Oklahoma Health Care Authority
Quality Advisory Committee
July 8, 2025
1:00 – 3:00 PM
Charles Ed McFall Board Room

AGENDA

Please access via zoom:
https://www.zoomgov.com/webinar/register/WN__UWZjJbhTyO_CXhzEpnXYA
Telephone: 1-669-254-5252 Webinar ID: 160 765 5984

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

II. **Introduction of OHCA's new Chief Operating Officer, Ms. Sherri White** – Teressa Huggins, Chairperson (5 mins)

III. **Approval of May 13, 2025, Minutes** - Teresa Huggins, Chairperson (5 mins)

IV. **Managed Care Update** – Stephanie Mavredes, Interim Deputy State Medicaid Director (15 mins)

V. **Legislative Update** - Bradley Downs, Legislative Liaison (15 mins)

VI. **KFMC – External Quality Review Organization** – Beth Nech, Senior Manager (30 mins)

VII. **QAC Subcommittee on Data & Operational Metrics Update/Discussion** – Todd Clapp, Sub Committee Chair, Data (15 mins)

VIII. **QAC Subcommittee on Performance Improvement Projects Update/Discussion** – Monica Basu, Sub Committee Chair, PIPs (10 mins)

IX. **QAC Subcommittee on Primary Care Spend Update/Discussion** - Mark Woodring, Sub Committee Chair, Primary Care Spend (10 mins)

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

XI. **Upcoming Meetings**: Teresa Huggins, Chairperson (3 mins)

September 9, 2025
November 18, 2025

XII. **Adjourn** - Teresa Huggins, Chairperson (2 mins)

Oklahoma Health Care Authority
Quality Advisory Committee
MINUTES of the May 13, 2025, Meeting
4345 N. Lincoln Blvd., Oklahoma City, OK 73105

I. Welcome, and roll call: Mr. Josh Cantwell called the meeting to order at 1:03 PM.

Delegates present were: Ms. Barbara O'Brien, Ms. Monica Basu, Ms. Sandra Gilliland, Mr. Josh Cantwell, Ms. Sarah Van Alstine, Ms. Robyn Sunday-Allen, Ms. Melissa Abbott, Mr. Lance Walker, Ms. Corie Kaiser, Mr. Todd Clapp, Mr. Saquib Sheikh, and Mr. Mark Woodring providing a quorum.

Alternates present were:

Delegates absent without an alternate were**:** Ms. Teresa Huggins, Ms. J'Dene Rogers, Mr. Jason Lepak, Mr. Rich Rasmussen, Ms. Janet Hixson, and Mr. James (Tony) Willis.

II. Approval of the March 11, 2025, Minutes:
Quality Advisory Committee

The motion to approve the minutes was by Ms. Sandra Gilliland and seconded by Ms. Barbara O'Brien and passed unanimously.

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

Ms. Mavredes presented some information on the SoonerSelect Metrics Report from MMIS encounter data and CE reports for the first year of managed care. April 2024 through March 2025, the medical and dental programs observed an increase in member enrollment in March after two months of decreased numbers, and a downward trend throughout the year for the Children's Specialty Program (CSP). Tribal Member enrollment for all programs experienced an upward trend over the entire year. SoonerSelect member utilization rates remained relatively level in the first quarter of 2025 for medical and CSP, at 56% and 71% respectively, but dental had a decrease with slight fluctuations from July to March. There was a 9% increase reaching 14% for dental utilization from April through July, due to implementation and new member outreach efforts, which subsided in August.

Emergency Department utilization claims increased significantly in March, due to a large number of claims submitted by one plan. Average Per Total SoonerSelect Members Served observed an increase from November to March for the medical program, and CSP program increased in March after a dip in February, with a total of $847 and $1,322 respectively, per member per month. Average for Dental peaked significantly in December, again, due to a large number of claims submitted, then leveled out through March, with a total of $278 per member per month. Open enrollment for SoonerSelect is currently underway through June 13 and changes made will go into effect on July 1, 2025.

DentaQuest experienced issues with populating reports in January, which resulted in no Total Paid Claims Amount on the SEL - 1207 report, and it is being corrected, and more information will be provided at the next QAC meeting. CEs are required by contract to pay 90% of clean claims within 14 days, and 99% within 90 days, and among all plans, between 95 – 99% of clean claims are paid within 14 days, and 99% are paid within 90 days. Prior Authorization (PA) approvals ranged between 62 – 78% for dental and 67 – 69% for medical from 2019 – 2023. For the first quarter of 2025, approvals were between 81 – 83% for medical.
The SoonerSelect and Data Governance teams will work to get pre-managed care data for comparisons for discussion at the next meeting. Ms. Mavredes will check into DentaQuest's January Adjustment Count and Amount to find out why there was such a tremendous difference for January – March. The key takeaway today is that all the plans are meeting OHCA contractual requirements. The QAC Subcommittee on Data and Operational Metrics continuously analyzes the data provided today and in the future.

IV. KFMC – External Quality Review Organization (EQRO) Update:
Beth Nech, Senior Manager

Ms. Nech presented and discussed some slides regarding 2024 Network Adequacy Validation findings. OHCA and CMS require CEs to provide the following information in their provider directories: Active Network Status, Street Address, Phone Number, and if they are Accepting New Enrollees. In the first year of managed care, KFMC reviewed provider directories to ensure they meet OHCA requirements and moving forward will validate the additional provider data gathered. They reviewed provider network reports from CEs, printed directories, and online directories that members can access, to verify if instructions and methodologies were clear.

KFMC found reporting discrepancies, varied levels of detail, clarity, and methods, and inconsistent providers and location counts among all CEs.

In conclusion, KFMC recommendations are that - 1. OHCA collaborates with CEs to encourage completeness of provider directories. 2. CEs complete Accommodations for Persons with Disabilities directory field as this could cause significant implications if not completed. 3. CEs provide clarity of analytic methods. 4. CEs collaborate with OHCA to improve provider and location counts.
Issues CEs have stressed regarding enrollees not matching were not included in the study by KFMC but is an ongoing issue.

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

Mr. Clapp mentioned that the subcommittee members continually collaborate with Fred Oraene and the Data Governance team to get the data in front of the group and curated. The group's focus

is on network adequacy and utilization and uses the data and operational metrics spreadsheet that SoonerSelect shared today. The group would like feedback from the QAC on who should have access to the data. Knowing the type of data, what it will be used for, and the purpose of each data set will need to be discussed.

VI. QAC Subcommittee on Performance Improvement Projects Updates/Discussion:

Monica Basu, Sub Committee Chair

Ms. Basu mentioned that the Subcommittee on PIPs started evaluating the performance improvement projects submitted by the CEs, utilizing an updated condensed PIP Validation Tool to assess each of the CE's PIPs 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, 3. if the interventions are robust enough to contribute to the success of the Aim of the PIP, 4. if the interventions are achievable. Ms. Basu shared some information about each of the CEs PIP assessment findings. The subcommittee members collaborated with KFMC to condense the initial validation tool as it was very lengthy and there are 16 PIPs for the subcommittee and KFMC to review. The tool is very useful for the group members to analyze the PIPs efficiently and thoroughly, as the PIPs are very detailed and have some repetitive statements. Utilizing an executive summary of each PIP would be helpful.

VII. QAC Subcommittee on Primary Care Spend Update/Discussion:

Mark Woordring, Sub Committee Chair

Mr. Woodring discussed the subcommittee's efforts in updating the language in the guidance document used to ensure providers are not being excluded from shared savings. Sarah Walker gave an update on the Value-Added Benefits (VABs). The subcommittee made recommendations on what could be considered as primary care and then issued a list to the plans of the VABs that could be counted as primary care. The plans were asked to submit the amount they spend annually on VABs originally by PMPM, then by each VAB, then by the total of all VABs, and the subcommittee members found that the amount the plans spend is a minute percentage of their primary care spending. Initially, the group thought a cap may be needed to curb the cost but are continuing discussions to decide if that is necessary, and recommendations may be made to OHCA. Details of the VABs will not be shared with the QAC as they are proprietary information.

VIII. New Business:

Chief Quality Officer, Folake Adedeji

Executive staff changes were shared and will be sent to the entire group.
Stephanie Mavredes – Interim Deputy State Medicaid Director
Sherri White – Chief Operating Officer
Christina Foss – Chief of Staff and State Medicaid Director
Carolyn Reconnu-Shoffner – Chief Clinical Officer

The OHCA changes will be sent to the group.

Bradley Downs will be invited to give an update at the next meeting.

IX. Upcoming Meeting Dates for Calendar 2025:

Chairperson, Josh Cantwell

July 8, 2025
September 9, 2025
November 18, 2025

X. Adjourn:

Chairperson, Josh Cantwell

The motion to adjourn was made by Ms. Barbara O'Brien and seconded by Mr. Saquib Sheikh.

SOONERSELECT METRICS

May 2025

OKLAHOMA HEALTH CARE AUTHORITY

4345 N. LINCOLN BLVD. | OKHCA.ORG |

SoonerSelect Updates Executive Summary

There are two data sets presented within this SoonerSelect Metrics packet. The first set of data is derived from the Medicaid Management Information System (MMIS) and reflects **paid month** data. The second set of data is derived from Contracted Entities (CEs) submitted reports and reflects **rendered month** data.

MMIS Data

Enrollment: SoonerSelect enrollment is following the trend of SoonerCare Enrollment, with May data showing a continued increase since February 2025. Total overall enrollment for all SoonerSelect programs was 636,312 members in May 2025. Children's Specialty Program enrollment has been stable since February 2025 with no major decrease or increase. There has been a steady increase in Tribal member enrollment across medical, CSP, and dental.

Utilization: Overall, the percentage of members utilizing SoonerSelect benefits decreased between April 2025 and May 2025:

- Medical decreased from 58% in April to 51% in May.
- Children's Specialty Program was at 67% in April and dropped to 62% in May.
- Dental increased utilization from last quarter to 9% in April and May.

Additionally, the percentage of SoonerSelect members utilizing the emergency department decreased to 4% between March 2025 and April 2025, in part due to the large number of encounter claims received in March 2025.

Contracted Entity (CE) Submitted Reports

The findings reflected below are attributed to the data set derived from the CE submitted reports for April 2025).

The distribution of members between all plans remains consistent month-to-month throughout April 2025:

- **Dental**: Liberty Dental 55%; DentaQuest 45%
- **Medical**: Aetna 33%; Humana 44% Oklahoma Complete Health 34%
- **CSP**: Oklahoma Complete Health 100%

Claims Activity: The following observations were made regarding claims payment activity:

- **Dental**: DentaQuest's total claims paid count for April 2025 was 26,119. DentaQuest's average amount paid per month between January 2025 and April 2025 was $5.5M. Liberty Dental's total paid claims count for April 2025 was 34,971 with an average paid amount of $7.2M per month between January 2025 and April 2025.
- **Medical**: Aetna's total paid claims count for April 2025 was 282,048 with an average paid amount of $56.M per month between January 2025 and April 2025. Humana's total claims paid count between April 2025 was slightly lower at 243,014 with an average paid amount of $53.8M per month between January 2025 and April 2025. OCH's had a total paid claims count of 274,638 for April 2025 with an average paid amount of $51.1M per month between January 2025 and April 2025.
- **CSP**: CSP's total paid claims count for April 2025 was 42,487 with an average paid claims amount of $10.6M per month between January 2025 and April 2025.

Claims Timeliness: CEs are statutory and contractually required to ensure that ninety percent (90%) of clean claims received from all providers are paid within fourteen (14) days of receipt.

- **Dental**: The submitted data shows DentaQuest paid 99.9% of clean claims within 14 days and Liberty Dental paid 100% of clean claims within 14 days, which is above contractual requirements. For the month of April 2025, the average paid time in days is 4 days for DentaQuest and 9 for Liberty Dental.

- **Medical**: The submitted data shows the 3 CEs are comparable as they are paying between 98.2% – 99.8% 99% of clean claims within 14 days, which is above the required metric. For the month of April 2025, the average paid time in days for is 6 for Aetna, 5 for Humana, and 7 for OCH. These numbers have remained steady since January 2025.
- **CSP**: The submitted data shows the CE is paying 98.17% of clean claims within 14 days, which is above the required metric. For the month of April 2025, the average paid time is 8 days, which shows consistency since January 2025.

Prior Authorizations: Between the years of 2019-2023, OHCA's prior authorization (PA) approval rate for dental services ranged between 62%-78% while the PA denial rate for the same date range and set of services ranged between 8- 18%.

- **Dental**: DentaQuest had a total of 172 expedited PAs with 34.3% approved. They had 7,815 standard PAs with 42.11% approved, showing a slight increase in both metrics. Liberty Dental remains consistent with 1 expedited PA, approved at 100%. They had 11,298 standard PAs for the month of April 2025 with 72.7% approved, which is a slight decrease from March 2025.

Between the years of 2019-2023, the OHCA's prior authorization (PA) approval rate for DME, medical, and therapy services ranged between 67% -69% while the PA denial rate for the same date range and set of services ranged between 6% -12%. The CE PAs below represent ALL PAs (medical, DME, Therapy, Pharmacy, and BH).

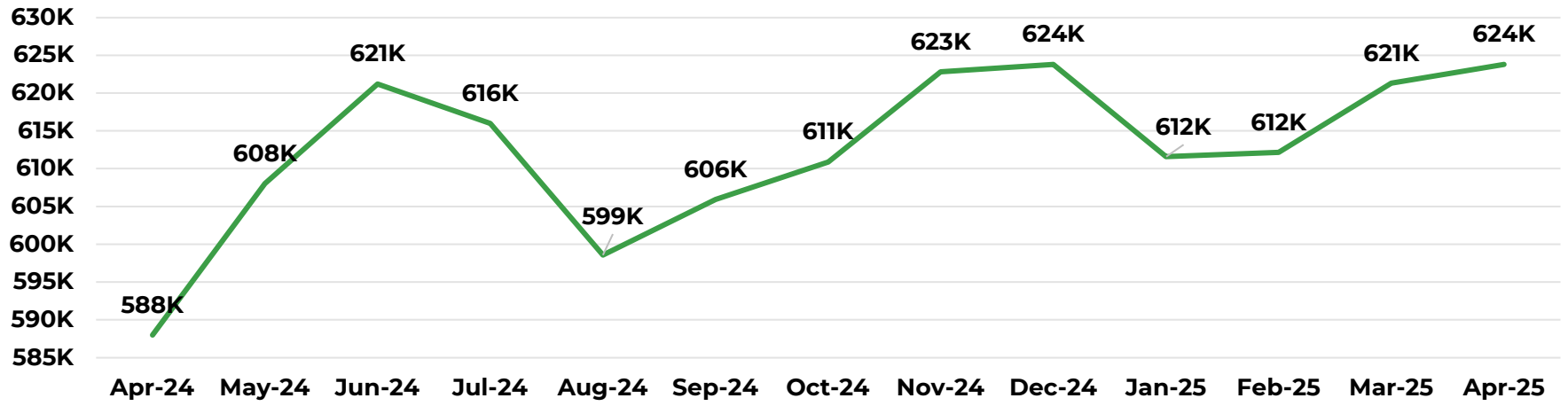
- **Medical**: Aetna had 10,486 total PA requests for April 2025 with an average of 65% of PAs approved, which is showing a decrease each month from January 2025; they have 22% denied in April 2025, which is consistent with March 2025. Humana had 16,434 total PA requests for April 2025 with 77% of PAs approved and 10% denied per month. OCH had 14,833 total PA requests for April 2025 with an average of 62% of PAs approved, lower than the last two months and 19% of PAs denied in April 2025, which is slightly higher than previous months.
- **CSP**: CSP had 2,080 PA requests for April 2025 with 69% of PAs approved and 22% of PAs denied.

Call Cetner Performance: The following observations were made regarding Enrollee call center activity:

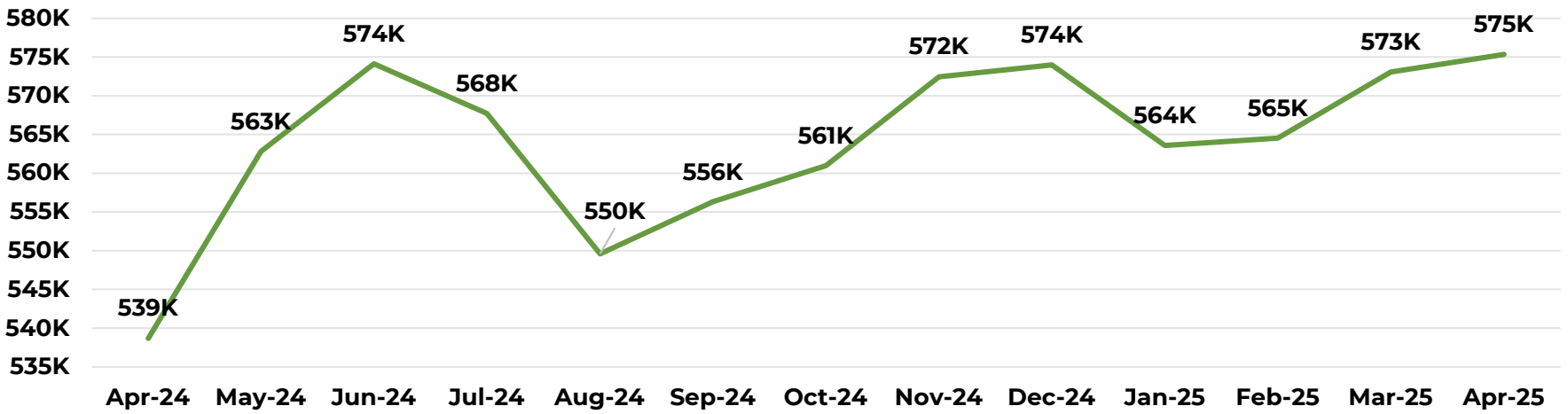
- **Dental**: DentaQuest's reporting indicates a slight increase in the total volume of calls at 2,876 with a 4 second wait time, which has steadily decreased since January 2025. They have a 0% abandonment rate. Liberty Dental also shows a slight increase in call volume since February 2025 with 2,217 total calls. Reported average wait time is also decreased to 14 seconds since February 2025. Call abandonment rate is .90%, which is still within the required metric.
- **Medical**: Aetna's total call volume for April 2025 was 19,438, which increased by almost 3,000 from March 2025. The average wait time is within the required metric at 7 seconds, with an abandoned rate at .97%. Humana's total call volume was 14,640 in April 2025 with an average wait time of 2 seconds and abandonment rate of .14%. OCH's total call volume in April 2025 was 8,493, this is consistent with the past two months. Their average wait time is 7 seconds, also remaining consistent with previous months. OCH's abandonment rate is .07%
- **CSP**: Total call volume in April 2025 was 624, with a 4 second average wait time. CSP has a 0% abandonment rate.

