



## Quality of Care in the SoonerCare Program

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Reporting Year 2016

Measurement Year 2015

*Prepared for:*

*State of Oklahoma*

*Oklahoma Health Care Authority*

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**PHPG**

Oklahoma  
**HealthCare**  
Authority

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**APPENDIX A: 2015 COMPLIANCE RATE DEMOGRAPHICS**

## CHAPTER ONE: INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is required to measure and report results annually on the quality of care provided to individuals enrolled in its Medicaid program, known as SoonerCare. This includes measures that are required or suggested by the Centers for Medicare and Medicaid Services (CMS). The OHCA also reports results to various stakeholders for additional measures selected from the Healthcare Effectiveness Data and Information Set (HEDIS®).

The Pacific Health Policy Group (PHPG) was retained by the OHCA in July 2016 to:

- Report results for the 2016 reporting year, which evaluates care provided in 2015;
- Analyze historical and demographic trends; and
- Compare the State’s results to national benchmarks.

Where provided, national averages refer to the national average for Medicaid HMOs. Results for measures included in this report were calculated using administrative data only, i.e., only adjudicated claims data, following the specifications developed by the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ).

OHCA staff provided significant assistance to PHPG in ensuring appropriate application of measurement methods to Medicaid claims data. However, PHPG is solely responsible for the final results.

This report includes results for the following measures (organized by evaluation domain):

Domain	Subdomain (if applicable) / Measure
Access/Availability of Care	<ul style="list-style-type: none"><li>• Adults' Access to Preventive/Ambulatory Health Services (HEDIS)</li><li>• Children &amp; Adolescents' Access to Primary Care Physicians (HEDIS, CMS Child Core)</li></ul>

Domain	Subdomain (if applicable) / Measure
<b>Effectiveness of Care</b>	<p><b>Prevention and Screening</b></p> <ul style="list-style-type: none"> <li>• Adult Body Mass Index (BMI) Assessment (HEDIS, CMS Adult Core)</li> <li>• BMI Assessment for Children &amp; Adolescents (CMS Child Core)</li> <li>• Childhood Immunization Status (HEDIS, CMS Child Core)</li> <li>• Immunizations for Adolescents (HEDIS, CMS Child Core)</li> <li>• HPV for Female Adolescents (HEDIS, CMS Child Core)</li> <li>• Breast Cancer Screening (HEDIS, CMS Adult Core)</li> <li>• Cervical Cancer Screening (HEDIS, CMS Adult Core)</li> <li>• Chlamydia Screening in Women (HEDIS, CMS Child Core, CMS Adult Core)</li> <li>• Contraceptive Use (CDC /OPA)</li> <li>• Dental Sealants for Children at Elevated Risk (DQA, CMS Child Core)</li> </ul>
<b>Effectiveness of Care (continued)</b>	<p><b>Respiratory Conditions</b></p> <ul style="list-style-type: none"> <li>• Use of Appropriate Medications for the Treatment of Asthma (HEDIS)</li> <li>• Medication Management for People with Asthma (HEDIS, CMS Child Core)</li> </ul> <p><b>Diabetes</b></p> <ul style="list-style-type: none"> <li>• Comprehensive Diabetes Care (HEDIS, CMS Adult Core)</li> </ul> <p><b>Behavioral Health</b></p> <ul style="list-style-type: none"> <li>• Developmental Screening in the First Three Years of Life (HEDIS, CMS Child Core)</li> <li>• Follow-Up Care for Children Prescribed ADHD Medication (HEDIS, CMS Child Core)</li> <li>• Follow-Up after Hospitalization for Mental Illness (HEDIS, CMS Child Core)</li> <li>• Use of Multiple Concurrent Antipsychotics in Children and Adolescents (HEDIS, CMS Child Core).</li> <li>• Use of Opioids at High Dosage (HEDIS, CMS Adult Core)</li> <li>• Initiation and Engagement of Alcohol and Drug Dependence Treatment (HEDIS, CMS Adult Core)</li> </ul> <p><b>Medication Management</b></p> <ul style="list-style-type: none"> <li>• Annual Monitoring for Patients on Persistent Medications (HEDIS, CMS Adult Core)</li> </ul>

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Domain	Subdomain (if applicable) / Measure	
Utilization	<b>Prenatal/Postpartum Care*</b>	
	<ul style="list-style-type: none"> <li>• Frequency of Ongoing Prenatal Care (HEDIS, CMS Child Core)</li> <li>• Postpartum Care Rate (HEDIS, CMS Adult Core)</li> <li>• Prenatal &amp; Postpartum Care: Timeliness of Prenatal Care (HEDIS, CMS Child Core)</li> </ul>	
	<b>Well-Child Visits*</b>	
	<ul style="list-style-type: none"> <li>• Well-Child Visits in the First 15 Months of Life (HEDIS, CMS Child Core)</li> <li>• Well-Child Visits in the 3rd, 4th, 5th &amp; 6th Years of Life (HEDIS, CMS Child Core)</li> <li>• Adolescent Well-Care Visits (HEDIS, CMS Child Core)</li> </ul>	
Utilization	<b>Hospital Utilization*</b>	
	<ul style="list-style-type: none"> <li>• Ambulatory Care (HEDIS)</li> <li>• Diabetes Short-term Complications Admission Rate (CMS Adult Core)</li> <li>• Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (CMS Adult Core)</li> <li>• Congestive Heart Failure (CHF) Admission Rate (CMS Adult Core)</li> <li>• Asthma in Younger Adults Admission Rate (CMS Adult Core)</li> <li>• Plan All-Cause Readmissions Rate (HEDIS, CMS Adult Core)</li> </ul>	
	<i>*Not official subdomains – for presentation purposes only.</i>	

PHPG relied on a dataset consisting of eligibility, demographic, and both paid and denied medical and prescription drug claims incurred February 2010 through June 2015, with dates of payment through September 2016. PHPG previously had obtained the paid claims data through its engagement with the OHCA as the independent evaluator for the SoonerCare Health Management Program (HMP). As the NCQA and AHRQ specifications also require the review of denied claims, PHPG requested and received from the OHCA a dataset of denied claims with dates of service from January 2014 through June 2016.

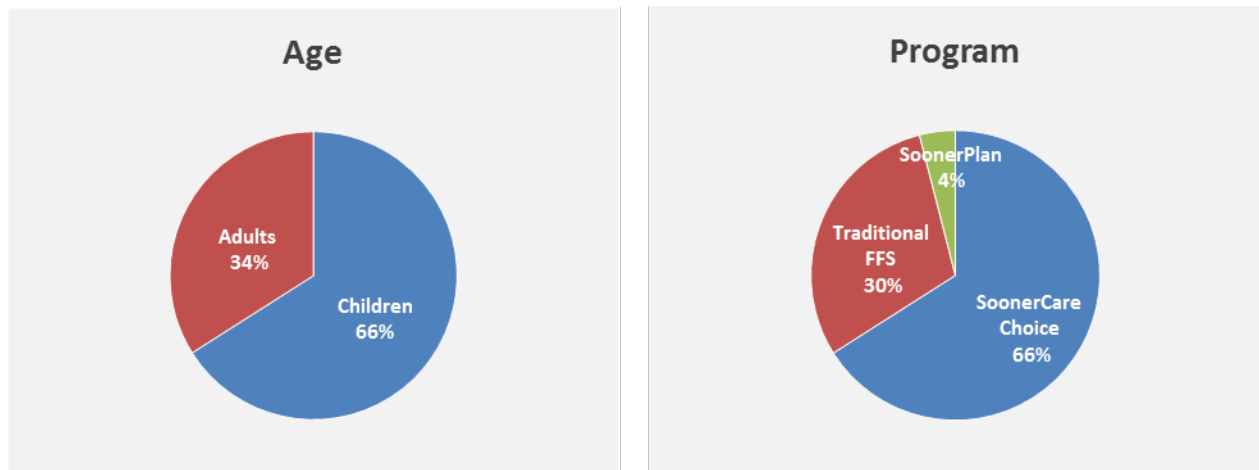
PHPG followed NCQA and AHRQ specifications explicitly unless otherwise noted. In general where specifications required the member to be continuously enrolled for the entire year, the member was permitted to have one gap in enrollment of no more than 45 days. Similar to how OHCA has implemented this requirement in the past, PHPG applied these criteria by limiting those analyses to members with at least 320 days of eligibility during the year. If the member had multiple gaps in enrollment but all gaps totaled 45 days or less, the member was included.

Also similar to previous years' methodologies, members enrolled in a Home and Community-Based Services (HCBS) waiver were excluded from all measures (approximately 23,000 members), as additional services would be available to these members that are not part of the traditional Medicaid benefit package and thus could confound results.

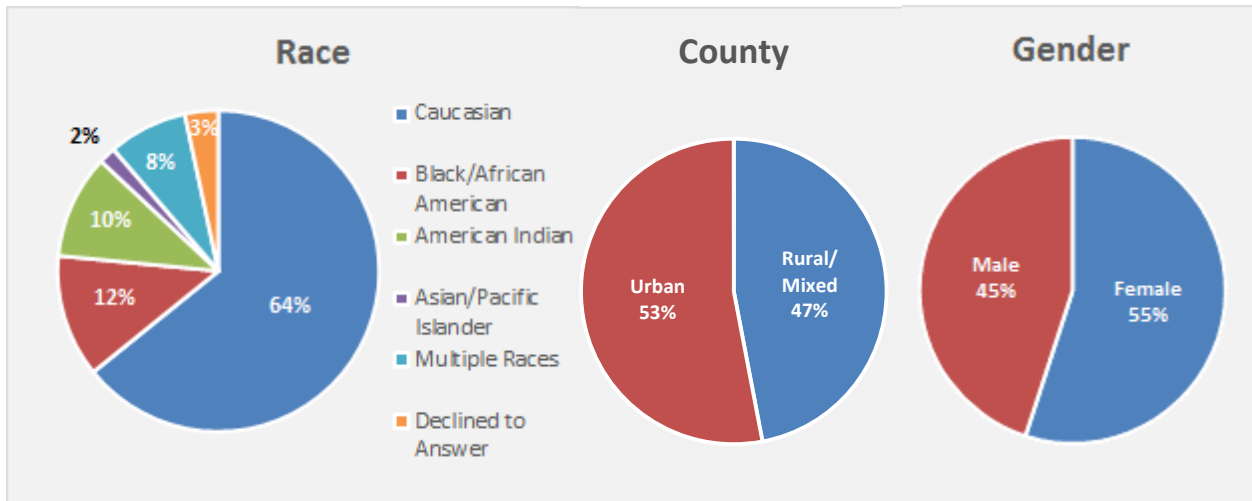
PHPG validated results for the 2016 reporting year by comparing to secondary sources (e.g., SoonerCare Annual Reports) and by analyzing results for the 2015 reporting year using 2016 methodologies and comparing to what OHCA reported previously. PHPG accordingly refined its methodologies as necessary and refined OHCA’s previous specifications where reasonable.

## SOONERCARE DEMOGRAPHICS

According to OHCA Enrollment Fast Facts for January 2016 (published February), there were over 795,000 individuals enrolled in SoonerCare. Approximately 66 percent of the enrollment was children (age 0-20) and 34 percent was adults. Approximately 66 percent was enrolled in the program’s patient centered medical home (PCMH) model known as SoonerCare Choice; another 30 percent was enrolled in the traditional fee-for-service (FFS) program; and the remaining four percent were enrolled in SoonerPlan, the State’s Medicaid-financed family planning program.



The racial breakdown of members includes 64 percent Caucasian, 12 percent Black/African American, 10 percent American Indian, two percent Asian or Pacific Islander, and eight percent multiple races (three percent did not provide a racial background). Approximately 17 percent of members also are of Hispanic origin, regardless of race. According to PHPG data, approximately 55 percent of members are female and 45 percent are male. Nearly 47 percent live in rural or semi-rural/urban (i.e., “mixed”) counties and 53 percent live in urban counties.





## CHAPTER TWO: ACCESS/AVAILABILITY OF CARE

For 2016, Oklahoma selected two measures to report related to access and availability of care. These measures were reported according to NCQA/HEDIS specifications.

