



Legislative Report

Dental Utilization Report

Health Care Administration

Healthcare Research & Quality Division

March 2022

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$5,929.

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I. Executive summary

Minnesotans with lower incomes experience higher rates of foregone dental care. In the years just prior to the start of the COVID-10 pandemic, roughly 55% of Minnesotans with coverage through Medicaid did not see a dentist, and the utilization rates of preventative dental services was even lower in 2020.

The 2021 legislature made changes to improve the rate method and increase base rates for dental services. This rate change in combination with continued efforts by DHS, payers and providers to increase access to dental services is expected to raise the utilization rates of dental visits. While the impact of those efforts are not yet reflected in the available data, this report provides a baseline reference to enable monitoring dental utilization rates in Minnesota Medicaid.

This DHS report provides the percentage of adults and children covered under Minnesota's fee-for-service or prepaid medical assistance program who received at least one dental visit during the 2017 through 2020 calendar years. This report contains the baseline utilization rates for those calendar years. This is the first Dental Utilization Report, and annual updates will be provided in subsequent years through 2026.

II. Legislation

The legislation that mandates the creation of this report is Minnesota Statutes 2021, section 256B.0371, subdivision 4:

Subd. 4. **Dental utilization report.** (a) The commissioner shall submit an annual report beginning March 15, 2022, and ending March 15, 2026, to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance that includes the percentage for adults and children one through 20 years of age for the most recent complete calendar year receiving at least one dental visit for both fee-for-service and the prepaid medical assistance program. The report must include:

(1) statewide utilization for both fee-for-service and for the prepaid medical assistance program;

(2) utilization by county;

(3) utilization by children receiving dental services through fee-for-service and through a managed care plan or county-based purchasing plan;

(4) utilization by adults receiving dental services through fee-for-service and through a managed care plan or county-based purchasing plan.

(b) The report must also include a description of any corrective action plans required to be submitted under subdivision 2.

(c) The initial report due on March 15, 2022, must include the utilization metrics described in paragraph (a) for each of the following calendar years: 2017, 2018, 2019, and 2020.

III. Introduction

Purpose of report

While Minnesota ranks near the top in many areas of health care, providing access to dental care is not one of them. In fact, for states reporting rates of preventative dental services for individuals covered by Medicaid, Minnesota falls below the national median. Minnesota Health Care Program enrollees represent low-income populations, including individuals with disabilities, older adults (65+ years), pregnant women, and children who may experience higher and more severe dental disease and oral conditions. Unaddressed oral health issues can lead to other chronic conditions such as mouth pain, tooth loss, and gum disease. These conditions can also impact nutrition and contribute to absenteeism.

Minnesotans with lower incomes experience higher rates of foregone dental care. Roughly 55% of Minnesotans with coverage through Medicaid did not see a dentist in 2017, 2018 and 2019. With the COVID-19 pandemic impacting access to care, utilization of preventative dental services was even lower in 2020.

The purpose of this report is to provide the baseline data for dental utilization for adults and children covered by Minnesota health care program fee-for-service and Medicaid managed care plans from 2017 to 2020. This report is submitted to the Minnesota Legislature pursuant to Minnesota Statutes 2020, section 256.01, subdivision 28. It provides a reference point for future updates which develop toward analysis around whether DHS and MN Health Plans achieve a dental access performance benchmark for the coverage years of 2022 – 2024.

The Research and Data Analysis section within the Healthcare Research and Quality division of the Health Care Administration prepared this report. The source of information used for the report was administrative claims and encounter data received at DHS.

