



# Legislative Report

## Dental Utilization Report

Health Care Administration

Healthcare Research & Quality Division

March 2026

**For more information contact:**

Minnesota Department of Human Services

Healthcare Research and Quality Division

P.O. Box 64983

St. Paul, MN 55164

651-431-6955



For accessible formats of this information or assistance with additional equal access to human services, write to [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call 651-431-2504, or use your preferred relay service. ADA1 (2-18)

Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$6,135.

*Printed with a minimum of 10 percent post-consumer material. Please recycle.*

# Contents

- I. Executive summary.....4
- II. Legislation.....5
- III. Introduction.....7
- IV. Report Data .....9
  - A. Annual Dental Visit Measure Specifications .....9
  - B. Dental Rates Data..... 10
  - C. Dental Provider Data.....19
- VI. Report recommendations ..... 29
- VII. Corrective Action Plans.....25

# 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. This report provides a trending 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 (FFS) or prepaid medical assistance program who received at least one dental visit during the 2021 through 2024 calendar years. This report contains the baseline utilization rates for those calendar years. This report contains data on the number of dentists providing dental services for Minnesotans through Medicaid. This is the fifth Dental Utilization Report, and annual updates will be provided in subsequent years through 2026. The report published in March of 2026 is the final report.

## 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 original 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 2023. This report is submitted to the Minnesota Legislature pursuant to Minnesota Statutes 2020, section 256.01, subdivision 28. It now 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 and the Healthcare Quality Improvement 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** 2021, 2022, 2023, and 2024 – 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.

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 ( $\text{Rate} = [N / D]$ ) 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) 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 claims, and eligibility data received by DHS and stored in the DHS Data Warehouse. Records received by DHS as of May 31, 2025 were included.

## B. Dental Rates Data

The statewide dental utilization rate range increased slightly between 2017 and 2019, then dropped to 32.7% for calendar year 2020. The rate improved to 36.9% for 2021. The rate decreased again in 2022 to 34.9%. The 2023 rate rose to 35.4%. The 2024 rate rose to 40.2%, the highest MHCP rate since calculations for this report began. Overall, MCOs and CBPs performed 8.0% higher than FFS in 2024.

The total number of enrollees with continuous enrollment is higher from 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 (PHE) 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. Following the end of the Public Health Emergency, enrollment drops begin to show in the 2023 data, although changes are small due to successful retention and auto-enrollment work by DHS.

Table 1 contains the total number of people enrolled in a Minnesota Health Care Program meeting the measure criteria in each calendar year 2021 through 2024. For each year, column 'N' denotes the number of people who received at least one dental visit in each of the calendar years 2021 through 2024, 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 2021 to 2024**

	2021			2022			2023			2024		
	N	D	%	N	D	%	N	D	%	N	D	%
<b>FFS</b>	46,977	144,911	32.4	45,803	146,356	31.3	45,418	149,696	30.3	44,897	135,394	33.2
<b>MCO/CBP*</b>	410,651	1,096,499	37.5	425,726	1,205,006	35.3	420,574	1,168,219	36.0	389,319	944,689	41.2
<b>All MHCP</b>	457,628	1,241,410	36.9	471,529	1,351,362	34.9	465,992	1,317,915	35.4	434,216	1,080,083	40.2

Table 2 contains the number of people residing in each county meeting the measure criteria in each calendar year 2021 through 2024. A total across all counties is included at the bottom of the table.

