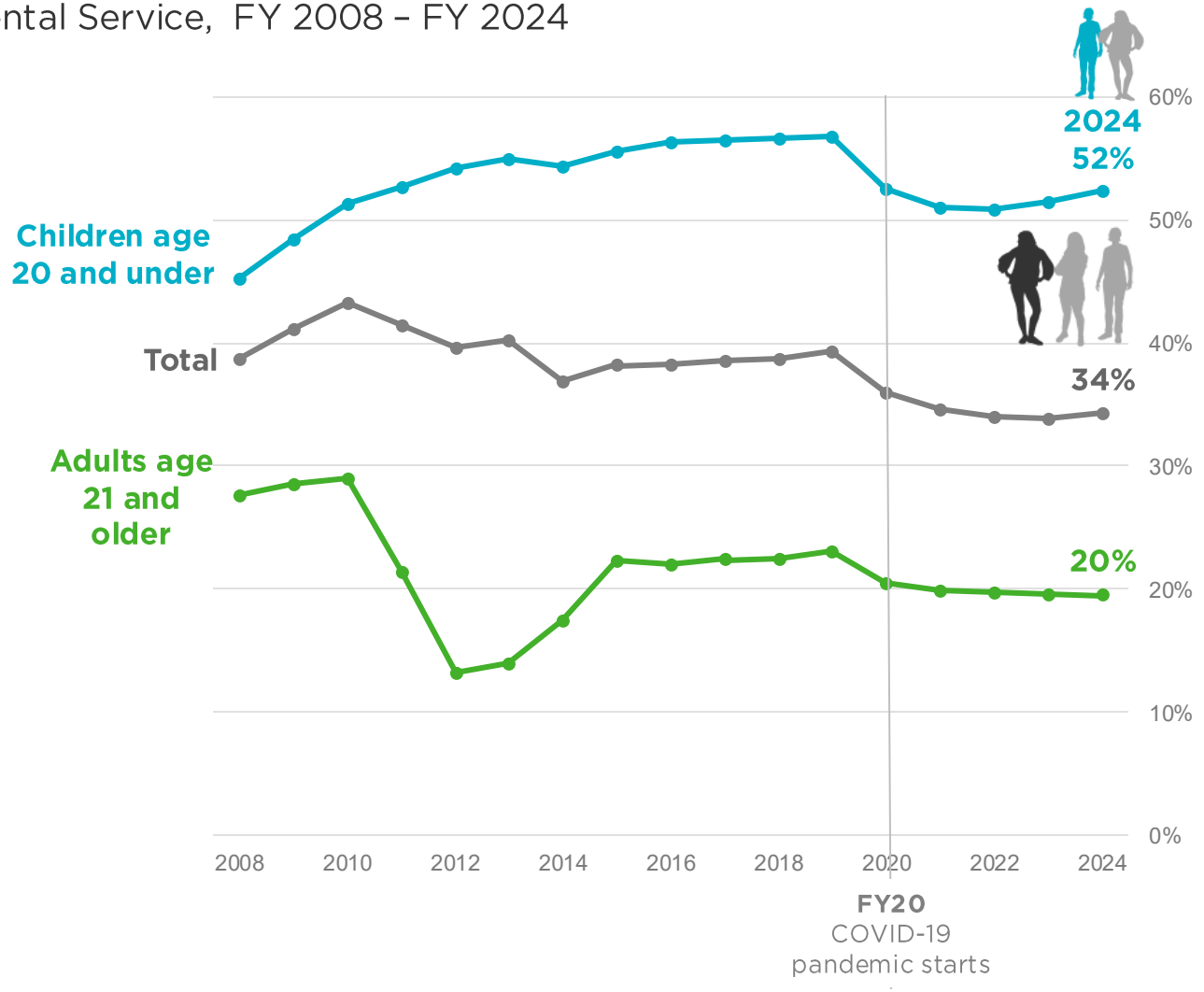
Apple Health dental utilization showed **continued annual growth**, but slow recovery post-pandemic.

Enrollees with at Least 1 Dental Service, FY 2008 – FY 2024

1 in 3

enrollees used at least 1 dental service in FY24

For **children,** more than **1 in 2 enrollees** used at least one service.



All Ages

The percentage of children accessing dental services has increased steadily since FY 2008.

Children's utilization increased by 16%, from 45% in FY 2008 to 52% in FY 2024.

In the most recent fiscal year, the number of children receiving dental care increased by approximately 2%, with about 10,000 additional children accessing services compared to FY 2023.

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

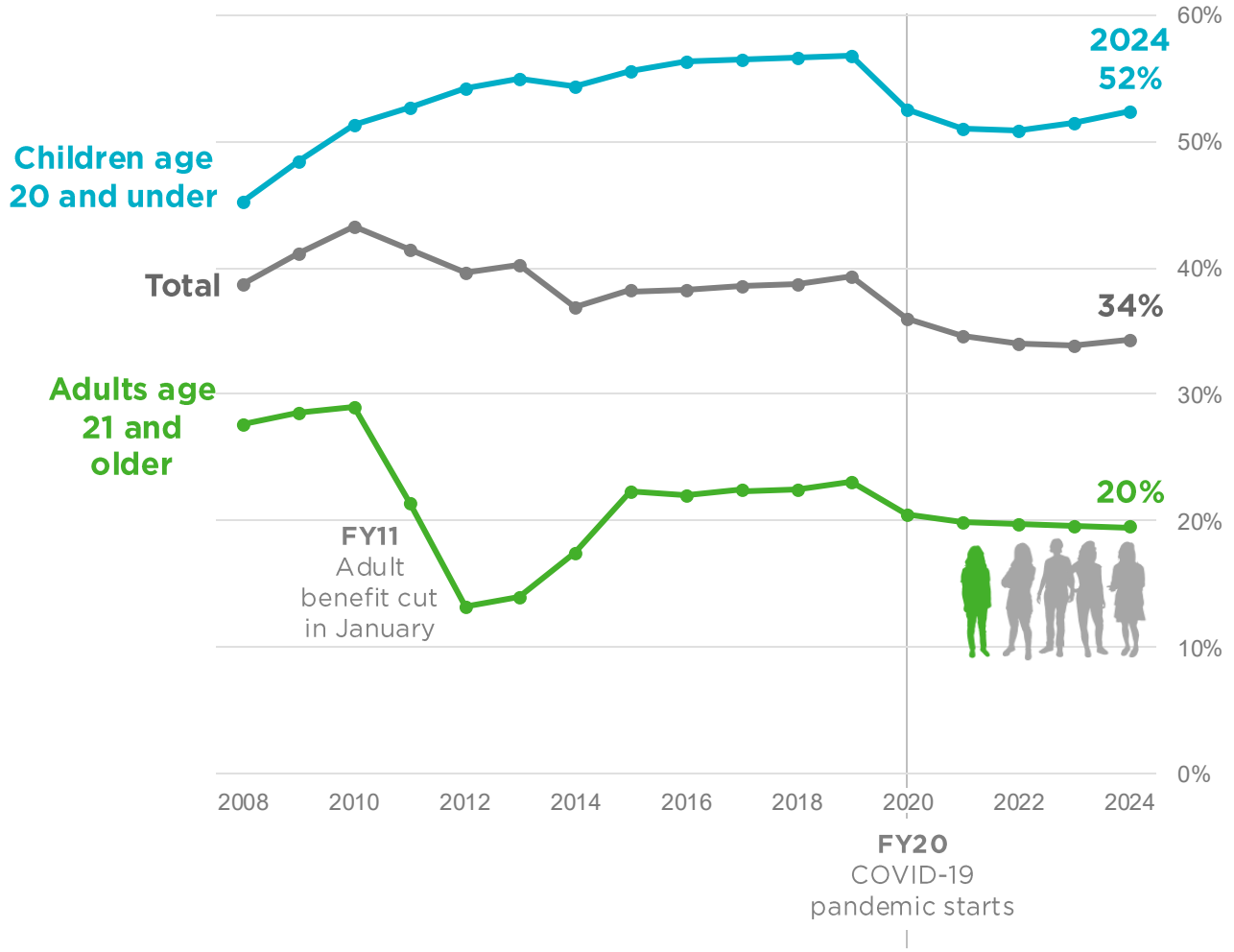
All Ages

The share of adult enrollees accessing dental services has **stayed constant at 20%** after dropping in the start of the COVID-19 pandemic.

Enrollees with at Least 1 Dental Service, FY 2008 – FY 2024

1 in 5

adult enrollees used at least 1 dental service in FY24



Following the restoration of the adult dental program, the share of adult enrollees accessing care increased from 13% in FY12 to nearly 20% in FY24.

Although adult utilization remains below levels observed prior to the program cut, the number of adults receiving care has grown substantially.

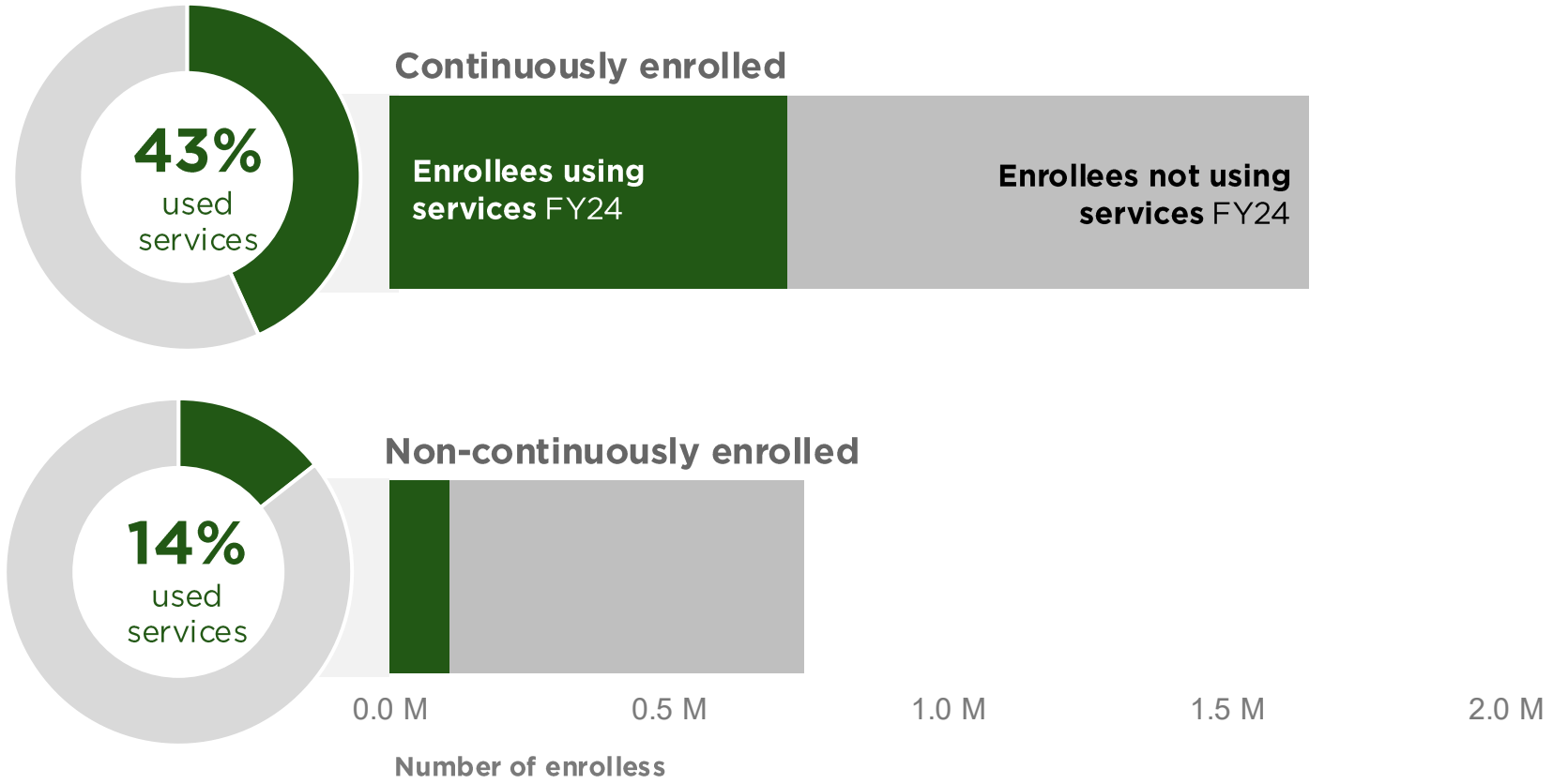
Since 2010, adult dental users increased by approximately 88%, representing nearly 121,000 additional adults receiving services.

In FY24, adult utilization declined slightly (by 1%) compared to FY23, as approximately 3,700 fewer adults accessed dental care.

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

A larger share of continuously enrolled **individuals used services** in FY 2024 (43%) compared to those with a lapse in enrollment.

Enrollees (Continuous vs. Non-Continuous) with at Least 1 Dental Service FY 2024



All Ages

Among enrollees with at least 11 months of continuous enrollment, 43% had at least 1 dental service in FY 2024, compared to only 14% of those who were not continuously enrolled.

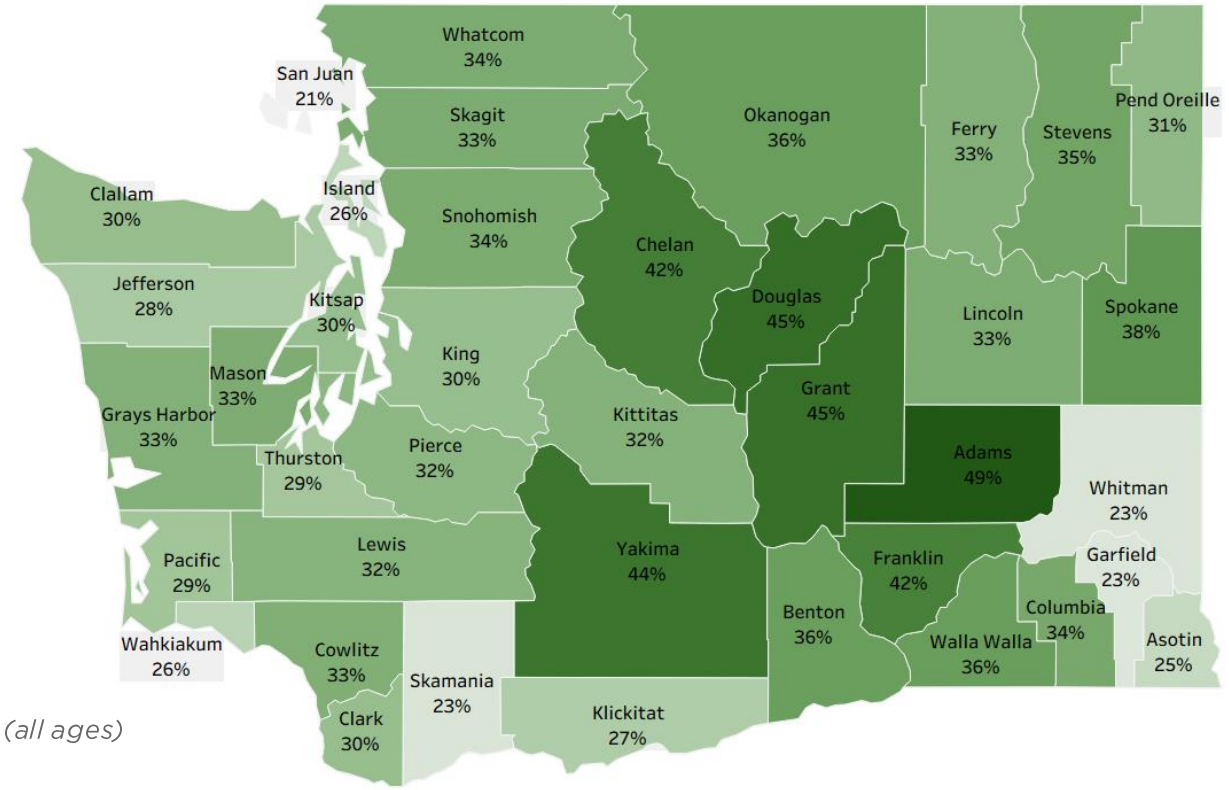
Source: Washington State Health Care Authority: Apple Health Dental Services Enrollment and Utilization Data

11 counties had a higher utilization than the states' average of 34%

Percentage of Enrollees Who Received at least one dental service, FY 2024

34%

FY24 Statewide utilization rate



Number of counties by utilization rate (all ages)



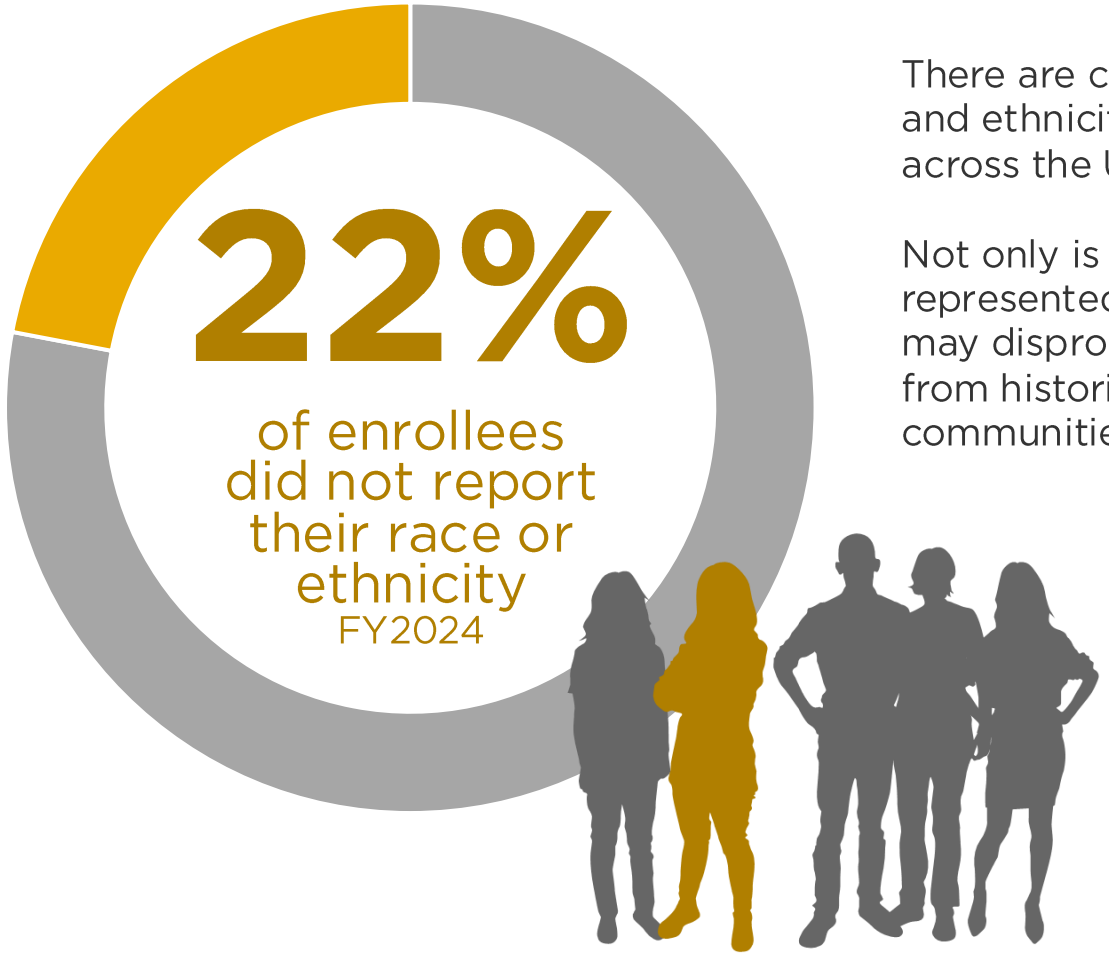
All Ages

Utilization rates vary by county, with a low of 21% in San Juan County (light shading) and a high of 49% in Adams County (dark shading).

King County, with the largest population in the state, had a rate of 30%.

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

Gaps exist in dental utilization by race and ethnicity, but results should be interpreted with some caution due to incomplete data.



There are challenges in capturing race and ethnicity data in Medicaid programs across the US.

Not only is data incomplete, but who is represented in the 'unreported' category may disproportionately represent those from historically marginalized communities.

All Ages

The analysis of this data has limitations due to the high number of missing and not provided information.

Nearly 22% of all enrollees and 26% of all dental users did not report their race. Apple Health eligibility and dental claims data capture information on race on a voluntary basis.

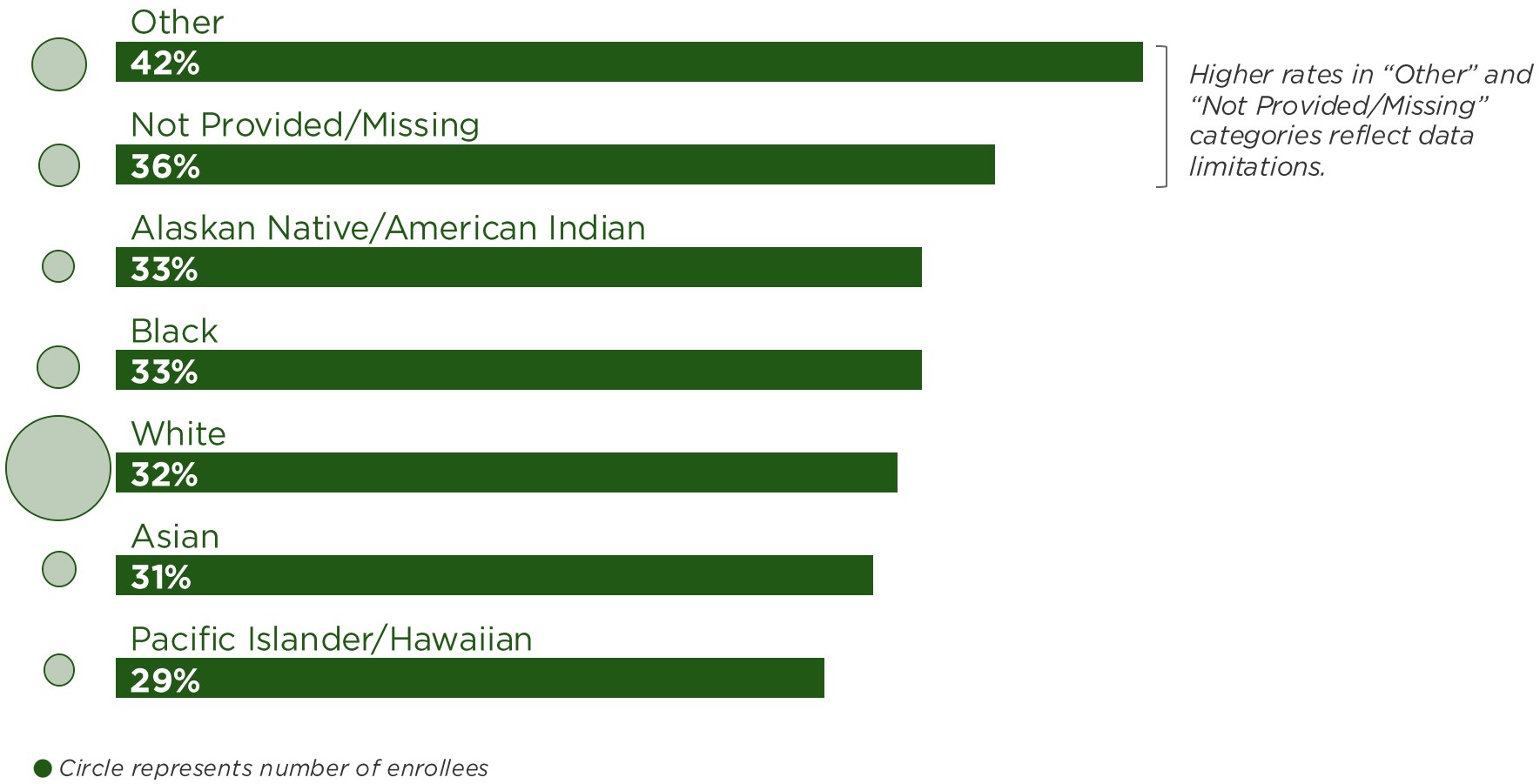
As a result, race data is incomplete and include a substantial amount of missing, other, or not reported information.

Accurate race data are essential to identifying and addressing the presence and magnitude of oral health disparities.

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

Apple Health dental utilization rates vary modestly across racial and ethnic groups.

Percentage of Enrollees Who Received Any Dental Service by Race, FY 2024



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

All Ages

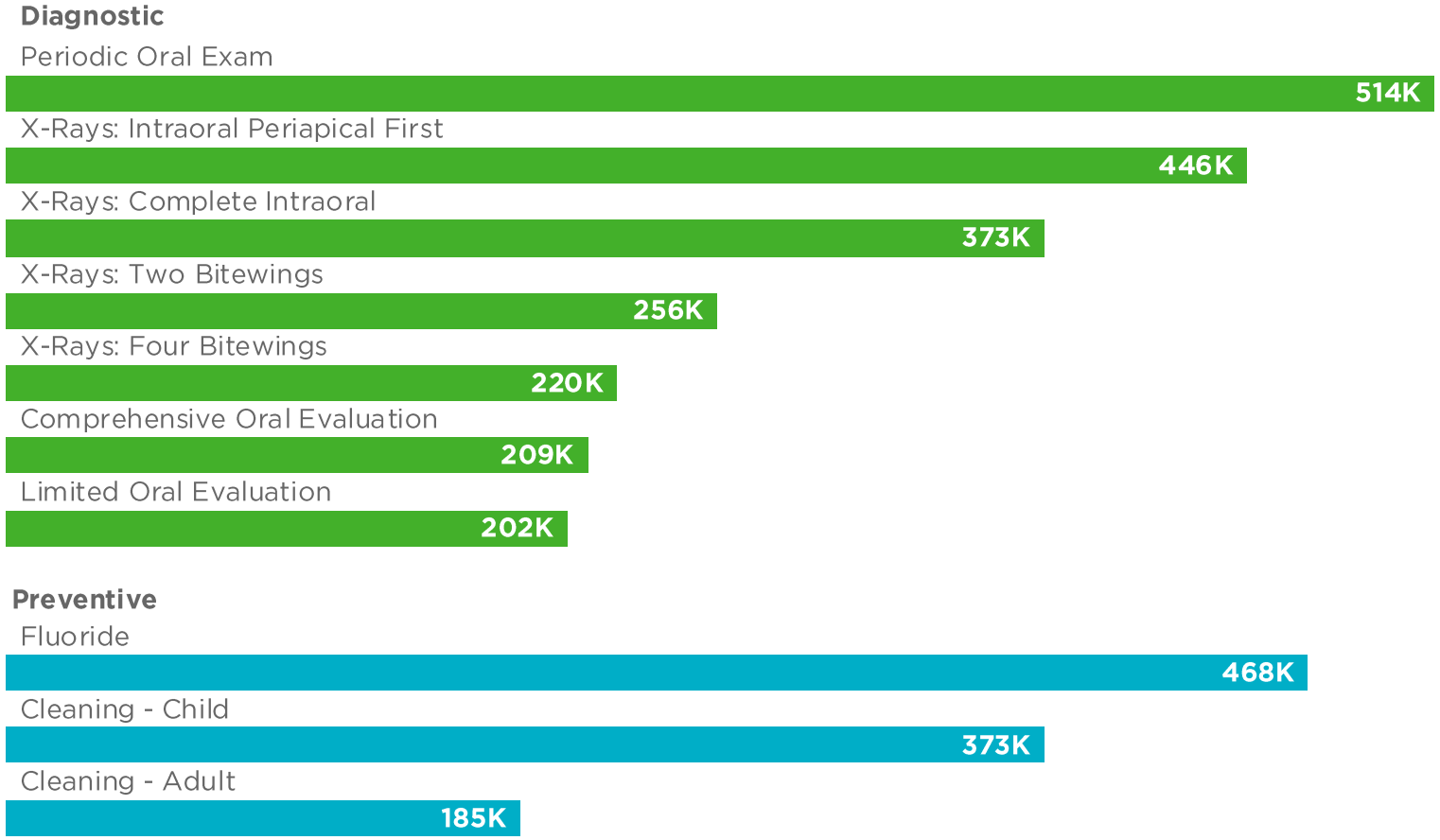
Among all ages, dental utilization was highest among enrollees identified as "Other" (42%) and lowest among those identified as Pacific Islander/Hawaiian (29%).

These differences should be interpreted with caution. Race and ethnicity information in Apple Health eligibility and dental claims data is self-reported and voluntary.

Higher utilization among individuals categorized as "Other" may reflect data reporting practices rather than true differences in access to or use of dental care.

The most frequently accessed services are **preventive** and **diagnostic**, such as oral exams and fluoride application.

Top 10 Procedures by Number of Users, FY 2024



Note: Excludes FQHC claims and claims with missing values for procedure categories. Procedure names are simplified; see methods for details on the procedures.

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

All Ages

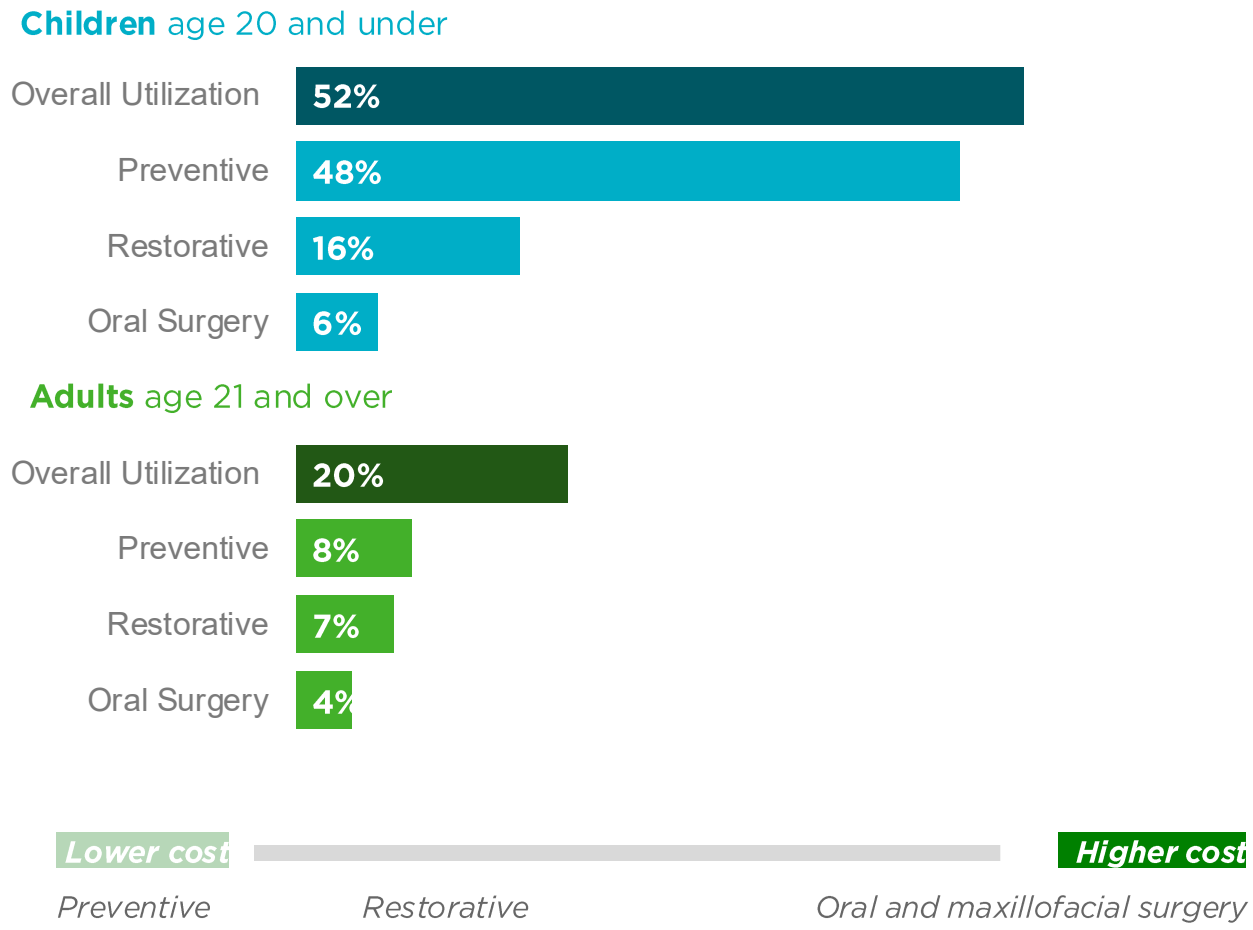
Preventive and diagnostic services account for the majority of dental care use, indicating that most encounters focus on routine and early-stage oral health needs and highlighting opportunities to maintain oral health and prevent more costly treatment.

Both **adults** and **children** experienced missed opportunities for **preventive** dental care in FY 2024

Dental Utilization by Care Type, FY 2024

Preventive dental services remain underutilized among both children and adults, particularly among adults.

Adult dental care is dominated by restorative and surgical services, with limited use of preventive care.



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

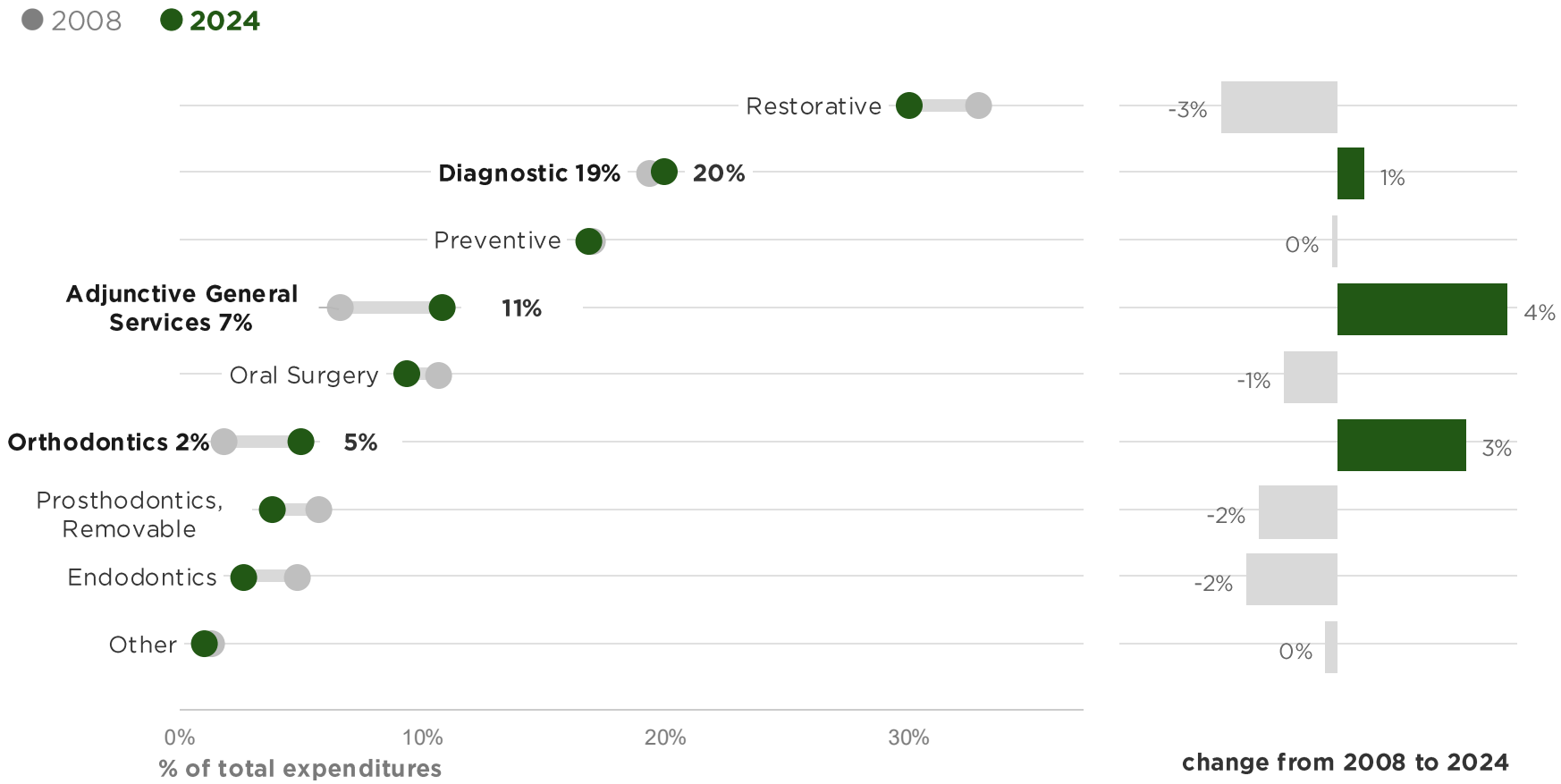
All Ages

Dental utilization among children is three times higher for preventive services than restorative services.

Among adults, utilization across procedure types is more evenly distributed across procedure types, suggesting that many adults receiving restorative services or surgery are not receiving preventive care.

The share of expenditures spent on **diagnostic, orthodontics, and adjunctive general services** (e.g. anesthesia) increased from 2008 to 2024.

Total Expenditures by Procedure Group, FY 2008 vs. FY 2024



Note: Excludes FQHC claims and claims with missing values for procedure categories. "Other" includes Maxillofacial Prosthetics, Fixed Prosthodontics, implant services, and Periodontics. Combined, these categories had 1% of total expenditures for FY 2008 and FY 2024. See Appendix for information on procedure groups. Also, Orthodontic expenditures primarily reflect services provided to children, as orthodontic services are generally not covered for adults under the Apple Health dental program.

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

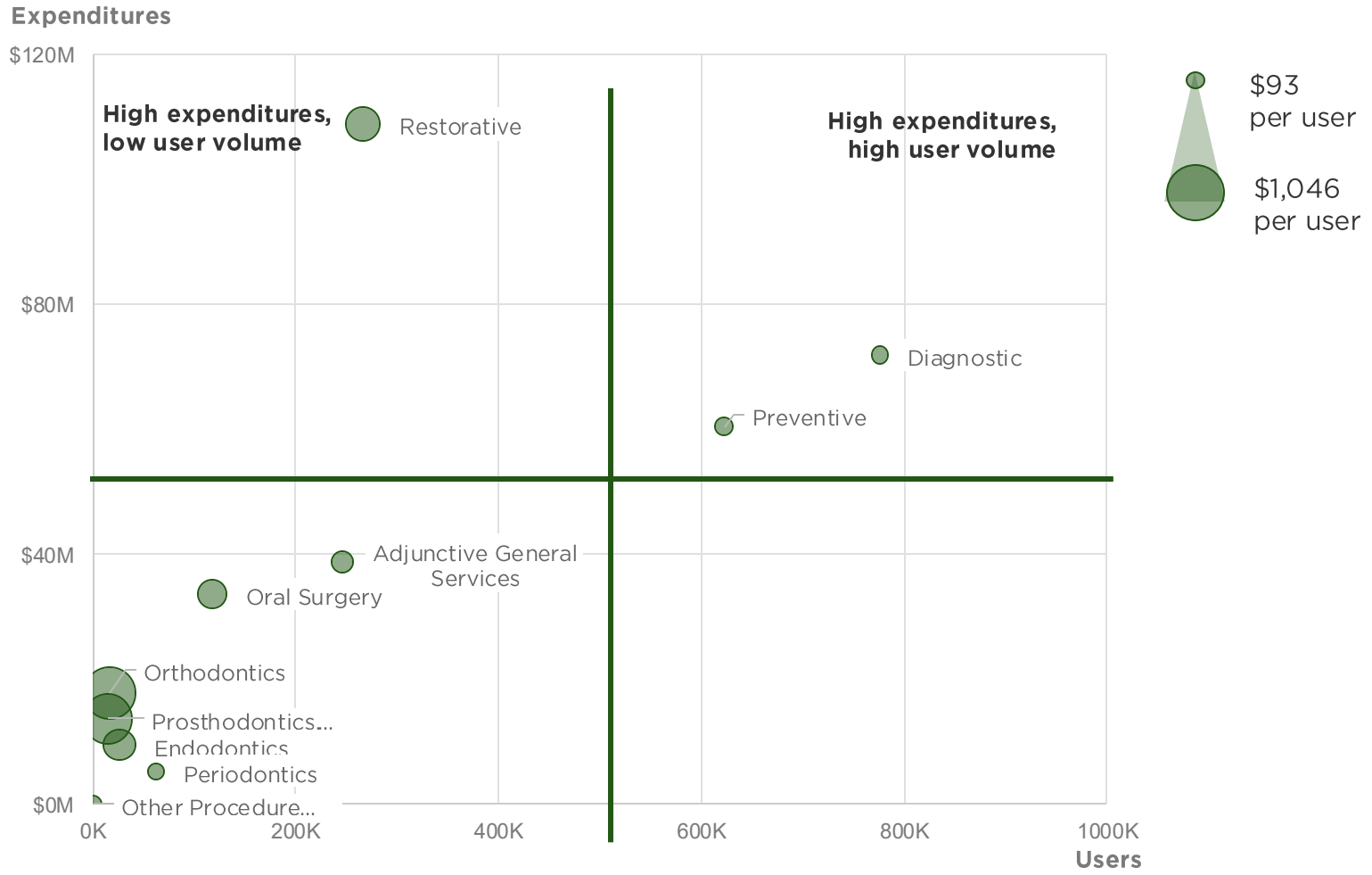
All Ages

Restorative services made up the greatest portion of total expenditures in both FY 2008 and FY 2024.

