

# 2022 DENTAL CLAIMS DATA UPDATE 2016-2022 TRENDS

# Dental Services Among Children with MaineCare and Commercial Dental Benefits

### **KEY HIGHLIGHTS**

- 1. About 3 out of 10 children and youth in Maine under age 21 had either no dental coverage in 2022 or had MaineCare or commercial dental benefits for only part of the year. Over the period of 2016-2022, the number of children with consistent insurance has changed dramatically:
  - From 2016-2019, the number of MaineCare-enrolled children declined from about 93,000 to about 89,000 while the number of commercially-enrolled children increased from about 67,000 to about 79,000.
  - The pandemic changed this pattern; in 2020 there were over 101,000 children enrolled in MaineCare, which increased to almost 122,000 by 2022. The 2020 drop in commercially-insured children to about 70,000 has rebounded to almost 83,000 in 2022.
  - This means that in 2022, there were about 205,000 children with consistent dental coverage compared to about 160,000 in 2016, representing a 28% increase in the number of consistently-insured children.
- 2. Prevention utilization rates have remained steady or increased slightly since 2020, with rates for commercially-insured children recovering better than rates for children with MaineCare.
  - Due to the overall increase in the number of insured children, a flat rate trend in utilization represents more
    children accessing care. However, there are also more children who are not accessing care in spite of having
    insurance coverage.
- 3. Disparities based on insurance type vary across the state; counties with the highest rates of preventive care among privately-insured children tend to have the lowest rates among publicly-insured children.
- 4. Access to any preventive dental care peaks for children who are age 6-12 (73% for commercially-insured children and 49% for those with MaineCare), and drops precipitously for older youth. The group that experiences the lowest rate of preventive care is 19-20-year-olds with MaineCare, at 16%.

#### Introduction

Dental disease is the most widespread chronic disease in children with 40% of children ages 2-19 experiencing dental caries. A 2023 report released by the American Academy of Pediatrics states that although dental visits rates in the U.S. are increasing across all ages, race and geographic categories, significant

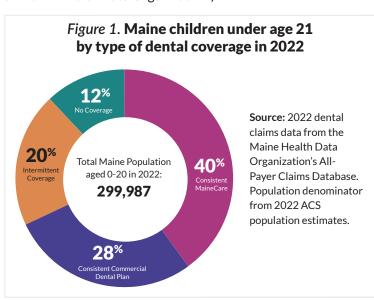
disparities still exist in children accessing dental care. Challenges that prevent families from accessing routine dental care include lack of insurance, provider shortages, fear, distance, poverty, lack of experience with the dental system, and language barriers. <sup>2</sup> Dental disease is driven by a combination of environmental,

physiological, genetic, and behavioral factors and is largely preventable with early intervention.<sup>3</sup> If left untreated, dental disease will progress and can cause 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.<sup>4</sup>

This annual data brief explores dental 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 from 2016 to 2022. MaineCare covers comprehensive dental benefits for children under age 21, based on 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, annual caps, and family copays/coinsurance costs vary by insurance plan (see Method Notes for a description of the dental insurance claims data and analysis parameters).

# **Dental Coverage**

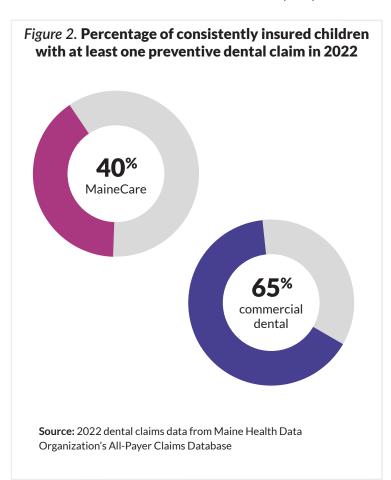
To prevent and treat dental disease, routine access to dental care is necessary. For many families, dental insurance helps increase access to dental care. As seen in **Figure 1**, approximately 40% (actually n=121,870) of children under the age of 21 had MaineCare for at least 11 months in 2022, while 28% (n=82,942) were consistently enrolled in a commercial dental plan. Additionally, approximately 20% had either MaineCare or a commercial dental plan for part of the year (less than 11 months). Approximately 12% of Maine children had neither MaineCare nor commercial dental benefits during 2022. (Note: within this no-coverage category 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 Maine Health Data Organization.)



