



Legislative Report

Dental Utilization Report

Health Care Administration

Healthcare Research & Quality Division

March 2024

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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-19 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 is 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 2019 through 2022 calendar years. This report contains the baseline utilization rates for those calendar years. This report contains data on the number dentists providing dental services for Minnesotans through Medicaid. This is the third Dental Utilization Report, and annual updates will be provided in subsequent years through 2026.

II. Legislation

The legislation that mandates the benchmark for dental access in subdivision 1, corrective action plans from managed care and county-based purchasing plans in subdivision 2 and the creation of this report is Minnesota Statutes 2021, section 256B.0371, subdivision 4:

Subdivision 1. **Benchmark for dental access.** For coverage years 2022 to 2024, the commissioner shall establish a performance benchmark under which at least 55 percent of children and adults who were continuously enrolled for at least 11 months in either medical assistance or MinnesotaCare through a managed care or county-based purchasing plan received at least one dental visit during the coverage year.

Subd. 2. **Corrective action plan.** For coverage years 2022 to 2024, if a managed care or county-based purchasing plan under contract with the commissioner to provide dental services under this chapter or chapter 256L has a rate of dental utilization that is ten percent or more below the performance benchmark specified in subdivision 1, the commissioner shall require the managed care or county-based purchasing plan to submit a corrective action plan to the commissioner describing how the entity intends to increase dental utilization to meet the performance benchmark. The managed care or county-based purchasing plan must:

(1) provide a written corrective action plan to the commissioner for approval;

(2) implement the plan; and

(3) provide the commissioner with documentation of each corrective action taken.

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.

(d) In the annual report due on March 15, 2023, and in each report due thereafter, the commissioner shall include the following:

(1) the number of dentists enrolled with the commissioner as a medical assistance dental provider and the congressional district or districts in which the dentist provides services;

(2) the number of enrolled dentists who provided fee-for-service dental services to medical assistance or MinnesotaCare patients within the previous calendar year in the following increments: one to nine patients, ten to 100 patients, and over 100 patients;

(3) the number of enrolled dentists who provided dental services to medical assistance or MinnesotaCare patients through a managed care plan or county-based purchasing plan within the previous calendar year in the following increments: one to nine patients, ten to 100 patients, and over 100 patients; and

(4) the number of dentists who provided dental services to a new patient who was enrolled in medical assistance or MinnesotaCare within the previous calendar year.

(e) The report due on March 15, 2023, must include the metrics described in paragraph (d) for each of the following years: 2017, 2018, 2019, 2020, and 2021.

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 2019 to 2022. 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** 2019, 2020, 2021, and 2022 – Tables 1 – 5

6. number of dentists **by congressional district** – Table 6
7. number of dentists providing fee-for-service or managed care **by number of patients** – Table 7
8. number of dentists providing **service to new patients** in managed care – Table 8

IV. Report Data

A. Annual Dental Visit Measure Specifications

DHS used as a base the National Committee of Quality Assurance (NCQA) 2021 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 criterion 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 (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) with no more than a one-month gap in enrollment. Continuous enrollment in a managed care organization (MCO) is defined as enrollment in Medicaid with a single managed care plan or county-based purchasing plan. The category

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, 2023, were included.

B. Dental Rates Data

The statewide managed care dental utilization rate range increased slightly between 2017 and 2019 from 44% to 45.3% and dropped to 33.4% for calendar year 2020. The rate improved to 37.5% for 2021. The rate decreased again in 2022 to 35.3%.

The total number of enrollees with continuous enrollment is higher in 2020 to 2022 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 2022 assessment.

Table 1 contains the total number of people enrolled in a Minnesota Health Care Program meeting the measure criteria in each calendar year 2019 through 2022. For each year, column 'N' denotes the number of people who received at least one dental visit in each of the calendar years 2019 through 2022, 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 2019 to 2022

	2019			2020			2021			2022		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	62,572	163,765	38.2	43,059	150,417	28.6	46,977	144,911	32.4	45,803	146,356	31.3
MCO or CBP	347,726	768,361	45.3	306,578	918,746	33.4	410,651	1,096,499	37.5	425,726	1,205,006	35.3
All MHCP	410,298	932,126	44.0	349,637	1,069,163	32.7	457,628	1,241,410	36.9	471,529	1,351,362	34.9

Table 2 contains the number of people residing in each county meeting the measure criteria in each calendar year 2019 through 2022. A total across all counties is included at the bottom of the table.

