





2026 Oral Health Report

September 2026

CONNECTICUT DENTAL HEALTH PARTNERSHIP

the dental plan for HUSKY Health

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Glossary of Terms

Terms below clarify how key concepts are defined, measured, and interpreted throughout this report.

Current Dental Terminology (including procedure codes, nomenclature, descriptors and the data contained therein) is copyright 2026 American Dental Association. All rights reserved.

Utilization: Dental services such as treatments, procedures, or visits to a dentist, used by HUSKY Health Dental Plan members. This is measured by Medicaid claims data that dental providers submit for reimbursement for dental services provided.

Prevention: Actions and practices aimed at reducing the risk of oral diseases, including caries and gum disease. Preventive services include routine exams, cleanings, sealants, and oral hygiene instruction. Prevention is measured by Medicaid claims data that are coded for preventive dental services only.

Treatment: Procedures and interventions provided by a dental health professional to address and manage oral health diseases and issues. This can include restorative procedures (e.g., fillings, crowns, or root canals). Treatment aims to alleviate pain, restore function, and prevent further oral health problems. Treatment is measured by Medicaid claims data that are coded for treatment dental services only.

Oral Evaluation: detailed, full-spectrum assessment of a patient's oral health, performed by a general dentist or dental specialist. It often includes: Full mouth examination of teeth, gums, soft tissues, and bite alignment, an oral cancer screening, periodontal assessment, evaluation of occlusion and TMJ function, review of medical and dental history and risk factors, a general health assessment, recording of extraoral and intraoral hard and soft tissues, and may include evaluation of dental caries, missing/unerupted teeth, restorations, and prostheses.

Dental Sealants: Thin, protective coating applied to the chewing surfaces of back teeth to prevent cavities by acting as a barrier against food and bacteria, especially in the deep grooves of teeth. Related data apply to children (age 10).

Fluoride: Naturally occurring mineral that helps prevent tooth decay by building the tooth's resistance to acid produced by bacteria in the mouth. Oral health professionals apply topical forms of the mineral, such as silver diamine fluoride and sodium fluoride (toothpaste, varnish, foam, gel), to treat and prevent dental caries (tooth decay).



Demographic Context

The Connecticut Department of Social Services (DSS) determines categories for Medicaid enrollment and reporting. These classifications, which are self-reported by members, guide how demographic patterns are interpreted and represented in the report.

Race: Categories included Asian, American Indian/Alaska Native, Black/African American, Missing/Not Reported, Native Hawaiian or Other Pacific Islander, Two or More Races, and White.

Ethnicity: Categories included Hispanic or Latino and Not Hispanic or Latino.

Gender: Categories included male and female.

Age: Children were grouped by ages 0-20 and adults were grouped by ages 21 and above.

Geography: Rural-Urban Commuting Area (RUCA) codes are a detailed classification system created by the USDA and WWAMI Rural Health Research Center that delineates U.S. areas into rural and urban categories.[1] Codes are defined in relevant sections.

[1] *Connecticut State Office of Rural Health. CT Rural Towns. www.ruralhealthct.org/towns/htm.*

Introduction

The Connecticut Dental Health Partnership (CTDHP) is the Dental Plan for HUSKY Health and Covered CT and is administered by BeneCare Dental Plans under a contract with the CT Department of Social Services (DSS). DSS is responsible for the administration of the Connecticut Medicaid Assistance Program and the Children's Health Insurance Program (CHIP). Medicaid and CHIP are collectively described as the HUSKY Health Program. ***www.ctdhp.org*** *and* ***www.ctdhp.com*** *are official websites for The Connecticut Dental Health Partnership*

CTDHP's Mission

is to enable all HUSKY Health members to achieve and maintain good oral health, working to ensure all members have equitable access to oral health services.

CTDHP administers the dental plan benefit to roughly 1 million Connecticut residents enrolled in HUSKY Health and 1,850 participating dental providers. CTDHP operates a member services call center, provides oral health navigation services to community-based organizations, provider network support and education, and manages the prior authorization and grievance and appeals processes.

This report includes a comprehensive health equity analysis, examining utilization patterns, disparities in access, and their impact on dental care. By combining utilization patterns with member-reported data, we provide a more comprehensive understanding of where gaps in dental access exist and how they affect certain populations.



Reporting Process

Comprehensive Approach
Analysis combines survey and utilization data to provide a more complete picture of care and access.

Member-Centered Insights
Equity findings are paired with Member perspectives for a deeper understanding of gaps in access.

Focus on Disparities
Data is provided by race, ethnicity, age, gender, county, pregnancy status, and intellectual and developmental disabilities (IDD).

Tracking Patterns Over Time
This report builds on utilization findings from previous years.

This report serves two purposes:

- Evaluate member experiences with dental services under the HUSKY Health Dental Plan
- Highlight equity gaps that impact access to treatment and prevention

Findings from this analysis will help guide future improvements to HUSKY Health's dental benefits, inform policy decisions, and support CTDHP's ongoing efforts to promote equitable access to quality dental care.

Understanding the Data

This report summarizes insights from the 2025 HUSKY Health Dental Plan Member Survey and Medicaid dental claims data. Combining member-reported experiences with dental utilization patterns provides a clearer picture of where disparities exist and how they impact different populations. Below is a detailed breakdown of data sources and key areas of focus.

2025 Dental Member Survey

The 2025 HUSKY Health Dental Plan Survey assessed dental care access and experiences among HUSKY Health Plan members. Questions were adapted from the Agency for Healthcare Research and Quality's Consumer Assessment of Health Care Providers and Systems (CAHPS) Dental Plan Survey,[2] and the Consultation Center, Inc. developed the survey using Qualtrics in compliance with the Culturally and Linguistically Appropriate Service Standards and Americans with Disabilities Act guidelines. Findings highlight trends in dental utilization and common barriers. Respondents were also invited to share further insights through open-ended questions. These data points help inform targeted improvements in dental benefits and service delivery, supporting HUSKY Health in continuing to enhance access to quality care.

Survey Participation

The survey was emailed to 197,920 members on September, 30, 2025, and accessed by 65,202 members. Incentives of $15 Amazon gift cards were provided by CTDHP to the first 100 members who completed the survey. Qualtrics[3] recorded 5,423 responses, and of these, 88% (4,761) responded to the English version, and 12% (662) responded to the Spanish version. A total of 4,885 respondents had at least one data point for analysis, including 2,101 (43% of respondents) who provided open-ended comments.

Survey Analysis

Numeric survey responses were analyzed using statistical software (SPSS), while open-ended responses were coded to identify common themes among members.

Medicaid Oral Health Equity

Evaluators also examined how Medicaid utilization patterns reflect oral health equity and disparities among HUSKY Health members. This analysis spans 2021 to 2025, highlighting differences in access, prevention, and treatment across gender, age, geographic regions, and racial/ethnic groups.

Key Focus Areas

1. **Age-Based Comparisons**
   Differences in overall dental utilization, prevention, and treatment between children and adults
2. **Community-Based Comparisons**
   Dental service use by race, ethnicity, and county
3. **Specialized Care**
   Dental care among individuals with intellectual and developmental disabilities (IDD) and oral evaluations during pregnancy
4. **Preventative Care**
   Fluoride and sealant rates among children



[2] *CAHPS Dental Plan Survey | Agency for Healthcare Research and Quality* ***https://www.ahrq.gov/****.*

[3] *Qualtrics is an online survey platform and was used for distribution and response collection.*


Dental
Utilization

Executive Summary: Dental Utilization

Dental claims reveal patterns in service use across population and regions' core quality measures. While dental service use has increased in recent years, rates remain below pre-pandemic levels. Despite this, CTDHP continues to rank among the stronger-performing Medicaid dental programs in the country.



61%
Average child utilization rate
2021 - 2025

18%
Pregnancy evaluation rate
2025

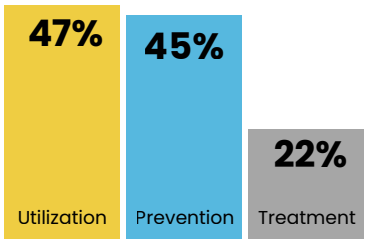
58%
IDD Member[4] utilization rate
2023 - 2025

Treatment rates were similar across groups

Across all age groups, genders, regions, and special populations, treatment rates were less than one quarter of services accessed.

Across groups and time, treatment ranged from **17% to 22%**

Fairfield County led in all dental service categories

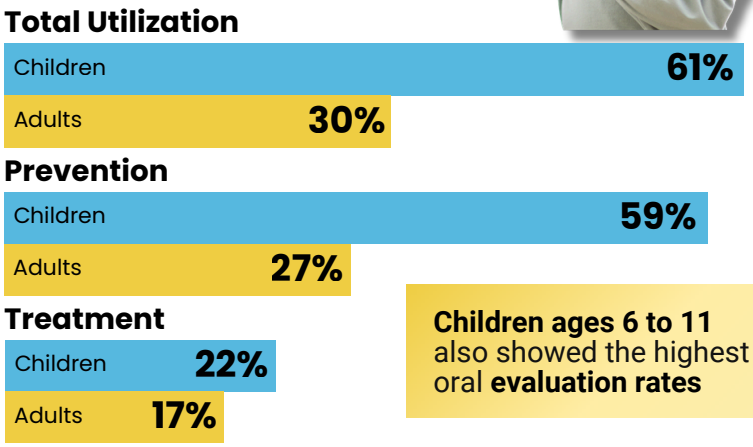


Average rates for other counties clustered within similar ranges.

Children engage in dental care more often than adult members

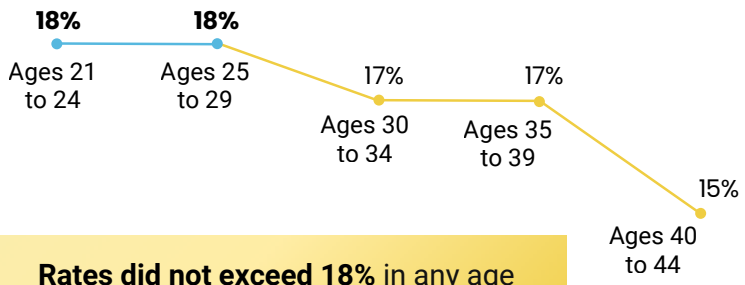


Over five years, children accessed dental services at higher rates than adults **across all dental services**.



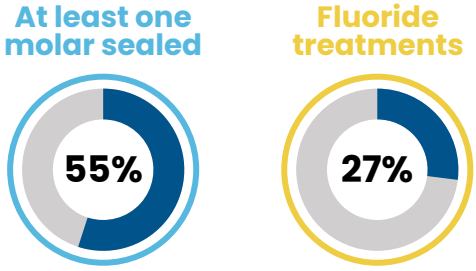
Children ages 6 to 11 also showed the highest oral **evaluation rates**

Oral evaluations during pregnancy decline with age



Rates did not exceed 18% in any age group and remained low regardless of race, ethnicity, or geographic region.

