



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

2019 UPDATE AND 2016-2019 TRENDS IN DENTAL SERVICES

KEY HIGHLIGHTS

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 year-long commercial dental benefits, and 4 out of 10 children with year-long MaineCare, had no claims for preventive dental care in 2019.
3. Preventive dental care among Maine children with dental benefits peaks in elementary school aged children and declines through adolescence.
4. The disparity in preventive dental care rates between publicly-insured and privately-insured children increases with age and varies widely across Maine's counties.

Introduction

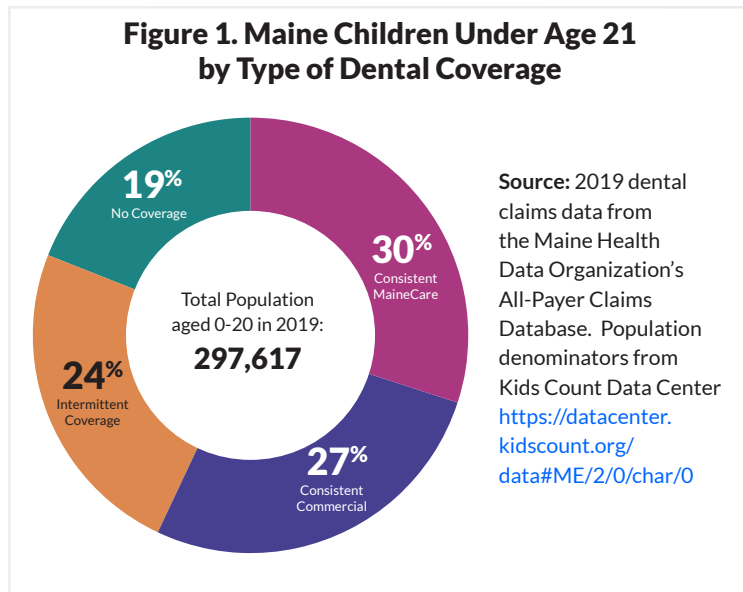
Too many children nationally and in Maine suffer from poor oral health. Dental disease is the most common chronic ailment in children even though it is preventable and treatable.¹ Preventive services such as fluoride varnish and dental sealants lie behind locked doors for which many children do not have 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 All-Payer Claims Database for children under age 21 who were covered by MaineCare or commercial dental insurance. 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).

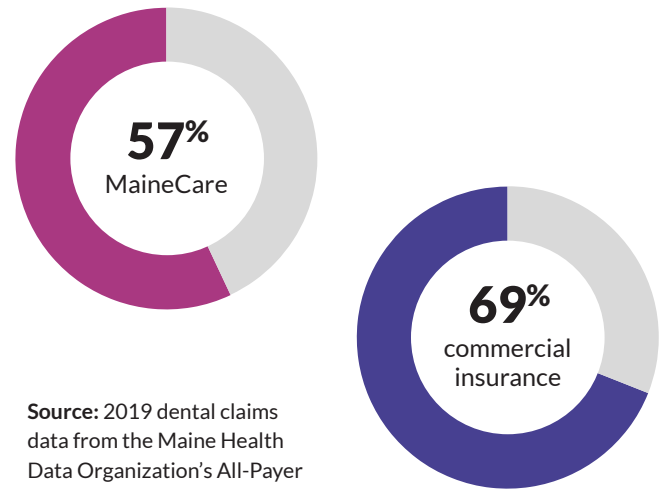
Dental Coverage

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 30% of children under the age of 21 had MaineCare for at least 11 months in 2019, while 27% were consistently enrolled in a commercial dental plan. Additionally, approximately 24% had either MaineCare or a commercial dental plan for part of the year (less than 11-months). Approximately 19% of Maine children had neither MaineCare nor commercial dental benefits during 2019 (note: within this 19%, there may be some children who had benefits with a small dental plan that is under the threshold for the requirement to submit claims data to MHDO).



The following analysis is limited to children continuously enrolled in a commercial dental plan or MaineCare for at least 11 months in 2019.

Figure 2. Percentage of Insured Children Under Age 21 with At Least One Preventive Dental Claim in 2019



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 (69%) received preventive care in 2019 than children with MaineCare (57%).

