EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

Hawai'i Health Care Innovation Models Project
Oral Health Committee Meeting
August 14, 2015

Committee Members Present:
Dani Wong Tomiyasu, Co-Chair
Dan Fujii
Curtis Toma
Joan Takamori
Kathy Fay
Maureen Shannon
Lynn Fujimoto
Kathy Suzuki-Kitagawa
Alan Matsunami
Mary Brogan

Committee Members Excused:
Beth Giesting, Co-Chair
Brendon Friedman
Ellie Kelley-Miyashiro
Noelani Greene
Deb Mattheus

Staff Present:
Joy Soares
Trish La Chica
Abby Smith

Welcome and Introductions:
Co-Chair Wong Tomiyasu welcomed the group to the Oral Health Committee meeting and attendees introduced themselves.

Meeting Minutes
The committee approved the minutes from the previous meeting.

SIM Committee Updates
SIM team gave updates on all 5 other committees

Next Steps for Oral Health Committee
Do we go for a limited coverage or focus on specific populations?

- Soares discussed possible legislative strategies to restore coverage for Medicaid adults. One strategy includes restoring a limited benefit package for all adults rather than focusing on specific populations, and another strategy includes restoring coverage and making changes to the benefit design.
- Soares suggested that maybe the committee or member of committee speak with key legislators to better understand how to move forward.
- Another strategy is to restore coverage first, then work on access. If we don't have the coverage side, than it's a moot point to go to access.

Do we know what more expanded coverage would cost?

- A committee member said restoring adult benefits would cost about $5 million based on historical data. There seems to be more broad stakeholder support right now. A strategy that worked in the past is to cap coverage for all adults. A better approach this time might be to link coverage to medical conditions, individual cases, anecdotal stories.
- Another committee member suggested that if there was an unrestricted cap, it would be better to let the dentists decide what's best for the patient at that time. This, however, will increase the cost of the benefits.
- A committee member provided information on the about Iowa's a Dental Wellness Plan that is based on incentives. Fee structure is close to commercial fees. Dentist participation is very high. Iowa likes the program because beneficiaries have to receive preventive services in order to earn restorative services.

Co-chair Tomiyasu asked how much it would take to incentivize dentists to provide to Medicaid population?

- A committee member answered that we don't have a lot of information because we haven't had adult dental for a while.
- Some say it's not just the reimbursement rate but rather the high no show rates.
- Access issues are not as problematic for children. With kids, easier to see high volume and still make up cost. With adults, the procedures cost more so there is little margin.
- There are lots of misconceptions about paperwork and billing as well that may be a deterrent.

Strategies to decrease no shows?

- Providers at this time cannot charge for a no show fee. Maybe there needs to be some tangible consequence to deter patients from missing appointments. CCMC follows up with the chronic no shows. Some states do allow fees for no shows.
- A lot of CHC's double book to try to make up for no shows. Some of the health centers have outreach workers that talk to the patient, remind them of appointment, make sure they have a ride etc.
- Health centers have this kind of structure/support but smaller private practices are not set up like this. Maybe find a way to provide or reimburse for coordination for private centers and community health centers. Right now they don't get paid for case coordination.

Maybe there is a way to tie in those who have case managers in other systems.

- Medicaid patients have other needs as well. How do we get patients to diabetes treatment? Dental appointment? Prenatal visits? Have overall medical coordination.

- Community Dental Health Care program has been approved. Training can be online. Looking for sites that want to take this on.
- Could possibly incorporate this into other case management work rather than separate dental.
- May be an add-on to community health worker program. Will see if there is some synergy. Maybe create more pathways to nursing, dental hygiene, to make it more attractive.

Continuation of benefits discussion:

- We need to know cost per person to figure out rates.
- Oral health task force proposed 75-80% of commercial rates.
- Trying to get a sense of what package we can put together that will be attractive to dentists. HDS may put something together.

Coverage is insufficient without access. What are the options we might want to present to the legislature?

- It's a big ask to get restoration, either full or limited. Difficult because the legislature is saying money is the issue, so nothing will have changed since last time.
- Maybe first year we ask for coverage, the following year we enhance access.
- Might be worth also talking to key legislators to hear their perspectives.

Next Steps:

By next meeting (September 11):

- HPCA and Dan will talk to key legislators.
- Curtis will talk to Judy and get background information on the oral health budget and actuarial analysis that was completed last year.
- Mary will look into DD population/general funds and talk to David Fray; she'll follow-up with Curtis as well.
- Kathy Fay will provide information on how Medicaid rates compare with commercial rates. She will also look more into the Iowa incentive model.
- SIM staff will connect Lynn with Patricia O'Hagan and community health worker program.
- SIM staff will review the current data request and determine if we need to send the data request to Med-QUEST.

Next Meeting

The next Oral Health Committee meeting will be on September 11th at 8:30am at DOH (3rd floor).

Adjournment

The meeting was adjourned at 10:03 am.