Enrollment & Utilization

Total Enrolled SoonerSelect Members

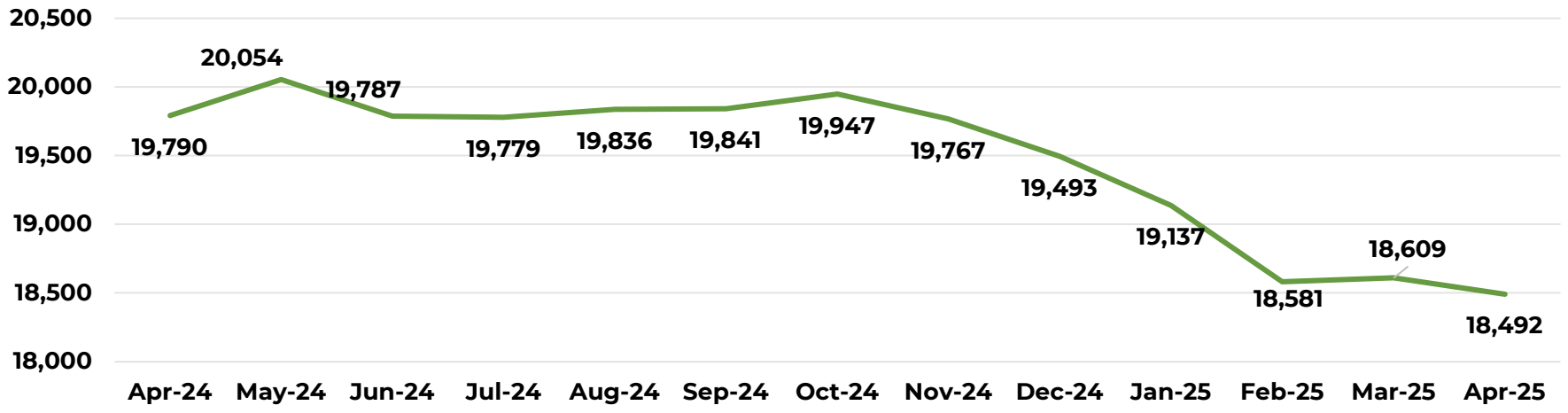


Medical (S-SEL) Enrolled

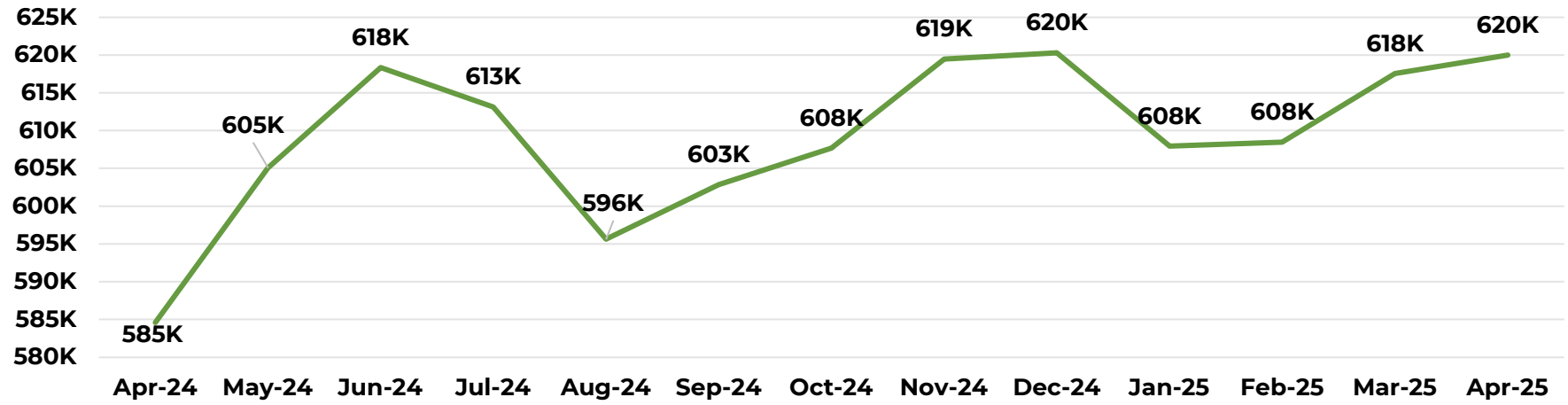


Enrollment & Utilization (Cont.)

Children's Specialty (S-SPC) Enrolled

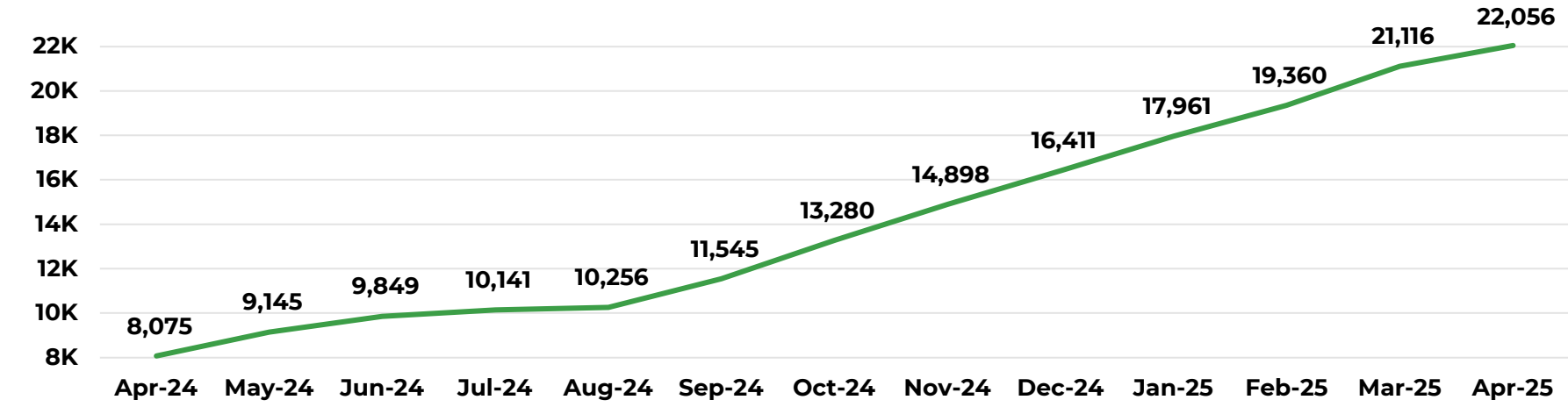


Dental (S-DBP) Enrolled

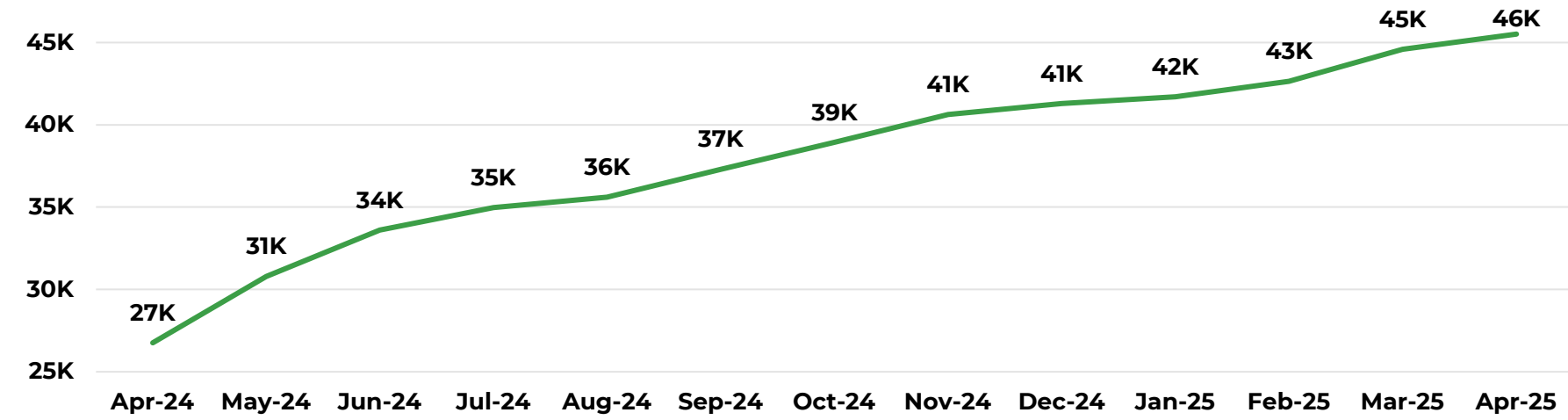


Enrollment & Utilization (Cont.)

Tribal Members Enrolled - Medical (S-SEL) & Children's Specialty (S-SPC)

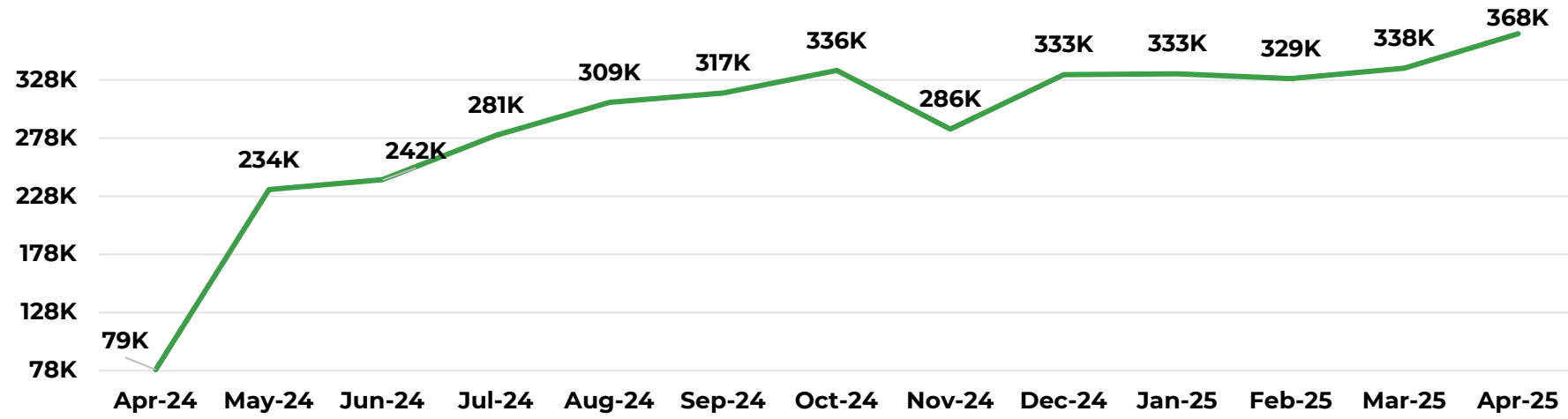


Tribal Members Enrolled - Dental (S-DBP)

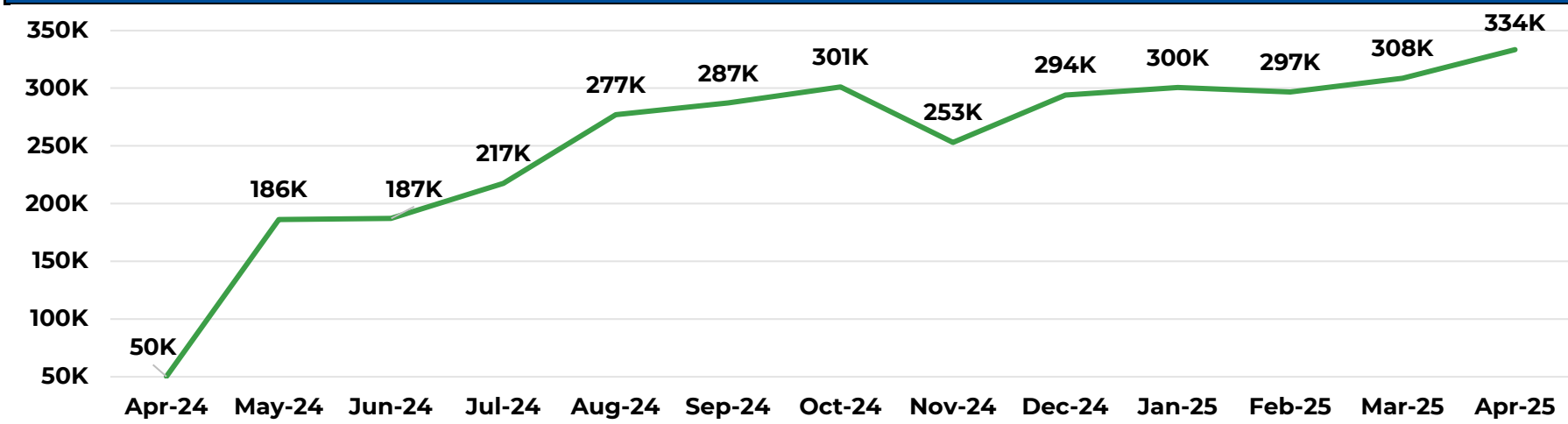


Enrollment & Utilization (Cont.)

Total SoonerSelect Members Utilization

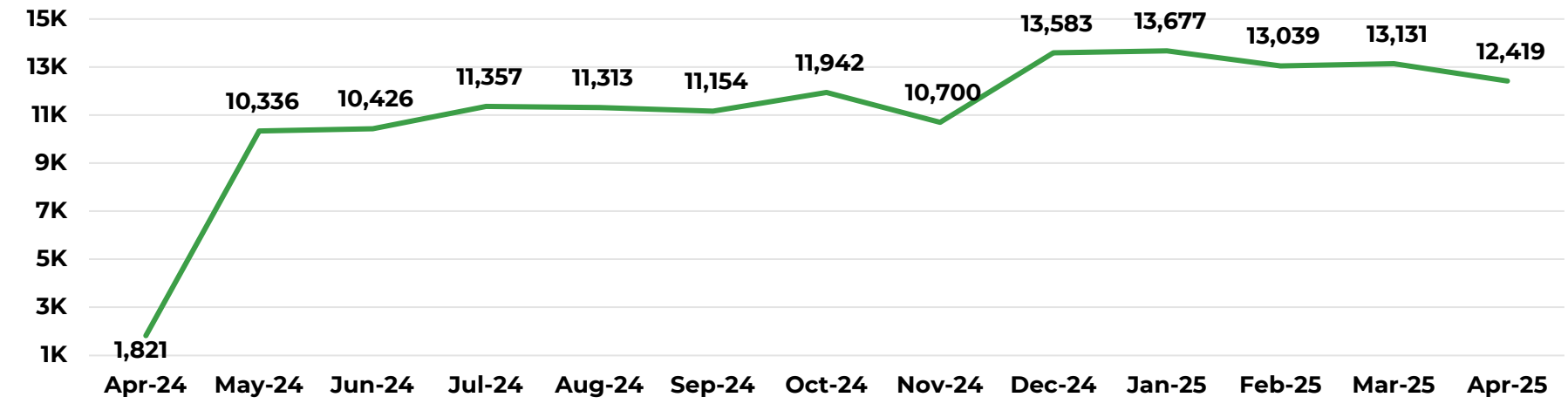


Medical (S-SEL) Members Utilization

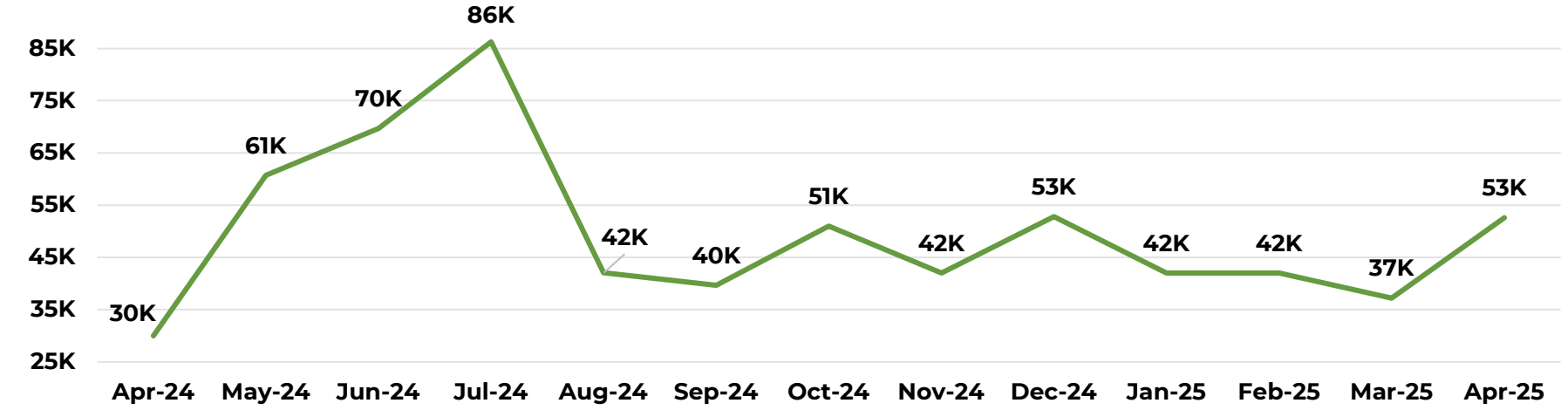


Enrollment & Utilization (Cont.)

