Oklahoma Health Care Authority
Quality Advisory Committee
September 9, 2025
1:00 – 3:00 PM
Cherokee Landing

AGENDA

Please access via zoom:
https://www.zoomgov.com/webinar/register/WN_WTZRbUOqTCOn67l3yuHz7Q
Telephone: 1-669-254-5252 Webinar ID: 160 233 2906

I. **Welcome and rollcall** – Teresa Huggins, Chairperson (5 mins)

II. **Approval of July 8, 2025, Minutes** - Teresa Huggins, Chairperson (5 mins)

III. **Introduction, Review of Schedule for presentations** – Denise Easter, SoonerSelect Quality Director (3 mins)

IV. **Aetna Better Health of Oklahoma – QAPI** (10 mins, 5 min QAC - Q&A)

V. **Oklahoma Complete Health – Children's Specialty Program - QAPI** (10 mins, 5 min QAC - Q&A)

VI. **DentaQuest – QAPI** (10 mins, 5 min QAC - Q&A)

VII. **Humana Healthy Horizons of Oklahoma – QAPI** (10 mins, 5 min QAC - Q&A)

VIII. **Liberty Dental – QAPI** (10 mins, 5 min QAC - Q&A)

IX. **Oklahoma Complete Health – Medical – QAPI** (10 mins, 5 min QAC - Q&A)

X. **New Business** – Teresa Huggins, Chairperson (5 mins)

XI. **Upcoming Meetings**: Teresa Huggins, Chairperson (7 mins)

Approval of 2026 Meeting dates:

January 13, 2026
March 10, 2026
May 12, 2026
July 14, 2026
September 8, 2026
November 10, 2026

XII. **Adjourn** - Teresa Huggins, Chairperson (5 mins)

Oklahoma Health Care Authority
Quality Advisory Committee
MINUTES of the July 8, 2025, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

I. **Welcome, and roll call:** Ms. Teresa Huggins called the meeting to order at 1:12 PM as quorum had not been met until then.

Delegates present were: Ms. Melissa Abbott, Ms. Sandra Gilliland, Ms. Teresa Huggins, Mr. Jason Lepak, Ms. J'Dene Rogers, Ms. Sarah Van Alstine, Ms. Robyn Sunday-Allen, Ms. Barbara O'Brien, Mr. Todd Clapp and Mr. Josh Cantwell providing a quorum.

Alternates present were:

Delegates absent without an alternate were**:** Ms. Monica Basu, Mr. Rich Rasmussen, Ms. Janet Hixson, and Mr. James (Tony) Willis.

II. **Introduction of OHCA's new Chief Operating Officer, Ms. Sherri White:** Ms. Huggins introduced Ms. White, who shared some background information about herself.

III. **Approval of the May 13, 2025, Minutes:**
Quality Advisory Committee

The motion to approve the minutes was made by Ms. J'Dene Rogers and seconded by Ms. Barbara O'Brien and passed unanimously.

IV. **Managed Care Update:**
Stephanie Mavredes, Interim Deputy State Medicaid Director

Ms. Mavredes shared with the group that members' Open Enrollment ended June 13, and members have 90 days from July 1 to change their selection. Ms. Mavredes presented information on the SoonerSelect Metrics Report from the MMIS system on general enrollment data for the first year of managed care. In May 2025, not shown on the slides, the medical and dental programs observed an increase in member enrollment, and a downward trend throughout the year for the Children's Specialty Program (CSP). Tribal Member enrollment for the dental plans was much higher than the medical and CSP plans during the first year of managed care, and may have been impacted by dental being implemented prior to medical. SoonerSelect total member utilization rates increased slightly from November 2024 to April 2025 for medical, remained relatively level for the CSP program, and significantly increased from March to April for dental.

Emergency Department utilization claims had increased significantly in March 2025, due to many claims that were submitted by one of the medical plans, however, this is returning to normal. SoonerSelect is collaborating with the CEs and identifying enhancement opportunities of the claims system process to receive better encounter data.

SoonerSelect and DentaQuest leadership teams have communicated regarding the adjustment information reporting issues that were identified in January and discussed in May QAC, and are addressing the situation. CEs are contractually required to adjudicate 90% of clean claims within 14 days, and all plans are meeting the contractual requirements.