**Table 2 Dental Rates by County for 2021 to 2024**

County	2021			2022			2023			2024		
	N	D	%	N	D	%	N	D	%	N	D	%
AITKIN	1,455	4,160	35.0	1,528	4,435	34.5	1,515	4,171	36.3	1,353	3,379	40.0
ANOKA	28,396	72,741	39.0	29,490	79,879	36.9	29,516	78,913	37.4	26,789	63,563	42.1

	2021			2022			2023			2024		
County	N	D	%	N	D	%	N	D	%	N	D	%
BECKER	4,182	9,622	43.5	4,251	10,230	41.6	4,195	9,860	42.5	3,786	8,027	47.2
BELTRAMI	5,846	15,868	36.8	6,283	16,922	37.1	6,281	16,282	38.6	5,898	13,473	43.8
BENTON	3,653	9,932	36.8	3,730	10,773	34.6	3,612	10,435	34.6	3,215	8,515	37.8
BIG STONE	522	1,399	37.3	468	1,456	32.1	458	1,425	32.1	423	1,292	32.7
BLUE EARTH	5,359	14,158	37.9	5,254	15,160	34.7	4,883	14,555	33.5	4,660	11,786	39.5
BROWN	1,732	4,738	36.6	1,729	5,133	33.7	1,612	4,966	32.5	1,503	3,981	37.8
CARLTON	3,163	8,174	38.7	3,227	8,746	36.9	3,153	8,206	38.4	2,732	6,509	42.0
CARVER	4,315	11,696	36.9	4,390	12,704	34.6	4,315	12,356	34.9	4,123	10,344	39.9
CASS	3,427	9,803	35.0	3,639	10,526	34.6	3,619	10,215	35.4	3,460	8,685	39.8
CHIPPEWA	1,238	3,317	37.3	1,357	3,698	36.7	1,306	3,552	36.8	1,155	2,880	40.1
CHISAGO	3,251	9,692	33.5	3,269	10,480	31.2	3,229	10,121	31.9	3,014	8,166	36.9

	2021			2022			2023			2024		
County	N	D	%	N	D	%	N	D	%	N	D	%
CLAY	5,789	14,851	39.0	5,809	16,357	35.5	5,866	16,137	36.4	5,564	14,399	38.6
CLEARWATER	972	2,475	39.3	1,041	2,694	38.6	929	2,587	35.9	893	2,113	42.3
COOK	591	1,205	49.0	645	1,295	49.8	645	1,253	51.5	536	926	57.9
COTTONWOOD	1,190	3,269	36.4	1,256	3,628	34.6	1,187	3,594	33.0	1,168	3,110	37.6
CROW WING	5,863	16,434	35.7	6,312	17,753	35.6	6,318	17,198	36.7	5,614	13,438	41.8
DAKOTA	28,273	79,765	35.4	29,633	88,295	33.6	30,681	89,008	34.5	29,684	74,911	39.6
DODGE	1,264	3,585	35.3	1,438	3,946	36.4	1,365	3,830	35.6	1,263	2,997	42.1
DOUGLAS	3,033	7,151	42.4	3,117	7,721	40.4	3,044	7,339	41.5	2,623	5,925	44.3
FARIBAULT	1,244	3,804	32.7	1,268	4,068	31.2	1,212	3,894	31.1	1,126	3,290	34.2
FILLMORE	1,445	4,344	33.3	1,426	4,691	30.4	1,259	4,506	27.9	1,260	3,835	32.9
FREEBORN	2,916	7,931	36.8	3,099	8,661	35.8	2,923	8,215	35.6	2,753	6,803	40.5

	2021			2022			2023			2024		
County	N	D	%	N	D	%	N	D	%	N	D	%
GOODHUE	2,896	7,638	37.9	3,070	8,439	36.4	3,036	7,919	38.3	2,823	6,118	46.1
GRANT	667	1,516	44.0	710	1,627	43.6	697	1,577	44.2	585	1,295	45.2
HENNEPIN	107,029	286,462	37.4	109,177	311,649	35.0	107,496	303,691	35.4	99,832	246,000	40.6
HOUSTON	992	3,023	32.8	918	3,151	29.1	702	3,022	23.2	785	2,580	30.4
HUBBARD	2,581	5,893	43.8	2,689	6,294	42.7	2,452	5,835	42.0	2,044	4,896	41.7
ISANTI	2,750	8,432	32.6	2,925	9,371	31.2	2,812	8,982	31.3	2,610	7,116	36.7
ITASCA	4,956	11,545	42.9	5,404	12,519	43.2	5,111	11,747	43.5	4,279	8,953	47.8
JACKSON	702	2,100	33.4	644	2,282	28.2	631	2,236	28.2	592	1,890	31.3
KANABEC	1,718	4,303	39.9	1,728	4,810	35.9	1,592	4,431	35.9	1,452	3,505	41.4
KANDIYOHI	5,235	12,743	41.1	5,254	13,661	38.5	4,985	13,064	38.2	4,582	10,948	41.9
KITTSON	298	946	31.5	290	998	29.1	263	977	26.9	291	901	32.3