Contents of Report

As prescribed by the legislation, the report includes statewide utilization for both fee-for-service and for the prepaid medical assistance program, broken out in the following categories:

1. utilization **statewide** for all enrolled in Minnesota Health Care programs – Table 1
2. utilization **by county** – Table 2
3. utilization **by children** receiving dental services through fee-for-service and through a managed care plan or county-based purchasing plan – Table 3

4. utilization **by adults** receiving dental services through fee-for-service and through a managed care plan or county-based purchasing plan – Table 4
5. utilization **by calendar years** 2017, 2018, 2019, and 2020 –Tables 1 - 5

IV. Report Data

A. Annual Dental Visit Measure Specifications

DHS used as a base the National Committee of Quality Assurance (NCQA) 2020 technical specifications for the Healthcare Effectiveness Data and Information Set (HEDIS®) for the Annual Dental Visit for Children. Though typically used for children in a health plan, DHS applied the same technical specifications to measure the annual dental visits for adults, and to members who had any type of full benefit coverage through a DHS program including fee-for-service.

To align with the language in the Minnesota legislation, the age range used for the children's measure was modified from the HEDIS® range of age 2-20 to age 1-20. The age range of 1-20 is consistent with age criteria used in other required state reporting to CMS under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, known as the Child and Teen Checkups program in Minnesota. Minnesota has been under corrective action from CMS for not providing sufficient access to dental services for children served by its Medicaid program.

The Annual Dental Visit measure specification requires that there be at least 11 months of enrollment with the same health plan to be eligible for inclusion in the measure. To align with the language in the Minnesota legislation, enrollees who had 11 months of continuous enrollment in a Minnesota Health Care Program were included. As a result, enrollees who did not have Medical Assistance or MinnesotaCare coverage for most of the year are not reflected in these rates. Other measures of dental utilization, such as the one used by CMS in the Child Health Care Quality Core Set reporting, may not include this criteria and are therefore not directly comparable. Ninety days of continuous enrollment is the specification used for EPSDT program reporting to CMS.

Rate Calculation

The dental utilization rate is calculated by dividing the numerator by the denominator ($\text{Rate} = [N / D]$) and expressed as a percentage using the definitions described below.

The denominator (D) is the number of enrollees who meet all these criteria:

The enrollee's age calculated as of December 31 of the calendar year.

Children are defined 1-20 years of age.

Adult are defined at age 21 and older.

Continuous enrollment: The enrollee had either Medicaid fee-for-service or coverage through a Medicaid managed care organization for the entire measurement year (January 1 through December 31).
Dental Utilization Report

31) with no more than a one-month gap in enrollment. Continuous enrollment in Minnesota Health Care Programs (MHCP) is defined as enrollment in Medicaid regardless of the length of time with a single managed care plan or county-based purchasing plan or fee-for-service. Where results are displayed by health plan, the managed care or county based purchasing plan that the enrollee was in as of the last month of the measurement year (December) is used.

The numerator (N) is the number of enrollees who meet the denominator criteria and had one or more dental visits with a dental practitioner during the measurement year.

A dental visit is identified by any dental procedure code on a Medicaid claim or encounter where the submitted provider is any of the following categories of dental professionals:

- A practitioner who holds a Doctor of Dental Surgery (DDS) or a Doctor of Dental Medicine (DMD) degree from an accredited school of dentistry and is licensed to practice dentistry by a state board of dental examiners;
- Certified and licensed dental hygienists
- Dental therapists and advanced dental therapists.

Data Sources

The source of information used for the report are administrative claims, encounter and eligibility data received at DHS and stored in the DHS Data Warehouse. Records received by the DHS as of May 31, 2021 were included.

B. Dental Rates Data

The statewide dental utilization rate range increased slightly between 2017 and 2019 from 44% and 45.5%, and dropped to 33.6% for calendar year 2020.

The total number of enrollees with continuous enrollment is higher in 2020 due to the maintenance of coverage provisions in the Families First Coronavirus Response Act. This Act ensured enrollees kept their coverage with limited exceptions through the federal public health emergency and were not required to go through a renewal or redetermination process. As a result, fewer enrollees lost their coverage and a greater number could be included in the 2020 assessment. However, due to social distancing precautions, temporary office closures, and other disruptions in enrollee's ability to access dental and other services due to the pandemic, overall utilization of dental services was lower.