Children's Specialty (S-SPC) Members Utilization

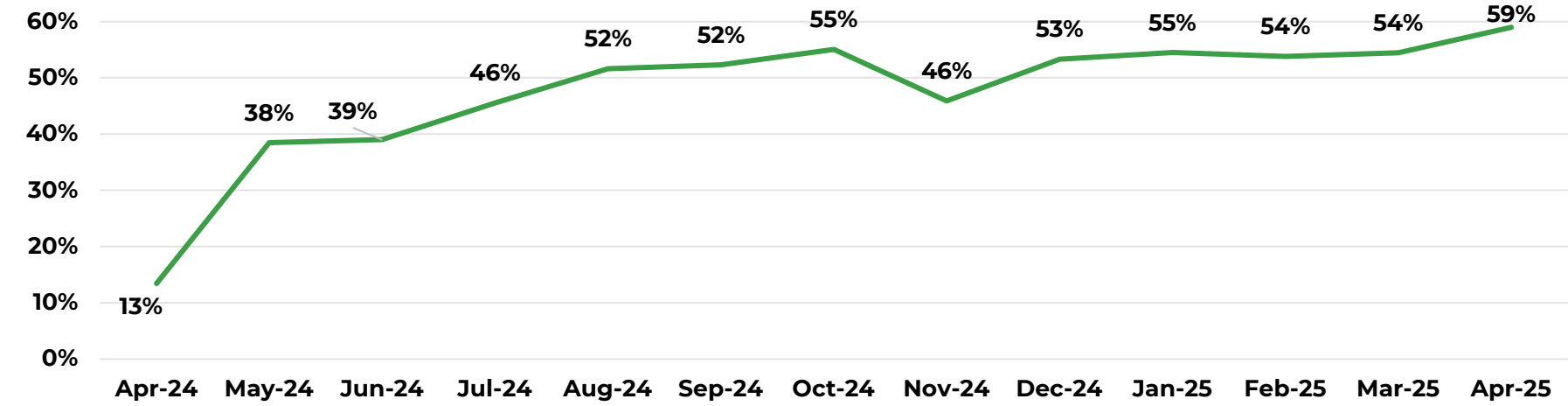


Dental (S-DBP) Members Utilization

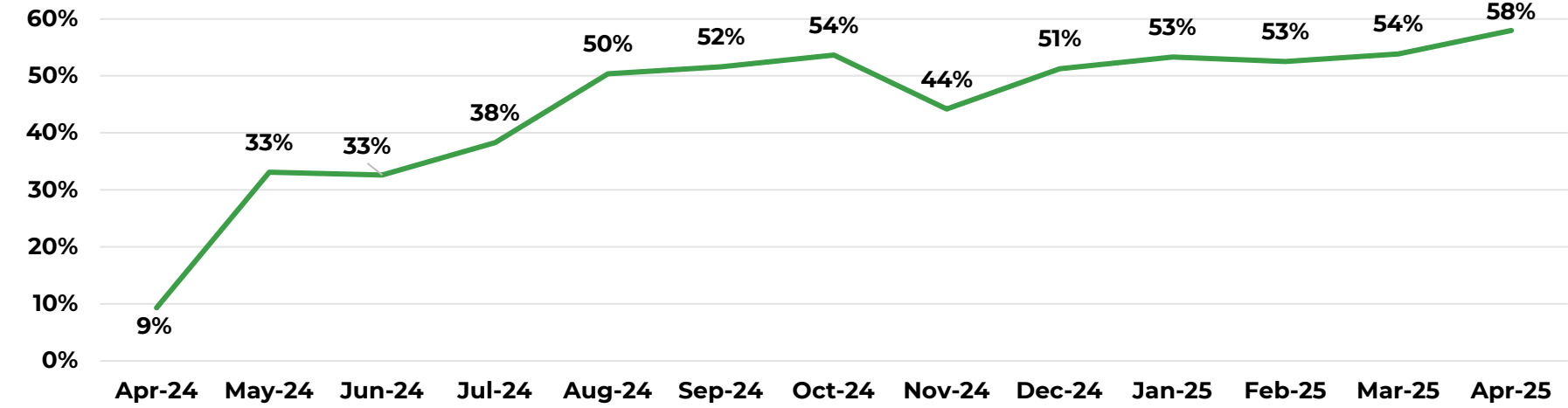


Enrollment & Utilization (Cont.)

Percent of Total SoonerSelect Members Utilization

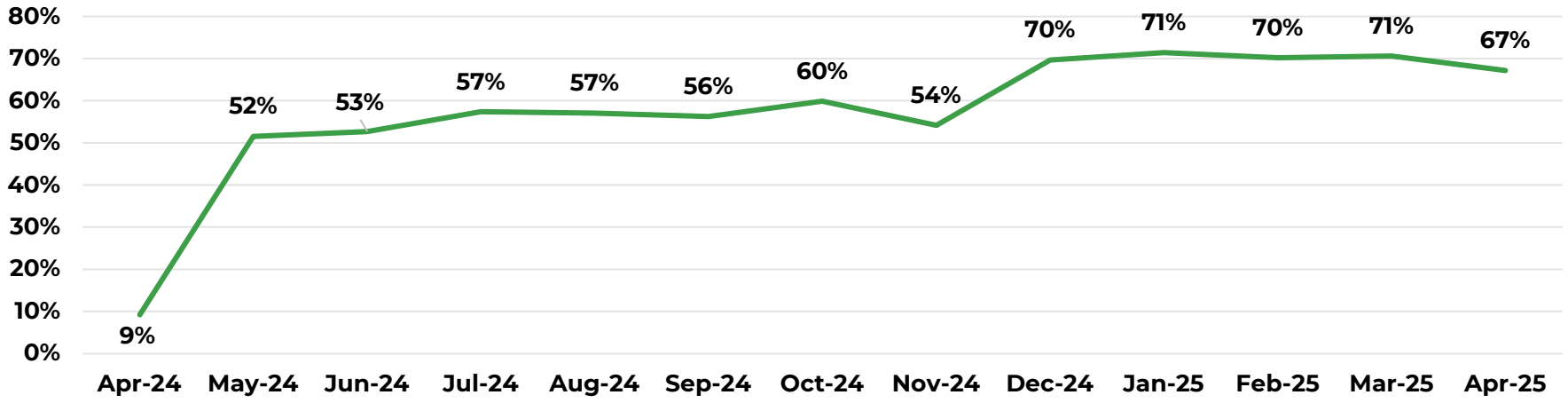


Percent of Medical (S-SEL) Members Utilization

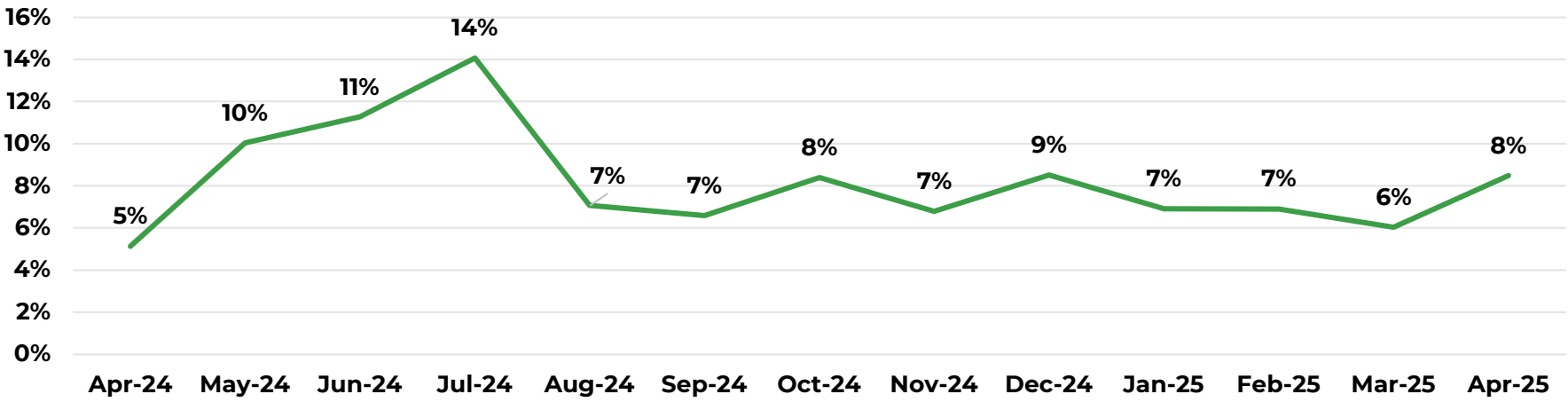


Enrollment & Utilization (Cont.)

Percent of Children's Specialty(S-SPC) Members Utilization

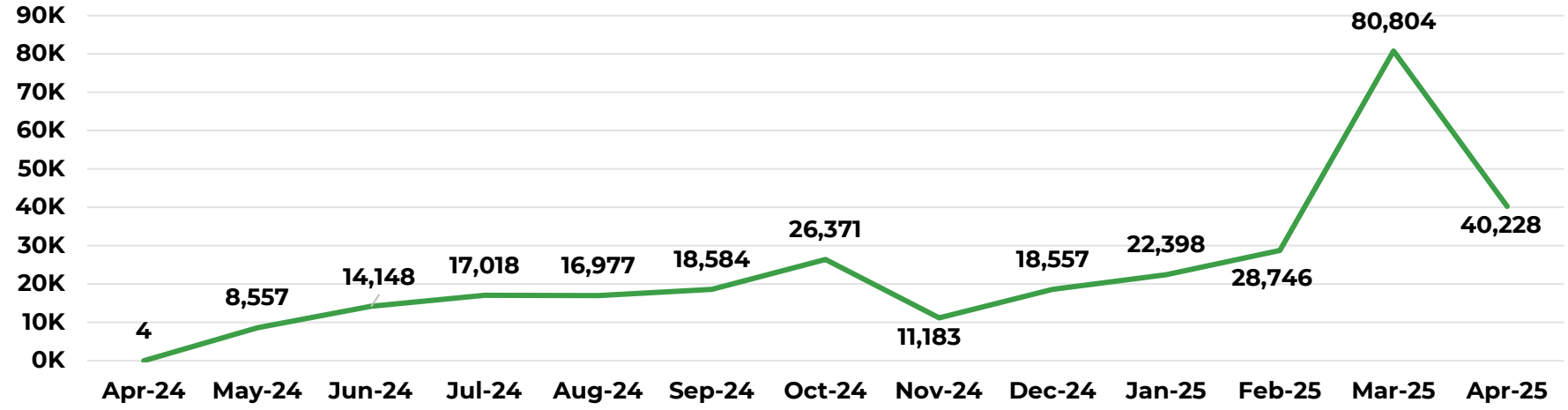


Percent of Dental (S-DBP) Members Utilization

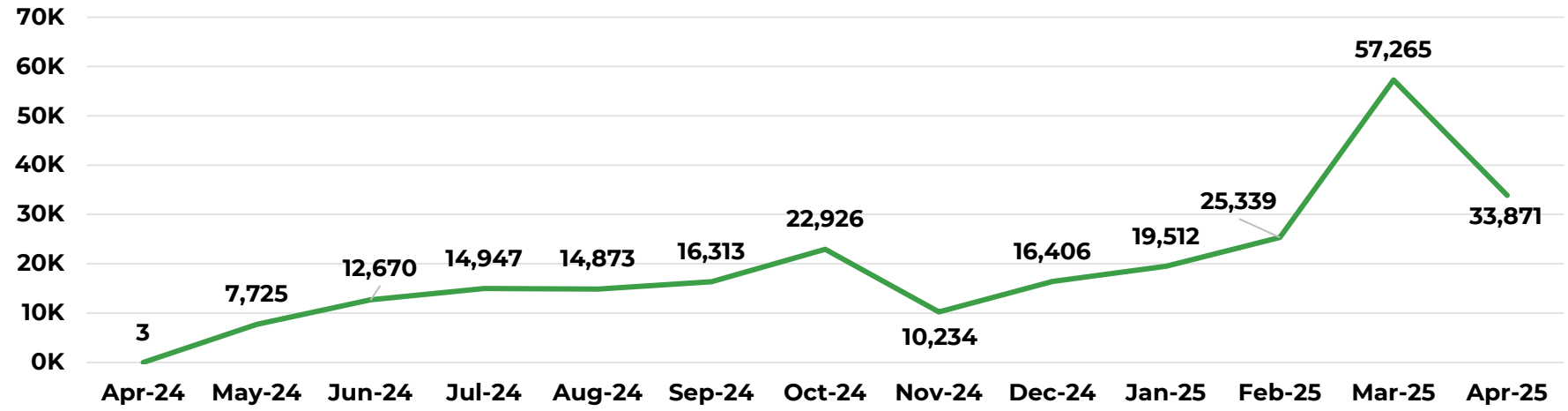


Utilization

Emergency Department SoonerSelect Visits (Claims)

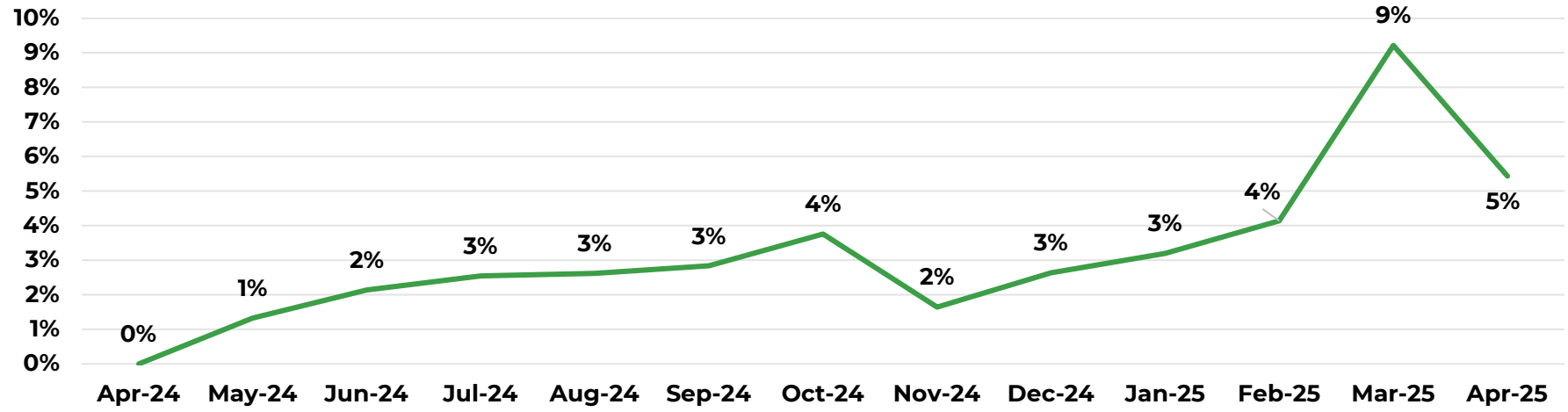


SoonerSelect Members Utilizing Emergency Department

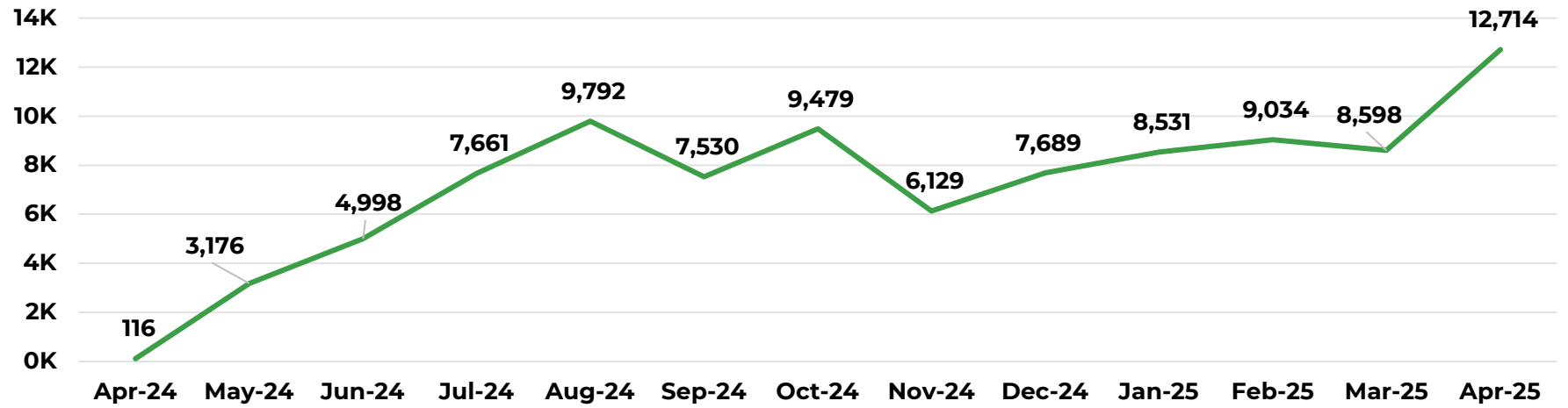


Utilization (Cont.)

Percent Total SoonerSelect Members Using ED

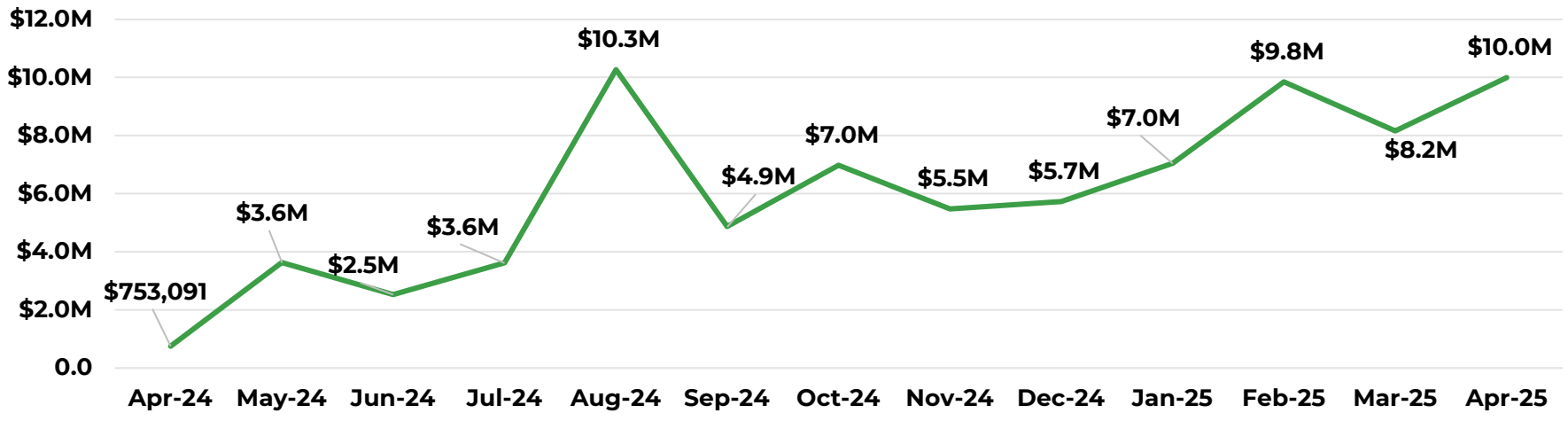


Out of State Services (Non Border County) - Total SoonerSelect Members Utilization



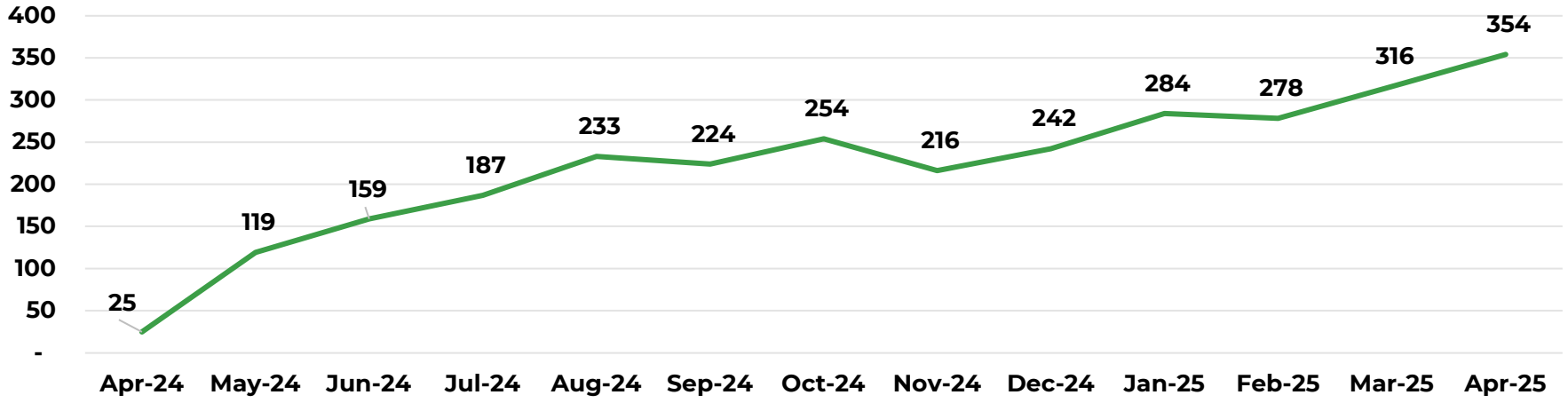
Utilization (Cont.)