Measure	HEDIS	CMS Child Core	CMS Adult Core
Adults' Access to Preventive/Ambulatory Health Services	✓		
Children & Adolescents' Access to Primary Care Physicians	✓	✓	

Beginning on the following page, PHPG presents, by measure, the results from the current (2015) and previous (2014) measurement years, as well as a comparison to national benchmark data, where available. The benchmark is the national Medicaid HMO for 2015, as reported by NCQA in “The State of Health Quality – 2016”.

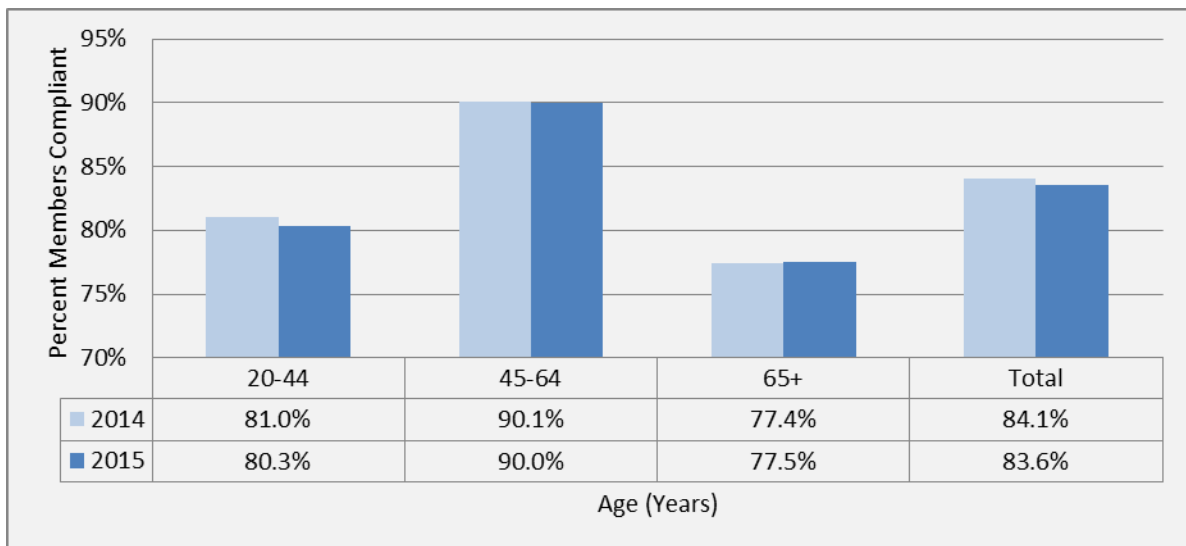
## ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

This measure calculates the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

The overall compliance rate in 2015 for members was 83.6 percent, down five tenths of a percent from 2014.

Exhibit 1 displays compliance rates by age group for 2014 and 2015.

**Exhibit 1 – Adults with at least One Ambulatory or Preventive Care Visit**



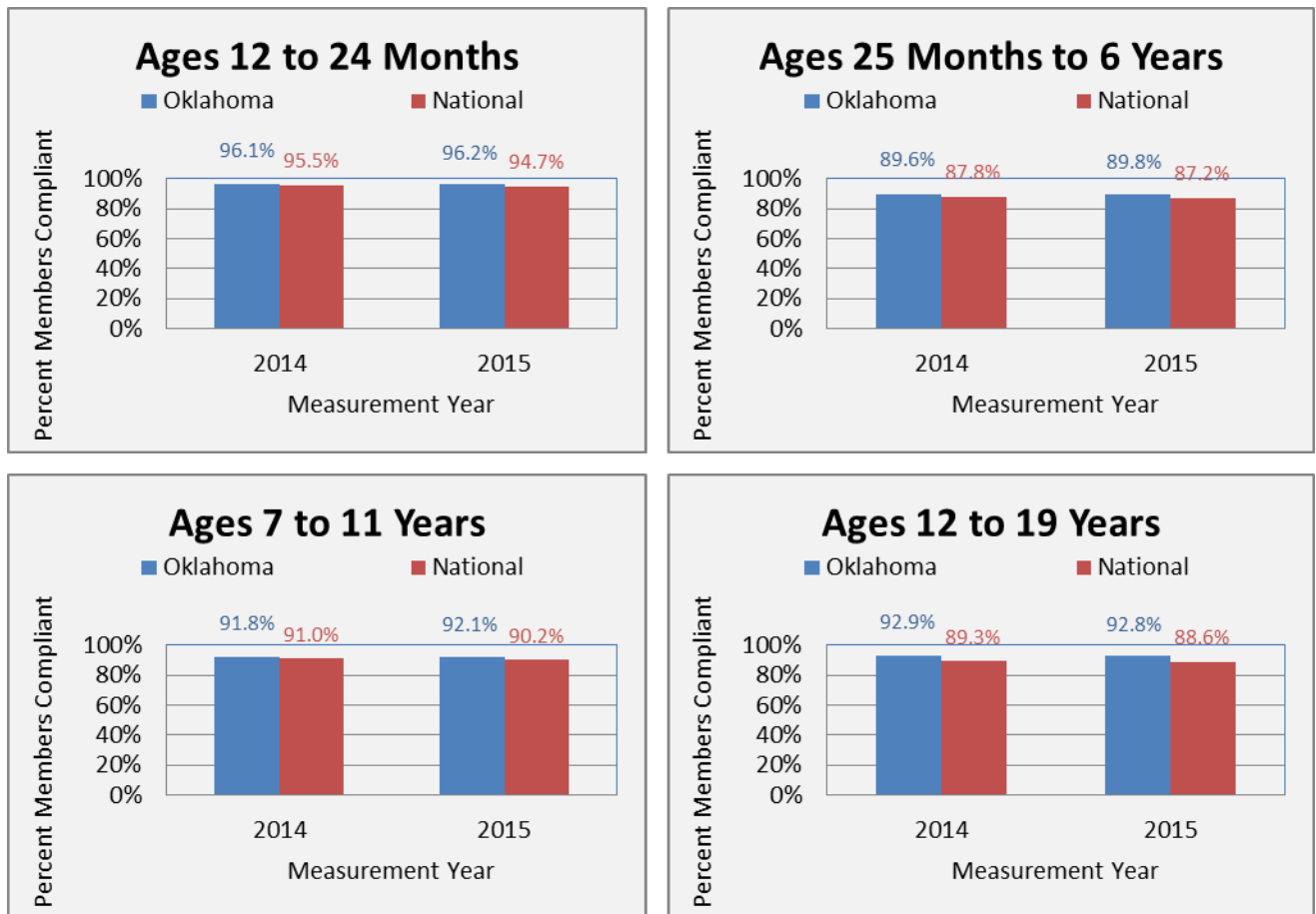
## CHILDREN & ADOLESCENTS' ACCESS TO PRIMARY CARE PHYSICIANS

This measure calculates the percentage of children ages 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior.

For all age groups but ages 12 to 19 years (which dropped only a tenth of a percent), the compliance rate in 2015 saw a marginal increase over 2014. Oklahoma rates were above the national average. All compliance rates were equal to or greater than 89 percent.

Exhibit 2 displays compliance rates by age group for 2014 and 2015.

*Exhibit 2 - Children & Adolescents' Visiting a Primary Care Practitioner*



## CHAPTER THREE: EFFECTIVENESS OF CARE

For 2016, Oklahoma selected 20 measures to report related to effectiveness of care. 18 measures were reported according to NCQA/HEDIS specifications. Measures selected within this domain determine effectiveness of care related to prevention and screening (ten measures), respiratory conditions (two measures), diabetes (one measure), behavioral health (six measures), and medication management (one measure).

Measure	HEDIS	CMS CHILD CORE	CMS ADULT CORE
<b>Prevention and Screening</b>			
Adult Body Mass Index (BMI) Assessment	✓		✓
BMI Assessment for Children & Adolescents	✓	✓	
Childhood Immunization Status	✓	✓	
Immunizations for Adolescents	✓	✓	
HPV for Female Adolescents	✓	✓	
Breast Cancer Screening	✓		✓
Cervical Cancer Screening	✓		✓
Chlamydia Screening in Women	✓	✓	✓
Contraceptive Use			
Dental Sealants for Children at Elevated Risk		✓	
<b>Respiratory Conditions</b>			
Use of Appropriate Medications for the Treatment of Asthma	✓		
Medication Management for People with Asthma	✓	✓	
<b>Diabetes</b>			
Comprehensive Diabetes Care	✓		✓
<b>Behavioral Health</b>			
Developmental Screening in the First Three Years of Life	✓	✓	
Follow-Up Care for Children Prescribed ADHD Medication	✓	✓	
Follow-Up after Hospitalization for Mental Illness	✓	✓	
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	✓	✓	
Use of Opioids at High Dosage	✓		✓
Initiation and Engagement of Alcohol and Drug Dependence Treatment	✓		✓
<b>Medication Management</b>			
Annual Monitoring for Patients on Persistent Medications	✓		✓

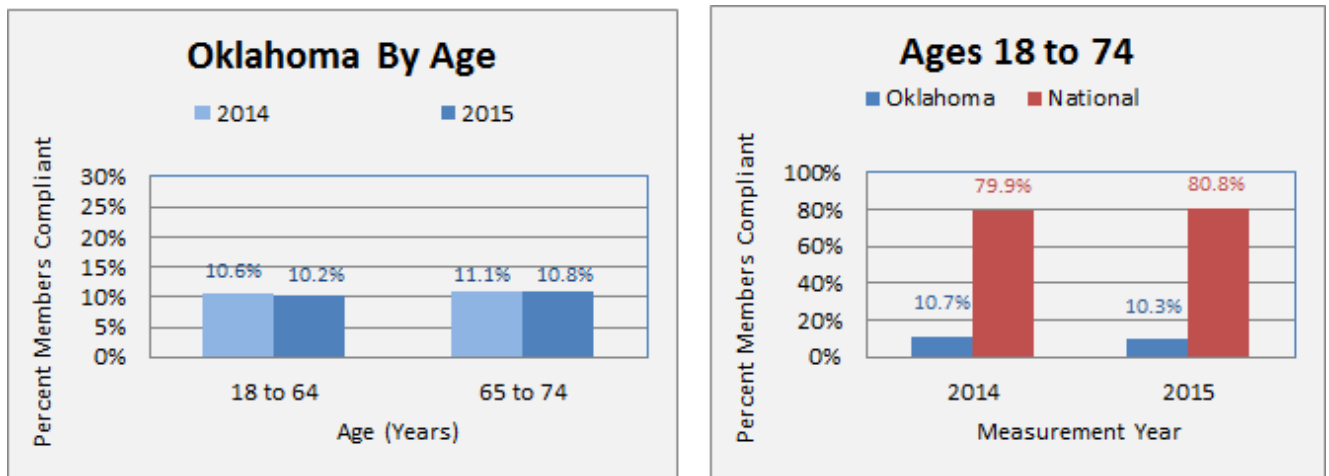
## ADULT BODY MASS INDEX (BMI) ASSESSMENT

This measure calculates the percentage of adults ages 18 to 74 years old who had an outpatient visit where BMI was documented, either during the measurement year or year prior to the measurement year. Female members were excluded from the measure if they were pregnant during this time period.

In 2015, 10.3% of the adult population received a BMI assessment, well below the national average. Compliance rates were slightly higher for adults 65 years and older. The data shows a slight decline in assessments in the Oklahoma population while the national average shows increase.

Exhibit 3 displays compliance rates for 2014 and 2015, both by age groups (see left) and for all ages 18 to 74 years (see right). The data is presented separately, as national averages were not available separately by age group.