Table 2 Dental Rates by County for 2019 to 2022

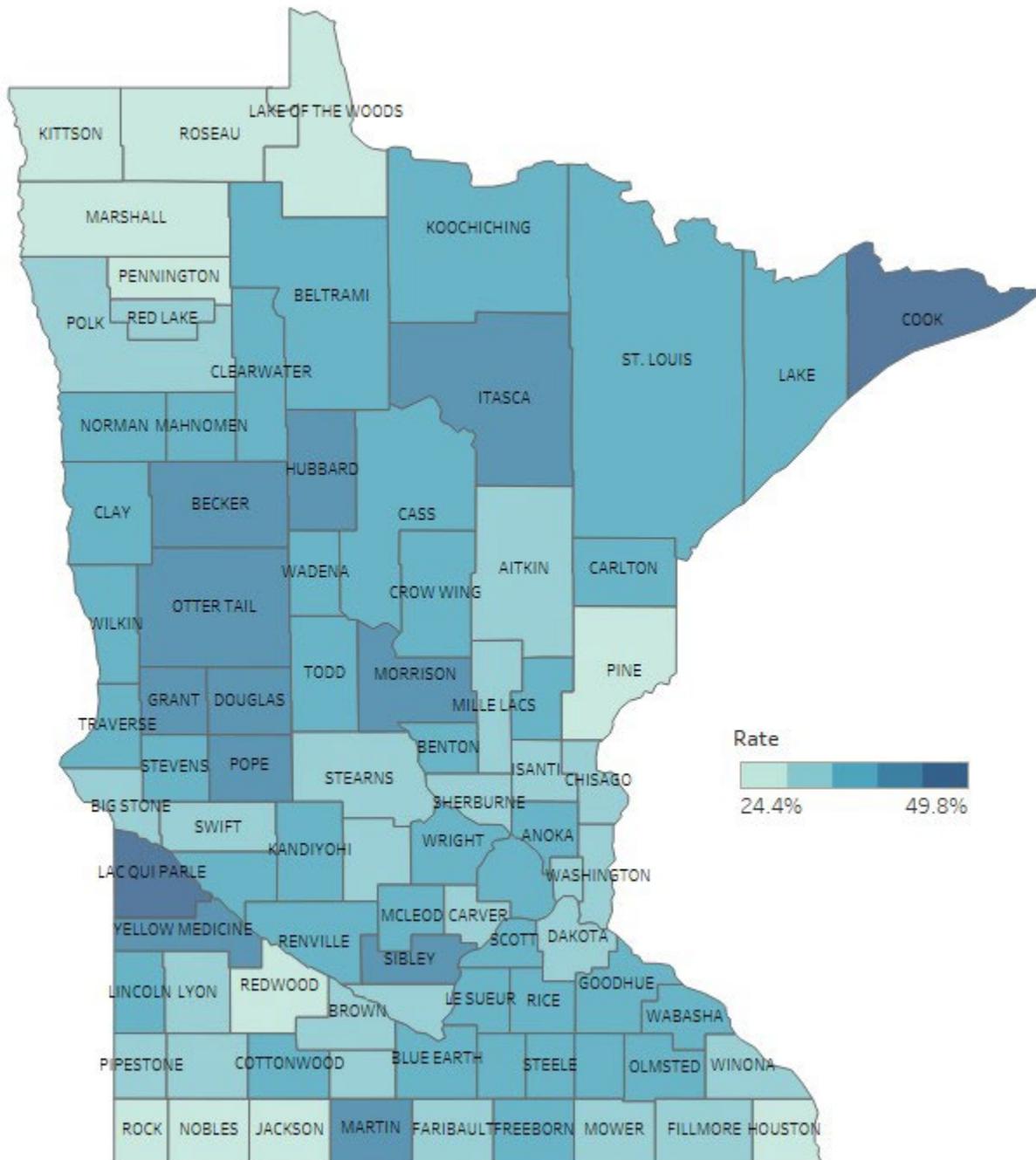
County	2019			2020			2021			2022		
	N	D	%	N	D	%	N	D	%	N	D	%
AITKIN	1,432	3,364	42.6	1,238	3,744	33.1	1,455	4,160	35.0	1,528	4,435	34.5
ANOKA	24,373	51,491	47.3	20,819	60,427	34.5	28,396	72,741	39.0	29,490	79,879	36.9
BECKER	3,862	7,516	51.4	3,391	8,530	39.8	4,182	9,622	43.5	4,251	10,230	41.6
BELTRAMI	5,939	12,401	47.9	4,797	14,156	33.9	5,846	15,868	36.8	6,283	16,922	37.1
BENTON	3,167	7,474	42.4	2,874	8,686	33.1	3,653	9,932	36.8	3,730	10,773	34.6
BIG STONE	456	1,179	38.7	404	1,241	32.6	522	1,399	37.3	468	1,456	32.1
BLUE EARTH	4,377	10,531	41.6	3,954	12,092	32.7	5,359	14,158	37.9	5,254	15,160	34.7
BROWN	1,747	3,753	46.5	1,606	4,180	38.4	1,732	4,738	36.6	1,729	5,133	33.7
CARLTON	2,798	6,469	43.3	2,306	7,222	31.9	3,163	8,174	38.7	3,227	8,746	36.9
CARVER	3,664	8,572	42.7	3,065	9,836	31.2	4,315	11,696	36.9	4,390	12,704	34.6