The percentage of costs associated with restorative services declined slightly from 33% in 2008 to 30% in 2024.

Dental expenditures vary widely by procedure type and user volume

Dental Users and Total Expenditures by Procedure Group, FY 2024



Note: Excludes FQHC claims and claims with missing values for procedure categories. Implant services and prosthodontics fixed had less than 100 users and $10,000 in expenditures. They are included in the graph as "other procedure groups." Also, Orthodontic expenditures primarily reflect services provided to children, as orthodontic services are generally not covered for adults under the Apple Health dental program.

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

All Ages

While more people use diagnostic and preventive services, restorative services are much more costly.

Orthodontics procedures were the costliest services provided for the lowest number of users ($1,046) cost per user).

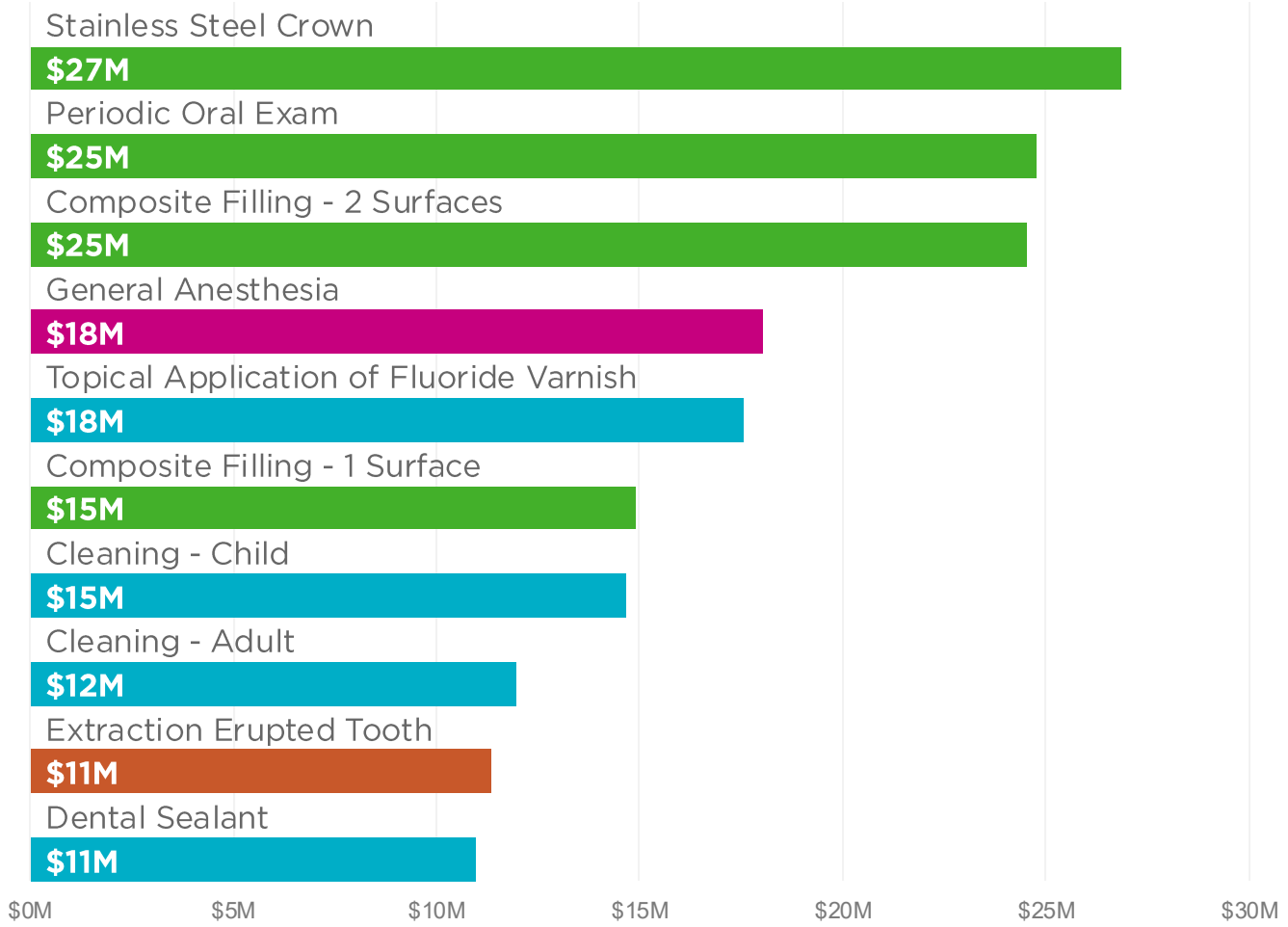
A small set of procedures accounts for nearly half of total dental spending

Top 10 Procedures by Expenditures, FY 2024

$176M

expenditures on the top 10 procedures

- Preventive
- Restorative
- Adjunctive General Services
- Oral and Maxillofacial Surgery



Note: Excludes FQHC and claims with missing values for procedure categories. Procedure names are simplified; see methods for details on the procedures.

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

All Ages

The top 10 procedures totaled approximately $176 million, about 49% of total dental expenditures in 2024 (excluding FQHC payments).

Stainless Steel Crowns, topped the list at $27 million.

Total Services and Expenditures Key Findings (All Ages)

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

In FY 2024, Washington State spent $63 billion in total government funds, with Apple Health accounting for $18.7 billion (31%).

Dental services represented **just 3% of total Apple Health expenditures**, underscoring their relatively modest share of health care spending.

Total dental expenditures increased substantially over the past decade, driven largely by inflation rather than utilization growth.

Between FY 2011 and FY 2024, total dental expenditures increased by $324 million, rising from $244 million to $568 million—a 132% nominal increase (65% after adjusting for inflation).

In FY 2024, expenditures increased by $77 million, representing a 16% increase (12% inflation-adjusted).

Dental spending per user remains relatively modest, even among high-cost users.

After adjusting for inflation, dental expenditures per user increased by 13%, from $613 in FY 2011 to $693 in FY 2024. Most users (53%) had annual expenditures between $101 and $500, while 8% incurred expenditures exceeding $2,000.

Even among the highest-cost users, dental spending remained limited: the 10 highest-cost dental users in FY 2024 each incurred less than $12,000, far below typical high-cost medical expenditures.

Adult dental utilization expanded substantially following benefit restoration, reshaping the spending mix.

After adult dental benefits were restored in FY 2014, adult dental expenditures more than tripled by FY 2024, accounting for 39% of total dental spending.

Since 2010, the number of adult dental users increased by approximately 88%, representing nearly 121,000 additional adults receiving care, though adult utilization remains below pre-cut levels and declined slightly (~1%) in FY 2024.

Total Services and Expenditures Key Findings (All Ages)

Dental utilization increased over time but has not fully recovered to pre-pandemic levels.

The number of dental users increased by 46% since FY 2011, compared to a 76% increase in Apple Health enrollment over the same period.

Dental utilization declined sharply during the COVID-19 pandemic (nearly 10% between FY 2019 and FY 2020) and has gradually rebounded, reaching approximately 819,500 users in FY 2024, though still slightly below pre-pandemic levels. In FY 2024, the number of users increased modestly (1%, or about 6,400 additional enrollees).

Service use patterns differ markedly between children and adults.

Among children, although restorative services accounted for the largest share of spending (32%), preventive care was the most commonly used service. Utilization of preventive care was three times higher than restorative care (48% vs. 16%).

Among adults, both spending and utilization were concentrated in restorative and surgical services, while preventive care accounted for a small share of utilization (8%) and spending (7%). These patterns highlight significant opportunities to shift care upstream by strengthening engagement in preventive services.

Preventive and diagnostic services are most frequently used, while restorative services drive the largest share of spending.

Across all ages, preventive and diagnostic services—including exams, cleanings, and fluoride—were the most commonly accessed services in FY 2024. However**, restorative services accounted for the largest share of total expenditures (30%),** reflecting higher costs per service. While restorative services remain the largest spending category, their share declined modestly from 33% in FY 2008 to 30% in FY 2024.

Geographic disparities in dental utilization and spending persist statewide.

Dental utilization in FY 2024 ranged from 21% in San Juan County to 49% in Adams County, with King County at 30%. **Average statewide spending per dental user was $693, while county-level expenditures ranged from $486 in Island County to $1,249 in Columbia County**. These differences likely reflect variation in population size, provider participation in Apple Health, and local dental workforce availability.

Continuous enrollment is strongly associated with dental service use.

Among individuals enrolled in Apple Health for 11 months or more, 43% accessed at least one dental service in FY 2024, compared to just 14% among those without continuous enrollment—highlighting the importance of enrollment stability in facilitating access to care.

Dental Services and Expenditures **Children**

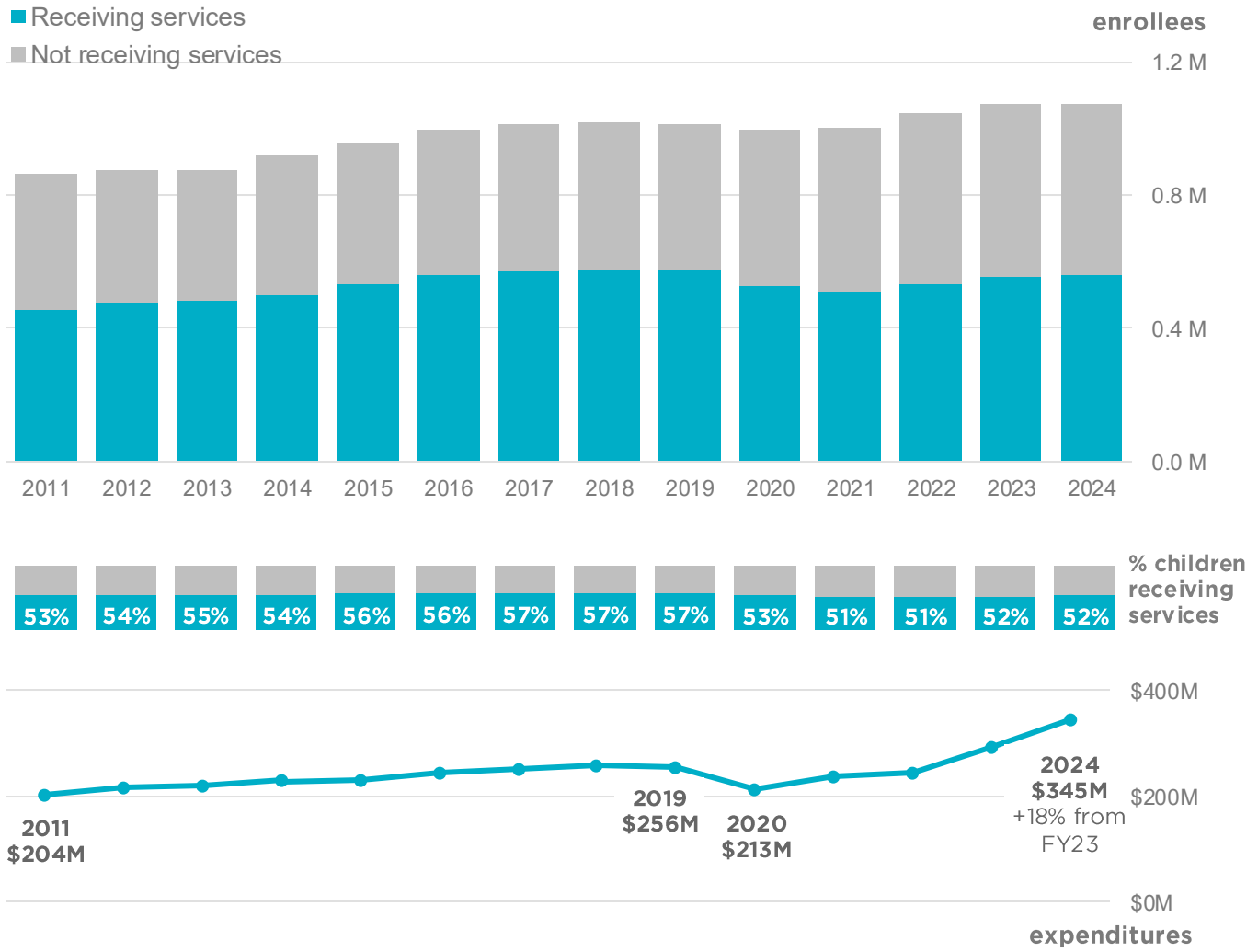
Rising dental expenditures **outpace children's** dental utilization

Expenditures and Utilization among Children, FY 2011–FY 2024

52%

of enrolled children utilized dental care in FY24

Dental spending **increased by 62%** since FY20, while utilization remains below the pre-pandemic peak of 57%.



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

Children

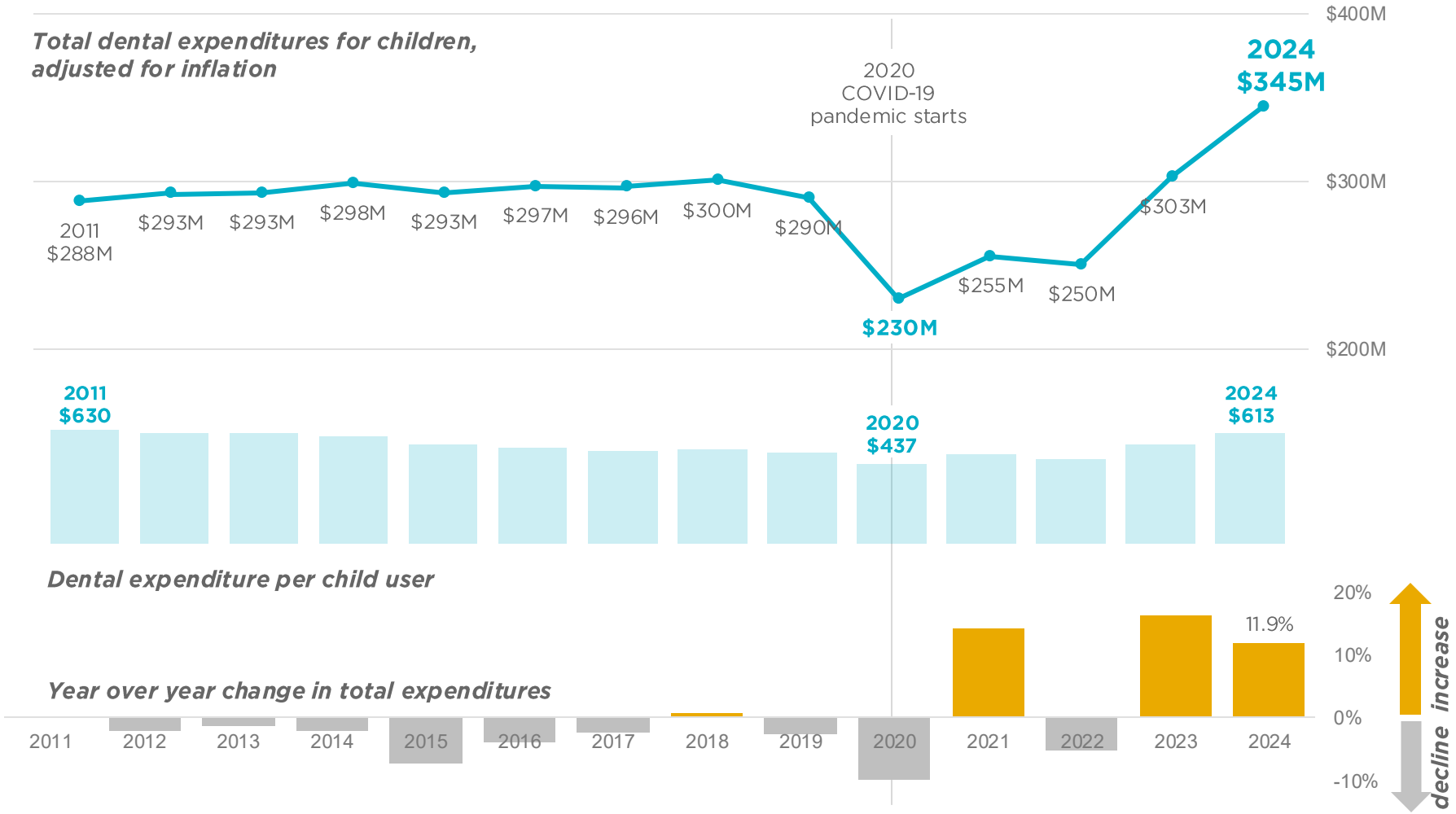
Between FY 2011 and FY 2024, the number of children enrolled in Apple Health increased by 24%, while the number of children receiving dental services increased by 23%.

Dental expenditures for children increased from $204 million in FY 2011 to $258 million in FY 2018, representing a 26% increase over that period. From FY 2019 through FY 2022, expenditures declined, reflecting the impact of the COVID-19 pandemic on dental clinics and overall access to care.

In the most recent fiscal year, dental expenditures increased by 18%, while the number of children accessing dental care increased by 2%. Despite the rebound in spending, dental utilization among enrolled children has not yet returned to pre-pandemic levels.

Children's dental spending has rebounded post-COVID.

Children dental expenditures, FY 2011-FY 2024



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

Children

Inflation-adjusted dental expenditures for children increased from $288 million in FY 2011 to $300 million in FY 2018, representing a 4% real increase over that period. From FY 2019 through FY 2022, expenditures declined, reflecting the impact of the COVID-19 pandemic on dental clinics and access to care.

Dental expenditures per child receiving services declined from $630 in FY 2011 to $471 in FY 2022, a 25% decrease. In FY 2020, per-child dental expenditures dropped sharply (–31%), coinciding with the height of the COVID-19 pandemic and widespread disruptions to dental care delivery.

By FY 2024, inflation-adjusted dental expenditures per child increased by 12%, indicating a partial recovery, though per-child spending remains below pre-pandemic levels.

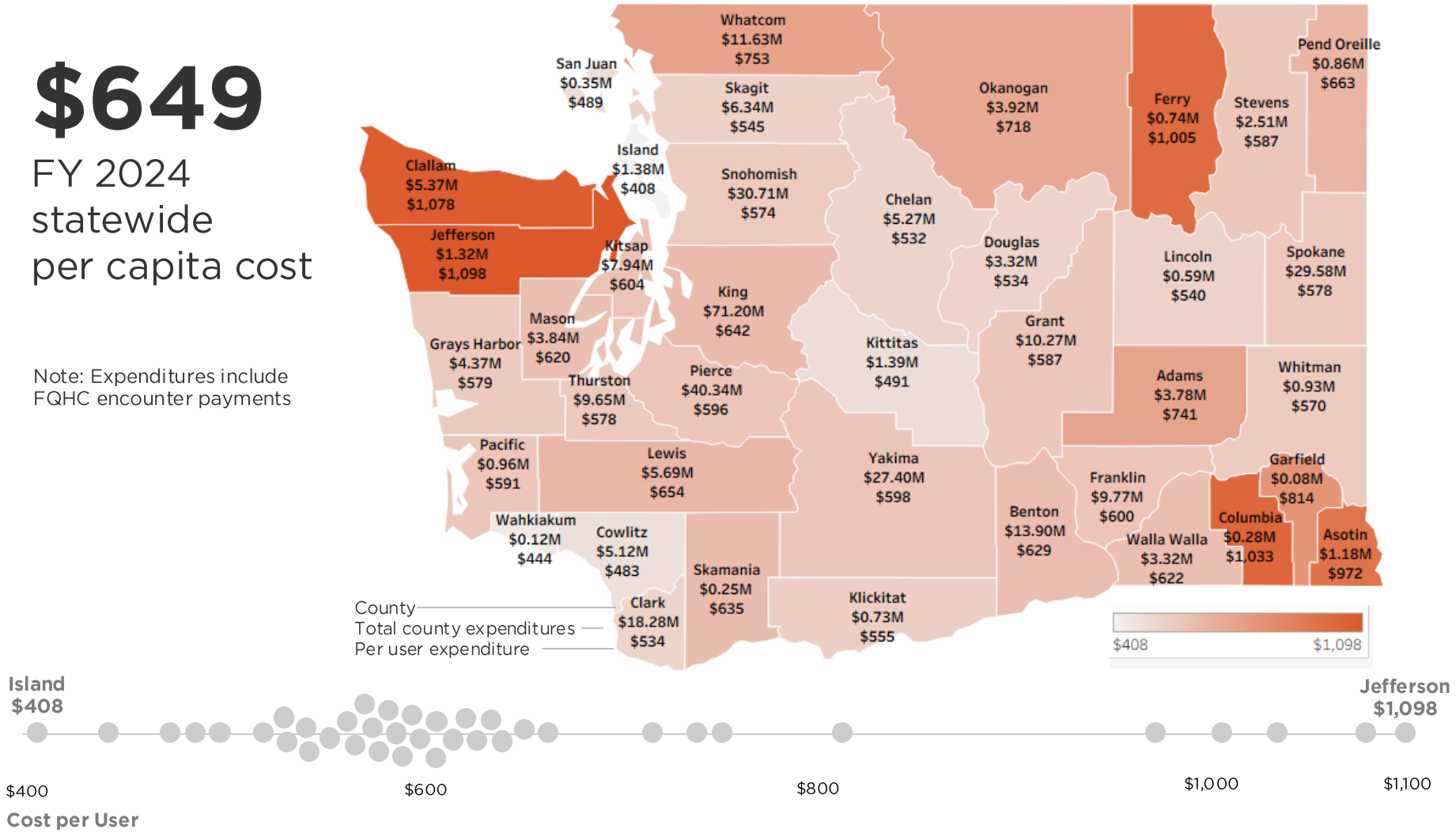
Per user dental expenditures vary widely by county

Child Dental Expenditures and Average Cost per User by County, FY 2024

$649

FY 2024 statewide per capita cost

Note: Expenditures include FQHC encounter payments



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

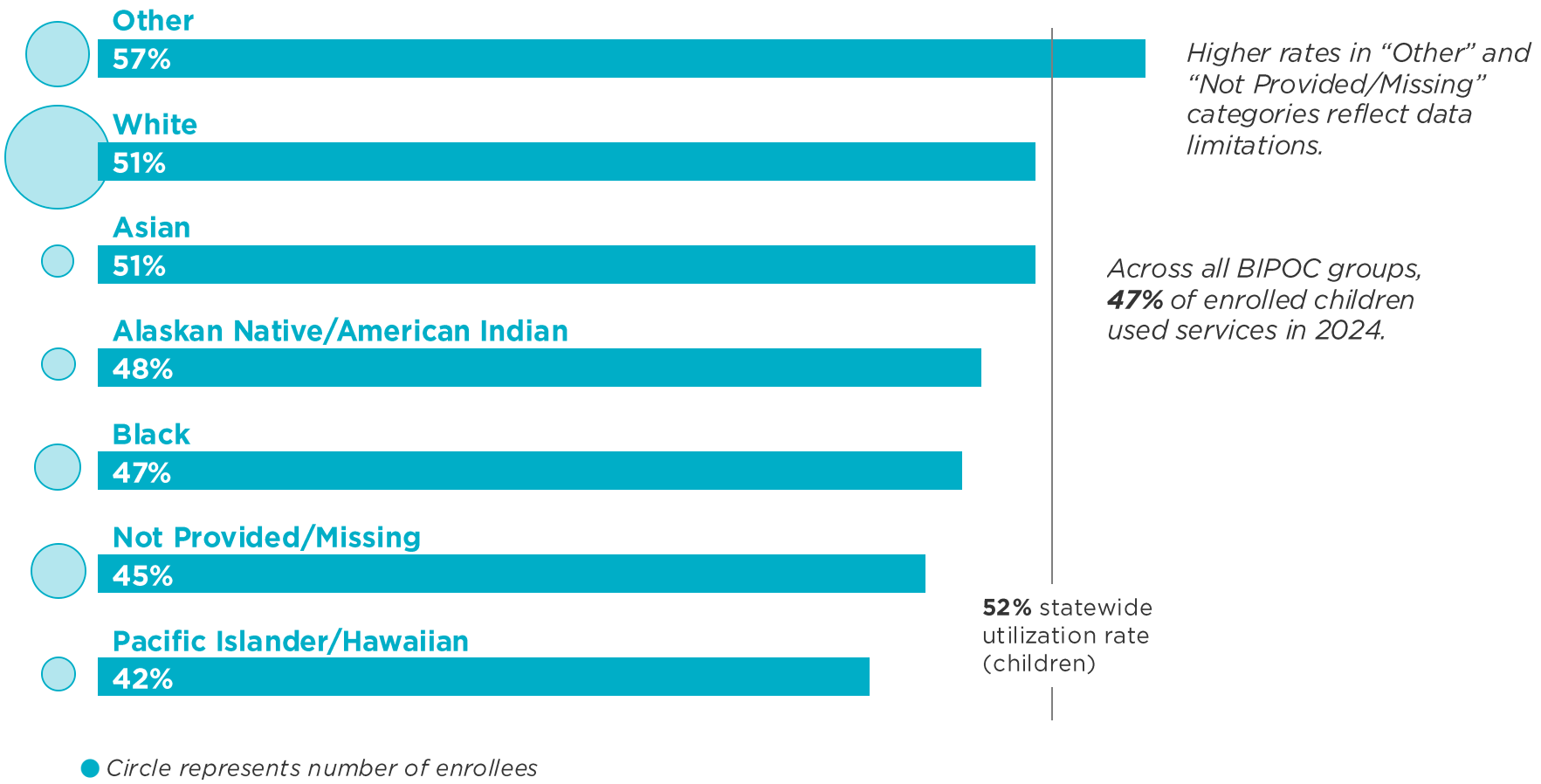
Children

There is considerable variation across counties in total expenditures and per user spending in FY 2024.

While average statewide spending per dental user was $649, the per county dental expenditures for children ranged from $408 in Island County to $1,098 in Jefferson County.

Apple Health dental utilization rates vary modestly across racial and ethnic groups in 2024.

Percentage of Enrolled Children Who Received any Dental Service by Race, FY 2024



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

Children

BIPOC children had slightly lower dental care utilization (47%) than that of white children (51%) in 2024.

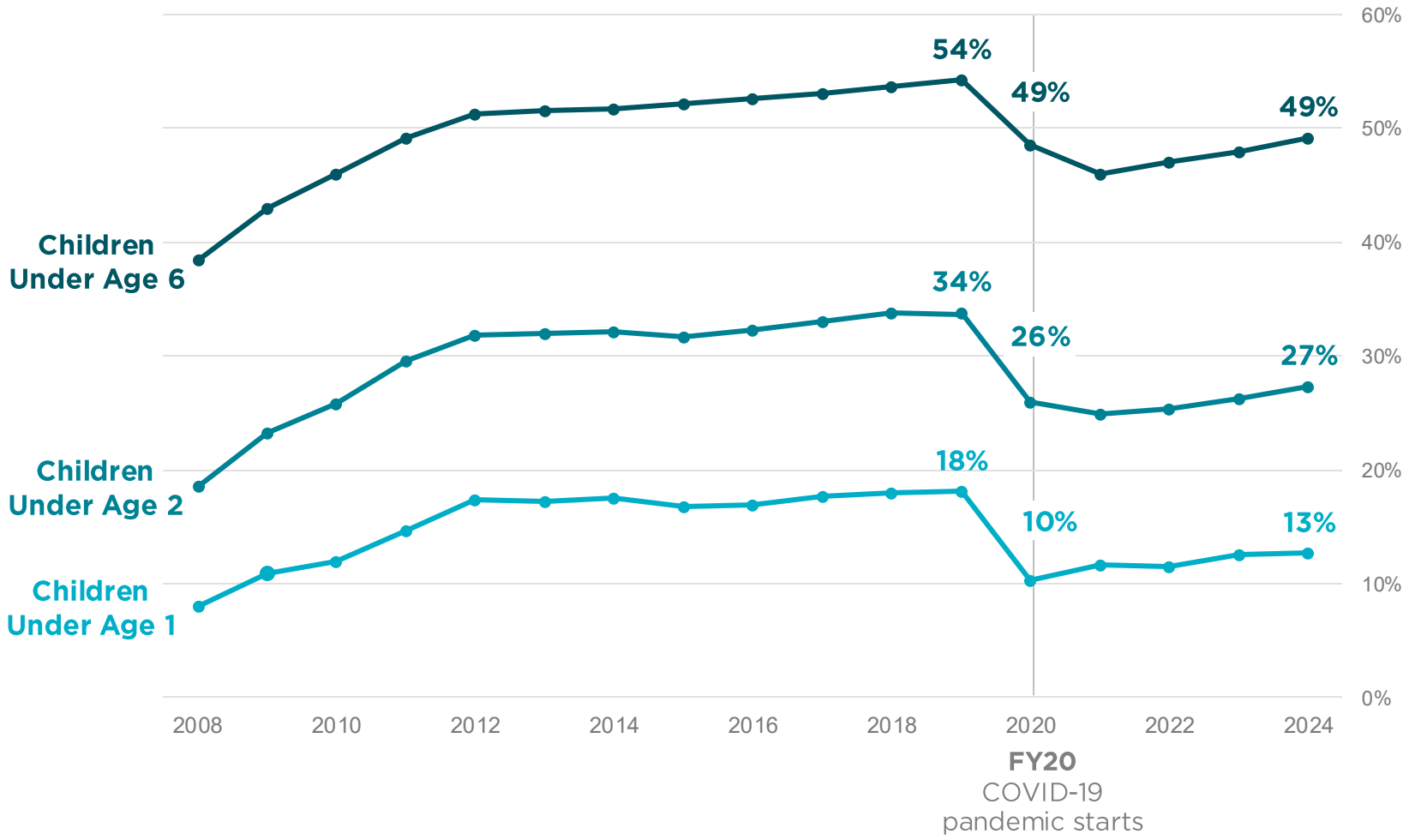
Multiple factors may contribute to the lower utilization rates among BIPOC children including lack of Apple Health dental providers in underserved areas and transportation or geographic challenges and language or other communication barriers.

These differences should be interpreted with caution. Race and ethnicity information in Apple Health eligibility and dental claims data is self-reported and voluntary.

Dental utilization among young children has rebounded since COVID-19 but remains below pre-pandemic levels

Young Children

Child Enrollees under 6 with at Least 1 Dental Service, FY 2008 – FY 2024



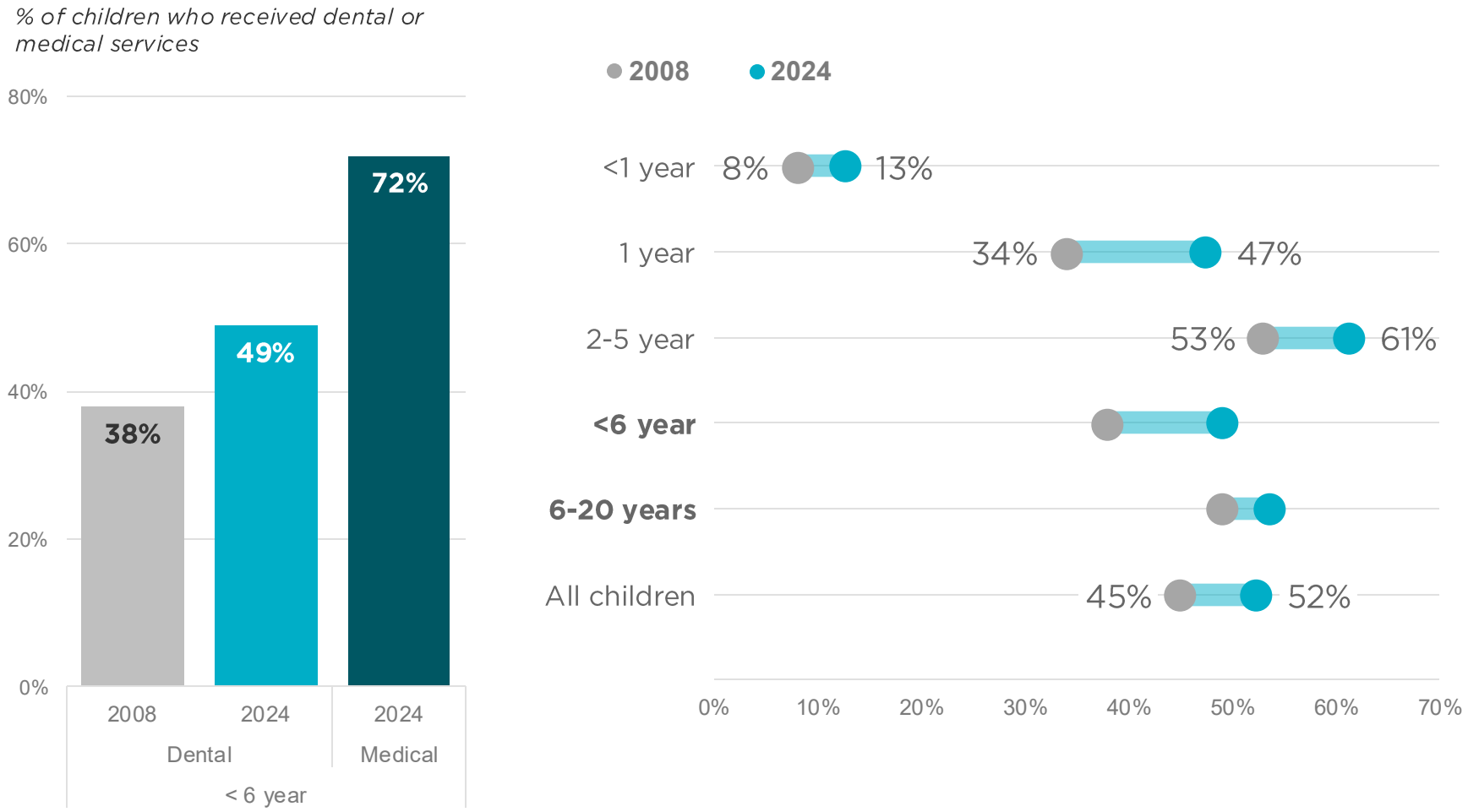
The percentage of children under age 6 accessing dental services increased steadily from FY 2008 through FY 2019.

In FY 2020, utilization among children under age 6 declined sharply due to COVID-19–related disruptions to dental clinics and access to care. Since FY 2021, utilization has gradually rebounded but remains below pre-COVID-19 levels. In the most recent fiscal year (FY 2024), utilization increased by 2.3%.

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

Progress in early dental access, but gaps remain compared to medical care.

Child Enrollees under 6 with at Least 1 Dental Service by Age Group, FY 2008 vs. FY 2024



Children

Since FY 2008, the share of children in all age groups receiving dental services has increased, with the largest gains observed among young children. Dental utilization among children under age 1 increased by 59%, reflecting meaningful progress in early oral health access.

This trend aligns with recommendations from the American Academy of Pediatric Dentistry, American Academy of Pediatrics, and the American Academy of Family Physicians, which advise that children receive their first oral health screening by age one.

Despite these gains, dental care utilization among children under age 6 remains substantially lower than access to primary medical care for the same age group (72%).

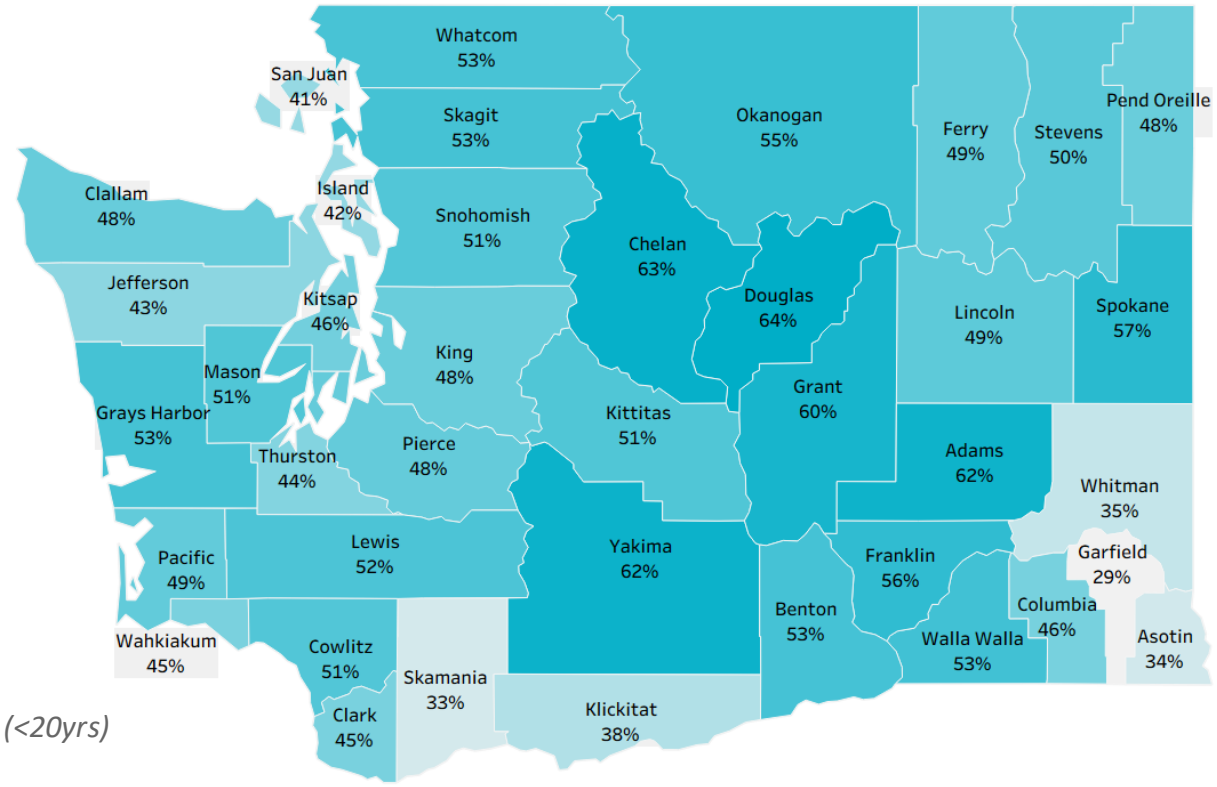
Sources:
Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data
Centers for Medicare & Medicaid Services (CMS). Medicaid EPSDT Services.medicaid.gov

13 counties had a higher utilization than the state's average of 52%.

Child Enrollees **under Age 20** with at Least 1 Dental Service by County, FY 2024

52%

of Apple Health enrolled children accessed dental services in FY24



Number of counties by utilization rate (<20yrs)



Note: See Data Tables on pages 142-145 for key metrics by county

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

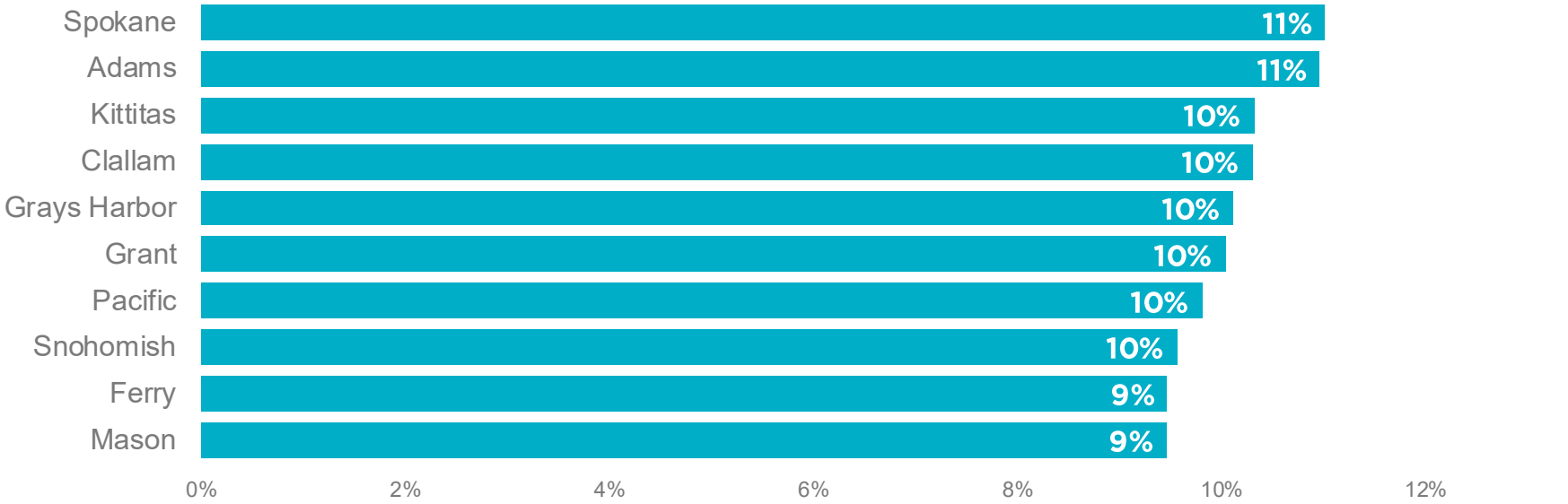
Children

Utilization across the state in FY 2024 ranged from 30% to 64%.

Douglas County had the largest percentage of children receiving dental services in FY 2024 (indicated by darker shading), while Garfield County had the lowest (indicated by lighter shading).

Most Washington counties saw **increased dental utilization** among **children,** but gains were uneven

Top 10 Counties with the Greatest Increase in Utilization for Children Ages 20 and under FY 2008 vs. FY 2024





8 counties
2024 lower than 2008

31 counties
2024 higher than 2008

Children

Between FY 2008 and FY 2024, the share of Apple Health–enrolled children ages 20 and under with at least one dental visit increased in 31 of Washington's 39 counties.

Eight counties experienced particularly strong growth, with utilization increasing by 10 percentage points or more compared to 2008.