*Exhibit 3 – Adults BMI Documented*



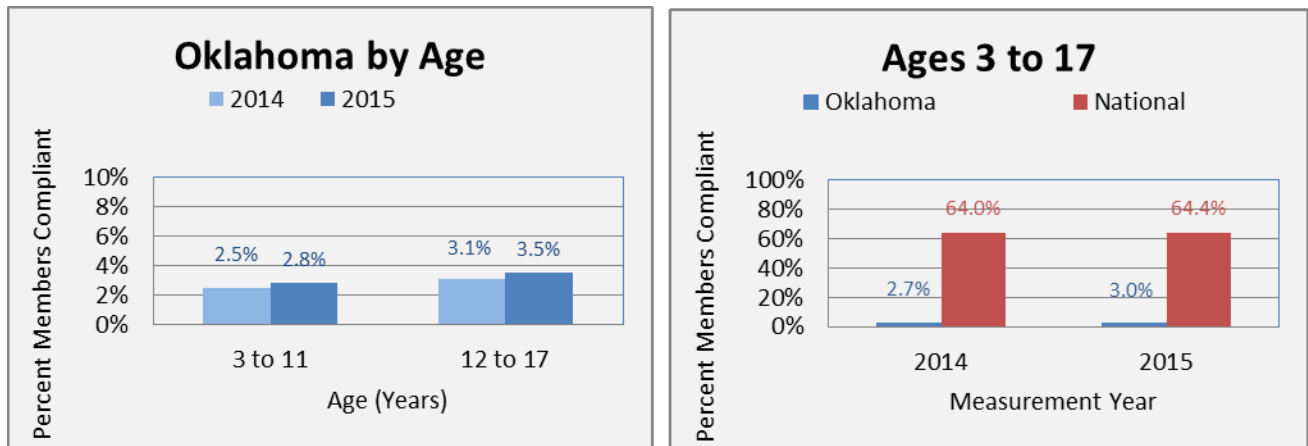
## BODY MASS INDEX (BMI) ASSESSMENT FOR CHILDREN & ADOLESCENTS

This measure calculates the percentage of children ages 3 to 17 years old that had an outpatient visit with a PCP or OB/GYN during the measurement year and whose weight was classified based on body mass index percentile for age and gender. Female members were excluded from the measure if they were pregnant during this time period.

Compliance rates for the population of children ages 17 years and younger increased from 2014 to 2015 by three tenths of a percent. Despite the increase the rates were still well below the national average.

Exhibit 4 displays compliance rates for 2014 and 2015 by age group, and compared to the national average overall.

*Exhibit 4 – Children and Adolescents Receiving a BMI Assessment*



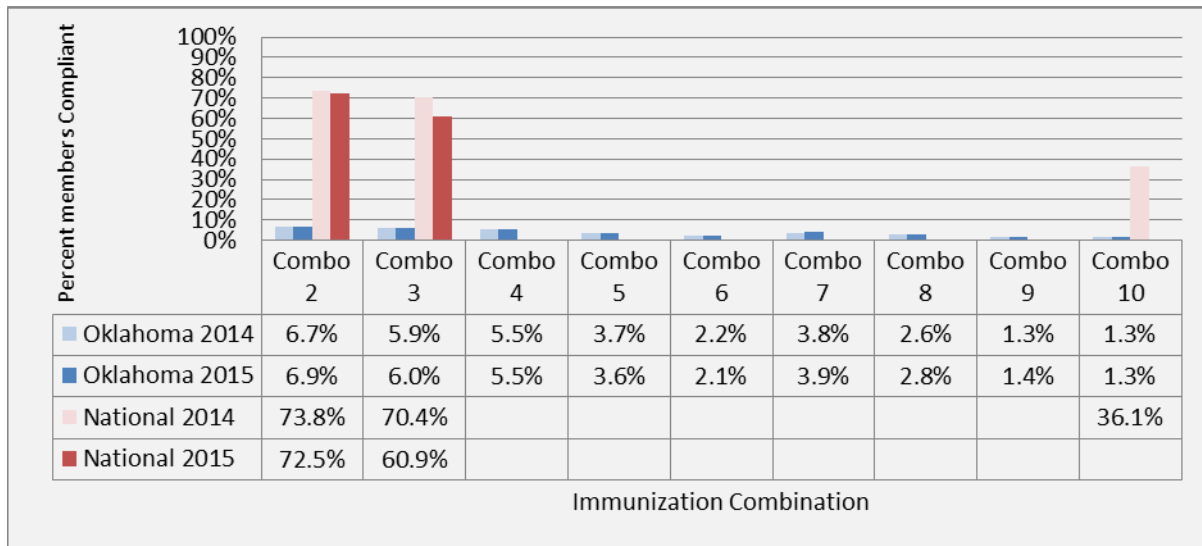
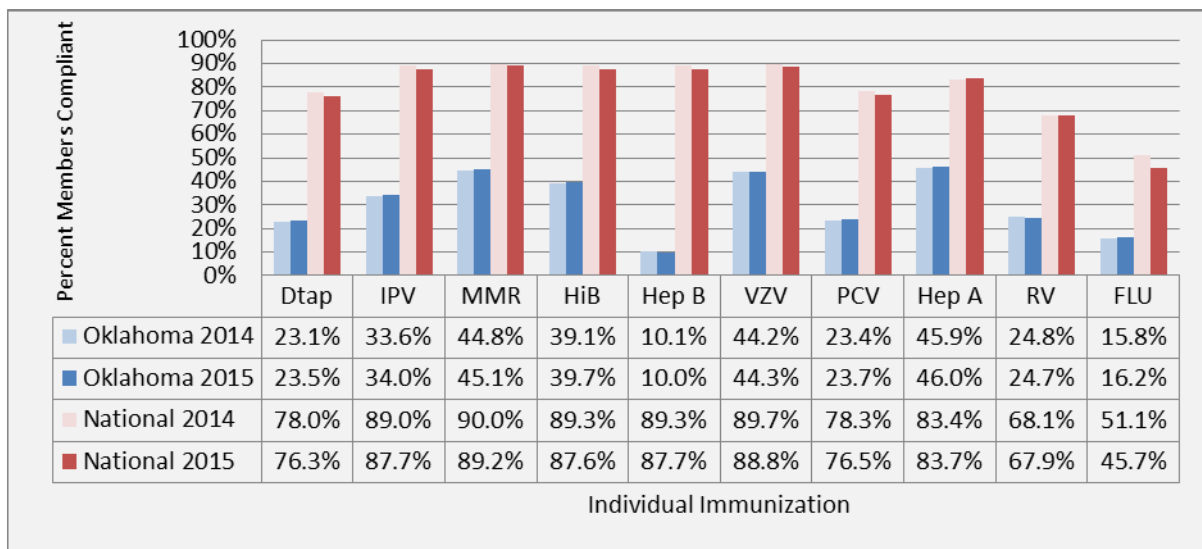
## CHILDHOOD IMMUNIZATION STATUS

This measure calculates the percentage of children two years old receiving certain vaccines by their second birthday. Children were excluded from the measure if their claims history indicated an adverse reaction or contraindication to a vaccine prior to their second birthday.

Compliance rates generally increased in 2015 from 2014 but remained below national averages.

Exhibit 5 displays compliance rates for individual immunizations, as well as combinations. National averages were not available for combinations four through nine.

*Exhibit 5 – Children Receiving Immunizations before Second Birthday*



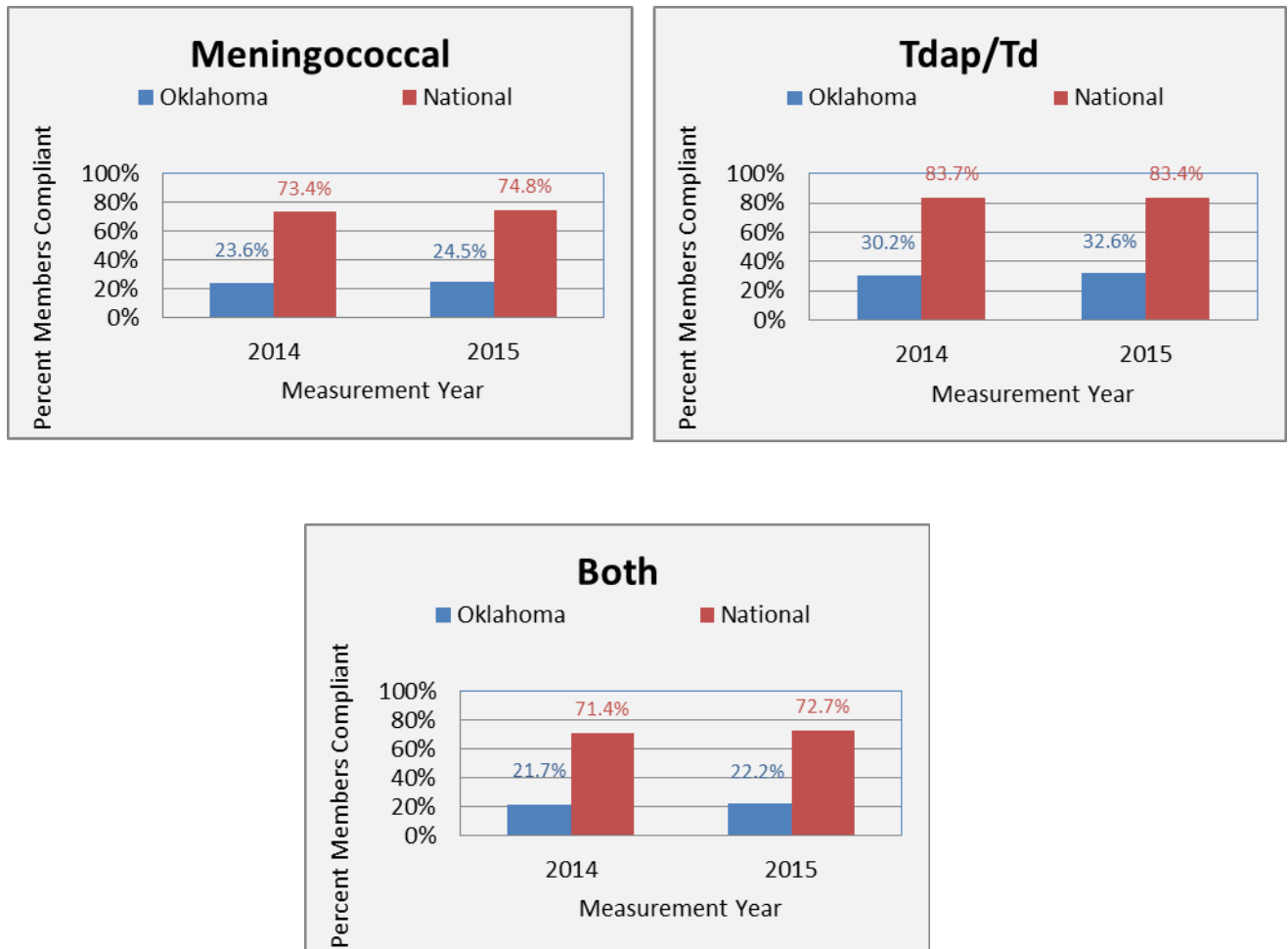
## IMMUNIZATIONS FOR ADOLESCENTS

This measure calculates the percentage of adolescents turning 13 years old during the measurement year who had specific vaccines by their thirteenth birthday. Adolescents were excluded from the measure if their claims history indicated an adverse reaction or contraindication to a vaccine prior to their thirteenth birthday.

In 2015 compliance rates increased over the 2014 rates by one to two percent. Oklahoma rates are still below national averages.

Exhibit 6 displays compliance rates for Meningococcal and Tdap/Td vaccines separately, as well as adolescents receiving the combination of both.

*Exhibit 6 – Adolescents Receiving Immunizations before Thirteenth Birthday*





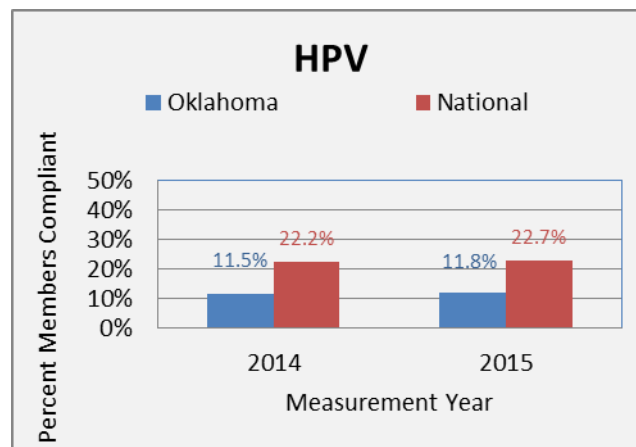
## HPV FOR FEMALE ADOLESCENTS

This measure calculates the percentage of females 13 years old who received at least three doses of the HPV vaccine prior to their thirteenth birthday. Members were excluded if their claims history indicated an adverse reaction or contraindication for the HPV vaccine prior to their thirteenth birthday.