Table 1 contains the total number of people enrolled in a Minnesota Health Care Program meeting the measure criteria in each calendar year 2017 through 2020. For each year, column 'N' denotes the number of people who received at least one dental visit in each of the calendar years 2017 through 2020, out of the total eligible number for the measure which is the 'D' denominator column.

Table 1 Statewide Dental Rates by MN Healthcare Program Enrollment for 2017 to 2020

	2017			2018			2019			2020		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	70,170	181,802	38.6	64,732	169,572	38.2	62,572	163,765	38.2	43,059	150,417	28.6
MCO or CBP	334,369	778,990	42.9	355,549	803,317	44.3	347,726	768,361	45.3	306,578	918,746	33.4
All MHCP	404,539	960,792	42.1	420,281	972,889	43.2	410,298	932,126	44.0	349,637	1,069,163	32.7

Table 2 contains the number of people residing in each county meeting the measure criteria in each calendar year 2017 through 2020. A total across all counties is included at the bottom of the table.

Table 2 Dental Rates by County for 2017 to 2020

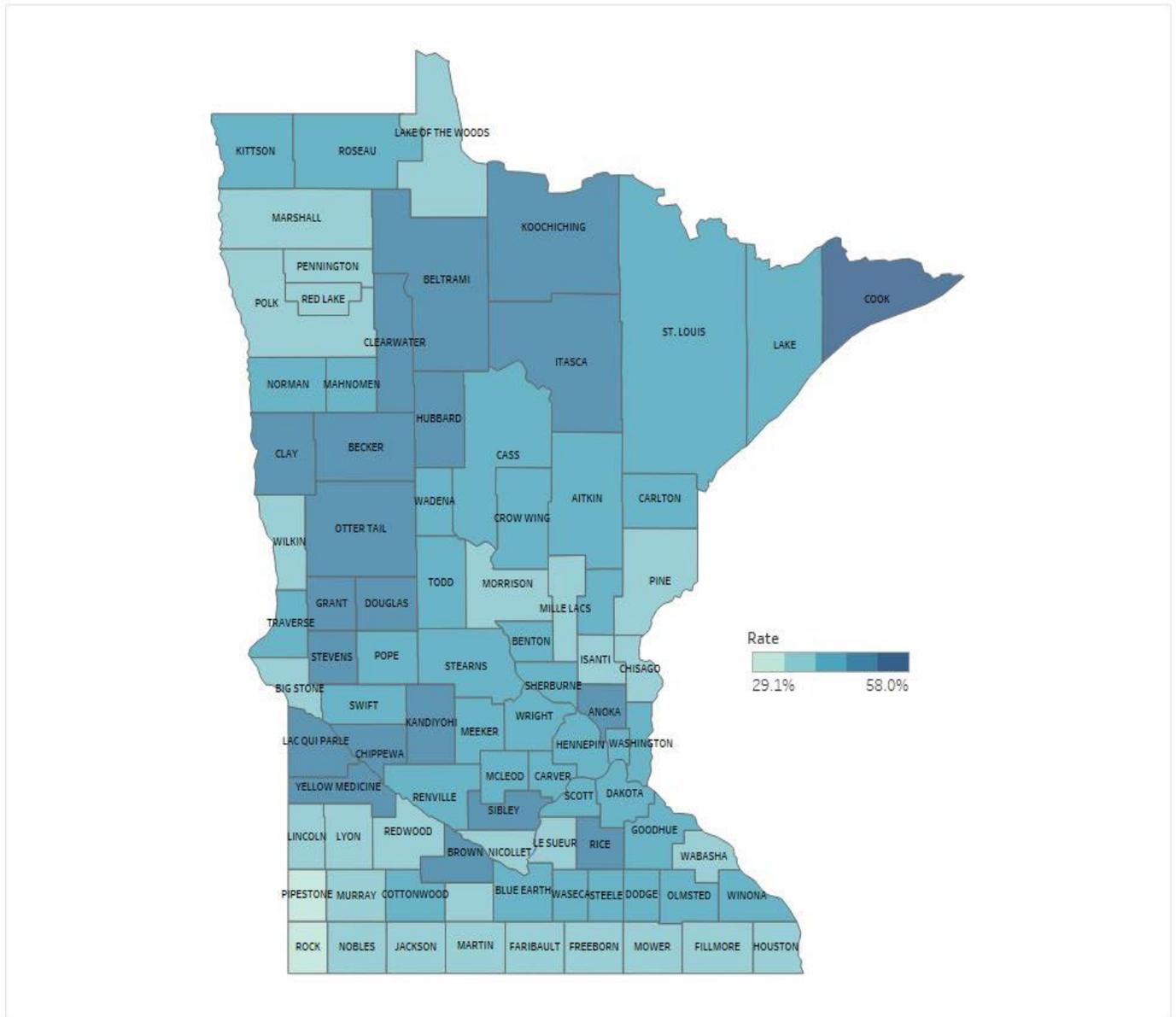
County	2017			2018			2019			2020		
	N	D	%	N	D	%	N	D	%	N	D	%