Despite overall gains, some counties experienced flat or declining dental utilization. These patterns may reflect limited access to dental care, including shortages of dental providers who accept Apple Health, as well as enrollment growth that has outpaced the availability of dental services, contributing to lower utilization rates in certain areas.

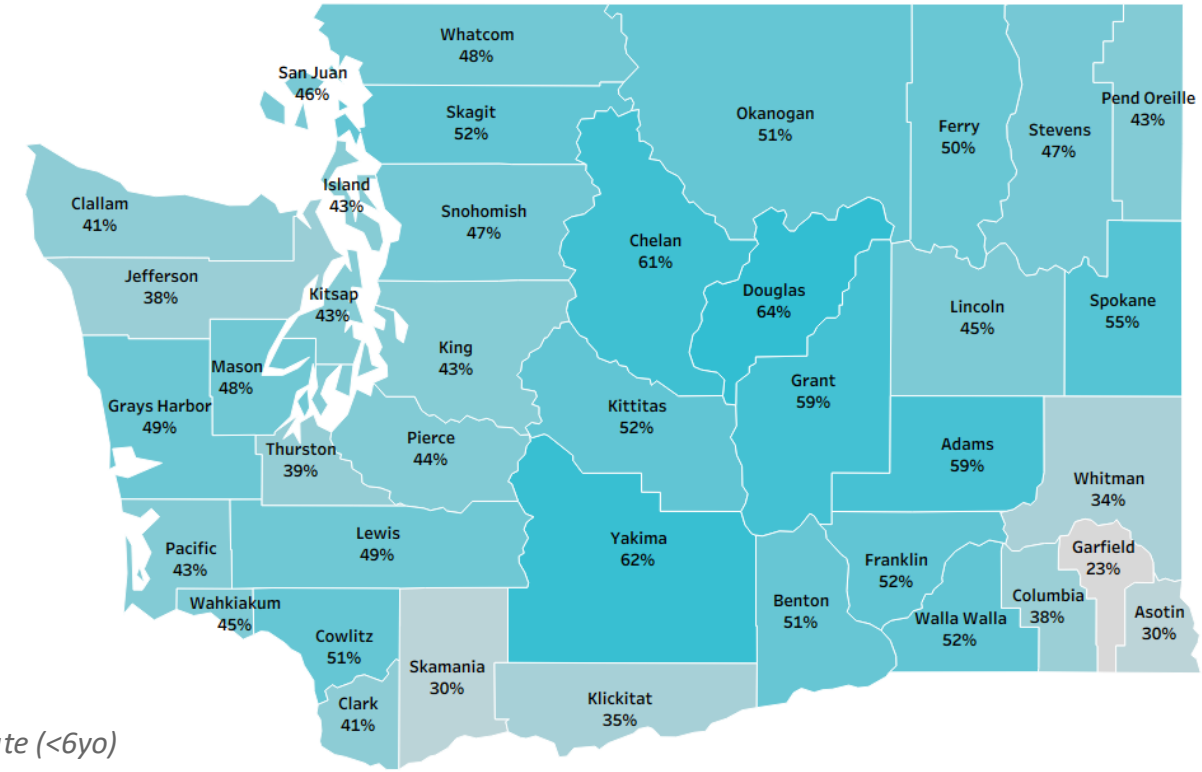
Source: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

14 counties had a higher utilization than the state's average of 49%.

Child Enrollees **under Age 6** with at Least 1 Dental Service by County, FY 2024

49%

of Apple Health enrolled children under 6 accessed dental services in FY23



Number of counties by utilization rate (<6yo)



Note: See Data Tables on pages 142-145 for key metrics by county

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

Children

Utilization rates vary by county with a low of 23% in Garfield County (indicated by light shading) and a high of 64% in Douglas County (indicated by dark shading). King County, with the largest population in the state, had a rate of 43%.

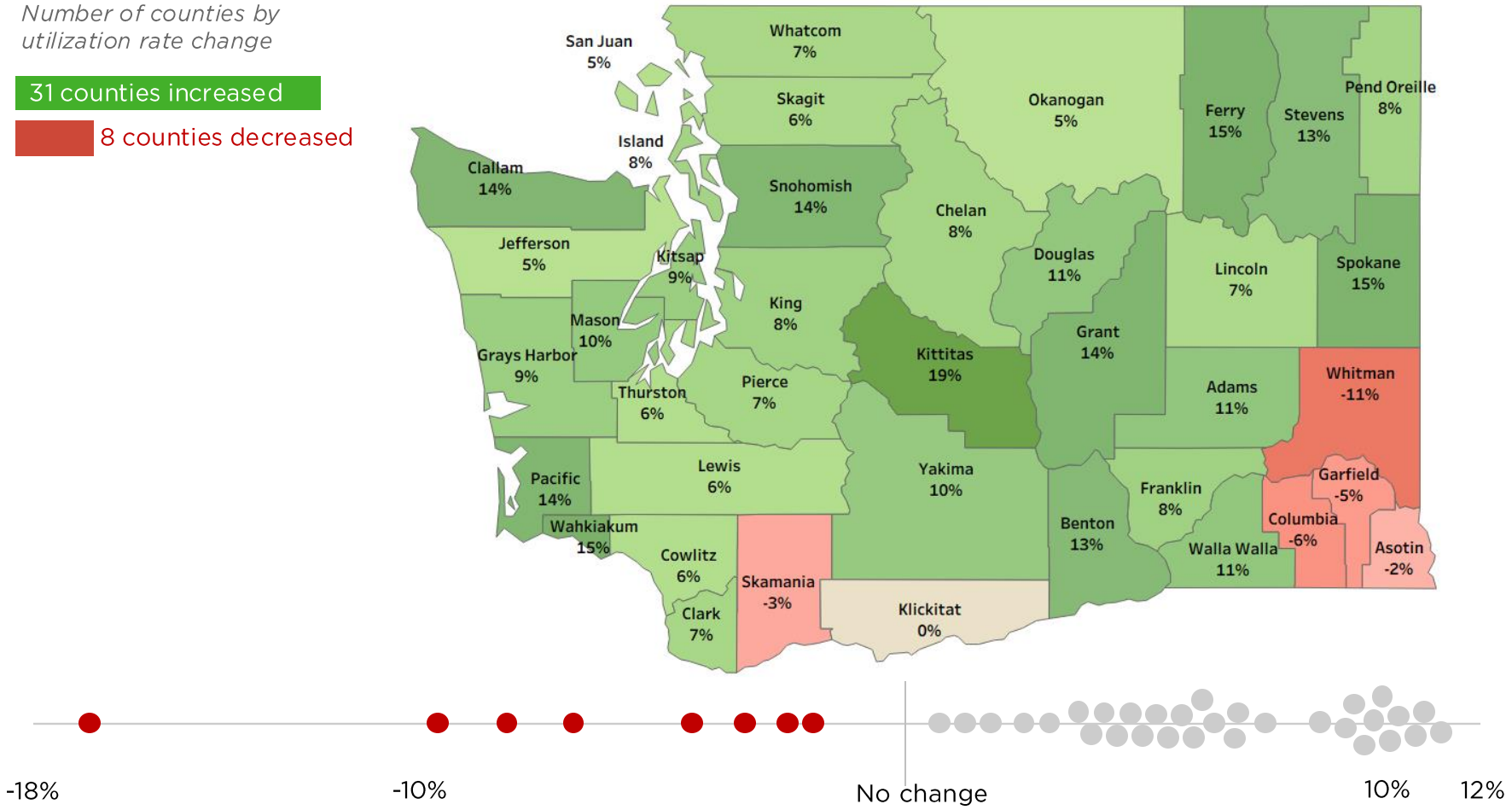
Almost all counties saw gains in child dental utilization, but eight counties have showed a decline in utilization compared to 2008.

Change in Utilization for Children under Age 6 by County, FY 2008 vs. FY 2024

Number of counties by utilization rate change

31 counties increased

8 counties decreased



Children

In 34 of Washington's 39 counties, the percentage of children under age 6 enrolled in Apple Health with at least 1 dental visit increased between FY 2008 and FY 2024.

Declines in some counties may reflect local access challenges—including limited dental workforce capacity, fewer providers accepting Apple Health, long travel distances, and constrained ABCD staffing and funding—rather than reduced need for care. These barriers may affect families' ability to obtain care even where local coordinators and champions actively support the program.

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

Children's dental service utilization varied widely by county, with highest rates in Yakima and Douglas Counties and the lowest in Garfield County

Enrollees with at Least 1 Dental Service by County, FY 2024



Children

Yakima and Douglas Counties consistently had the highest dental service utilization among children across age groups in FY 2024, while Garfield County had the lowest.

These county-level differences highlight substantial geographic variation in children's access to dental care across Washington.

County-level utilization rates may be influenced by population size, provider participation in Apple Health, and the availability of dental providers, particularly in dental health professional shortage areas and smaller rural counties.

Note: See Data Tables on pages 142-145 for key metrics by county

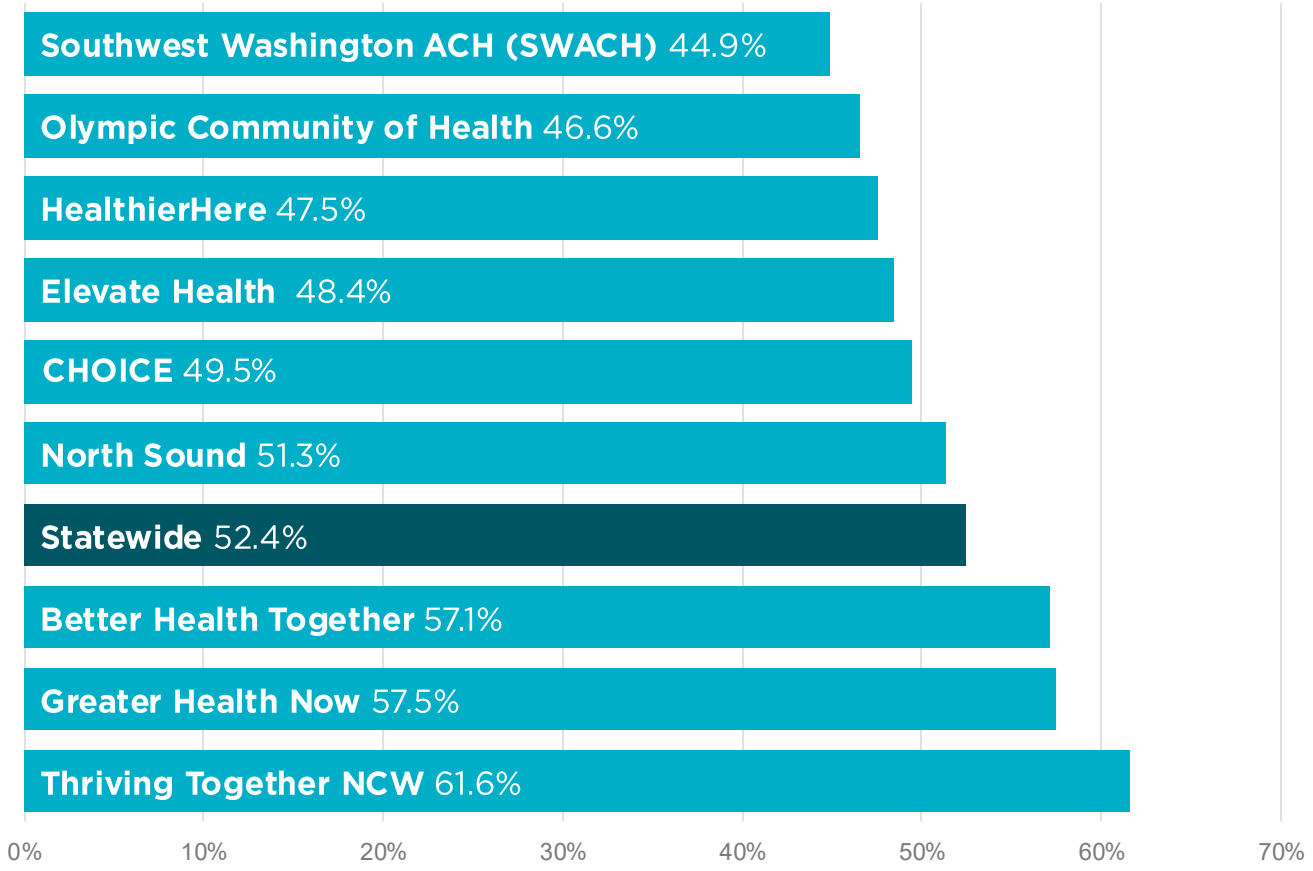
Source: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

Children's dental utilization varies across Washington's Accountable Community of Health (ACH) regions

Percent of Child Enrollees Age 20 and under with at Least 1 Dental Service by ACH, FY 2024

52%

of Apple Health enrolled children accessed dental services in FY24



Note: Since 2012, Washington state changed its healthcare delivery to improve health and health equity by aligning resourcesand bringing leaders from multiple health sectors around the state.

Source: Accountable Community of Health regions from http://www.hca.wa.gov/about-hca/healthier-washington/accountable-communities-health-ach#how-do-achs-align-with-regional-service-areas

Dental utilization among Apple Health–enrolled children varies across ACH regions.

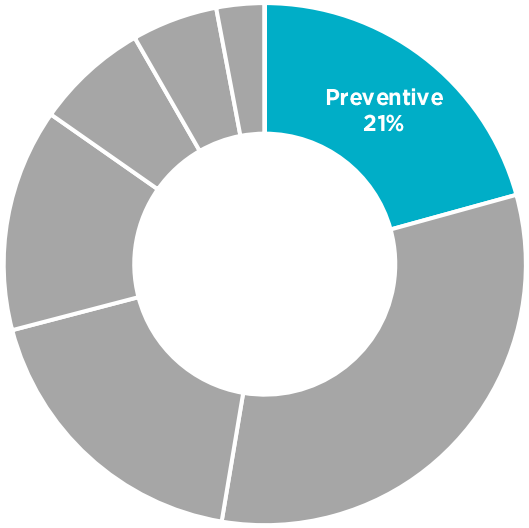
Thriving Together in North Central Washington ACH has the highest utilization (62%), while Southwest Washington ACH has the lowest (45%).

Preventive dental service use increased across all child age groups since 2008

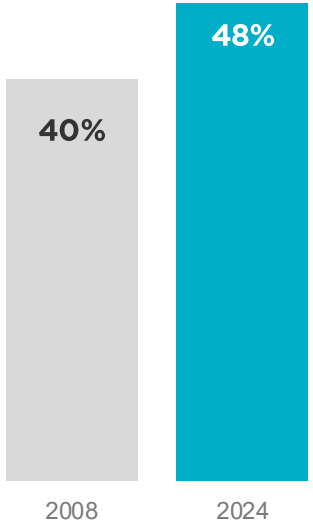
Percentage of Child Enrollees Accessing Preventive Services by age group, FY2008 vs. FY2024

$53M

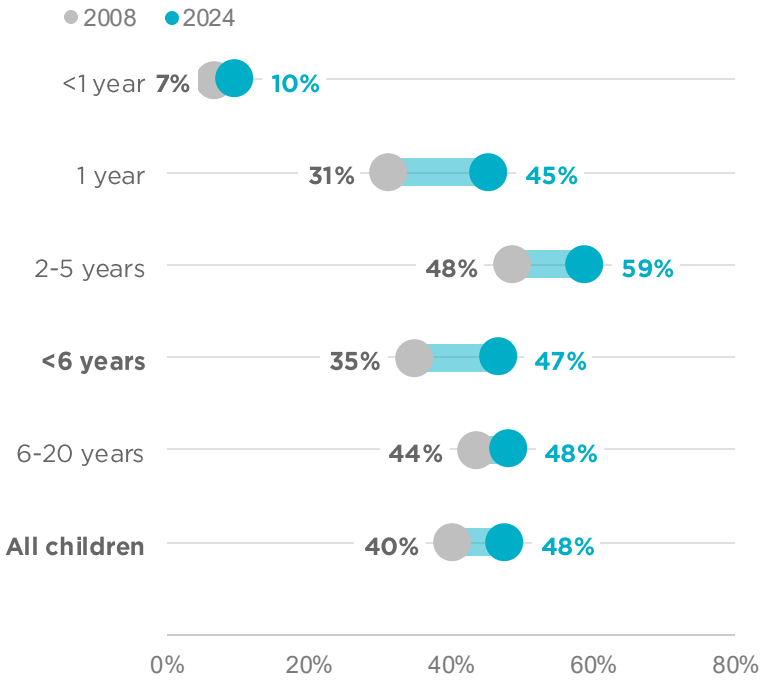
Children's preventive expenditures FY24



% of children 20 years and under who used preventive services



% children who received preventive services by age group



Nearly **six in ten children** ages 2–5 received preventive dental services in FY 2024.

Children

The share of children receiving preventive dental care increased across most age groups between FY 2008 and FY 2024. By FY 2024, 59% of children ages 2–5 received preventive dental services.

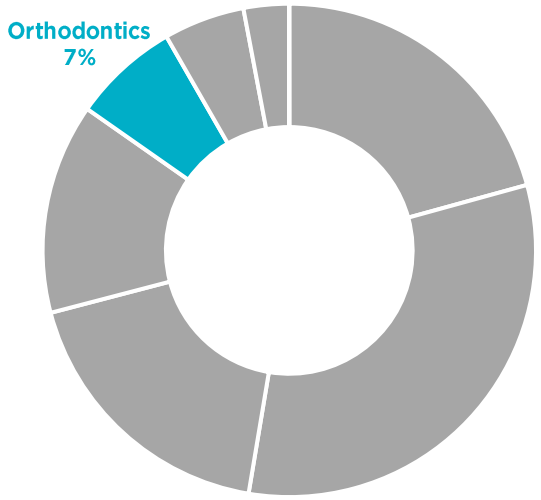
Overall, preventive service use among all children ages 20 and under increased from 40% in FY 2008 to 48% in FY 2024.

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

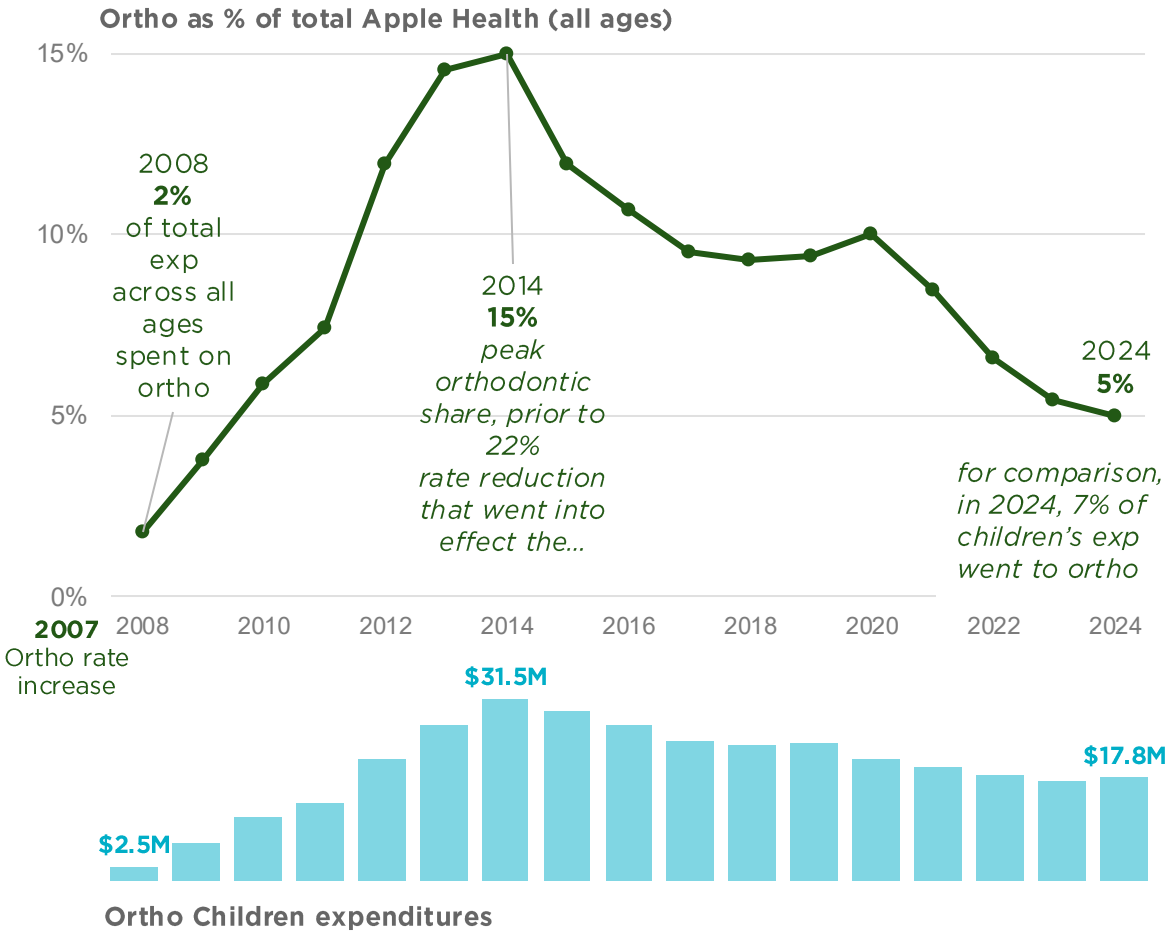
Orthodontic expenditures for children have declined steadily as a share of total Apple Health dental spending since 2014 when a rate reduction went into effect.

Orthodontics Expenditures, FY2008 to FY2024

$17.8M
Children's ortho expenditures



Share of total children's exp FY 2024



Note: Excludes FQHC claims and claims with missing values for procedure categories. See Appendix for information on procedure groups.

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

Children

Apple Health covers orthodontic treatment for children age 21 and younger, subject to prior authorization for cleft lip and palate and other qualifying craniofacial conditions.

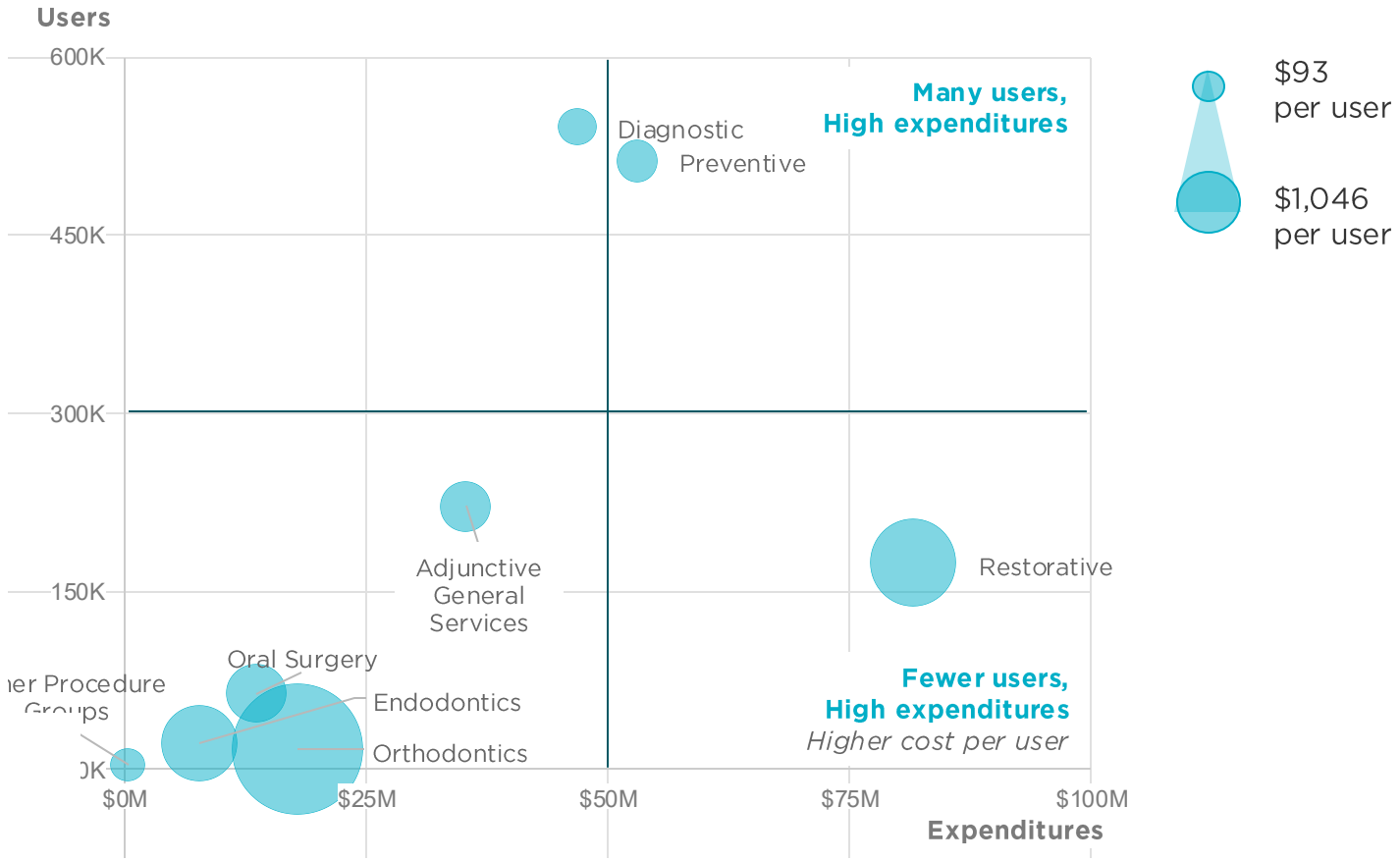
A reimbursement rate increase in 2007 was followed by growth in orthodontic utilization and spending through FY 2014.

In September 2014, orthodontic reimbursement rates were reduced by 22%, after which orthodontic expenditures declined steadily as a share of total children's dental spending.

The 2022 pediatric dental rate increase did not include orthodontic procedure codes; orthodontic reimbursement rates remained unchanged by that investment.

Preventive and diagnostic services reach the most children, while restorative care is the procedure group with the highest total expenditures.

Child Dental Users and Total Expenditures by Procedure Group, FY 2024



Note: Excludes FQHC claims. Prosthodontics (Removable), Periodontics, and Implant Services (had less than 4,000 users and $240,000 in expenditures. They are included in the graph as "Other Procedure Groups."

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

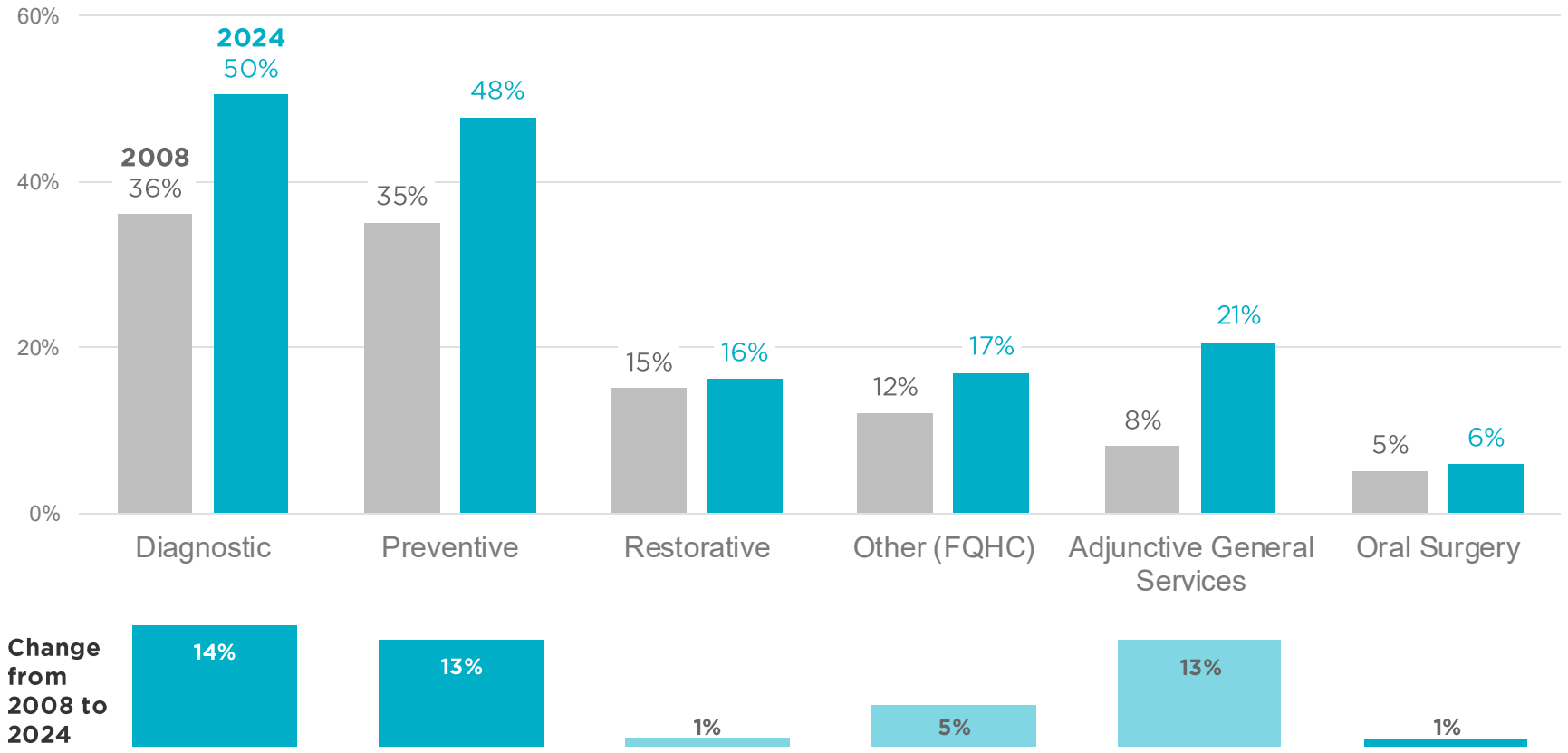
Children

Children access preventive and diagnostic services more than any other service type.

However, restorative services account for the highest total expenditures in the Apple Health program due to higher costs per user.

Children's access to preventive and diagnostic dental services increased substantially since FY 2008

Percentage of Child Enrollees Accessing Services by Procedure Group, FY 2008 vs. FY 2024



The largest increases occurred in preventive (+13 points) and diagnostic (+14 points) services.

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

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

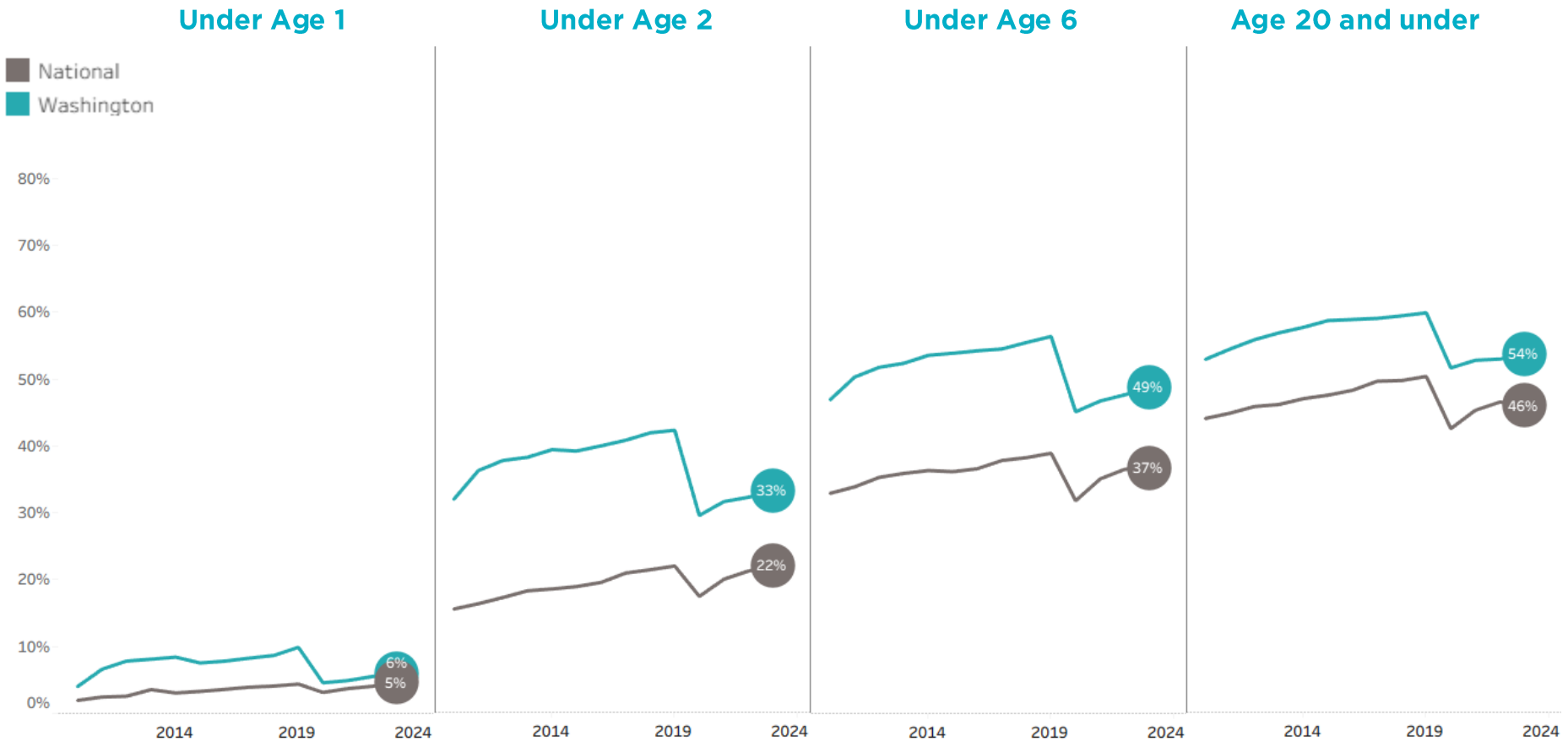
Children

Between FY 2008 and FY 2024, a larger share of children enrolled in Apple Health accessed preventive and diagnostic dental care, indicating improved engagement in early and routine care.

Use of adjunctive general services also increased, reflecting greater use of procedures that require additional supports such as general anesthesia. While these services are clinically appropriate for some children, they are among the most costly and are typically used when routine dental care cannot be completed in a traditional setting.

In **Washington state**, the share of children receiving dental care **consistently exceeds** the national average.

Children Enrolled in Medicaid for at Least 90 Continuous Days Receiving any Dental Services (2010-2023)

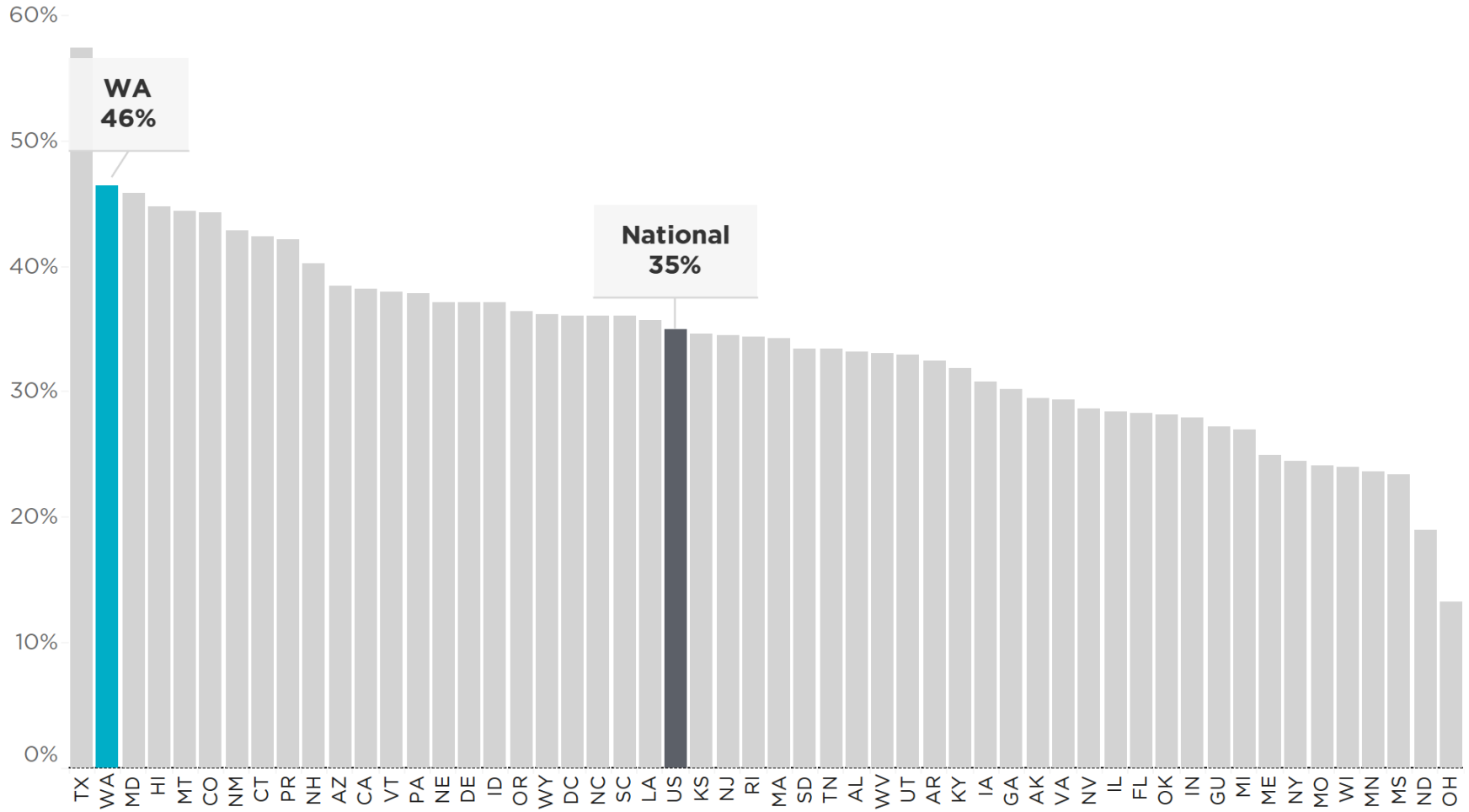


Note: National Medicaid data are from the Centers for Medicare & Medicaid Services (CMS) Form CMS-416, Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Reports. The EPSDT benefit provides comprehensive preventive and diagnostic health services for children enrolled in Medicaid.
Source: CMS-416 EPSDT Reports, 2023, Line 1b and Line 12a.

Over the past decade, Washington children consistently received dental care at higher rates than children nationally across all age groups.

Washington State's Apple Health is a **national leader** in pediatric preventive dental care, **ranking #2** among states

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, 2023



Note: National Medicaid data are from the Centers for Medicare & Medicaid Services (CMS) Form CMS-416, Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Reports. The EPSDT benefit provides comprehensive preventive and diagnostic health services for children enrolled in Medicaid.

Source: CMS-416 EPSDT Reports, 2023, Lines 1b and 12b.

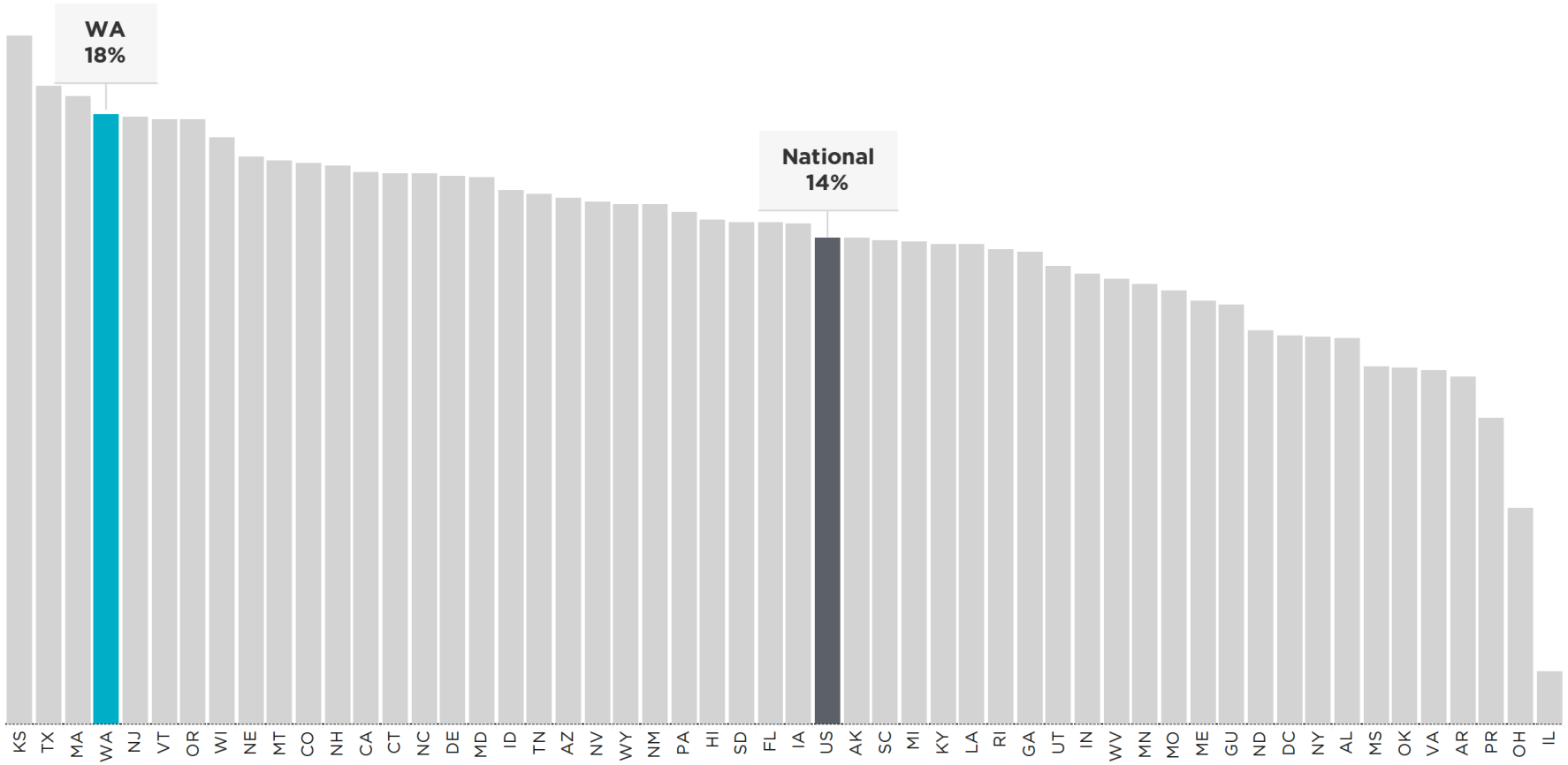
Children

Washington state is one 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, and engages primary care medical providers in delivering preventive oral health services.

