



Partnership for Children's Oral Health

A network to ensure that all children in Maine
can grow up free from preventable dental disease

Dental Care among Children with MaineCare and Commercial Dental Benefits

KEY TAKEAWAYS

1. Almost half of Maine children and youth under age 21 had either no dental coverage or had coverage for only part of the year.
2. About 3 out of 10 children with commercial dental benefits, and 4 out of 10 children with MaineCare, had no claims for preventive dental care in 2017.
3. Preventive dental care among Mainers with dental benefits peaks in elementary school aged children and declines through adolescence.
4. The differences between preventive dental care rates for publicly-insured and privately-insured children vary widely across Maine's counties.

Introduction

Too many children nationally and in Maine suffer from poor oral health. Dental disease is the most common chronic ailment in children even though it is preventable and treatable.¹ Preventive services such as fluoride varnish and dental sealants lie behind locked doors for which many children do not have the keys. Historically, dental and medical care are delivered and reimbursed through different systems. Furthermore, lack of insurance, fear, distance, and other barriers keep families away from routine dental care. Nationally, disparities in dental care have been well documented.^{2,3}

Dental disease can affect children's overall health, self-confidence, school readiness, and future employment success.⁴ Poor oral health in childhood contributes to serious and costly complications for health and economic stability later in life.

This data brief explores dental insurance coverage and dental claims rates from the Maine Health Data Organization's (MHDO) All-Payer Claims Database for children under age 21 who were covered by MaineCare or commercial dental insurance in 2017. MaineCare provides

comprehensive dental benefits for children under age 21, based on the federal Early and Periodic Screening, Diagnosis and Treatment requirements, and the American Academy of Pediatric Dentistry's periodicity schedule.⁵ Commercial insurers generally follow similar standards; however, covered procedures vary by insurance plan. (See Method Notes for a description of the dental insurance claims data and analysis parameters).

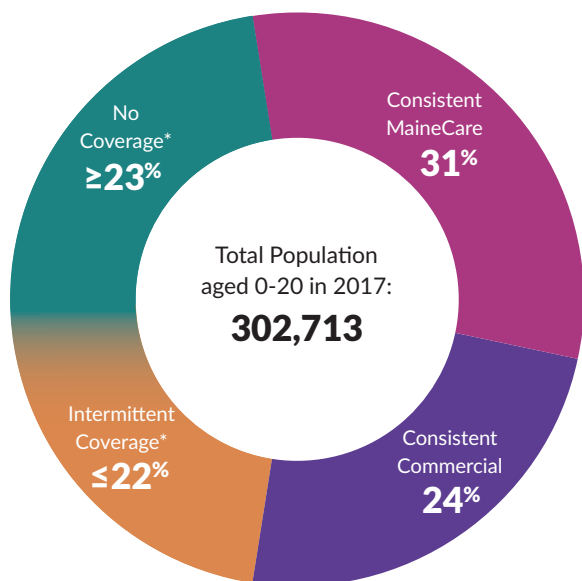
Author's Note

The purpose of this document is to help build a common understanding of the current status of children's oral health services, as well as the gaps in these services. Oral health is a complex issue and many partners are working hard to help children get the services they need. Our hope is that this data brief will inspire collective action toward the Partnership's shared mission: Transforming Maine into a state where we meet the oral health needs of all children and families, prioritize prevention, and address oral health as a key element of overall health and well-being.

Dental Coverage

To prevent dental disease routine access to dental care is necessary, which for many families is facilitated by having either public or commercial dental insurance coverage. As seen in **Figure 1**, approximately 31% of children under the age of 21 had MaineCare for at least 11 months in 2017, while 24% had a commercial dental plan. Additionally, approximately 22% had either MaineCare or a commercial dental plan for part of the year (less than 11-months). Approximately 23% of Maine children had neither MaineCare nor commercial dental benefits during 2017 (note: within this 23%, there may be a portion of children who had benefits with a small dental plan that is under the threshold for the requirement to submit claims data to MHDO).

Figure 1. Maine Children Under Age 21 by Type of Dental Coverage



Source: 2017 dental claims data from the Maine Health Data Organization's All-Payer Claims Database & Kids Count Data Center <https://datacenter.kidscount.org/data#ME/2/0/char/0>

