



2025

HUSKY Health

Dental Network Access Report



■ Measuring the Dental Network and Patient Access

A comprehensive assessment of dental network access requires multiple measures; it must evaluate whether providers are proximate to members in both distance and time, whether members can establish a usual source of dental care, and whether members can receive timely services.

The Connecticut Dental Health Partnership employs a set of complementary access measures—geographic accessibility, provider-to-member capacity ratios, acceptance of new patients, and appointment availability—to assess whether the dental delivery system can meet the needs of HUSKY Health members.

A network may meet geographic accessibility and capacity ratio standards yet still present access barriers if a substantial proportion of practices are closed to new patients. Likewise, a dental network may meet the geographic, capacity and provider patient panel metrics yet create access challenges for members if appointments are not readily available.

While these measures are evaluated annually at a point in time, they bridge the gap between theoretical access and members lived experience providing a multidimensional view of both network adequacy and real-world access to care.

GEOGRAPHIC ACCESSIBILITY evaluates how close dental providers' facilities are to members, recognizing that distance and travel time are significant determinants of utilization. This measure is calculated based on the percentage of members for whom a specified number of participating dentists are available within a defined distance from the member's residence. CTDHP measures geographic access standards as the percentage of members with a primary care dentist at 10- and 20-miles from members' addresses, stratified by provider type. These metrics help identify whether providers are sufficiently distributed across the state and highlight geographic gaps that may exist.

PROVIDER-TO-MEMBER RATIOS assess the capacity of the network to serve the member population by comparing the number of participating dental providers to the number of enrolled members. CTDHP measures capacity at a minimum ratio of one primary care dentist (general or pediatric) per 2,500 members and one specialist dentist per 4,000 members. This measure accounts for the distribution of providers across multiple service locations so that network capacity is not overstated relative to the full-time equivalent workforce.

While these ratios are a foundational measure of the capacity of the provider workforce, they do not account for practice-level constraints, provider availability, or whether providers are actively accepting new patients. As such, capacity ratios must be interpreted alongside other access indicators.



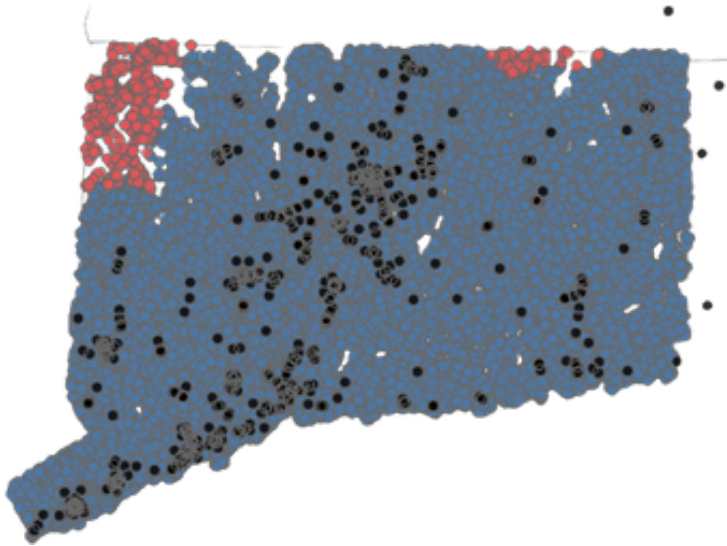
THE PERCENTAGE OF PRACTICES ACCEPTING NEW HUSKY HEALTH PATIENTS reflects the share of dental practices that report availability to see new patients and serves as a proxy for whether members can establish a usual source of dental care or dental home. CTDHP participating providers are able to limit, open and close their patient panels at any time. While percentage of practices accepting new patients represents the networks' patient panel status at a point in time, there is low variability in the overall numbers of practices with closed or limited patient panels.