Washington state is a national leader in the percentage of Medicaid-enrolled young **children with sealants** as part of their preventive care.

Percentage of Children Who Receive Sealants on First Permanent Molar
Washington vs. Other States, 2023



Note: National Medicaid data are from the Centers for Medicare & Medicaid Services (CMS) Form CMS-416, Annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Reports. The EPSDT benefit provides comprehensive preventive and diagnostic health services for children enrolled in Medicaid.

Source: CMS-416 EPSDT Reports, 2023, Line 1b and Line 12d.

Children (6-9 years)

Sealants are an effective and proven method to prevent caries. They significantly reduce a child's risk of having decay and can even stop decay that has already started.

Washington is among the top 10 states for the percentage of Medicaid-enrolled children receiving sealants on a first permanent molar in 2023.

18% of Apple Health-enrolled children ages 6 to 9 years received sealants on their first permanent molar.



Washington's Children's Oral Health Status

Smile Survey
2023-24

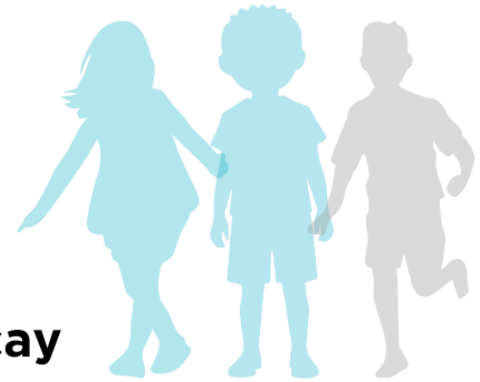
ARCORA
Foundation
Bending the Arc of Oral Health Toward Equity

Nearly two-thirds of all third graders in Washington have tooth decay

Washington State Smile Survey, 2023-2024

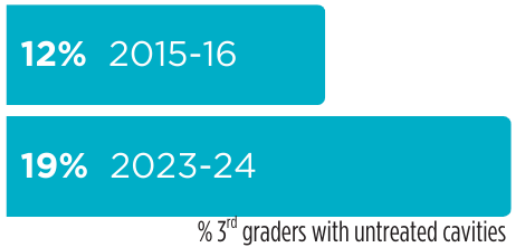
2 in 3

third graders in Washington have experienced tooth decay



1 in 5

third graders in Washington have untreated tooth decay, which has increased since 2015



The **untreated decay rate** has **risen back to 2005** levels after a decade of decline.

Statewide Findings

Decay experience

65%

Untreated decay

19%

+7% from 2015-16

Rampant decay

22%

Needs dental treatment

19%

Dental sealants

48%

-6% from 2015-16

Children oral health status

The Smile Survey is a statewide assessment of second- and third-grade students administered by the Washington State Department of Health (DOH) every 5 to 7 years to monitor children's oral health. Conducted since the early 1990s, the survey provides a snapshot of tooth decay, untreated decay, sealant use, and other key indicators of oral health among Washington's children.

Results from the 2023–24 Smile Survey show that while children's oral health improved for many years, progress has stalled and some indicators have worsened. After declining steadily between 2005 and 2016, untreated tooth decay has risen back to 2005 levels, indicating that too many children continue to experience pain, infection, and barriers to learning.

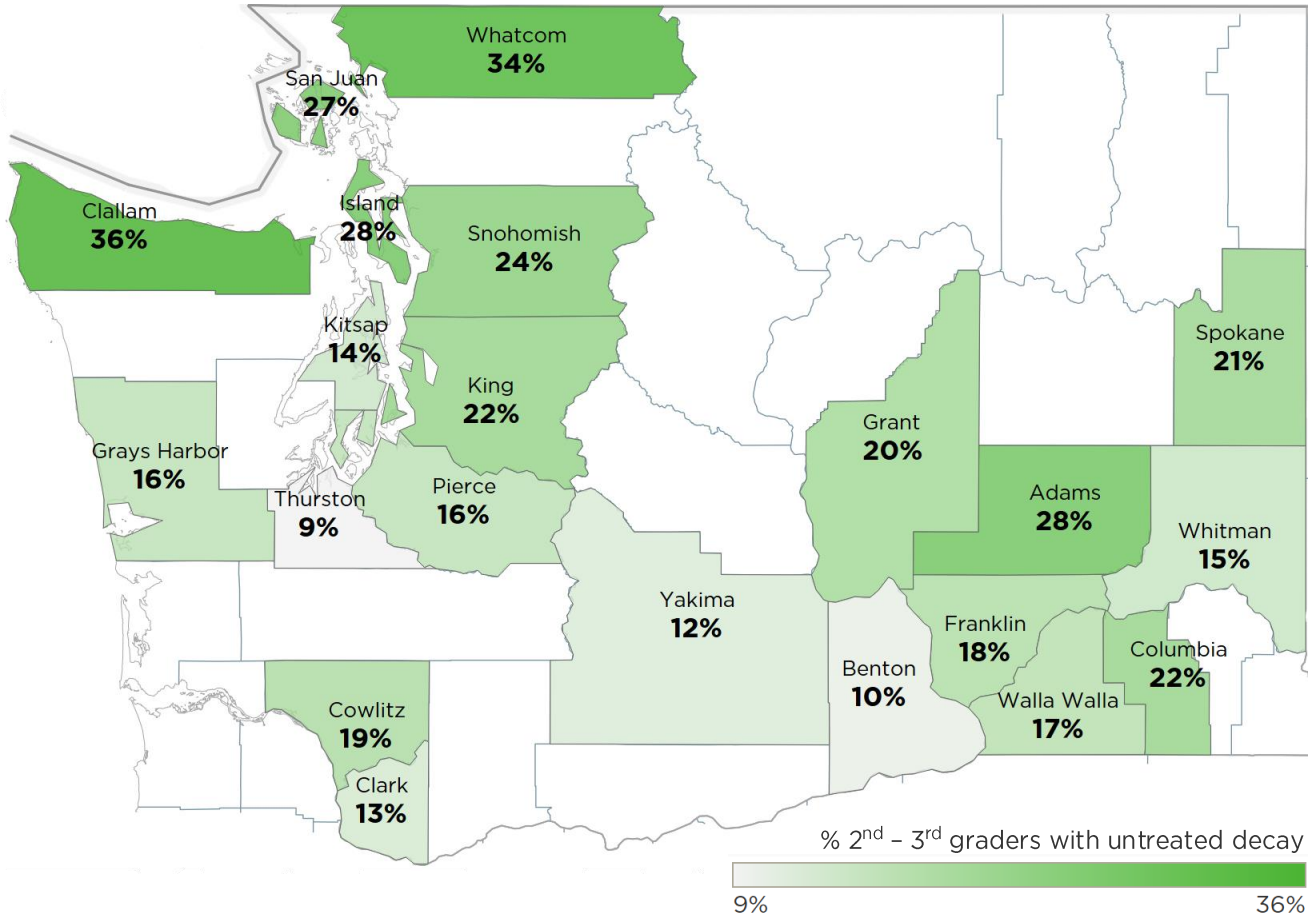
Source: Washington State Department of Health, *2023–2024 Smile Survey Fact Sheet: The Oral Health of Washington's Elementary School Children* (DOH 140-319, Aug 2025)

Untreated tooth decay among elementary school children varies widely by county (9%-36%).

Washington State Smile Survey, 2023-2024

19%

of 2nd–3rd grade students statewide have untreated tooth decay



Notes: Counties shaded in white did not complete the Smile Survey in 2023-2024.

Findings for 2nd and 3rd graders were combined to increase the sample size for county-level analysis.

Source: Washington State Department of Health, *2023–2024 Smile Survey Fact Sheet: The Oral Health of Washington's Elementary School Children* (DOH 140-319, Aug 2025)

Children oral health status

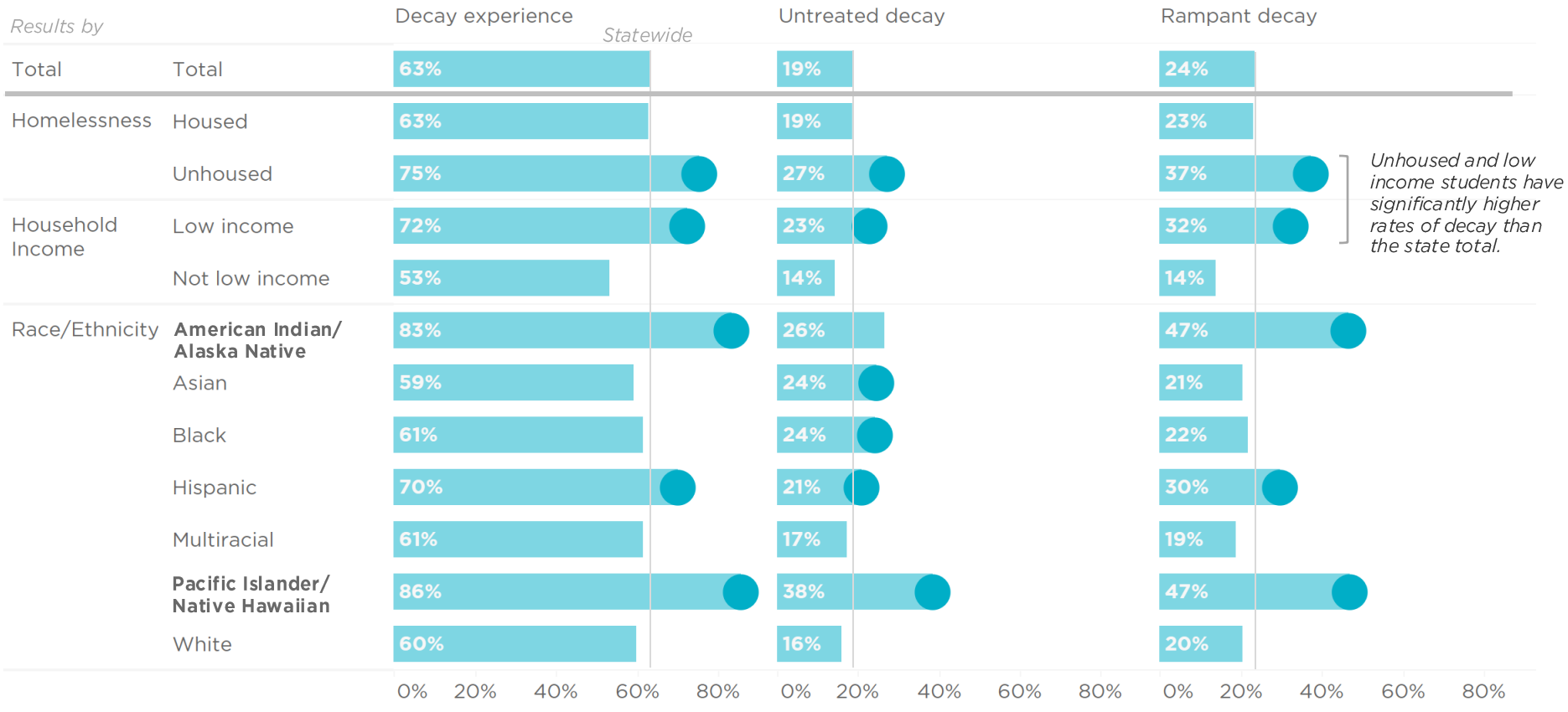
Local-level surveys were conducted in 21 counties. Untreated decay rates among second and third grade children varied widely, ranging from 9% in Thurston County to 36% in Clallam County, highlighting substantial geographic disparities in children's oral health.

These differences underscore opportunities to target prevention and access strategies in counties with the highest unmet need.

Significant oral health inequities exist among Washington **children of color and children from lower-income** households.

Decay rates among 2nd and 3rd graders by demographic group, 2023-24

Statewide 2-3 graders } 2023-24



Notes: Dots indicate statistically significant differences from the reference group ($p < 0.05$).
For additional details, visit the 2023–24 Smile Survey dashboard: Smile Survey Dashboard 2023-24 | Tableau Public
Since some demographic groups are small, findings for 2nd and 3rd graders were combined to increase the sample size for analyzing demographic disparities.

Source: Washington State Department of Health, *2023–2024 Smile Survey Fact Sheet: The Oral Health of Washington's Elementary School Children* (DOH 140-319, Aug 2025)

Children oral health status

Smile Survey results show that children of color, children from lower-income households, and children who are unhoused experience a disproportionately higher burden of oral disease and treatment needs compared to the state average. These children have higher rates of untreated tooth decay and multiple cavities and face greater barriers to accessing preventive and restorative dental care.

These inequities highlight the importance of targeted prevention and improved access to dental care for children most at risk.

Low-income second- and third-grade students have worse oral health outcomes than higher-income peers

Oral health outcomes for 2nd-3rd grade students by household income | 2023-24 Smile Survey

Untreated decay

14% Not low income

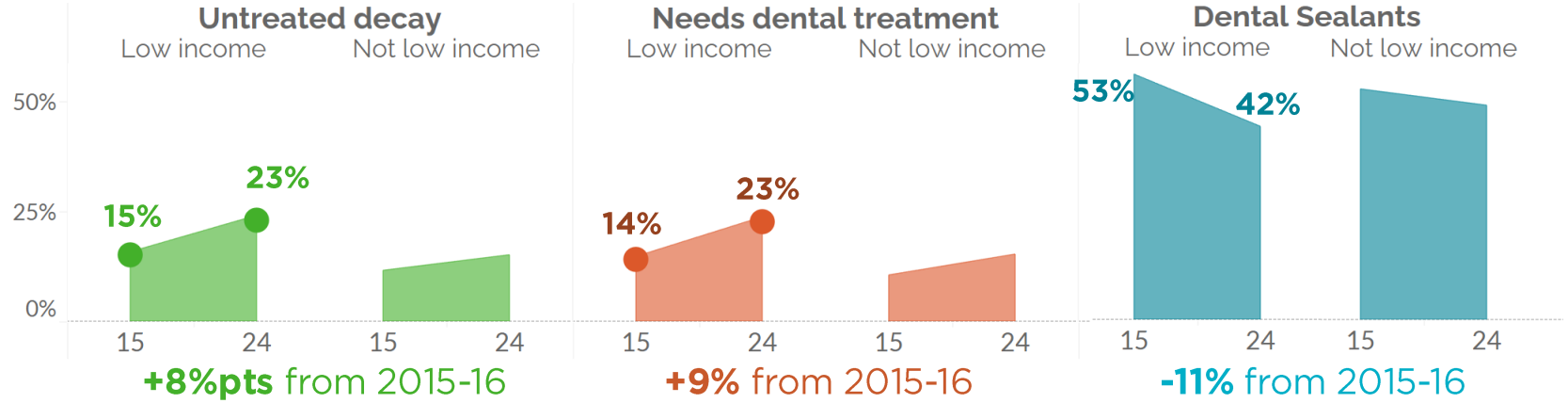
23% Low income

Experienced any tooth decay

53% Not low income

72% Low income

Outcomes for low-income students have gotten worse since the 2015-16 Smile Survey



Note trended data is not available for 'experienced any tooth decay' due to methods changes between surveys

Declines in dental sealants indicate less investment in preventive care

Notes: Low income 2nd 3rd graders in 2024 had statistically significant increases from 2015 for untreated decay and treatment needed.
Since some demographic groups are small, findings for 2nd and 3rd graders were combined to increase the sample size for analyzing demographic disparities.

Source: Washington State Department of Health, *2023–2024 Smile Survey Fact Sheet: The Oral Health of Washington's Elementary School Children* (DOH 140-319, Aug 2025)

Children oral health status

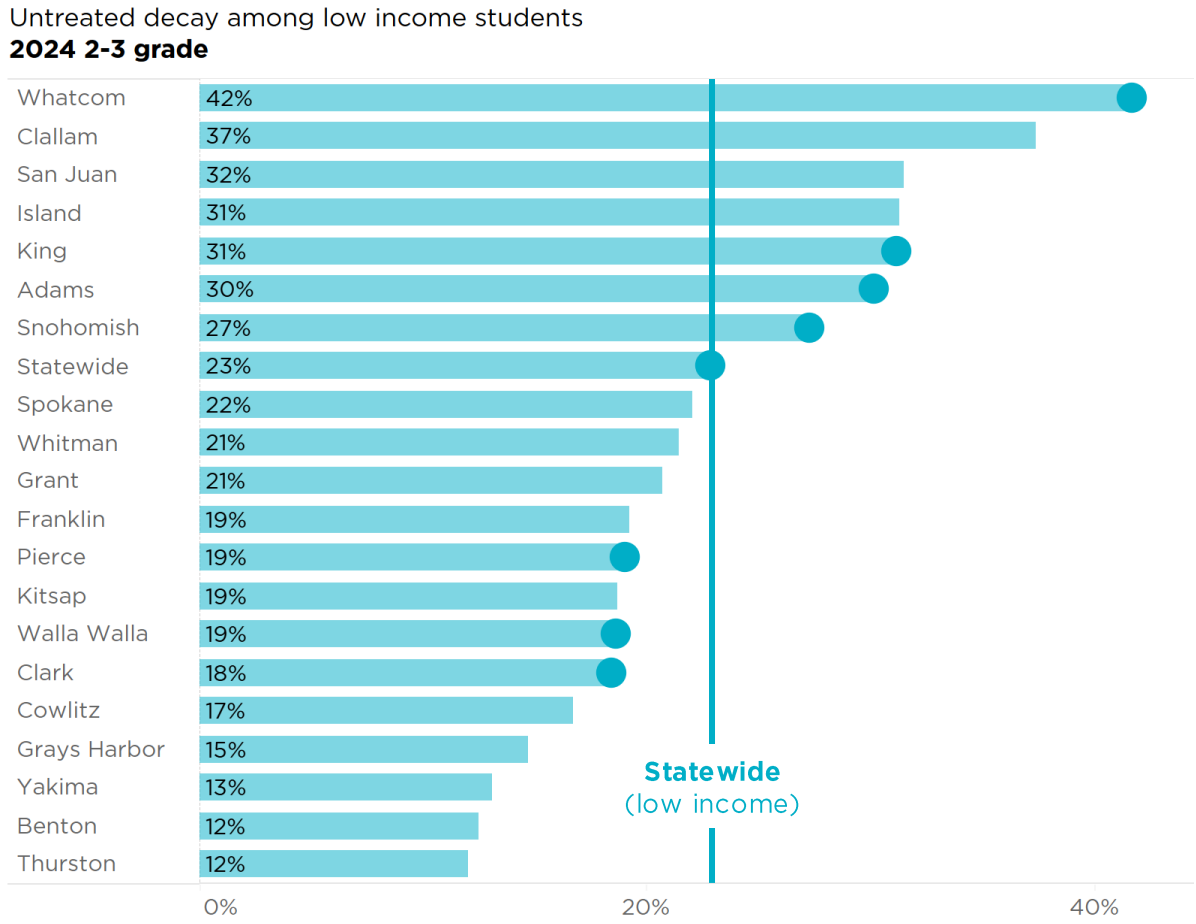
Children from lower-income households experience significantly worse oral health outcomes than children from higher-income households. In the 2023–24 Smile Survey, low-income second- and third-grade students were more likely to experience tooth decay, untreated decay, and treatment needs and were less likely to receive dental sealants. These disparities have persisted and, in some cases, widened since the 2015–16 survey.

Untreated tooth decay among low-income elementary school children has a wider disparity gap across counties (12%-42%).

Washington State Smile Survey, 2023-2024

23%

of 2nd–3rd grade students from low income households have untreated decay across WA state



Notes: Dots indicate statistically significant differences from the reference group ($p < 0.05$).
For additional details, visit the 2023–24 Smile Survey dashboard: Smile Survey Dashboard 2023-24 | Tableau Public
Since some demographic groups are small, findings for 2nd and 3rd graders were combined to increase the sample size for analyzing demographic disparities.

Source: Washington State Department of Health, *2023–2024 Smile Survey Fact Sheet: The Oral Health of Washington's Elementary School Children* (DOH 140-319, Aug 2025)

Children oral health status

Lower-income children face markedly different risks of untreated tooth decay depending on where they live, highlighting uneven access to preventive and routine dental care across counties.

Total **Services** and Expenditures Key Findings (Children)

Access to dental care among children has improved over time, though utilization has not fully recovered to pre-pandemic levels.

The percentage of children accessing dental services increased from 45% in FY 2008 to 52% in FY 2024, with utilization rising across all age groups.

In the most recent fiscal year, the number of children receiving dental services increased by 2%; however, overall utilization remains below pre–COVID-19 levels.

Preventive dental care access increased substantially, particularly among young children.

Between FY 2008 and FY 2024, the share of children receiving preventive dental services increased across most age groups.

By FY 2024, 59% of children ages 2–5 received preventive dental care. Among all children ages 20 and under, preventive service use increased from 40% to 48%, indicating improved engagement in early and routine care.

Dental service utilization varies widely by county, highlighting persistent geographic disparities.

Between FY 2008 and FY 2024, dental utilization among children increased in 31 of Washington's 39 counties, including 34 counties for children under age 6.

Despite these gains, county-level utilization in FY 2024 ranged from 23% in Garfield County to 64% in Douglas County.

These differences may reflect variation in population size, provider participation in Apple Health, and dental workforce availability, particularly in rural and dental health professional shortage areas.

Total Services and **Expenditures** Key Findings (Children)

Children's dental care represents a significant and growing share of Apple Health spending.

In FY 2024, Washington Apple Health spent $345 million on dental services for children.

Children's dental expenditures increased 18% in 2024 fiscal year (12% after adjusting for inflation), reflecting a rebound following pandemic-related declines.

Restorative services remain the largest driver of children's dental expenditures, though their share has declined.

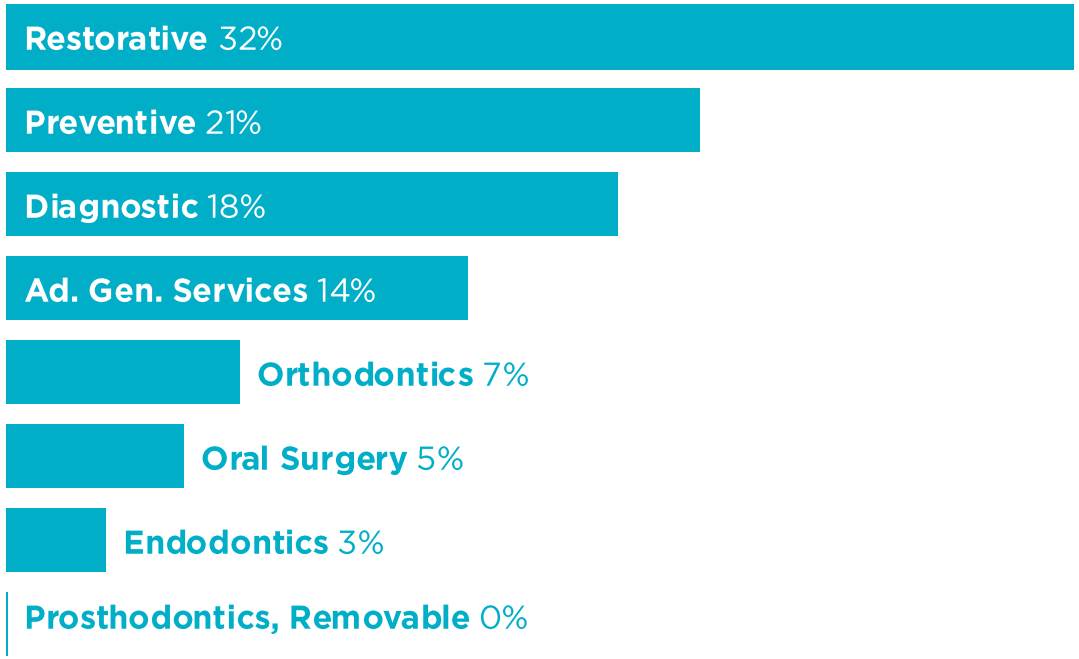
Restorative services accounted for the largest share of children's dental spending from FY 2008 through FY 2024; however, their share declined from 36% to 32%.

Preventive services remained stable at 21% of total expenditures. Adjunctive general services and orthodontics were the only categories that increased their share of spending over time.

$345M

Apple Health dental services spending for children (2024)

Share of spending by procedure group (2024)



Dental Services and Expenditures **Adults**

Adult dental utilization and spending reflect benefit cuts, restoration, and pandemic impacts

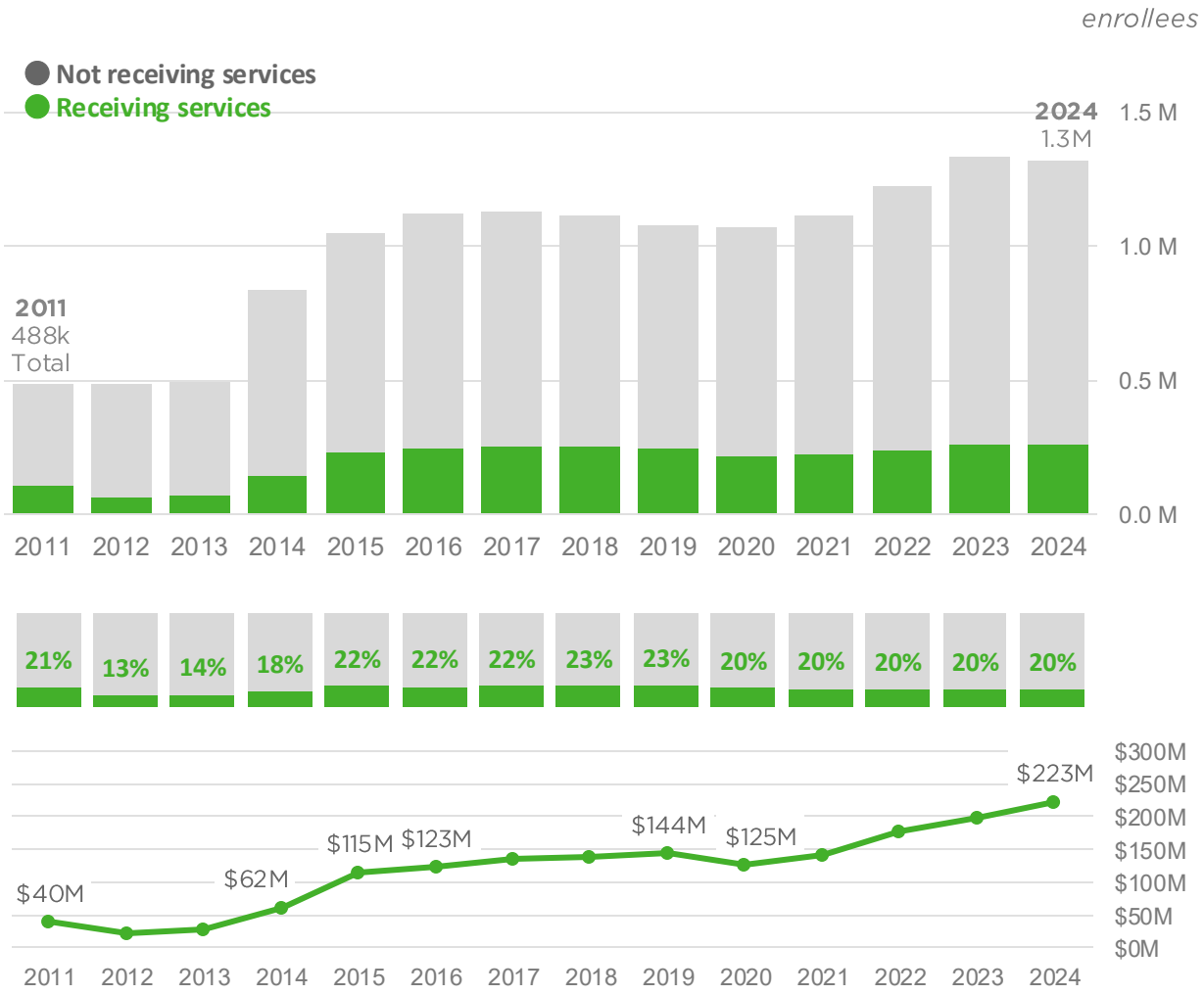
Trend in Dental Utilization and Expenditures among Adults 21 and Older, FY 2011 – FY 2024

19.5%

of adult enrollees utilized care in FY24

$223M

Adult dental expenditures in FY24
▲ 13% from FY23 (+9% after inflation)



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

Adults

Adult dental utilization and expenditures declined sharply following the elimination of adult dental benefits in 2011.

Expenditures fell from $40 million in FY 2011 to $21 million in FY 2012. After adult dental benefits were restored, utilization and spending rebounded. In FY 2015, the first full year of restored coverage, expenditures increased to $115 million and continued to rise through FY 2019.

The COVID-19 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 rebounded more quickly, rising 13% (9% after inflation) in FY 2024 to $223 million.

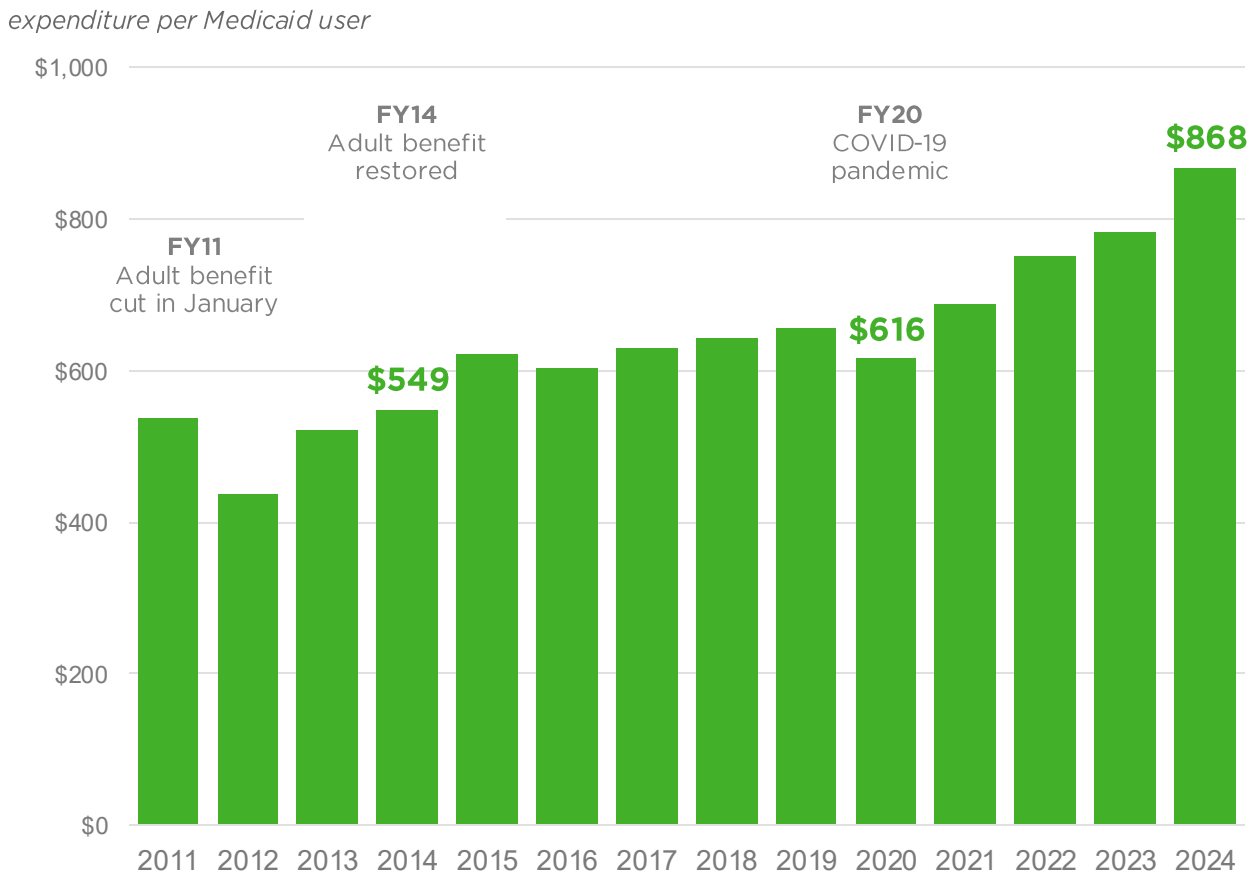
Adult dental spending per user has increased steadily since benefit restoration

Adult cost per Medicaid user, FY 2011 – FY 2024

$868

expenditures per user in FY24

The cost per user has increased 40% since FY15, adjusted for inflation.



Adults

Dental expenditures per adult receiving services declined slightly from $622 in FY 2015 to $616 in FY 2020. Subsequently, per-user dental spending increased steadily.

By FY 2024, inflation-adjusted dental expenditures per adult reached $868, representing a 40% increase since FY 2015, representing a 40% increase since FY 2015 and a sharp rise following the COVID-19 pandemic.

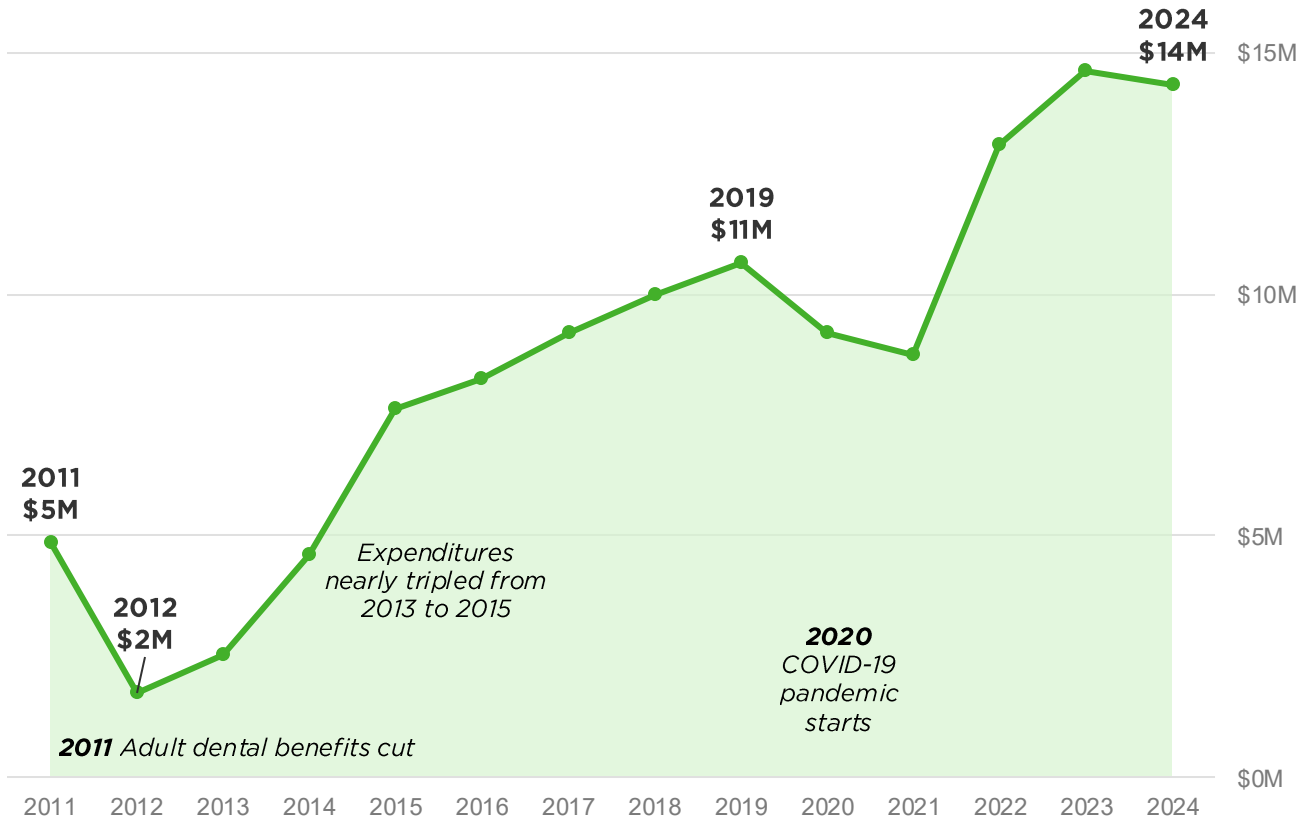
Source: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data

Dental spending among **adults ages 65+** reflect benefit cuts, restoration, and pandemic impacts

Trend in Dental Expenditures among Older Adults (65+), FY 2011 – FY 2024

$14.3M

expenditures for adults ages 65+ in FY2024



Note: Older adults refer to apple health enrollees aged 65 and older.
Apple Health/Medicaid Expansion is only open to adults under the age of 65. Adults aged 65 and over are eligible for Apple Health if they are very low-income or have significant health issues. In FY 2024, only 10% of adults 65 and older in Washington were eligible for Apple Health.

Sources: Washington State Health Care Authority, Apple Health Dental Services Enrollment and Utilization Data
Population percentage is calculated using 2024 population estimates from U.S. Census Bureau.

Adults

Dental utilization and expenditures among adults ages 65 and older declined sharply following the elimination of adult dental benefits in 2011. Expenditures fell from $5 million in FY 2011 to $2 million in FY 2012.

After adult dental benefits were restored, utilization and spending rebounded. By FY 2019, expenditures more than doubled from FY 2011, reaching $11 million.

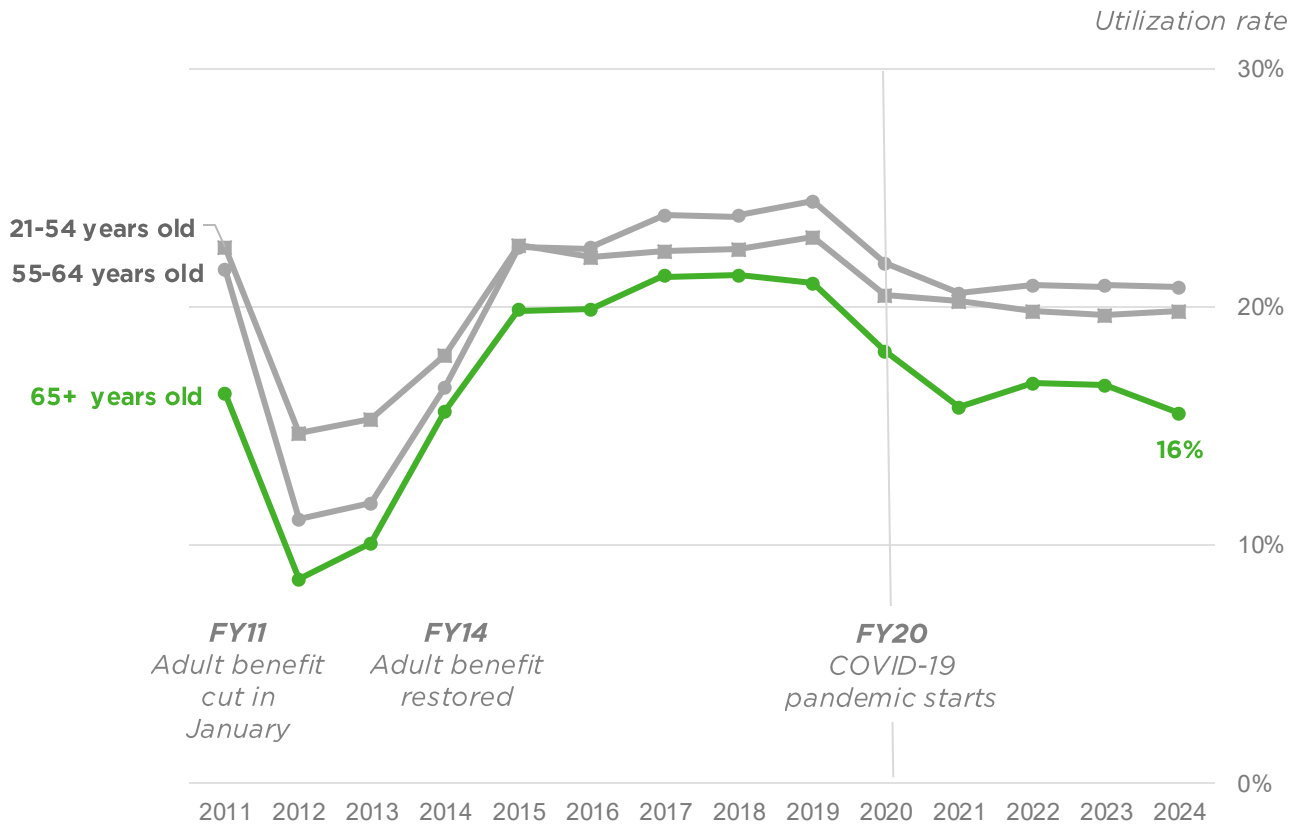
The COVID-19 pandemic disrupted this growth in FY 2020, when both utilization and expenditures declined. Post-COVID, utilization has not returned to pre-pandemic levels, while expenditures increased by 56% (45% after adjusting for inflation), reaching $14.3 million in FY 2024.