RESOURCES

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

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

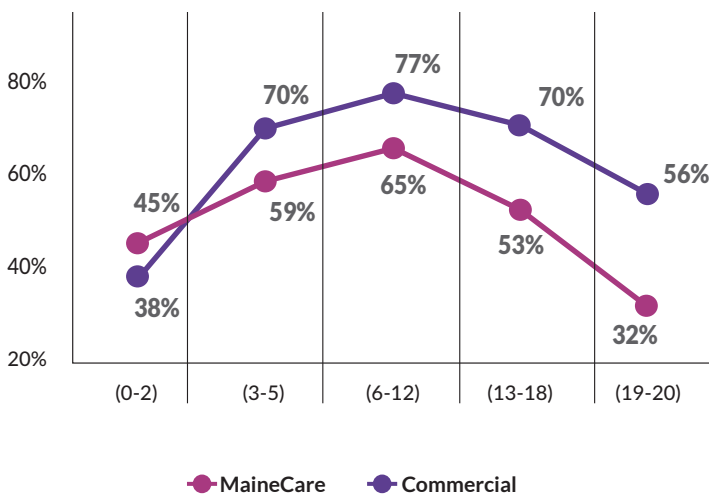
Age And Preventive Dental Care

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 screening and fluoride varnish by primary care providers, who are not usually contracted providers with commercial dental plans.

The age group with the highest percentage of children receiving preventive care for both MaineCare (65%) and commercial coverage (77%) 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 32% of those with MaineCare.

It is important to note that this data reflects only the services that are paid for by either MaineCare or commercial dental insurance plans. Some children receive screening and fluoride varnish through the state's School Oral Health Program, or donated care for which providers are not reimbursed. However, it is also important to note that receiving one preventive dental service is not necessarily an indicator of having consistent access to all routine recommended services. Thus, this data may reflect both an under-estimate and an over-estimate of the current reach of preventive oral health services.

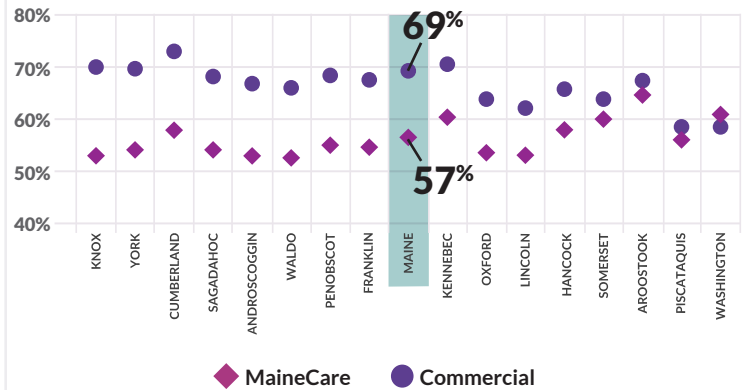
Figure 3. Percentage of Insured Children that Received Any Preventive Dental Care by Age Group



Source: 2019 dental claims data from the Maine Health Data Organization's All-Payer Claims Database

Preventive Dental Care By County

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



Source: 2019 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 care use varied by county. As seen in **Figure 4**, in 2019 the largest difference in the percentage of MaineCare and commercially-insured residents under age 21 who received any preventive care was in Knox and York counties. Washington and Piscataquis counties had the smallest difference in children's percent of preventive dental services use. Washington County was the only county where children with consistent 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 Aroostook County had the highest percentage for children with MaineCare.

Author's Note

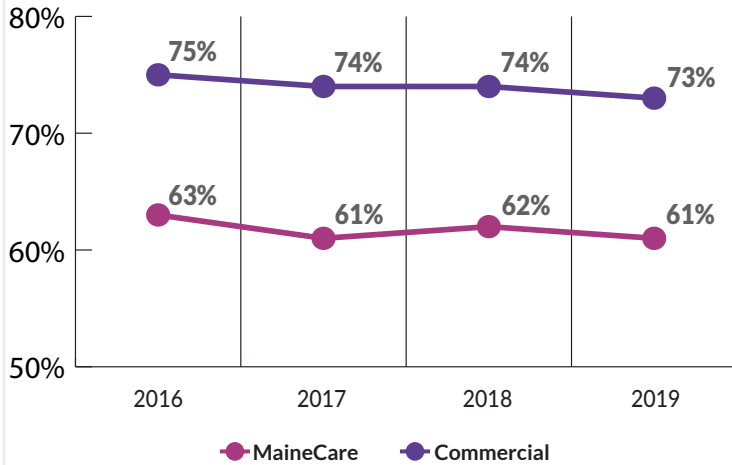
The purpose of this document is to help build a common understanding of the current status of children's oral health services, as well as the gaps in these services. Oral health is a complex issue and many partners are working hard to help children get the services they need. Our hope is that this data 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.

Utilization And Trends 2016-2019

The trends in dental claims have remained quite steady since 2016. This indicates that we are unlikely to see progress in these trends without more intentional effort to address 1) the disparities between children with MaineCare and children with commercial dental insurance and, 2) the age drop-off in care that we see for older children and young adults, especially 19- and 20-year-olds.