APPOINTMENT AVAILABILITY measures timeliness of members' access to timely delivery of dental services. It captures the number of calendar days between a member's request for an appointment and the next available visit. Connecticut Medicaid standards require routine appointments within 56 days, urgent appointments within 48 hours, and emergent appointments within 24 hours. Appointment availability is measured annually by contacting each practice location and surveying their responses to the next available appointment of each type. Analysis of appointment availability provides critical insight into whether network capacity translates into timely care.

Please note: The results in the following report represent an annual point-in-time measurement taken yearly in March. The survey responses were from 519 adult practices and 239 pediatric practices, each with an 84% reach rate.

GEOGRAPHICAL ACCESSIBILITY

Primary Care Dentist within 10 Miles of Members

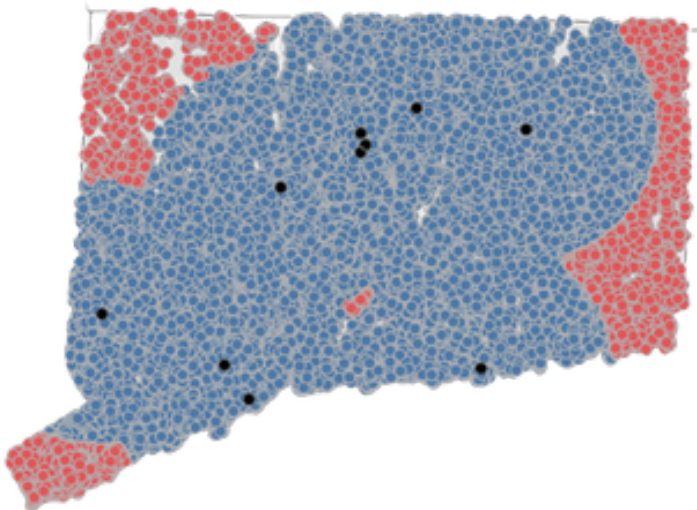


- Provider Office Location
- Husky Health Member within 10 Miles
- Husky Health Member outside 10 Miles

99.8% of the population has access to a Primary Care Dentist within 10 miles.

0.2% of the population have to travel a distance of more than ten (10) miles to a Primary Care Dentist.
(n=1,896)

Endodontist within 20 Miles of Members



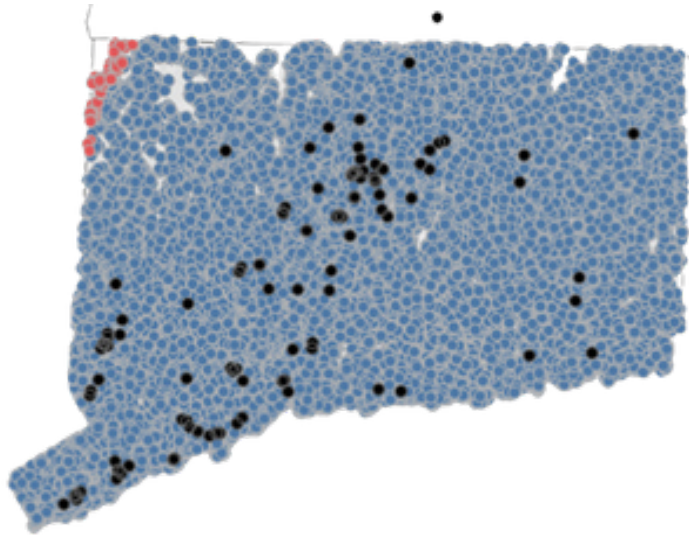
- Provider Office Location
- Husky Health Member within 20 Miles
- Husky Health Member outside 20 Miles

90.6% of the population has access to an Endodontist within 20 miles.