Older adults consistently have lower dental utilization, but trends are similar across age groups

Trend in Dental Utilization among Adults by Age Group FY 2011 – FY 2024

16%

utilization rate for adults ages 65+ in FY2024



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

Adults

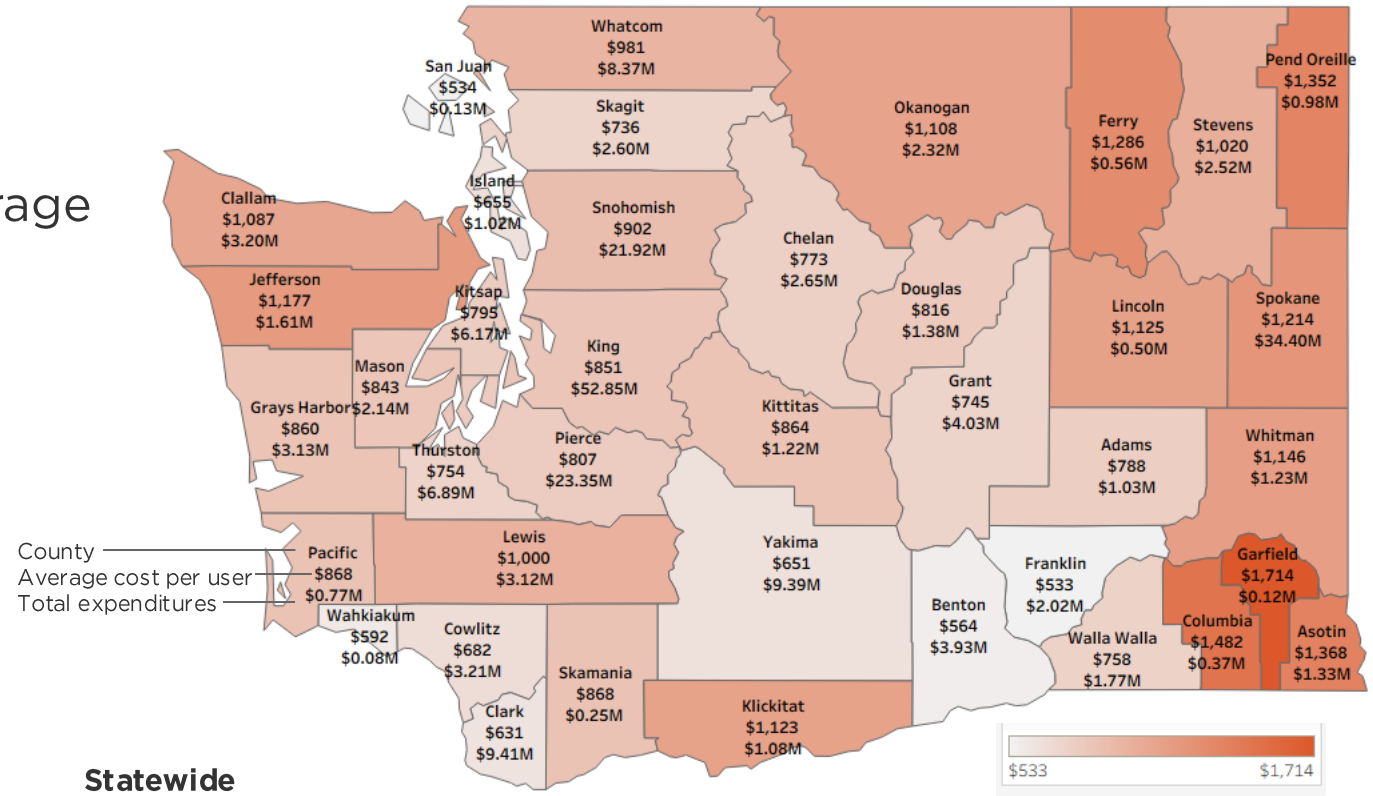
While adults ages 65 and older consistently had lower utilization rates than younger adults, all age groups experienced declines in dental service use between FY 2012 and FY 2014. With the restoration of adult dental benefits in January 2014, utilization increased across all age groups.

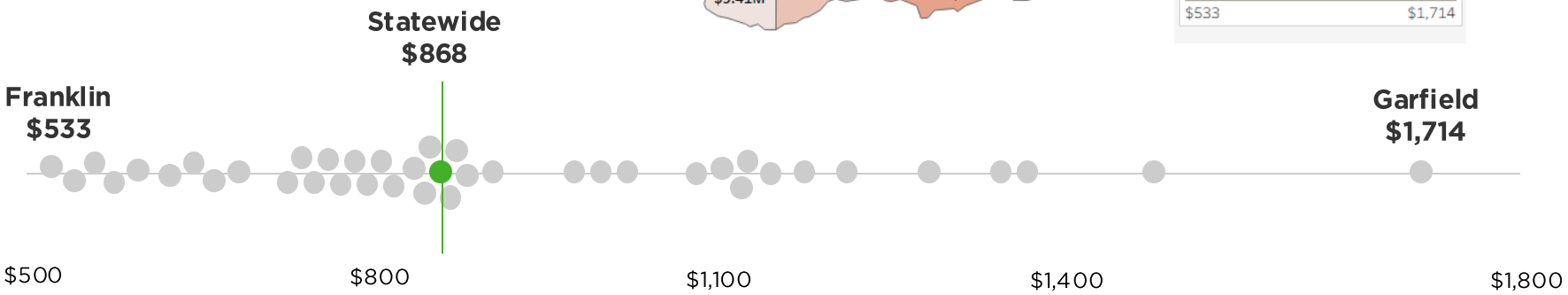
Between FY 2020 and FY 2024, utilization declined slightly for all age groups due to COVID-19–related disruptions to dental clinics and the workforce. Utilization rates have not yet returned to pre-pandemic levels.

Adult Dental Expenditures and Average Cost per User by County, FY 2024

$868

Statewide average cost per user





Note: Expenditures include FQHC encounter payments

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

Adults

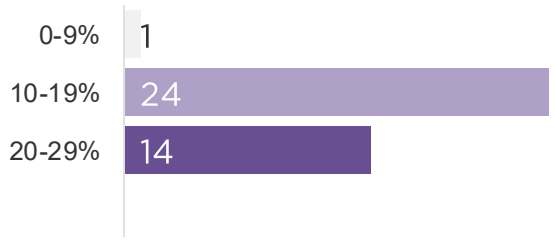
Adult dental expenditures per user vary by county with a low of $533 in Franklin County and a high of $1,714 in Garfield County (indicated by darker shading).

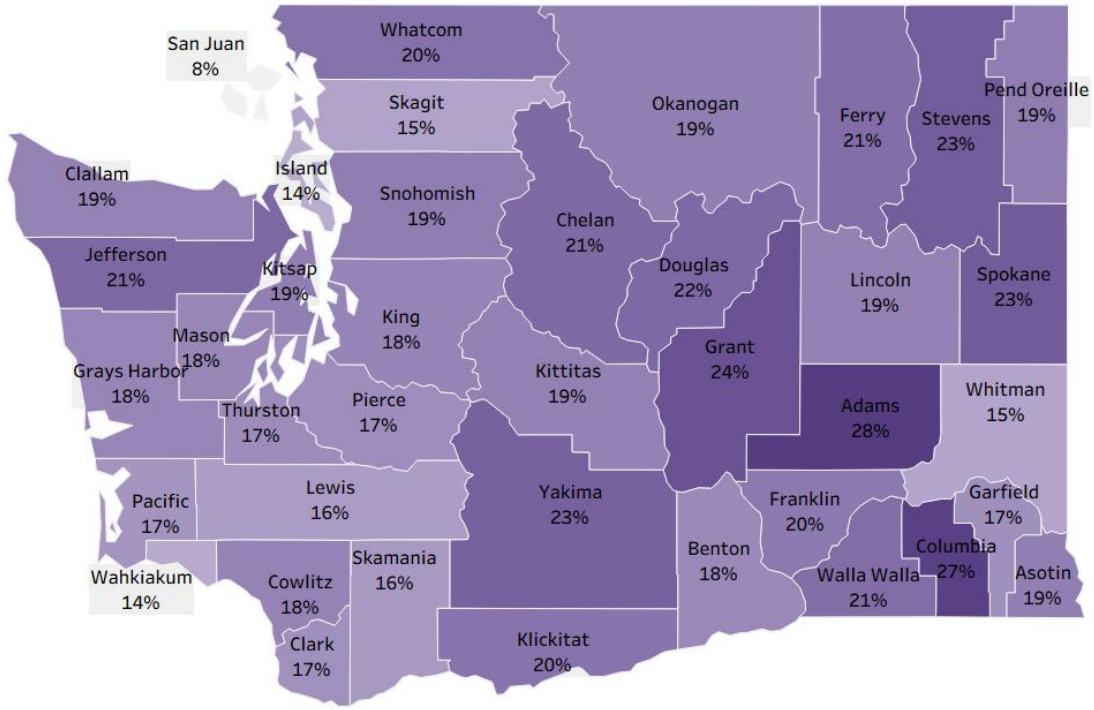
13 counties had a higher utilization than the state's average

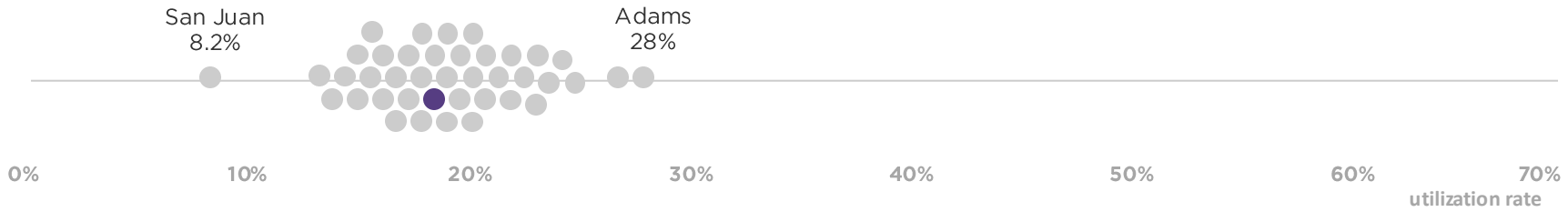
Percent of Adult Enrollees with at Least 1 Dental Service by County, FY 2024

19.5%

Statewide utilization rate







Adults

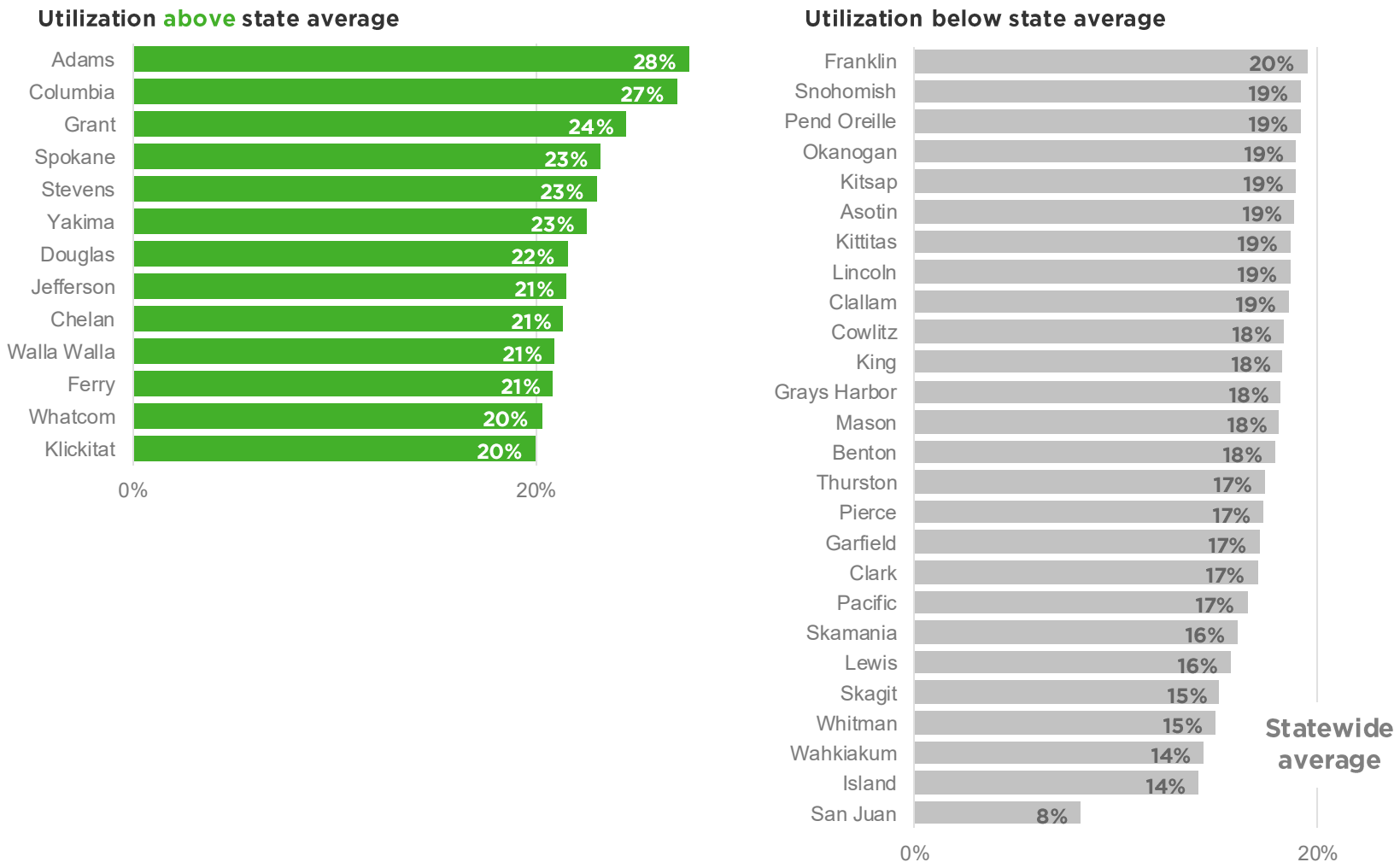
Adams County had the largest percentage of Apple Health adult enrollees receiving dental services in FY 2024 at 28% (indicated by darker shading), while San Juan County had the lowest at 8% (indicated by lighter shading).

Note: See Data Tables on pages 142-145 for key metrics by county

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

13 counties had a **higher utilization** than the Washington state average.

Percent of adult enrollees with at least one dental service by county, FY 2024



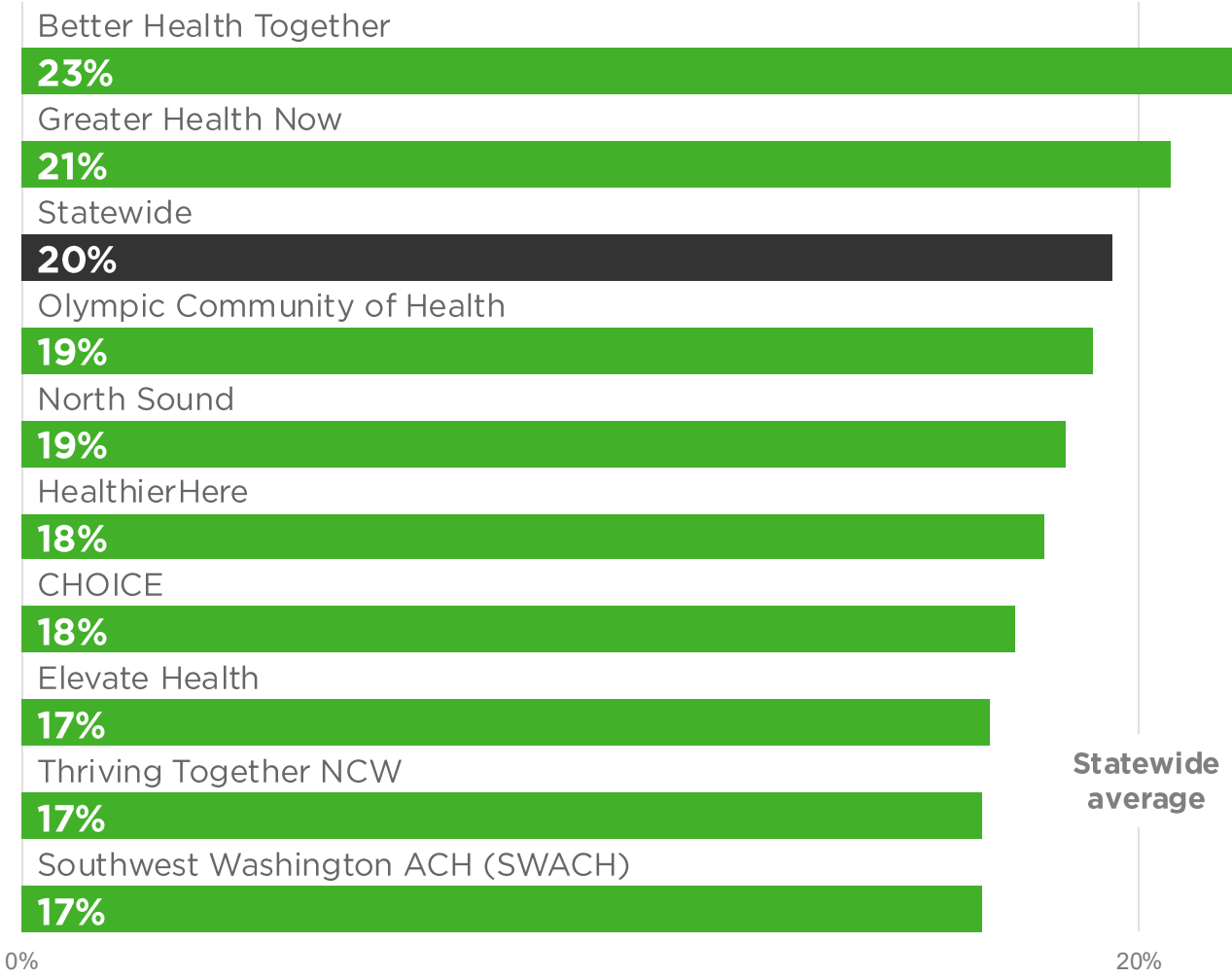
Adults

Adams County had the largest percentage of Apple Health adult enrollees receiving dental services in FY 2024 at 28% (indicated by darker shading), while San Juan County had the lowest at 8% (indicated by lighter shading).

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

Adult dental utilization varies across Accountable Communities of Health.

Percent of Adult Enrollees with at Least 1 Dental Service by ACH, FY 2024



Note: Since 2012, Washington state changed its healthcare delivery to improve health and health equity by aligning resources and bringing leaders from multiple health sectors around the state.
Source: Accountable Community of Health regions from http://www.hca.wa.gov/about-hca/healthier-washington/accountable-communities-health-ach#how-do-achs-align-with-regional-service-areas

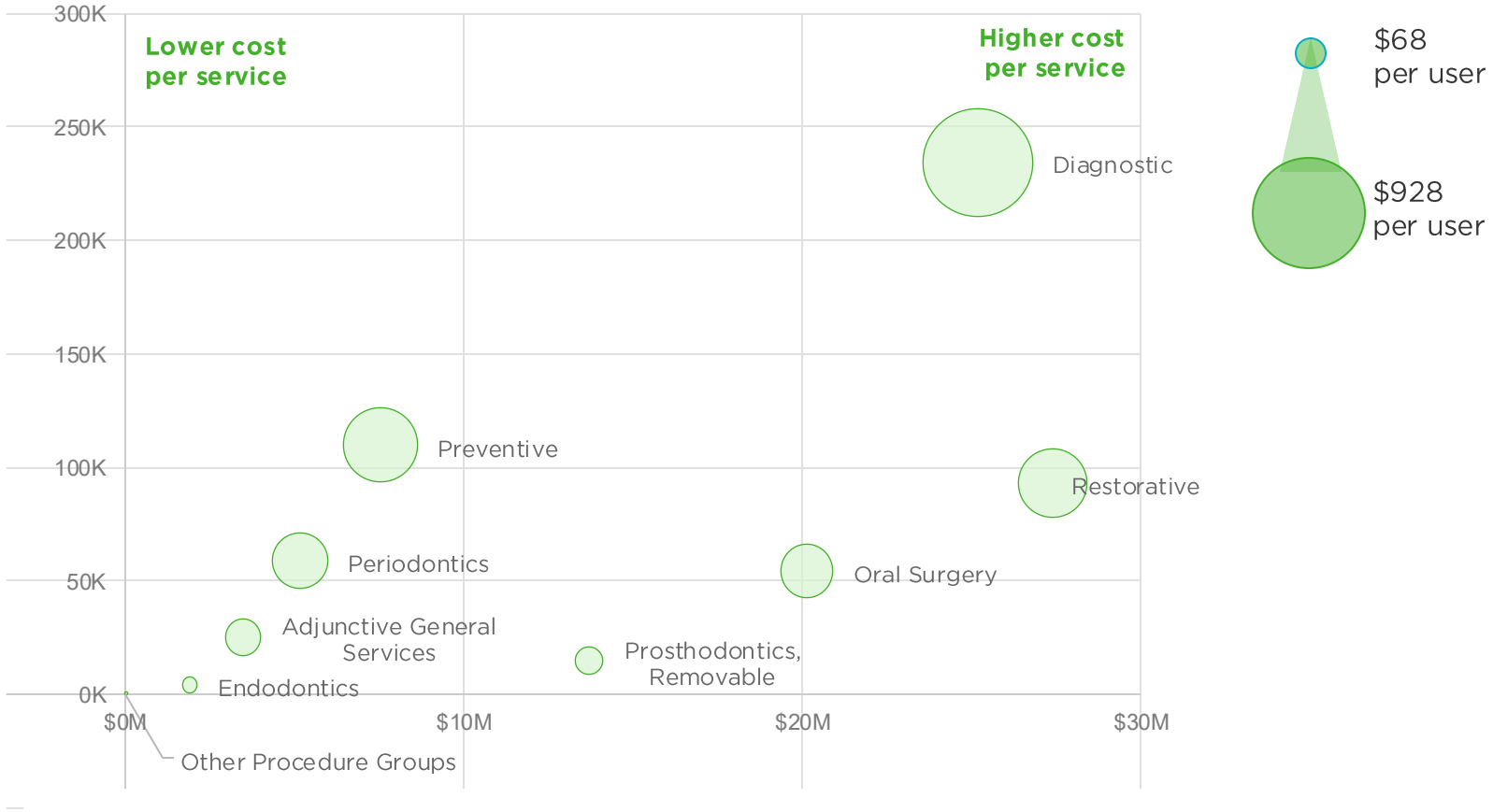
Adults

Adult dental utilization varied across Accountable Communities of Health in FY 2024. Better Health Together and Greater Health Now had the highest shares of adult Apple Health enrollees receiving dental services, exceeding the statewide average of 19.5%.

Regional variation in utilization likely reflects multiple factors, including the availability of dental providers who accept adult Apple Health, provider capacity, travel time and transportation barriers, and differences in patient awareness and perceptions of dental services.

Preventive and **diagnostic services** reach the most adults, while **restorative** and **surgical services** drive the highest spending

Adult Dental Users and Total Expenditures by Procedure Group, FY 2024



Note: Excludes FQHC claims. Prosthetics Fixed and Orthodontics had less than 100 users and $20,000 in expenditures. They are included in the graph as "Other Procedure Groups."

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

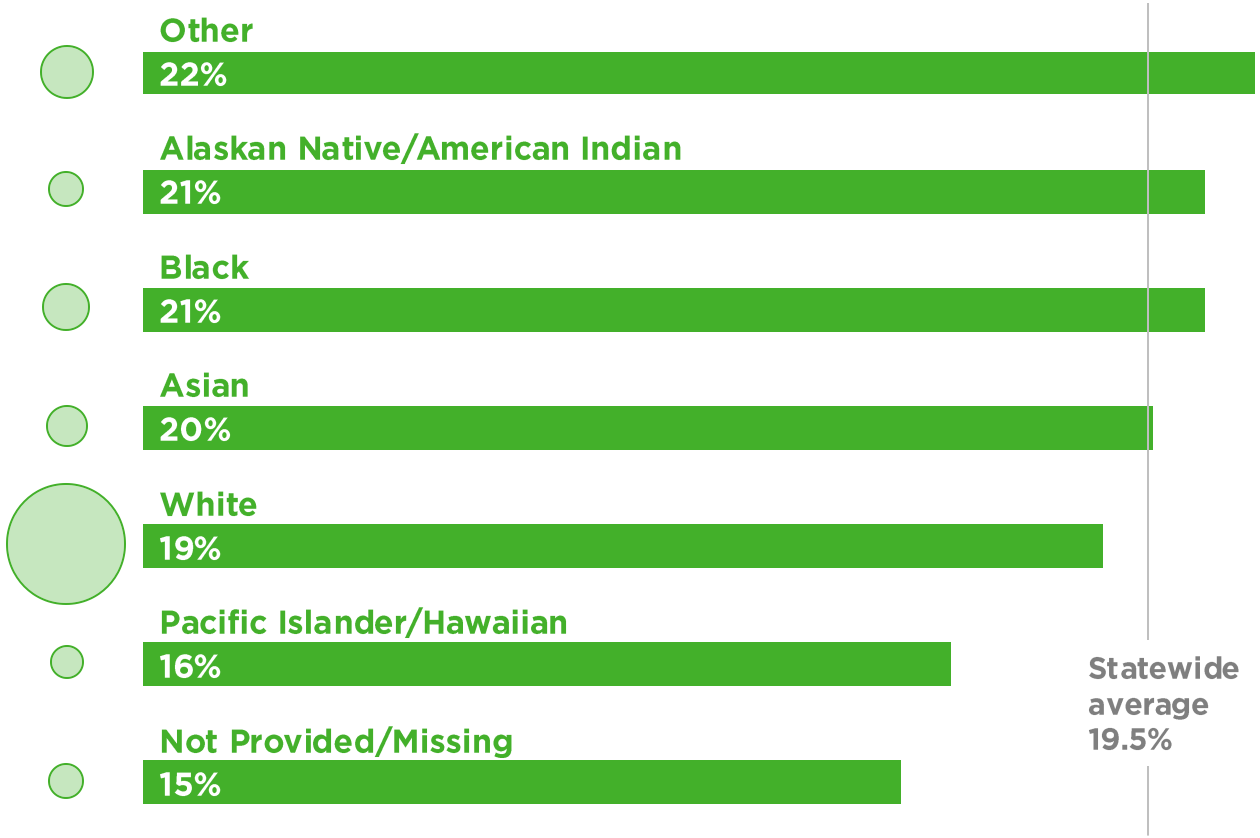
Adults

Adult dental service use and spending varied substantially by procedure type in FY 2024. Diagnostic services reached the largest number of adults (234,600 users), followed by preventive services (109,700 users), reflecting broad use of routine and early-stage care.

Restorative and oral surgery services accounted for the highest total expenditures, with $27.4 million spent on restorative services for 93,100 users and $20.1 million spent on oral surgery for 54,200 users, indicating higher costs per user compared to preventive and diagnostic care.

Apple Health dental utilization rates vary modestly across racial and ethnic groups

Percentage of Enrolled Adults Who Received any Dental Service by Race, FY 2024



Higher rates in "Other" and "Not Provided/Missing" categories reflect data limitations.

*Across all BIPOC groups, **21%** of enrolled adults used services in 2024.*

● *Circle represents number of enrollees*

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

Adults

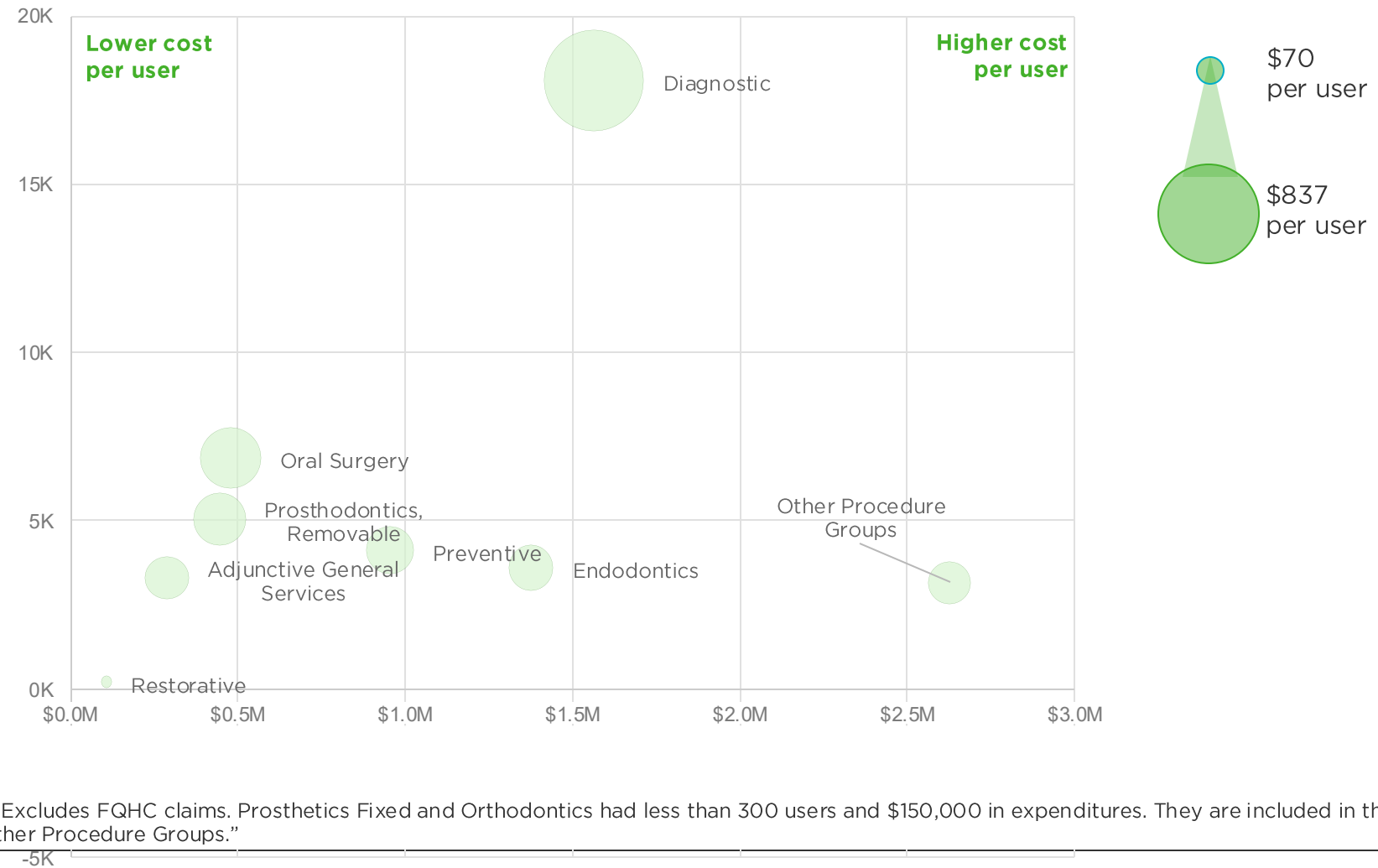
Among adults, dental utilization varied modestly across racial and ethnic groups, with slightly higher use among enrollees identified as American Indian/Alaska Native and Black.

These differences should be interpreted with caution. Race and ethnicity information in Apple Health eligibility and dental claims data is self-reported and voluntary.

Higher utilization among individuals categorized as "Other" may reflect data reporting practices rather than true differences in access to or use of dental care.

Among adults ages 65+, diagnostic and preventive services reach the most users, while prosthodontics drive the highest spending

Older Adult Dental Users and Total Expenditures by Procedure Group, FY 2024



Note: Excludes FQHC claims. Prosthetics Fixed and Orthodontics had less than 300 users and $150,000 in expenditures. They are included in the graph as "Other Procedure Groups."

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

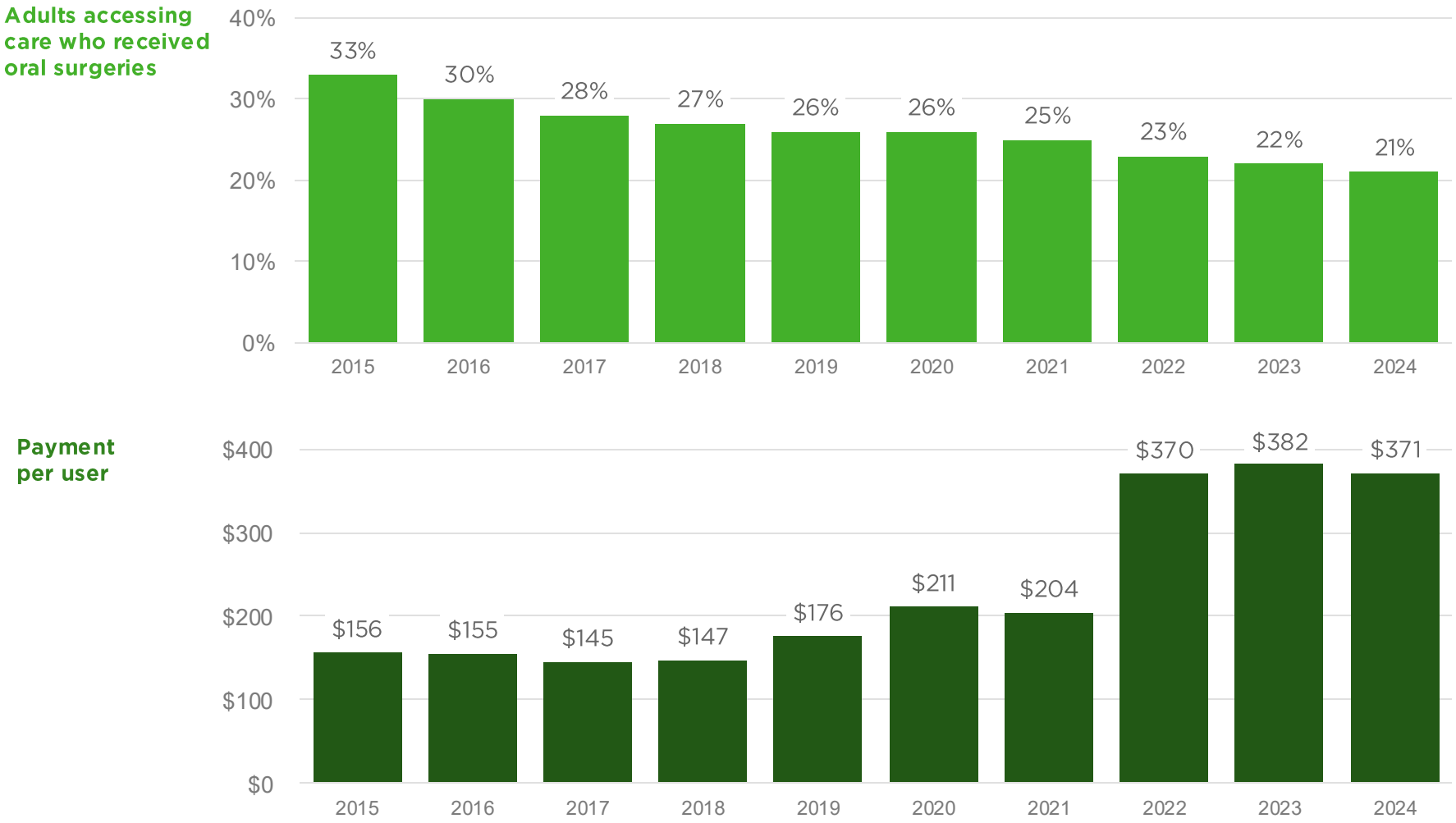
Adults

Dental service use and spending among adults ages 65 and older varied substantially by procedure type in FY 2024. Diagnostic services reached the largest number of users (18,100 older adults), followed by preventive services (6,900 users), reflecting broad use of routine and early-stage care.

Prosthodontics (removable) accounted for the highest total expenditures, with $2.6 million spent on services for 3,200 users, indicating a much higher cost per user compared to other procedure types. Oral surgery and restorative services also contributed substantially to total spending despite serving fewer users.

Adult Oral Surgery Utilization Declined While Costs per User Increased

Adult Oral Surgery Utilization and Expenditures among Adult Enrollees



Note: Excludes FQHCs claims as oral surgery procedures received in FQHCs may not always be identified.

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

Adults

Adult oral surgery utilization has steadily declined since the restoration of adult dental benefits in FY 2015. The share of adult dental users receiving oral surgery fell by 36% between FY 2015 and FY 2024.

Meanwhile, payment per oral surgery user increased sharply after the pandemic, reaching $371 in FY 2024, a 76% higher than FY 2020.

Reimbursement policy changes, including the 2018 removal of prior authorization for certain oral surgery procedures, may have contributed to higher payments per user alongside other factors

Total Services and Expenditures Key Findings (Adults)

Adult dental utilization and spending closely track benefit policy changes and pandemic disruptions.

Following the elimination of adult dental benefits in 2011, adult dental expenditures fell sharply from $40 million in FY 2011 to $21 million in FY 2012.

After benefits were restored, utilization and spending rebounded quickly: in FY 2015, the first full year of restored coverage, expenditures increased to $115 million and continued to rise through FY 2019.

The COVID-19 pandemic temporarily reversed gains in adult dental utilization and spending.

In FY 2020, adult dental users declined by 12%, while expenditures fell by 13% (17% after adjusting for inflation), reflecting widespread disruptions to dental clinics and workforce capacity.

Post-pandemic recovery has been uneven, with spending rebounding faster than utilization.

Adult dental utilization increased in FY 2022 (+9%) and FY 2023 (+8%), before declining slightly (–1%) in FY 2024.

In contrast, total expenditures increased 13% in FY 2024 (9% after inflation), reaching $223 million, indicating rising costs per user.

Dental expenditures per adult increased substantially after benefit restoration and the pandemic.

Inflation-adjusted dental spending per adult receiving services declined slightly from $622 in FY 2015 to $616 in FY 2020, then increased steadily.

By FY 2024, per-user spending reached $868, representing a 40% increase since FY 2015.

Total Services and Expenditures Key Findings (Adults)

Adult dental utilization varies widely by geography, reflecting persistent access disparities.

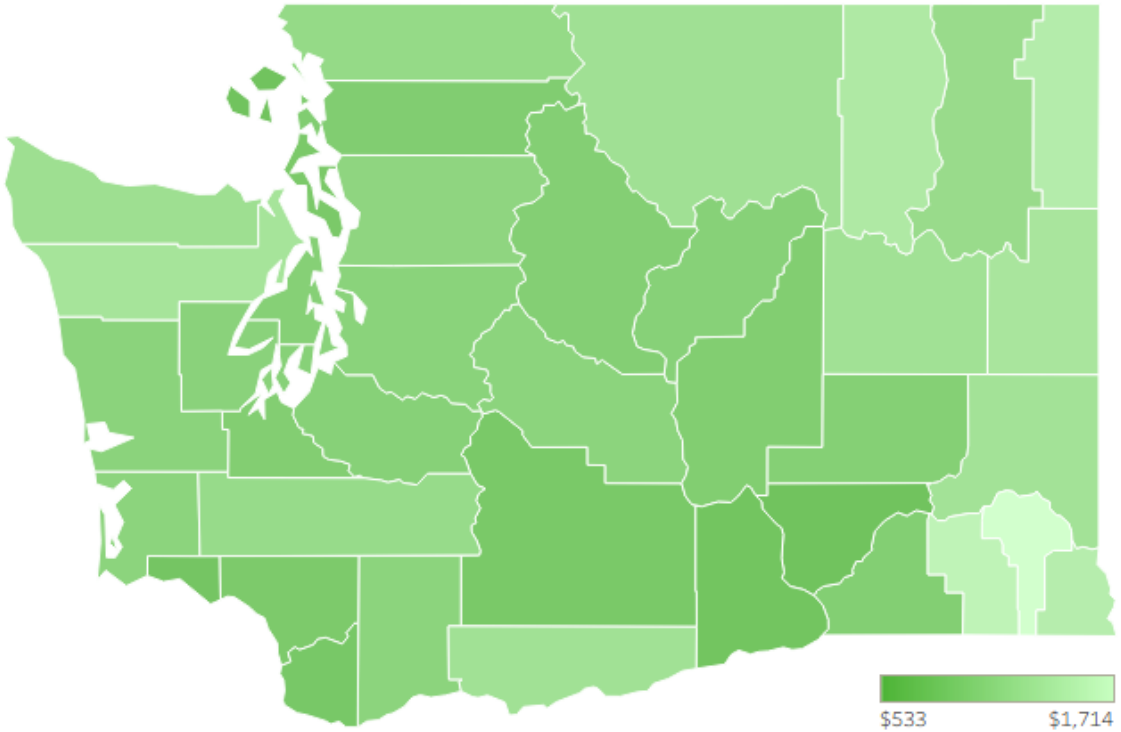
In FY 2024, county-level adult dental utilization ranged from 8% in San Juan County to 28% in Adams County.