Out of State Services (Non Border County) - Total SoonerSelect Reimbursements

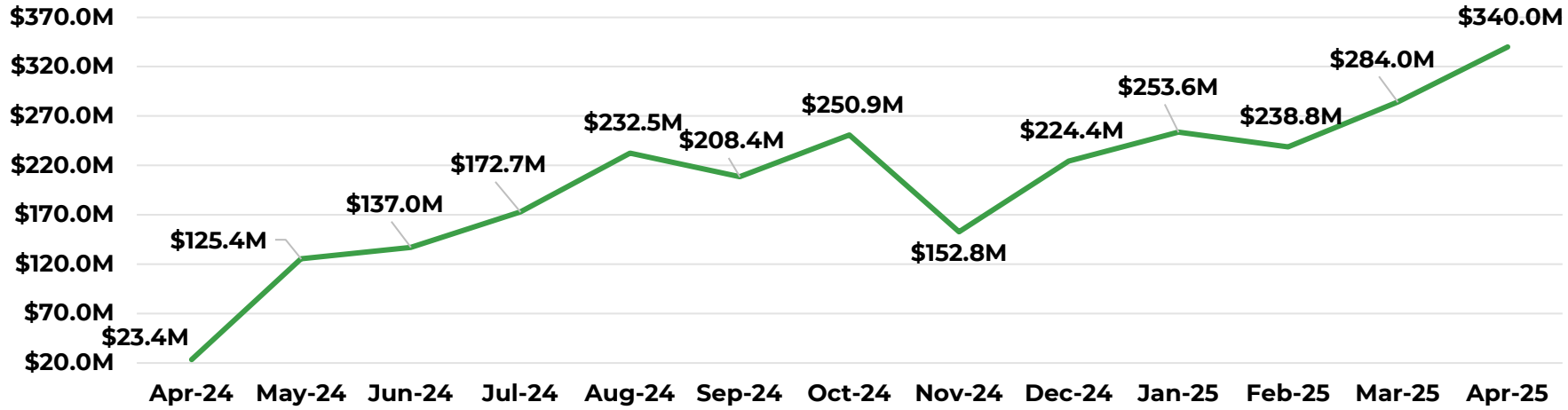


Utilization (Cont.)

Out of State Services (Non Border County) - Total Active Billing Providers

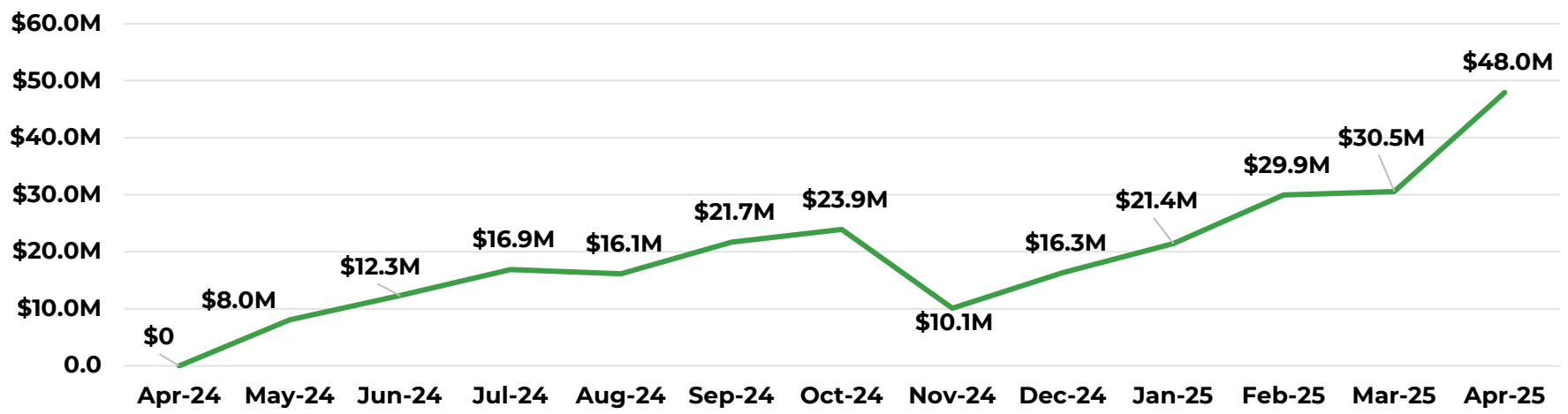


Total SoonerSelect Expenditures (Paid Date)



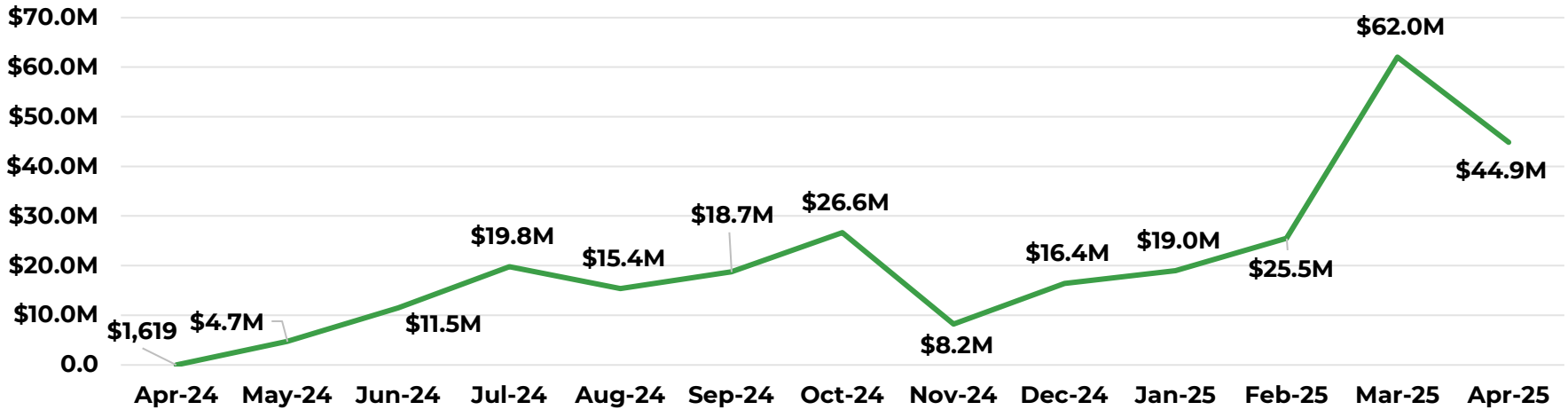
Financials

Inpatient Services Expenditures



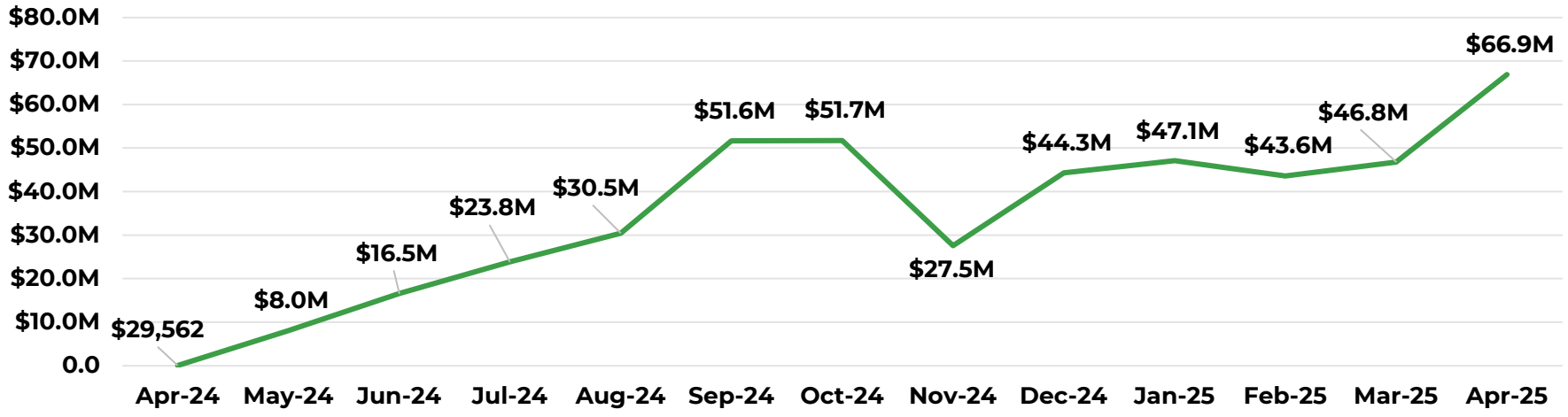
Financials (Cont.)

Outpatient Hospital Expenditures

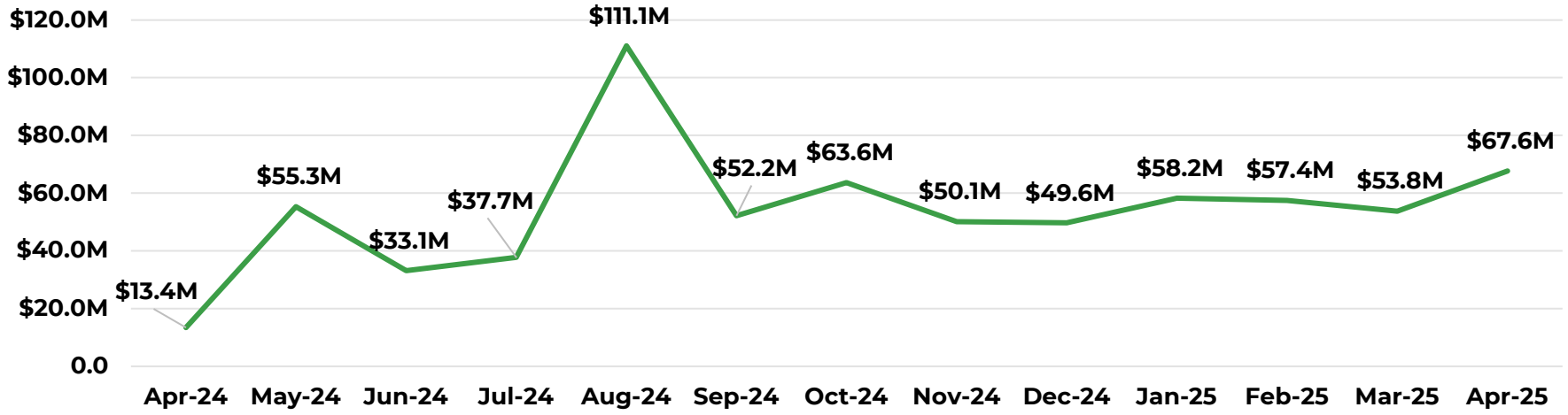


Financials (Cont.)

Physician Expenditures

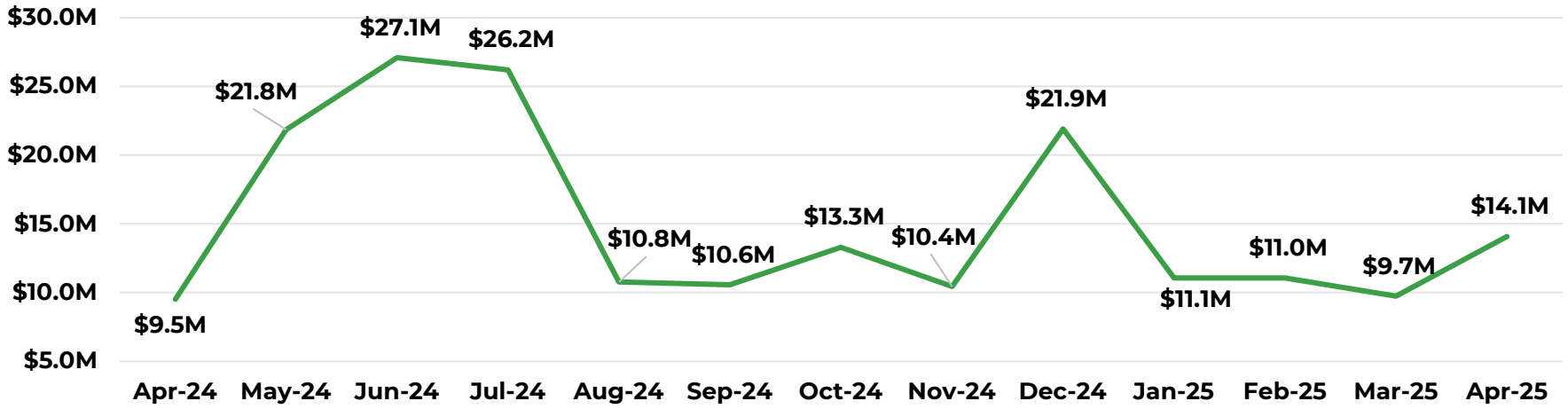


Prescribed Drugs Expenditures

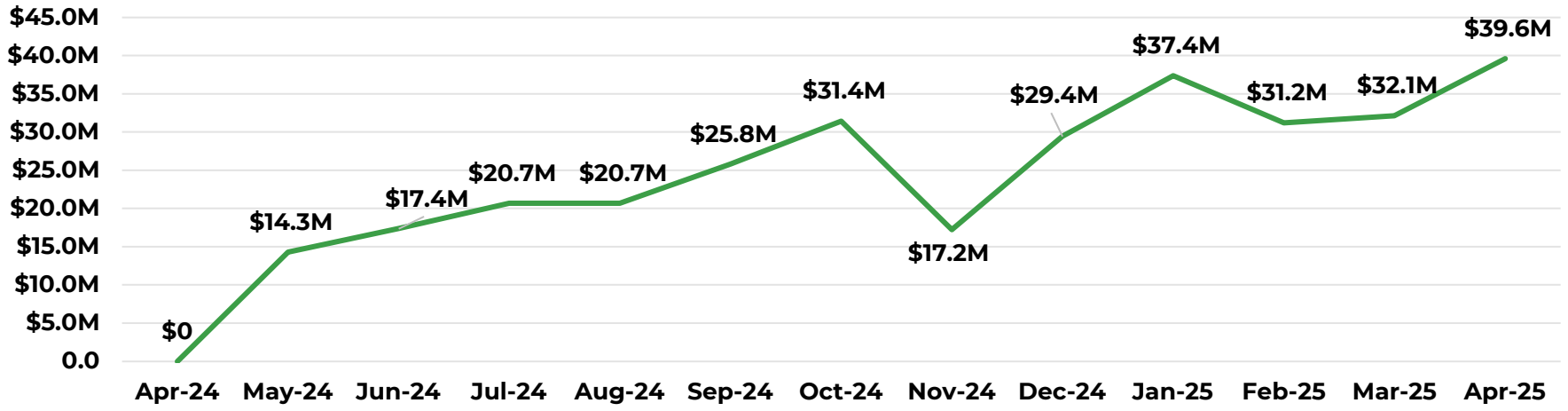


Financials (Cont.)