9.4% of the population have to travel a distance of more than twenty (20) miles to an Endodontist.
(n=89,150)

GEOGRAPHICAL ACCESSIBILITY

Oral Surgeon within 20 Miles of Members

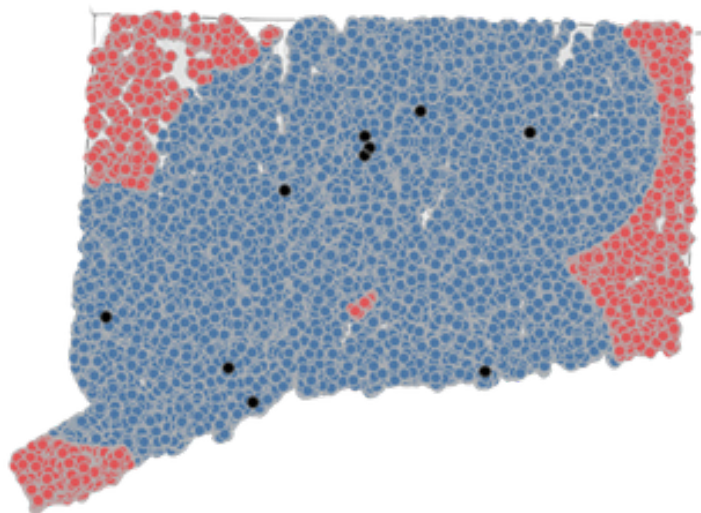


- Provider Office Location
- Husky Health Member within 20 Miles
- Husky Health Member outside 20 Miles

99.6% of the population has access to an Oral Surgeon within 20 miles.

0.04% of the population have to travel a distance of more than twenty (20) miles to an Oral Surgeon.
(n=379)

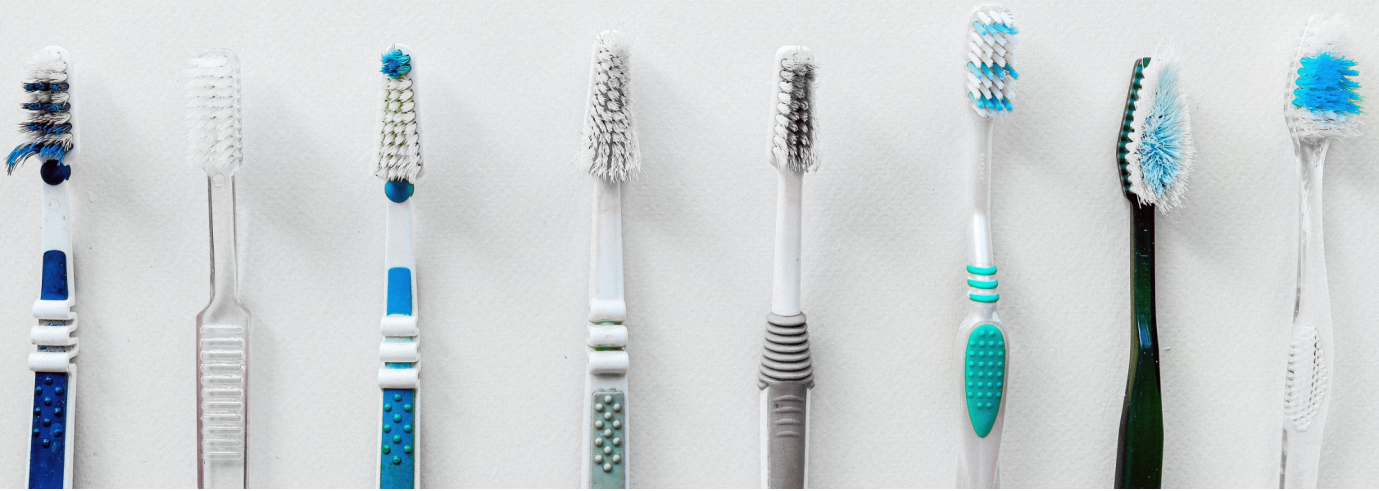
Periodontist within 20 Miles of Members



- Provider Office Location
- Husky Health Member within 20 Miles
- Husky Health Member outside 20 Miles

87.9% of the population has access to a Periodontist within 20 miles.