	2021			2022			2023			2024		
County	N	D	%	N	D	%	N	D	%	N	D	%
KOOCHICHING	1,229	2,962	41.5	1,227	3,151	38.9	1,292	3,006	43.0	1,099	2,464	44.6
LAC QUI PARLE	664	1,500	44.3	732	1,606	45.6	681	1,577	43.2	633	1,359	46.6
LAKE	753	2,115	35.6	810	2,328	34.8	791	2,246	35.2	682	1,760	38.8
LAKE OF THE WOODS	283	923	30.7	291	1,003	29.0	277	958	28.9	271	814	33.3
LE SUEUR	1,778	4,951	35.9	1,833	5,280	34.7	1,911	5,181	36.9	1,655	4,092	40.4
LINCOLN	377	1,140	33.1	431	1,244	34.6	384	1,159	33.1	364	1,017	35.8
LYON	2,179	6,428	33.9	2,272	6,961	32.6	2,232	6,799	32.8	2,157	5,710	37.8
MAHNOMEN	938	2,634	35.6	1,021	2,818	36.2	980	2,729	35.9	836	2,311	36.2
MARSHALL	543	1,724	31.5	531	1,852	28.7	530	1,821	29.1	475	1,627	29.2
MARTIN	2,213	5,302	41.7	2,403	5,774	41.6	2,254	5,550	40.6	2,006	4,726	42.4
MCLEOD	2,591	6,879	37.7	2,673	7,499	35.6	2,572	7,047	36.5	2,364	5,678	41.6

	2021			2022			2023			2024		
County	N	D	%	N	D	%	N	D	%	N	D	%
MEEKER	1,700	4,867	34.9	1,782	5,322	33.5	1,803	5,056	35.7	1,764	4,254	41.5
MILLE LACS	2,510	7,709	32.6	2,731	8,388	32.6	2,563	8,194	31.3	2,505	6,745	37.1
MORRISON	3,235	8,052	40.2	3,426	8,524	40.2	3,286	7,970	41.2	2,961	6,371	46.5
MOWER	3,614	11,323	31.9	3,811	12,377	30.8	3,692	11,930	30.9	3,383	9,768	34.6
MURRAY	520	1,726	30.1	595	1,875	31.7	583	1,793	32.5	541	1,482	36.5
NICOLLET	2,383	6,516	36.6	2,411	7,159	33.7	2,311	6,819	33.9	2,205	5,619	39.2
NOBLES	1,582	5,716	27.7	1,540	6,310	24.4	1,574	6,243	25.2	1,661	5,398	30.8
NORMAN	733	1,788	41.0	725	1,884	38.5	737	1,785	41.3	633	1,449	43.7
OLMSTED	11,546	30,474	37.9	12,313	34,069	36.1	12,001	33,481	35.8	11,242	27,633	40.7
OTTER TAIL	6,320	13,703	46.1	6,415	14,830	43.3	6,153	13,740	44.8	5,620	11,298	49.7
PENNINGTON	772	2,452	31.5	766	2,680	28.6	747	2,618	28.5	688	2,238	30.7