AITKIN	1,496	3,668	40.8	1,517	3,571	42.5	1,432	3,364	42.6	1,238	3,744	33.1
ANOKA	24,184	53,862	44.9	24,766	53,527	46.3	24,373	51,491	47.3	20,819	60,427	34.5
BECKER	3,853	7,921	48.6	3,989	7,849	50.8	3,862	7,516	51.4	3,391	8,530	39.8
BELTRAMI	5,814	11,932	48.7	5,906	12,345	47.8	5,939	12,401	47.9	4,797	14,156	33.9
BENTON	3,214	7,816	41.1	3,192	7,709	41.4	3,167	7,474	42.4	2,874	8,686	33.1
BIG STONE	545	1,002	54.4	528	1,013	52.1	456	1,179	38.7	404	1,241	32.6
BLUE EARTH	4,371	10,856	40.3	4,657	10,727	43.4	4,377	10,531	41.6	3,954	12,092	32.7
BROWN	1,634	3,793	43.1	1,756	3,890	45.1	1,747	3,753	46.5	1,606	4,180	38.4
CARLTON	2,845	6,750	42.1	2,933	6,796	43.2	2,798	6,469	43.3	2,306	7,222	31.9
CARVER	3,546	9,041	39.2	3,775	8,996	42.0	3,664	8,572	42.7	3,065	9,836	31.2
CASS	3,341	8,066	41.4	3,392	8,054	42.1	3,268	7,834	41.7	2,774	8,717	31.8
CHIPPEWA	1,233	2,630	46.9	1,272	2,700	47.1	1,237	2,632	47.0	1,132	2,921	38.8
CHISAGO	2,969	8,032	37.0	2,932	7,765	37.8	2,958	7,316	40.4	2,441	8,329	29.3
CLAY	5,030	11,305	44.5	5,165	11,776	43.9	5,530	11,795	46.9	4,506	13,050	34.5
CLEARWATER	929	2,066	45.0	957	2,036	47.0	968	1,978	48.9	796	2,182	36.5
COOK	564	1,053	53.6	516	1,031	50.0	545	940	58.0	436	1,049	41.6