12.1% of the population have to travel a distance of more than twenty (20) miles to a Periodontist.
(n=114,748)



Provider to Member Ratio as of March 2025

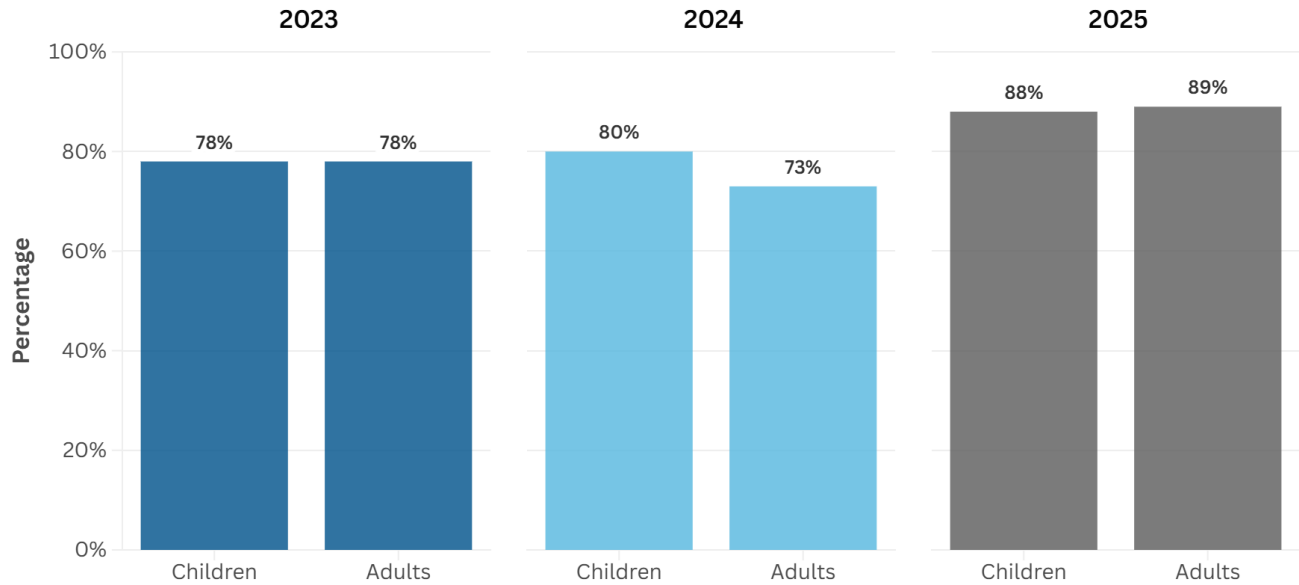
Metric	Standard	Measured
Primary Care Dentist to Members	1:2,500	1:659
Specialist Dentist to Members	1:4,000	1:1,872

The dental network demonstrates strong provider capacity relative to established standards. For general dental services, the measure indicates a highly favorable level of access and provider availability for members. Similarly, the specialist ratio is robust. However, these measures do not account for practice-level constraints or provider appointment availability. Capacity ratios should be interpreted alongside other access indicators.

PRACTICES ACCEPTING NEW HUSKY HEALTH PATIENTS

Percentage of Practices Accepting New HUSKY Health Patients

Source: Practices that reported accepting new patients in the Appointment Availability Survey