### **Preventive Dental Services\***

\*Note: The following analysis is limited to children continuously enrolled in a commercial dental plan or MaineCare for at least 11 months in 2022.

Utilization of preventive services for Maine children with dental benefits varies by insurance type. As seen in **Figure 2**, a higher percentage of children under age 21 with consistent commercial dental benefits (65%) had at least one preventive dental claim in 2022 than children with consistent MaineCare (40%).



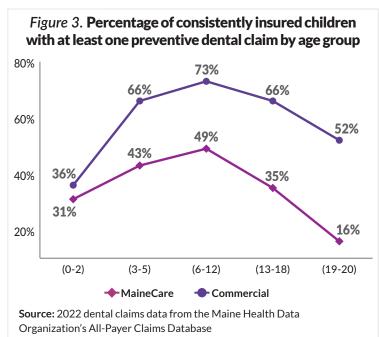
# **Author's Note**

The purpose of this document is to help build a common understanding of the 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.

# **Age and Preventive Dental Care**

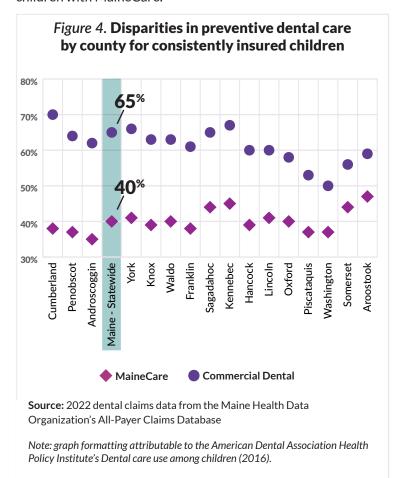
As seen in **Figure 3**, across all age groups, a higher percentage of children with commercial dental benefits had at least one preventive dental claim than children with MaineCare. The age group with the highest percentage of children with any preventive dental claims was 6-12-year-olds for both MaineCare (49%) and commercial coverage (73%). The 19-20-year-old age group demonstrated the largest disparity in preventive claims with a rate of 52% among 19-20-year-olds with consistent commercial dental benefits compared to 16% among those with consistent MaineCare.

It is important to note that this data reflects only 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. In addition, one preventive dental service within a year is not necessarily an indicator of having consistent access to a dental provider, nor does it mean a child received all recommended routine dental care services.



# **Preventive Dental Care by County**

Access to dental care varies across the state. As seen in Figure 4, in 2022 the largest difference between the percentage of MaineCare and commercially-insured residents under age 21 with at least one preventive dental claim was in Cumberland, Penobscot, and Androscoggin counties. Aroostook, Somerset, and Washington counties had the smallest disparities based on insurance. Cumberland county had the highest rate of children with commercial dental insurance receiving preventive care, while Aroostook and Kennebec counties had the highest rate for children with MaineCare.



**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: maine.gov/sos/cec/rules/10/144/ch101/c2s025.docx MaineCare Benefits Manual, Chapter III – Allowances for Services. Section 25: maine.gov/sos/cec/rules/10/144/ch101/c3s025.docx

MaineCare Children's Services – Early Periodic Screening, Diagnosis, and Treatment (EPSDT): maine.gov/dhhs/oms/mainecare-options/children#CoverageandServices

KidsCount Maine: datacenter.aecf.org/data?location=ME#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

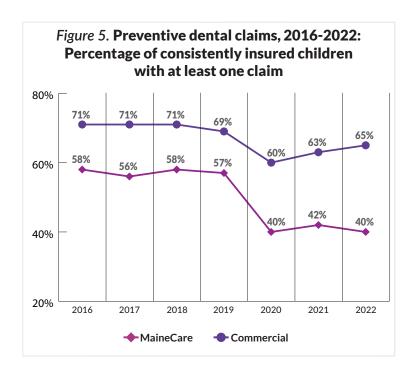
CareQuest, the State of Oral Health Equity in America, 2021: www.carequest.org/state-oral-health-equity-america-2021

National Institute for Cranial and Dental Research, Oral Health in America: Advances and Challenges, 2021 www.nidcr.nih.gov/oralhealthinamerica

## **Utilization And Trends 2016-2022**

The trends in dental claims held steady from 2016-2019 with a precipitous drop off in 2020. In 2022, as seen in **Figures 5 and 6**, there was a slight rebound in preventive dental or any dental claim utilization rates for children with commercial insurance. The rates for children with consistent MaineCare insurance slightly fell between 2021 and 2022. Claims data indicates that dental care utilization is still below pre-pandemic rates for both insurance types. These trends reveal the need for increased collaboration and coordinated efforts to address the disparities between children with MaineCare and children with commercial dental insurance and to accelerate the recovery of dental care utilization.

