

AGENDA

Please access via zoom:

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Telephone: 1-669-254-5252

Webinar ID: 161 381 7059

- I. Welcome and rollcall – Teresa Huggins, Chairman
- II. Approval of November 14th, 2023 Minutes- Teresa Huggins, Chairman
- III. Interim Study on Primary Care Workforce – Kari Webber, Oklahoma Academy of Family Physicians
- IV. Provider Incentive Payment – Traylor Rains, State Medicaid Director
- V. EQRO Overview – Beth Nech, KFMC
- VI. Primary Care Spend Discussion – Sarah Walker, Clinical Outcomes Manager
- VII. New Business – Teresa Huggins, Chairman
- VIII. Upcoming Meetings: Teresa Huggins, Chairman
 - March 12, 2024
 - May 12, 2024
 - July 9, 2024
 - September 10, 2024
 - November 12, 2024
- IX. Adjourn- Teresa Huggins, Chairman

Oklahoma Health Care Authority
Quality Advisory Committee
MINUTES of the November 14, 2023, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

I. Welcome and Overview of Committee

Traylor Rains, State Medicaid Director

Mr. Rains gave an update regarding SoonerSelect implementation, stating that OHCA is about to send CMS our readiness reviews for part our dental plans. They have cleared the extensive policy and procedure reviews, and on-site reviews with no corrective action plan. Member letters will be going out November 20th to inform members about open enrollment which will begin December 1st – January 10th. After then we will do an auto-assignment algorithm into the dental plan so that we can go live February 1st. On the medical side we are about cleared of the policy and procedures and wrapping-up the on-site reviews in December.

II. Approval of September 12, 2023 minutes-

Quality Advisory Committee

The motion to approve the minutes was by Dr. Sandra Gilliland and seconded by Dr. Jason Lepak and passed unanimously with one abstaining vote.

III. Contracted Entity CAHPS Survey Vendor Recommendation from OHCA

Chris Radley, Chief Quality Office

Mr. Radley stated that in legislation, as part of the managed care implementation, this committee, amongst others, would be the official approving body for a vendor. A single vendor that the managed care entities would use to administer their CAP survey. This survey requires all the health plans to perform annually that assess satisfaction with other providers. There's a list on NCQA's website of the certified CAP vendors because they all use the exact same analogy when administering the survey. Its statistically, methodology valid comparable from one plan to another. However, that list is dwindling down because of all the consolidation across the industry. OHCA's recommendation is to use the same vendor that health plans all currently use, which is SPH Analytics.

Mr. Rains called for a motion to approve OHCA's recommendation was approved by Mr. Josh Cantwell and seconded by Ms. Barabra O'Brien and passed unanimously.

IV. SHOPP Supplemental Payment for Community Providers –

Aaron Morris, Chief Financial Officer

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Mr. Morris talked stated that we are on our last blueprint, with this being a new program we spent a little more time in the design. There are 3 main focus areas in the payment increase one, being after hours care, ESPERT, and wellness visits. They will be incentivized with an actual dollar amount increase to the base. We are still in the works of finalizing but think this will be substantial, and enough to incentivize participation.

V. Review Percentage of Primary Care Spend Preliminary Methodology and Calculations

Sarah Walker, Clinical Outcomes Manager

Ms. Walker discussed primary care outcomes, giving two scenarios into how primary care is calculated such as procedure requirements, rendering provider requirements, and billing provider requirements. Ms. Walker also discussed the primary care taxonomies, as well as partial credit for primary care. The primary care spent in 2020 was \$168,025,908.21, in 2022 the total was \$257,760,430.04, and for the partial year of 2023 \$200,740,676.31. Ms. Walker briefly talked about a few things to consider as well such as, if there are any additional taxonomies that are primary care that should be included? Are there any procedure codes that are primary care that should be included, and lastly, are there any taxonomies or procedure codes currently included that should be removed?

VI. Election of Chairman and Vice-Chairman

Traylor Rains, State Medicaid Director

Ms. Teresa Huggins was nominated for chairman by Ms. Patrice Greenwalt and seconded by Mr. Josh Cantwell passed unanimously. Mr. Josh Cantwell was nominated for Vice-Chairman by Ms. Teresa Huggins and seconded by Ms. Barbara O'Brien and passed unanimously.

VII. Upcoming 2024 Meetings

Traylor Rains, State Medicaid Director

January 9, 2024

March 12, 2024

May 14, 2024

July 9, 2024

September 10, 2024

November 12, 2024

VIII. Adjourn:

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Traylor Rains, State Medicaid Director

Director Rains asked for a motion to adjourn. Motion was provided by Ms. Patrice Greenwalt and seconded by Ms. J'Dene Rogers there was no dissent and the meeting adjourned at 3:01pm.