The 2015 compliance rate was slightly higher than the 2014 rate drawing Oklahoma closer to the national average.

Exhibit 7 displays the compliance rate in 2014 and 2015.

**Exhibit 7 – Females Receiving Three Doses of HPV Vaccine Prior to Thirteenth Birthday**



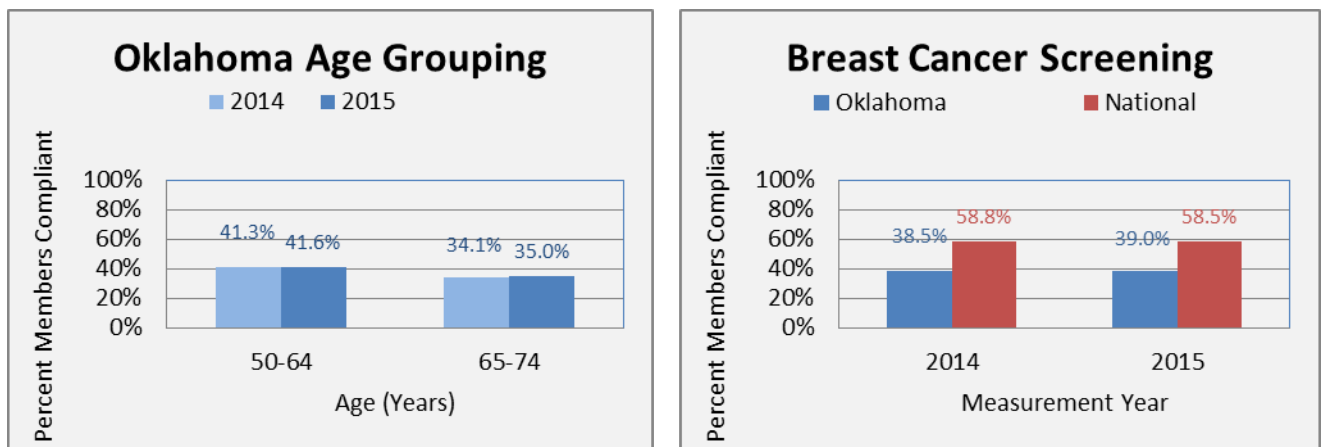
## BREAST CANCER SCREENING

This measure calculates the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer during the measurement year. Women were excluded from this measure if they had a bilateral mastectomy performed previously.

The compliance rate in 2015 was slightly higher than 2014, while the national average rate decreased. Oklahoma compliance rates were below national averages.

Exhibit 8 displays compliance rates for 2014 and 2015.

*Exhibit 8 – Women Receiving Breast Cancer Screening*



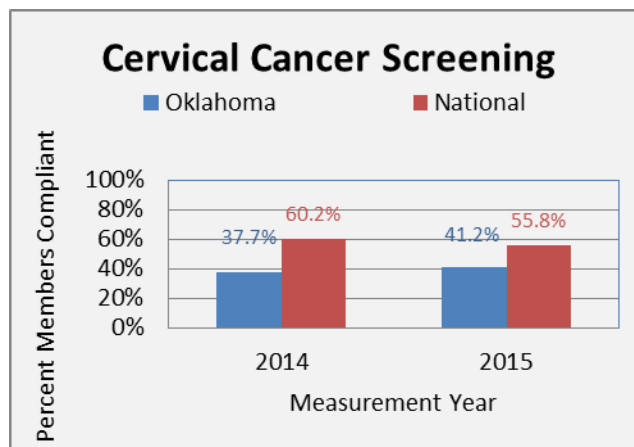
## CERVICAL CANCER SCREENING

This measure calculates the percentage of women ages 21 to 64 years old who either (a) had cervical cytology performed every three years or (b) had a cervical cytology/HPV co-testing every five years. Women were excluded from this measure if they previously had a hysterectomy with no residual cervix.

The compliance rate in 2015 increased over 3 percent from the 2014 rate. The national average dropped by approximately the same margin.

Exhibit 9 displays compliance rates for 2014 and 2015.

*Exhibit 9 – Women Receiving a Cervical Cancer Screening*



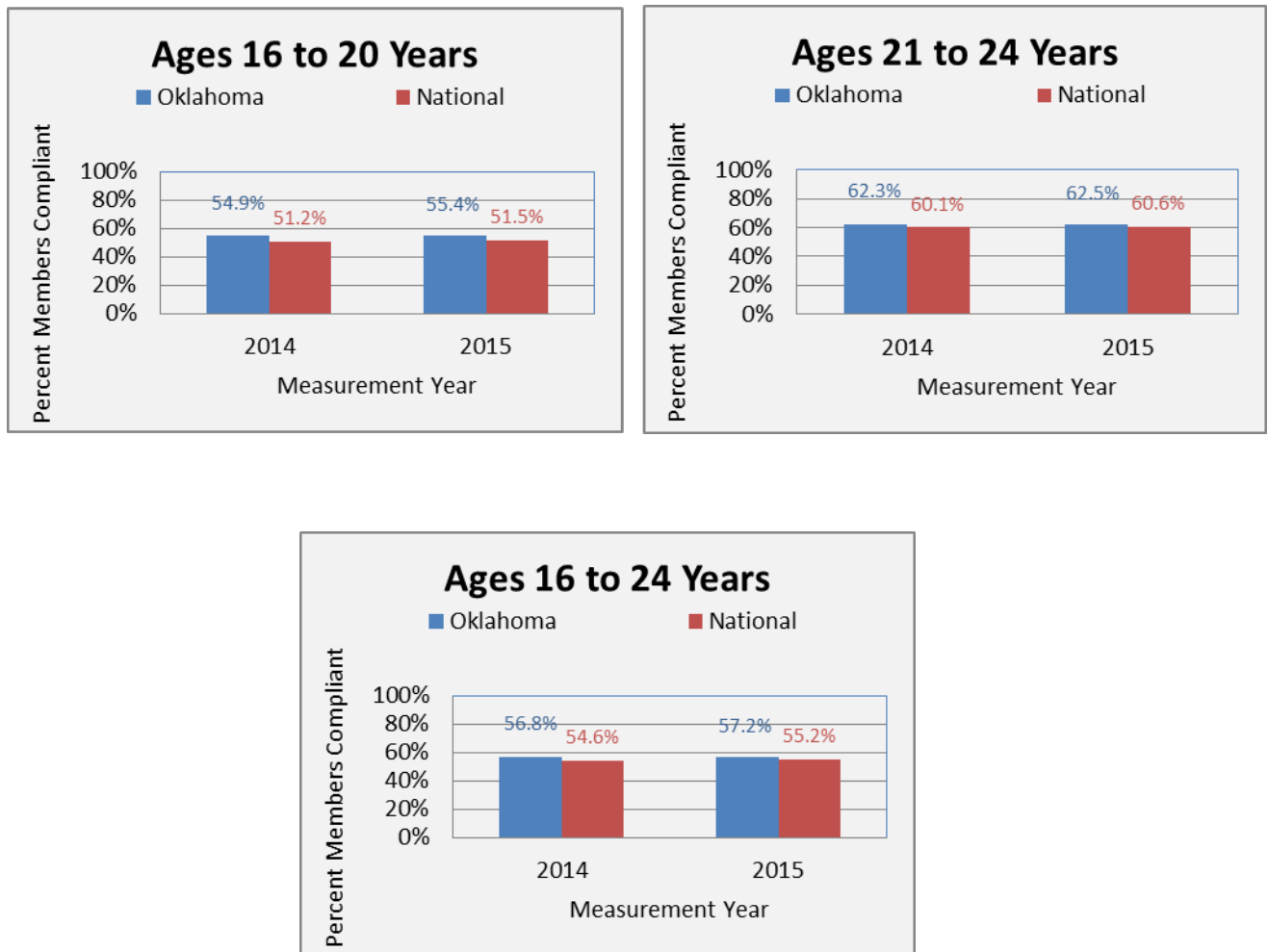
## CHLAMYDIA SCREENING IN WOMEN

This measure calculates the percentage of women ages 16 to 24 years old who were sexually active (e.g., received a contraceptive prescription or pregnancy test) and had at least one test for Chlamydia during the measurement year.

The compliance rate in 2015 increased from 2014 especially in the age grouping 16 to 20 years. The increase in Oklahoma population compliance placed Oklahoma ahead of national averages for this measure.

Exhibit 10 displays compliance rates for 2014 and 2015 by age group.

*Exhibit 10 – Women Receiving a Chlamydia Test*



## USE OF CONTRACEPTIVE METHODS BY WOMEN

This measure calculates the percentage of women 15-44 that adopted or continued use of the most effective or moderately effective FDA-approved methods of contraception, or adopted or continued use of a long-acting reversible method of contraception (LARC).

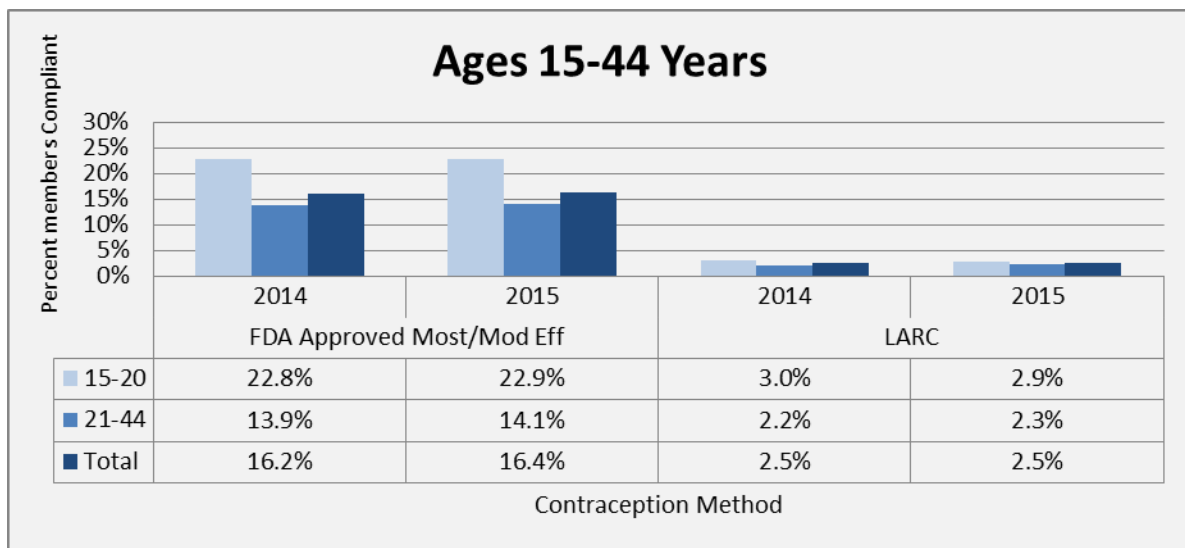
The measure is limited by the fact that it is not currently possible to identify all women at risk for pregnancy because there are no codes for a woman’s pregnancy intention or history of sexual activity. In addition, both sterilization and LARC are long-lasting but there is no systematic record of receipt of sterilization or LARC in the year(s) preceding the measurement year. The measure suggests using two different surveys (The National Survey of Family Growth and The Youth Risk Behavior Survey) as a means to understand the results but does not offer specifics on how to interpret these surveys in regards to the results.

The results are broken into two categories, most/moderate effective FDA approved contraception and LARC and by two different age groups. For this iteration of the report, continuous enrollment guidelines were not used.

The FDA approved most/moderately effective rate had a slight increase in 2015 over the 2014 rates. The LARC rates were approximately the same from 2015 to 2014.

Exhibit 11 displays the compliance rates for 2015.

