KEY HIGHLIGHTS
1. About 4 out of 10 Maine children and youth under age 21 had either no dental coverage at all in 2020 or had either MaineCare or commercial dental benefits for only part of the year.

2. Six out of 10 children who were consistently insured by MaineCare, and four out of 10 children who were consistently insured with commercial dental benefits, had zero preventive dental claims in 2020.


4. All age ranges, for both publicly-insured and privately-insured children, experienced a drop in preventive dental claims in 2020, with 6-12 year olds and 13-18 year olds seeing the biggest decrease.

Introduction
Dental disease is the most widespread, chronic, infectious disease in children. Dental disease is a combination of environmental, physiological, genetic, and behavioral factors and is largely preventable with early intervention and treatment. Unfortunately, little movement has been made in the last 30 years to reduce prevalence. 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.

Dental disease can result in pain, inflammation, infection, impaired speech, and nutritional deficits. Children with dental caries also experience more missed school days and lower academic performance when compared to their peers. Poor oral health in childhood contributes to serious and costly complications for health and economic stability later in life.

This annual 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. 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 and treat dental disease, routine access to dental care is necessary. For many families, access to dental care is facilitated by having either public or commercial dental insurance coverage. As seen in Figure 1, approximately 36% of children under the age of 21 had MaineCare for at least 11 months in 2020, while 25% were consistently enrolled in 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 17% of Maine children had neither MaineCare nor commercial dental benefits during 2020 (note: within this 17%, 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 2020.

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 (60%) received preventive care in 2020 than children with MaineCare (40%).

Figure 2. Percentage of Insured Children Under Age 21 with At Least One Preventive Dental Claim in 2020

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
- 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/
- CareQuest, the State of Oral Health Equity in America, 2021: www.carequest.org/state-oral-health-equity-america-2021
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 is among children in the 0-2 age group; this difference likely reflects 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 (46%) and commercial coverage (68%) was 6-12 year olds. The 19-20 year old age group demonstrated the largest disparity in preventive care use with 47% of 19-20 year olds with commercial dental benefits receiving preventive care compared to 20% 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 of Maine'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.

Preventive Dental Care By County

Preventive care use varied by county. As seen in Figure 4, in 2020 the largest difference in the percentage of MaineCare and commercially-insured residents under age 21 who received any preventive care was in Cumberland and York counties. Washington and Aroostook counties had the smallest difference between insurance categories in the proportion of children with any preventive dental claims. 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 our shared vision: Transforming Maine into a state where all children can grow up free from preventable dental disease.
Utilization And Trends 2016-2020

The trends in dental claims held steady from 2016-2019 with a precipitous drop off in 2020. These trends reveal the need for increased collaboration and coordinated effort to address: 1) the disparities between children with MaineCare and children with commercial dental insurance; 2) the age drop-off in care that we see for older children and young adults, especially 19- and 20-year-olds and; 3) the drop in accessing oral health services due to the COVID-19 pandemic.

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.

Figures 5, 6, 7, and 8 Source: 2016, 2017, 2018, 2019, and 2020 dental claims data from the Maine Health Data Organization’s All-Payer Claims Database
Method Notes

This data brief reports on 2016-2020 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 (now the Children’s Oral Health Network of Maine) and descriptive statistics were analyzed by the University of Southern Maine’s Cutler Institute.

The data represents dental claims paid by MaineCare in 2016-2020. Medical claims are also examined for children’s services that are billed by medical providers including Federally Qualified Health Centers (FQHCs) for primary care providers’ application of fluoride varnish and oral health assessments. 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.cshtm).

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 insured children, defined as those who had either MaineCare or commercial dental coverage for 11 or more months during 2020 (i.e. 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 2020 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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REFERENCES


The Children’s Oral Health Network of Maine unites hundreds of organizations and individuals statewide in a shared vision: ensuring that all children in Maine can grow up free from preventable dental disease. Creating a Maine where no child experiences dental disease demands bold solutions, collective action, and systems changes on many levels. The Network catalyzes collaboration and innovation in order to ensure that effective prevention, education, and treatment tools reach all children in Maine.