78%
accepted **Child**
patients in **2023**

80%
accepted **Child**
patients in **2024**

88%
accepted **Child**
patients in **2025**

78%
accepted **Adult**
patients in **2023**

73%
accepted **Adult**
patients in **2024**

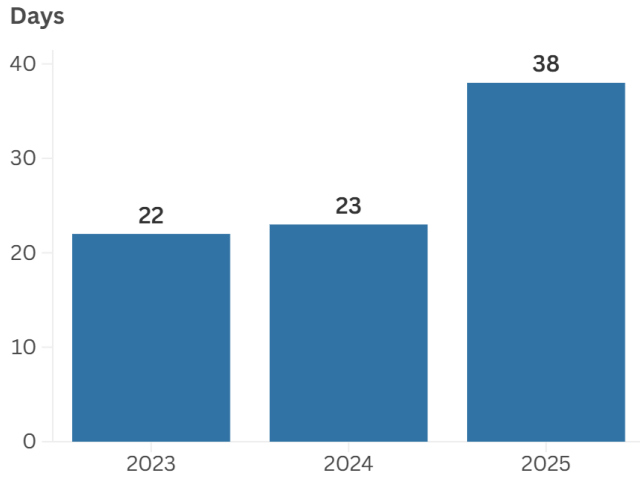
89%
accepted **Adult**
patients in **2025**

APPOINTMENT AVAILABILITY

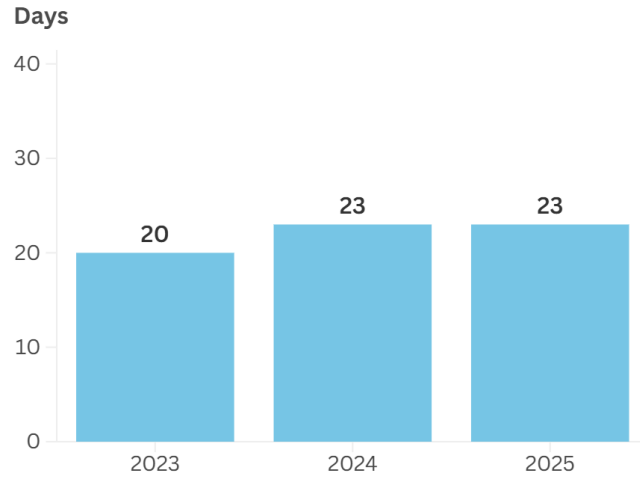
Total Average Wait Time in Days by Age

2023-2025

Total - Adults



Total - Children



On Average...

Adults spent:

22 days

waiting for an appointment in **2023**

23 days

waiting for an appointment in **2024**

38 days

waiting for an appointment in **2025**

Children spent:

20 days

waiting for an appointment in **2023**

23 days

waiting for an appointment in **2024**

23 days

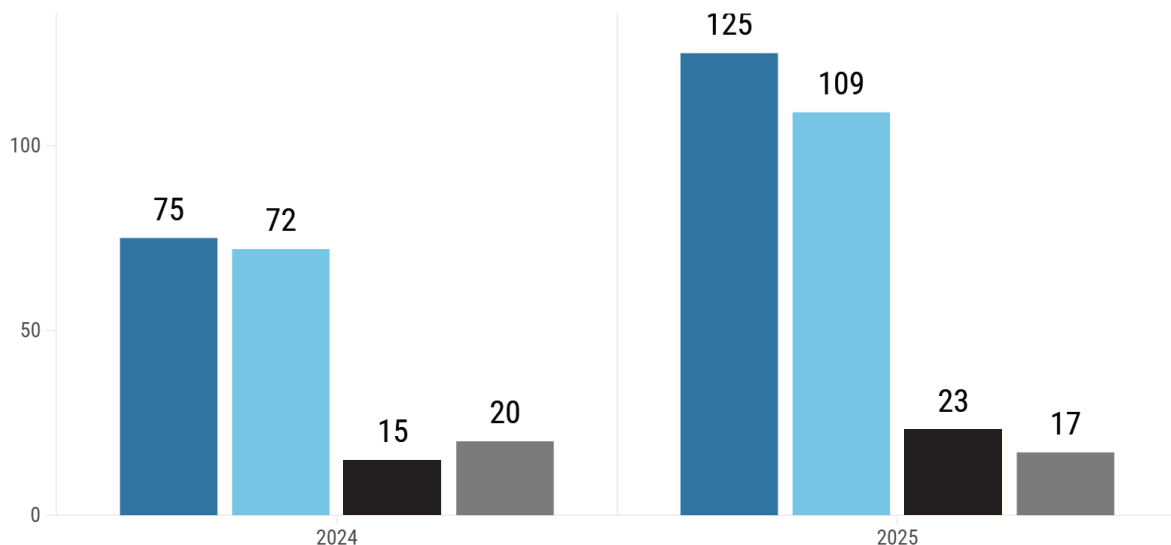
waiting for an appointment in **2025**

APPOINTMENT AVAILABILITY

Total Average Wait Time in Days by Practice Type and Age

2024 - 2025

Days



In 2024...