*Exhibit 11 – FDA Approved Most/Moderate Effective and LARC contraception*



## DENTAL SEALANTS FOR 6-9 YEAR OLD CHILDREN AT ELEVATED CARIES RISK

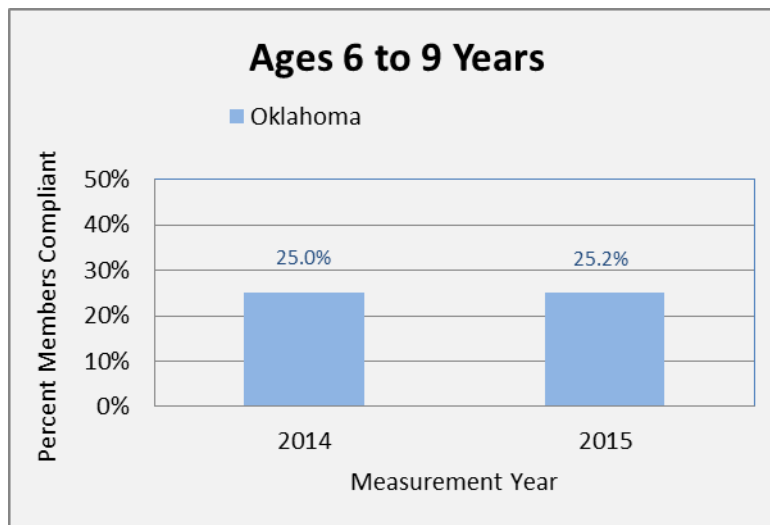
This measure calculates the percentage of enrolled children ages 6 to 9 at elevated risk of dental caries (i.e. “moderate” or “high” risk) who received a sealant on a permanent first molar tooth within the measurement year.

The specifications of this measure required data that is not currently available (i.e. tooth identification or NUCC provider taxonomy codes). The findings are based solely on the presence of CDT codes. Due to this, the results are not as specific as the measure was designed.

Other limitations of this measure is the proposed methods do not delineate those whose teeth have not erupted, those who have already received sealants in prior years, and those with decay/filled teeth not candidates for sealants. In addition, some of the endodontic codes included to identify children at elevated risk may also be reported for instances such as trauma and may contribute to slight overestimation of children at “elevated” risk.

For 2015 there was a slight increase in rate from the 2014 rate.

*Exhibit 12 – Dental Sealants for Children at Elevated Risk*



## USE OF APPROPRIATE MEDICATIONS FOR THE TREATMENT OF ASTHMA

The measure calculates the percentage of members ages five to 64 years old who were diagnosed with persistent asthma during the measurement year and received an asthma controller medication.

Members with persistent asthma were identified by having either:

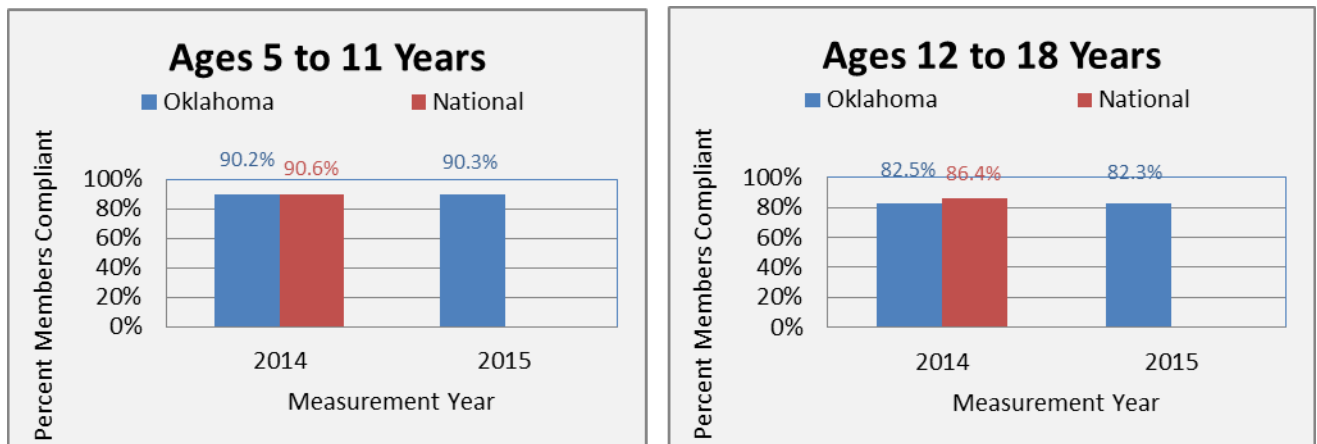
- An inpatient or emergency department visit with a primary diagnosis of asthma;
- At least four outpatient visits with a diagnosis of asthma *and* at least two asthma controller prescriptions; or
- At least four asthma controller prescriptions *and* at least one asthma diagnosis (any claim type).

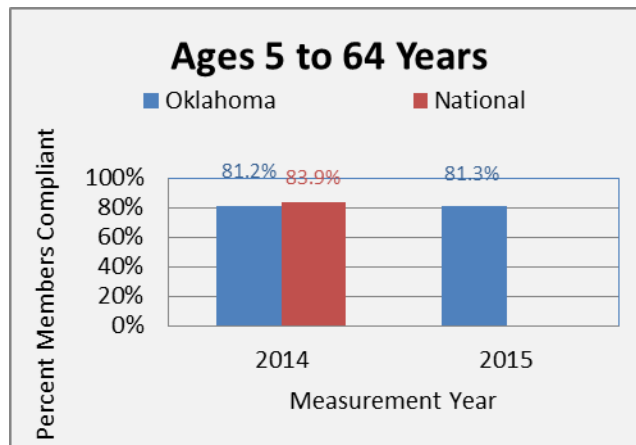
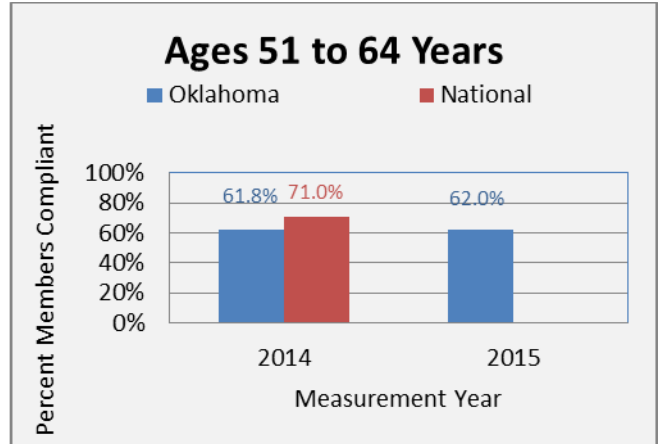
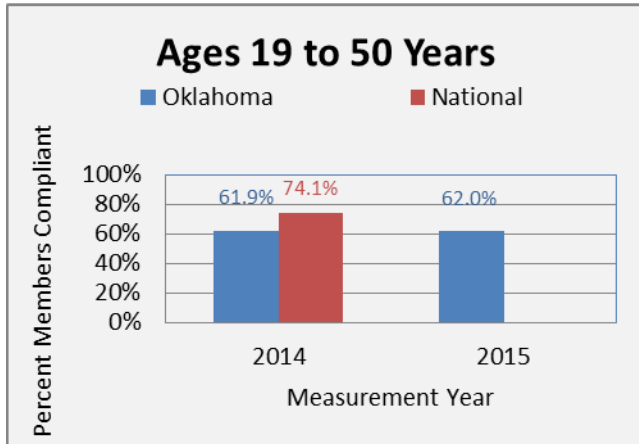
Members were excluded from the analysis if their claims history showed a diagnosis of chronic obstructive pulmonary disease (COPD), emphysema, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure.

Overall, the population saw a slight increase in compliance rates from 2014 to 2015. The 5-11 age grouping continued to show the highest compliance rate. Compliance rates diminish for the older age groupings. National averages were not available for 2015 as of report date.

Exhibit 13 displays compliance rates compared to national averages for 2014 and 2015 measurement years.

*Exhibit 13 – Members with Asthma Receiving Medication*







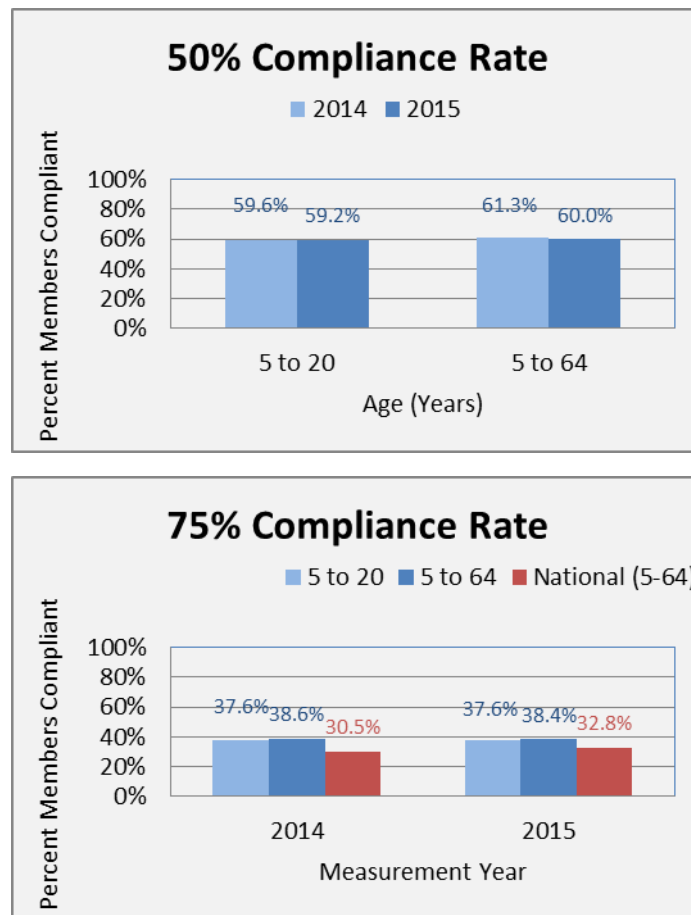
## MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

This measure calculates the percentage of members receiving at least one asthma medication (see previous measure) who had an active prescription for an asthma controller medication for at least 50 percent (50 percent compliance rate) or at least 75 percent (75 percent compliance rate) of the year, starting with the first date of receiving such a prescription.

2015 has a slight decrease in the 50% compliance rate from 2014 in both age groupings. The 75% compliance rate showed a slight decrease in 5 to 64 age groupings while national averages increased.

Exhibit 14 displays compliance rates by age group and compared to national averages. National averages were available only for the overall group and not separately for five to 20 year-olds.

**Exhibit 14 - Members with Persistent Asthma Remaining on an Asthma Controller**



## COMPREHENSIVE DIABETES CARE

This measure calculates the percentage of members with diabetes who, during the measurement year, received an HbA1c test (Exhibit 13), retinal eye exam (Exhibit 14), LDL-C screening (Exhibit 15), and medical attention for nephropathy (Exhibit 16). Members with diabetes were identified in one of the following two ways:

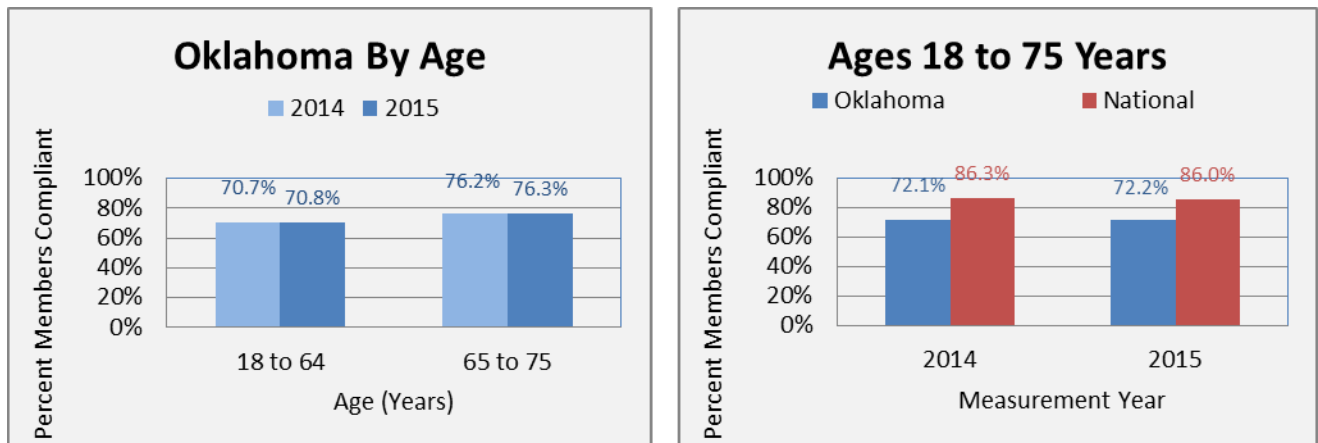
- Medical claims data – Members who, during either the measurement year or year prior, had at least two outpatient or non-acute encounters, one inpatient encounter, or one emergency department encounter with a diagnosis of diabetes.
- Pharmacy claims data – Members who were given an insulin or hypoglycemic/antihyperglycemic during the measurement year or year prior.