County	2017			2018			2019			2020		
	N	D	%	N	D	%	N	D	%	N	D	%
COTTONWOOD	1,054	2,563	41.1	1,120	2,648	42.3	1,075	2,564	41.9	1,003	2,862	35.0
CROW WING	5,396	13,671	39.5	5,561	13,587	40.9	5,426	12,908	42.0	4,841	14,482	33.4
DAKOTA	23,723	56,954	41.7	24,933	58,744	42.4	24,726	56,576	43.7	19,890	66,252	30.0
DODGE	1,203	2,946	40.8	1,251	2,896	43.2	1,198	2,721	44.0	1,051	3,101	33.9
DOUGLAS	2,881	5,773	49.9	2,943	5,809	50.7	2,827	5,547	51.0	2,635	6,277	42.0
FARIBAULT	1,165	3,065	38.0	1,232	3,100	39.7	1,144	2,972	38.5	1,065	3,302	32.3
FILLMORE	1,274	3,578	35.6	1,370	3,594	38.1	1,385	3,534	39.2	1,220	3,909	31.2
FREEBORN	2,157	6,184	34.9	2,280	6,146	37.1	2,361	5,889	40.1	2,340	6,962	33.6
GOODHUE	2,568	6,223	41.3	2,369	5,876	40.3	2,356	5,537	42.6	2,235	6,462	34.6
GRANT	615	1,256	49.0	624	1,270	49.1	603	1,218	49.5	545	1,349	40.4
HENNEPIN	90,380	217,531	41.5	97,189	221,736	43.8	95,004	211,809	44.9	78,347	245,206	32.0
HOUSTON	901	2,356	38.2	900	2,474	36.4	954	2,452	38.9	849	2,600	32.7
HUBBARD	2,344	4,816	48.7	2,388	4,824	49.5	2,462	4,787	51.4	2,049	5,294	38.7
ISANTI	2,672	7,040	38.0	2,668	7,015	38.0	2,502	6,411	39.0	2,144	7,255	29.6
ITASCA	5,059	10,013	50.5	5,138	9,780	52.5	4,750	9,247	51.4	4,149	10,365	40.0
JACKSON	570	1,670	34.1	613	1,695	36.2	613	1,695	36.2	543	1,905	28.5
KANABEC	1,450	3,511	41.3	1,546	3,675	42.1	1,499	3,417	43.9	1,364	3,819	35.7
KANDIYOHI	4,978	10,457	47.6	5,241	10,632	49.3	5,210	10,330	50.4	4,348	11,540	37.7
KITTSOON	330	795	41.5	330	810	40.7	335	793	42.2	239	851	28.1
KOOCHICHING	1,215	2,796	43.5	1,196	2,741	43.6	1,179	2,445	48.2	1,037	2,671	38.8
LAC QUI PARLE	579	1,205	48.0	583	1,213	48.1	587	1,235	47.5	541	1,365	39.6
LAKE	679	1,748	38.8	694	1,627	42.7	648	1,545	41.9	572	1,862	30.7
LAKE OF THE WOODS	381	810	47.0	318	794	40.1	308	765	40.3	270	845	32.0
LE SUEUR	1,638	4,039	40.6	1,675	4,052	41.3	1,509	3,753	40.2	1,380	4,314	32.0
LINCOLN	362	1,047	34.6	365	992	36.8	340	925	36.8	326	1,039	31.4
LYON	2,246	5,214	43.1	2,211	5,384	41.1	1,983	5,069	39.1	1,681	5,729	29.3
MAHNOMEN	808	1,905	42.4	860	2,042	42.1	855	2,035	42.0	824	2,368	34.8
MARSHALL	540	1,406	38.4	527	1,438	36.6	501	1,325	37.8	399	1,487	26.8
MARTIN	1,595	4,193	38.0	1,607	4,265	37.7	1,653	4,223	39.1	1,693	4,669	36.3
MCLEOD	2,257	5,490	41.1	2,269	5,461	41.5	2,358	5,267	44.8	2,141	6,033	35.5
MEEKER	1,614	4,018	40.2	1,602	3,977	40.3	1,574	3,786	41.6	1,381	4,234	32.6
MILLE LACS	2,336	6,110	38.2	2,319	6,278	36.9	2,315	5,881	39.4	1,977	6,642	29.8
MORRISON	2,705	7,164	37.8	2,669	7,137	37.4	2,677	6,709	39.9	2,735	7,252	37.7
MOWER	3,086	8,275	37.3	3,258	8,755	37.2	3,195	8,561	37.3	2,956	9,918	29.8
MURRAY	513	1,364	37.6	534	1,418	37.7	489	1,370	35.7	459	1,515	30.3
NICOLLET	2,018	5,187	38.9	2,099	5,254	40.0	2,025	5,029	40.3	1,845	5,809	31.8