More than half of children received dental sealants



Additionally, **topical fluoride** rates ranged from 22% to 27% across age groups in 2025, with an **overall average of 27%**

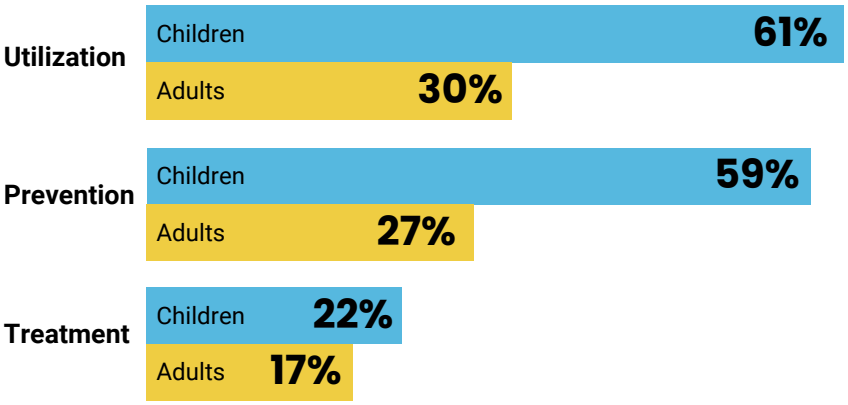
Due to minor annual shifts, five-year averages are used to reflect stable patterns over time. Complete year-by-year data is available in the Appendices.

Dental Utilization: Age and Gender (2021 - 2025)

Over the last five years, children accessed dental services at higher rates than adults. Rates were similar among members who identify as female and male, with only small differences. Utilization includes any dental visit, while prevention reflects routine care, and treatment represents more advanced services such as fillings or crowns.

Children rates are higher than adults across total utilization, prevention, and treatment

*Rates reflect combined averages (2021-2025). Sample sizes (n) by service category: **Adults - Utilization** (n=804,075), **Prevention** (n=735,927), **Treatment** (n=44,433); **Children - Utilization** (n=1,118,987), **Prevention** (n=1,086,899), **Treatment** (n=412,132)*

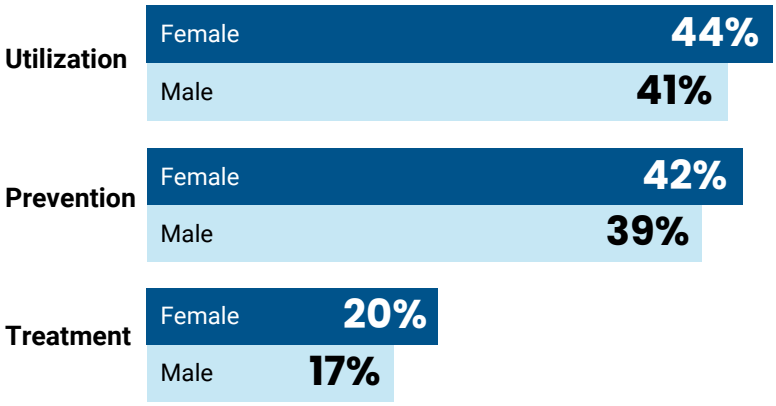




Rates are steady across male and female members' preventative services

*Data reflect combined average rates (2021-2025). Sample sizes (n) by group: **Female**— Utilization (n = 1,063,275), Prevention (n = 1,004,468), Treatment (n = 491,449); **Male**— Utilization (n = 857,881), Prevention (n = 816,629), Treatment (n = 368,990).*





Age was more strongly associated with dental utilization than gender, with children showing consistently higher rates across all service categories.

*Complete year-by-year data is available in **Appendices I and II**.*

Dental Utilization: Race, Ethnicity, and Region
(2021 - 2025)

Hispanic members show the highest rates of utilization over five years

Data reflect combined average utilization rates from 2021-2025, based on summed counts of services and total enrolled members by racial and ethnic group. Total utilization across all groups: 1,923,062. ***Note: Rates should be interpreted with consideration of each group's sample size relative to total enrollment.***

Hispanic	**47%**	*426,142/908,884*
Unknown Non-Hispanic	**45%**	*622,576/1,396,419*
Asian Non-Hispanic	**44%**	*62,950/143,087*
Black/African American Non-Hispanic	**42%**	*305,480/723,594*
Pacific Islander Non-Hispanic	**40%**	*2,263/5,729*
Native American/Alaska Native Non-Hispanic	**38%**	*7,581/20,192*
White/Caucasian Non-Hispanic	**38%**	*496,070/1,319,542*

Hispanic Members consistently show the highest rates of dental utilization, while Native American/Alaska Native and White/Caucasian Members show the lowest.

Utilization is strongest in Western and Central CT and lower in Eastern CT

Data reflect combined average rates from 2021-2025, based on summed counts of services and total enrolled members by county. Sample sizes (n) by service category: ***Utilization*** *(n = 1,898,621),* ***Prevention*** *(n = 1,799,850),* ***Treatment*** *(n = 850,475).*



	Utilization	Prevention	Treatment
Fairfield	**47%**	**45%**	**22%**
Litchfield	43%	40%	20%
New Haven	42%	40%	20%
Hartford	42%	40%	18%
Middlesex	40%	37%	18%
Windham	39%	37%	18%
Tolland	38%	36%	16%
New London	37%	35%	15%

Fairfield County experienced the **highest utilization**.

Complete year-by-year data is available in ***Appendices III and IV****.*

Targeted Oral Health Utilization Measures

The Centers for Medicare and Medicaid Services (CMS) establishes standardized health care quality measures, known as the Core Measure Sets, to evaluate and improve care provided through state Medicaid programs. States report these measures annually to CMS, enabling comparisons of performance across Medicaid programs nationwide. To compare state performance, visit the CMS Core Set Data Dashboard: **https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/welcome**.

In addition to the CMS Core Measures[4], the Connecticut Dental Health Partnership (CTDHP) monitors targeted utilization measures to assess care for specific populations, identify gaps in access or outcomes, and inform quality improvement efforts.

CMS reporting standards now use RUCA classifications

Recent federal guidance changed the methodology for geographic analysis, replacing county-based classifications with Rural-Urban Commuting Area (RUCA) codes. RUCA codes classify geographic areas at the census tract and ZIP Code level based on population density, urbanization, and commuting patterns. **Analysis using the updated RUCA methodology identified only minimal geographic variation across the measures included in this report. As a result, geographic findings are not presented. Geographic analyses will be included in future reports if more meaningful regional differences emerge.**

RUCA Explanation and Resources

Click each link below to learn more.



- One-page map of RUCA codes
- Description and Map of RUCA codes
- Overview of RUCA codes (and related files available for download)
- Reporting Stratified Results in the QMR System for the 2026 Child, Adult, and Health Home Core Sets

[4] *Medicaid.gov//medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures*

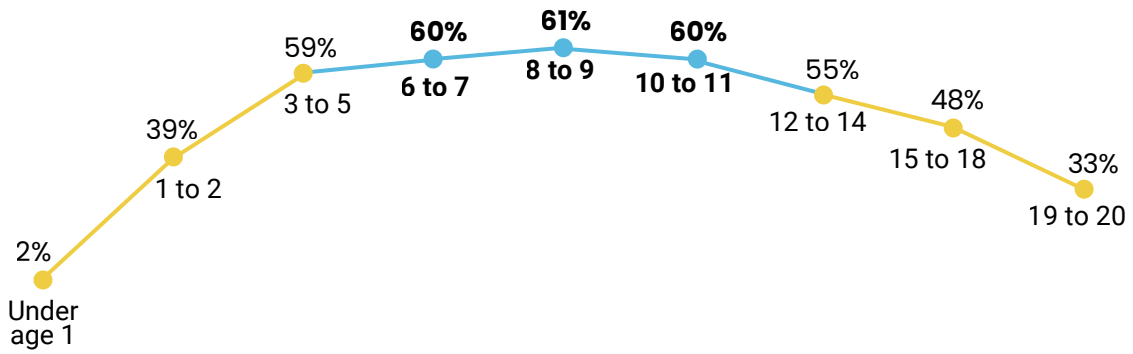
Oral Evaluations among Children (2025)

Rates represent children under age 21 and continuously enrolled for 6 months who received an oral evaluation. ***Total Dominator (D)*** *= Total enrolled children,* ***Total (N)*** *= Total rated sample.* ***Denominator (d)*** *= total enrolled children within given group,* ***Numerator (n)*** *= children that received an oral evaluation.* ***Note: Rates should be interpreted with consideration of each group's sample size relative to total enrollment****.*

Evaluation rates **hovered near 50%** across **all categories** below.

Evaluations among children occurred most often between the ages of 6 and 11

Total D *= 407,541,* ***Total N*** *= 209,371, further sample size details can be found in* ***Appendix V****.*



Evaluation rates were relatively consistent across gender and ethnicity

Total Gender D *= 407,527,* ***Total Gender N*** *= 209,359,* ***Total Ethnicity D*** *= 403,281,* ***Total Ethnicity N*** *= 207,493.*

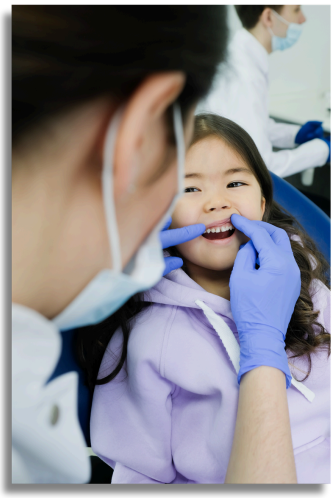
Female	**52%**	*104,984/201,153*
Male	**51%**	*104,375/206,374*

Hispanic/Latino	**52%**	*46,114/87,838*
Not Hispanic or Latino	**51%**	*161,379/315,443*

Evaluation rates slightly varied across racial groups

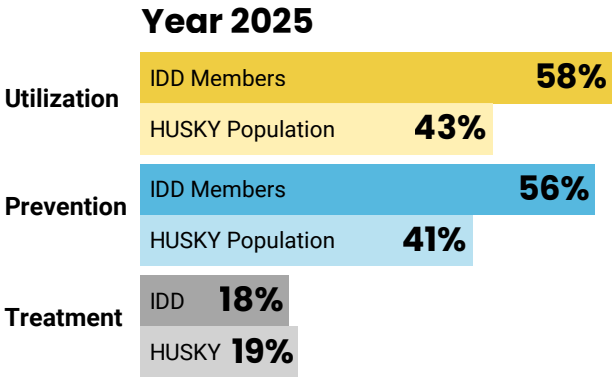
Total Race D *= 407,544* ***Total Race N*** *= 209,371.*