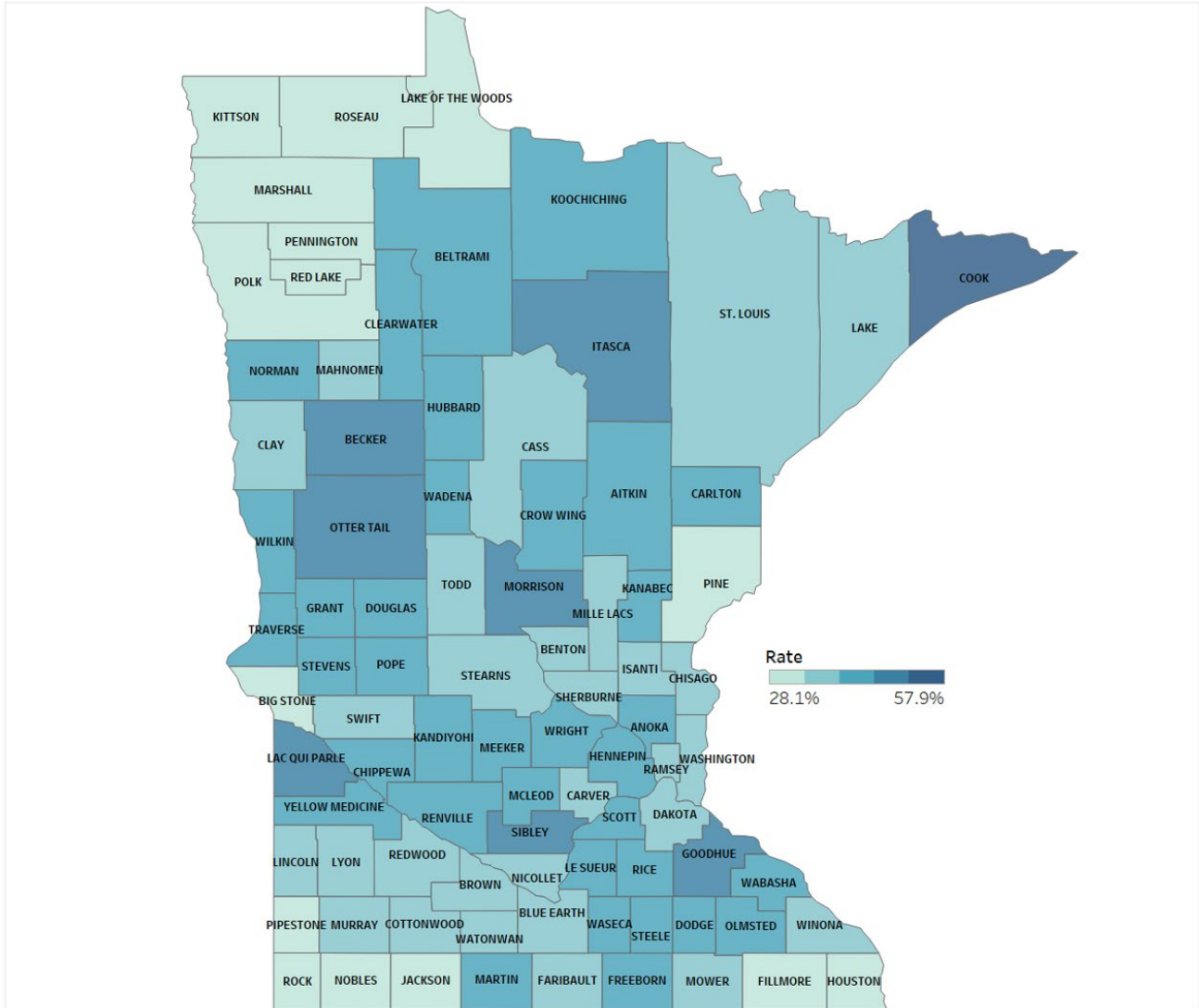
	2021			2022			2023			2024		
County	N	D	%	N	D	%	N	D	%	N	D	%
PINE	2,333	7,490	31.1	2,214	8,166	27.1	2,340	8,125	28.8	2,196	6,572	33.4
PIPESTONE	391	2,289	17.1	746	2,426	30.8	684	2,266	30.2	610	1,933	31.6
POLK	3,063	8,320	36.8	2,826	8,860	31.9	2,612	8,292	31.5	2,379	7,041	33.8
POPE	966	2,444	39.5	1,025	2,544	40.3	953	2,426	39.3	916	2,037	45.0
RAMSEY	58,230	165,907	35.1	58,650	178,421	32.9	58,873	174,034	33.8	56,878	145,631	39.1
RED LAKE	321	881	36.4	319	932	32.9	259	932	27.8	260	770	33.8
REDWOOD	1,153	3,789	30.4	1,204	4,131	29.1	1,108	4,021	27.6	1,109	3,213	34.5
RENVILLE	1,322	3,751	35.2	1,440	4,005	36.0	1,433	3,868	37.0	1,367	3,237	42.2
RICE	5,327	13,257	40.2	5,565	14,431	38.6	5,729	14,328	40.0	5,329	11,838	45.0
ROCK	421	1,798	23.4	501	1,969	25.4	483	1,867	25.9	427	1,522	28.1
ROSEAU	928	2,873	32.3	896	3,131	28.6	844	3,023	27.9	784	2,556	30.7