	2017			2018			2019			2020		
County	N	D	%	N	D	%	N	D	%	N	D	%
NOBLES	1,506	4,493	33.5	1,769	4,687	37.7	1,586	4,362	36.4	1,290	5,044	25.6
NORMAN	618	1,593	38.8	683	1,596	42.8	663	1,431	46.3	588	1,601	36.7
OLMSTED	9,674	22,147	43.7	10,363	22,502	46.1	10,046	21,669	46.4	9,211	25,518	36.1
OTTER TAIL	5,425	11,329	47.9	5,596	11,533	48.5	5,371	10,958	49.0	5,036	12,288	41.0
PENNINGTON	736	2,040	36.1	710	1,967	36.1	700	1,892	37.0	595	2,203	27.0
PINE	2,093	5,803	36.1	2,091	5,890	35.5	2,111	5,775	36.6	1,874	6,577	28.5
PIPESTONE	603	1,878	32.1	555	1,848	30.0	590	1,823	32.4	296	2,058	14.4
POLK	2,717	6,882	39.5	2,804	7,002	40.0	2,788	6,892	40.5	2,363	7,631	31.0
POPE	984	1,989	49.5	962	2,024	47.5	893	1,944	45.9	851	2,147	39.6
RAMSEY	54,565	128,276	42.5	56,698	132,082	42.9	55,345	126,948	43.6	44,591	145,583	30.6
RED LAKE	249	692	36.0	243	697	34.9	246	700	35.1	234	800	29.3
REDWOOD	1,024	2,911	35.2	1,111	2,871	38.7	1,066	2,878	37.0	962	3,195	30.1
RENVILLE	1,429	3,109	46.0	1,468	3,225	45.5	1,359	2,936	46.3	1,102	3,324	33.2
RICE	4,680	10,506	44.5	4,820	10,359	46.5	4,734	10,038	47.2	4,261	11,676	36.5
ROCK	318	1,457	21.8	401	1,465	27.4	401	1,376	29.1	366	1,565	23.4
ROSEAU	959	2,264	42.4	941	2,276	41.3	920	2,181	42.2	707	2,457	28.8
SCOTT	7,018	17,201	40.8	7,720	17,310	44.6	7,565	16,440	46.0	6,312	19,173	32.9
SHERBURNE	5,082	12,781	39.8	5,210	12,946	40.2	5,076	12,315	41.2	4,628	14,332	32.3
SIBLEY	1,081	2,640	40.9	1,110	2,582	43.0	1,145	2,423	47.3	1,091	2,750	39.7
ST. LOUIS	15,820	37,338	42.4	15,885	37,564	42.3	14,815	34,865	42.5	12,355	39,175	31.5
STEARNS	12,440	27,897	44.6	12,095	28,342	42.7	11,833	27,122	43.6	11,138	31,851	35.0
STEELE	2,881	6,674	43.2	3,086	6,658	46.4	2,902	6,336	45.8	2,691	7,174	37.5
STEVENS	624	1,213	51.4	637	1,280	49.8	633	1,308	48.4	575	1,538	37.4
SWIFT	924	2,055	45.0	896	1,961	45.7	807	1,928	41.9	671	2,131	31.5
TODD	2,229	5,219	42.7	2,153	5,226	41.2	2,046	4,934	41.5	1,847	5,418	34.1
TRAVERSE	349	750	46.5	346	735	47.1	335	749	44.7	302	842	35.9
WABASHA	1,255	3,179	39.5	1,207	3,047	39.6	1,157	2,918	39.7	1,082	3,287	32.9
WADENA	1,559	3,638	42.9	1,649	3,683	44.8	1,667	3,632	45.9	1,389	4,008	34.7
WASECA	1,441	3,434	42.0	1,472	3,461	42.5	1,408	3,311	42.5	1,314	3,736	35.2
WASHINGTON	11,102	26,744	41.5	11,382	26,921	42.3	11,138	25,656	43.4	9,411	29,841	31.5
WATONWAN	778	2,049	38.0	807	2,006	40.2	789	1,966	40.1	744	2,236	33.3
WILKIN	494	1,179	41.9	478	1,226	39.0	468	1,199	39.0	451	1,307	34.5
WINONA	2,659	6,675	39.8	2,757	6,811	40.5	2,836	6,617	42.9	2,698	7,459	36.2
WRIGHT	6,678	16,441	40.6	6,843	16,356	41.8	6,500	15,597	41.7	5,898	17,993	32.8
YELLOW MEDICINE	891	1,863	47.8	930	1,911	48.7	899	1,818	49.4	817	2,050	39.9
All	403,745	958,505	42.1	419,613	970,974	43.2	409,785	930,512	44.0	349,354	1,067,875	32.7