Dental Expenditures

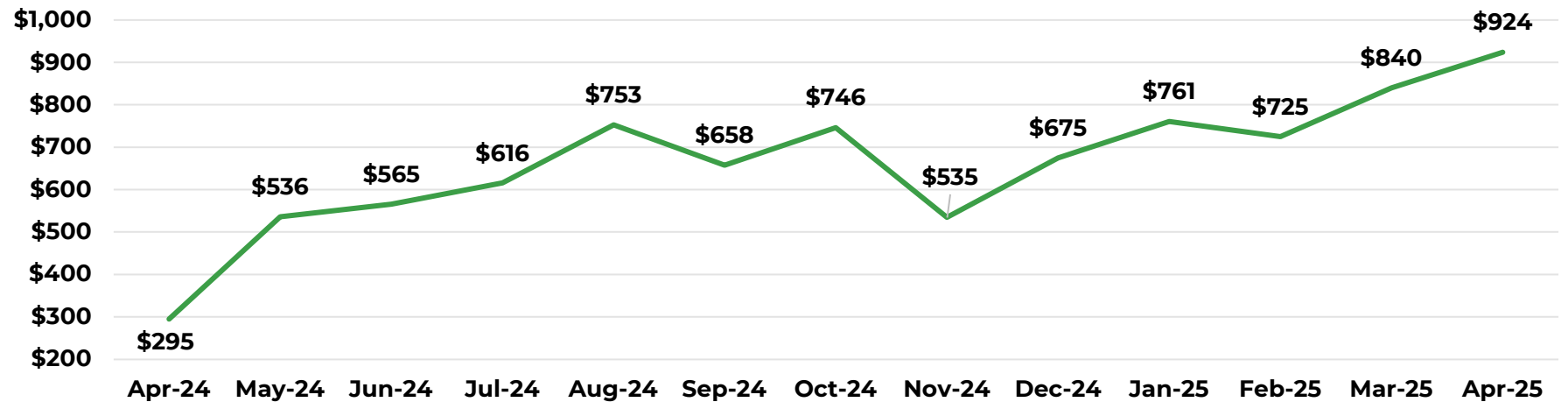


Behavioral Health Expenditures

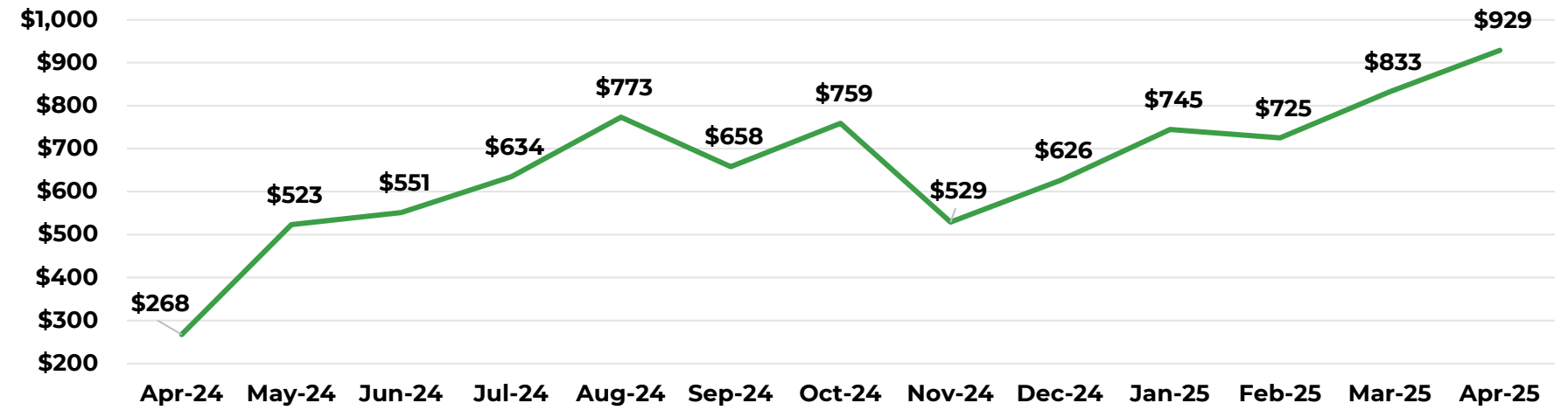


Financials (Cont.)

Average Per Total SoonerSelect Members Served

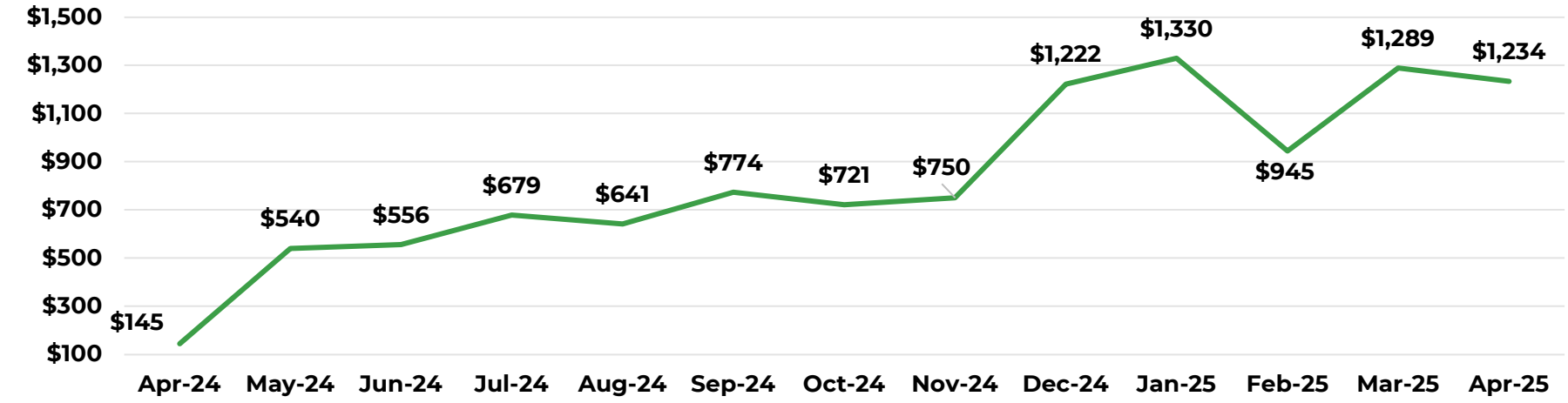


Average Per Medical (S-SEL) Members Served

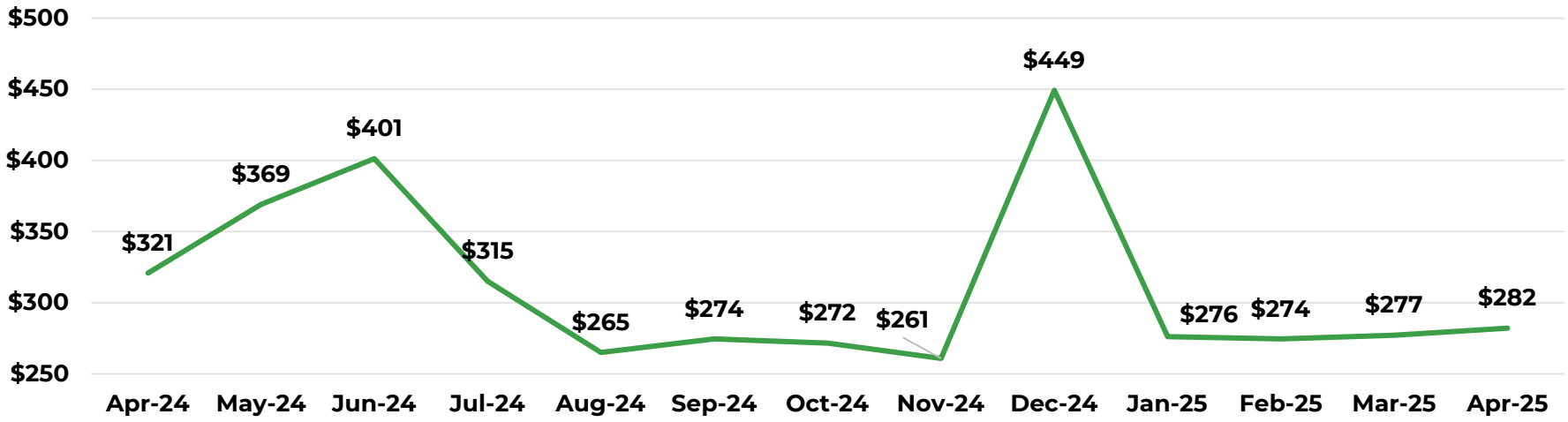


Financials (Cont.)

Average Per Children's Specialty (S-SPC) Members Served



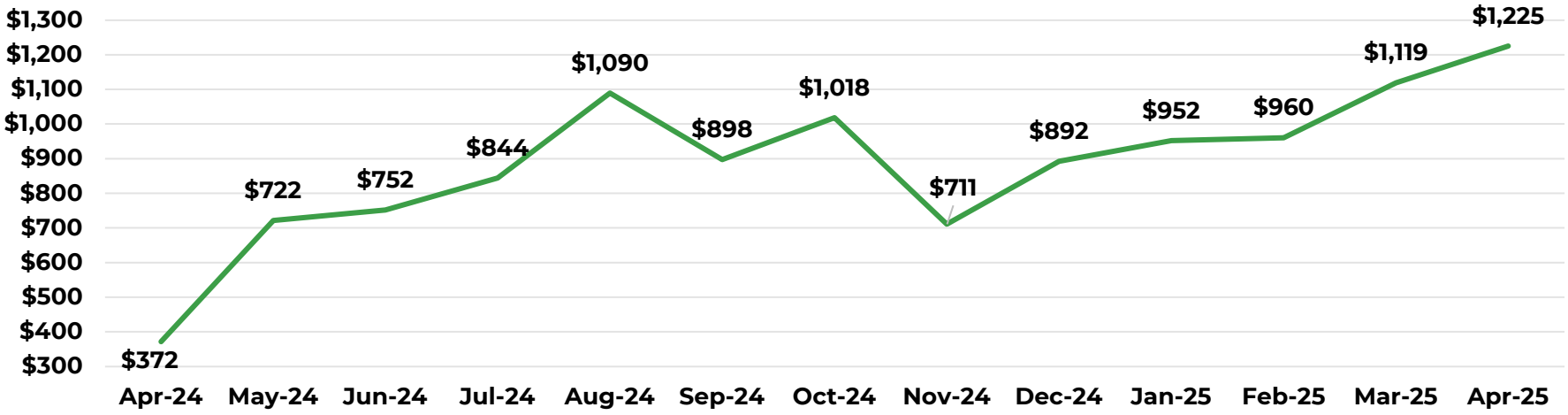
Average Per Dental (S-DBP) Members Served



Financials (Cont.)

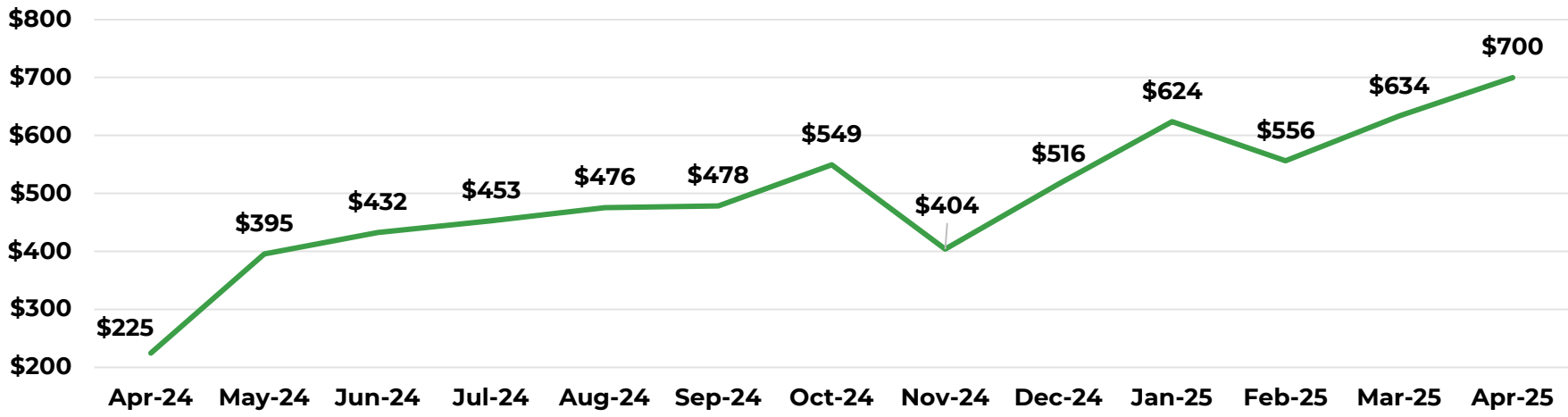
Financials (Cont.)

Average Per Adult (19 & Over) Members Served



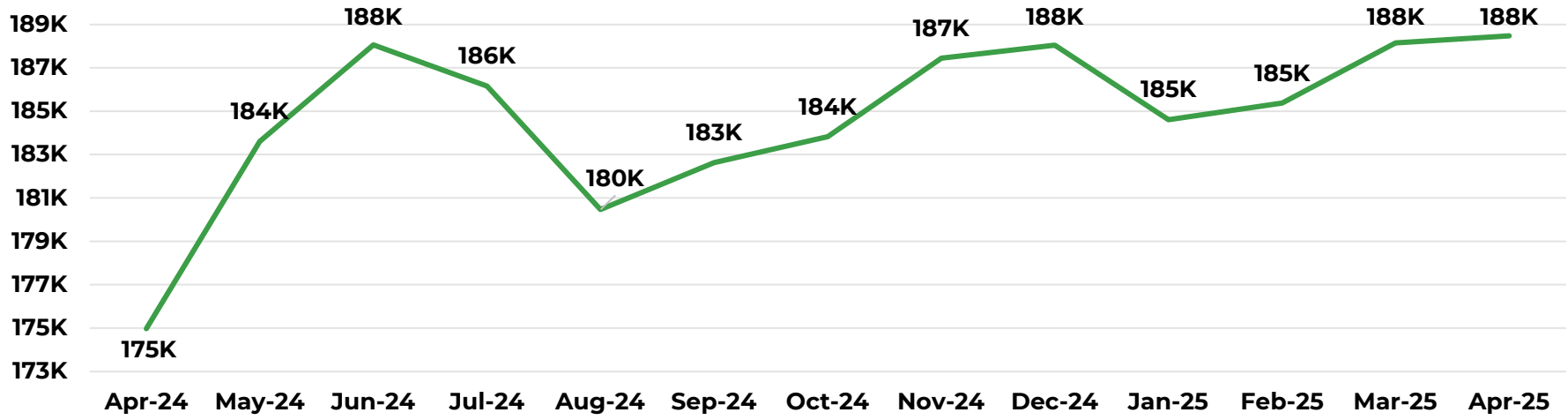
Financials (Cont.)

Average Per Child (18 & Under) Members Served



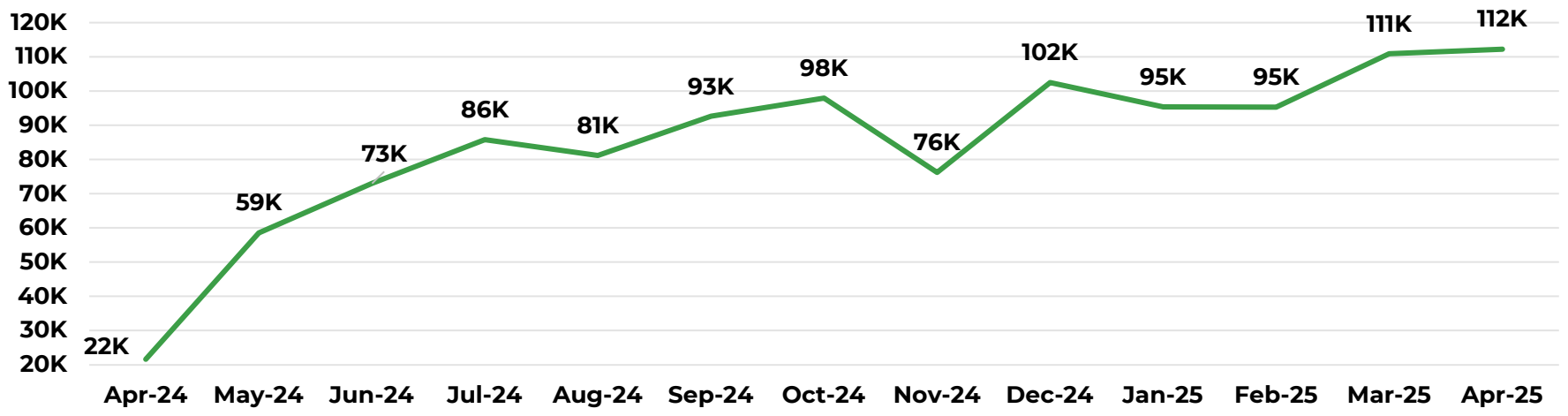
Enrollment & Ulilization by MCE

Aetna Better Health - Members Enrolled



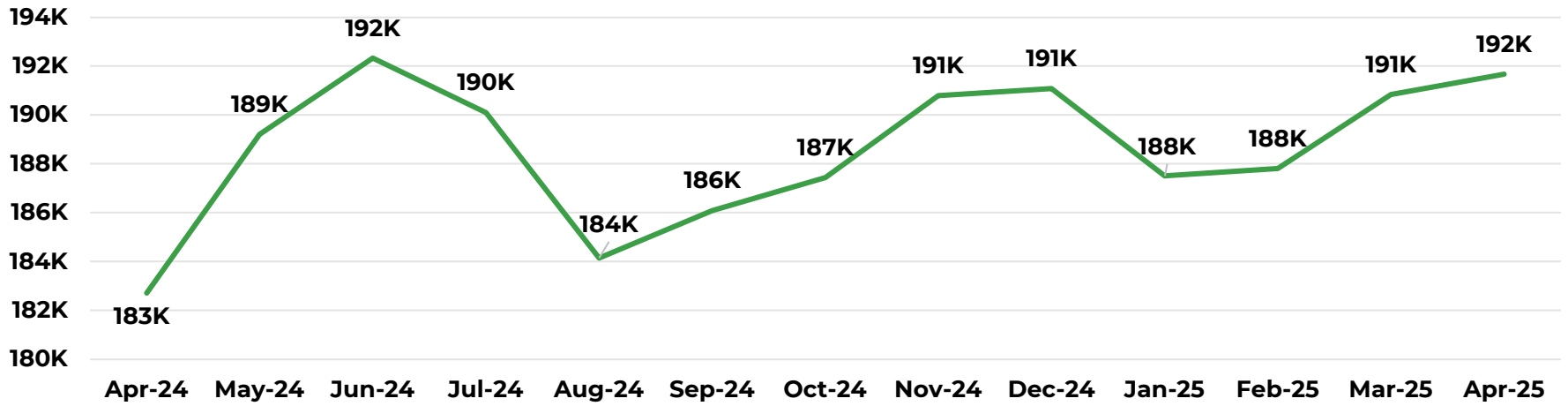
Enrollment & Ulilization by MCE (Cont.)