	2021			2022			2023			2024		
County	N	D	%	N	D	%	N	D	%	N	D	%
SCOTT	8,964	23,454	38.2	9,432	26,604	35.5	9,970	26,670	37.4	9,296	21,726	42.8
SHERBURNE	6,002	17,313	34.7	6,625	19,430	34.1	6,725	19,679	34.2	6,304	15,967	39.5
SIBLEY	1,358	3,221	42.2	1,424	3,479	40.9	1,441	3,432	42.0	1,365	2,787	49.0
ST. LOUIS	16,298	44,881	36.3	16,605	47,771	34.8	15,850	45,441	34.9	14,490	36,770	39.4
STEARNS	13,893	37,323	37.2	13,870	41,071	33.8	13,720	40,247	34.1	12,474	32,989	37.8
STEELE	3,338	8,247	40.5	3,447	8,987	38.4	3,411	8,707	39.2	3,093	6,987	44.3
STEVENS	732	1,752	41.8	781	1,989	39.3	798	1,866	42.8	696	1,576	44.2
SWIFT	854	2,419	35.3	841	2,562	32.8	742	2,375	31.2	716	2,013	35.6
TODD	2,170	6,189	35.1	2,282	6,597	34.6	2,215	6,268	35.3	1,999	5,065	39.5
TRAVERSE	415	943	44.0	382	975	39.2	366	879	41.6	361	833	43.3
WABASHA	1,347	3,741	36.0	1,483	4,053	36.6	1,395	3,939	35.4	1,364	3,299	41.3

County	2021			2022			2023			2024		
	N	D	%	N	D	%	N	D	%	N	D	%
WADENA	1,804	4,496	40.1	1,928	4,894	39.4	1,916	4,763	40.2	1,773	4,013	44.2
WASECA	1,603	4,253	37.7	1,735	4,655	37.3	1,684	4,371	38.5	1,545	3,548	43.5
WASHINGTON	13,321	36,846	36.2	13,852	40,840	33.9	13,829	40,872	33.8	12,939	32,571	39.7
WATONWAN	925	2,599	35.6	941	2,927	32.1	958	2,946	32.5	970	2,450	39.6
WILKIN	620	1,446	42.9	604	1,584	38.1	643	1,533	41.9	565	1,237	45.7
WINONA	2,981	8,560	34.8	2,995	9,274	32.3	2,803	8,911	31.5	2,735	7,315	37.4
WRIGHT	7,809	21,597	36.2	8,444	23,871	35.4	8,661	24,146	35.9	8,096	19,638	41.2
YELLOW MEDICINE	974	2,342	41.6	997	2,492	40.0	939	2,333	40.2	807	1,880	42.9
All	457,269	1,240,020	36.9	471,262	1,350,057	34.9	465,638	1,316,361	35.4	434,058	1,079,376	40.2

Figure 1 provides a graphical view of the statewide dental utilization rates by county for 2024, consistent with the information in Table 2 above for the same year.