CASS	3,268	7,834	41.7	2,774	8,717	31.8	3,427	9,803	35.0	3,639	10,526	34.6
CHIPPEWA	1,237	2,632	47.0	1,132	2,921	38.8	1,238	3,317	37.3	1,357	3,698	36.7
CHISAGO	2,958	7,316	40.4	2,441	8,329	29.3	3,251	9,692	33.5	3,269	10,480	31.2
CLAY	5,530	11,795	46.9	4,506	13,050	34.5	5,789	14,851	39.0	5,809	16,357	35.5
CLEARWATER	968	1,978	48.9	796	2,182	36.5	972	2,475	39.3	1,041	2,694	38.6
COOK	545	940	58.0	436	1,049	41.6	591	1,205	49.0	645	1,295	49.8
COTTONWOOD	1,075	2,564	41.9	1,003	2,862	35.0	1,190	3,269	36.4	1,256	3,628	34.6
CROW WING	5,426	12,908	42.0	4,841	14,482	33.4	5,863	16,434	35.7	6,312	17,753	35.6
DAKOTA	24,726	56,576	43.7	19,890	66,252	30.0	28,273	79,765	35.4	29,633	88,295	33.6
DODGE	1,198	2,721	44.0	1,051	3,101	33.9	1,264	3,585	35.3	1,438	3,946	36.4
DOUGLAS	2,827	5,547	51.0	2,635	6,277	42.0	3,033	7,151	42.4	3,117	7,721	40.4
FARIBAUT	1,144	2,972	38.5	1,065	3,302	32.3	1,244	3,804	32.7	1,268	4,068	31.2