All plans are also meeting the contractual requirements for Prior Authorization (PA) timeliness and call center metrics criteria. The percentages of Prior Authorization categories of "approved" and "denied" does not reach 100%, and the other categories could include cancelled, suspended, or PAs that were carried over from the previous month. The SoonerSelect team is collaborating to define items that fall under approved and denied to ensure consistency across the plans.
Ms. Mavredes will take the suggestions of creating a PA glossary with standardized definitions of the top five (5) denial reasons and the concern of the percentage differences of PA completion within 24 hours in the early months of 2025, compared to April 2025 for follow-up. Some data outliers may be an impact from technical issues within the CEs' computer systems.
The Network Adequacy section shows counties where the CEs are reaching 90% of dental providers for specialties. For those who are not, there are processes in place to request exceptions, and they are to demonstrate actions they are taking to increase their numbers.

V. <u>Legislative Update:</u>
Bradley Downs, Legislative Liaison

Mr. Downs shared with the group some bills that became law during the legislative session:

- **Senate Bill (SB 56)**, the Paid Family Caregiver Program, offers an opportunity for OHCA to compensate family members who provide private duty nurse level care for their children, with payments most likely to go through the Home Care Agency and should be implemented in 2026.
- (**SB 903)** is a ruling from CMS that would implement changes to the Medical Advisory Committee (MAC), by requiring that 25% of the MAC would need to come from a Beneficiary Advisory Council, which is already in place, i.e., Member Advisory Task Force (MATF). Therefore, four MATF members and a representative from one of the managed care entities will serve on the MAC.
- **House Bill (HB 1576)** provides Medicaid coverage for Rapid Whole Genome Sequencing for Juveniles when certain criteria are met, and may have up to a $2.6 million impact on the OHCA.
- **(HB 1808)** components indicate that Prior Authorizations (PAs) for chronic conditions have a three-year duration for treatment medications, have a 24-hour turn-around for urgent PAs, and must comply with Federal Regulations.
- **(SB 806)** the Food is Medicine Act requires the OHCA to cover nutrition services, and is being managed by the Health Care Performance and Quality Department to ensure compliance.
- Mr. Downs group will be collaborating with DHS regarding **(HB 1575)** which requires a feasibility study for the potential establishment of a unified eligibility and enrollment system for various public assistance programs, including Medicaid. Lastly, Mr. Downs shared that the Big Beautiful Bill signed by President Trump will include changes to Medicaid and relates to provider taxes, state directed

payments, community engagement, and work requirements, and will be made in phases.

VI. KFMC – External Quality Review Organization (EQRO) Update:

Beth Nech, Senior Manager

Ms. Nech presented and discussed some slides regarding the process and elements included for the completion of the 2024 Annual EQR Technical Report (ATR) of the SoonerSelect (CEs). CMS requires the EQR to perform the report activities, which are due to be posted annually to the OHCA webpage by April 1. The EQR identifies Opportunities for Improvement (OFI) and then makes related recommendations for the CEs, and then will track the progress of the improvements with the intention that all recommendations are fully met. KFMC performs desk reviews, document reviews, and site reviews to ensure Medicaid and CHIP managed care entities are in compliance with federal and state regulations. The following findings and OFIs are for the previous and current years, and activities will be expanded, or additional elements and activities will be included in subsequent years. OFIs of the EQR's ATR activities includes clarification and consistency of language, timeframes, documents, and policies and procedures related to member and provider materials.

Some of the EQR activities included are as follows:

- Information Systems Capabilities Assessment (ISCA) on the CEs for them to improve their processes for data, exchange processing and reporting, and will be updated every other year.
- The annual Quality Assessment and Performance Improvement (QAPI) review indicated that the CEs include their program description and work plans throughout the following year. Additional OFIs included ensuring OHCA's requirements are met, elements of data indicators, inclusion of information of the CEs' PIPs, and an assessment of impact and effectiveness of the CEs' QAPI programs and documentation.
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) which included OFIs to ensure OHCA and EQR requirements are being met and that information is available for individualized populations such as Foster Care.