Asian	**55%**	*5,996/10,972*
American Indian or Alaska Native	**49%**	*683/1,389*
Black/African American	**48%**	*30,968/64,950*
Missing or Not Reported	**51%**	*111,729/219,079*
Native Hawaiian or Pacific Islander	**47%**	*412/870*
Two or more races	**52%**	*5,988/11,576*
White	**54%**	*53,595/9,8708*



Oral Health among Members with Intellectual and Developmental Disabilities

(2021 - 2025)



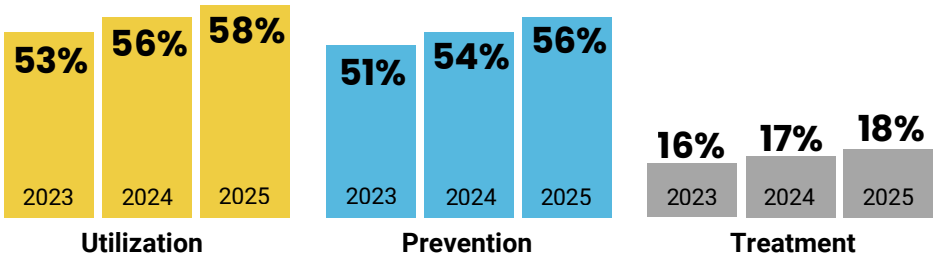
CTDHP identified HUSKY Health members with intellectual and developmental disabilities (IDD) using the American Dental Association's Dental Quality Alliance (DQA) methodology, which applies **ICD-10 diagnosis codes across six condition groups:** autism spectrum disorders, cerebral palsy, intellectual disabilities and related conditions, learning disabilities, other developmental delays, and spina bifida and other congenital anomalies of the nervous system.

**See the DQA User Guide for Evaluating Quality of Care for Special Populations Using DQA Program and Plan Level Measures. Between 2023 and 2025, data reveal that Members with IDDs accessed dental services at higher rates than the overall HUSKY population. Service engagement also increased across the three-year period, with the highest rates observed among children ages 6 to 15.*

IDD members saw increases across all service categories from years 2023 - 2025

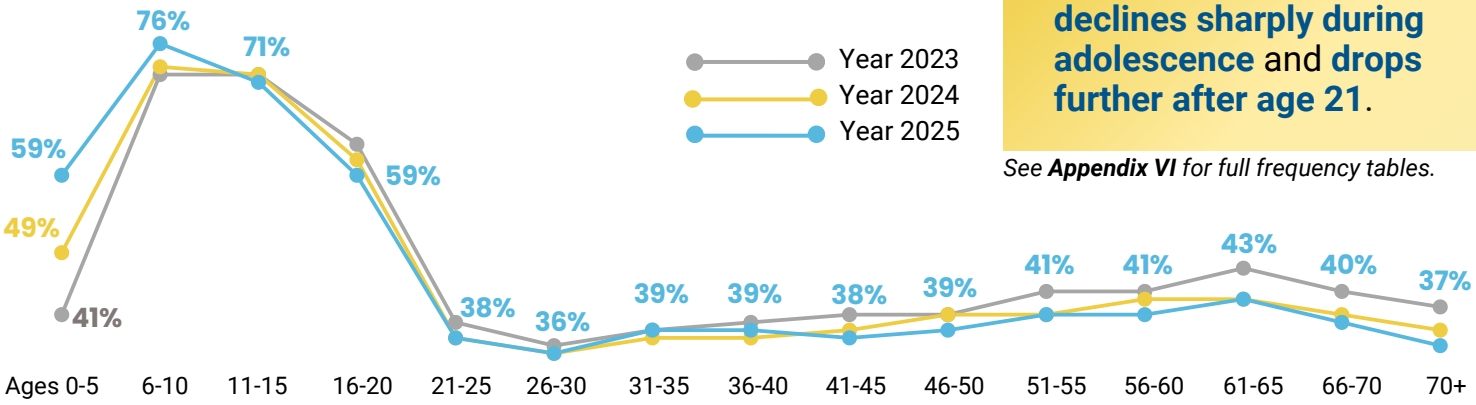
IDD Population *(N = 95,852):* ***Utilization*** *(55,557),* ***Prevention*** *(53,802),* ***Treatment*** *(17,146),* ***HUSKY Population*** *(N = 876,865),* ***Utilization*** *(379,975),* ***Prevention*** *(361,159),* ***Treatment*** *(168,488)*

Preventative services exceeded 50% all three years, while treatment remained low.



Utilization among those with IDD peaks during childhood

Lines compare utilization rates across age groups between the years 2023 and 2025. **Percentages in blue reflect 2025 rates**.



Dental utilization **declines sharply during adolescence** and **drops further after age 21**.

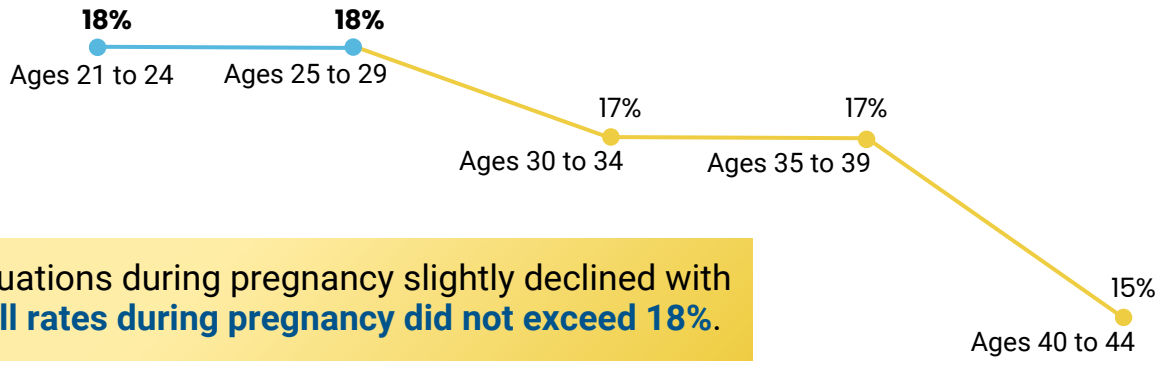
See ***Appendix VI*** *for full frequency tables.*

Oral Evaluations during Pregnancy (2025)

Oral health is an essential part of prenatal care. National guidelines[5] recommend that pregnant individuals receive a comprehensive or periodic oral evaluation, which includes risk assessment, diagnosis, and treatment planning. Findings below highlight opportunities for targeted outreach.

Rates represent those with live-birth deliveries, continuously enrolled for at least 180 days prior to delivery and who received a comprehensive or periodic oral evaluation at least 270 days prior to delivery. ***Rates should be interpreted by groups' sample size relative to live births. Further details can be found in Appendix VII.***

Evaluations during pregnancy were highest among those ages 21 to 39



While evaluations during pregnancy slightly declined with age, **overall rates during pregnancy did not exceed 18%**.

Evaluations vary slightly across race, but remained low overall



Asian	14%	40/293
American Indian or Alaska Native	10%	5/51
Black or African American	13%	217/1,614
Missing or Not Reported	20%	1,123/5,616
Native Hawaiian or Pacific Islander	13%	4/30
Two or more races	15%	29/197
White	16%	430/2,732

Evaluations remained consistent among Hispanic and Non-Hispanic Members



Evaluations during pregnancy were low regardless of Members' reported demographics.

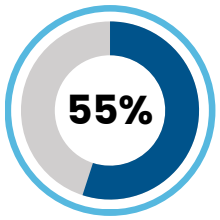
[5] *American Dental Association. (2024). Administrative claims–based measures: Oral evaluation during pregnancy [Dental quality measures].*

Dental Sealants for Children (2025)

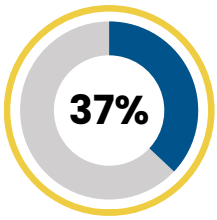
Rates represent children age 10 who were continuously enrolled for 12 months prior to their 10th birthday. *Total sample size* ***(N)*** *= 18,955.*
Numerator 1 (n^1) *= children who received at least one sealant on permanent first molars,* ***Numerator 2 (n^2)*** *= children with all four molars sealed.*

More than half of eligible children received dental sealants in 2025





n^1= 10,460



n^2= 7,026

Sealant care showed relatively stable patterns across gender and ethnicity

Female n *= 5,120,*[1] ***n*** *= 3,403,*[2] ***Male n*** *= 5,340,*[1] ***n*** *= 3,623,*[2] ***Hispanic/Latino n*** *= 2,601,*[1] ***n*** *= 1,750,*[2] ***Not Hispanic/Latino n*** *= 7,809,*[1] ***n*** *= 5,246.*[2]

	At least one molar sealed	4 molars sealed
Female	**56%**	37%
Male	**55%**	37%

	At least one molar sealed	4 molars sealed
Hispanic/Latino	**58%**	39%
Not Hispanic/Latino	**55%**	37%

Sealant rate varied slightly across racial groups

Asian n^1*= 321,* n^2*= 208,* ***American Indian/Alaska Native*** n^1*= 25,* n^2*= 16,* ***Black/African American*** n^1*= 1,713,* n^2*= 1,203,* ***Missing/Not Reported*** n^1*= 5,229,* n^2*= 3,387,* ***Native Hawaiian/Pacific Islander*** n^1*= 17,* n^2*= 11,* ***Two or More Races*** n^1*= 355,* n^2*= 255,* ***White*** n^1*= 2,800,* n^2*= 1,946.*

	At least one molar sealed	4 molars sealed
Asian	**55%**	36%
American Indian or Alaska Native	**39%**	25%
Black/African American	**53%**	38%
Missing or Not Reported	**57%**	37%
Native Hawaiian or Pacific Islander	**45%**	29%
Two or more races	**55%**	39%
White	**53%**	37%

Further sample size details per age group can be found in ***Appendix VIII****.*

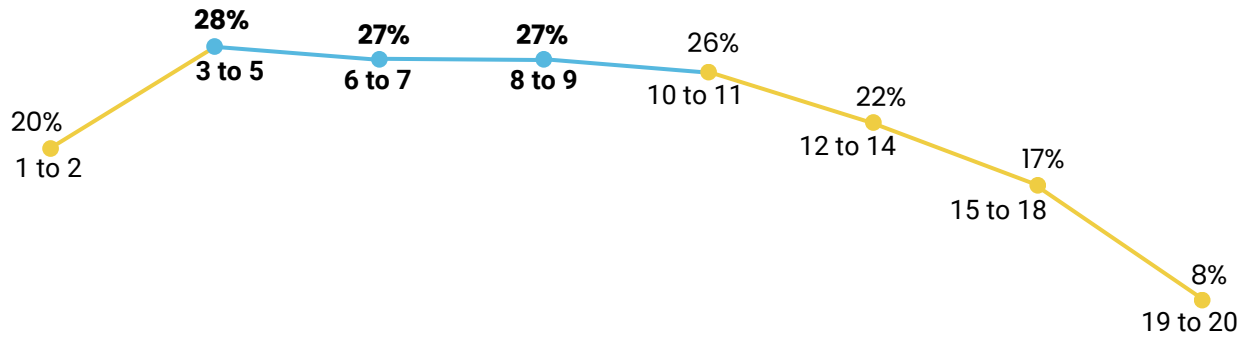
Topical Fluoride for Children (2025)

Topical fluoride is a preventive treatment that helps reduce tooth decay in children. The findings below examine fluoride application rates across age, ethnicity, race, and geographic regions.