County	2019			2020			2021			2022		
	N	D	%	N	D	%	N	D	%	N	D	%
FILLMORE	1,385	3,534	39.2	1,220	3,909	31.2	1,445	4,344	33.3	1,426	4,691	30.4
FREEBORN	2,361	5,889	40.1	2,340	6,962	33.6	2,916	7,931	36.8	3,099	8,661	35.8
GOODHUE	2,356	5,537	42.6	2,235	6,462	34.6	2,896	7,638	37.9	3,070	8,439	36.4
GRANT	603	1,218	49.5	545	1,349	40.4	667	1,516	44.0	710	1,627	43.6
HENNEPIN	95,004	211,809	44.9	78,347	245,206	32.0	107,029	286,462	37.4	109,177	311,649	35.0
HOUSTON	954	2,452	38.9	849	2,600	32.7	992	3,023	32.8	918	3,151	29.1
HUBBARD	2,462	4,787	51.4	2,049	5,294	38.7	2,581	5,893	43.8	2,689	6,294	42.7
ISANTI	2,502	6,411	39.0	2,144	7,255	29.6	2,750	8,432	32.6	2,925	9,371	31.2
ITASCA	4,750	9,247	51.4	4,149	10,365	40.0	4,956	11,545	42.9	5,404	12,519	43.2
JACKSON	613	1,695	36.2	543	1,905	28.5	702	2,100	33.4	644	2,282	28.2
KANABEC	1,499	3,417	43.9	1,364	3,819	35.7	1,718	4,303	39.9	1,728	4,810	35.9
KANDIYOHI	5,210	10,330	50.4	4,348	11,540	37.7	5,235	12,743	41.1	5,254	13,661	38.5
KITTSOON	335	793	42.2	239	851	28.1	298	946	31.5	290	998	29.1
KOOCHICHING	1,179	2,445	48.2	1,037	2,671	38.8	1,229	2,962	41.5	1,227	3,151	38.9
LAC QUI PARLE	587	1,235	47.5	541	1,365	39.6	664	1,500	44.3	732	1,606	45.6
LAKE	648	1,545	41.9	572	1,862	30.7	753	2,115	35.6	810	2,328	34.8
LAKE OF THE WOODS	308	765	40.3	270	845	32.0	283	923	30.7	291	1,003	29.0
LE SUEUR	1,509	3,753	40.2	1,380	4,314	32.0	1,778	4,951	35.9	1,833	5,280	34.7
LINCOLN	340	925	36.8	326	1,039	31.4	377	1,140	33.1	431	1,244	34.6
LYON	1,983	5,069	39.1	1,681	5,729	29.3	2,179	6,428	33.9	2,272	6,961	32.6
MAHNOMEN	855	2,035	42.0	824	2,368	34.8	938	2,634	35.6	1,021	2,818	36.2
MARSHALL	501	1,325	37.8	399	1,487	26.8	543	1,724	31.5	531	1,852	28.7
MARTIN	1,653	4,223	39.1	1,693	4,669	36.3	2,213	5,302	41.7	2,403	5,774	41.6
MCLEOD	2,358	5,267	44.8	2,141	6,033	35.5	2,591	6,879	37.7	2,673	7,499	35.6
MEEKER	1,574	3,786	41.6	1,381	4,234	32.6	1,700	4,867	34.9	1,782	5,322	33.5
MILLE LACS	2,315	5,881	39.4	1,977	6,642	29.8	2,510	7,709	32.6	2,731	8,388	32.6
MORRISON	2,677	6,709	39.9	2,735	7,252	37.7	3,235	8,052	40.2	3,426	8,524	40.2
MOWER	3,195	8,561	37.3	2,956	9,918	29.8	3,614	11,323	31.9	3,811	12,377	30.8
MURRAY	489	1,370	35.7	459	1,515	30.3	520	1,726	30.1	595	1,875	31.7
NICOLLET	2,025	5,029	40.3	1,845	5,809	31.8	2,383	6,516	36.6	2,411	7,159	33.7
NOBLES	1,586	4,362	36.4	1,290	5,044	25.6	1,582	5,716	27.7	1,540	6,310	24.4
NORMAN	663	1,431	46.3	588	1,601	36.7	733	1,788	41.0	725	1,884	38.5
OLMSTED	10,046	21,669	46.4	9,211	25,518	36.1	11,546	30,474	37.9	12,313	34,069	36.1
OTTER TAIL	5,371	10,958	49.0	5,036	12,288	41.0	6,320	13,703	46.1	6,415	14,830	43.3
PENNINGTON	700	1,892	37.0	595	2,203	27.0	772	2,452	31.5	766	2,680	28.6