Adults spent:

75 days

waiting for an **FQHC** appointment

15 days

waiting for a **Private Practice** appointment

Children spent:

72 days

waiting for an **FQHC** appointment

20 days

waiting for an **Private Practice** appointment in

In 2025...

Adults spent:

125 days

waiting for an **FQHC** appointment

23 days

waiting for a **Private Practice** appointment

Children spent:

109 days

waiting for a **FQHC** appointment

17 days

waiting for an **Private Practice** appointment in

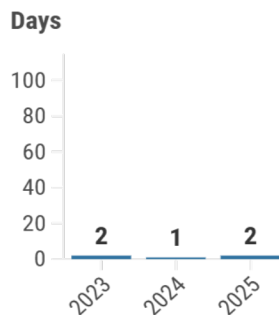
FQHC - Federally Qualified Health Center

APPOINTMENT AVAILABILITY

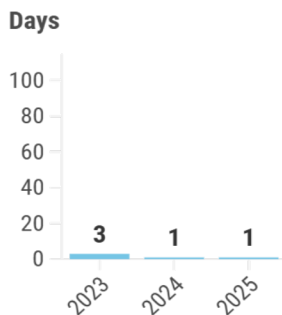
Average Wait Time in Days by Practice Type and Age

2023-2025

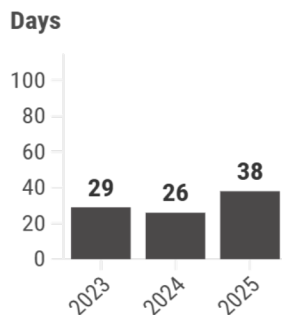
Urgent Care - Adults



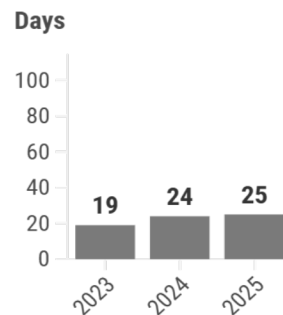
Urgent Care - Children



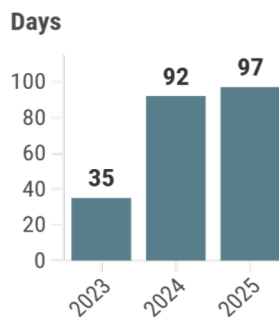
General Practice - Adults