Average spending per adult dental user also varied substantially, from $533 in Franklin County to $1,714 in Garfield County, likely reflecting differences in provider participation, capacity, and local workforce availability.

Preventive and diagnostic services reach the most adults, while restorative and surgical services drive spending.

In FY 2024, diagnostic services reached the largest number of adult users (234,600), followed by preventive services (109,700), reflecting widespread use of routine and early-stage care.

However, restorative ($27.4 million) and oral surgery ($20.1 million) services accounted for the largest shares of total adult dental expenditures due to higher costs per user.

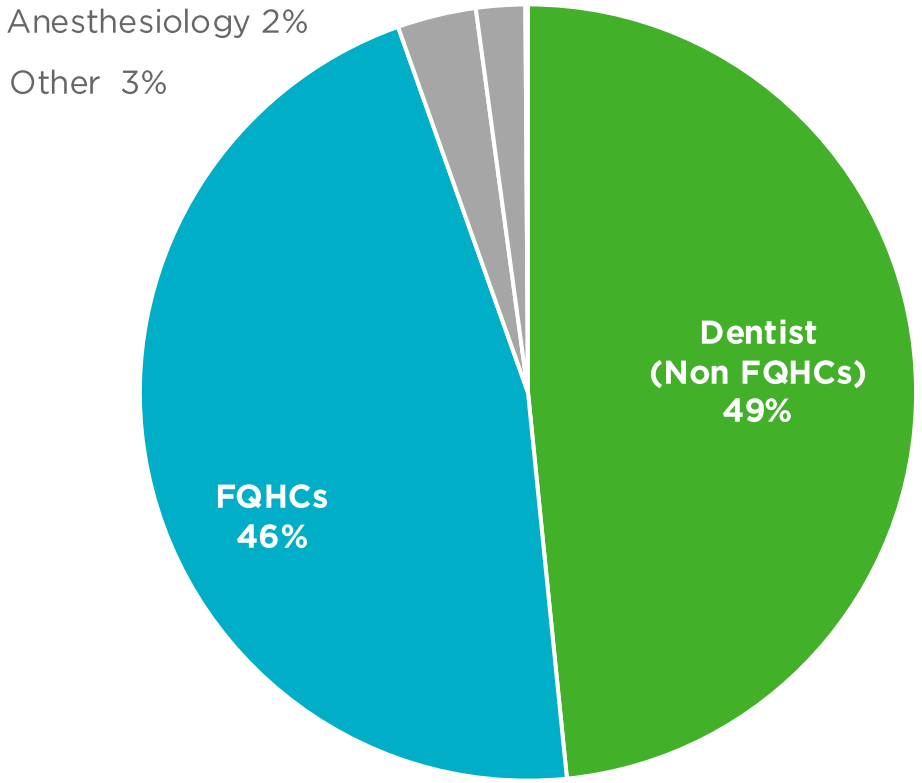


FY 2024 Average statewide dental spending per adult user $868

Oral Health
Providers

Private practice dentists and FQHCs account for 95% of Apple Health dental expenditures

Expenditures by Billing Provider Type Specialty, FY 2024



Notes: "Other" includes Dental Hygienists, Denturists, Nurse Anesthetist (Certified Registered), Single-Specialty, Multi-Specialty, Nurse Practitioner, and Advanced Practice Dental Therapist.

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

Providers

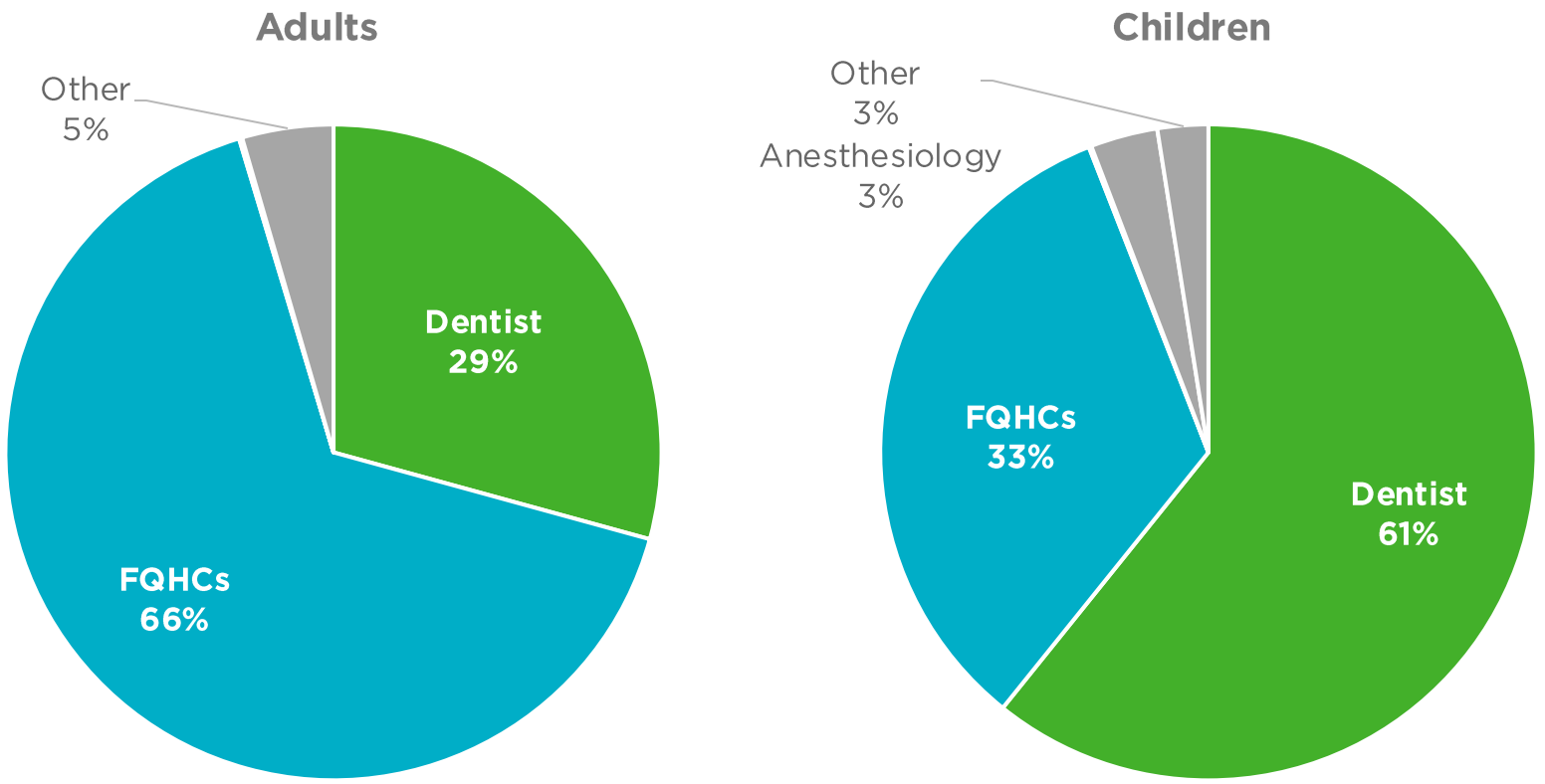
In FY 2024, 95 cents of every dollar for Apple Health dental services went to dentists (private practice) or Federally Qualified Health Centers (FQHCs). The remaining 5% went to dental hygienists, anesthesiologists, denturists, and dental therapist.

Approximately 49% of dental expenditures in FY 2024 were provided by private practice providers (including not-for-profit clinics), while 46% was provided by FQHCs.

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

Dental care delivery differs sharply between adults and children

Expenditures by Age and Billing Provider Type Specialty, FY 2024



Notes: "Other" includes Dental Hygienists, Denturists, Nurse Anesthetist (Certified Registered), Single-Specialty, Multi-Specialty, Nurse Practitioner, and Advanced Practice Dental Therapist.

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

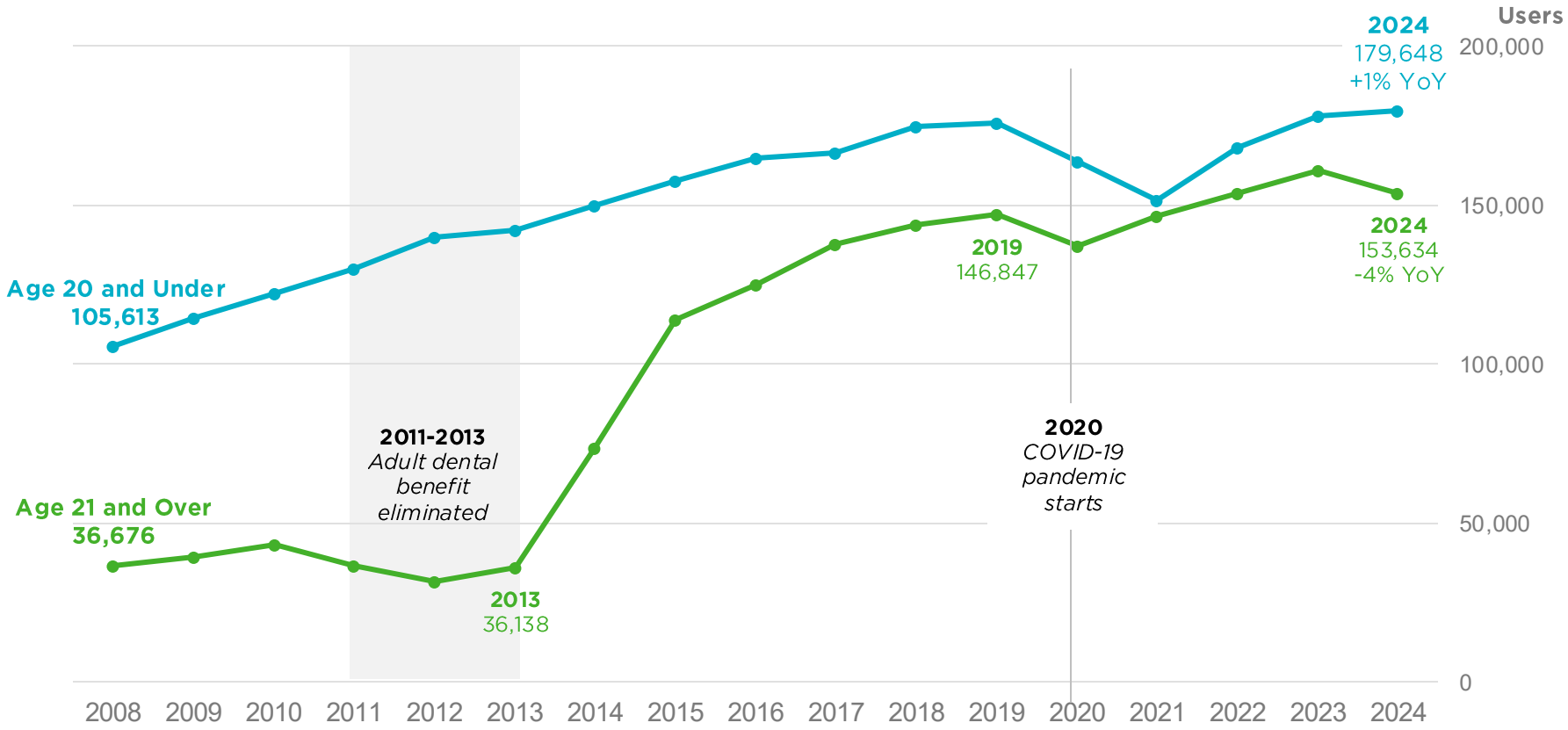
Providers

In FY 2024, approximately 29% of adult dental expenditures were for services provided by private practice providers (including not-for-profit clinics), while 66% were provided by FQHCs. In contrast, approximately 61% of child dental expenditures were provided by private practice providers, with 33% delivered by FQHCs.

These differences reflect distinct care delivery patterns for adult and child Apple Health enrollees.

Adult FQHC dental utilization tripled after benefit restoration, while children consistently accounted for more users

Apple Health Dental Users Served by Federally Qualified Health Centers, FY 2008 – FY 2024



Notes: Adult dental benefits were restored in January 2014. FY 2014 data reflects 6 months of services, while FY 2015- FY 2024 data reflect full years of adult dental services.

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

Providers

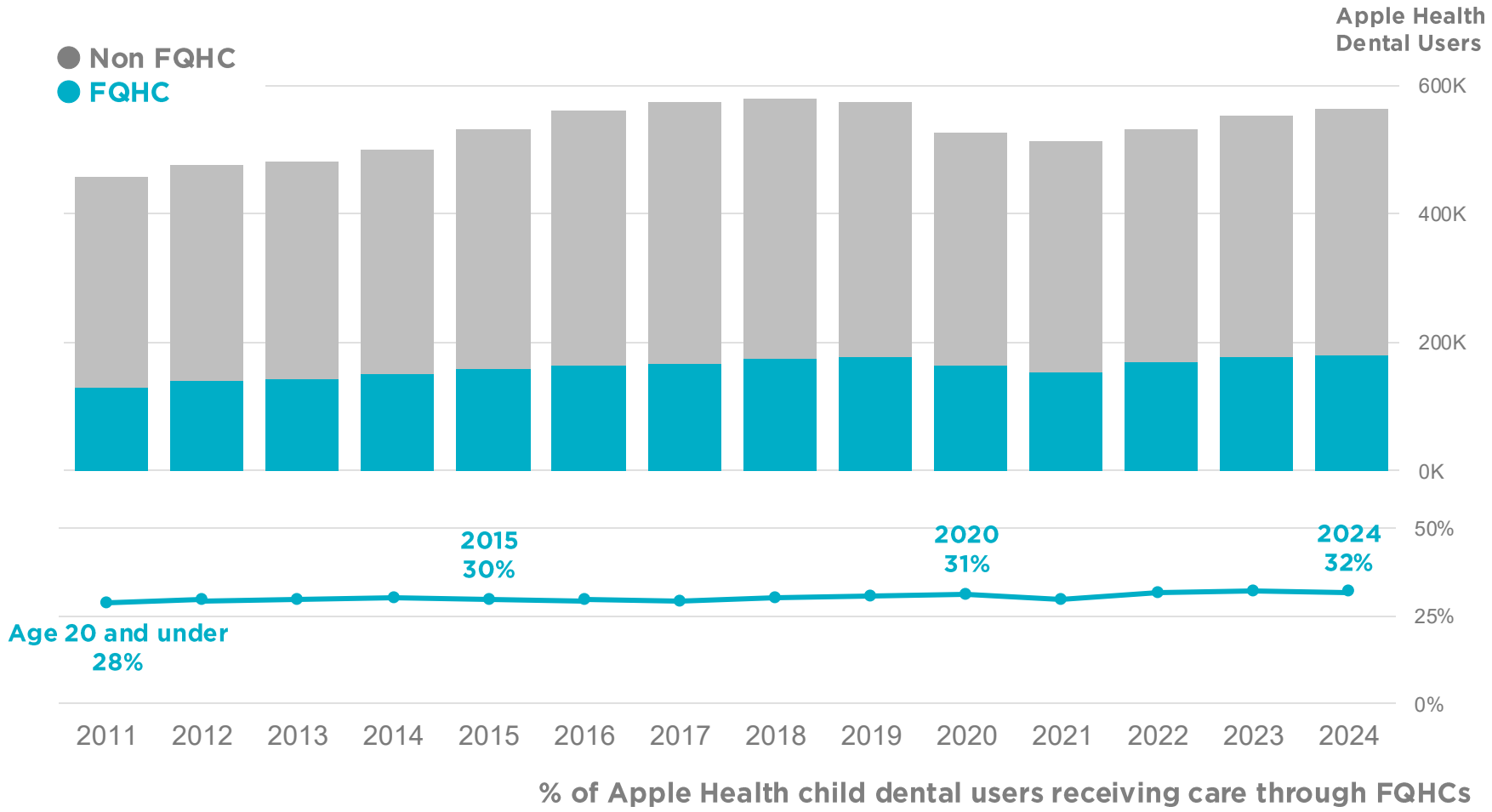
Children have consistently accounted for more FQHC dental users than adults, reflecting higher overall dental utilization among children enrolled in Apple Health.

Between FY 2011 and FY 2013, the number of adults receiving dental care from FQHCs declined following the elimination of adult dental benefits. After benefits were restored, adult FQHC dental users increased sharply—more than tripling between FY 2013 and FY 2019.

Both adult and child FQHC dental utilization declined during the COVID-19 pandemic in FY 2020, followed by recovery in subsequent years. In FY 2024, adult FQHC dental users declined by 4%, while child users increased slightly by 1% since FY 2023.

FQHCs have consistently served about **30% of child dental** users.

Federally Qualified Health Centers That Serve Children as a Portion of Total Child Users, FY 2008 – FY 2024



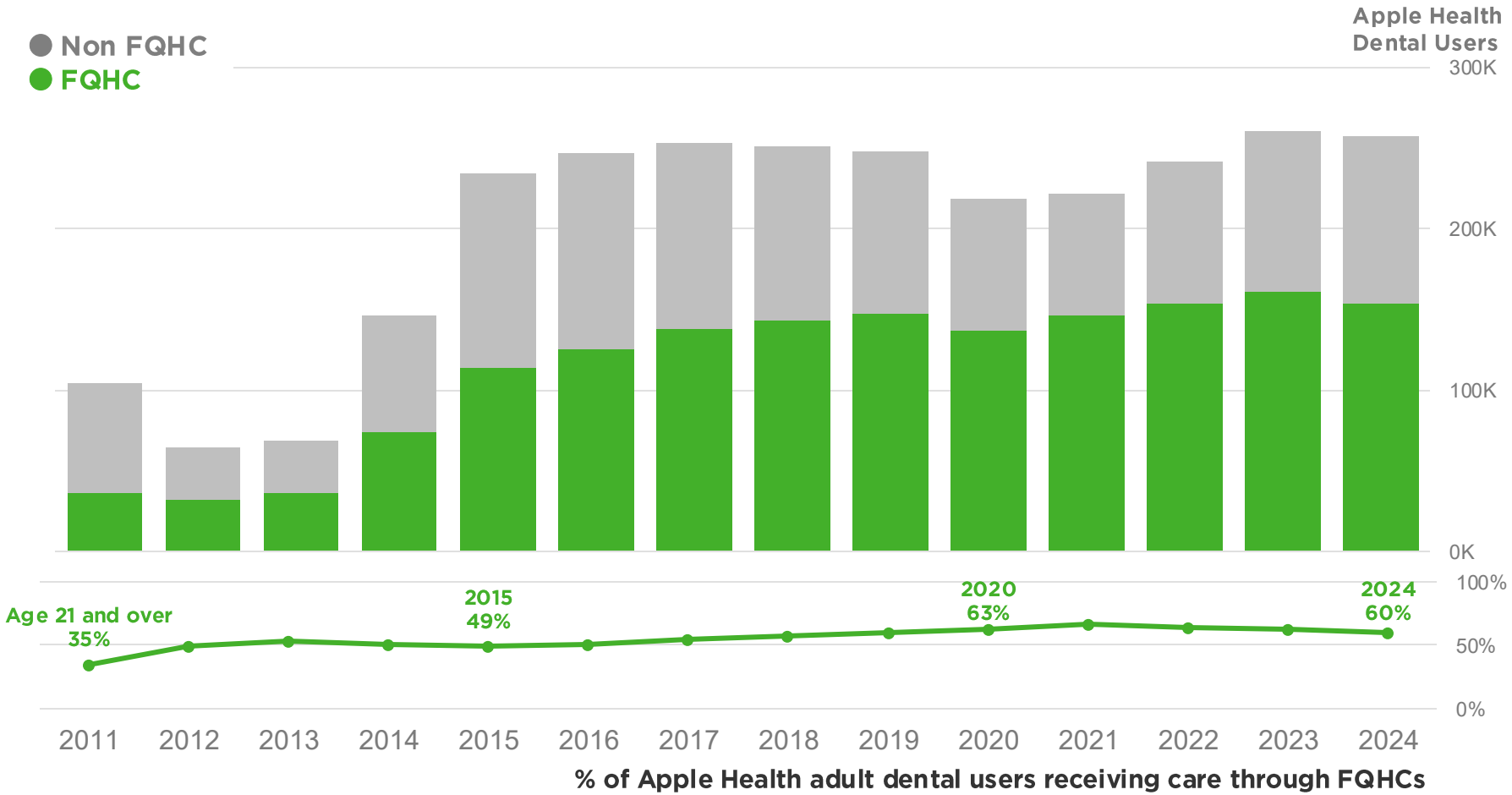
Providers

The share of child dental users receiving care through FQHCs remained relatively stable at around 30% from FY 2008 through FY 2024.

Note: Non-FQHC providers are private practice dentists and not-for-profit dental clinics that are not federally qualified. 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 have played an increasing role since benefit restoration, with more than **half of adult users** accessing care through FQHCs since 2016.

Federally Qualified Health Centers that serve adults as a portion of total adult users, FY 2008 – FY 2024



Providers

The share of adult dental users receiving care through FQHCs increased steadily after FY 2011, peaking at 66% in FY 2021.

Since then, the share has remained high, at 60% in FY 2024.

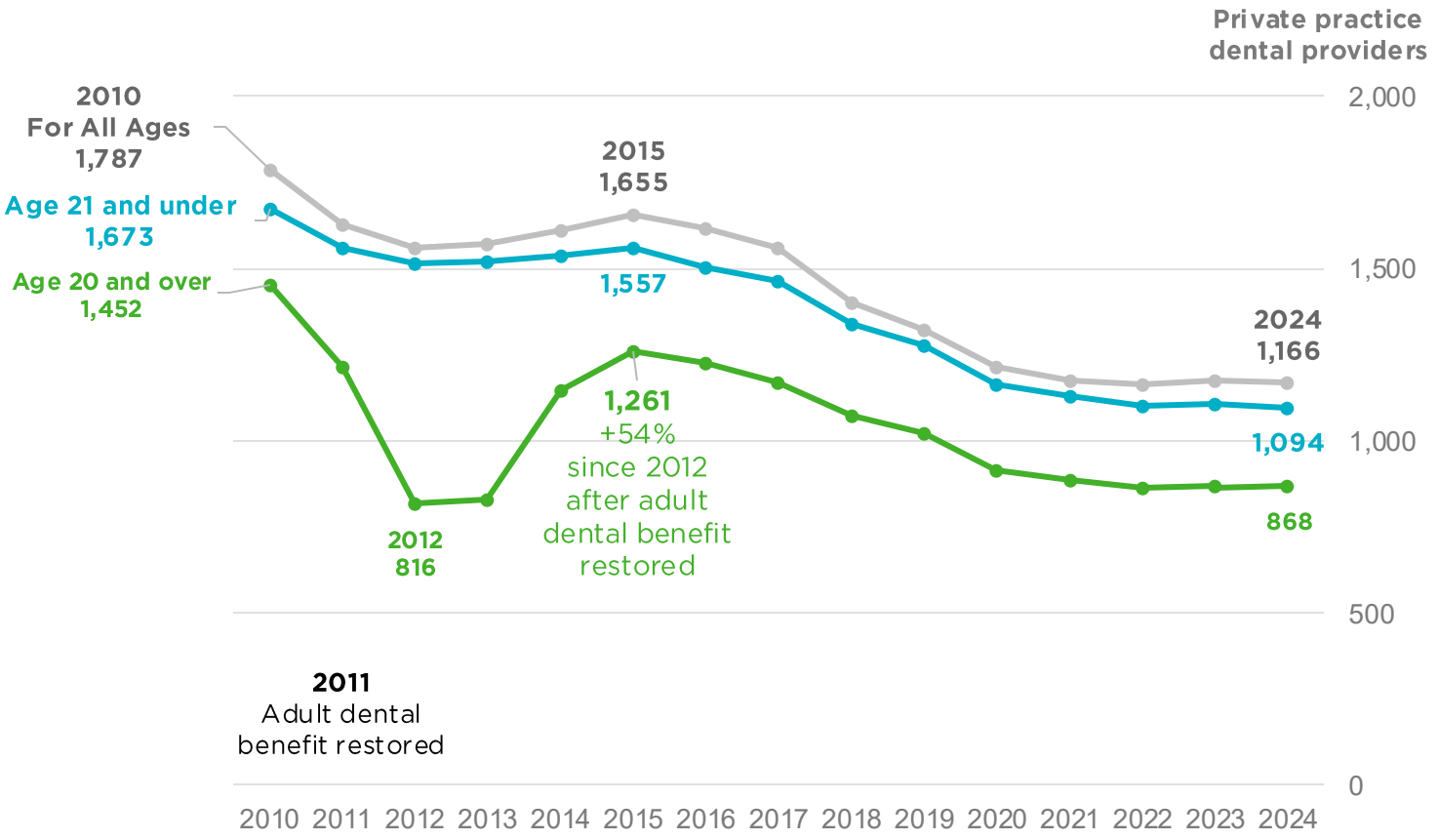
Note: Non-FQHC providers are private practice dentists and not-for-profit dental clinics that are not federally qualified. The number of patients accessing Non-FQHCs is underestimated, as some clients may access both types of providers. This group was excluded from the Non-FQHCs users to avoid duplicate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

Private practice dentist participation increased after benefit restoration, then declined

Private practice providers (non-FQHC) serving Apple Health-enrolled Clients, FY2010–FY2024

1.2K

private practice providers served Apple Health Dental users in FY24



Note: Non-FQHC providers include unique individual dentists who billed Medicaid for dental services (dentists may all be working at the same clinic, different clinics, or at multiple clinics). 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 serving all ages.

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

Providers

Following restoration of the adult dental benefit, the number of private practice/Non-FQHC dentists serving adult Apple Health enrollees increased by 54% between FY 2012 and FY 2015.

From FY 2016 through FY 2024, participation among private practice dentists serving Apple Health enrollees declined gradually across all age groups.

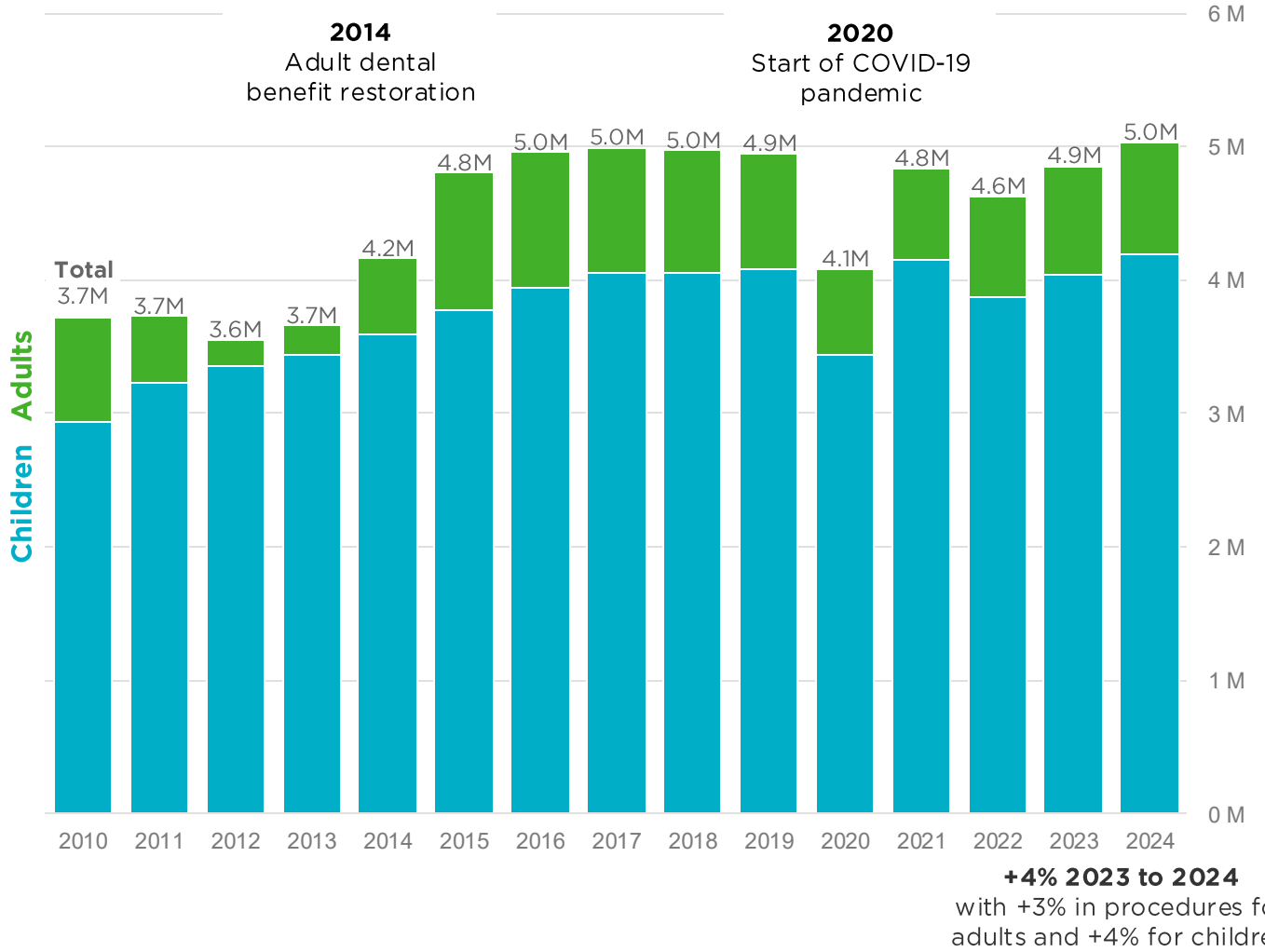
By FY 2024, approximately 1,200 private practice dentists served Apple Health dental users.

Fee-for-service dental procedures rebounded after pandemic disruptions

Total Apple Health Fee-for-Service Dental Procedures, FY 2010–FY 2024

4%

increase in fee-for-service dental procedures from FY23 to FY24 across all ages



Notes: Adult dental benefits were restored in January 2014. FY 2014 data reflects 6 months of services, while FY 2015 - FY 2024 data reflect full years of adult dental services.

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

Providers

Following restoration of the adult dental benefit, adult fee-for-service dental utilization increased substantially, reflecting the reintroduction of comprehensive coverage. Utilization peaked in the mid-2010s (FY 2016–FY 2018), declined through FY 2020 due to pandemic-related disruptions, and stabilized in subsequent years.

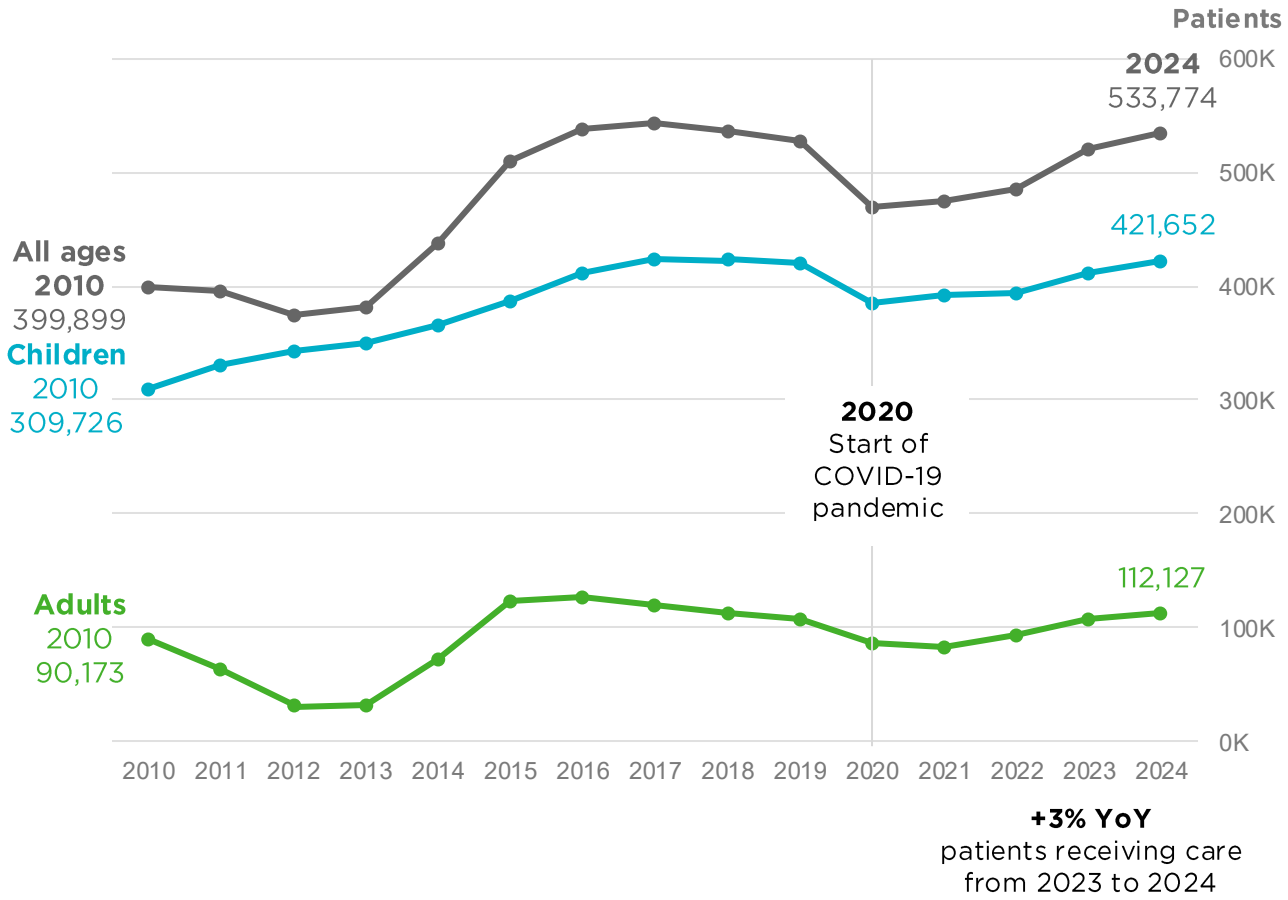
Post-pandemic recovery has been modest. From FY 2023 to FY 2024, total fee-for-service dental procedures increased by 4% overall, including a 3% increase among adults and a 4% increase among children.

Children account for the majority of private practice dental patients

Apple Health Enrolled Patients Who Received Care from Private Practices (non-FQHCs) FY 2010 – FY 2024

79%

of patients receiving care from private practice dentists were **children**



Note: Non-FQHC providers include unique individual dentists who billed Medicaid for dental services (dentists may all be working at the same clinic, different clinics, or at multiple clinics). 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 serving all ages.

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

Providers

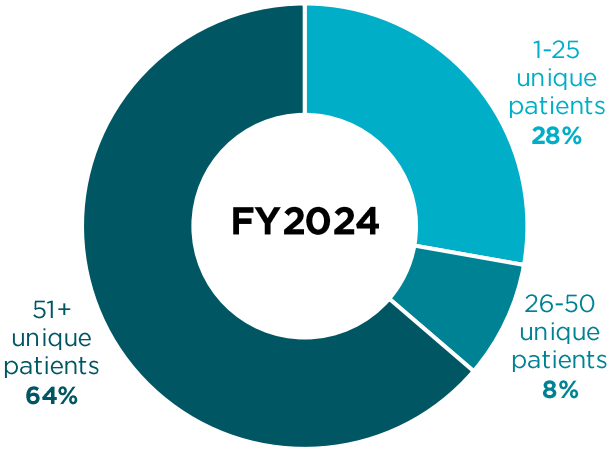
Non-FQHC dentists consistently served more Apple Health–enrolled children than adults, reflecting higher overall dental utilization among children. This pattern may partly reflect ABCD's efforts to connect young children with dental care and the enhanced reimbursement available to participating providers.

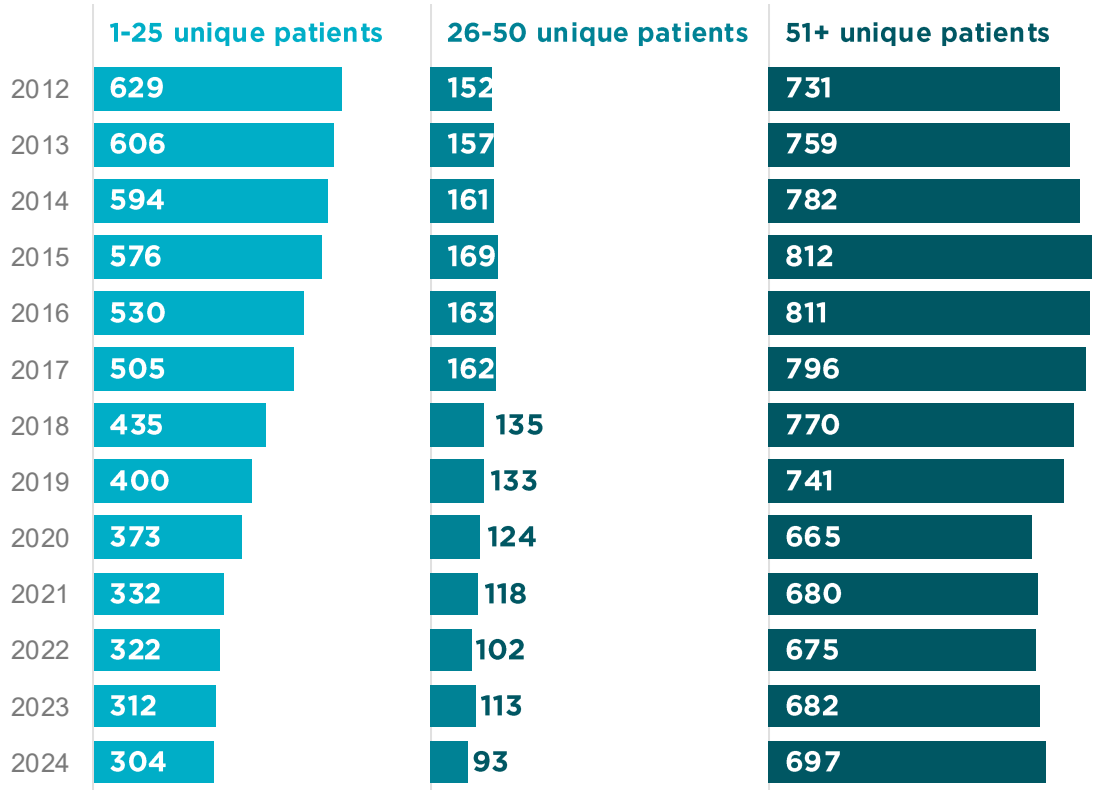
Between FY 2016 and FY 2019, the number of patients receiving care from private practice dentists remained relatively stable. In FY 2020, patient volumes declined due to the COVID-19 pandemic (–9% among children and –20% among adults).

Patient volumes gradually recovered in subsequent years. From FY 2023 to FY 2024, the number of patients receiving care from private practice dentists increased by 3%, including a 4% increase among adults and a 2% increase among children.

Most non-FQHC providers serving Apple Health–enrolled children now serve 50 or more patients

Non-FQHC Providers and Number of Apple Health-enrolled Children Served FY 2012 – FY 2024





Number of private practices (non-FQHCs) by child patient count

Notes:
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).

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

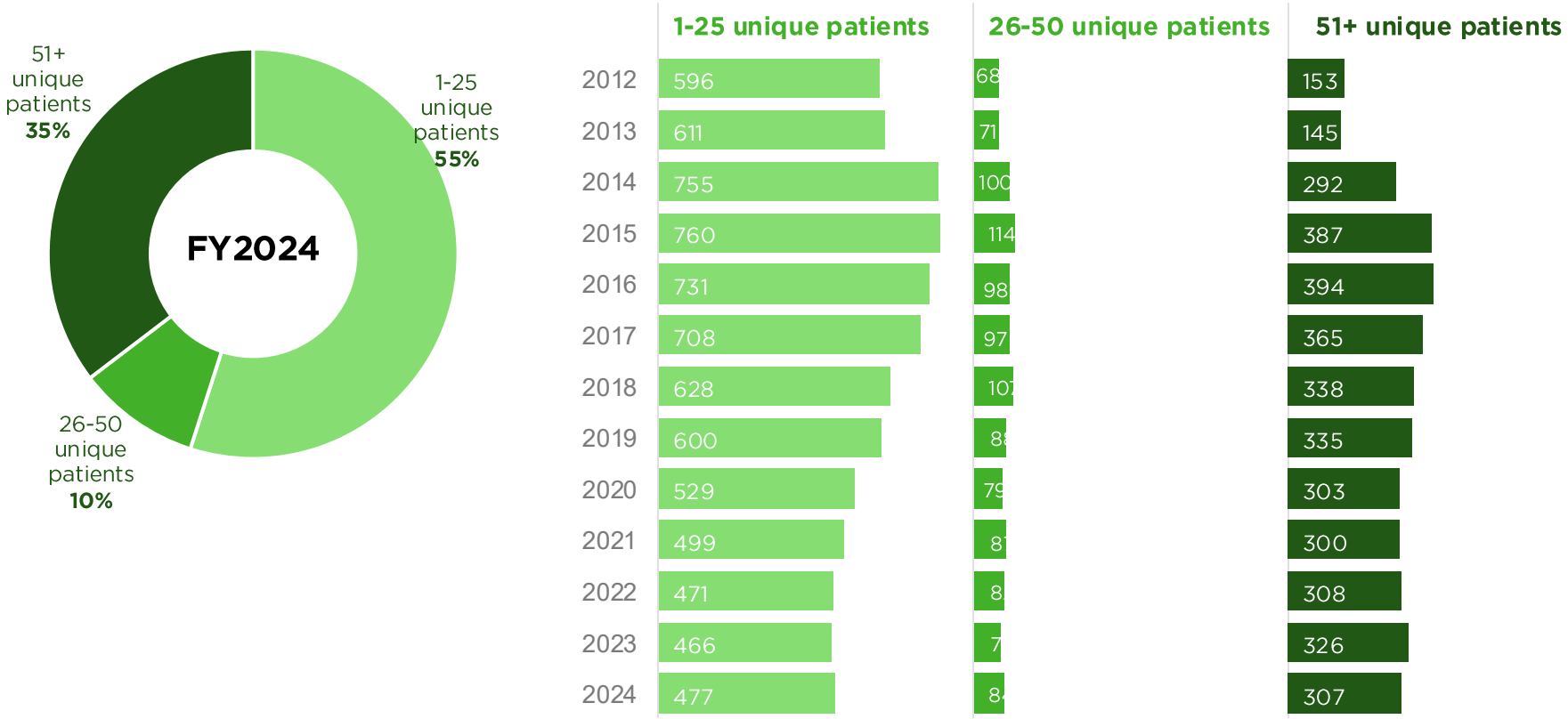
Providers

Between FY 2014 and FY 2020, slightly more than half of non-FQHC providers served 50 or more unique Apple Health–enrolled children (ages 20 and under), while the remaining providers served fewer than 50 children.