County	2019			2020			2021			2022		
	N	D	%	N	D	%	N	D	%	N	D	%
PINE	2,111	5,775	36.6	1,874	6,577	28.5	2,333	7,490	31.1	2,214	8,166	27.1
PIPESTONE	590	1,823	32.4	296	2,058	14.4	391	2,289	17.1	746	2,426	30.8
POLK	2,788	6,892	40.5	2,363	7,631	31.0	3,063	8,320	36.8	2,826	8,860	31.9
POPE	893	1,944	45.9	851	2,147	39.6	966	2,444	39.5	1,025	2,544	40.3
RAMSEY	55,345	126,948	43.6	44,591	145,583	30.6	58,230	165,907	35.1	58,650	178,421	32.9
RED LAKE	246	700	35.1	234	800	29.3	321	881	36.4	319	932	32.9
REDWOOD	1,066	2,878	37.0	962	3,195	30.1	1,153	3,789	30.4	1,204	4,131	29.1
RENVILLE	1,359	2,936	46.3	1,102	3,324	33.2	1,322	3,751	35.2	1,440	4,005	36.0
RICE	4,734	10,038	47.2	4,261	11,676	36.5	5,327	13,257	40.2	5,565	14,431	38.6
ROCK	401	1,376	29.1	366	1,565	23.4	421	1,798	23.4	501	1,969	25.4
ROSEAU	920	2,181	42.2	707	2,457	28.8	928	2,873	32.3	896	3,131	28.6
SCOTT	7,565	16,440	46.0	6,312	19,173	32.9	8,964	23,454	38.2	9,432	26,604	35.5
SHERBURNE	5,076	12,315	41.2	4,628	14,332	32.3	6,002	17,313	34.7	6,625	19,430	34.1
SIBLEY	1,145	2,423	47.3	1,091	2,750	39.7	1,358	3,221	42.2	1,424	3,479	40.9
ST. LOUIS	14,815	34,865	42.5	12,355	39,175	31.5	16,298	44,881	36.3	16,605	47,771	34.8
STEARNS	11,833	27,122	43.6	11,138	31,851	35.0	13,893	37,323	37.2	13,870	41,071	33.8
STEELE	2,902	6,336	45.8	2,691	7,174	37.5	3,338	8,247	40.5	3,447	8,987	38.4
STEVENS	633	1,308	48.4	575	1,538	37.4	732	1,752	41.8	781	1,989	39.3
SWIFT	807	1,928	41.9	671	2,131	31.5	854	2,419	35.3	841	2,562	32.8
TODD	2,046	4,934	41.5	1,847	5,418	34.1	2,170	6,189	35.1	2,282	6,597	34.6
TRAVERSE	335	749	44.7	302	842	35.9	415	943	44.0	382	975	39.2
WABASHA	1,157	2,918	39.7	1,082	3,287	32.9	1,347	3,741	36.0	1,483	4,053	36.6
WADENA	1,667	3,632	45.9	1,389	4,008	34.7	1,804	4,496	40.1	1,928	4,894	39.4
WASECA	1,408	3,311	42.5	1,314	3,736	35.2	1,603	4,253	37.7	1,735	4,655	37.3
WASHINGTON	11,138	25,656	43.4	9,411	29,841	31.5	13,321	36,846	36.2	13,852	40,840	33.9
WATONWAN	789	1,966	40.1	744	2,236	33.3	925	2,599	35.6	941	2,927	32.1
WILKIN	468	1,199	39.0	451	1,307	34.5	620	1,446	42.9	604	1,584	38.1
WINONA	2,836	6,617	42.9	2,698	7,459	36.2	2,981	8,560	34.8	2,995	9,274	32.3
WRIGHT	6,500	15,597	41.7	5,898	17,993	32.8	7,809	21,597	36.2	8,444	23,871	35.4
YELLOW MEDICINE	899	1,818	49.4	817	2,050	39.9	974	2,342	41.6	997	2,492	40.0
All	409,785	930,512	44.0	349,354	1,067,875	32.7	457,269	1,240,020	36.9	471,262	1,350,057	34.9

