

AGENDA

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Telephone: 1-669-254-5252

Webinar ID: 160 404 9248

- I. **Welcome and rollcall** – Teresa Huggins, Chairman (5 mins)
- II. **Approval of May 14th, 2024 Minutes**- Teresa Huggins, Chairman (5 mins)
- III. **Managed Care Update** – Sandra Puebla, Deputy State Medicaid Director (20 mins)
- IV. **EQRO Update** – Elizabeth Nech, KFMC (10 mins)
- V. **QAC Subcommittee on Data & Operational Metrics Update/Discussion** – Sarah VanAlstine, OTR/L, LLC. (20 mins)
- VI. **QAC Subcommittee on Performance Improvement Projects Update/Discussion** – Monica Basu, Sub Committee Chair, PIPs (20 mins)
- VII. **QAC Subcommittee on Primary Care Spend Update/Discussion** - Mark Woodring, Sub Committee Chair, Primary Care Spend (20 mins)
- VIII. **New Business** – Teresa Huggins, Chairman (10 mins)
- IX. **Upcoming Meetings**: Teresa Huggins, Chairman (5 mins)
 - September 10, 2024
 - November 12, 2024
- X. **Adjourn**- Teresa Huggins, Chairman (5 mins)

Oklahoma Health Care Authority
Quality Advisory Committee
MINUTES of the May 14, 2024, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

I. Welcome, Roll Call, and Public Comment Instructions:

Ms. Monica Basu called the meeting to order at 1:13 PM.

Delegates present were: Ms. Barbara O'Brien, Ms. Kristi Sager, Mr. Saquib Sheikh, Mr. Tony Willis, Ms. Monica Basu, Ms. J'Dene Rogers, Mark Woodring, Ms. Sarah Van Alstine, Mr. Lance Walker, Todd Clapp, Ms. Sharon Smallwood, Mr. Rich Rasmussen and Mr. Jason Lepak.

Alternates present were: Ms. Janice Hixon, Ms. Beth Holderred, and Ms. Emily Coppack providing a quorum.

Delegates absent without an alternate were: Ms. Sandra Gilliland, Mr. Josh Cantwell, Ms. Tersea Huggins, and Ms. Patricia Daily.

II. Approval of the March 12th, 2024 Minutes

Medical Advisory Committee

The motion to approve the minutes was by Mr. Tony Willis Felty by Ms. Barbara O'Brien and passed unanimously.

III. Interim Study on Primary Care Workforce:

Kari Webber, Oklahoma Academy of Family Physicians

Ms. Webber informed the committee that Oklahoma is facing a current and compounding shortage in primary care physicians and clinicians. The impacts of the primary care shortage in Oklahoma are more acute in rural and other underserved communities. The total population in Oklahoma is 4 million. 16.5% of the population is less than 65 years of age. 15.7% live at or below the FPL, 33% live in rural community, 16% are uninsured and 1.5 million live in a designated primary care health professional shortage area. Oklahoma has a primary care physician for every 2,730 people. 28 of the 77 counties has a primary care physician ratio of 1 per 3,000 people.

Ms. Webber also discussed the medical education and training such as 3 degree granting medical schools with 50% of graduate staying in Oklahoma. She also discussed the inflow/outflow of Oklahoma physicians by state compared to Oklahoma. A few policy recommendations such as developing more primary care residency programs with focus on community-based training sites. Focus on regional GME opportunities, incentive rotations, and clinical experiences in primary care, and lastly create state sponsored loan programs with favorable financing for MS1 students that commit to primary care/family medicine.

IV. Managed Care Update:

Michele Stafford, Director of SoonerSelect Operations

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Ms. Sandra Puebla presented on behalf of Michele Stafford. For the dental program there were approximately 587,000 members enrolled within SoonerSelect. We expect an increase in enrollment of 37% by June 2024. Approximately 96% of claims have been paid by the dental CEs within 14 days. 4% of clean claims were processed and paid within 30 days, meeting their timely requirements. In April the CEs received 8,300 PA requests, with only 20% being denied or reprocessed. A few issues that arose during implementation, and since has been resolved. Some of the common issues identified were claim processing errors, PA's, and some call-center metrics. We asked that our CEs reprocess any denied claims due to coding issues while we work through them, so there is no lag in payments.