Aetna Better Health - Members Served



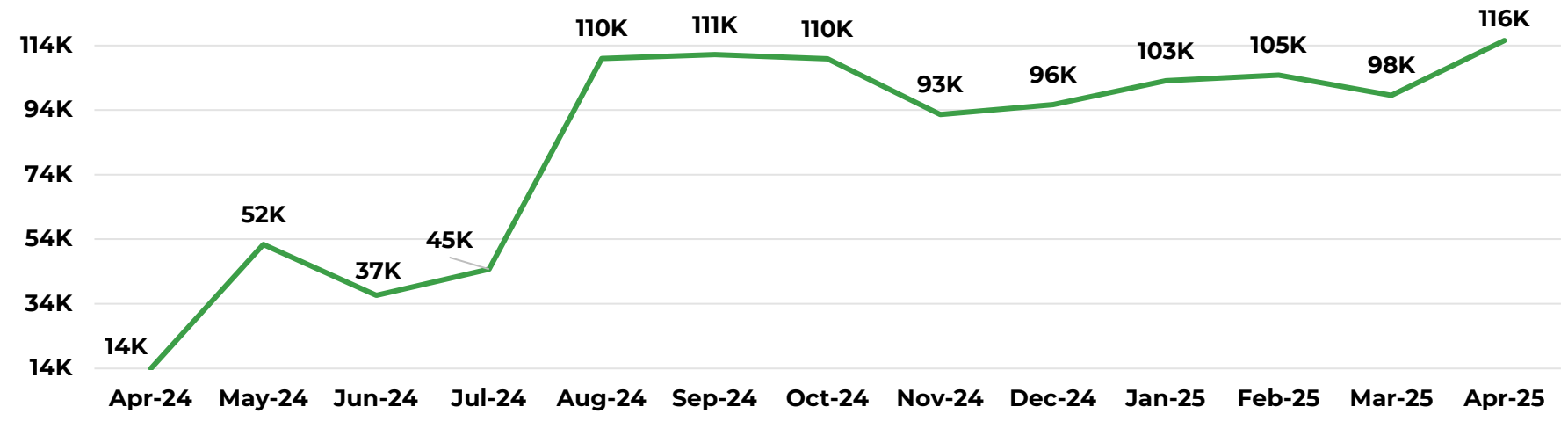
Enrollment & Ulilization by MCE (Cont.)

Humana Healthy Horizons - Members Enrolled



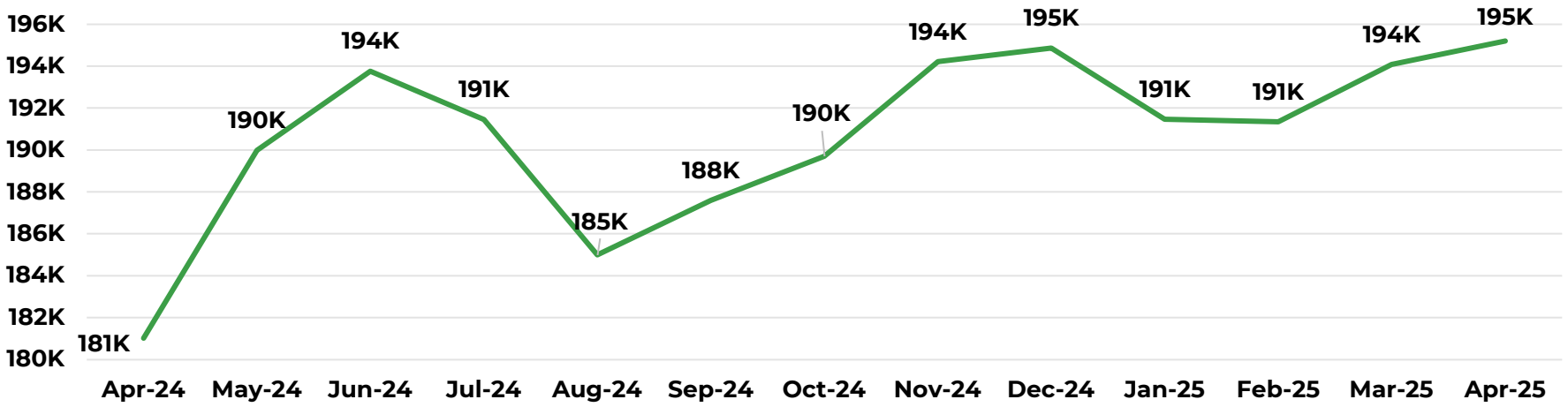
Enrollment & Ulilization by MCE (Cont.)

Humana Healthy Horizons - Members Served

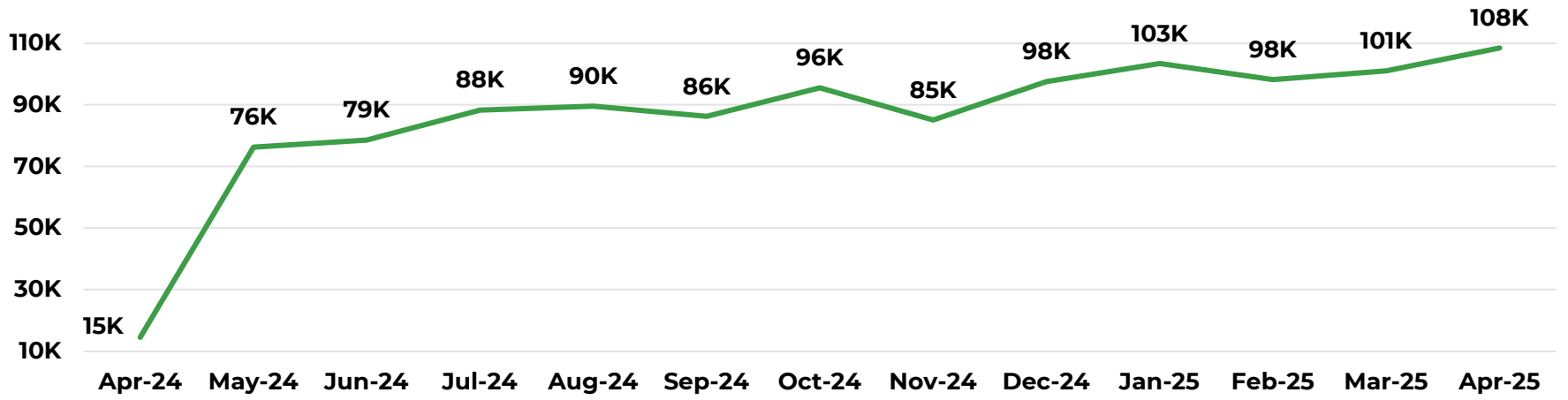


Enrollment & Ulilization by MCE (Cont.)

Oklahoma Complete Health - Members Enrolled

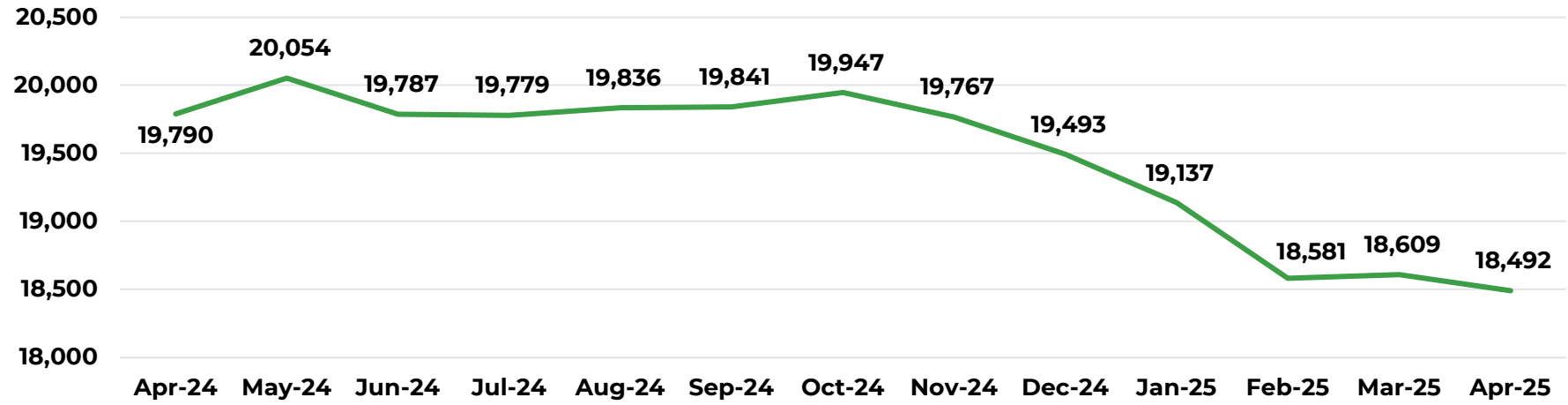


Oklahoma Complete Health - Members Served

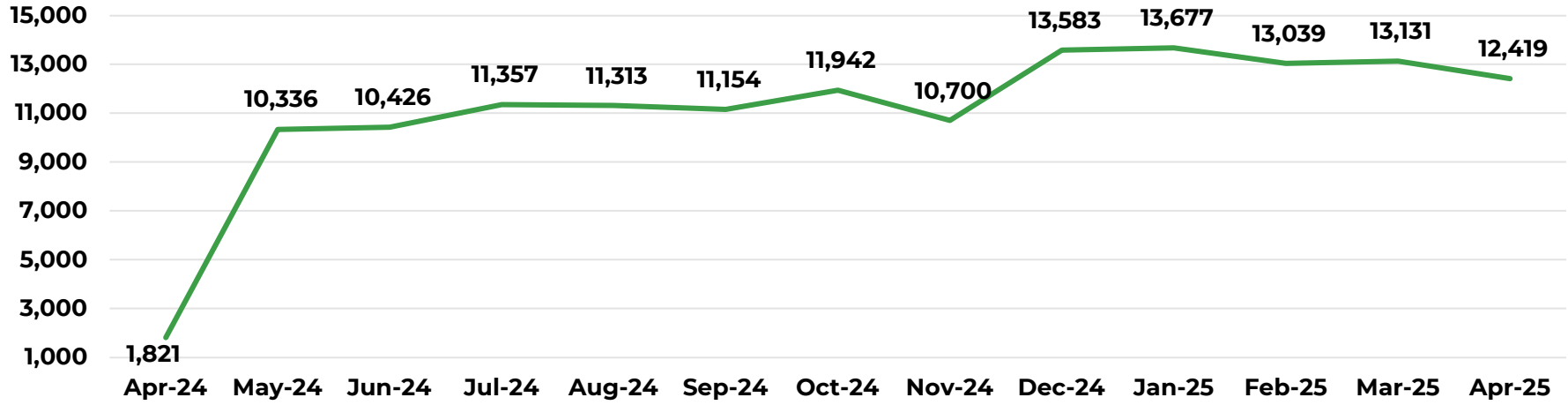


Enrollment & Ulilization by MCE (Cont.)

OCH - Children's Specialty - Members Enrolled

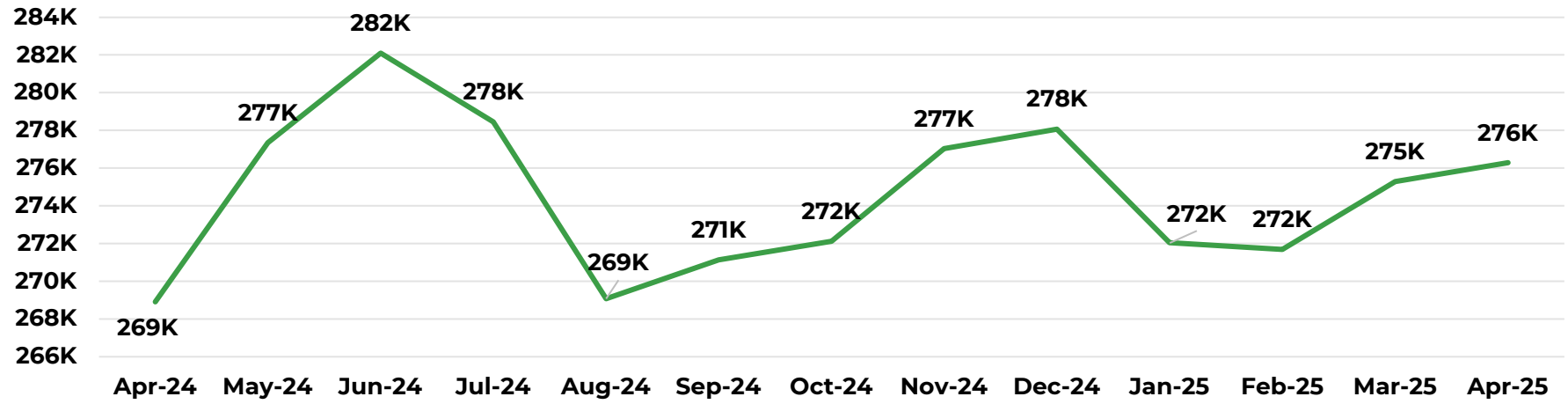


OCH - Children's Specialty - Members Served



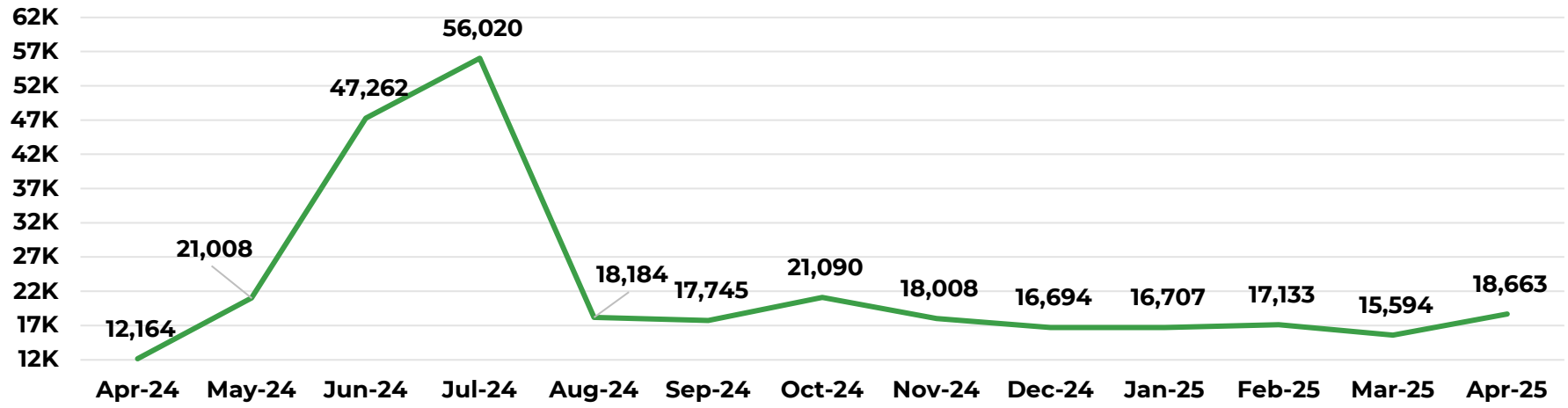
Enrollment & Ulilization by MCE (Cont.)

DentaQuest - Members Enrolled



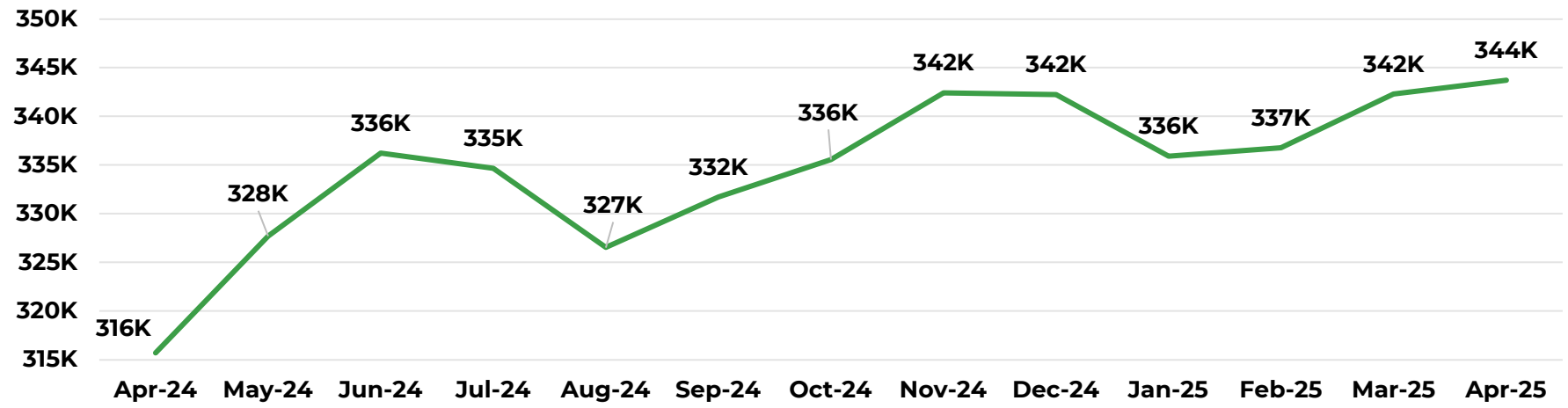
Enrollment & Ulilization by MCE (Cont.)

DentaQuest - Members Served

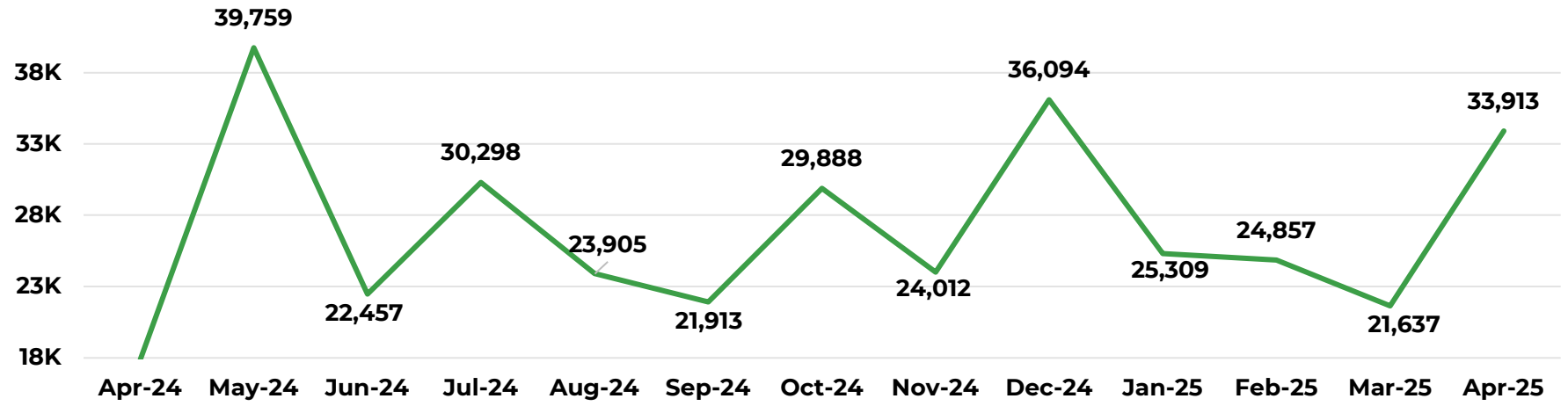


Enrollment & Ulilization by MCE (Cont.)