Rates represent children ages 1 to 20 continuously enrolled for 12 months and who received at least two fluoride applications. ***Total Dominator (D)*** *= Total enrolled children,* ***Total (N)*** *= Total rated sample.* ***Denominator (d)*** *= total enrolled children within given group,* ***Numerator (n)*** *= children that received an oral evaluation.* ***Note: Rates should be interpreted with consideration of each group's sample size relative to total enrollment.***

Fluoride rates average 27% during peak age for application

Total D *= 372,809,* ***Total N*** *= 82,564.*



Fluoride treatments were relatively consistent across gender and ethnicity

Total Gender D *= 372,797,* ***Total Gender N*** *= 82,561,* ***Total Ethnicity D*** *= 369,516,* ***Total Ethnicity N*** *= 81,875.*

Female	**22%**	*41,286/184,125*
Male	**22%**	*41,275/188,672*

Hispanic or Latino	**22%**	*18,006/82,058*
Not Hispanic or Latino	**22%**	*63,869/287,458*

Fluoride rates slightly varied across racial groups

Total Race D *= 372,809* ***Total Race N*** *= 82,564.*

Asian	**24%**	*2,419/10,116*
American Indian or Alaska Native	**19%**	*238/1,280*
Black/African American	**18%**	*10,724/60,112*
Missing or Not Reported	**23%**	*45,457/198,574*
Native Hawaiian or Pacific Islander	**22%**	*182/810*
Two or more races	**22%**	*2,313/10,737*
White	**23%**	*21,231/91,180*



Further sample size details (for all groups) can be found in ***Appendix IX****.*



Member Experiences

2025 Member Survey

Executive Summary: Member Experiences

The **member survey sought to understand dental experiences of adults and children within the last 12 months**. Members reported on experiences with CTDHP services, perceptions of dental plan coverage, barriers to care, and offered further insight through open-ended comments.



197,920
survey requests sent

4,885
returned responses

2,101
open-ended comments

Member Services

1/3 of adults and parents of enrolled children reported using resources.

Respondents were also asked about access to and engagement with **CTDHP member services center, website, and printed materials**. Some described resources as "absolutely wonderful" and "indispensable", while others shared concerns about agent responsiveness and information accuracy. Some also offered suggestions like adding online chat support.

Quality of Member Services

Respondents were asked about the quality of the CTDHP website and services. Many found the information provided during calls at least '**sometimes' helpful**, and about **60%** felt that they were treated with **courtesy and respect**.

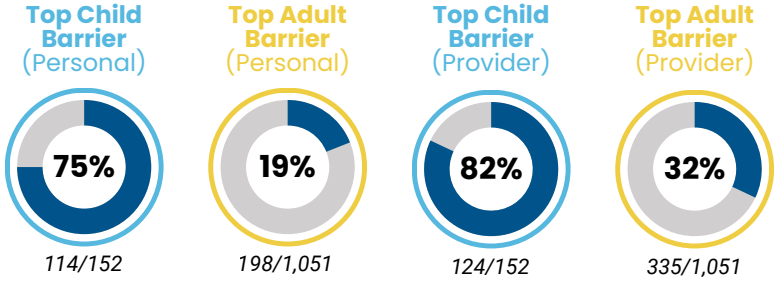


Reported always being treated with courtesy and respect

Children	**60%**
Adults	**57%**

Barriers to Dental Utilization

Adults (1,052) and members with children (152) reported at least one barrier to care. The **top barriers for children were parents with work constraints** and **dentists not accepting new patients**, while the **top adult barriers were dental anxiety** and **dentists not accepting new patients**.



Member Perceptions of Dental Plan Coverage

About 20% of plan-related comments from the open-ended section expressed appreciation for the coverage they received, while **most (80%) highlighted unmet treatment needs, benefit limitations, and challenges navigating approvals**.

33% of all open-ended comments related to plan coverage.

> *I'm thankful for the dental program, but I wish it would cover more. I need a lot more work done but the policy doesn't cover them and I don't have money to cover the cost.*
>
> **- Litchfield County**

Members Requested:

- **Expanded coverage for restorative services** (e.g., crowns, implants, dentures, orthodontic care)
- **Faster approval times** to reduce delays in needed treatments
- Added preventive benefits, including **cleanings twice per year** for adults
- Greater support for members with **complex medical and dental needs**

*Percentages reflect the proportion of respondents selecting each response option. Further details can be found in the following report section. Barrer-related and CTDHP service sample size details can be found in **Appendix X**.*

Member Experiences with CTDHP Services

Respondents were asked about engagement with CTDHP tools and services, such as the member services center, website, and printed materials. Members also reflected on the quality of their interactions with services.

Utilization and Quality of Services

1/3 of adults and parents of enrolled children reported **accessing member services**.

*Out of total **(n = 5,201)** related survey responses.*

Of those who responded to related survey items, about one-third (31%) of adults and parents of enrolled children reported using these resources. **Further insights were offered through open-ended comments**, where some described positive experiences, highlighting courteous interactions and helpful guidance navigating benefits and finding providers. However, many identified areas for improvement.

1/4 of comments **mentioned incorrect listings of providers**.

*Out of total **(n = 148)** comments regarding CTDHP interactions.*

About one-quarter (26%) of member feedback about CTDHP service interactions described inaccuracy with provider lists that included dentists who were no longer participating. **Respondents often reflected on their frustration when attempting to schedule appointments**.

> *...update the list of participating dentists on your website...it makes it harder to find a provider.*
>
> **- Fairfield County**

> *There are a lot of providers listed on the website that either are retired or no longer accept HUSKY. It would be helpful to update that because calling the helpline number only gives the same results.*
>
> **- Middlesex County**

Among those who called the member service center, about one-quarter reported having at least **'sometimes' received information they needed** for themselves (26%) or their child (24%), and many felt that the information **'definitely' helped them to find a dental provider** for themselves (41%) or their child (52%). When asked about direct engagement with support staff, most reported **'always' being treated with courtesy and respect**, whether calling for themselves (57%) or their child (60%).

Sometimes found needed information

Children	24%
Adults	26%

Information _definitely_ helped find providers

Children	52%
Adults	41%

Staff were _always_ courteous and respectful

Children	60%
Adults	57%

*Sample size details can be found in **Appendix X**.*

77% offered **suggestions for improvement**.

Comments related to **provider directory accuracy, website usability, communication about coverage and approvals, and ability to connect with participating providers** suggested that members often value provided support while seeking more reliable and accessible tools for navigating care.

Member Experiences with Barriers to Care

Members who reported not receiving dental care in the last 12 months were asked to select barriers from a comprehensive list, revealing several obstacles to accessing care.

Reported at least one barrier to dental care

Children **12%**

n = 152

Adults **27%**

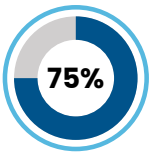
n = 1,051

> *There should be more info on dentists who help patients who suffer from fear and anxiety of dental work...*
>
> **- Fairfield County**

> Definitely nowhere near enough coverage in the area... & for the few dentists in the area accepting husky AND new patients, the wait to be seen is 3-5 months minimum.
>
> **- New London County**

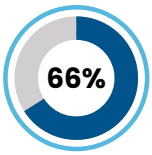
Top Personal and Circumstantial Barriers

Children



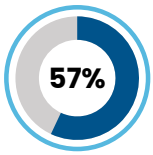
Work constraints

114/152



Dental anxiety

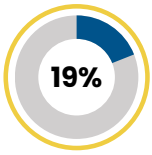
100/152



Lack of transportation

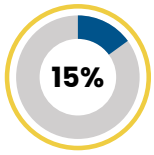
86/152

Adults



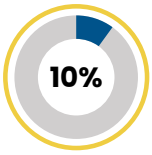
Dental anxiety

198/1,051



Competing responsibilities

159/1,051



Work constraints

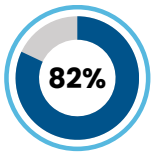
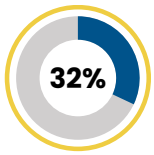
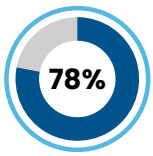
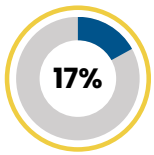
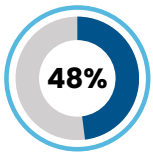
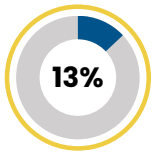
102/1,051

Other reported barriers included **childcare needs**, **perceptions that dental care was unnecessary, pregnancy-related considerations**, and **reliance on at-home dental care**.

Top Provider-Related Barriers

Access to care emerged as the most common concern raised by members throughout the survey. **Nearly one-third (29%) of all comments mentioned access, and among those comments, nearly all (96%) described challenges or frustrations obtaining care**. While barriers can arise from many factors, some are directly related to the availability and accessibility of providers. In addition to **highlighted top provider-related barriers (shared by adults and children)**, members also identified office hours and lack of Spanish-speaking providers as obstacles to accessing dental care.



	Children	Adults
Dentist not accepting new patients	 82% — *124/152*	 32% — *335/1,051*
No available appointments within 2 months	 78% — *118/152*	 17% — *181/1,051*
Available dentists were further than 20 miles away	 48% — *73/152*	 13% — *135/1,051*

Percentages reflect proportion of respondents selecting each response option. ***Full frequency tables are available in Appendix X.***

Member Perceptions of Dental Plan Coverage

Members were also offered an opportunity to share thoughts at the end of the survey. Of the 4,885 survey respondents, 2,101 provided comments. Most (88%) were submitted in English, while the remaining 12% were provided in Spanish. Nearly all (95%) comments related to adult care. Below are themes identified across both language groups and related to plan benefits.