By FY 2024, 64% of non-FQHC providers served 50 or more unique Apple Health–enrolled children, representing a 32% increase over the past decade.

Most non-FQHC providers serve small numbers of adult Apple Health patients, though higher-volume providers are increasing

Non-FQHC Providers and Number of Apple Health-enrolled Adults Served FY 2012 – FY 2024



Notes:
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).

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

The majority of non-FQHC providers served 50 or fewer unique Apple Health–enrolled adults, while a smaller share served more than 50 adults.

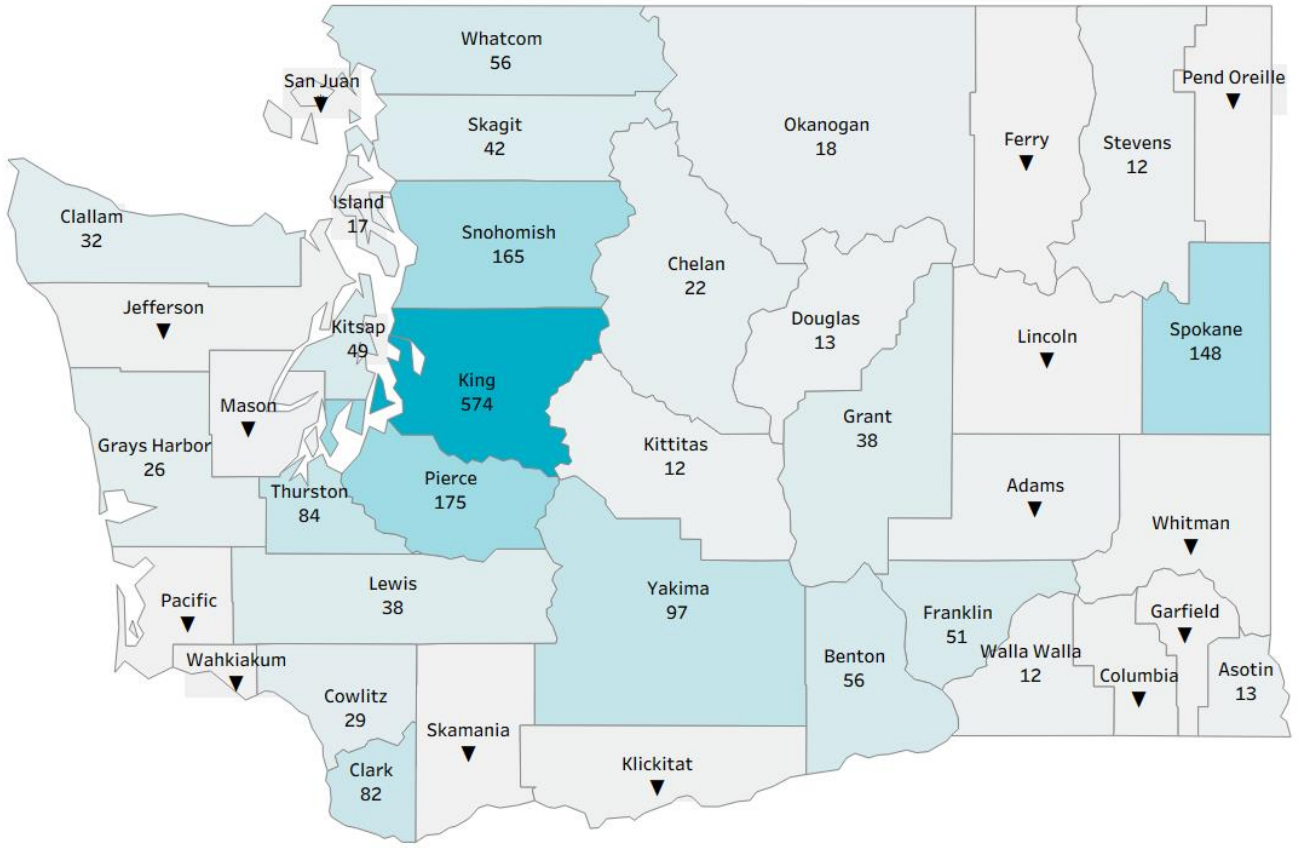
Over time, the share of non-FQHC providers serving more than 50 adult patients increased steadily. Following adult dental benefit restoration, this share rose from 19% in FY 2012 to 35% in FY 2024—an 89% increase.

The number of dental providers serving Apple Health patients varies widely by county, with three counties with **zero** providers in 2024.

Number of Dental Providers Serving Apple Health-Enrolled Patients FY 2024

1,640
providers serving Apple Health patients statewide

Zero providers in FY24: Garfield, Skamania, and Wahkiakum



▼ = less than 11 providers.
Note: Measures for locations with 1-10 dentists are not shown to protect confidentiality

Providers

The number of dental providers accepting Apple Health-enrolled clients and billing for dental services in FY 2024 varies by county with fewer than 10 providers in some counties, indicated by light shading, and a high of 574 in King county, indicated by dark shading.

Notes:
Total providers include all types of unique individual dental providers identified through Provider Taxonomy Codes and aggregated using Service Provider's NPI (providers may all be working at the same clinic). Providers may be practicing in FQHC or private practice setting.

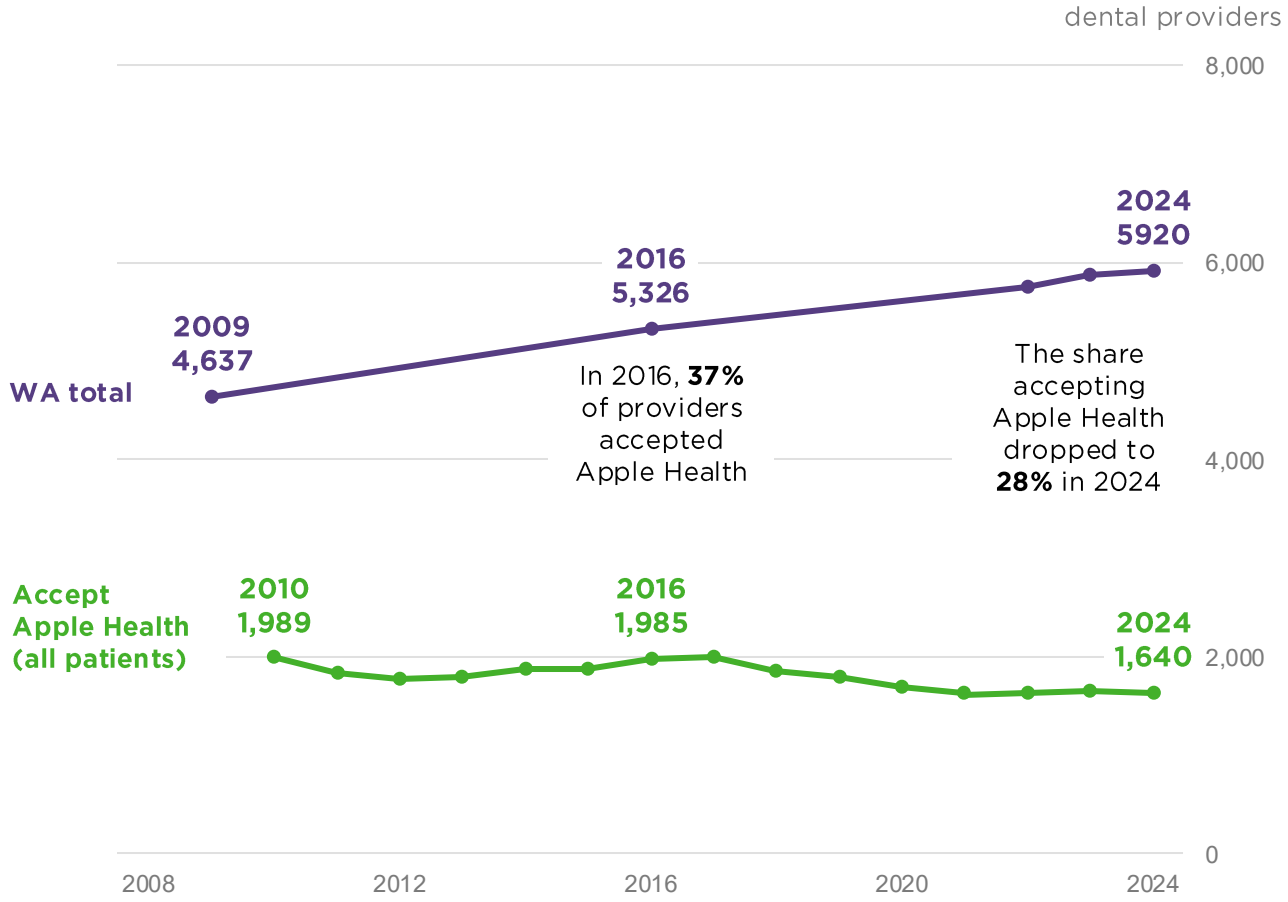
While number of dentists has increased, the share accepting Apple Health remains low at 28% and has declined which may create access gaps.

Fewer than

1 in 3

Washington State dental providers accept Apple Health
2024





Note: Time scales are aligned for comparison, but note that data for all dental providers is on a calendar year basis (Jan-Dec) while Apple Health data is on an adjusted fiscal year (July-June).

Sources: Washington State Health Care Authority, Apple Health Dental Services FY 2024 Utilization
University of Washington Center for Health Workforce Studies, 2024. Available from: Washington Oral Health Workforce Tracking Program – UW CHWS

Providers

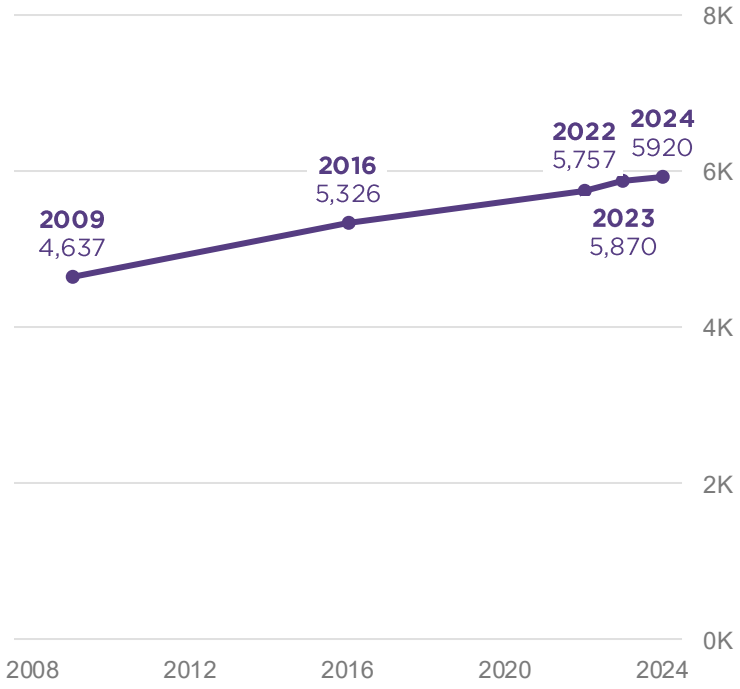
While the total number of dentists in Washington has increased by 10% from 2016 to 2024, the total number of dentists serving Apple Health-insured decreased by 17% since 2016.

Functionally, the share of providers who accept Apple Health declined from 37% of providers in 2016 to 28% of providers in 2024.

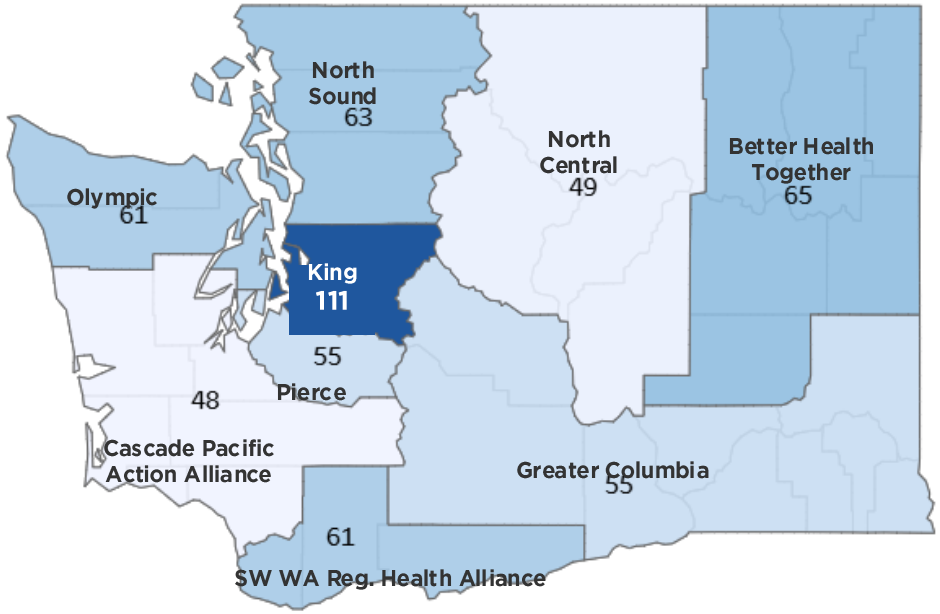
Washington's **dental workforce has grown**, but remains unevenly distributed across the state, 2007 – 2024

Washington State Dental Workforce, 2024

Number of Dentists with Washington Licenses*



Licensed Dentists per 100,000 population in Washington ACH



*Licensure data from the Washington State Department of Health includes the following dentist licenses: Dentist License (DENT), Dentist Faculty UW License (DEFC), Dentist Resident Community License (DERE), and Dentist Resident Postdoctoral License (DEUW).

*Includes dentists through age 75.

Sources:
Washington State Department of Health, Health Professional Licensing Data System 2024, 2022, 2016, 2009, and a 2007 survey of WA dentists.
University of Washington Center for Health Workforce Studies, 2023. Available from Washington Oral Health Workforce Tracking Program – UW CHWS

Providers

Washington state dentists, with a license address in Washington, were unevenly distributed across Washington's counties and its Accountable Communities of Health (ACH).

In King County (Healthier Here), the most populous ACH in Washington, there were 111 licensed dentists per 100,000 population in 2024.

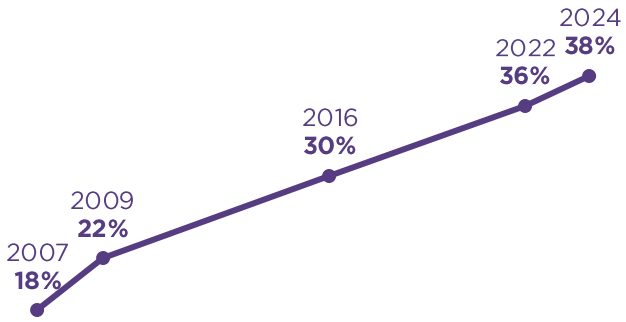
All other ACHs had a dentist-to-100,000 population ratio of less than 70.

The share of female dentists in Washington has **more than doubled** since 2007.

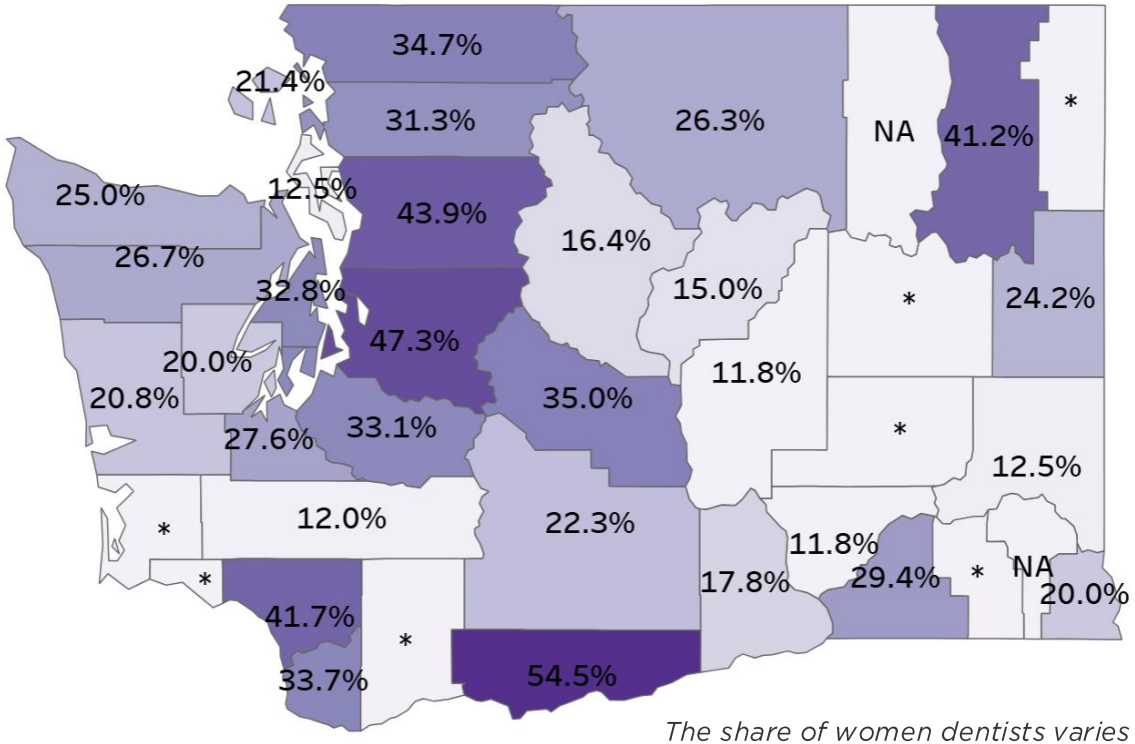
Percent of Washington State dental providers by who identify as female, 2024

38%

of Washington State dentists are female



Share of WA State dentists who are female



The share of women dentists varies markedly across counties, ranging from 11.8% to 54.5%, with counties with larger, urban centers like King County with a higher share of female providers.

Providers

The proportion of women dentists in Washington has increased steadily over time, consistent with national trends. According to the ADA, 38% of dentists nationally identify as female.

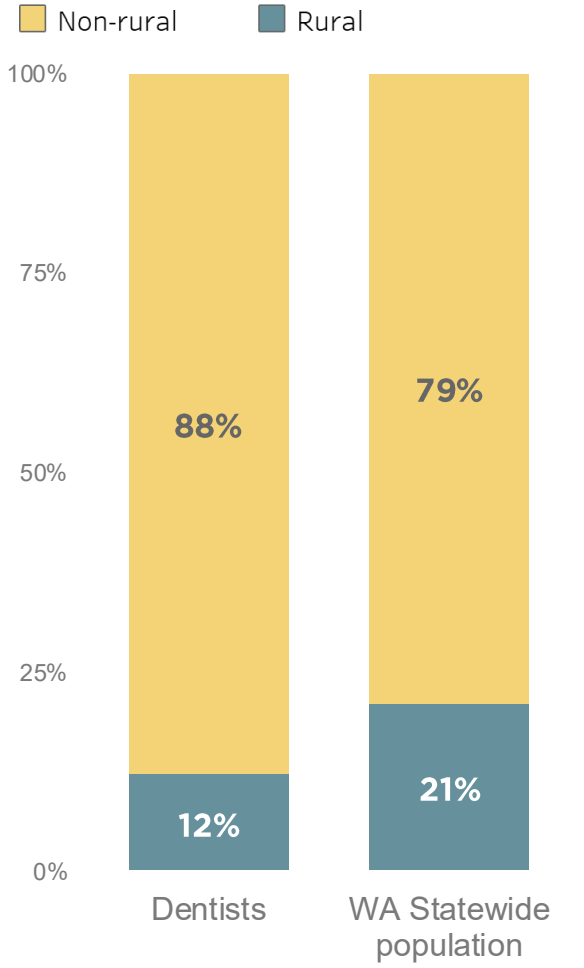
In Washington, women represented 17.8% of dentists in 2007 and 38.1% in 2024.

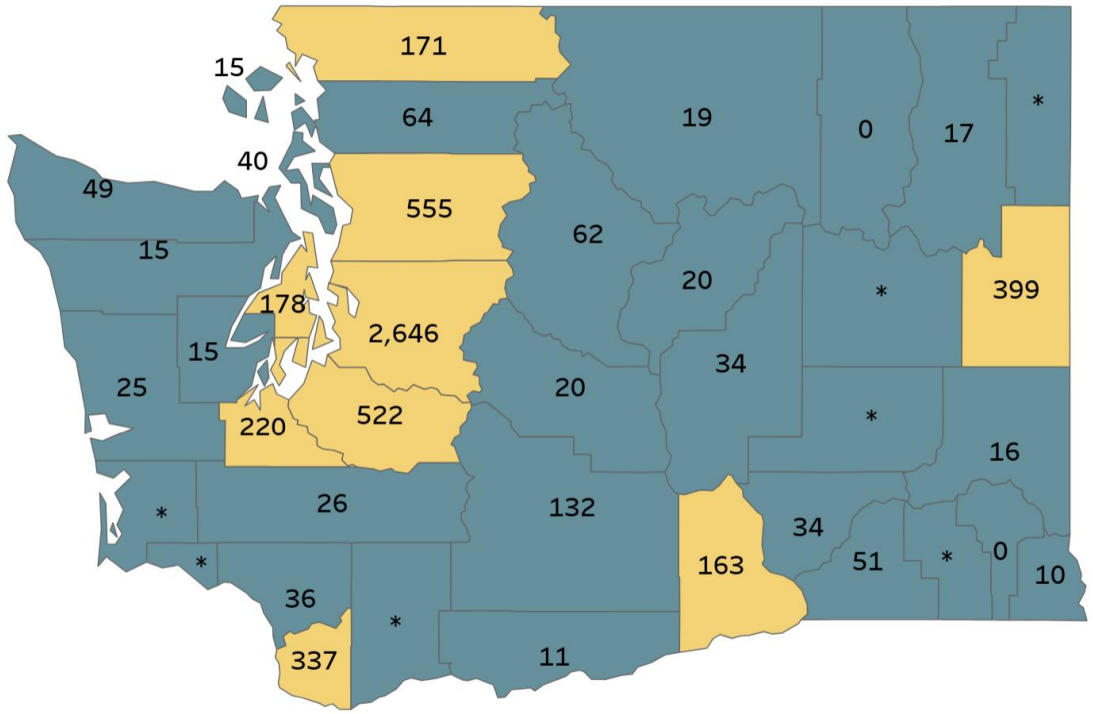
The share of female dentists varies by county, but the upward trend is evident statewide.

Sources: University of Washington Center for Health Workforce Studies, 2024. Available from Washington Oral Health Workforce Tracking Program – UW CHWS

The share of dentists practicing in rural counties is notably smaller than the share of the WA population who live in rural areas.

Washington State dental providers non-rural versus rural, 2024





*Measures for locations with 1-9 dental professions are not shown to protect confidentiality.
0 - There are no dental professionals of this type with mailing addresses in this location.

Providers

Rural areas in Washington have disproportionately fewer dentists compared with non-rural areas.

In 2024, only 12% of dentists practiced in rural areas, despite rural residents comprising 21% of the state's population.

Nearly 20% of the population (1.7 million people) in Washington lives in a rural county where access to oral health is limited.

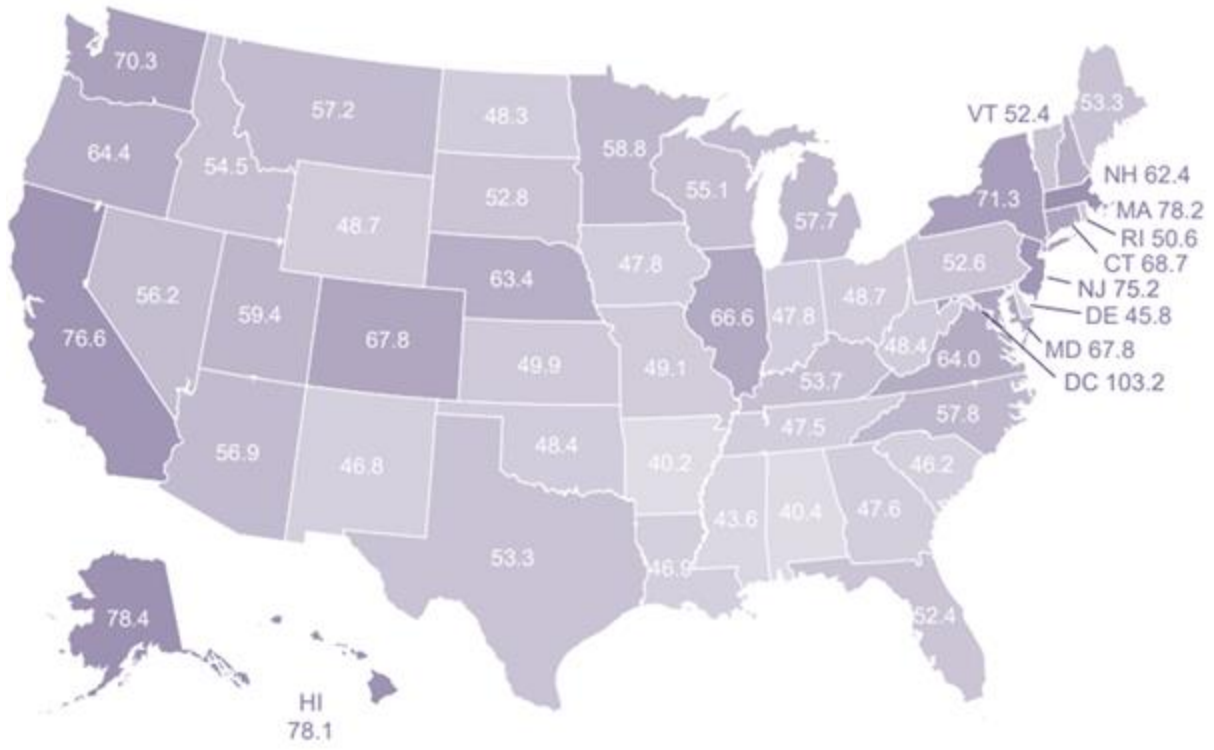
Source: University of Washington Center for Health Workforce Studies, 2023. Available from Washington Oral Health Workforce Tracking Program – UW CHWS

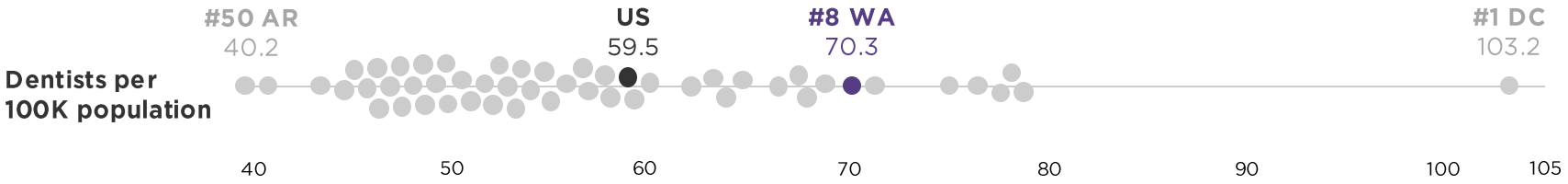
Washington Ranks Among the Top 10 States for Dentists per Capita

Dentist-To-Population Ratios by State, 2024

#8

Washington's rank among states for dentists per capita at 70.3 dentists per 100K population





Providers

In 2024, Washington state ranked 8th nationally in dentists per capita, with 70.3 dentists per 100,000 population.

This exceeded the national average of 59.5 dentists per 100,000.

Dentist-to-population ratios varied widely across states, ranging from 40.2 in Arkansas to 103.2 in the District of Columbia.

Note that the ADA estimates for dentists per 100K by state estimate for WA (70.3) varies slightly from the UW estimate on the next page (75).

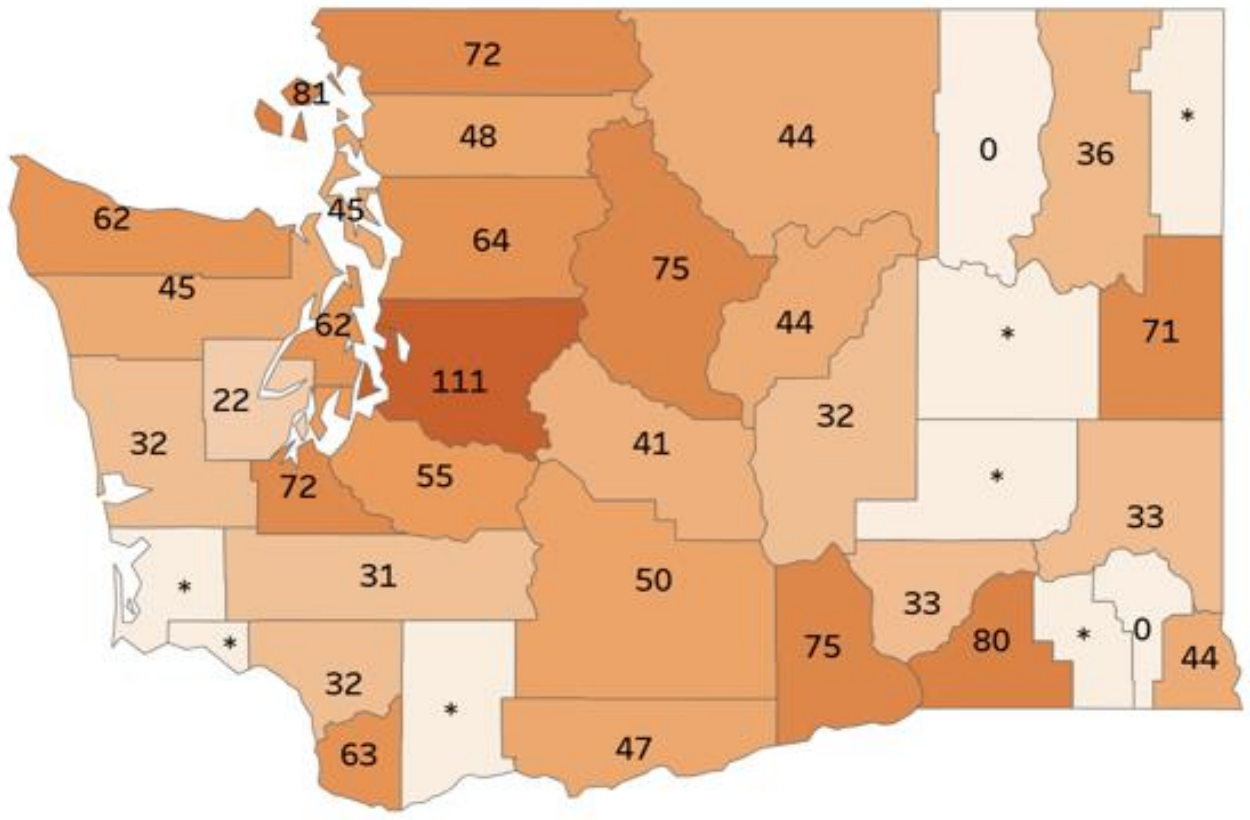
Source: American Dental Association, Health Policy Institute. (2024). *Supply of dentists in the United States by state*. Chicago, IL: American Dental Association. Available from https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/us_dentist_workforce_2025.pdf

Dentist supply varies widely by county in Washington state despite a strong statewide average

Washington Dentists per 100K Population by County, 2024

75

dentists per 100,000 population statewide



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

Source: Source: University of Washington Center for Health Workforce Studies, 2024. Available from Supply of Each Dental Occupation – Current – UW CHWS

Providers

Although Washington has one of the highest dentist-to-population ratios in the nation (75 dentists per 100,000 people, compared to 59.5 nationally), dentists are not evenly distributed across the state.

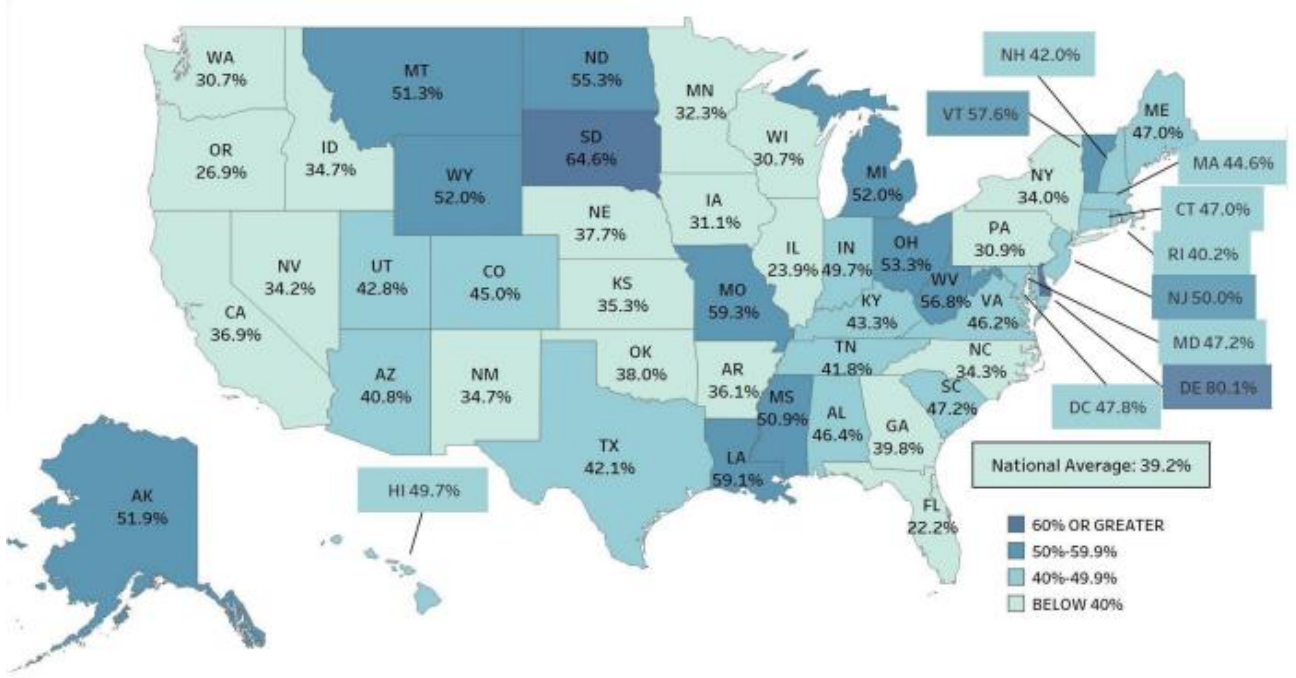
Dentist availability varies widely by county. King County has the highest ratio (111 dentists per 100,000 people), while 26 counties fall below the statewide average of 75 dentists per 100,000.

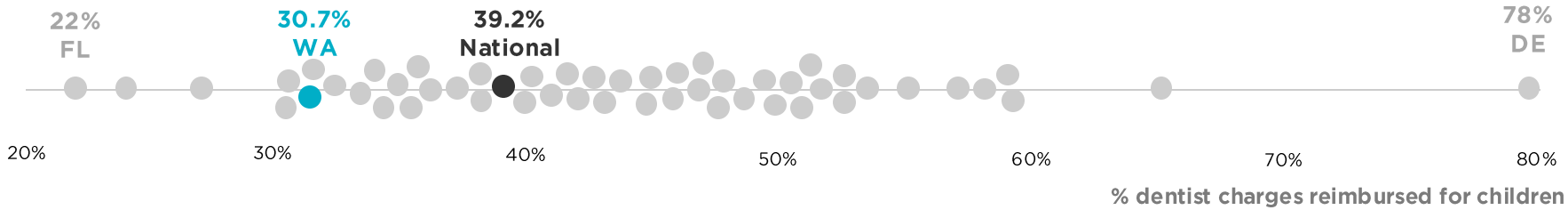
Washington's Medicaid dental reimbursement for **children ranks among the lowest in the Nation**

Medicaid Fee-For-Service Reimbursement as a Percentage of Average Dentist Charges, **Children's** Dental Care Services, 2024

30.7%

of average dentist charges for **children** are reimbursed under the WA Medicaid reimbursement rates





Source: American Dental Association, Health Policy Institute. *Medicaid reimbursement for dental care*. 2024. Available from: Medicaid Reimbursement Child and Adult Dental Services 2024

Providers

In 2024, Washington ranked sixth lowest nationally for Medicaid fee-for-service dental reimbursement for children, at 30.7% of average dentist charges.

This was well below the national average of 39.2%, indicating comparatively low Medicaid reimbursement rates in Washington.

Lower reimbursement rates may affect provider participation and access to care.

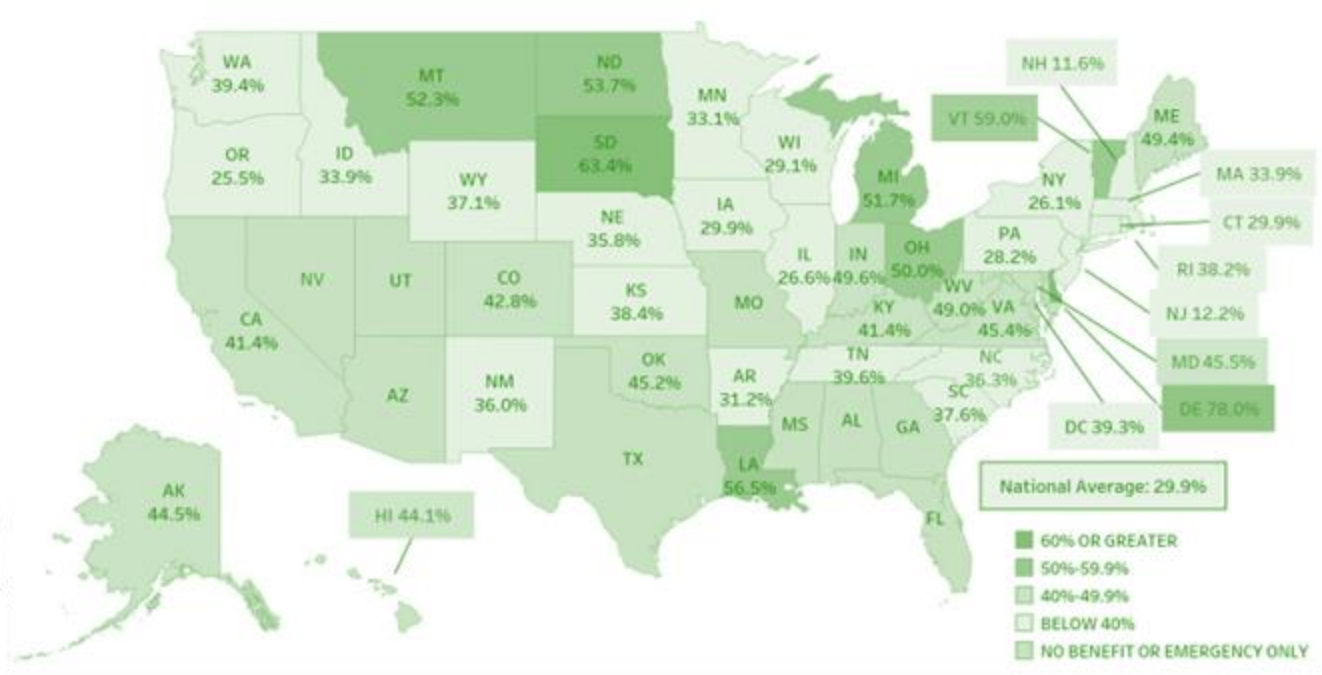
Note: These 2024 reimbursement rates predate Washington's $27.9 million reduction in children's dental fee-for-service rate, effective FY 2026.

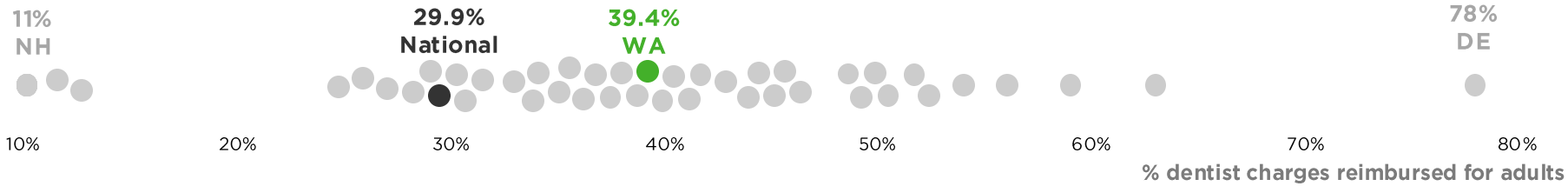
Adult Medicaid dental reimbursement in Washington is **above average but lags behind many states.**

Medicaid Fee-For-Service Reimbursement as a Percentage of Average Dentist Charges, **Adult** Dental Care Services, 2024

39.4%

of average dentist charges for **adults** are reimbursed under the WA Medicaid reimbursement rates





Note: Data not available for 9 states.