LIBERTY Dental Plan - Members Enrolled

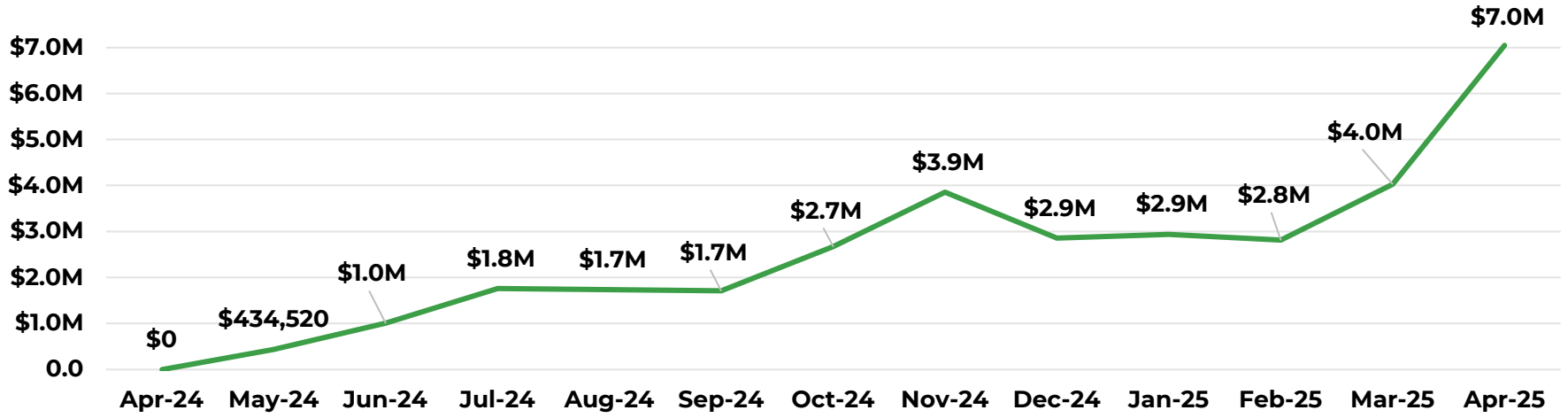


LIBERTY Dental Plan - Members Served

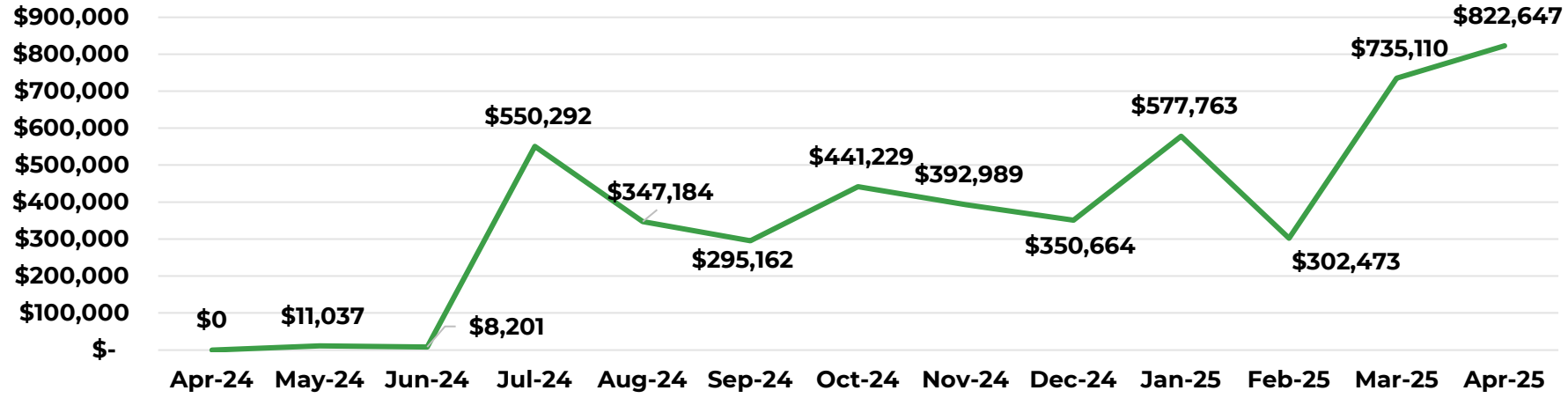


Inpatient Behavioral Health Financials

Inpatient Psychiatric Facility

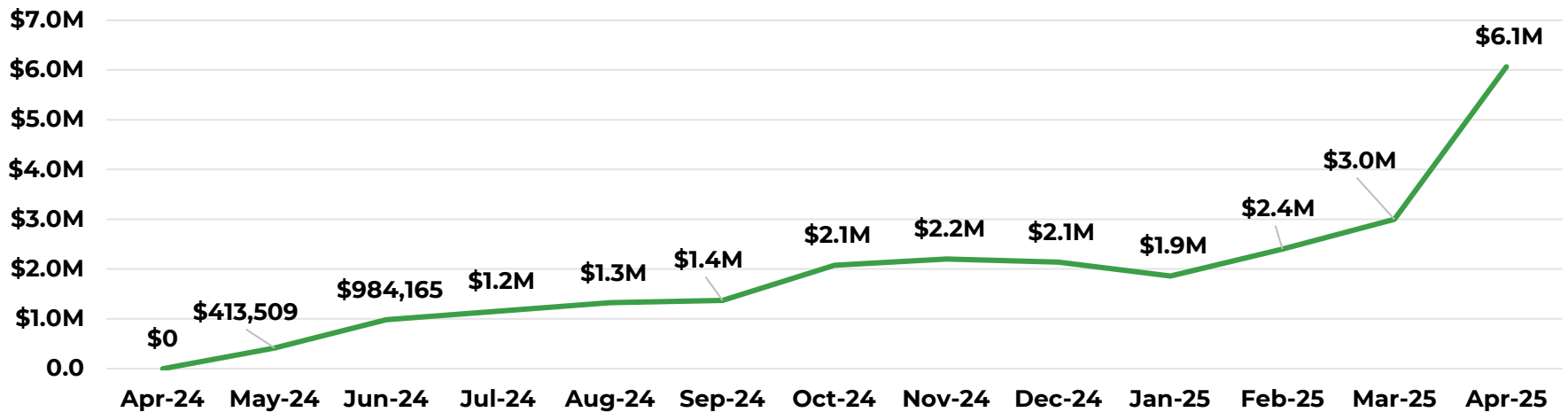


Psychiatric Residential Treatment Facility (IPF Specialty)

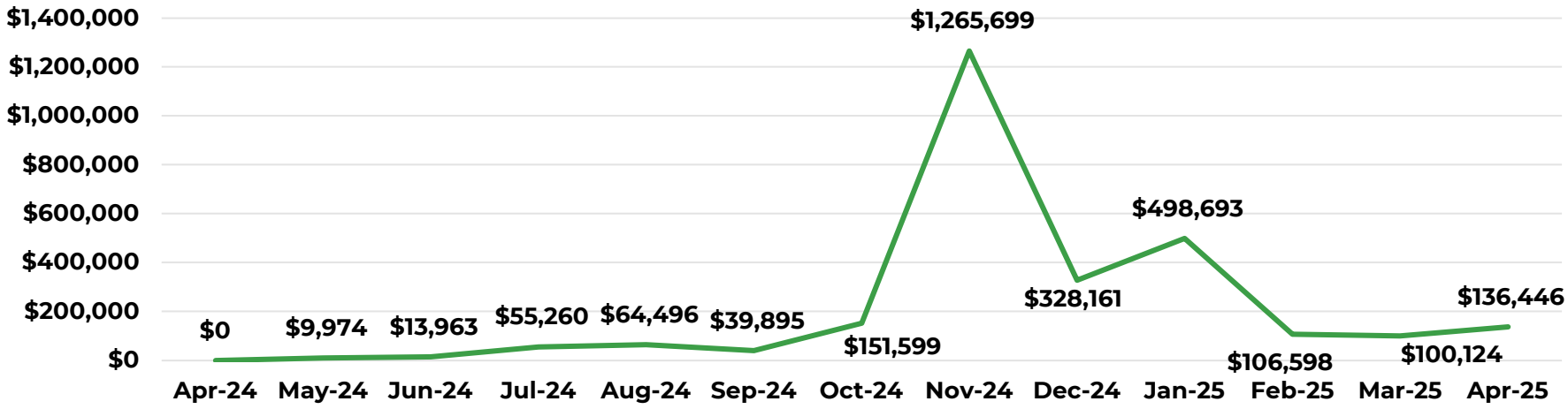


Inpatient Behavioral Health Financials (Cont.)

Psychiatric Hospital (IPF Specialty)



Acute Psych Level II (IPF Specialty)



SoonerSelect Metrics Notes:

Enrollment is any point in time and any length of time enrolled during a month.

Enrolled member has a SoonerSelect eligibility (S-SEL, S-SPC, or S-DBP)

MCO based on PMP Provider Name.

Tribal count uses Tribal Verification Indicator field (Tribal Verified, Tribal Affiliation Only - Name Listed, and Tribal Affiliation Only - Name Not Listed)

Claims are based on paid claims and paid date.

Claims by MCE based on 'MCE Name' field.

Claims are MCE related Claim Regions (30 - MCO Newday Claim; 68 - MCO Regular Adjustment).

Claims based on what MMIS has received from MCEs when query ran.

Inpatient Psychiatric Facility claims based on billing provider type 63 - Inpatient Psychiatric Facility.

Emergency department claims based on paid facility claims based on paid dates with revenue codes between 450 and 459.

Out of state is paid claims based on paid dates. Billing provider is not in OK, and address type is service. Results are filtered to just border counties (within 50 miles of border). Data excludes non border county results and specialty pharmacy.

The following data is submitted by the Contracted Entities (CEs) to OHCA's SoonerSelect Operations Department

CLAIMS PAYMENT ACCURACY AND TIMELINESS

SoonerSelect Medical and Children's Specialty Program – Claims Activity

Claims Activity Reporting	Aetna Better Health				Humana Healthy Horizons			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Total Paid Claims Count	238,757	248,536	259,595	282,048	240,638	236,018	254,220	243,014
Total Paid Claims Amount	$48,842,932.98	$58,550,587.00	$58,132,575.09	$58,470,459.85	$53,099,238.02	$53,532,816.21	$55,193,119.79	$53,314,471.43
Total 837P	206,633	209,434	226,950	248,332	207,233	204,277	223,368	211,104
Total 837I	32,124	39,102	32,645	33,716	33,405	31,741	30,852	31,910
Total Denied Claims Count	65,633	69,338	65,132	61,173	30,907	31,579	31,488	43,986
# of Clean Claims Denied	64,433	65,139	62,475	59,927	30,450	31,267	31,258	43,798
# of Unclean Claims Denied	1,200	4,199	2,657	1,246	457	312	230	188
Adjustments Count	42,826	116,907	86,635	126,695	10,722	11,169	10,614	12,249
Adjustment Amount	$18,310,396.00	$68,265,272.00	$26,743,301.00	$40,153,382.00	$3,902,832.12	$3,960,086.73	$4,844,585.12	$4,316,800.68
Total Claims Adjudicated	304,316	317,874	324,727	342,852	249,882	245,380	263,162	249,021
Total Claims Not Adjudicated	71,541	222,975	147,674	222,990	24,432	28,153	17,227	33,494
Total Claims Adjudicated Amt.	$48,969,373.53	$58,550,587.00	$58,280,338.55	$58,563,701.39	$56,993,884.06	$57,479,052.40	$60,030,282.69	$57,060,113.37

Claims Activity Reporting	Oklahoma Complete Health (Med)				Oklahoma Complete Health (CSP)			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Total Paid Claims Count	201,398	227,130	235,972	274,638	30,675	47,922	36,110	42,487
Total Paid Claims Amount	$44,717,094.29	$50,095,329.27	$53,269,039.46	$56,377,625.87	$7,157,415.80	$17,842,829.83	$8,216,633.89	$9,062,195.19
Total 837P	172,628	193,327	204,396	240,672	27,977	44,776	33,220	39,530
Total 837I	28,770	33,803	31,576	33,966	2,698	3,146	2,890	2,957
Total Denied Claims Count	33,113	34,377	34,480	43,595	3,281	4,373	3,997	5,172
# of Clean Claims Denied	31,549	32,600	32,103	41,341	3,070	4,172	3,698	4,852
# of Unclean Claims Denied	1,564	1,777	2,377	2,254	211	201	299	320
Adjustments Count	75,458	55,662	73,269	43,398	14,289	5,958	6,645	6,685
Adjustment Amount		$1,256,341.85	$2,042,520.60	$60,392.44		$903,283.08	$1,391,472.94	$831,618.65
Total Claims Adjudicated	234,511	261,507	270,452	318,233	33,956	52,295	40,107	47,659
Total Claims Not Adjudicated	63,807	53,669	77,954	60,400	13,821	7,851	10,926	9,035
Total Claims Adjudicated Amt.	$44,717,094.29	$50,095,329.27	$53,269,039.46	$56,377,625.87	$7,157,415.80	$17,842,829.83	$8,216,633.89	$9,062,195.19

SoonerSelect Medical and Children's Specialty Program – Claims Timeliness

Claims Timeliness Reporting	Aetna Better Health								Humana Healthy Horizons							
	Jan-25		Feb-25		Mar-25		Apr-25		Jan-25		Feb-25		Mar-25		Apr-25	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
# Adjudicated w/n 0-14 Days	298,904	98.22%	305,127	95.99%	312,217	96.15%	336,975	98.29%	268,711	98.00%	265,469	99.52%	284,142	98.80%	284,272	99.42%
# Adjudicated w/n 15-30 Days	4,654	1.53%	8,882	2.79%	10,454	3.22%	5,228	1.52%	1,563	2.00%	1,145	0.48%	722	1.18%	1,189	0.56%
# Adjudicated w/n 31-60 Days	675	0.22%	1,078	0.34%	1,044	0.32%	610	0.18%	90	0.00%	27	0.00%	21	0.34%	36	0.01%
# Adjudicated w/n 61-90 Days	80	0.03%	429	0.13%	233	0.07%	5	0.00%	2	0.00%	0	0.00%	4	0.00%	6	0.00%
# Adjudicated w/n 91-365 Days	3	0.00%	2,358	0.74%	779	0.24%	22	0.01%	5	0.00%	4	0.00%	12	0.00%	7	0.00%
# Adjudicated over 365 Days	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Average Paid Time (Days)	6		6		6		6		6		5		5		5	

Claims Timeliness Reporting	Oklahoma Complete Health (Med)								Oklahoma Complete Health (CSP)							
	Jan-25		Feb-25		Mar-25		Apr-25		Jan-25		Feb-25		Mar-25		Apr-25	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
# Adjudicated w/n 0-14 Days	226,278	98.40%	252,663	99.00%	252,908	99.00%	304,527	99.00%	32,761	98.75%	51,176	99.00%	38,012	98.22%	45,168	98.17%
# Adjudicated w/n 15-30 Days	2,851	1.24%	3,274	1.00%	4,716	1.00%	3,844	1.00%	280	0.84%	268	1.00%	578	1.49%	801	1.74%
# Adjudicated w/n 31-60 Days	588	0.26%	387	0.00%	173	0.00%	246	0.00%	87	0.26%	4	0.00%	63	0.16%	40	0.09%
# Adjudicated w/n 61-90 Days	165	0.07%	36	0.00%	35	0.00%	65	0.00%	21	0.06%	6	0.00%	5	0.01%	0	0.00%
# Adjudicated w/n 91-365 Days	64	0.03%	108	0.00%	480	0.00%	49	0.00%	27	0.08%	22	0.00%	41	0.11%	1	0.00%
# Adjudicated over 365 Days	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Average Paid Time (Days)	8		8		8		7		9		8		8		8	

SoonerSelect Dental – Claims Activity

Claims Activity Reporting	DentaQuest				Liberty Dental Plan			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Total Paid Claims Count	23,925	19,041	24,659	26,119	30,319	24,686	29,815	34,971
Total Paid Claims Amount	$5,832,244.56	$4,570,555.14	$5,558,920.07	$6,120,478.63	$7,235,029.36	$6,263,755.43	$7,038,538.77	$8,384,261.76
Total Denied Claims Count	3,292	2,679	3,243	3,563	2,659	2,178	2,682	3,322
# of Clean Claims Denied	3,051	2,510	3,152	3,500	1,951	1,564	1,870	2,239
# of Unclean Claims Denied	241	169	91	63	708	614	812	1,083
Adjustments Count	6,151	472	517	241	1,041	449	429	1,541
Adjustment Amount	($71,255.85)	$33,387.46	$34,739.40	$23,463.42	$244,618.56	$79,887.71	$77,493.51	$110,449.92
Total Claims Adjudicated	27,217	21,720	27,902	29,682	34,019	27,313	32,926	39,780
Total Claims Not Adjudicated	11,716	12,254	12,993	14,067	10,138	11,767	12,874	12,456
Total Claims Adjudicated Amt.	$5,832,244.56	$4,570,555.14	$5,558,920.07	$6,120,478.63	$7,479,647.92	$6,343,643.14	$7,116,032.28	$8,494,711.68

SoonerSelect Dental – Claims Timeliness

Claims Timeliness Reporting	DentaQuest								Liberty Dental Plan							
	Jan-25		Feb-25		Mar-25		Apr-25		Jan-25		Feb-25		Mar-25		Apr-25	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
# Adjudicated w/n 0-14 Days	26,354	93.83%	21,561	96.87%	28,213	98.51%	30,275	99.90%	27,845	87.00%	25,495	98.00%	30,834	98.00%	36,745	100.00%
# Adjudicated w/n 15-30 Days	155	0.55%	94	0.42%	303	1.06%	31	0.10%	4,073	13.00%	457	2.00%	561	2.00%	77	0.00%
# Adjudicated w/n 31-60 Days	849	3.02%	352	1.58%	125	0.44%	0	0.00%	3	0.00%	10	0.00%	0	0.00%	0	0.00%
# Adjudicated w/n 61-90 Days	385	1.37%	139	0.62%	0	0.00%	0	0.00%	1	0.00%	0	0.00%	2	0.00%	5	0.00%
# Adjudicated w/n 91-365 Days	344	1.23%	112	0.50%	0	0.00%	0	0.00%	0	0.00%	1	0.00%	0	0.00%	0	0.00%
# Adjudicated over 365 Days	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Average Paid Time (Days)	12		8		5		4		10		8		6		9	

PRIOR AUTHORIZATION METRICS

SoonerSelect Medical and Children's Specialty Program – Expedited & Standard Prior Authorizaions