33% of comments related to **plan benefits**.

n = 703

The top themes from open-ended responses centered on **access to care (29%), plan coverage (33%), and generally positive statements of appreciation (18%)**. Among comments related to coverage, members most frequently discussed services that were not covered, had limitations, or required significant out-of-pocket costs. **Common topics included extractions, dentures, root canals, crowns, implants, and orthodontic services**, highlighting opportunities to improve understanding of benefits and address unmet treatment needs.

> *Thank you. Without [coverage] I wouldn't have gotten dental care that I had skipped for 6 years.*
>
> **- Fairfield County**

> I am grateful to have dental coverage. If I could change anything about the plan, it would be to include two cleanings per year and additional coverage for implants instead of extracting teeth...
>
> **- Hartford County**

> For patients like me that have autoimmune disorders...they should let us get implants instead of taking all of their teeth out...
>
> **- Hartford County**

> *I wish the approval process was faster. I have had a crown appointment pushed back twice because it hasn't been approved.*
>
> **- New London County**

Members **also described delays in receiving care due to authorization processes**. Comments reflected frustration when treatment plans or appointments were postponed while approvals were pending. These experiences suggest that approval timelines may influence how quickly some members access dental services.

Members often **balanced appreciation** for coverage **with suggestions or requests for additional benefits**.

Since January 2024, periodontal services are now covered for members with treatable periodontal disease and certain medical conditions. This includes "deep cleaning" also known as *scaling* and *root planning*, however, a subset of comments expressed the need for two cleanings per year and/or deep cleanings regardless of additional medical conditions.

> *A second cleaning per year would be great, or at least every 8 months.*
>
> **- New Haven County**

> Coverage should be expanded to include regular cleanings twice a year and to include periodontal cleanings.
>
> **- Hartford County**

Percentages are based on the total number of respondents who indicated given theme.



Provider Quality

2025 Member Survey

Executive Summary: Provider Quality

Members offered feedback about the **quality of interactions with dental providers**, as well as **access to and availability of providers**. These findings identify network strengths and identify opportunities for improvement.



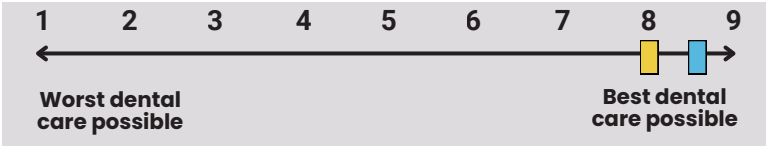
30%
of all comments mentioned providers

45%
of Spanish comments expressed gratitude

8.7
Average rating for dental care for children
*out of possible 10

Quality of Dental Care

Respondents **rated dental care quality as generally satisfactory**. Other positive ratings included feeling heard by and spending enough time with providers, and dental staff making them ***"feel as comfortable as possible"***, with 'always' responses ranging from 60% to 77%.



The average ratings for dental care received among adults and children were **8.0** and **8.7**, respectively.

> My kids' [dental providers] know kids' teeth. They are a great group of people and are very patient with the little ones and every time we go there, every one is so nice an attentive.
> - Hartford County

> Dental office was excellent. Made me feel relaxed...oral surgeon was friendly...explained everything right down to the wire and were available to answer questions.
> - Litchfield County

Survey asked members, ***In the last 12 months, how often did your dental provider...***

- ...***listen carefully*** to you during your visit?
- ...treat you with ***courtesy and respect***?
- ...explain things in a way that was ***easy to understand***?
- ...***spend enough time*** with you during your visit?
- ...do everything they could to ***help you feel comfortable***?

Open-Ended Comments Offered Additional Context

Some **(22%) comments reflected on provider-specific experiences**. More than half of those comments **(65%) described concerns related to quality care**, including discrimination due to HUSKY status, painful or unprofessional treatment, lack of disability-accessible facilities, and limited access to dentists who provide medically necessary sedation services. The remaining **(35%) of provider-related comments expressed positive care experiences, especially for children**.

Examples of **positive comments** included:

- Appreciation for **friendly and caring staff**
- Providers **taking time to patiently educate** about dental procedures
- Efforts to **alleviate patient anxieties**
- Providers and staff **trained to provide service to autistic children**

> I don't use a HUSKY dentist because I can't find one locally that I trust who accepts HUSKY for adults. I'm extremely happy with the dentist my children see, however.
> - New Haven County

> The [dentist] had absolutely no bedside manner...made derogatory comments...I walked out feeling ashamed and uncomfortable.
> - New London County

Member Perceptions of Dental Care Quality

Respondents were asked to rate the quality of care they received from dental staff and providers within the last 12 months. In conjunction with open-ended comments from the 2025 member survey, quality ratings from both the 2024 and 2025 surveys are provided below for comparison.

> *I am very happy with my Dentist and his staff. They are friendly, caring and do a great job.*
>
> **- New Haven County**

> *The biggest reason I've struggled to keep up with my dental health is not access to insurance coverage, but the lack of quality care...*
>
> **- Litchfield County**

> *My hygienist is professional, kind, patient, and always takes the time to educate me about my teeth. The front desk manager is fantastic.*
>
> **- Hartford County**

> *The problem that I had with them is they did not bother to speak with me first about the work they were going to do before starting.*
>
> **- Fairfield County**

In the last 12 months...

*How often did your dental provider explain things in a way that was **easy to understand?***



*How often did your dental provider **listen carefully to you?***



*How often did your dental provider treat you with **courtesy and respect?***



*How often did your dental provider **spend enough time with you?***



Percentages reflect valid average rates from adult and child responses. ***Appendix XI provides expanded data for 2025.***

To support a deeper understanding of member perceptions, the 2025 survey added an additional question regarding provider interactions.

In the last 12 months...

*How often did your dental provider or dental staff **do everything they could to help you feel as comfortable as possible during your dental work?***



Open-Ended Comments

While **quality ratings indicated general satisfaction, comments provided additional context**. Overall, findings suggest that provider communication, respect, comfort, and time spent during appointments are central to members' dental experiences.

> I was nervous going to get my teeth fixed...but she took her time explaining to me what the treatment plan would be and was so patient with my anxiety.
>
> - Hartford County

> *I'm disabled and use a walker, and [dental providers and staff] are very accommodating to meet my needs.*
>
> - New Haven County

The **average ratings** received among adults and children were **8.0** and **8.7**.

Nearly 30% (N = 567) of dental-care related comments referenced interactions with providers or office staff, and about two-thirds **(67%) of those comments reflected concerns with care**. Feedback often described discrimination based on HUSKY status, painful or unprofessional treatment, and challenges accessing disability-informed care. Comments regarding provider explanations often described patient confusion or concerns about provider knowledge. Positive comments emphasized clearly explained treatment plans and communication that meets patient needs, including those caring for autistic individuals. While fewer, some comments referenced physical disability accommodations. Ratings for courtesy, respect, and comfort were accompanied by diverse member experiences, with some describing respectful and supportive care, and others highlighting stigma, discrimination, or discomfort during dental visits.



45% of Spanish comments expressed gratitude

A notable difference emerged in Spanish-language comments, where nearly half (45%) offered appreciation for dental care and coverage compared to 15% of English comments.

*Rating percentages reflect valid responses from adult and child responses. **Appendix XI provides expanded data for 2025** and comment percentages are based on the total number of respondents who indicated given theme.*

Recommendations and Additional Resources

The following programmatic recommendations were developed by the Connecticut Dental Health Partnership based on findings from this comprehensive report, including the 2025 Member Survey and analysis of Medicaid dental data. Together, these insights inform actionable strategies to advance access, equity, and quality in oral health care for HUSKY members.

Recommendations

Provider Locator Tool

Enhance the CTDHP provider locator tools to improve usability, readability and seek ways to more accurately convey information about providers accepting new patients.

Age-Based Disparity

Continue partnering with the Department of Social Services to identify policy and reimbursement strategies to reduce age-based disparities in access to dental care.

Addressing the Needs of Special Populations

Develop targeted interventions for members with IDD and pregnant members that is responsive to their unique needs and support the providers who treat them.

Resources

Below is a list of resources and agencies that were referenced throughout this report.

1 Connecticut Dental Health Partnership (CTDHP)

CTDHP is the dental plan for HUSKY Health. It connects members to providers, offers care coordination, and supports access to dental services across Connecticut.

2 Connecticut Department of Social Services (DSS)

DSS oversees the administration of public benefits in Connecticut, including Medicaid and CHIP. The agency contracts with CTDHP to deliver dental services for HUSKY members.

3 Medicaid Assistance Program

Medicaid provides health coverage to eligible low-income individuals and families. It includes dental benefits for children and adults under the HUSKY Health Program.

4 Children's Health Insurance Program (CHIP)

CHIP offers health coverage for children in families with incomes too high for Medicaid but too low to afford private insurance. It ensures comprehensive dental care through HUSKY.

5 Core Set Data Dashboard (Medicaid/CHIP)

Core Set Data displays the quality of care provided to Medicaid and CHIP beneficiaries. CMS encourages users to explore this resource to examine performances across states.



CONNECTICUT DENTAL HEALTH PARTNERSHIP
the dental plan for HUSKY Health

HUSKY HEALTH CONNECTICUT

YaleEVAL

Appendices

Appendix I. Utilization by Age: (2021 - 2025)

Ux (N): Total enrolled members that **utilized** dental services

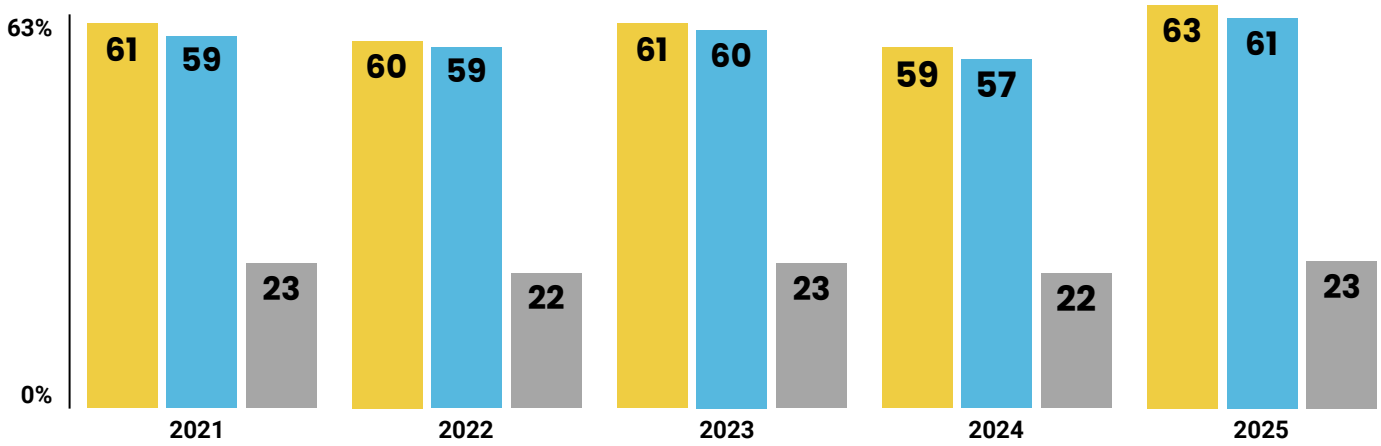
Tx (N): Total enrolled members that received dental **treatments**