The LDL-C screening indicator was retired from the NCQA HEDIS guidelines. The numbers generated in this report were based on the criteria available for 2013.

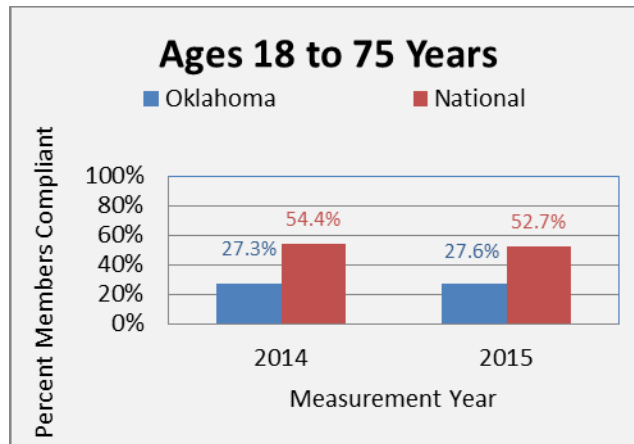
All diabetes measures in 2015 increased compliance from 2014. The largest increases were in eye exams and LDL screenings.

Exhibits 15 through 18 displays 2014 and 2015 compliance rates, including by age group where applicable, compared to national averages where available.

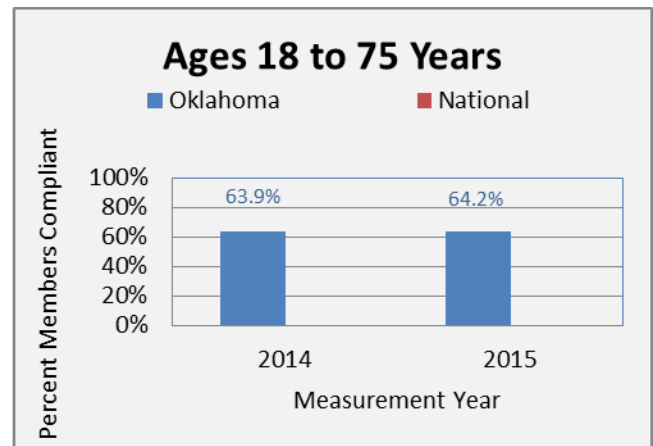
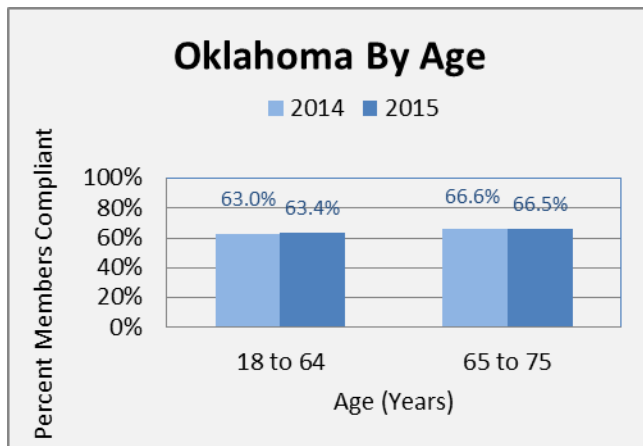
*Exhibit 15 – Members with Diabetes, HbA1c Testing*



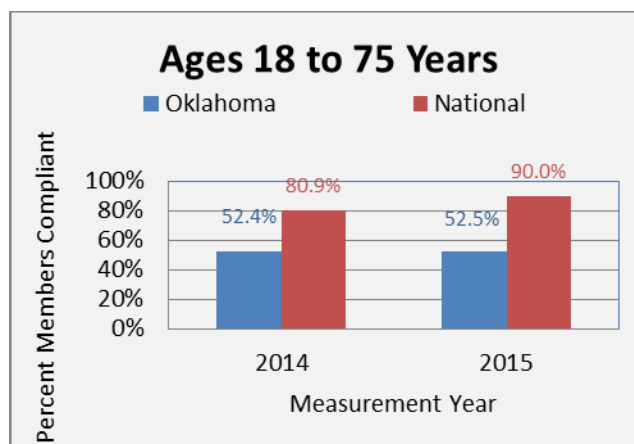
**Exhibit 16 – Members with Diabetes, Eye Exams (Retinal)**



**Exhibit 17 – Members with Diabetes, LDL-C Screening**



**Exhibit 18 - Members with Diabetes, Medical Attention for Nephropathy**



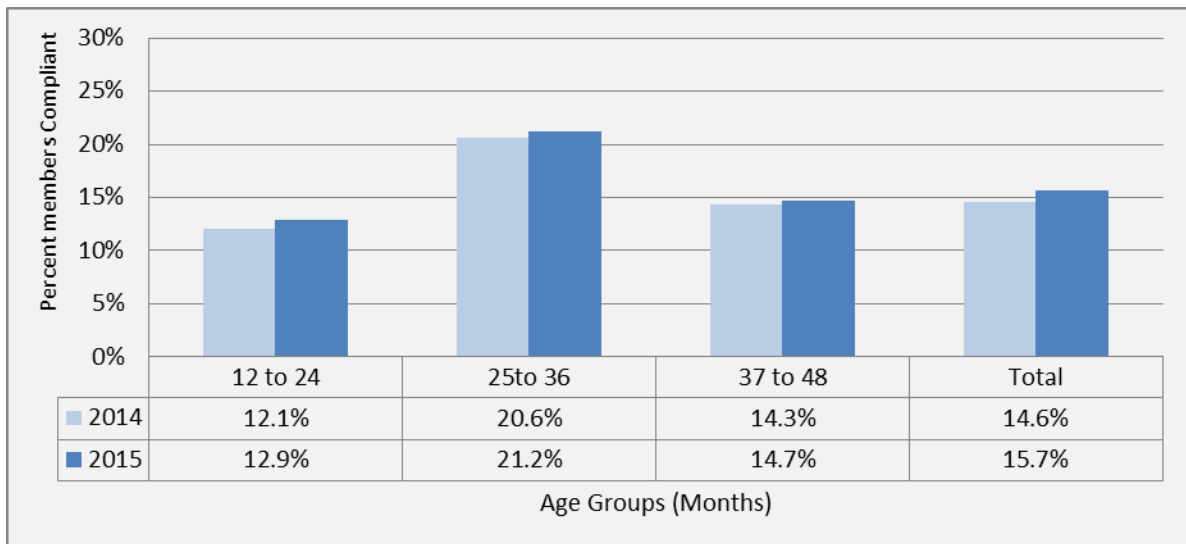
## DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

This measure calculates the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.

The 2015 compliance rates increased in all age ranges by approximately half a percent to a percent compared to the 2014 rates.

Exhibit 19 displays compliance rates for 2014 and 2015. National benchmark data was not available for this measure.

*Exhibit 19 – Children Receiving a Development Screening in the First Three Years of Life*



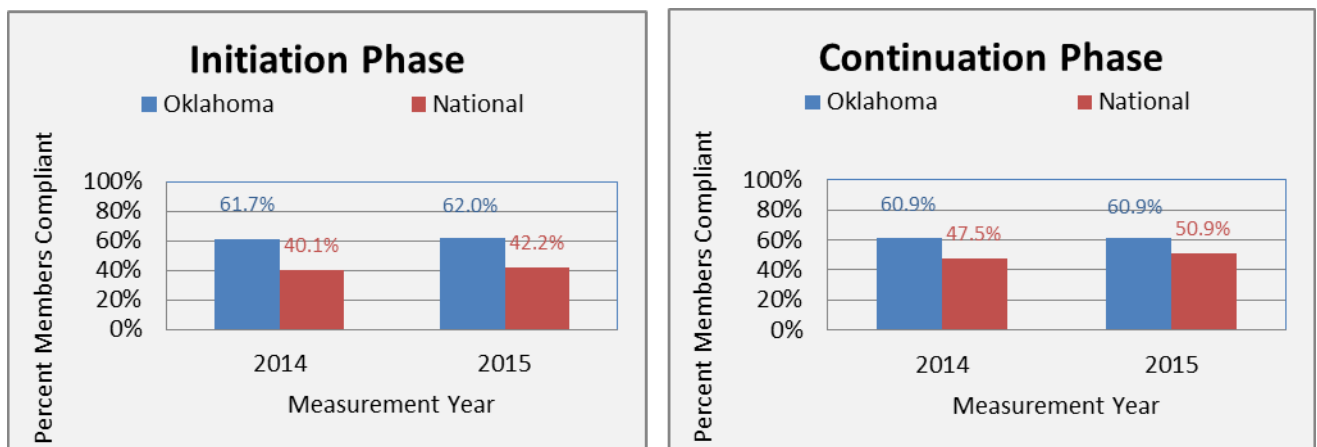
## FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

This measure calculates the percentage of children six to 12 years old given a prescription for attention deficit and hyperactivity disorder (ADHD) who had a follow up visit with a practitioner within 30 days (Initiation Phase), and at least two visits with a practitioner during days 31 through 300 (Continuation Phase). Prescription dispensing events were excluded if the child had an ADHD prescription dispensed during the previous 30 days, or had an active prescription on the date of the dispensing event. Follow up visits were defined as an outpatient visit, intensive outpatient, or partial hospitalization with a practitioner with prescribing authority.

The 2015 compliance rate slightly increased in the initiation phase but held constant in the continuation phase compared to the 2014 rates. The Oklahoma rates are still considerably above national averages.

Exhibit 20 below presents compliance rates by phase compared to national averages for 2014 and 2015 measurement years.

*Exhibit 20 – Children Receiving Follow Up Visits after Being Prescribed ADHD Medication*



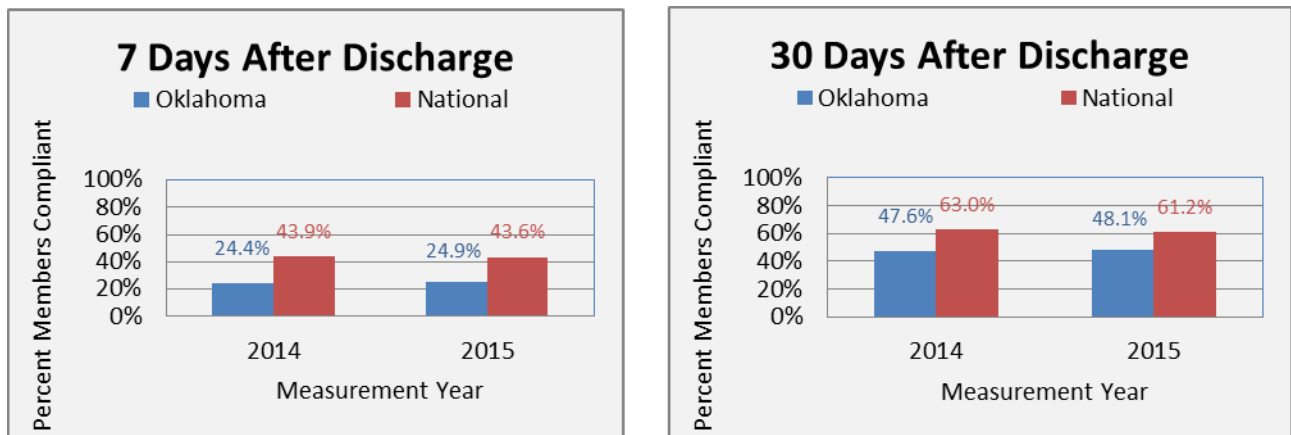
## FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

This measure calculates the percentage of members ages six years and older who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge) after discharge from an acute inpatient setting. (Note: OHCA reports results only for this measure for member’s ages six to 20 years old.) The hospital admission must have had a principal diagnosis of mental illness, and the member must not have been transferred from another setting and must not have been readmitted with 30 days of the discharge in question. Follow up visits were defined generally as an office visit with a mental health practitioner, a visit to a mental health facility, or visit to a non-mental health facility with a mental health diagnosis.