Figure 1 provides a graphical view of the statewide dental utilization rates by county for 2022, consistent with the information in Table 2 above for the same year.

Figure 1 Dental Rates by County for Calendar Year 2022



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 2019 through 2022, 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 2019 through 2022 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 2019 to 2022 (Ages 1-20)

FFS/MCO	2019			2020			2021			2022		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	33,646	86,763	38.8	21,522	76,296	28.2	22,388	70,871	31.6	22,440	71,517	31.4
Blue Plus	65,572	125,791	52.1	60,752	160,022	38.0	79,402	185,103	42.9	66,661	155,833	42.8
HealthPartners	33,876	66,863	50.7	27,014	75,260	35.9	34,285	82,602	41.5	37,147	91,588	40.6
Hennepin Health	2,432	4,846	50.2	1,916	5,775	33.2	2,277	6,363	35.8	2,474	6,732	36.7
IMCare	2,228	3,632	61.3	1,896	4,004	47.4	2,205	4,244	52.0	2,390	4,425	54.0
Medica ¹	131	314	41.7	102	357	28.6	108	367	29.4	360	1,083	33.2
PrimeWest Health	10,114	19,290	52.4	8,247	21,032	39.2	10,220	22,807	44.8	10,922	23,792	45.9
South County Health Alliance	8,820	17,268	51.1	5,168	11,809	43.8	6,158	12,780	48.2	6,464	13,428	48.1
UCare	67,863	128,422	52.8	56,858	152,775	37.2	75,532	169,613	44.5	86,882	199,814	43.5
United Healthcare ²	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5,192	16,161	32.1
All MCOs	191,036	366,426	52.1	161,953	431,034	37.6	210,187	483,879	43.4	218,492	512,856	42.6
All MHCP	224,682	453,189	49.6	183,475	507,330	36.2	232,575	554,750	41.9	240,932	58,4373	41.2

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.

² N/A = Not applicable since UnitedHealthcare was not under contract with DHS during the years of 2019-2021.

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 2019 through 2022 is detailed in Table 4.

Table 4 Adult Dental Rates for 2019 to 2022 (Ages 21+)

FFS/MCO	2019			2020			2021			2022		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	28,926	77,002	37.6	21,537	74,121	29.1	24,589	74,040	33.2	23,363	74,839	31.2
Blue Plus	39,796	110,923	35.9	41,131	145,722	28.2	57,617	192,079	30.0	49,586	174,738	28.4
HealthPartners	28,400	69,933	40.6	25,284	84,297	30.0	36,172	107,977	33.5	37,946	126,813	29.9
Hennepin Health	4,412	14,598	30.2	4,417	19,417	22.7	6,334	25,747	24.6	6,278	28,362	22.1
IMCare	1,668	3,798	43.9	1,557	4,438	35.1	1,900	5,082	37.4	2,103	5,627	37.4
Medica	11,150	25,516	43.7	8,411	25,415	33.1	11,168	25,147	44.4	10,725	26,150	41.0
PrimeWest Health	7,876	19,121	41.2	7,064	21,845	32.3	8,655	25,634	33.8	9,114	28,146	32.4
South County Health Alliance	7,311	18,909	38.7	4,625	14,085	32.8	5,775	16,506	35.0	6,082	18,313	33.2
UCare	56,077	139,137	40.3	52,136	172,493	30.2	72,843	214,448	34.0	81,492	264,453	30.8
United Healthcare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,908	19,548	20.0
All MCOs	156,690	401,935	39.0	144,625	487,712	29.7	200,464	612,620	32.7	207,234	692,150	29.9
All MHCP	185,616	478,937	38.8	166,162	561,833	29.6	225,053	686,660	32.8	230,597	766,989	30.1

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 2019 through 2022 is detailed in Table 5.