Px (N): Total enrolled members that engaged in **preventative** dental services

Enrolled: Total enrolled members during the indicated year

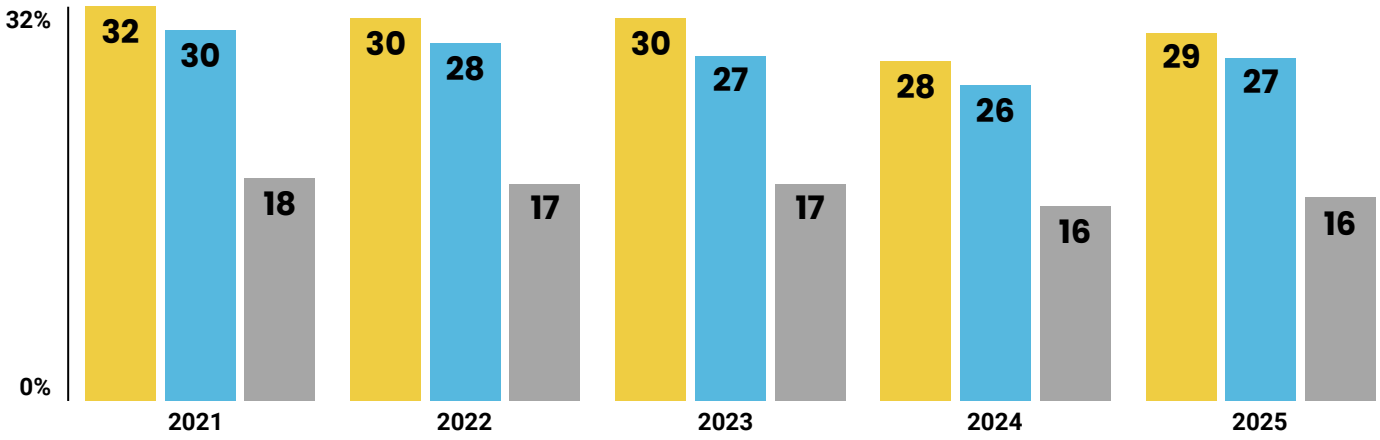
Child

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	359,919	220,197	214,009	81,482	61%	59%	23%
2022	371,963	224,413	217,865	81,104	60%	59%	22%
2023	358,547	220,073	213,574	81,068	61%	60%	23%
2024	379,955	223,360	216,799	83,625	59%	57%	22%
2025	368,043	230,944	224,652	84,853	63%	61%	23%



Adult

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	540,471	175,073	160,752	99,176	32%	30%	18%
2022	579,063	175,212	160,542	95,768	30%	28%	17%
2023	554,518	164,508	149,960	92,229	30%	27%	17%
2024	496,528	141,152	129,201	79,177	28%	26%	16%
2025	508,440	148,130	135,472	83,083	29%	27%	16%



Appendix II. Utilization by Gender: (2021 - 2025)

Ux (N): Total enrolled members that **utilized** dental services

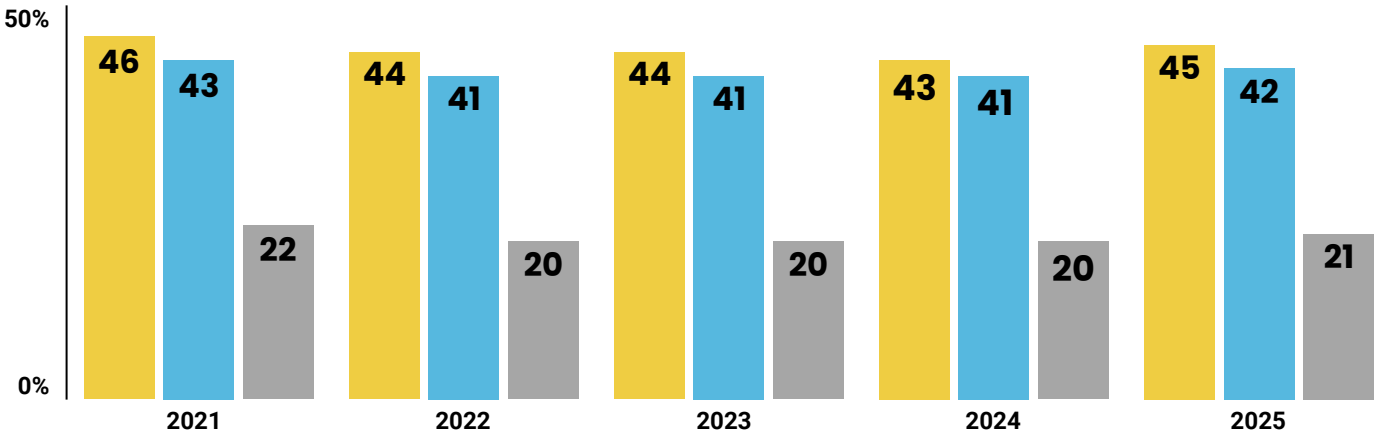
Px (N): Total enrolled members that engaged in **preventative** dental services

Tx (N): Total enrolled members that received dental **treatments**

Enrolled: Total enrolled members during the indicated year

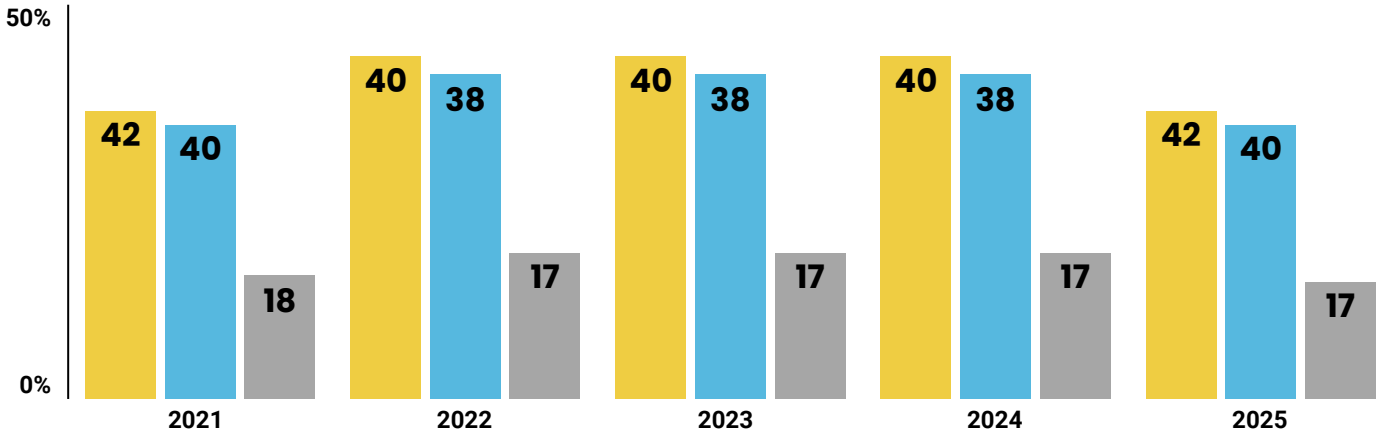
Female

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	478,117	219,459	207,419	102,927	46%	43%	22%
2022	503,594	221,224	208,782	100,738	44%	41%	20%
2023	484,913	213,157	200,873	98,985	44%	41%	20%
2024	466,693	200,420	189,605	92,620	43%	41%	20%
2025	466,693	209,015	197,789	96,179	45%	42%	21%



Male

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	421,065	175,354	166,915	77,471	42%	40%	18%
2022	446,216	177,982	169,249	75,900	40%	38%	17%
2023	427,047	171,063	162,330	74,092	40%	38%	17%
2024	408,821	163,777	156,112	69,996	40%	38%	17%
2025	408,821	169,705	162,023	71,531	42%	40%	17%



Appendix III. Utilization by Race and Ethnicity: (2021 - 2025)

Ux (N): Total enrolled members that **utilized** dental services

Enrolled: Total enrolled members during the indicated year

Hispanic

Year	Enrolled	Ux N	Ux Rate
2021	185,992	89,905	48%
2022	193,794	90,817	47%
2023	184,094	85,086	46%
2024	172,502	79,482	46%
2025	172,502	80,852	47%
Total	908,884	426,142	47%

Unknown Non-Hispanic

Year	Enrolled	Ux N	Ux Rate
2021	254,101	115,007	45%
2022	275,614	120,402	44%
2023	275,070	121,932	44%
2024	295,817	127,401	43%
2025	295,817	137,834	47%
Total	1,396,419	622,576	45%

Asian Non-Hispanic

Year	Enrolled	Ux N	Ux Rate
2021	28,402	12,996	46%
2022	30,338	13,414	44%
2023	29,345	12,821	44%
2024	27,501	11,746	43%
2025	27,501	11,973	44%
Total	143,087	62,950	44%

Black or African American Non-Hispanic

Year	Enrolled	Ux N	Ux Rate
2021	148,127	64,966	44%
2022	156,050	65,010	42%
2023	147,605	61,327	42%
2024	135,906	56,499	42%
2025	135,906	57,678	42%
Total	723,594	305,480	42%

Pacific Islander Non-Hispanic

Year	Enrolled	Ux N	Ux Rate
2021	1,156	472	41%
2022	1,235	480	39%
2023	1,198	486	41%
2024	1,070	428	40%
2025	1,070	397	37%
Total	5,729	2,263	40%

Native American or Alaska Native Non-Hispanic

Year	Enrolled	Ux N	Ux Rate
2021	4,136	1,651	40%
2022	4,356	1,651	38%
2023	4,128	1,538	37%
2024	3,786	1,389	37%
2025	3,786	1,352	36%
Total	20,192	7,581	38%

White or Caucasian Non-Hispanic

Year	Enrolled	Ux N	Ux Rate
2021	278,476	110,273	40%
2022	289,639	107,851	37%
2023	271,625	101,391	37%
2024	239,901	87,567	37%
2025	239,901	88,988	37%
Total	1,319,542	496,070	38%

Appendix IV. Utilization by Region: (2021 - 2025)