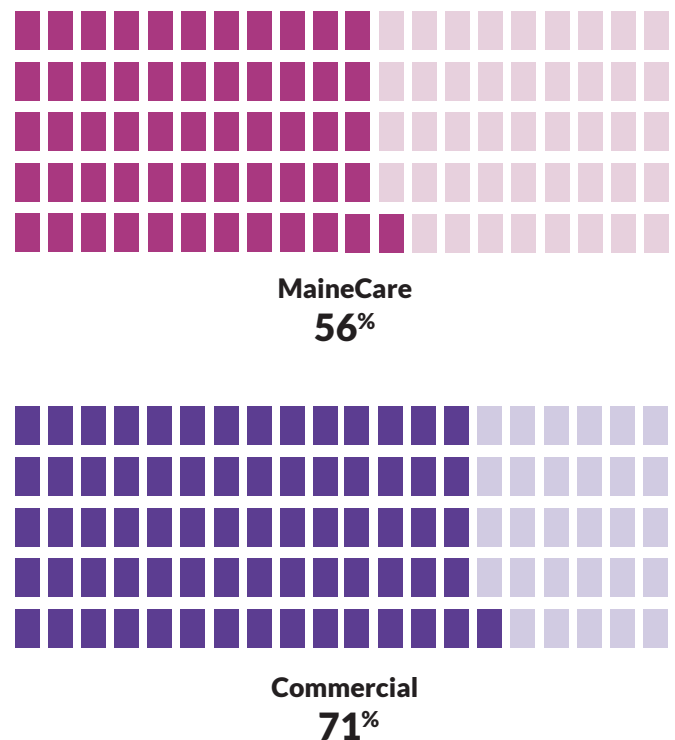
*Note: the data for "intermittent coverage" may be a duplicated count, as some children may have had MaineCare for part of the year and commercial insurance for part of the year. See Method Notes for a description of total population.

The analysis shown in figures 2-4 is limited to children continuously enrolled in a commercial dental plan or MaineCare for at least 11 months in 2017.

Preventive Dental Care

Utilization of preventive care for Maine children with dental benefits varied by insurance type. As seen in **Figure 2**, a higher percentage of children under age 21 with commercial dental benefits (71%) received preventive care in 2017 than children with MaineCare (56%).

Figure 2. Percentage of Insured Children Under Age 21 with At Least One Preventive Dental Claim in 2017



Source: 2017 dental claims data from the Maine Health Data Organization's All-Payer Claims Database

RESOURCES

Weblinks for more information about MaineCare dental benefits and other oral health data:

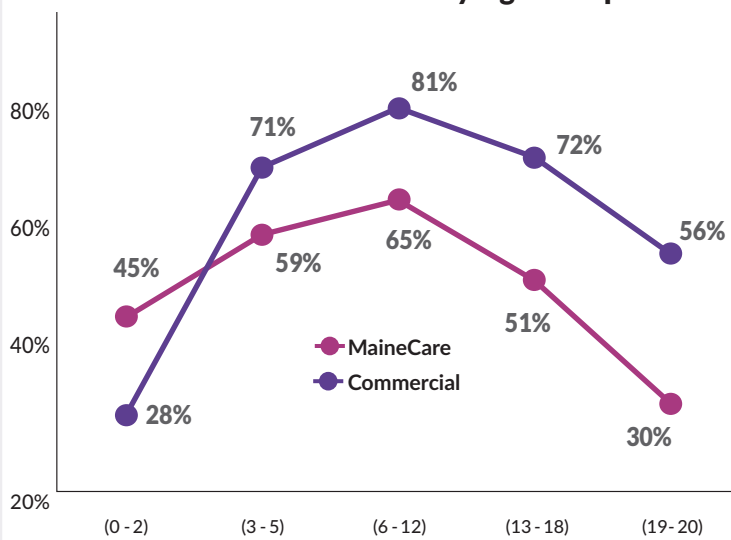
- Maine Health Data Organization All-Payer Claims Database: <https://mhdo.maine.gov/claims.htm>
- MaineCare Benefits Manual, Chapter II – Specific Policies by Service. Section 25: <https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s025.docx>
- MaineCare Benefits Manual, Chapter III – Allowances for Services. Section 25: <https://www.maine.gov/sos/cec/rules/10/144/ch101/c3s025.docx>
- MaineCare Children's Services – Early Periodic Screening, Diagnosis, and Treatment (EPSDT): <https://www.maine.gov/dhhs/oms/provider/children/index.html>
- Maine Integrated Youth Health Survey: <https://data.mainepublichealth.gov/miyhs/home>
- KidsCount Maine: <https://datacenter.kidscount.org/data#ME/2/0/char/0>
- Centers for Disease Control and Prevention Oral Health Data: <http://www.cdc.gov/oralhealthdata/>
- Association of State and Territorial Dental Directors: <https://www.astdd.org/data-collection-assessment-and-surveillance-committee/>
- American Dental Association Health Policy Institute: <https://www.ada.org/en/science-research/health-policy-institute>

Preventive Dental Care By Age

As seen in **Figure 3**, across most age groups, a higher percentage of children with commercial dental benefits received preventive care than children with MaineCare, the exception being children in the 0-2 age group. This difference may be a reflection of the fact that MaineCare reimburses for oral health screening by primary care providers, which is not generally a benefit covered by commercial dental plans.