Source: American Dental Association, Health Policy Institute. *Medicaid reimbursement for dental care*. 2024. Available from: Medicaid Reimbursement Child and Adult Dental Services 2024

Providers

In 2024, Washington's Medicaid fee-for-service dental reimbursement rate for adults was 39.4% of average dentist charges.

This exceeded the national average of 29.9%, placing Washington above many states in adult Medicaid dental reimbursement.

Higher adult reimbursement rates may help support provider participation following restoration of adult dental benefits.

Note: These 2024 reimbursement rates predate Washington's $38 million reduction in adults' dental fee-for-service rate, effective FY 2026.

Most Washington counties are designated Dental Health Professional Shortage Areas

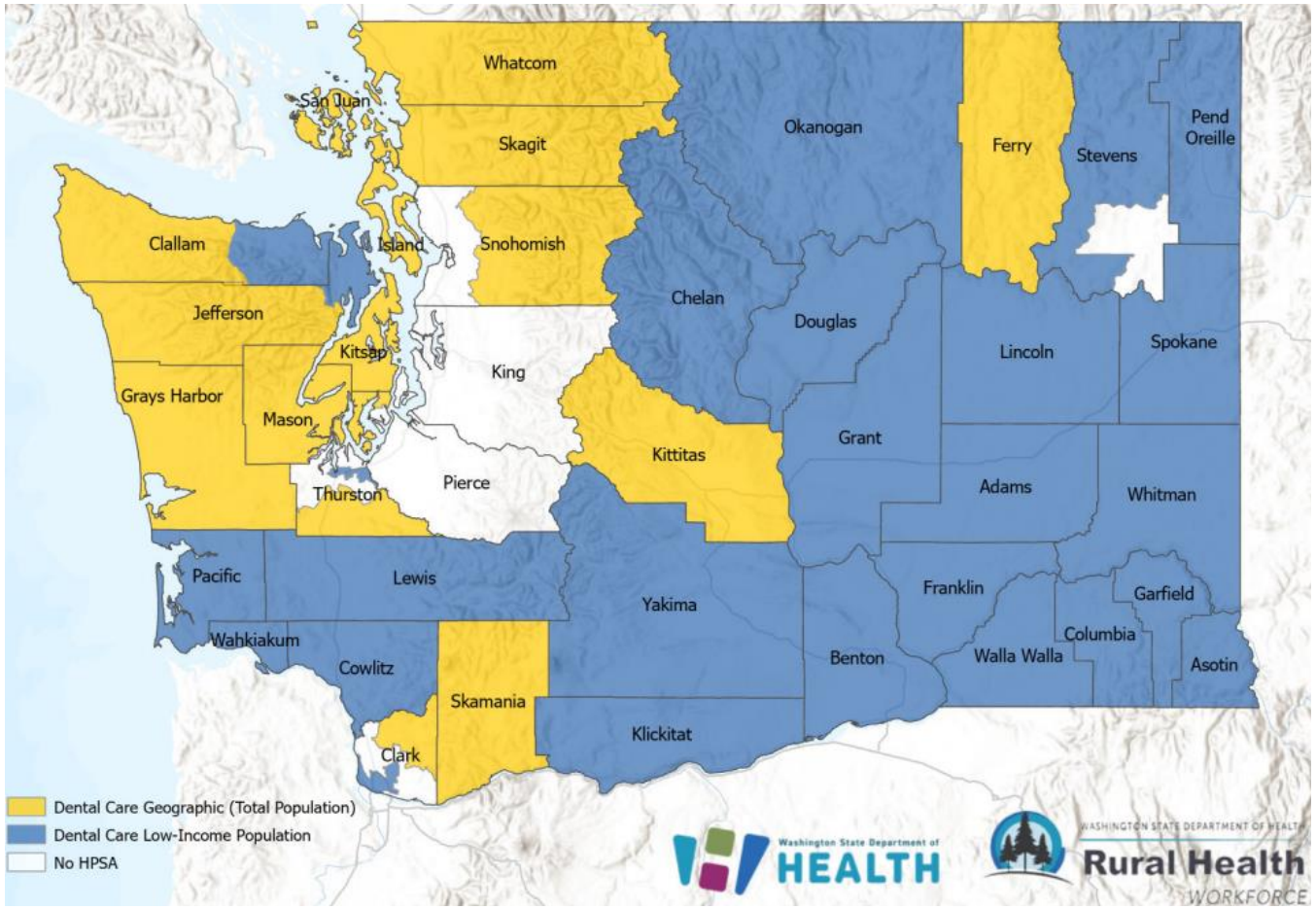
Federally Designated Health Professional Shortage Areas for Dental Care, 2025

35

counties designated as whole- or partial-county Dental Health Professional Shortage areas

Only **4 counties** have sufficient dental health professionals

- **Dental care geographic (total population**
- **Dental care low-income population**



Note: HPSA designations are determined by the U.S. Health Resources and Services Administration (HRSA).

Source: Washington State Department of Health. Office of Community Health Systems. Dental Health Care Shortage Areas Map Available from: https://doh.wa.gov/public-health-provider-resources/rural-health/data-maps-and-other-resources

Providers

In 2025, 35 of Washington's 39 counties were designated as whole- or partial-county Dental Health Professional Shortage Areas (HPSAs).

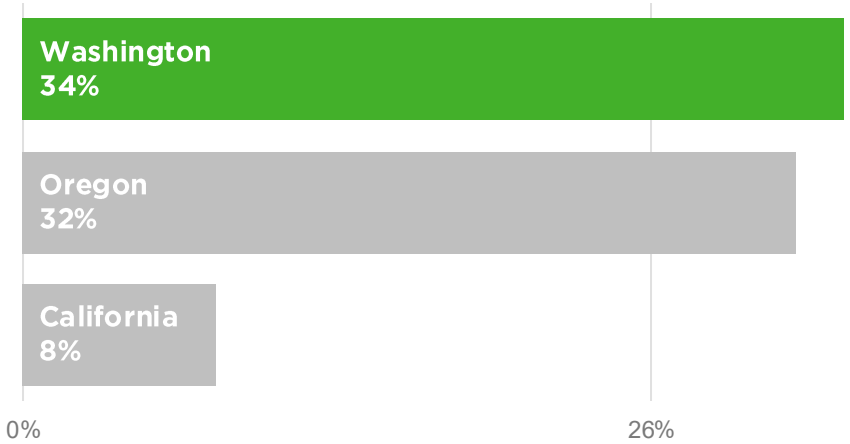
HPSA designations reflect the number of available providers relative to population need, access to providers in surrounding areas, and shortages of dentists serving low-income populations.

Washington exceeds the national average for dental health professional shortage areas

Percentage of Population Living in a Dental Health Professional Shortage Areas, 2024
U.S. vs. West Coast States

Nearly
1 in 4
Washingtonians
live in a dental health professional shortage area





Source: Designated Health Professional Shortage Areas (HPSA) Statistics, Health Resources and Services Administration (HRSA), 2024.
Note: Percentages calculated using 2024 population estimates from U.S. Census Bureau.

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

Providers of Oral Health Services Key Findings

Apple Health dental care is delivered primarily by dentists and FQHCs, with adults relying more heavily on FQHCs than children.

In FY 2024, 95% of dental expenditures went to private practice dentists or FQHCs; adults received most care through FQHCs (60%), compared with about 30% for children.

Adult dental benefit policy changes strongly shaped provider participation and utilization.

Adult FQHC utilization declined after benefit elimination and more than tripled following restoration, before declining during COVID-19 and stabilizing in recent years.

Private practice dentist participation increased after benefit restoration but has declined since its peak.

The number of private practice dentists serving adult Apple Health enrollees rose sharply after restoration, then gradually declined, with about 1,200 participating in FY 2024.

Utilization has recovered since the pandemic but remains uneven by age and provider type.

Patient volumes rebounded after FY 2020, with modest growth in FY 2024, though private practice dentists continue to serve more children than adults.

Provider capacity has expanded over time, particularly for adults.

The share of non-FQHC providers serving more than 50 adult patients nearly doubled since benefit restoration, though most providers still serve relatively small numbers.

Dental provider availability varies widely across Washington, with persistent geographic disparities.

Dentists are unevenly distributed, with fewer providers in rural counties despite Washington's high statewide dentist-to-population ratio.

Dental workforce shortages remain widespread, especially in rural and low-income areas.

Nearly one-quarter of Washington residents live in a Dental Health Professional Shortage Area, well above the national average.

Fluoridation
an upstream prevention strategy

Why water fluoridation matters

Fluoride is a mineral that has been shown to protect teeth from developing cavities. **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 over a lifetime.**[1]

CWF is proven effective for people of all ages, education levels, and socioeconomic and insurance statuses. For children, it reduces oral health disparities. Cessation of fluoridation in is estimated to increase cavities by 7.5% within 5 years.[2]

CWF saves money for communities and health care systems. For water systems that serve 1,000 or more people every dollar invested in fluoridation is estimated to save an average of $20 in reduced dental treatment costs.[3] Consistent with these findings, a 2025 study estimated that removing community water fluoridation in Washington would result in approximately $945 million in additional dental treatment costs over a five-year period.

Projected 5-year savings (2022 – 2027) in dental treatment costs due to the reduction in tooth decay due to fluoridation in WA[4]

Children (0-19)

$193,465,191

Adults (20-64)

$587,658

Senior (65+)

$164,289,971

Total

$945,413,438

Evidence at a Glance

~25%

of cavities can be prevented over a lifetime

$20

saved in dental treatment costs for every $1 spent on fluoridation

Sources:
[1], Centers for Disease Control and Prevention;2024
[2] JAMA Health Forum, 2025
[3] Health Affairs, 2016
[4] ADA Health Policy Institute, 2025

Note: Detailed citations are available in the Resources and Appendixes section of the report.



Community based prevention, including water fluoridation



Routine dental care



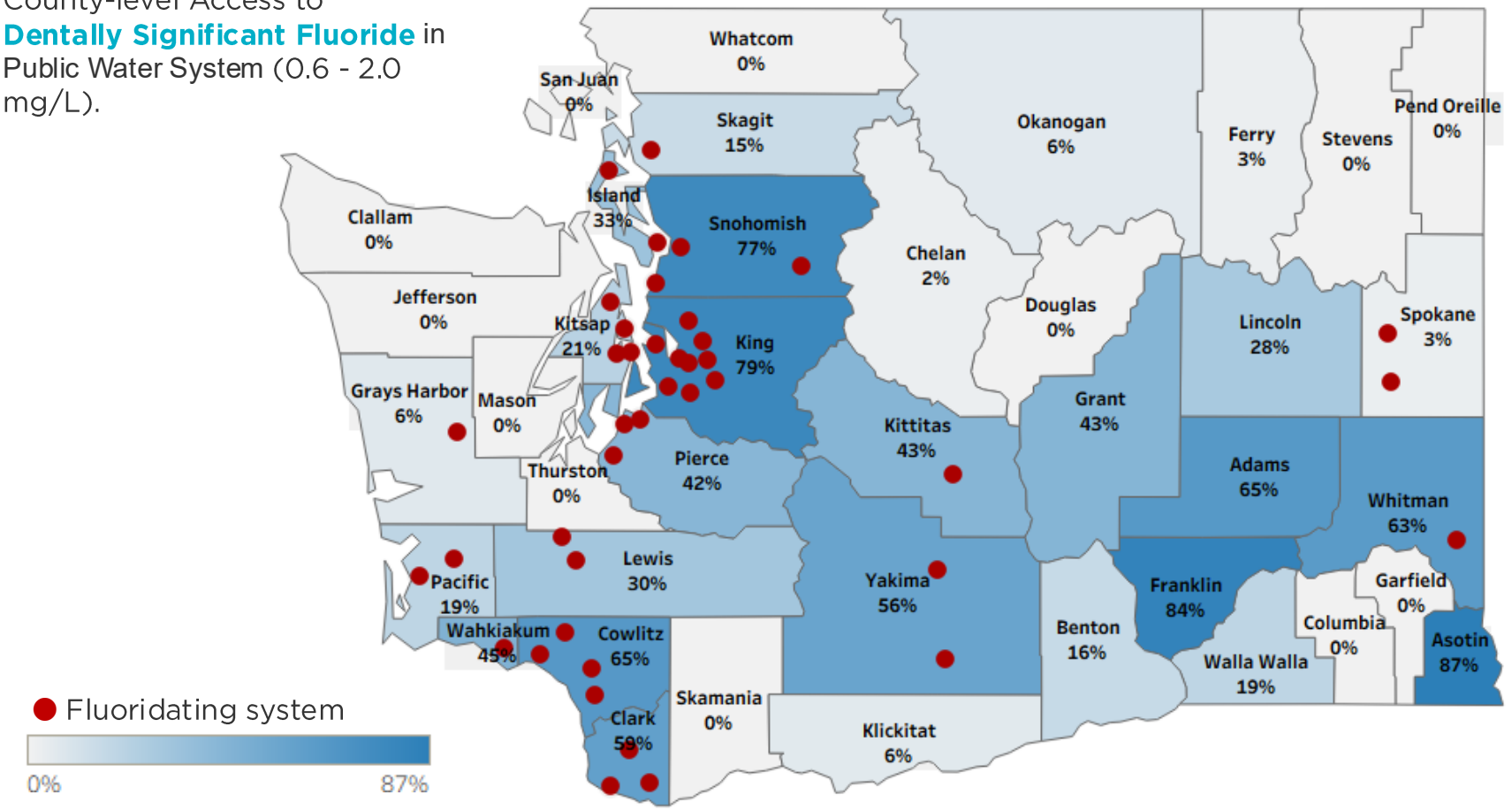
Drinking fluoridated water, school-based sealant programs with fluoride varnish, at home care with fluoride toothpaste, brushing, and flossing, work with routine oral health care to keep mouths healthy. **They are complementary: each adds a health benefit.**

At home oral health care



More than half of WA residents on public water systems lack access to fluoridated water

County-level Access to **Dentally Significant Fluoride** in Public Water System (0.6 - 2.0 mg/L).



Note: Data includes both raw and adjusted fluoride levels (covers years 2015-2025); List of optimally fluoridated public water system is available at: 331-754 Optimally Fluoridated Public Water Systems

Source: Washington State Department of Health Office of Drinking Water Data (2025). Washington State Department of Health

Fluoridation Access Across Washington

Washington state has more than 50 public water systems that provide community water fluoridation to all their customers.

Despite this, only **49%** of their residents have access to water with enough fluoride to prevent tooth decay.

Policy Implications and Additional Data Needs

Policy Implications and Opportunities

Key policy recommendations

Strengthen and stabilize children's dental utilization.

Protect and advance adult dental access during a period of transition.

Increase prevention

Address persistent geographic and workforce disparities

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.

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 expanded access to preventive and restorative care, contributing to improved oral health and reducing the risk of more serious disease over time.

At the same time, FY 2024 data underscore persistent and emerging challenges. Dental utilization has not fully rebounded to pre-pandemic levels, particularly among adults; geographic and racial inequities remain pronounced; and rising costs—driven largely by inflation rather than utilization growth—are placing increasing pressure on the Medicaid budget.

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.

The data all point to clear opportunities to **shift care upstream, stabilize access during enrollment transitions, and better align dental investments with broader health system goals**.

Strengthen and stabilize children's dental utilization.

Children's dental access has improved substantially over time, yet nearly half of children—especially younger children—still do not receive annual dental care, and utilization remains below pre-pandemic levels. Gaps between medical and dental engagement persist.

Policy Opportunities:

- **Close the medical–dental utilization gap for children.**
  In FY 2024, only 49% of children under age 6 accessed dental care, compared to 72% receiving well-child visits. Aligning dental engagement with routine pediatric medical care remains a critical opportunity.
- **Expand and modernize proven models such as ABCD.**
  Continued investment in ABCD and related care coordination models can help reach younger children earlier, reduce disparities, and support timely preventive care.
- **Reach children not yet connected to care.**
  Expand community-based strategies, including dental therapists in Tribal clinics and FQHCs, teledentistry, school-linked services, and community health workers to reach families facing access barriers.
- **Build sustainable provider capacity within a constrained fiscal environment.**
  While recent reimbursement increases 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. 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 underserved communities.

Protect and advance adult dental access during a period of transition

Adult dental utilization rebounded following benefit restoration but remains low overall, with approximately 80% of adult Apple Health enrollees still not accessing dental care. FY 2024 data show spending rebounding faster than utilization—suggesting higher treatment intensity rather than broader access.

Policy Opportunities:

- **Preserve the comprehensive adult dental benefit.**
  Maintaining the benefit is essential to prevent reversals in access and avoid costly emergency and medical downstream impacts.
- **Shift adult care upstream toward prevention.**
  Adult spending is concentrated in restorative and surgical services, while preventive utilization remains limited. Incentives and care models that encourage routine preventive visits can reduce long-term costs and disease burden.
- **Stabilize access amid Medicaid redeterminations.**
  Continuous enrollment is strongly associated with dental utilization. Policies that promote coverage continuity and smooth transitions between coverage types can help prevent care disruptions.
- **Expand access points in high-need regions.**
  Continued investment in FQHC dental capacity, dental residency programs, teledentistry, and workforce innovations is critical, particularly in dental health professional shortage areas.

Increase prevention

FY 2024 data show 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. Shifting the dental benefit from repair towards prevention, early intervention and chronic disease management can improve oral health outcomes and help moderate long-term costs, especially in a constrained fiscal environment.

Policy Opportunities:

- **Expand community water fluoridation.**
  Community water fluoridation remains a cost-effective, population-wide strategy to prevent tooth decay and reduce oral health disparities.
- **Strengthen school- and community-based prevention programs.**
  Support dental sealant programs and minimally invasive approaches that prevent or slow tooth decay—including silver diamine fluoride (SDF) and interim therapeutic restorations—particularly for children and underserved populations.
- **Modernize benefit design to prioritize prevention, early intervention, and chronic disease management.**
  Ensure reimbursement adequately supports preventive and minimally invasive services, including SDF, to promote early intervention, advance equity, and reduce long-term costs.
- **Expand preventive hygiene services in non-traditional settings.**
  Increase access to hygiene care in senior facilities, rural communities, schools, and other community-based settings to reach populations less likely to access routine dental care.
- **Advance whole-person care models.**
  Incentivize integration of oral health with physical and behavioral health services to enable earlier diagnosis and treatment of disease, reduce avoidable complications, and improve overall health outcomes.

Address persistent geographic and workforce disparities

FY 2024 data show wide county-level variation in utilization, spending, and provider availability. Nearly one-quarter of Washington residents live in a Dental Health Professional Shortage Area.

Policy Opportunities:

- **Target resources to high-need geographies.**
  Data-driven investments can help align workforce, infrastructure, and service delivery with areas of greatest unmet need.
- **Support workforce innovation and retention.**
  Dental therapists, expanded scope models, loan repayment, and residency programs can help stabilize access in underserved communities.
- **Strengthen referral and navigation systems.**
  Continued support for tools like DentistLink can improve connections to care for people with Medicaid or no insurance.
- **Expand culturally responsive care models.**
  Strengthen language access, community partnerships, and provider training to improve trust, engagement, and equity in access to care.

Looking Ahead

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.

Additional data needs

While this report provides a comprehensive overview of Apple Health dental utilization, additional data would strengthen the ability to assess access, equity, and outcomes in several key areas.

- **Utilization of oral health services by pregnant and post-partum people** Better understanding the proportion of pregnant and postpartum individuals who access oral health services could inform strategies to increase preventive care during pregnancy, improving oral health outcomes for both parents and young children.
- **Utilization of oral health services among adults with chronic health conditions** Emerging evidence suggests that adults with conditions such as diabetes experience lower medical costs when they receive regular oral health care. Additional data could help assess opportunities to better integrate dental care for these populations in Washington.
- **Utilization of oral health services by race and ethnicity** More complete and standardized data on race, ethnicity, language, and related characteristics are essential to monitor oral health equity and identify disparities. Apple Health dental enrollment and utilization data stratified by race and ethnicity would provide critical insight into where inequities persist and where targeted interventions are needed.
- **Emergency department (ED) dental visits** Dental conditions are a leading reason for emergency department visits among Apple Health enrollees. Improved data on the frequency, cost, and characteristics of patients seeking dental care in ED settings could inform strategies to divert avoidable visits and improve access to appropriate dental care.
- **Dental treatment requiring operating room use** Some children and adults with disabilities require dental treatment under general anesthesia in hospital operating rooms due to severe disease or complex needs. Tracking these cases over time would provide an important indicator of progress in preventing advanced oral disease and reducing the need for high-intensity care.

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and Acknowledgements

About the Sponsor

Arcora Foundation published this report to better understand the use of and expenditures associated with Washington's Apple Health dental services.

Arcora is an innovator, thought leader, and investor in oral and overall health and equity strategies. Their mission—bending the **arc** of **ora**l health toward equity—is in their name and their North Star—Oral Health Is Justice—provides directional focus for their community-centered strategic plan. The plan has four guideposts—community assets, eliminating oral health disparities, individual oral health status, community oral health status. Like guideposts on a journey, they help Arcora understand whether their activities are leading in the right direction and provide a foundation for measuring progress and defining success in advancing oral health equity, especially for people most impacted by oral health inequities.

Arcora is Washington state's largest foundation focused on oral health Delta Dental of Washington—the state's largest dental benefits company—founded and fully funds Arcora's work.

ARCORA
Foundation
Bending the Arc of Oral Health Toward Equity

Note: For additional information visit ArcoraFoundation.org.

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Dr. Maiuro was the lead author and researcher for the Washington State Medicaid Facts and Figures FY 2008-FY 2012, which was published in 2013. She is a former UCLA/Rand Corp. Pew Health Policy Fellow and has more than 25 years of experience in health policy and research and data analysis, including the analysis of oral health data for the purposes of improving access to quality dental care through data driven information.



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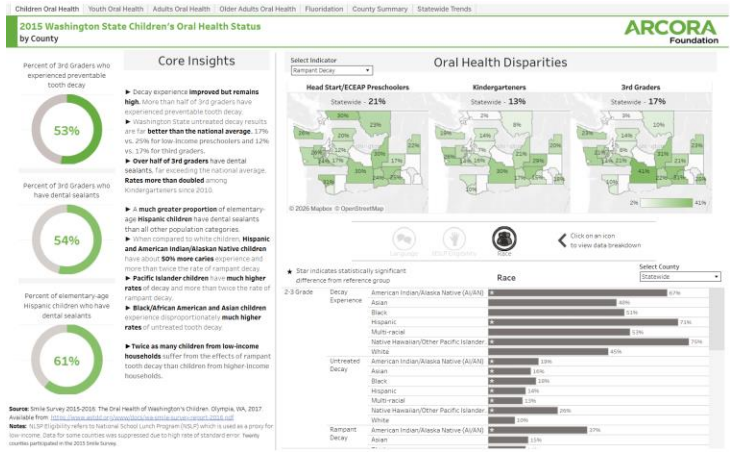
Dashboards for exploring data in more detail

Washington State Oral Health Status Dashboard

Oral health disparities are evident in every county in Washington state. One's oral health status is impacted by a long list of complex, intertwined, and often inequitable systems.

Unfortunately, lower-income households and communities of color experience systemic barriers and health inequities at a disproportionate rate. Our "Oral Health Status" interactive dashboard provides clear data on these health disparities examples, including rates of tooth decay, pain, and tooth loss.

https://arcorafoundation.org/oral-health-status-dashboard/

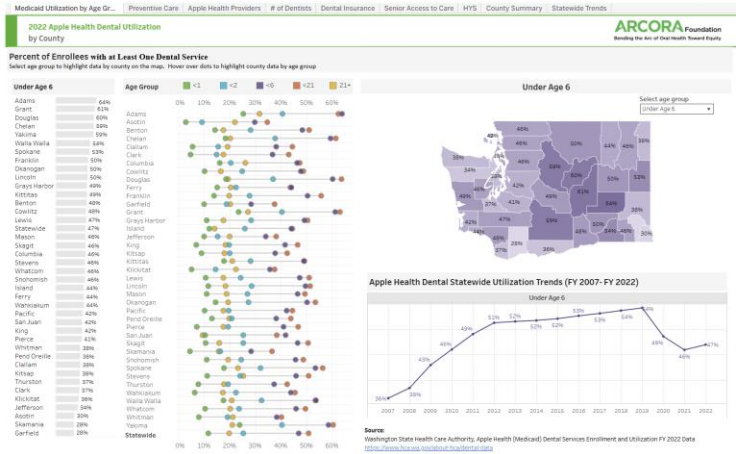


Access to Dental Care Dashboard

Oral health care access affects one's overall health and quality of life. If left untreated, tooth decay and gum disease can lead to other health issues, such as heart disease, diabetes, or pregnancy complications.

Unfortunately, there are many barriers to equitable oral health care access in Washington state. Data clearly show how these barriers disproportionately impact lower-income households and communities of color. Our "Access to Dental Care" interactive dashboard summarizes the dental utilization and access to care in Washington state.

https://arcorafoundation.org/access-to-dental-care-dashboard/



Smile Survey

The Smile Survey is a public/private partnership that includes the Washington State Department of Health, the Office of Superintendent of Public Instruction, local health jurisdictions (LHJs), and oral health professionals, and with funding and planning support from Arcora Foundation. Usually conducted every five years, this survey provides a comprehensive overview of the current state of children's oral health across the state.

https://arcorafoundation.org/smile-survey/



Methods

Dental claims data

Expenditure and utilization analyses for this presentation are based on Washington Apple Health dental paid claims data provided by the Washington State Health Care Authority (HCA) and analyzed by Arcora Foundation. Data included in this report cover Fiscal Years 2008 through Fiscal Year 2024.

The dental procedure codes are grouped into sections as follows:

- **Diagnostic (D0100–D0999).** Examples include oral exams and x-rays.
- **Preventive (D1000–D1999).** Examples include fluoride applications and dental sealants.
- **Restorative (D2000–D2999).** Examples include crowns and fillings used to restore broken or severely worn teeth.
- **Endodontics (D3000–D3999).** Examples include root canal treatment.
- **Periodontics (D4000–D4999).** Examples include procedures to remove plaque and tartar from under the gums.
- **Prosthodontics, Removable (D5000–D5899).** Examples include removable dentures.
- **Maxillofacial Prosthetics (D5900–D5999).** Examples include orbital and other facial prosthetics.
- **Implant Services (D6000–D6199).** Examples include surgical placement of dental implants.
- **Prosthodontics, Fixed (D6200–D6999).** Examples include permanent retainers and fixed bridges.
- **Oral and Maxillofacial Surgery (D7000–D7999).** Examples include dental extractions.
- **Orthodontics (D8000–D8999).** Examples include dental braces and related orthodontic services.
- **Adjunctive General Services (D9000–D9999).** Examples include anesthesia and other services associated with dental treatment.

Federally Qualified Health Center (FQHC) Services

Expenditure data for Federally Qualified Health Center (FQHC) dental services were not consistently available by specific dental procedure codes within the twelve procedure groups listed above. Therefore, FQHC-based dental care was classified as **"Other."**

In 2010, the Washington State Department of Social and Health Services (DSHS) replaced its Apple Health Management Information System with a new payment processing system, **ProviderOne**, which now serves as the primary provider payment processing system for the agency. Prior to this transition, not all dental FQHC expenditures were reported within the dental data.

As a result, total dental expenditures that include FQHC services for Fiscal Years 2008 through 2010 are incomplete. Therefore, data from FY 2008 through FY 2010 are excluded from the expenditure analysis presented in this report.

Methods

Enrollee demographic data

Enrollee demographic data for this presentation were based on Washington Apple Health paid claims data provided by the Washington State Health Care Authority. Demographic data (e.g., age and county) for a single enrollee may vary by claim within a given year.

To track an enrollee's utilization and expenditures over time based on demographic factors, a single indicator was assigned for each demographic field for a given year. Demographic information was based on the value for which the enrollee had the greatest number of months of eligibility. For example, if an enrollee resided in King County for eight of the twelve months in a year, the enrollee's county was designated as King County for that year.

Access and utilization measures

There are several approaches to measuring access to care and utilization. One of the most common measures is the **utilization rate**, defined as the proportion of a population that uses a service during a specified period.

The numerator typically represents an **unduplicated count of users** (i.e., an individual is counted once regardless of the number of services received). The denominator may be defined in several ways, and the choice of denominator can influence how utilization rates are interpreted.

Most analyses in this report use an **unduplicated count of enrolled members ("enrollees") over the course of the year**. This reflects the aggregate number of people who received dental services at any point during the analysis period.

However, it is important to note that enrollment in Washington Apple Health may vary throughout the year. Some individuals may be enrolled for only part of the year, while others are enrolled continuously. As a result, individuals enrolled for shorter periods may not have the same opportunity to receive dental care as those enrolled for the entire year.

Other data and analysis topics

Inflation Adjustment:
Expenditure amounts were converted to **constant 2024 dollars** using the Consumer Price Index for Medical Care Services (CPI-MED) from the **U.S. Bureau of Labor Statistics**. July CPI values were used to align with the beginning of each fiscal year.

Providers' Data:
All providers were identified using **Health Care Provider Taxonomy Codes** and aggregated using **National Provider Identifier (NPI)** numbers. The taxonomy codes used to classify provider types are maintained by the **National Uniform Claim Committee (NUCC)**. The official taxonomy code set is available at: https://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40

Sealants:
The Centers for Medicare & Medicaid Services (CMS) Oral Health Initiative aims to improve children's access to dental care, with an emphasis on prevention. One of the initiative's goals is to increase the proportion of children enrolled in Medicaid and CHIP ages 6–10 who receive a dental sealant on a permanent molar.

Orthodontics Services:
Apple Health covers orthodontic treatment and related services, subject to prior authorization requirements for clients age 21 and younger with cleft lip and palate and other craniofacial medical conditions. Covered craniofacial conditions include hemifacial macrosomia, craniosynostosis syndromes, cleidocranial dental dysplasia, arthrogryposis, and Marfan syndrome.

For a detailed description of covered services, see the **Apple Health Orthodontic Services Billing Guide.**

Top Procedures by Expenditures and Users

Figures presenting the Top Procedures by Expenditures and Top Procedures by Users include simplified procedure names. The full procedure descriptions and CDT codes are listed below.

Adolescent Orthodontic Treatment: Comprehensive Orthodontic Treatment of the Adolescent Dentition (D8080)

Stainless Steel Crown: Prefabricated Stainless Steel Crown (D2930)

Periodic Oral Exam: Periodic Oral Evaluation (D0120)

Composite Filling – 2 Surfaces: Resin-Based Composite – Two Surfaces Posterior (D2392)

Fluoride – Child: Topical Application of Fluoride (Prophylaxis Not Included) – Child (D1203)

Cleaning – Child: Prophylaxis – Child (D1120)

Composite Filling – 1 Surface: Resin-Based Composite – One Surface Posterior (D2391)

Sealant: Sealant – Per Tooth (D1351)

Extraction: Extraction – Erupted Tooth/Exposed Root (D7140)

Comprehensive Oral Exam: Comprehensive Oral Evaluation – New or Established Patient (D0150)

X-Rays Bitewings: Bitewing Radiographs – Two Films (D0272)

X-Rays Complete Intraoral: Intraoral Complete Series (D0210)

X-Rays Periapical – First Film: Intraoral Periapical First Film (D0220)

Definitions

Adjunctive general services: Services performed in addition to another procedure, such as anesthesia, only when the procedure is directly related to the original procedure.

BIPOC population: BIPOC stands for Black, Indigenous & People of Color. When using the acronym BIPOC, it often includes Black/African American, American Indian/Alaskan Native, Asian/Asian American, Native Hawaiian/Pacific Islander, Latinx, and other racially marginalized communities such as multiracial individuals.

Continuously eligible: An enrollee who was enrolled in the dental program for 11 or more consecutive months during a fiscal year.

Decay experience: Any evidence of past or present tooth decay, an indicator for the disease known as "dental caries," or "caries". This measure is reflective of progress with prevention efforts.

Diagnostic services: Services used to determine the cause of an illness.

Endodontics: A dental specialty concerned with treatment of the root and nerve of the tooth.

Enrollee receiving one or more services (User): An enrollee who received one or more services.

Fiscal year: Fiscal years correspond to the Washington State fiscal year (July–June).

Fixed prosthodontics: Replacement of missing teeth with artificial materials, such as a bridge or denture, in a permanent fashion.

Health professional shortage area: A HPSA is a geographic area wherein the population has an inadequate number of dentists to serve their dental needs. The designation is used primarily for workforce programs such as loan repayment for dentists and dental hygienists.

Maxillofacial prosthetics: Surgery of, pertaining to, or affecting the jaws and the face.

Oral surgery: Procedures used to correct problems or damage to the mouth, teeth, or jaw by incision or manipulation.

Orthodontics: A dental specialty concerned with straightening or moving misaligned teeth or jaws with braces or surgery.

Periodontics: A dental specialty concerned with the treatment of gums, tissue, and bone that support the teeth.

Preventive services: Services performed to prevent oral disease or other dental problems.

ProviderOne: The Washington State Medicaid Management Information System used to process Medicaid claims and payments, managed by the Health Care Authority (HCA).

Rampant decay: The presence of seven or more teeth with any caries experience, also considered generalized tooth decay. This measure indicates increased severity of disease.

Removable prosthodontics: Replacement of missing teeth with artificial materials, such as a bridge or denture, in a temporary fashion.

Restorative services: Procedures used to correct problems or damage to the mouth, teeth, or jaw without surgery.

Sealant: Plastic resin placed on the biting surfaces of teeth to prevent bacteria from attacking the enamel and causing tooth decay.

Untreated decay: The presence of visible cavitated lesions in the enamel surface (cavitated lesions only), as observed by the dental screener. This measure reflects barriers to receiving dental care.

Data Tables

About the Data Tables

The following data tables are provided as a reference for those looking for key metrics on Apple Health enrollment and utilization by county for 2024 (the most recent year at time of report publication).

The following metrics are included:

- Enrolled – the number of individuals in the county enrolled on Apple Health
- Users – the number of individuals enrolled in Apple Health who used at least one service during the year
- Utilization rate (Percent users) – the percent of those enrolled in Apple health who used at least one service during the year

Each metric is provided for the following age groups:

- All ages
- Adults ages 21+ years old
- Children ages 20 and under
- Children under age 6

Data notes:

Statewide totals may not sum due to individuals either enrolled in multiple counties or using services in multiple counties during the year. Therefore, user count is unduplicated within county, while totals contain duplication if clients resided in multiple counties during the year and/or received multiple dental services.

2024 includes services paid through mid-February 2025. Totals subject to change as claims are paid.

2024[1] Users' County	All Ages			Adults Ages 21			Children Ages 20 and Under			Children Under Age 6		
	Enrolled	User	Utilization	Enrolled	User	Utilization	Enrolled	User	Utilization	Enrolled	User	Utilization
WA STATEWIDE[1]	**2,391,000**	**819,520**	**34.3%**	**1,316,958**	**257,040**	**19.5%**	**1,074,080**	**562,494**	**52.4%**	**310,601**	**152,645**	**49.1%**
Adams	12,976	6,402	49.3%	4,729	1,305	27.6%	8,247	5,097	61.8%	2,303	1,348	58.5%
Asotin	8,781	2,191	25.0%	5,151	973	18.9%	3,630	1,218	33.6%	1,034	307	29.7%
Benton	80,766	29,067	36.0%	38,966	6,967	17.9%	41,801	22,103	52.9%	12,336	6,231	50.5%
Chelan	31,689	13,318	42.0%	16,029	3,424	21.4%	15,660	9,896	63.2%	4,322	2,621	60.6%
Clallam	26,263	7,921	30.2%	15,865	2,944	18.6%	10,398	4,977	47.9%	2,852	1,163	40.8%
Clark	162,998	49,159	30.2%	87,530	14,918	17.0%	75,471	34,241	45.4%	21,943	9,052	41.3%
Columbia	1,532	525	34.3%	934	252	27.0%	598	273	45.7%	180	68	37.8%
Cowlitz	46,375	15,290	33.0%	25,635	4,704	18.3%	20,740	10,586	51.0%	6,118	3,121	51.0%
Douglas	17,521	7,903	45.1%	7,841	1,691	21.6%	9,680	6,213	64.2%	2,717	1,738	64.0%
Ferry	3,612	1,176	32.6%	2,093	436	20.8%	1,519	740	48.7%	411	206	50.1%
Franklin	48,333	20,070	41.5%	19,403	3,786	19.5%	28,932	16,285	56.3%	8,196	4,261	52.0%
Garfield	766	174	22.7%	420	72	17.1%	346	102	29.5%	96	22	22.9%
Grant	51,129	22,899	44.8%	22,119	5,413	24.5%	29,010	17,486	60.3%	8,272	4,910	59.4%
Grays Harbor	34,227	11,181	32.7%	19,997	3,638	18.2%	14,230	7,543	53.0%	3,887	1,919	49.4%
Island	19,168	4,937	25.8%	11,055	1,561	14.1%	8,113	3,376	41.6%	2,367	1,006	42.5%
Jefferson	9,207	2,577	28.0%	6,382	1,372	21.5%	2,825	1,205	42.7%	759	289	38.1%
King	571,848	172,925	30.2%	339,233	62,070	18.3%	232,626	110,855	47.7%	68,441	29,464	43.1%
Kitsap	69,391	20,910	30.1%	40,959	7,757	18.9%	28,434	13,153	46.3%	8,420	3,641	43.2%
Kittitas	13,092	4,248	32.4%	7,550	1,408	18.6%	5,542	2,840	51.2%	1,583	826	52.2%
Klickitat	8,296	2,276	27.4%	4,798	959	20.0%	3,498	1,317	37.7%	966	337	34.9%

[1] 2024 includes services paid through mid-February 2025. Totals subject to change as claims are paid

[2] Totals may not sum due to individuals either enrolled in multiple counties or using services in multiple counties during the year. Therefore, user count is unduplicated within county, while totals contain duplication if clients resided in multiple counties during the year and/or received multiple dental services.

2024[1] *Users' County*	All Ages			Adults Ages 21			Children Ages 20 and Under			Children Under Age 6		
	Enrolled	User	Utilization	Enrolled	User	Utilization	Enrolled	User	Percent Users	Enrolled	User	Utilization
WA STATEWIDE[1]	**2,391,000**	**819,520**	**34.3%**	**1,316,958**	**257,040**	**19.5%**	**1,074,080**	**562,494**	**52.4%**	**310,601**	**152,645**	**49.1%**
Lewis	36,663	11,815	32.2%	19,917	3,125	15.7%	16,747	8,690	51.9%	4,999	2,426	48.5%
Lincoln	4,600	1,534	33.3%	2,393	446	18.6%	2,207	1,088	49.3%	633	286	45.2%
Mason	26,047	8,717	33.5%	13,978	2,532	18.1%	12,069	6,185	51.2%	3,650	1,760	48.2%
Okanogan	20,991	7,558	36.0%	11,041	2,094	19.0%	9,950	5,464	54.9%	2,621	1,338	51.0%
Pacific	8,701	2,515	28.9%	5,350	884	16.5%	3,351	1,631	48.7%	817	355	43.5%
Pend Oreille	6,501	2,018	31.0%	3,790	727	19.2%	2,711	1,291	47.6%	715	311	43.5%
Pierce	306,642	96,609	31.5%	166,793	28,934	17.3%	139,854	67,675	48.4%	41,875	18,308	43.7%
San Juan	4,557	940	20.6%	2,844	234	8.2%	1,713	706	41.2%	461	212	46.0%
Skagit	45,310	15,174	33.5%	23,310	3,528	15.1%	22,000	11,647	52.9%	6,437	3,327	51.7%
Skamania	2,997	686	22.9%	1,796	288	16.0%	1,201	398	33.1%	321	96	29.9%
Snohomish	231,625	77,834	33.6%	126,683	24,307	19.2%	104,947	53,527	51.0%	31,250	14,839	47.5%
Spokane	211,353	79,514	37.6%	122,165	28,340	23.2%	89,191	51,175	57.4%	26,381	14,572	55.2%
Stevens	19,296	6,747	35.0%	10,734	2,468	23.0%	8,562	4,279	50.0%	2,387	1,115	46.7%
Thurston	90,599	25,848	28.5%	52,493	9,143	17.4%	38,107	16,706	43.8%	11,474	4,522	39.4%
Wahkiakum	1,551	407	26.2%	953	137	14.4%	598	270	45.2%	152	68	44.7%
Walla Walla	21,171	7,679	36.3%	11,189	2,340	20.9%	9,982	5,339	53.5%	2,771	1,448	52.3%
Whatcom	71,514	23,969	33.5%	42,119	8,535	20.3%	29,396	15,438	52.5%	8,461	4,051	47.9%
Whitman	11,851	2,709	22.9%	7,201	1,074	14.9%	4,651	1,635	35.2%	1,399	479	34.2%
Yakima	137,733	60,267	43.8%	64,018	14,419	22.5%	73,717	45,848	62.2%	20,087	12,508	62.3%

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[2] Totals may not sum due to individuals either enrolled in multiple counties or using services in multiple counties during the year. Therefore, user count is unduplicated within county, while totals contain duplication if clients resided in multiple counties during the year and/or received multiple dental services.

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