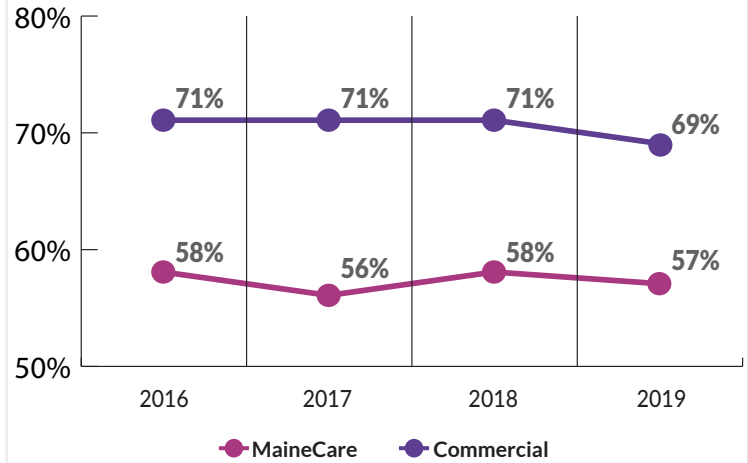
All graphs on this page represent rates among children who had either MaineCare or commercial dental insurance for at least 11 months of the year indicated.

Figure 5. Percentage of Children Under Age 21 with at Least one Dental Claim in 2016-2019



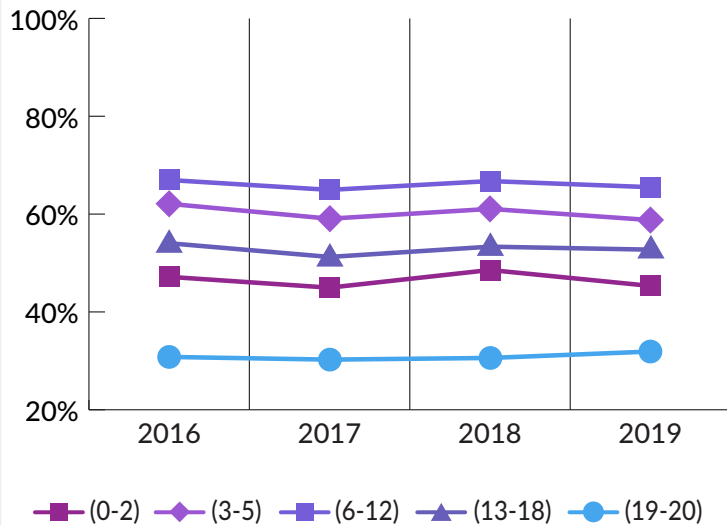
Source: 2016, 2017, 2018, and 2019 dental claims data from the Maine Health Data Organization's All-Payer Claims Database

Figure 6. Percentage of Children Under Age 21 with at Least one Preventive Dental Claim in 2016-2019



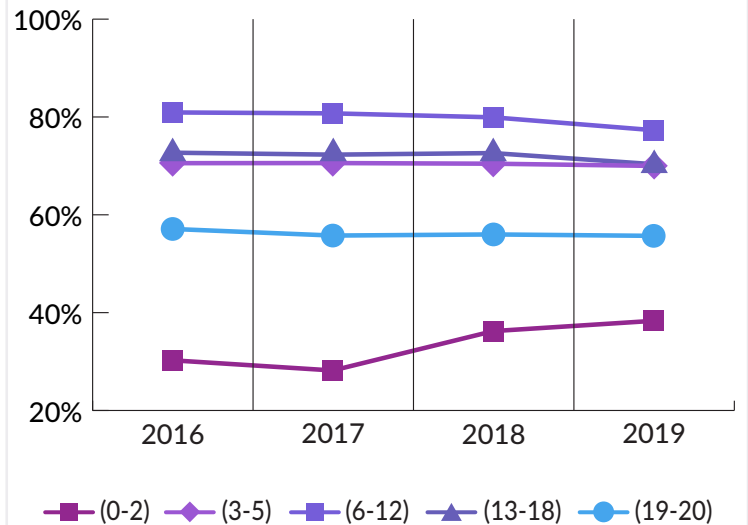
Source: 2016, 2017, 2018, and 2019 dental claims data from the Maine Health Data Organization's All-Payer Claims Database

Figure 7. Percentage of Children with MaineCare with at Least one Preventive Dental Claim by age group in 2016-2019



Source: 2016, 2017, 2018, and 2019 dental claims data from the Maine Health Data Organization's All-Payer Claims Database

Figure 8. Percentage of Children with Commercial Dental Insurance with at Least one Preventive Dental Claim by age group in 2016-2019



Source: 2016, 2017, 2018, and 2019 dental claims data from the Maine Health Data Organization's All-Payer Claims Database

Method Notes

This data brief reports on 2016-2019 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 dental claims paid by MaineCare in 2016-2019. Medical claims are also examined for children's services that are billed by medical providers including Federally Qualified Health Centers (FQHCs) and primary care providers application of fluoride varnish and oral health screenings. The commercial dental claims represent insurers who 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 2019 (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 2019 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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www.mainepeoh.org

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.