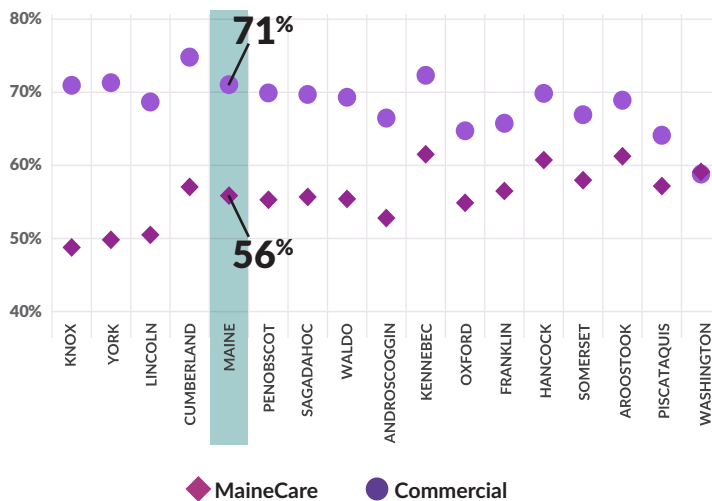
The age group with the highest percentage of children receiving preventive care for both MaineCare (65%) and commercial coverage (81%) was 6-12-year-olds. The 19-20-year-old age group demonstrated the largest disparity in preventive care use with 56% of 19-20-year-olds with commercial dental benefits receiving preventive care compared to 30% of those with MaineCare.

Figure 3. Percentage of Insured Children that Received Preventive Dental Care by Age Group



Source: 2017 dental claims data from the Maine Health Data Organization's All-Payer Claims Database

Figure 4. Disparities in Preventive Dental Care by County for Insured Children Under Age 21



Source: 2017 dental claims data from the Maine Health Data Organization's All-Payer Claims Database

Note: graph formatting attributable to the American Dental Association Health Policy Institute's *Dental care use among children: 2016*. https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPI_Dental_Care_Use_Children_2016.pdf

Preventive Dental Care By County

Preventive care use varied by county. As seen in **Figure 4**, in 2017 the largest difference in the percentage of MaineCare and commercially-insured residents under age 21 who received preventive care was in Knox and York counties. Washington and Piscataquis counties had the smallest difference based on insurance. Washington County was the only county where children with MaineCare had a higher percentage of preventive care use than children with commercial dental benefits. Cumberland County had the highest percentage of children with commercial insurance receiving preventive care, while Kennebec County had the highest percentage for children with MaineCare.

REFERENCES

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Method Notes

This data brief reports on 2017 dental claims data from the Maine Health Data Organization's (MHDO) All-Payer Claims Database. Data was obtained by the Partnership for Children's Oral Health and descriptive statistics were analyzed by the University of Southern Maine's Cutler Institute. The data represents most MaineCare dental claims from 2017; however, the commercial dental claims represent only insurers that have submitted data to the All-Payer Claims Database (MHDO estimates that the APCD represents about 85-90% of claims). This limitation should be considered when interpreting the results. Please refer to the MHDO website for more information (mhdo.maine.gov/tableau/data.cshtml).

Because children who gained coverage partway through the year may not have had a chance to access dental care right away, the data analysis quantifying the percentages of children receiving care includes only children who had either MaineCare or commercial dental coverage for 11 or more months during 2017 (i.e., those in the "consistent MaineCare" or "consistent Commercial" groups in Figure 1).

This analysis includes only services which were covered by MaineCare or commercial dental insurance plans. It does not include services which were paid for by families, medical insurance, the State of Maine School Oral Health Program, grant-funded programs, or charity care.

The denominator for the total population of children ages 0-20 for Figure 1 was derived from 2017 Kids Count data. Age ranges are defined as follows:

- 0-2: birth until the 3rd birthday
- 3-5: age 3 until the 6th birthday;
- 6-12: age 6 until the 13th birthday;
- 13-18: age 13 until the 19th birthday;
- 19-20: age 19 until the 21st birthday.

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The Partnership for Children's Oral Health Network (PCOH Network) is a network of organizations and individuals united by a common vision: ensuring that all Maine children can grow up free from preventable dental disease. Creating a Maine where no child experiences dental disease will demand bold solutions, collaborative action, and system changes on many levels. The goal of the PCOH Network is to catalyze collaboration and innovation in order to expand Maine's capacity to ensure that effective prevention, education, and treatment tools reach all children in Maine.



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