Ux (N): Total enrolled members that **utilized** dental services

Px (N): Total enrolled members that engaged in **preventative** dental services

Tx (N): Total enrolled members that received dental **treatments**

Enrolled: Total enrolled members during the indicated year

**Counties are listed in descending order of service rates.*

Fairfield

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	197,321	95,198	91,232	45,415	48%	46%	23%
2022	210,632	97,016	92,894	44,510	46%	44%	21%
2023	205,019	95,503	91,165	44,874	47%	44%	22%
2024	207,616	96,293	92,338	46,008	46%	44%	22%
2025	207,616	101,832	97,661	47,361	49%	47%	23%
Total	10,28,204	485,842	465,290	228,168	47%	45%	22%

Litchfield

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	39,304	17,280	16,402	8,193	44%	42%	21%
2022	41,644	17,395	16,460	8,055	42%	40%	19%
2023	39,948	16,950	16,105	7,725	42%	40%	19%
2024	37,346	15,530	14,780	7,061	42%	40%	19%
2025	37,346	16,013	15,314	7,484	43%	41%	20%
Total	195,588	83,168	79,061	38,518	43%	40%	20%

New Haven

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	249,463	108,962	103,224	51,525	44%	41%	21%
2022	263,850	110,036	103,855	50,285	42%	39%	19%
2023	253,779	106,210	100,286	49,526	42%	40%	20%
2024	244,273	101,174	95,871	46,480	41%	39%	19%
2025	244,273	106,408	100,911	49,474	44%	41%	20%
Total	1,255,638	532,790	504,147	24,7290	42%	40%	20%

Hartford

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	245,188	107,669	101,607	46,260	44%	41%	19%
2022	259,674	109,187	103,148	45,476	42%	40%	18%
2023	248,992	104,314	98,156	44,559	42%	39%	18%
2024	236,616	97,673	92,333	40,679	41%	39%	17%
2025	236,616	100,245	94,679	41,246	42%	40%	17%
Total	1,227,086	519,088	489,923	218,220	42%	40%	18%

Middlesex

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	28,408	11,871	11,142	5,469	42%	39%	19%
2022	30,091	11,947	11,203	5,426	40%	37%	18%
2023	28,653	11,319	10,654	4,991	40%	37%	17%
2024	26,485	10,056	9,523	4,238	38%	36%	16%
2025	26,485	10,455	9,881	4,563	39%	37%	17%
Total	140,122	55,648	52,403	24,687	40%	37%	18%

Windham

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	30,836	12,229	11,416	5,726	40%	37%	19%
2022	32,731	12,676	11,806	5,675	39%	36%	17%
2023	31,356	12,200	11,380	5,537	39%	36%	18%
2024	29,600	11,450	10,744	5,163	39%	36%	17%
2025	29,600	11,853	11,137	5,098	40%	38%	17%
Total	154,123	60,408	56,483	27,199	39%	37%	18%

Tolland

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	22,987	9,031	8,495	3,945	39%	37%	17%
2022	24,358	9,096	8,560	3,948	37%	35%	16%
2023	23,238	8,905	8,336	3,818	38%	36%	16%
2024	21,443	8,197	7,766	3,208	38%	36%	15%
2025	21,443	8,411	7,975	3,210	39%	37%	15%
Total	113,469	43,640	41,132	18,129	38%	36%	16%

New London

Year	Enrolled	Ux N	Px N	Tx N	Ux Rate	Px Rate	Tx Rate
2021	64,816	25,210	23,869	10,578	39%	37%	16%
2022	68,634	25,634	24,195	10,576	37%	35%	15%
2023	65,517	24,157	22,750	9,916	37%	35%	15%
2024	61,078	21,432	20,126	8,712	35%	33%	14%
2025	61,078	21,604	20,471	8,482	35%	34%	14%
Total	321,123	118,037	111,411	48,264	37%	35%	15%

Appendix V. Oral Evaluations among Children: (2025)

Denominator (D): Unduplicated number of children ages 1 to 20 and continuously enrolled for 12 months during the measurement year.

Numerator (Oral Eval): Unduplicated number of enrolled children who received at least two fluoride applications (D1206 or D1208 or 99188) as dental or oral health services during the measurement year.

By Geographic Region in Connecticut				
RUCA	**RUCA Description**	**D**	**Oral Eval**	**%**
1	**Metropolitan area core:** primary flow within an urbanized area (UA)	372,992	192,933	52%
2	**Metropolitan area high commuting:** primary flow 30% or more to a UA	14,362	7,284	51%
3	**Metropolitan area low commuting:** primary flow 10% to 30% to a UA	1,625	812	50%
4	**Micropolitan area core:** primary flow within an Urban Cluster of 10,000 to 49,999 (large UC)	13,027	6,892	53%
5	**Micropolitan high commuting:** primary flow 30% or more to a large UC	94	51	54%
6	**Micropolitan low commuting:** primary flow 10% to 30% to a large UC	104	53	51%
10	**Rural areas:** primary flow to a tract outside a UA or UC	1,347	662	49%

By Age			
Age Group	**D**	**Oral Eval**	**%**
Ages 0 to 1	9,417	144	2%
Ages 1 to 2	35,748	13,984	39%
Ages 3 to 5	57,921	34,136	59%
Ages 6 to 7	40,731	24,621	60%
Ages 8 to 9	42,126	25,647	61%
Ages 10 to 11	42,246	25,254	60%
Ages 12 to 14	63,691	35,276	55%
Ages 15 to 18	83,443	39,815	48%
Ages 19 to 20	32,218	10,494	33%

Click here to view the CMS Core Measure for children's oral evaluations

By Race			
Race	**D**	**Oral Eval**	**%**
Asian	10,972	5,996	55%
American Indian or Alaska Native	1,389	683	49%
Black or African American	64,950	30,968	48%
Missing or Not Reported	219,079	111,729	51%
Native Hawaiian or Other Pacific Islander	870	412	47%
Two or More Races	11,576	5,988	52%
White	98,708	53,595	54%

By Ethnicity			
Ethnicity	**D**	**Oral Eval**	**%**
Hispanic or Latino(a)	87,838	46,114	52%
Not Hispanic or Latino(a)	315,443	161,379	51%

By Gender			
Gender	**D**	**Oral Eval**	**%**
Female	201,153	104,984	52%
Male	206,374	104,375	51%

Appendix VI. Oral Evaluations among Members with IDDs: (2023 - 2025)

Members with IDDs: Utilization, Prevention, and Treatment

Year	Enrolled	Ux N	Ux Rate	Px N	Px Rate	Tx N	Tx Rate
2023	87,893	46,227	53%	44,557	51%	14,169	16%
2024	91,496	50,963	56%	49,255	54%	15,511	17%
2025	95,852	55,557	58%	53,802	56%	17,146	18%

Ux (N): Total enrolled members that **utilized** dental services

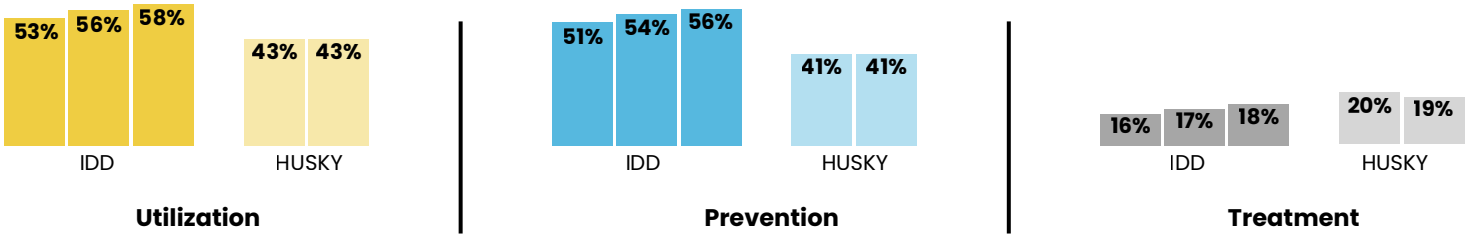
Px (N): Total enrolled members that engaged in **preventative** dental services

Tx (N): Total enrolled members that received dental **treatments**

Enrolled: Total enrolled members during the indicated year

Overall HUSKY Population: Utilization, Prevention, and Treatment

Year	Enrolled	Ux N	Ux Rate	Px N	Px Rate	Tx N	Tx Rate
2024	875,943	380,414	43%	360,440	41%	171,251	20%
2025	876,865	379,975	43%	361,159	41%	168,488	19%



Utilization (Ux) Comparison by Age and Year: Members with IDDs vs. Overall HUSKY Population

Age Group	Total Enrolled	2023			2024			2025		
		IDD Enrolled	IDD Ux	IDD Rate	IDD Enrolled	IDD Ux	IDD Rate	IDD Enrolled	IDD Ux	IDD Rate
Ages 0 to 5	30,036	25,708	10,482	41%	27,216	13,272	49%	28,294	16,557	59%
Ages 6 to 10	18,270	17,473	12,569	72%	20,030	14,644	73%	19,942	15,089	76%
Ages 11 to 15	11,342	10,900	7,856	72%	12,054	8,703	72%	11,974	8,523	71%
Ages 16 to 20	7,435	7,057	4,429	63%	7,850	4,786	61%	7,775	4,590	59%
Ages 21 to 25	4,816	4,441	1,762	40%	4,776	1,824	38%	4,777	1,824	38%
Ages 26 to 30	4,503	4,159	1,535	37%	4,457	1,590	36%	4,495	1,621	36%
Ages 31 to 35	3,784	3,611	1,417	39%	3,918	1,506	38%	3,851	1,500	39%
Ages 36 to 40	2,935	2,809	1,114	40%	2,985	1,146	38%	2,953	1,159	39%
Ages 41 to 45	2,247	2,166	884	41%	2,330	908	39%	2,261	852	38%
Ages 46 to 50	1,699	1,636	678	41%	1,742	709	41%	1,722	678	39%
Ages 51 to 55	1,626	1,554	691	44%	1,578	649	41%	1,539	628	41%
Ages 56 to 60	1,814	1,737	758	44%	1,711	733	43%	1,662	685	41%
Ages 61 to 65	1,808	1,751	818	47%	1,817	787	43%	1,739	748	43%
Ages 66 to 70	1,199	1,153	512	44%	1,217	503	41%	1,158	467	40%
Ages 70+	1,801	1,735	722	42%	1,881	735	39%	1,710	636	37%
Totals	**95,315**	**87,890**	**46,227**	**53%**	**95,562**	**52,495**	**55%**	**95,852**	**55,557**	**58%**

**Data excludes a total of 943 birthdates from IDD population.*

Appendix VII. Oral Evaluations during Pregnancy: (2025)

Denominator (D): Subjects with live-birth deliveries whose ages are between 21 and 44, are enrolled on the delivery date, and are continuously enrolled for 180 days prior to the delivery date.