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.



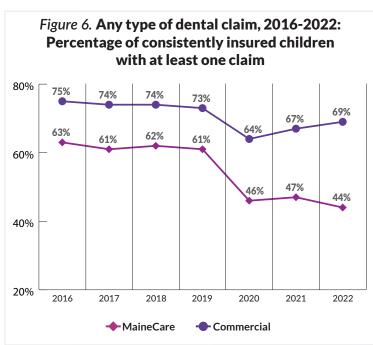
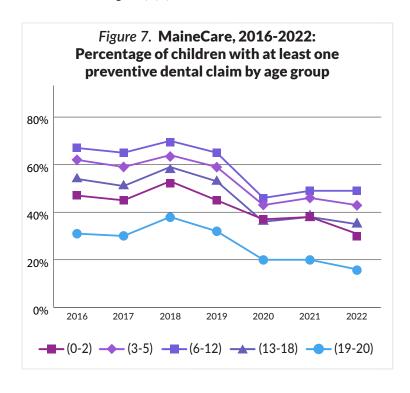
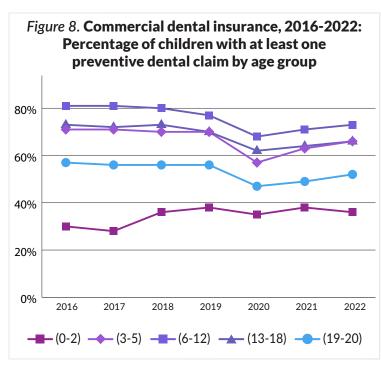


Figure 5, 6, 7, and 8 Source: 2016-2022 dental claims data from the Maine Health Data Organization's All-Payer Claims Database





### **Method Notes**

Data was obtained from the Maine Health Data Organization's All Payer Claims Database (APCD) per the data release requirements defined in 90-590 Chapter 120, *Release of Data to the Public*, to provide a snapshot of dental services being delivered in Maine in 2016 though 2022 by insurance type (MaineCare, Commercial), Age (0-21), and location (county).

The Maine Health Data Organization is a state agency that collects healthcare claims data from payors, including Medicaid, commercial insurance carriers, and dental benefit administrators, per the requirements in 90-590 Chapter 243, *Uniform Reporting System for Health Care Claims Data Sets.* Please refer to the MHDO website for more details regarding data restrictions and represented insurers.

Using CDT codes, descriptive statistics were analyzed using Excel by the University of Southern Maine's Cutler Institute. The APCD dental claims data were restricted from the total to only include individuals with MaineCare (2016: n=93,248, 2017: n=93,175, 2018: n=90,411, 2019: n=88,995, 2020: n=101,064, 2021: n=114,702, 2022: n=121,870), or commercial insurance (2016: n=67,239, 2017: n=72,581, 2018: n=76,687, 2019: n=78,902, 2020: n=70,146, 2021: n=82,841, 2022: n=82,942) dental coverage for 11 consecutive months. This was done to capture procedures that are associated with consistently covered individuals. Given that only consistently covered individuals were included, the results do not reflect all children with dental insurance that received services in 2016 through 2022.

This analysis includes only services which were covered by MaineCare or commercial dental insurance plans. It includes relevant dental procedures paid to medical providers and federally qualified health centers on medical claims. It does not include services which were paid for by families, medical insurance, the State of Maine School Oral Health Program, grantfunded programs, or donated care.

The denominator for the total population of children ages 0-20 for Figure 1 was derived from the U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates (Table DP05).

The descriptive statistics in these tables represent state percentages, county percentages, and percentages for various age ranges. Age ranges are defined by the following: under age 21 is defined as individuals up to age 20 years 364 days, 0-2: birth until age 2 and 364 days; 3-5: age 3 until age 5 and 364 days; 6-12: age 6 until age 12 and 364 days; 13-18: age 13 until age 18 and 364 days; 19-20: age 19 until age 20 and 364 days.

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- 3. Pitts, N. B., Twetman, S., Fisher, J., & Marsh, P. D. (2021). Understanding dental caries as a non-communicable disease. British Dental Journal, 231(12), 749–753
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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.