In conclusion, KFMC developed a Managed Care Quality Strategy for the SoonerSelect Program which includes Aims, Goals, and Objectives for some of the activities mentioned above and additional activities will arise as progression is made, and more data becomes available.

The Aims:

1. Improve the health of Oklahoma Medicaid members and the health of Oklahoma communities and the state as a whole.
2. Improve care delivery through a provider-led model with emphasis on access to high-quality, person-centered, and coordinated care.

Ms. Nech shared discussion questions for the group and will take any additional questions to the CEs for discussion.

Suggestions made by the QAC members included that the CEs should offer reminders including member awareness; statistical, testimonial, and educational resources regarding the importance of well-child visits; preventative services; vaccinations; mental health, alcohol and substance abuse screenings, in their Value-Added Benefits, and in turn, incentivize members for completing vaccinations, preventative services, and necessary screenings. Some CEs already utilize mobile phone apps for members with built in reminders. Additional suggestions were use of marketing tools such as commercials, slogans, and phrases as reminders to parents of children.
Some challenges and barriers the CEs may face include CDC guideline changes, billing and reimbursement issues for screening services for certain provider types, clarification for what is needed for prior authorizations for additional screenings, and access to mental health services for multiple populations.

VII. QAC Subcommittee on Data & Operational Metrics Update/Discussion:
Todd Clapp, Sub Committee Chair

Ms. Van Alstine presented in lieu of Mr. Clapp, and shared that the subcommittee members continually collaborate with the Quality data and SoonerSelect teams to analyze, streamline, and summarize the data and operational metrics spreadsheet that SoonerSelect shared today and aims to make the data more immediately accessible. The group would like to utilize data for member-facing scorecards and providers.

VIII. QAC Subcommittee on Performance Improvement Projects Updates/Discussion:
Monica Basu, Sub Committee Chair

Ms. O'Brien presented in lieu of Ms. Basu, shared slides, and stated that KFMC, OHCA, and the Subcommittee on PIPs members evaluated the SDoH Performance Improvement Projects (PIPs) submitted by the CEs, utilized a condensed PIP Validation Tool to assess each PIP to verify the following four (4) items: 1. if the aim or goal of the PIP is achievable, 2. if the population is appropriate to make a meaningful impact on the problem being addressed, 3. if the interventions are robust enough to contribute to the success of the Aim of the PIP, 4. if all individual interventions are achievable. Ms. O'Brien shared that the initial validation tool was very lengthy and complex. The group members gave feedback on their reviews, but did not review the Behavioral Health or Dental Plan PIPs. The PIP deadline was June 30, and Ms. O'Brien shared some results of the CEs' PIP approvals. The group members will continue to evaluate the progress of the ongoing PIPs, receive feedback on the impact of their reviews, and will receive a final copy of the PIPs.

IX. QAC Subcommittee on Primary Care Spend Update/Discussion:
Mark Woordring, Sub Committee Chair

Ms. Gilliland presented as Mr. Woodring was not present, and shared that the subcommittee

focuses on deciding if the updated Value-Added Benefits (VABs) submitted by the CEs will be considered as part of their Primary Care Spending amount.

Numerical data regarding how much of the expense is going toward primary care will not be available for discussion for a couple of quarters or more. The group would like feedback from the QAC regarding recommended areas of focus in the subsequent year.

VIII. New Business:

Chief Quality Officer, Folake Adedeji

Ms. Adedeji shared with the group that the Medical and Dental CEs will present their Quality Assessment and Performance Improvement **(QAPI)** plans during the September 9, QAC meeting. The CEs will be asked to present a 2-page executive summary and incorporate the EQR's evaluation feedback in their plans, and have a 10-minute presentation, and 5-minutes for questions, which will consume most of the meeting time.

IX. Upcoming Meeting Dates for Calendar 2025:

Chairperson, Teresa Huggins

September 9, 2025
November 18, 2025

X. Adjourn:

Chairperson, Teresa Huggins

The motion to adjourn was made by Mr. Josh Cantwell and seconded by Ms. Sandra Gilliland.

DRAFT