Table 5 Statewide Dental Rates for 2019 to 2022

FFS/MCO	2019			2020			2021			2022		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	62,572	163,765	38.2	43,059	150,417	28.6	46,977	144,911	32.4	45,803	146,356	31.3
Blue Plus	105,368	236,714	44.5	101,883	305,744	33.3	137,019	377,182	36.3	116,247	330,571	35.2
HealthPartners	62,276	136,796	45.5	52,298	159,557	32.8	70,457	190,579	37.0	75,093	218,401	34.4
Hennepin Health	6,844	19,444	35.2	6,333	25,192	25.1	8,611	32,110	26.8	8,752	35,094	24.9
IMCare	3,896	7,430	52.4	3,453	8,442	40.9	4,105	9,326	44.0	4,493	10,052	44.7
Medica	11,281	25,830	43.7	8,513	25,772	33.0	11,276	25,514	44.2	11,085	27,233	40.7
PrimeWest Health	17,990	38,411	46.8	15,311	42,877	35.7	18,875	48,441	39.0	20,036	51,938	38.9
South County Health Alliance	16,131	36,177	44.6	9,793	25,894	37.8	11,933	29,286	40.7	12,546	31,741	39.5
UCare	123,940	267,559	46.3	108,994	325,268	33.5	148,375	384,061	38.6	168,374	464,267	36.3
United Healthcare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9,100	35,709	25.5
All MCOs	347,726	768,361	45.3	306,578	918,746	33.4	410,651	1,096,499	37.5	425,726	1,205,006	35.3
All MHCP	410,298	932,126	44.0	349,637	1,069,163	32.7	457,628	1,241,410	36.9	471,529	1,351,362	34.9

C. Dental Provider Data

The next set of tables break out information on the number of dental providers within Minnesota.

Table 6 contains the total number of dentists enrolled with the commissioner as a medical assistance dental provider and the congressional district or districts in which the dentist provided services in calendar year 2022.

Table 6 Number of Dentists Enrolled as Dental Providers¹ by Congressional District in 2017 to 2022

District	Number of Dental Providers					
	2017	2018	2019	2020	2021	2022
1	726	743	759	775	779	831
2	669	671	676	687	693	654
3	915	918	932	937	945	949
4	912	925	953	956	969	973
5	1,113	1,127	1,140	1,152	1,158	1,129

District	Number of Dental Providers					
	2017	2018	2019	2020	2021	2022
6	572	578	583	588	593	563
7	614	625	630	631	635	619
8	676	691	694	697	701	767
Unknown ²	11	11	13	13	12	13
Out of State ³	845	850	856	855	860	838
Total	7,053	7,139	7,236	7,291	7,345	7,336

¹ Dental provider is defined as any dental professional enrolled as a provider with DHS in the following provider categories: Advanced Practice Dental Therapist, Dental Therapist, Dentist, Dental Public Health, Dentist Anesthesiologist, Endodontics, General Practice Dentist, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orofacial Pain, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Periodontics, Prosthodontics, Oral Medicinist, or Dental Hygienist.

² DHS does not have updated addresses for a few dental providers.

³ Some dental providers are located outside of Minnesota but provide services to Minnesotans on MN Medicaid.

Table 7 contains the number of dentists providing managed care or fee-for-service by number of patients from 2017 to 2022.

Table 7 Number of Dentists Providing Managed Care Medical Assistance, MNCare, or Fee-for-Service by Number of Patients from 2017-2022

Number of Dental Providers Serving MN Medicaid Recipients			Managed Care Medical Assistance					
Program	Age Group	Number of Patients Served	2017	2018	2019	2020	2021	2022
Medicaid Medical Assistance	Adults	1-9	711	737	778	894	800	892
		10-100	911	896	871	865	859	830
		101+	478	481	469	411	470	495
		All	2,100	2,114	2,118	2,170	2,129	2,217

	Children	1-9	617	624	627	667	596	645
		10-100	871	830	804	802	756	727
		101+	515	535	543	457	517	538
		All	2,003	1,989	1,974	1,926	1,869	1,910

Number of Dental Providers Serving MN Medicaid Recipients			Managed Care MinnesotaCare					
Program	Age Group	Number of Patients Served	2017	2018	2019	2020	2021	2022
MNCare	Adults	1-9	872	881	902	958	921	911
		10-100	713	674	629	572	627	627
		101+	95	110	97	56	90	91
		All	1,630	1,665	1,628	1,586	1,638	1,629
	Children	1-9	687	707	730	614	509	416
		10-100	16	25	47	15	8	1
		101+	0	0	0	0	0	0
		All	703	732	777	629	517	417

