



**EXECUTIVE CHAMBERS**  
HONOLULU

**DAVID Y. IGE**  
GOVERNOR

**Hawai'i Health Care Innovation Models Project**  
**Oral Health Committee Meeting**  
**July 10 2015**

Committee Members Present:

Dani Wong Tomiyasu, Co-chair  
Beth Giesting, Co-chair  
Alan Matsunami  
Noelani Greene  
Mary Brogan  
Kathy Suzuki-Kitagawa  
Deb Mattheus  
Kathy Fay  
Dan Fujii  
Curtis Toma

Guests:

Sherry Saneishi-Kim

Committee Members Excused:

Brendon Friedman  
Lynn Fujimoto  
Ellie Kelley-Miyashiro  
Joan Takamori

Staff Present:

Joy Soares  
Trish La Chica  
Abby Smith  
Nora Wiseman

Welcome and Introductions

Co-chair Dani welcomed the group and led introductions

Review of minutes

Co-chair Giesting asked committee if there were any disagreements with the minutes from the previous meeting. None were stated.

June Committee Updates

Policy analysts discussed current status and next steps of the other 5 committees

Coverage for Medicaid Adults

- Different coverage strategies were discussed and examples from other states shared

**Hawai'i Health Care Innovation Models Project**  
**Oral Health Committee Meeting**  
**July 10, 2015**

- Iowa was stated as a good example for coverage as they use incentives for patients to increase utilization of preventive services. This would get beneficiaries to buy in to oral health
  - Co-Chair Tomiyasu asked if there was any preliminary data for Iowa
  - Response was that utilization has gone up. Kathy Fay will send any data
- Need for strong support from Governor, legislature, and other entities was discussed in order to help push legislation through. Iowa also has a dental school, which makes their circumstances different than Hawai'i. They may have also had some other funding.
- Co-Chair Giesting commented that under the ACA, states who take Medicaid expansion have rates that are higher. Therefore if you add dental, the federal government is picking up the majority of the cost
  - State still pays for those not in expansion population
  - Hawai'i's Medicaid population is about 330,000, 30 thousand of which are not in expansion group
- A committee member expressed that the single most important factor is reimbursement for dentist to participate with Medicaid patients. No dentists came on board because of differential.

Co-Chair Tomiyasu asked about capacity issues

- Lacking in specialists on neighbor islands. Would need to beef up capacity if we expand coverage.

Are there other drawbacks to seeing Medicaid patients?

- No show is the cardinal sin. Lots of lost revenue if the chair is empty for an hour
- Billing issues are a thing of the past. It's simple for providers now
- Fee from Medicaid is sometimes not enough so providers would actually be treating patients at a loss. Compensation structure needs to be different.

Legislation Issues:

- Primary issues with legislature is they don't have the money to spend on oral health. Some legislators have supported oral health for years, but they don't have the money and it would have to be cut from somewhere else to restore adult benefits.

Is 1<sup>st</sup> choice is to cover all adults, or other option?

- Go with minimum
- Show data
- Show spike in ER visits when coverage was cut
- Once we have minimum, we can increase from there
- It always comes down to money
- Need to collect data
- Start with something basic
  - Group or diagnostic services
  - Preventive services
  - FQHC's are taking a loss at this point

Co-Chair Tomiyasu: If we expand diagnostics, there will be more treatment needs, who will pay for that?

**Hawai'i Health Care Innovation Models Project**  
**Oral Health Committee Meeting**  
**July 10, 2015**

- With surveillance, we can show demand and unmet needs if diagnostics are done. Not an ideal plan but can hope Medicaid users at least have a means to come into system. In the future, medical and dental will hopefully merge.
- For pregnant women, there is a disparity between those on Quest and those not on Quest. They will need restorative services and costs will be high. Many have not received preventive care, and many dentists don't want to see pregnant women.

Data issues:

- Very little data on adults to show what cost would be for ABD, pregnant women, etc.
- We can maybe do analysis on other states. Without ROI and data it's hard.
- We don't have data to refute that every person who wants dental can get it at this point

Discussion of populations:

- DD is already covered by general funds. May be able to negotiate with legislature and use match for a high priority population. We can use our technical assistance for questions we have on ROI.
- There is also a link between diabetes and gum disease.
- There was a suggestion to focus on medical first and how to do comprehensive care. This might be a stronger argument.

Lawsuit in California:

- Kathy Suzuki-Kitagawa presented on the lawsuit in California
- Community Health Centers sued the state and won
- Adult dental was restored

Continued discussion of populations:

- There are still going to be access issues if we restore coverage
- Not meeting the needs to the full DD population currently
- Maybe ABD and HCBS?
  - Would need to talk about compensation
  - Foot in the door approach makes sense
  - Would need to present as a package with education and training as well
- Does it make sense to start with pregnant women?
  - Continuation from mother to child- increase utilization for children
  - Should be low cost
  - Can estimate how much to budget for
  - Easy to flag them in the system
  - Can start education/outreach at WIC and begin referral process. Can follow up when they come back to check if they were seen in if there were any barriers to care.
  - Care start looking to develop care coordination
  - Dentists will also be educated during process to alleviate concerns
- DD/HCBS

**Hawai'i Health Care Innovation Models Project  
Oral Health Committee Meeting  
July 10, 2015**

- Can draw down federal funds
- Easy population to flag in Medicaid in addition to pregnant women
  - wouldn't need money from legislature to administer program
- CCMC may be able to help with care coordination for pregnant women
- Enhanced reimbursement?
- HCI office will put together background data from other states as to why they chose pregnant women/rationale

Next steps:

- Focus will be on pregnant women
- Curtis and Dan will look at cost and what services are medically necessary
- Deb will share her resources regarding oral health and pregnancy
- We will talk about school-based services at next meeting

**Next meeting will be Friday, August 14 at 8:30 am at DOH**

Meeting adjourned at 9:50 am.

Hawai'i Health Care Innovation Models Project  
Oral Health Committee Meeting  
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