Figure 1 provides a graphical view of the statewide dental utilization rates by county for 2019, consistent with the information in Table 2 above for the same year. The results for this year were selected to display on the Minnesota map because the rates are most representative of dental utilization prior to the onset of the COVID-19 public health emergency.

Figure 1 Dental Rates by County for Calendar Year 2019



The next set of tables break out the dental utilization rates by managed care or county-based purchasing plan and fee for service. As with previous tables column 'N' denotes the number of people who received at least one dental visit in each of the calendar years 2017 through 2020, out of the total eligible number for the measure which is the 'D' denominator column.

The rate of children between the age of one and twenty with continuous enrollment who received at least one dental visit in each of the calendar years 2017 through 2020 is detailed in Table 3.

It is important to note that the Medica managed care plan did not have a Family and Children/MnCare contract with DHS during most of 2017 or during the 2018 - 2020 plan years. Therefore, the Medica results in this table reflect 18-20 year old enrollees in the Special Needs Basic Care contract. Due to differences in this population from the other children in the table, the Medica results are included for completeness but are not comparable to other health plans.

Table 3 Children's Dental Rates for 2017 to 2020 (Ages 1-20)

FFS/MCO	2017			2018			2019			2020		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	36,823	92,496	39.8	34,100	87,576	38.9	33,646	86,763	38.8	21,522	76,296	28.2
Blue Plus	57,725	109,892	52.5	67,871	130,981	51.8	65,572	125,791	52.1	60,752	160,022	38.0
HealthPartners	21,517	43,285	49.7	34,323	69,274	49.5	33,876	66,863	50.7	27,014	75,260	35.9
Hennepin Health	385	916	42.0	2,449	5,025	48.7	2,432	4,846	50.2	1,916	5,775	33.2
IMCare	2,253	3,753	60.0	2,411	3,823	63.1	2,228	3,632	61.3	1,896	4,004	47.4
Medica ¹	21,162	45,792	46.2	136	344	39.5	131	314	41.7	102	357	28.6
PrimeWest Health	9,919	19,456	51.0	10,118	19,814	51.1	10,114	19,290	52.4	8,247	21,032	39.2
South County Health Alliance	8,888	18,584	47.8	8,931	18,362	48.6	8,820	17,268	51.1	5,168	11,809	43.8
UCare	52,516	109,820	47.8	64,380	125,808	51.2	67,863	128,422	52.8	56,858	152,775	37.2
All MCOs	174,365	351,498	49.6	190,619	373,431	51.0	191,036	366,426	52.1	161,953	431,034	37.6
All MHCP	211,188	443,994	47.6	224,719	461,007	48.7	224,682	453,189	49.6	183,475	507,330	36.2

¹ Medica's results are 18-20 year old enrollees in the Special Needs Basic Care contract. For the years included in this report, Medica did not have a Family and Children/MnCare contract with DHS after April of 2017. Due to differences in the age and care needs of this children's population, Medica's results are not comparable to other plans results.

The rates for adults age twenty-one and over with continuous enrollment who received at least one dental visit in each of the calendar years 2017 through 2020 is detailed in Table 4.