The 2015 compliance rates were slightly higher than the rates for 2014. National rates are a decrease during this time frame.

Exhibit 21 displays compliance rates by discharge time to national averages for 2014 and 2015 measurement years.

*Exhibit 21 – Members Receiving a Follow Up Visit after Hospitalization for Mental Illness (Ages 6 to 20 Years Old)*



## ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS

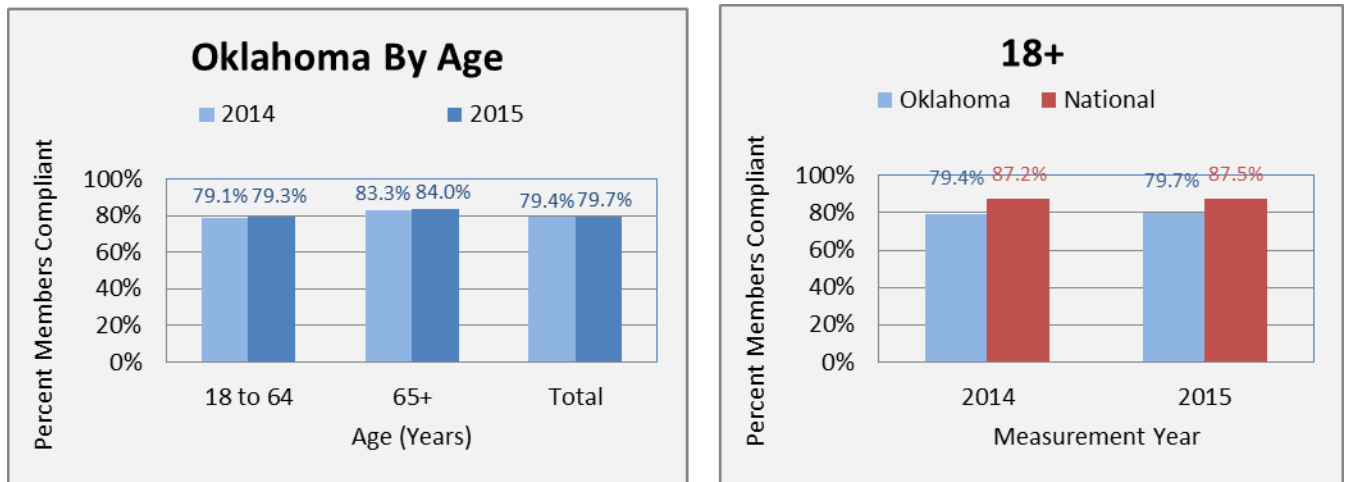
This measure calculates the percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. The results will focus on three areas of interest and their combined total. Those three areas are:

- ACE inhibitors/ARB receptor blockers
- Digoxin
- Diuretics

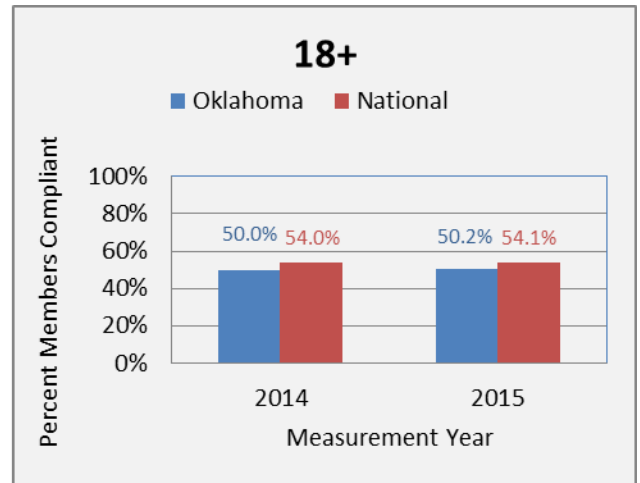
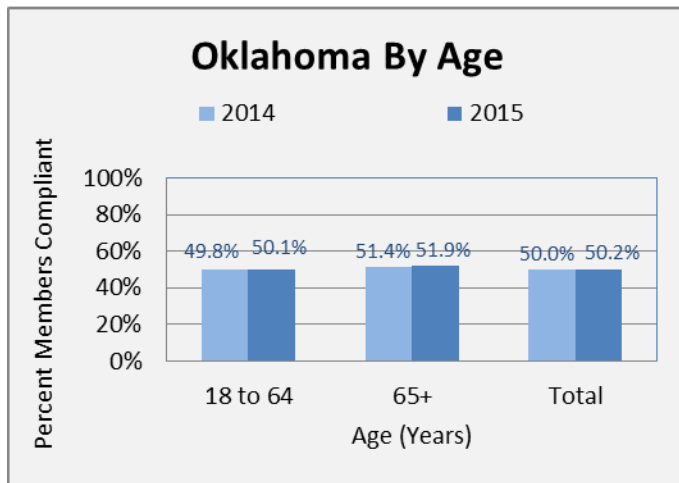
The 2015 compliance rates in all categories had slight increases over the 2014 rates. The compliance rates are slightly lower compared to the national averages.

Exhibit 22-25 display compliance rates by medication group for the age groupings and total compared to national averages for the 2014 and 2015 measurement years.

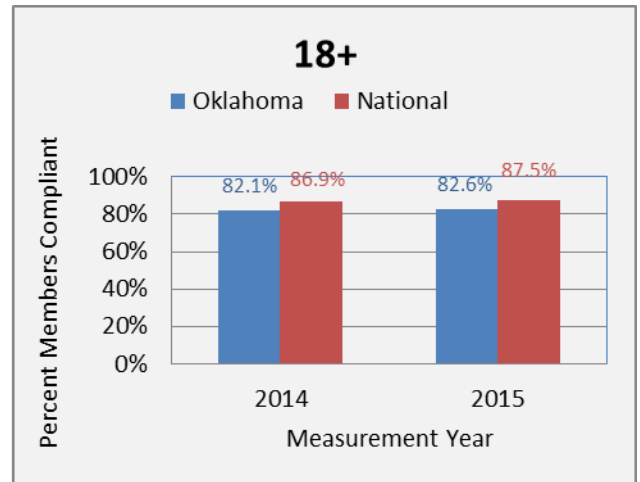
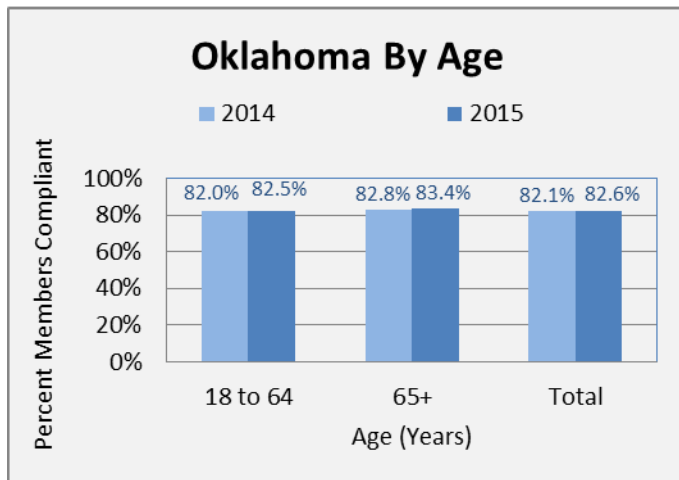
*Exhibit 22 – Members 18+ on ACE/ARB Medication*



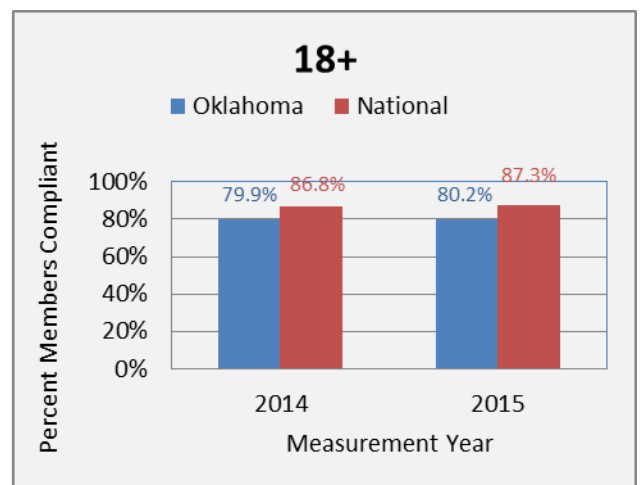
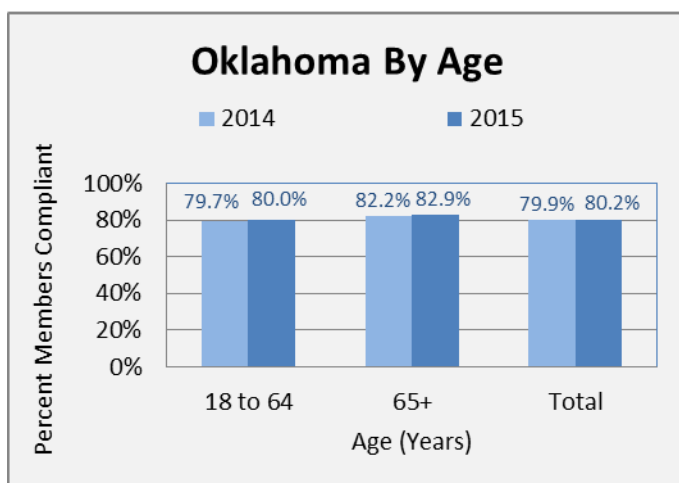
**Exhibit 23 – Members 18+ on Digoxin Medication**



**Exhibit 24 – Members 18+ on Diuretic Medication**



**Exhibit 25 – Members 18+ Combined Medication Results**





## USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS

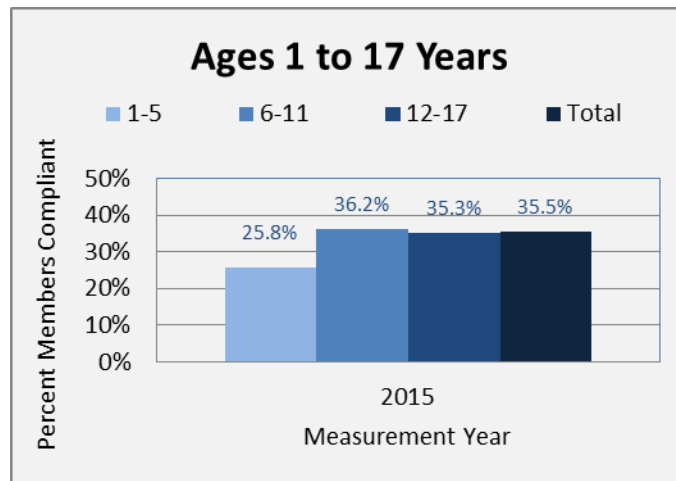
This measure calculates the percentage of children and adolescents 1 to 17 years of age who were on two or more concurrent antipsychotic medications. Children in the age group with continuous enrollment that had 90 days of continuous antipsychotic medication treatment during the measurement year were tested to find if they had two or more concurrent antipsychotic medications for 90 consecutive days.

This is the first year this measure was processed for Oklahoma.

The 2015 compliance rate was highest for the 6-11 age range while the 1-5 age range was the lowest.

Exhibit 26 displays compliance rates for the 2015 measurement year.