**Figure 1 Dental Rates by County for Calendar Year 2024**



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 2021 through 2024 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 2021 through 2024 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 2021 to 2024 (Ages 1-20)**

FFS/MCO	2021			2022			2023			2024		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	22,388	70,871	31.6	22,440	71,517	31.4	23,445	75,242	31.2	22,997	68,572	33.5
Blue Plus	79,402	185,103	42.9	66,661	155,833	42.8	66,860	152,107	44.0	63,534	130,565	48.7
HealthPartners	34,285	82,602	41.5	37,147	91,588	40.6	35,449	84,317	42.0	33,919	73,138	46.4
Hennepin Health	2,277	6,363	35.8	2,474	6,732	36.7	2,387	6,334	37.7	2,144	5,034	42.6
IMCare	2,205	4,244	52.0	2,390	4,425	54.0	2,323	4,283	54.2	2,067	3,540	58.4
Medica <sup>1</sup>	108	367	29.4	360	1,083	33.2	1,297	3,758	34.5	1,698	4,517	37.6
PrimeWest Health	10,220	22,807	44.8	10,922	23,792	45.9	12,508	27,199	46.0	11,653	23,224	50.2
South County Health Alliance	6,158	12,780	48.2	6,464	13,428	48.1	6,278	12,941	48.5	5,729	10,651	53.8

<sup>1</sup> 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.

FFS/MCO	2021			2022			2023			2024		
	N	D	%	N	D	%	N	D	%	N	D	%
UCare	75,532	169,613	44.5	86,882	199,814	43.5	87,010	194,975	44.6	85,721	172,490	49.7
United Healthcare <sup>2</sup>	N/A	N/A	N/A	5,192	16,161	32.1	5,040	15,231	33.1	5,045	13,294	37.9
All MCOs	210,187	483,879	43.4	218,492	512,856	42.6	219,152	501,145	43.7	211,510	436,453	48.5
All MHCP	232,575	554,750	41.9	240,932	58,4373	41.2	242,597	576,387	42.1	234,507	505,025	46.4

The rates for adults aged twenty-one and over with continuous enrollment who received at least one dental visit in each of the calendar years 2021 through 2024 is detailed in Table 4.

**Table 4 Adult Dental Rates for 2021 to 2024 (Ages 21+)**

FFS/MCO	2021			2022			2023			2024		
	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	24,589	74,040	33.2	23,363	74,839	31.2	21,973	74,454	29.5	21,900	66,822	32.8
Blue Plus	57,617	192,079	30.0	49,586	174,738	28.4	48,486	170,459	28.4	39,425	118,883	33.2
HealthPartners	36,172	107,977	33.5	37,946	126,813	29.9	33,669	110,717	30.4	28,525	83,027	34.4
Hennepin Health	6,334	25,747	24.6	6,278	28,362	22.1	5,966	26,143	22.8	4,913	17,592	27.9

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

	2021			2022			2023			2024		
IMCare	1,900	5,082	37.4	2,103	5,627	37.4	1,929	5,166	37.3	1,458	3,513	41.5
Medica	11,168	25,147	44.4	10,725	26,150	41.0	11,463	29,253	39.2	12,581	30,039	41.9
PrimeWest Health	8,655	25,634	33.8	9,114	28,146	32.4	9,212	30,386	30.3	7,687	23,521	32.7
South County Health Alliance	5,775	16,506	35.0	6,082	18,313	33.2	5,495	16,656	33.0	4,759	12,397	38.4
UCare	72,843	214,448	34.0	81,492	264,453	30.8	81,040	258,120	31.4	74,626	204,528	36.5
United Healthcare	N/A	N/A	N/A	3,908	19,548	20.0	4,162	20,174	20.6	3,835	14,736	26.0
All MCOs	200,464	612,620	32.7	207,234	692,150	29.9	201,422	667,074	30.2	177,809	508,236	35.0
All MHCP	225,053	686,660	32.8	230,597	766,989	30.1	223,395	741,528	30.1	199,709	575,058	34.7

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 2021 through 2024 is detailed in Table 5.