Table 4 Adult Dental Rates for 2017 to 2020 (Ages 21+)

FFS/MCO	2017			2018			2019			2020		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	33,347	89,306	37.3	30,632	81,996	37.4	28,926	77,002	37.6	21,537	74,121	29.1
Blue Plus	40,096	109,055	36.8	43,829	122,857	35.7	39,796	110,923	35.9	41,131	145,722	28.2
HealthPartners	20,985	53,716	39.1	30,261	76,024	39.8	28,400	69,933	40.6	25,284	84,297	30.0
Hennepin Health	3,355	11,184	30.0	5,230	17,207	30.4	4,412	14,598	30.2	4,417	19,417	22.7
IMCare	1,942	4,437	43.8	1,904	4,188	45.5	1,668	3,798	43.9	1,557	4,438	35.1
Medica	27,938	76,124	36.7	11,660	26,507	44.0	11,150	25,516	43.7	8,411	25,415	33.1
PrimeWest Health	8,420	20,316	41.4	8,305	20,156	41.2	7,876	19,121	41.2	7,064	21,845	32.3
South County Health Alliance	7,754	21,045	36.8	7,779	20,436	38.1	7,311	18,909	38.7	4,625	14,085	32.8
UCare	49,514	131,615	37.6	55,962	142,511	39.3	56,077	139,137	40.3	52,136	172,493	30.2
All MCOs	160,004	427,492	37.4	164,930	429,886	38.4	156,690	401,935	39.0	144,625	487,712	29.7
All MHCP	193,351	516,798	37.4	195,562	511,882	38.2	185,616	478,937	38.8	166,162	561,833	29.6

The statewide rate by managed care or county based purchasing plan, combining children and adults with continuous enrollment who received at least one dental visit in each of the calendar years 2017 through 2020 is detailed in Table 5.

Table 5 Statewide Dental Rates for 2017 to 2020

FFS/MCO	2017			2018			2019			2020		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	70,170	181,802	38.6	64,732	169,572	38.2	62,572	163,765	38.2	43,059	150,417	28.6
Blue Plus	97,821	218,947	44.7	111,700	253,838	44.0	105,368	236,714	44.5	101,883	305,744	33.3
HealthPartners	42,502	97,001	43.8	64,584	145,298	44.4	62,276	136,796	45.5	52,298	159,557	32.8
Hennepin Health	3,740	12,100	30.9	7,679	22,232	34.5	6,844	19,444	35.2	6,333	25,192	25.1
IMCare	4,195	8,190	51.2	4,315	8,011	53.9	3,896	7,430	52.4	3,453	8,442	40.9
Medica	49,100	121,916	40.3	11,796	26,851	43.9	11,281	25,830	43.7	8,513	25,772	33.0
PrimeWest Health	18,339	39,772	46.1	18,423	39,970	46.1	17,990	38,411	46.8	15,311	42,877	35.7
South County Health Alliance	16,642	39,629	42.0	16,710	38,798	43.1	16,131	36,177	44.6	9,793	25,894	37.8
UCare	102,030	241,435	42.3	120,342	268,319	44.9	123,940	267,559	46.3	108,994	325,268	33.5
All MCOs	334,369	778,990	42.9	355,549	803,317	44.3	347,726	768,361	45.3	306,578	918,746	33.4
All MHCP	404,539	960,792	42.1	420,281	972,889	43.2	410,298	932,126	44.0	349,637	1,069,163	32.7

VI. Report recommendations

DHS will add results from additional measurement years in subsequent annual reports. Results for coverage year 2022, which is the first period requiring corrective plans for results below forty-five percent, will be available in the March 2024 report. As prescribed in Subdivision 2, DHS will add a description of correction action plans if applicable once submitted to the State by the health plans.

DHS notes that the lingering impacts of the COVID-19 public health emergency may need to be considered in the interpretation of the data. The decrease in the overall state dental utilization rate from 2019 to 2020 may continue to be seen in the 2021 coverage year.

Finally, the 2021 legislature made a significant investment to streamline the rate method for dental services, increased the base rates, and directed managed care organizations to pay at least the new fee-for-service dental rates. Those changes were effective January 1, 2022, so the impact of those changes are expected to be seen in future reports.