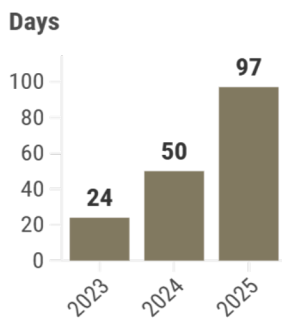
General Practice- Children



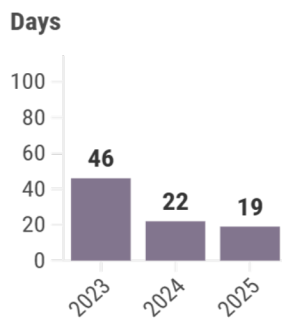
Endodontics - Adults



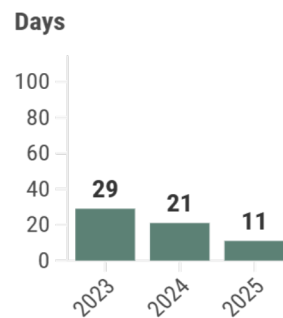
Endodontics - Children



Oral Surgery - Adults



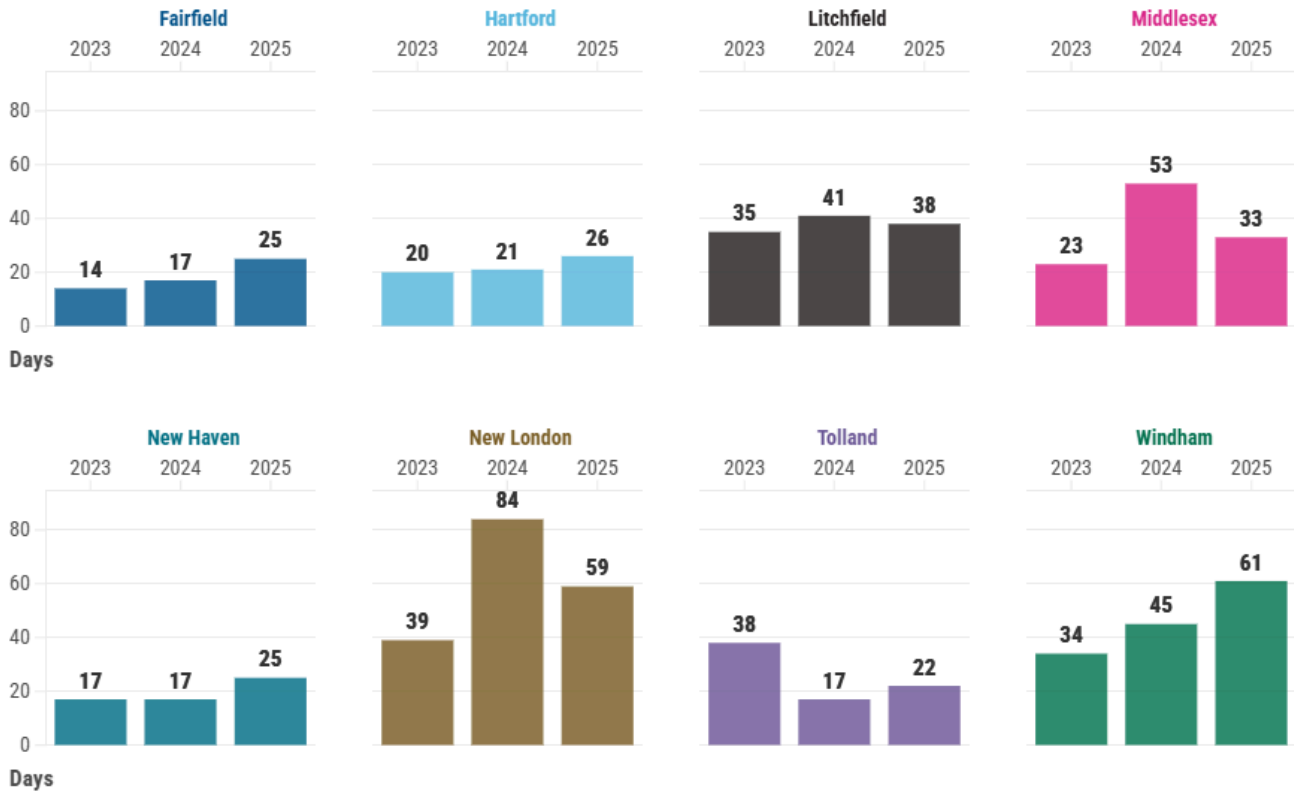
Oral Surgery - Children



Appointment availability is a key indicator of timely access to care, offering critical insight into whether the network’s strong provider capacity and geographic accessibility translate into real-world, prompt service for members. It underscores that adequate provider supply alone does not ensure timely access to care.

Year-over-year trends show increasing wait times in specific areas, particularly in endodontics and general practice dentistry, with the most notable impacts among providers serving adults. In contrast, improvements are observed in oral surgery, along with stabilization in urgent care access.