Expedited & Standard PAs	Aetna Better Health				Humana Healthy Horizons			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Overall PA Count	9,794	8,605	9,550	10,486	14,618	13,383	15,089	16,434
Average % Approved	86%	83%	76%	65%	86%	84%	81%	77%
Average % Denied	7%	9%	21%	22%	11%	9%	9%	10%
% Completed within 24 hrs	29%	38%	91%	75%	94%	84%	82%	81%
% Completed after 72 hrs	8%	4%	7%	0%	1%	0%	0%	0%
Top Denial Reasons (1)	1- Not Medically Necessary				1 - Medically Necessity			
Top Denial Reasons (2)	2 - Not a covered benefit/benefit exhausted				2 - Benefit			
Top Denial Reasons (3)	3 - Service is experimental/investigational				3 -Not Medically Necessary			
Top Denial Reasons (4)	4- Out of Network Provider				4 - Lack of Information			
Top Denial Reasons (5)	5 - Not enough info to determine if medically necessary				5 - Administrative Denial			

Expedited & Standard PAs	Oklahoma Complete Health (Med)				Oklahoma Complete Health (CSP)			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Overall PA Count	13,309	13,347	13,853	14,833	1,406	1,654	1,849	2,080
Average % Approved	60%	81%	80%	62%	81%	83%	75%	69%
Average % Denied	30%	12%	12%	19%	13%	9%	10%	22%
% Completed within 24 hrs	45%	91%	92%	91%	40%	91%	85%	89%
% Completed after 72 hrs	9%	2	1%	2%	10%	2%	2%	5%
Top Denial Reasons (1)	1- Not Medically Necessary				1-Pay			
Top Denial Reasons (2)	2-MD Denial				2-Denied by Medical Services			
Top Denial Reasons (3)	3 -Denied by Medical Services				3-Medical Necessity Not Met			
Top Denial Reasons (4)	4 -Admin Denial				4-Admin Denial			
Top Denial Reasons (5)	5 - Admin Denied Excluded				5-MC Partial Approval			

SoonerSelect Dental – Expedited Prior Authorizaions

Expedited PAs	DentaQuest				Liberty Dental Plan			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Overall PA Count	165	93	122	172	1	3	2	1
Total # Approved	30	41	49	59	1	3	2	1
% Approved	18.18%	44.09%	40.16%	34.30%	100.00%	100.00%	100.00%	100.00%
Total # Denied	76	27	43	59	0	0	0	0
% Denied	46.06%	29.03%	35.25%	34.30%	0.00%	0.00%	0.00%	0.00%
% Processed 24+ hrs no extension	0.00%	0.00%	0.00%	2.00%	0.00%	0.00%	0.00%	0.00%
Top Denial Reasons (1)	1 - Dental Director Review - Deny removal of impacted tooth				1 - N/A			
Top Denial Reasons (2)	2 - Dental Director Review - SRP denied, no sings of bone loss				2 - N/A			
Top Denial Reasons (3)	3 - Dental Director Review - xrays do not support service				3 - N/A			
Top Denial Reasons (4)	4 - Approved				4 - N/A			
Top Denial Reasons (5)	5 - Contact health plan for request				5 - N/A			

SoonerSelect Dental – Standard Prior Authorizaions

Standard PAs	DentaQuest				Liberty Dental Plan			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Overall PA Count	7,870	6,337	7,348	7,815	11,197	8,531	10,866	11,298
Total # Approved	3,179	2,595	2,987	3,326	8,012	6,299	8,299	8,423
% Approved	40.39%	40.95%	40.65%	42.11%	71.55%	73.84%	76.38%	72.74%
Total # Denied	2,311	2,039	2,113	2,247	2,909	1,731	2,286	2,344
% Denied	29.36%	32.18%	28.76%	28.45%	25.98%	20.29%	21.04%	20.24%
% Processed 72+ hrs no extension	Multiple types	1% Ortho	0.00%	0.00%	0.00%	Multiple types	Multiple types	Multiple types
Top Denial Reasons (1)	1 -				1 - Medical Necessity			
Top Denial Reasons (2)	2 - Ortho denials				2 - Medical Necessity Modification			
Top Denial Reasons (3)	3 -Dental Director Review - Deny removal of impacted tooth				3 - UM Frequency			
Top Denial Reasons (4)	4 - Dental Director Review - Records do not support				4 - Procedure not listed as plan benefit			
Top Denial Reasons (5)	5 - Dental Director - Crown shows no significant breakdown				5 -Member not eligible			

CALL CENTER METRICS

SoonerSelect Medical and Children's Specialty Program – Enrollee Call Center

Enrollee Call Center	Aetna Better Health				Humana Healthy Horizons			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Total Call Volume	18,627	15,436	16,664	19,438	15,288	13,192	15,290	14,640
Average Wait Time (Seconds)	10	5	9	7	5	4	11	2
Abandonment Rate	0.55%	0.19%	0.60%	0.97%	0.15%	0.12%	0.20%	0.14%
Blocked Calls	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Service Level Report	94.00%	99.00%	96.00%	97.00%	98.00%	98.00%	98.00%	98.00%

Enrollee Call Center	Oklahoma Complete Health (Med)				Oklahoma Complete Health (CSP)			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Total Call Volume	10,349	8,433	8,656	8,493	741	622	641	624
Average Wait Time (Seconds)	7	9	9	7	16	9	6	4
Abandonment Rate	0.30%	0.70%	0.57%	0.07%	0.80%	0.00%	0.47%	0.00%
Blocked Calls	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Service Level Report	98.00%	97.00%	97.00%	98.00%	95.00%	97.00%	99.00%	98.00%

SoonerSelect Medical and Children's Specialty Program – Provider Call Center

Provider Call Center	Aetna Better Health				Humana Healthy Horizons			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Total Call Volume	7,027	7,036	7,394	7,981	4,593	4,549	4,848	5,908
Average Wait Time (Seconds)	5	5	3	8	5	9	17	16
Abandonment Rate	0.81%	0.74%	0.57%	0.73%	0.54%	0.57%	0.68%	10.08%
Blocked Calls	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Service Level Report	97.00%	96.00%	98.00%	96.00%	94.00%	95.00%	96.00%	93.00%

Provider Call Center	Oklahoma Complete Health (Med)				Oklahoma Complete Health (CSP)			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Total Call Volume	7,256	6,662	7,237	7,885	531	476	489	533
Average Wait Time (Seconds)	16	10	9	11	15	10	13	10
Abandonment Rate	0.47%	0.84%	1.12%	0.42%	0.19%	1.47%	0.41%	0.00%
Blocked Calls	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Service Level Report	93.00%	97.00%	97.00%	95.00%	93.00%	96.00%	97.00%	96.00%

SoonerSelect Dental – Enrollee Call Center

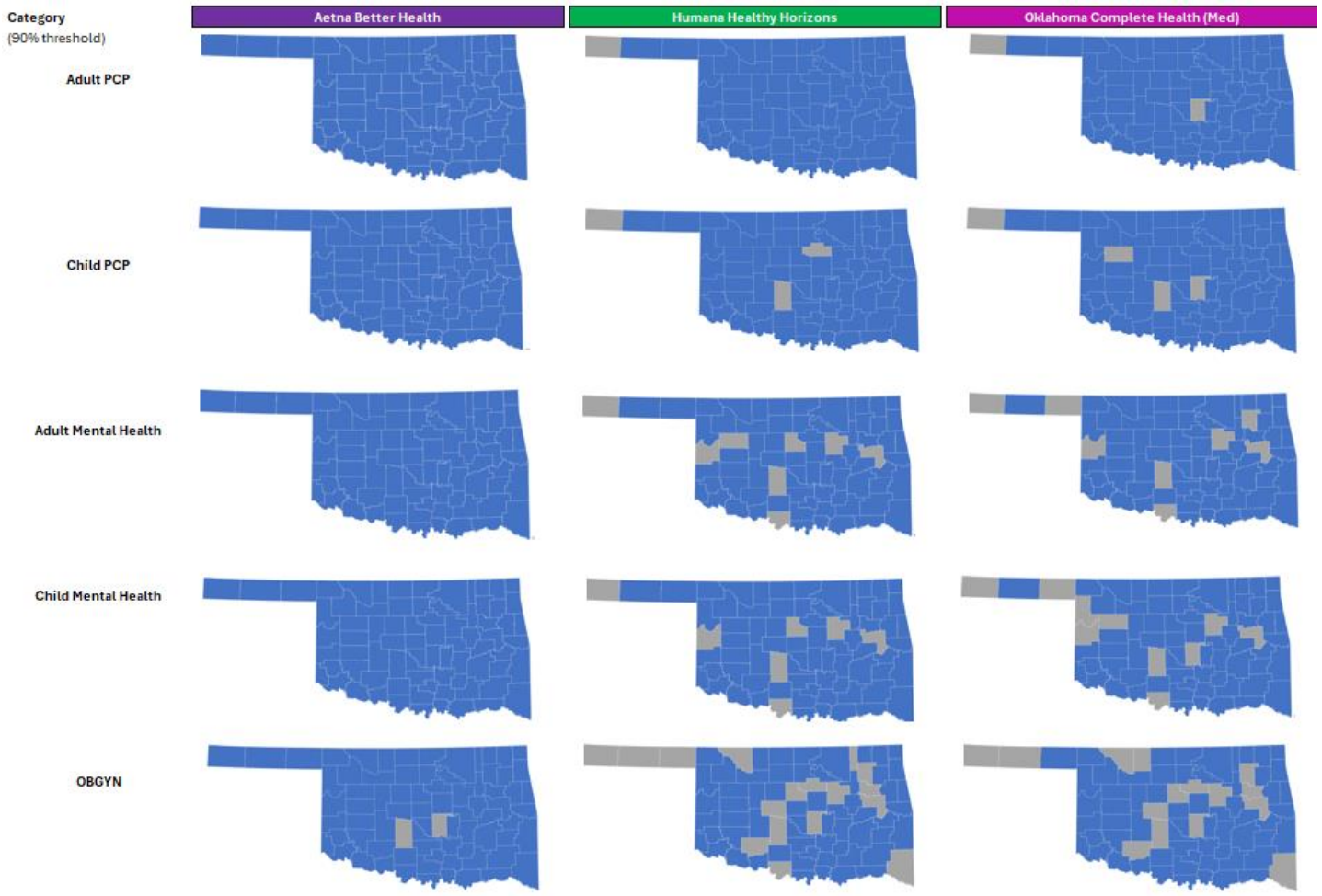
Enrollee Call Center	DentaQuest				Liberty Dental Plan			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Total Call Volume	2,540	2,570	2,569	2,876	2,267	1,907	2,145	2,217
Average Wait Time (Seconds)	16	20	8	4	9	23	23	14
Abandonment Rate	0.51%	0.35%	0.08%	0.00%	0.35%	0.52%	0.93%	0.90%
Blocked Calls	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Service Level Report	83.00%	81.00%	86.00%	85.00%	97.00%	90.00%	91.00%	92.00%
Overflow Call Center % of Calls					1.10%	12.48%	8.90%	6.50%

SoonerSelect Dental – Provider Call Center

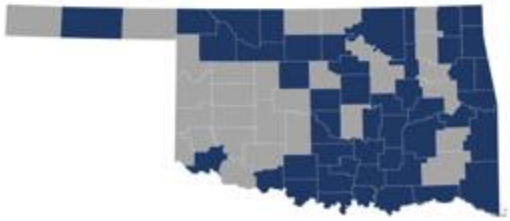
Provider Call Center	DentaQuest				Liberty Dental Plan			
	Jan-25	Feb-25	Mar-25	Apr-25	Jan-25	Feb-25	Mar-25	Apr-25
Total Call Volume	272	312	328	288	99	66	79	79
Average Wait Time (Seconds)	13	15	6	2	12	16	16	15
Abandonment Rate	0.00%	0.00%	0.00%	0.00%	0.00%	1.52%	0.00%	1.27%
Blocked Calls	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Service Level Report	91.00%	90.00%	98.00%	97.00%	96.00%	91.00%	91.10%	90.00%
Overflow Call Center % of Calls					5.05%	7.58%	5.06%	8.86%

NETWORK ADEQUACY

SoonerSelect Medical

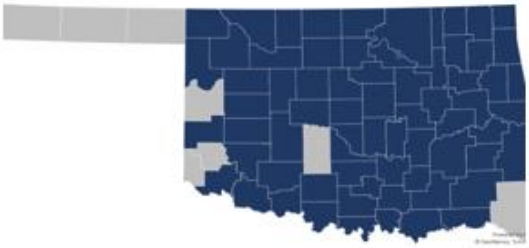
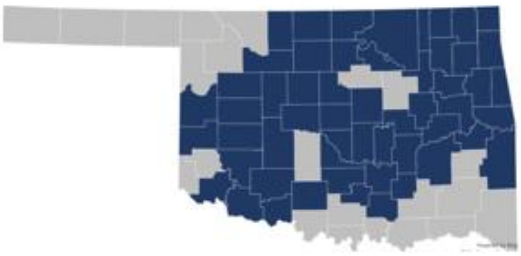


SoonerSelect Children's Specialty Program

Category (90% threshold)	Oklahoma Complete Health (CSP)
Child PCP	
Child Mental Health	
Psychiatrists	

SoonerSelect Dental

(90% threshold)

	DentaQuest	Liberty Dental Plan
Adult PCD		
Child PCD		
Ortho		
Oral Surgeon		

External Quality Review Update
2024 Annual EQR Technical Report

SoonerSelect Quality Advisory Committee

July 8, 2025

kfmc
HEALTH IMPROVEMENT PARTNERS

Report Structure

- Activity summaries
- Opportunities for improvement regarding access, quality, and timeliness
- Recommendations for quality improvement

kfmc
HEALTH IMPROVEMENT PARTNERS

Review of Compliance with Medicaid and CHIP Managed Care Regulations

Recommendations

- Add or clarify federal regulation or State contract requirements in policies, procedures, member and provider handbooks, and member materials.
- Clarify timeframes in policies, member materials, and provider handbooks (e.g., use “calendar days” consistently).
- Maintain language consistency between policies, handbooks, and other materials.
- Clarify availability of materials in alternative formats and languages, and interpreter services, is at no cost to the member.

Information Systems Capabilities Assessment

Recommendation

- Continue to work closely with OHCA to correct issues as they arise and fine-tune processes to ensure timely and accurate data exchange, processing, and reporting. This will help provide a foundation for a quality managed care program for SoonerSelect members.

Quality Assessment and Performance Improvement

- Recommendations:
  - Expand detail in QAPI documents on performance measures and rates, quality improvement activities, committee structures and members.
  - Include Performance Improvement Project (PIP) details in QAPI documents.
  - Clarify member/provider engagement and communication of QAPI results.
  - Include data indicators to track Work Plan activities.
  - Clarify and clearly distinguish goals vs. objectives in Program Description.
  - Align Program Description initiatives with Work Plan activities.

Early and Periodic Screening, Diagnostic, and Treatment

Recommendations

- Ensure all EPSDT materials (handbooks, manuals) clearly define covered services and screening timelines.
- Clarify policies stating that CEs must pay EPSDT claims first before billing third parties.
- Improve access to EPSDT info in member materials (e.g., not just homepage links).
- Individualize EPSDT materials for populations like children in foster care or specialty programs.

Quality Strategy

Aims, Goals, Objectives and EQR Activity Alignment

Aim 1: Improve the health of Oklahoma Medicaid members and the health of Oklahoma communities and the State as a whole	Related EQR Activities
Goal 1: Promote wellness and prevention	
Objective 1.1 Promote child health, development, and wellness	
Objective 1.4: Improve access to oral health care for SoonerSelect dental plan enrollees	PIPS, EPSDT
Goal 2: Improve behavioral and chronic condition management	
Objective 2.1: Improve behavioral health care	PIPs
Objective 2.2: Improve diabetes management	
Goal 3: Collaborate with community partners and other State agencies to improve population health	
Objective 3.1: Address unmet health-related resource needs	
Objective 3.5: Address obesity	PIPs
Objective 3.6: Improve maternal and infant outcomes	
Aim 2: Improve care delivery through a provider-led model with emphasis on access to high-quality, person-centered, and coordinated care.	
Goal 4: Ensure appropriate access to care	
Objective 4.1: Ensure services are available geographically **Objective 4.2:** Ensure timely access to care	Network Adequacy Validation, PIPs
Goal 5: Drive patient-centered, whole-person care	
Objective 5.1: Address behavioral and physical health conditions	PIPs

Discussion

How can the CEs better support members in understanding what services their children should receive as part of routine care (like screenings, dental visits, etc.)?

What ideas do you have for the CEs to help ensure children get timely check-ups and developmental screenings?

What barriers do providers have to completing all components of EPSDT screening and services as required?

How might the CEs work with providers to increase EPSDT screening and services?

- What kinds of education or training would benefit providers most regarding EPSDT? (e.g., billing, screening schedule, documentation requirements)
- What are the best ways for CEs to provide education, training, and/or resources? (e.g., provider manual, provider portal, webinars, Town Halls, provider representative virtual or in-person visits, gap-in-care reports)

Thank you

Beth Nech
EQRO Senior Manager
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kfmc
HEALTH IMPROVEMENT PARTNERS

Better health outcomes for everyone.

QAC Subcommittee on Performance Improvement Projects

- Process for evaluation/approval
  - Evaluated by KFMC, OHCA staff and PIP Subcommittee members
  - Approved by OHCA

QAC Subcommittee on Performance Improvement Projects

- PIP Subcommittee members evaluated CE's SDOH PIPs utilizing simplified tool
- Summary of members' PIP evaluations presented in June meeting
- Clinical PIPs had been previously evaluated by members
- Behavioral Health PIPs not evaluated by PIP Subcommittee members

QAC Subcommittee on Performance Improvement Projects

- Deadline for all PIPS June 30
  - Aetna:
    - PIPs 1 – approved
    - PIPs 2 and 3 clarity needed
  - Humana:
    - PIPs 1, 2, and 3 – all approved
  - OCH: Medical and CSP
    - PIPs 1 and 2 – approved
    - PIP 3 clarity needed - extension
  - Liberty:
    - PIPs 1 and 2 approved
  - DentaQuest:
    - PIP 2 – approved
    - PIP 1 – clarity needed

QAC Subcommittee on Performance Improvement Projects

- Requests by PIP Subcommittee members
  - Periodic updates on progress presented
  - Request for more information on impact of our evaluations
  - Final copy of all PIPs to be provided