DRAFT

EQRO Overview

SoonerSelect Quality Advisory Committee

January 9, 2024

KFMC Overview

- KFMC, non-profit founded in 1972
- CMS Certified QIO, and QIO-Like Entity (Quality Improvement Organization), since program inception in 1977
- Federally designated External Quality Review Organization (EQRO), since 1995
- URAC Independent Review Organization (IRO) Accreditation, since 2015
- CMS Designated Network of Quality Improvement and Innovation Contractor (NQIIC), since 2019
- Successful completion of SOC 2 Type 2 examination



KFMC Overview

- Currently work in 14 states
- Services include:
 - Quality and Performance Improvement
 - Practice Transformation
 - Health Services and Clinic Care Review
 - Advisory and Consulting
- Host of the annual Kansas Health Equity Summit



Expertise and Experience

- Across numerous states, KFMC works with physician practices, hospitals, nursing homes, and state agencies on how to achieve higher levels of performance and deliver better health outcomes for patients.
- KFMC equips health organizations of all types with insights and proven approaches in areas that matter most to each organization.
- Our areas of expertise include
 - Clinical improvement,
 - Health information technology utilization,
 - Performance measurement,
 - Data collection, analysis, and validation,
 - Population health management, and
 - Community engagement.



In Oklahoma

- Quality Strategy
 - SoonerCare Comprehensive Quality Strategy (2022)
 - Oklahoma SoonerSelect Quality Strategy (2023)
- Consumer Perception Surveys
 - Health Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 - Dental CAHPS
 - Experience of Care and Health Outcomes (ECHO)
- QIO
 - Utilization Review
 - DRG Validation
 - Quality Review
 - Claims Review



External Quality Review (EQR) Overview

From Medicaid.gov*:

- *“An External Quality Review (EQR) is the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that a managed care plan, or its contractors, furnish to Medicaid beneficiaries.”*
- *“EQR-related activities are intended to:*
 - 1. Improve states’ ability to oversee and manage the managed care plans they contract with for services.*
 - 2. Help managed care plans improve their performance with respect to quality, timeliness, and access to care.”*



[*https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html#:~:text=An%20External%20Quality%20Review%20\(EQR,contractors%2C%20furnish%20to%20Medicaid%20beneficiaries.](https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html#:~:text=An%20External%20Quality%20Review%20(EQR,contractors%2C%20furnish%20to%20Medicaid%20beneficiaries.)

EQRO Team

- Alex Fulk, MA; Health Quality Data Analyst
- Angie Heiniger; Project Coordinator
- Beckie Archer; HIT Security Consultant/Programmer
- Beth Nech, MA; EQRO Senior Manager
- Dana Brito, AA; Project Specialist
- David Athey, B.Eng.; Data Engineer
- Dr. Ghazala Perveen, MBBS, PhD, MPH; Epidemiologist Consultant
- Dr. John McNamee, PhD, MA; Senior Health Data Analyst
- Kasey Sorell, MBA, BSN, RN; EQRO Project Lead
- Lynne Valdivia, MSW, BSN, RN, CCEP; EQRO Director
- Samantha Ferencik, ABD, MA; Quality Research Project Lead
- Tammy Elliott, BSN, RN, CPHQ; Client Services Manager
- Tisha Carlson, BS; Quality Review Project Lead
- Tracy Atkins, LMSW; EQRO Project Lead



KFMC's Role as EQRO

- External and independent review
- Follow CMS EQR Protocols
- Identify opportunities for improvement and provide recommendations
- Track progress regarding recommendations
- Technical assistance



Mandatory EQR Activities

- **Review of Compliance with Medicaid and CHIP Managed Care Regulations (Compliance Review)**
- Performance Measure Validation
 - **Information Systems Capabilities Assessment (ISCA)**
- **Performance Improvement Project (PIP) Validation**
- Network Adequacy Validation
- Annual Technical Report

Additional EQR Activities

- Encounter Data Validation
- Survey Validation
- Survey Implementation
- Performance Measures
- Quality Assessment and Performance Improvement (QAPI) Review
- EPSDT Compliance
- Quality Strategy

Processes, Timelines, and Communication

Deliverable Processes and Timelines

- Kick-Off Meetings
- EQR annual report timing
- KFMC will request
 - Documents
 - Data
 - Progress made on prior recommendations
- Findings include opportunities for improvement and recommendations
- KFMC will provide timelines for CE deliverables

Communication

- Contacts by deliverable list
- KFMC project contacts
- Project-specific meetings
- Contract meetings with KFMC/State/CEs
- Ad hoc technical assistance



CE Training

- KFMC uses templates adapted from the CMS Protocols and KFMC-developed guidance documents
- KFMC training meetings with the CEs for each activity
 - All CE EQRO Overview (1/3/24)
 - All CE PIP Overview (1/18/24)
 - Individual CE PIP Meetings (January-February)
 - Technical assistance for PIP methodologies
 - Ongoing touch points during methodology development
 - Compliance Review Overview (2/8/24 Dental, 4/16/24 Medical/CSP)
 - ISCA Overview (3/19/24 Dental, 4/18/24 Medical/CSP)
 - Network Adequacy touch points (TBD)
- Regular EQRO/State/CE contract meetings (TBD)



Questions?



Better health outcomes for everyone.