Number of Dental Providers Serving MN Medicaid Recipients			Fee for Service					
Program	Age Group	Number of Patients Served	2017	2018	2019	2020	2021	2022
FFS	Adults	1-9	839	840	866	895	806	770
		10-100	690	660	620	532	549	571
		101+	104	101	96	52	60	60
		All	1,633	1,601	1,582	1,479	1,415	1,401
	Children	1-9	854	797	791	792	694	651
		10-100	564	571	563	461	496	513
		101+	82	86	94	48	63	62
		All	1,500	1,454	1,448	1,301	1,253	1,226

Table 8 contains the number of dentists who provided dental services to a new patient who was enrolled in medical assistance or MinnesotaCare in a given calendar year from 2017 to 2022.

Table 8 Number of Dentists Providing Services to New Patients Who Were Enrolled in Medical Assistance or MinnesotaCare for Calendar Years 2017-2022

Year	Number of Dentists Seeing New Patients
2017	1,774
2018	1,752
2019	1,759
2020	1,745
2021	1,656
2022	1,588

VI. Report recommendations

DHS will add results from additional measurement years in subsequent annual reports.

Results for coverage year 2022 indicate that statewide dental utilization has declined. The rates of dental utilization for managed care organizations and county-based health plans fell below the 45% threshold. As required in Subdivision 2, DHS requested corrective action plans from all the health plans. DHS has reviewed and accepted the corrective action plans. In general, the health plans identified several barriers to achieving a 55% dental utilization rate such as access to care, dental staff shortages, limited number of rural dentists, dentists not accepting Medicaid or new patients, limited member understanding of dental benefits, and limited understanding of the need for preventive dental care. The health plans propose a variety of initiatives to increase dental utilization such as increasing dental network capacity, outreach to dental providers, enhancing dental care coordination, offering member rewards for dental visits, utilizing mobile dentistry and teledentistry, educating members on dental benefits and emphasizing the importance of dental care. The detailed corrective action plans can be found in Section VII. DHS will provide an update concerning the progress of the corrective plans in the March 2025 report.

The number of dentists accepting new Medicaid or MNCare patients continues to decrease since 2019. This trend is probably due to the combination of dentists retiring, dental staff shortages, and reluctance of dentists to accept Medicaid. 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. More changes were effective January 1, 2024, so the impact of these changes is expected to be seen in future reports.

VII. Corrective Action Plans

MCO: **Blue Plus**

Corrective Action Plan Coordinator: Director of Compliance and Government Compliance Officer

Date Initiated: October 20, 2023



Blue Plus Legislative
Dental Utilization CAP

MCO: **HealthPartners**

CAP Coordinator: Kelly Logue, Sr. Director of Government Programs Performance and Integration

Date Initiated: November 30, 2023



HealthPartners
Legislative Dental Util

MCO: **Hennepin Health**

CAP Coordinator: Annette Baumann

Date Initiated: November 1, 2023



Hennepin Health
Dental Utilization CAP

MCO: **Itasca Medical Care**

CAP Coordinator: Sarah Anderson, Chief Executive Officer (CEO)/Director

Date Initiated: December 7, 2023



Itasca Medica Care
Dental Utilization CAP

MCO: **Medica**

CAP Coordinator: Mark Brandenburg

Dental Utilization Report

Date Initiated: November 1, 2023



Medica Dental
Utilization CAP Oct 20

MCO: **PrimeWest Health**

CAP Coordinator: Matt Magnuson

Date Initiated: October 20, 2023



PrimeWest Health
Dental Utilization CAP

MCO: **South Country Health Alliance**

CAP Coordinator: Michele Grose, Dental Program Manager

Date Initiated: November 30, 2023



South Country
Legislative Dental Util

MCO: **UCare**

CAP Coordinator: Steve Schach, Audit Director

Date Initiated: November 30, 2023



MCO Legislative
Dental Utilization CAP

MCO: **UnitedHealthcare**

CAP Coordinator: Mercy Gitau

Date Initiated: November 30, 2023



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CAP.pdf



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Dental Utilization Report