**Table 5 Statewide Dental Rates for 2021 to 2024**

	2021			2022			2023			2024		
FFS/MCO	N	D	%	N	D	%	N	D	%	N	D	%
Fee-for-Service	46,977	144,911	32.4	45,803	146,356	31.3	45,418	149,696	30.3	44,897	135,394	33.2
Blue Plus	137,019	377,182	36.3	116,247	330,571	35.2	115,346	322,566	35.8	102,959	249,448	41.3
HealthPartners	70,457	190,579	37.0	75,093	218,401	34.4	69,118	195,034	35.4	62,444	156,165	40.0
Hennepin Health	8,611	32,110	26.8	8,752	35,094	24.9	8,353	32,477	25.7	7,057	22,626	31.2

	2021			2022			2023			2024		
IMCare	4,105	9,326	44.0	4,493	10,052	44.7	4,252	9,449	45.0	3,525	7,053	50.0
Medica	11,276	25,514	44.2	11,085	27,233	40.7	12,760	33,011	38.7	14,279	34,556	41.3
PrimeWest Health	18,875	48,441	39.0	20,036	51,938	38.9	21,720	57,585	37.7	19,340	46,745	41.4
South County Health Alliance	11,933	29,286	40.7	12,546	31,741	39.5	11,773	29,597	39.8	10,488	23,048	45.5
UCare	148,375	384,061	38.6	168,374	464,267	36.3	168,050	453,095	37.1	160,347	377,018	42.5
United Healthcare	N/A	N/A	N/A	9,100	35,709	25.5	9,202	35,405	26.0	8,880	28,030	31.7
All MCOs	410,651	1,096,499	37.5	425,726	1,205,006	35.3	420,574	1,168,219	36.0	389,319	944,689	41.2
All MHCP	457,628	1,241,410	36.9	471,529	1,351,362	34.9	465,992	1,317,915	35.4	434,216	1,080,083	40.2

### 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 across calendar years 2019 – 2024.

**Table 6 Number of Dentists Enrolled as Dental Providers<sup>1</sup> by Congressional District in 2019 to 2024**

District	Number of Dental Providers					
	2019	2020	2021	2022	2023	2024
1	759	775	779	831	847	849

District	Number of Dental Providers					
2	676	687	693	654	698	691
3	932	937	945	949	971	965
4	953	956	969	973	964	993
5	1,140	1,152	1,158	1,129	1,127	1,153
6	583	588	593	563	551	552
7	630	631	635	619	631	646
8	694	697	701	767	760	781
Unknown <sup>2</sup>	13	13	12	13	28	0
Out of State <sup>3</sup>	856	855	860	838	892	938
Total	7,236	7,291	7,345	7,336	7,469	7,568

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.

<sup>2</sup> DHS does not have updated addresses for a few dental providers.

<sup>3</sup> 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 2018 to 2024.