Average Wait Time in Days by County

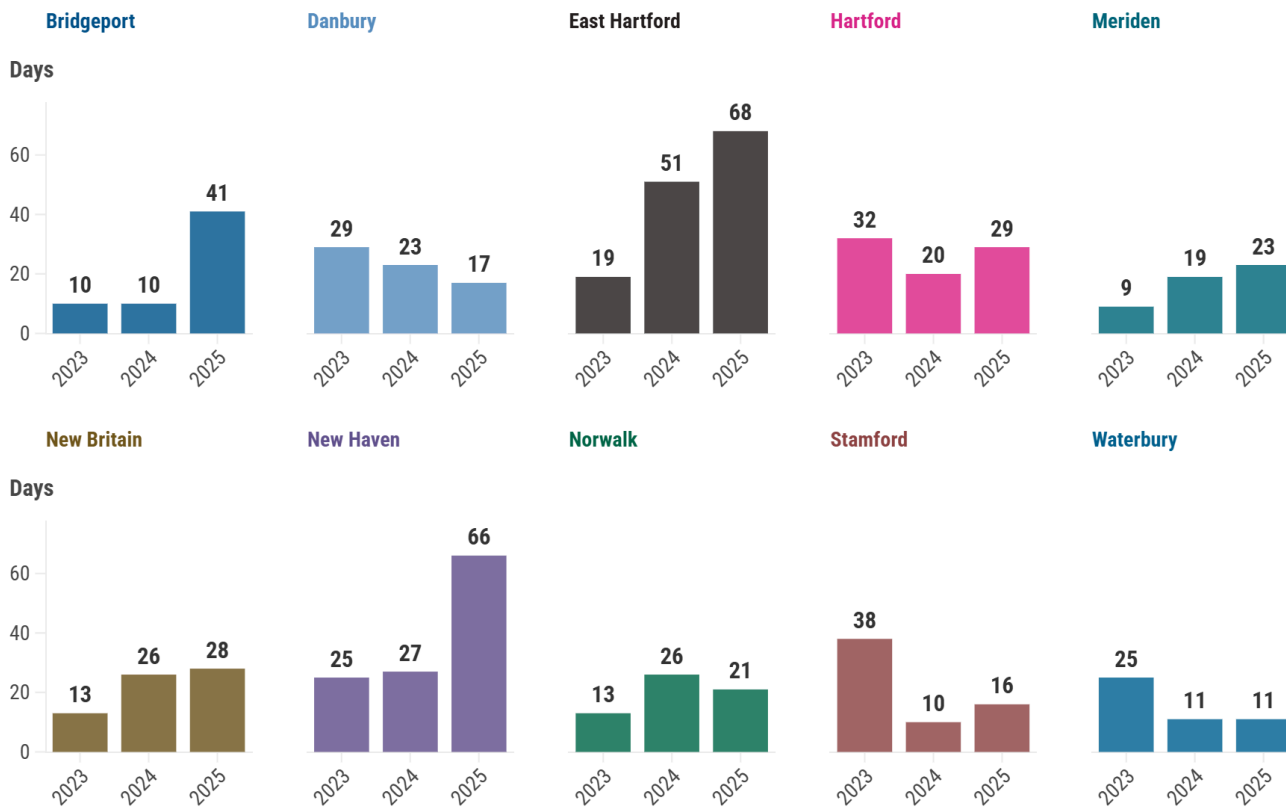


Analysis of appointment availability by geography provides additional insight, demonstrating that timely access to care varies by region. New London and Windham Counties continue to experience consistently higher wait times over time.

Four of the eight counties saw increases in wait times from 2025.

APPOINTMENT AVAILABILITY

Average Wait Time in Days by Highest HUSKY Health Populated Cities



Analyzing cities with higher concentrations of HUSKY Health Members offers a clear lens on access to care. In six of the ten cities, wait times increased in 2025 compared to 2024, highlighting growing pressures on provider availability.

