

AGENDA

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Telephone: 1-669-254-5252

Webinar ID: 161 305 2509

- I. Introductions and Overview of Committee – Traylor Rains, State Medicaid Director
- II. Approval of September 12th, 2023 Minutes -- Chris Radley, Chief Quality Officer
- III. Contracted Entity CAHPS Survey Vendor Recommendation from OHCA for Committee Feedback/Approval – Chris Radley, Chief Quality Officer
- IV. SHOPP Supplemental Payment for Community Providers
- V. Review Percentage of Primary Care Spend Preliminary Methodology and Calculations – Sarah Walker, Clinical Outcomes Manager
- VI. New Business – Traylor Rains, State Medicaid Director
 - Elections of Chair and Vice-Chair
- VII. Upcoming Meetings: Traylor Rains, State Medicaid Director
 - January 9, 2024
 - March 12, 2024
 - May 12, 2024
 - July 9, 2024
 - September 10, 2024
 - November 12, 2024
- VIII. Adjourn- Traylor Rains, State Medicaid Director

I. Introductions and Overview of Committee – Traylor Rains, State Medicaid Director

Mr. Rains stated that the SoonerSelect Quality is required by CMS and is an update to the Comprehensive Quality Strategy specific to SoonerSelect. The Quality Strategy discusses how OHCA will monitor and evaluate the quality of care delivered by the contracted entities. CMS requires states with similar delivery models of care to update their quality strategy every 3 years, or as major changes, such as change in the Medicaid delivery system, occur. Since Oklahoma Medicaid is transitioning from a fee-for-service payment model to a value-based model in 2024, we are updating the Comprehensive Quality Strategy in 2023.

II. Overview of Quality Strategy – Chris Radley, Chief Quality Officer

- Mr. Radley discussed the early years of the contract allowing for the CEs to count upside only, (pay for quality gap closures) towards their required VBPs with middle years including more shared risk agreements (i.e., shared savings for ER or inpatient hospital utilization) and the final years of the contract period requiring a greater number of professional capitation or full-risk VBP contracts with providers. Performance measures included as Quality Withhold measures for SoonerSelect CEs are noted in the measure's tables located in Appendix A along with all other required quality measures to be reported to OHCA. Stakeholder feedback tables summarizing feedback received through Tribal, Member Advisory, Provider Advisory and partnering agencies (OSDH, ODMHSU) has been included in Appendix B.

III. Discussion of SHOPP Community Provider State Directed Payment – Chris Radley, Chief Quality Officer

- Mr. Radley stated that Oklahoma legislature passed some bills to increase provider payments to encourage Oklahoma providers to participate in SoonerSelect Medicaid Managed Care program. Drafts for proposed Directed Payment Programs have been submitted to CMS in the prior few months. Such as Hospital SHOPP Level 1 Trauma (OU) directed payment program will provide additional funding to OU as the only level 1 trauma hospital in the service area. The main quality metric that will be evaluated annually for this program will be the All-Cause Readmission Rate which is a risk-adjusted readmission rate measure developed by NCQA.

The statewide SHOPP hospital directed payment plan includes almost all other state hospitals. The All-Cause Readmission measures was also selected as the quality metric for this program that will be evaluated annually. State affiliated University Health Systems Directed Payment

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Program (OU and OSU) directed payment program will provide additional funding for OU and OSU affiliated providers. Quality metrics to be annually evaluated under this program will include the following: Breast Cancer Screening; Cervical Cancer Screening; Colorectal Cancer Screening; SBIRT screenings; Provision of After-Hours primary care visits; Lead Screening and annual Well Child/Well Care visits for Children ages 3-21. Finally, Provider SHOPP Directed Payment Program (applies to most specialists and primary care providers that are not either state employees, OU/OSU affiliated providers, or FQHCs, CBHCs etc. Quality metrics to be annually evaluated for this program will include the following: HIE connection incentive; annual Well Child/Well Care visits for Children ages 3-21; Provision of after-hours appointments (across all primary care as well as specialty providers); SBIRT screenings and Specialist Consultations for Primary Care Providers (virtually without member being present).

IV. SoonerCare Implementation Update – Sandra Puebla, Deputy State Medicaid Director

Mr. Rains gave the update on Sandra's behalf, stating that we are on target for implementation on dental February 1st, and medical on April 1st. On-site reviews are happening this week with Liberty and next week with DentaQuest. We are in the process of looking all the policy and procedures for all our plans, making sure contractor requirements, and Federal requirements are all in line. Letters to our members regarding dental will be mailed out November 15th. We want to make sure we have full confidence with our very first implementation. Lastly, we are also in the process of re-training our call centers, as well as our staff on Choice Counseling. This allows a member to call in and go through the steps and process of what is needed.

V. New business – Traylor Rains, State Medicaid Director

Traylor Rains, State Medicaid Director

Director Rains asked for a motion of upcoming meeting dates. Motion was provided by Ms. Monica Basu and seconded by Dr. James Willis. And passes unanimously.

VIII. Adjourn:

Traylor Rains, State Medicaid Director

Director Rains asked for a motion to adjourn. Motion was provided by Dr. James Willis and seconded by Dr. Patrice Greenwalt there was no dissent and the meeting adjourned at 3:01pm.