**Table 7 Number of Dentists Providing Managed Care Medical Assistance, MNCare, or Fee-for-Service by Number of Patients from 2018-2024**

Number of Dental Providers Serving MN Medicaid Recipients			Managed Care Medical Assistance						
Program	Age Group	Number of Patients Served	2018	2019	2020	2021	2022	2023	2024
Medicaid Medical Assistance	Adults	1-9	737	778	894	800	892	934	845
		10-100	896	871	865	859	830	867	814
		101+	481	469	411	470	495	519	500
		All	2,114	2,118	2,170	2,129	2,217	2,320	2,159
	Children	1-9	624	627	667	596	645	686	645
		10-100	830	804	802	756	727	749	681
		101+	535	543	457	517	538	546	547
		All	1,989	1,974	1,926	1,869	1,910	1,981	1,873

Number of Dental Providers Serving MN Medicaid Recipients			Managed Care MinnesotaCare						
Program	Age Group	Number of Patients Served	2018	2019	2020	2021	2022	2023	2024
MNCare	Adults	1-9	881	902	958	921	911	940	873
		10-100	674	629	572	627	627	636	614
		101+	110	97	56	90	91	88	115

Number of Dental Providers Serving MN Medicaid Recipients			Managed Care MinnesotaCare						
		All	1,665	1,628	1,586	1,638	1,629	1,664	1,602
	Children	1-9	707	730	614	509	416	450	723
		10-100	25	47	15	8	1	12	69
		101+	0	0	0	0	0	0	0
		All	732	777	629	517	417	462	792

Number of Dental Providers Serving MN Medicaid Recipients			Fee for Service						
Program	Age Group	Number of Patients Served	2018	2019	2020	2021	2022	2023	2024
FFS	Adults	1-9	840	866	895	806	770	776	730
		10-100	660	620	532	549	571	522	493
		101+	101	96	52	60	60	60	67
		All	1,601	1,582	1,479	1,415	1,401	1,358	1,290
	Children	1-9	797	791	792	694	651	668	610
		10-100	571	563	461	496	513	480	429
		101+	86	94	48	63	62	65	76
		All	1,454	1,448	1,301	1,253	1,226	1,213	1,115

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 2024.

**Table 8 Number of Dentists Providing Services to New Patients Who Were Enrolled in Medical Assistance or MinnesotaCare for Calendar Years 2017-2024**

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
2023	1,587
2024	1,561

## VI. Report recommendations

Results for coverage year 2024 indicate that statewide dental utilization has improved, particularly since the end of the Public Health Emergency, which potentially left non-utilizers or those seeking care under new private coverage included in Medicaid calculations until their public coverage was formally terminated. The rates of dental utilization for managed care organizations and county-based health plans fell below the 45% threshold, except for Itasca Medical Care (IMC) and South Country Health Alliance (SCHA). As required in Subdivision 2, DHS requested correction 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 tele-dentistry, educating members on dental benefits and emphasizing the importance of dental care. The detailed corrective action plans can be found in Section VII.

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. Overall, the effects of these additional changes appear small; however, there is only the single run-out year of 2024 to review. Therefore, long-term effectiveness is not able to be determined at this time. It is also difficult to disentangle the effects of this investment from the effects of disenrollment following the end of the PHE.

Given the sizable number of identified barriers to improving dental service performance and the relatively consistent and uniform performance of plans regardless of service area, enrollment counts, urban/rural population bases, and other factors, it is likely that root and proximal causes to these barriers will require a state-wide and systemic approach to create effective interventions. A Root Cause Analysis to develop a systemically comprehensive Corrective Action Plan is indicated should dental services remain a covered service for managed care plans. Note that, at this time, a carve-out of dental services from managed care is currently planned to take effect on January 1, 2028.

## 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 Medical Care  
Dental Utilization CAP

**MCO: Medica**

CAP Coordinator: Mark Brandenburg

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 (Note\*: UCare officially ceased operations as of December 31, 2025)**

CAP Coordinator: Steve Schach, Audit Director

Date Initiated: November 30, 2023



MCO Legislative  
Dental Utilization CAP

MCO: **UnitedHealthcare** (Note\*: United Healthcare no longer participates in MHCP as of January 1, 2025)

CAP Coordinator: Mercy Gitau

Date Initiated: November 30, 2023



UHCCP Dental Access  
CAP.pdf



MN Medicaid Dental  
Initiatives 11.2023.ppt