As for the medical and children specialty program the majority of PA's have been approved within contractually required timeframes as well. Our provider network continues to grow, which we expect to grow in 6-8 months. 60 days into our go-live date, and we are receiving a plethora of data. We have received over 1,000 reports that we monitor and receive. There were a few issues with the provider portal, which we are working with the CEs to ensure its just one portal. Claims and EFT were another issue that arose, and we are working through.

V. External Quality Review Organization Update/Compliance Review Activity Presentation:
Elizabeth Nech, KFMC Health Improvement Partners

Ms. Nech presented an EQR update regarding the review of compliance with Medicaid and CHIP managed care regulations. She informed the committee that the EQR activity is conducted to ensure CE policies, procedures, and practices comply with the federal regulations required of those delivering services within Medicaid managed care. A full review is required every 3 years and may be completed over the course of the three years. For SoonerSelect, regulatory review is split across years 1, 2 and 3. For year 1 she discussed the disenrollment requirement and limitations, as well as the enrollee rights requirements. Emergency and post-stabilization services, coverage, and authorization of services, and finally, provider selection documentation review.

Year 2 includes coordination and continuity of care, grievance, and appeal system such as timely and adequate notice of adverse benefit determination, expedited resolution of appeals, along with information to providers and contractors. Year 3 contains availability of services, adequate capacity and services, provider credentialing/recredentialing, with confidentiality, and quality assessment and performance improvement.

VI. Structure and functions of the QAC Sub-Committees:
Traylor Rains, State Medicaid Director

Mr. Rains stated that everyone should have received an email from him regarding our new subcommittees. They are broken up into 3 groups. One being performance improvement projects, the second being primary care spend, and lastly, data & CE operational metrics. There will be an opportunity to select a chairperson/co-chair, who will then report out to his committee of all the decisions and dialogue that happened. Subcommittees will meet during the months that we do not have the large QAC meeting scheduled.

VII. Recommendations for Primary Care Spend:

Health Plan CMO's

Ms. Syeachia Dennis, Ms. Lynn Mitchell, and Ms. Sarah-Anne Schumann discussed the primary care framework. Primary care is the provision of integrated, equitable, and accessible health care service by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Integrated care encompasses the provision of comprehensive, coordinated, and continuous services that provide a seamless process of care. A few types of primary care providers are a broad consensus such as family medicine, general internal medicine, general practices, adolescent medicine, and OB-GYN. Other providers for consideration are community health workers, specialists who act as a PCP, chiropractors, and naturopaths. A few claims based services considerations comprise of locations plus provider type matter, remote patient monitoring, and E-consults. Capitation payment and provider salaries, risk-based payments, payments to patient-centered primary care homes, and payments for workforce expenditures are the innovation non-claims-based spending. Proposal for the next steps is recommended workgroups to include members of the OHCA Quality Advisory Committee, OHCA leadership, MCE leadership, and representatives of state primary care associations.

VIII. Dental Plans' performance Improvement Projects (PIPs):

Folake Adedeji, Chief Quality Officer

Ms. Adedeji presented the dental plans performance improvement projects (PIPs) summary to the committee. All managed care plans are required by the Oklahoma Health Care Authority to implement performance improvement projects commonly referred to as PIPs for the SoonerSelect program. The dental plans must implement two PIPs, a clinical and non-clinical PIP. Increase utilization of sealant receipt on permanent 1st molars by age 10 and improving access to rural areas were proposed by DentaQuest. Increasing preventive services for children and improving access through appointment scheduling and transportation assistance were proposed by Liberty Dental.

VIII. New Business:

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Chairman, Teresa Huggins

No new business was addressed.

IX. Upcoming Meeting Dates for Calendar 2024:

Chairman, Teresa Huggins

July 9, 2024

September 10, 2024

November 12, 2024

X. Adjourn:

Chairman, Teresa Huggins

DRAFT