Numerator (N): Subject received a comprehensive or periodic oral evaluation as a dental service during the 270 days prior to the delivery date.

By Geographic Region in Connecticut				
RUCA	**RUCA Description**	**D**	**N**	**%**
1	**Metropolitan area core:** primary flow within an urbanized area (UA)	9,803	1,731	18%
2	**Metropolitan area high commuting:** primary flow 30% or more to a UA	296	40	14%
3	**Metropolitan area low commuting:** primary flow 10% to 30% to a UA	37	9	24%
4	**Micropolitan area core:** primary flow within an Urban Cluster of 10,000 to 49,999 (large UC)	341	58	17%
5	**Micropolitan high commuting:** primary flow 30% or more to a large UC	0	0	0%
6	**Micropolitan low commuting:** primary flow 10% to 30% to a large UC	2	0	0%
10	**Rural areas:** primary flow to a tract outside a UA or UC	24	7	29%

By Age			
Age Group	**D**	**N**	**%**
Ages 21 to 24	1,621	292	18%
Ages 25 to 29	3,154	572	18%
Ages 30 to 34	3,222	558	17%
Ages 35 to 39	1,999	343	17%
Ages 40 to 44	537	83	15%

Click here to view the CMS Core Measure for oral evaluations during pregnancy

By Race			
Race	**D**	**N**	**%**
Asian	293	40	14%
American Indian or Alaska Native	51	5	10%
Black or African American	1,614	217	13%
Missing or Not Reported	5,616	1,123	20%
Native Hawaiian or Other Pacific Islander	30	4	13%
Two or More Races	197	29	15%
White	2,732	430	16%

By Ethnicity			
Ethnicity	**D**	**N**	**%**
Hispanic or Latino(a)	2,250	355	16%
Not Hispanic or Latino(a)	8,283	1,493	18%

Appendix VIII. Dental Sealants on Children (2025)

Denominator (D): Unduplicated number of children who turn age 10 in the reporting year and continuously enrolled for 12 months prior to the 10th birthday.

Numerator (N): Unduplicated number of children who received sealant (D1351) on permanent first molar tooth (3, 14, 19, 30), **(N1) at least one sealant**, and **(N2) all four molars sealed** in the 48 months prior to the 10th birthdate.

**Data excludes those who have received treatment on all four permanent molars in the 48 months prior to 10th birthdate.*

By Geographic Region in Connecticut						
RUCA	**RUCA Description**	**D**	**N1**	**%**	**N2**	**%**
1	**Metropolitan area core:** primary flow within an urbanized area (UA)	17,290	9,612	56%	6,390	37%
2	**Metropolitan area high commuting:** primary flow 30% or more to a UA	695	356	51%	279	40%
3	**Metropolitan area low commuting:** primary flow 10% to 30% to a UA	70	32	46%	20	29%
4	**Micropolitan area core:** primary flow within an Urban Cluster of 10,000 to 49,999 (large UC)	616	362	59%	278	45%
5	**Micropolitan high commuting:** primary flow 30% or more to a large UC	4	2	50%	2	50%
6	**Micropolitan low commuting:** primary flow 10% to 30% to a large UC	8	4	50%	3	38%
7	**Rural areas:** primary flow to a tract outside a UA or UC	64	35	55%	21	33%

By Age					
Age	**D**	**N1**	**%**	**N2**	**%**
10	18,955	10,460	55%	7,026	37%

By Gender					
Gender	**D**	**N1**	**%**	**N2**	**%**
Female	9,148	5,120	56%	3,403	37%
Male	9,807	5,340	54%	3,623	37%

Click here to view the CMS Core Measure for sealants for children

By Race					
Race	**D**	**N1**	**%**	**N2**	**%**
Asian	585	321	55%	208	36%
American Indian or Alaska Native	65	25	38%	16	25%
Black or African American	3,208	1,713	53%	1,203	38%
Missing or Not Reported	9,155	5,229	57%	3,387	37%
Native Hawaiian or Other Pacific Islander	38	17	45%	11	29%
Two or More Races	651	355	55%	255	39%
White	5,253	2,800	57%	1,946	37%

By Ethnicity					
Ethnicity	**D**	**N1**	**%**	**N2**	**%**
Hispanic or Latino(a)	14,286	7,809	55%	5,246	37%
Not Hispanic or Latino(a)	4,526	2,601	57%	1,750	39%

Appendix IX. Topical Fluoride for Children (2025)

Denominator (D): unduplicated number of children ages 1 to 20 and continuously enrolled for 12 months during the measurement year.

Numerator (N): unduplicated number of enrolled children who received at least two fluoride applications (D1206 or D1208 or 99188) as dental or oral health services during the measurement year.

By Geographic Region in Connecticut				
RUCA	**RUCA Description**	**D**	**N**	**%**
1	**Metropolitan area core:** primary flow within an urbanized area (UA)	342,045	76,303	22%
2	**Metropolitan area high commuting:** primary flow 30% or more to a UA	13,037	2,801	21%
3	**Metropolitan area low commuting:** primary flow 10% to 30% to a UA	1,471	309	21%
4	**Micropolitan area core:** primary flow within an Urban Cluster of 10,000 to 49,999 (large UC)	11,882	2,807	24%
5	**Micropolitan high commuting:** primary flow 30% or more to a large UC	81	22	27%
6	**Micropolitan low commuting:** primary flow 10% to 30% to a large UC	95	8	8%
7	**Rural areas:** primary flow to a tract outside a UA or UC	1,227	231	19%

By Age			
Age Group	**D**	**N**	**%**
Ages 1 to 2	33,708	6,891	20%
Ages 3 to 5	54,582	15,073	28%
Ages 6 to 7	38,592	10,594	27%
Ages 8 to 9	39,961	10,837	27%
Ages 10 to 11	40,037	10,472	26%
Ages 12 to 14	60,375	13,427	22%
Ages 15 to 18	78,308	13,006	17%
Ages 19 to 20	27,246	2,264	8%

Click here to view the CMS Core Measure for topical fluoride for children

By Race			
Race	**D**	**N**	**%**
Asian	10,116	2,419	24%
American Indian or Alaska Native	1,280	238	19%
Black or African American	60,112	10,724	18%
Missing or Not Reported	198,574	45,457	23%
Native Hawaiian or Other Pacific Islander	810	182	22%
Two or More Races	10,373	2,313	22%
White	91,180	21,231	23%

By Ethnicity			
Ethnicity	**D**	**N**	**%**
Hispanic or Latino(a)	82,058	18,006	22%
Not Hispanic or Latino(a)	287,458	63,869	22%

By Gender			
Gender	**D**	**N**	**%**
Female	184,125	41,286	22%
Male	188,672	41,275	22%

Appendix X. Barriers to Care and Satisfaction with CTDHP Services

From report section: *Member Experiences: 2025 Member Survey*

Count: Number of respondents that selected indicated response

Rate: Percentage of respondents that selected indicated response

Sample sizes for barriers only included respondents who did not access routine care in the past 12 months, this included **1,051 adults** and **152 responses** for members with children. **Respondents could select more than one barrier; percentages do not total 100%*

Personal & Circumstantial Barriers

Barrier	Members with Children		Adult Members	
	Count	Rate	Count	Rate
Afraid of or do not like dentists	100	66%	198	19%
Unable to take time away from work	114	75%	102	10%
Did not have childcare	20	13%	29	3%
Did not have transportation	86	57%	81	8%
Didn't think anything serious was wrong	32	21%	55	5%
Dealing with too many other things	41	27%	159	15%
Pregnant or expecting to be pregnant	0	0%	22	2%
Against religious or cultural beliefs	4	3%	3	0%
At-home dental care has been sufficient	48	32%	59	6%

Provider-Related Barriers

Barrier	Members with Children		Adult Members	
	Count	Rate	Count	Rate
Dental office is not open at convenient times	62	41%	36	3%
Dentists didn't speak the same language as me	13	9%	21	2%
Dentist not accessible	26	17%	52	5%
Could not find a dentist accepting new patients	124	82%	335	32%
Could not find a dentist with routine care appointments within 2 months	118	78%	181	17%
Could not find a dentist within a reasonable travel distance (20 miles or more)	73	48%	135	13%

Sample sizes included responses for only those who chose to answer these items. Response rate was calculated using overall sample size of 4,885 as the denominator. All percentages are reported using the valid N size for each question.

Satisfaction with CTDHP Member Tools and Services (members with children)

How often did...	Always		Usually		Sometimes		Never		Total
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
...you find needed information for your child's dental care?	129	33%	83	21%	135	34%	45	11%	**392**
...was the information you received help you find dental providers?	158	42%	88	23%	90	24%	41	11%	**377**
...CTDHP staff treat you with courtesy and respect?	224	60%	78	21%	47	47%	26	7%	**375**

Satisfaction with CTDHP Member Tools and Services (adult members)

How often did...	Always		Usually		Sometimes		Never		Total
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
...you find needed information for your child's dental care?	276	23%	287	24%	510	42%	147	12%	**1,220**
...was the information you received help you find dental providers?	398	33%	272	22%	314	26%	232	19%	**1,216**
...CTDHP staff treat you with courtesy and respect?	682	57%	257	21%	157	13%	109	9%	**1,205**

Appendix XI. Quality of Dental Care

From report section: *Service Quality: 2025 Member Survey*

Count: Number of respondents that selected indicated barrier

Rate: Percentage of respondents that selected indicated barrier

Sample sizes only included respondents who chose to answer related questions, this included **2,874 adults** and **1,134 responses** for members with children.

General Satisfaction with Dental Care for Members with Children

In the last 12 months, how often did your child's dental provider...	Always		Usually		Sometimes		Never	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
...or dental staff do everything to make you and your child as comfortable as possible?	779	69%	247	22%	88	8%	20	2%
...explain things in a way that was easy to understand?	783	69%	236	21%	87	8%	28	2%
...treat you and your child with courtesy and respect?	871	77%	184	16%	60	5%	19	2%
...listen carefully to you?	747	66%	264	23%	85	7%	38	3%
...spend enough time with you?	830	73%	213	19%	74	7%	17	1%

Total Count: 1,134

General Satisfaction with Dental Care for Adult Members

In the last 12 months, how often did your child's dental provider...	Always		Usually		Sometimes		Never	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
...or dental staff do everything to make you and your child as comfortable as possible?	1,683	59%	686	24%	400	14%	105	4%
...explain things in a way that was easy to understand?	1,690	59%	682	24%	377	13%	124	4%
...treat you and your child with courtesy and respect?	2,134	74%	472	16%	200	7%	68	2%
...listen carefully to you?	1,658	58%	706	25%	365	13%	142	5%
...spend enough time with you?	1,903	66%	591	21%	257	9%	123	4%

Total Count: 2,874