**Exhibit 26 – Members Who Have Concurrent Antipsychotic Medications (Ages 1 to 17 Years Old)**



## USE OF OPIOIDS AT HIGH DOSAGE

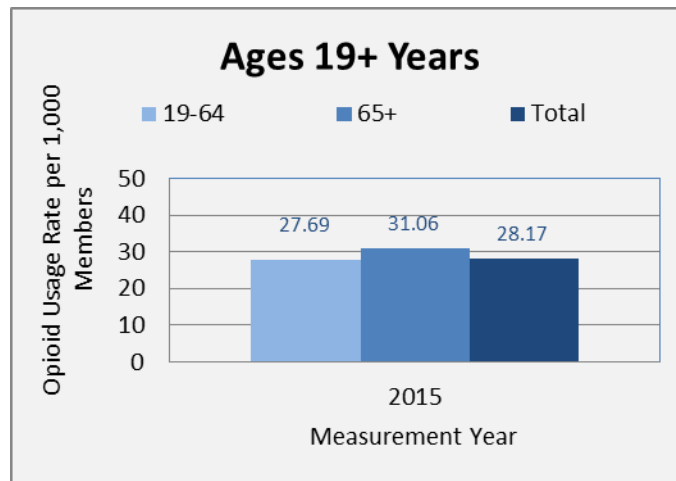
This measure calculates the proportion of individuals 18 years and older without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer. This is determined by any member with two or more prescriptions for opioids with a total days supply equal to or greater than 15 who had a prescribed MED greater than 120mg for 90+ consecutive days. The rates are provided per 1,000 members.

This is the first year this measure was processed for Oklahoma.

The 2015 compliance rate for ages 65 and older was the highest rate.

Exhibit 27 displays compliance rates per 1,000 members for the 2015 measurement year.

**Exhibit 27 – Per 1,000 Members prescribed a high dosage of Opioids for 90+ consecutive days (Ages 19+ Years Old)**



## INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

This measure calculates the percentage of members age 18 years and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

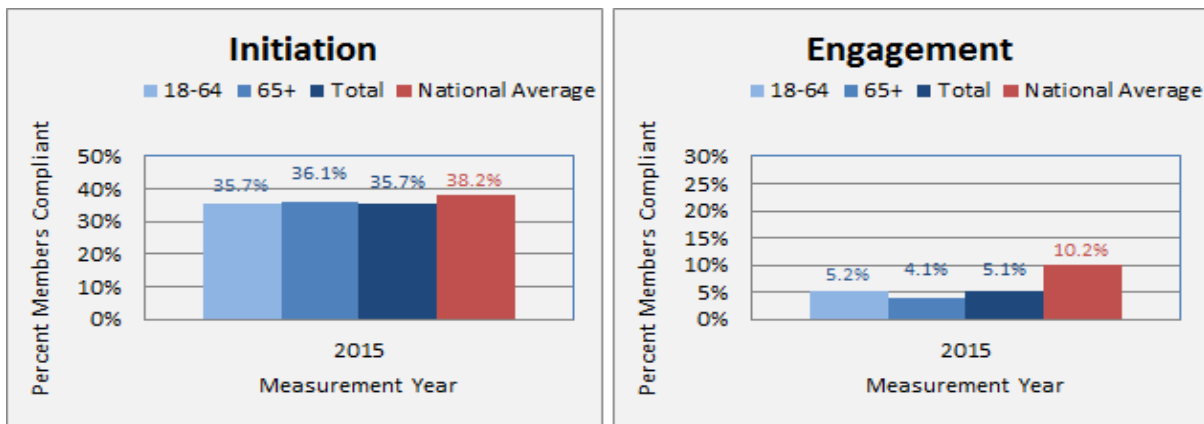
- An initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis.
- An initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

This is the first year this measure was processed for Oklahoma.

The 2015 compliance rates were slightly lower than the national average for initiation and lower to the national average for engagement.

Exhibit 28 displays compliance rates for initiation and engagement compared to national average for the 2015 measurement year.

*Exhibit 28 – Members Initiating and Engaging in additional Alcohol and Other Drug Treatment (Ages 18+ Years Old)*



## CHAPTER FOUR: UTILIZATION

For 2016, Oklahoma selected 12 measures to report related to service utilization. All measures were selected by CMS as a Child or Adult core measure, including five measures that were reported according to NCQA/HEDIS specifications. Measures selected within this domain related to prenatal and postpartum care (three measures), well-child visits (three measures), and hospital (inpatient and outpatient) utilization (six measures).

Measure	HEDIS	CMS CHILD CORE	CMS ADULT CORE
<b>Prenatal/Postpartum Care</b>			
Frequency of Ongoing Prenatal Care	✓	✓	
Postpartum Care Rate	✓		✓
Prenatal & Postpartum Care: Timeliness of Prenatal Care	✓	✓	
<b>Well-Child Visits</b>			
Well-Child Visits in the First 15 Months of Life	✓	✓	
Well-Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup> Years of Life	✓	✓	
Adolescent Well-Care Visits	✓	✓	
<b>Hospital Utilization</b>			
Ambulatory Care	✓		
Hospital Admission Rates for Prevention Quality Indicators (PQI)			✓
Plan All-Cause Readmissions	✓		✓

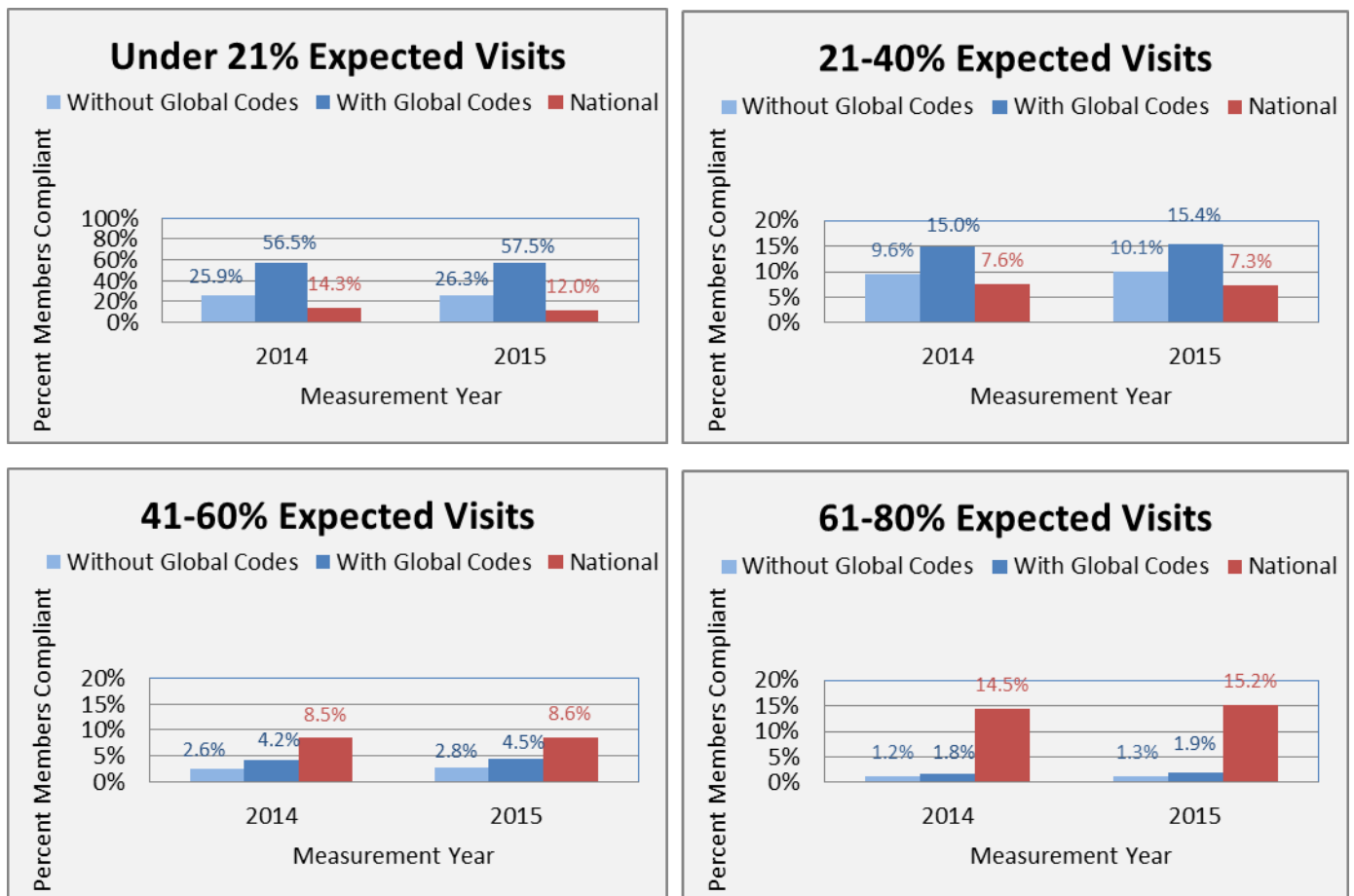
## FREQUENCY OF ONGOING PRENATAL CARE

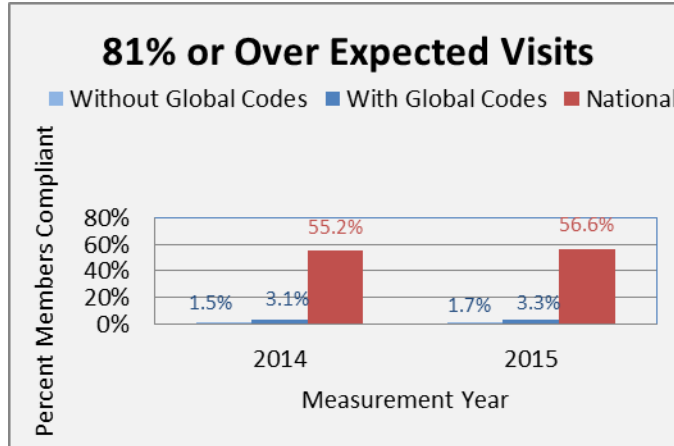
This measure calculates the percentage of live births funded by SoonerCare where the mother received the expected number of prenatal visits, adjusted for month of pregnancy and gestational age at the time of enrollment. Mothers with multiple births during the measurement year can be counted more than once. Also, mothers must have been continuously enrolled at least 43 days prior through 56 days after delivery, with no gaps.

SoonerCare utilizes “global codes” where, in general, the mother’s obstetrician/gynecologist (OB/GYN) submits a single claim and receives a bundled payment upon delivery that is intended to fund all prenatal, delivery, and postpartum services. Different codes can be used depending on who provides the prenatal, delivery, and postpartum services, if not the same provider.

Exhibit 29 displays compliance rates, compared to national averages, both excluding global codes (i.e., based solely on standard measure specifications) and including global codes. As the exhibit demonstrates, including global codes results in a higher percentage of expected visits.

*Exhibit 29 – Percent of Expected Prenatal Visits Received by Mothers*





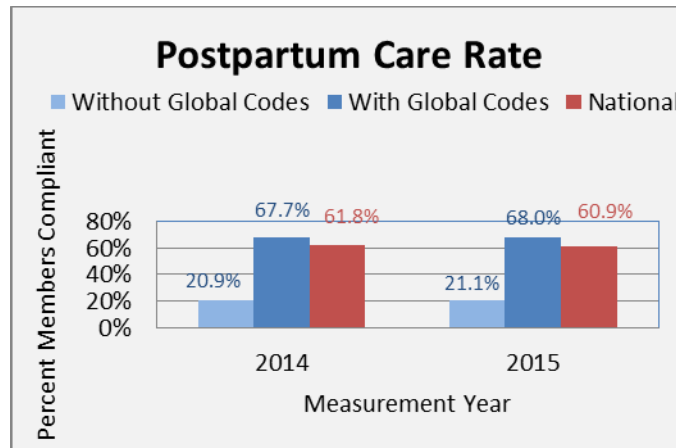
## POSTPARTUM CARE RATE

This measure calculates the percentage of mothers defined in the previous measure (Frequency of Ongoing Prenatal Care) who received a postpartum care visits between days 21 and 56 after delivery.

The 2015 compliance rates increased slightly and remained above national averages.

Exhibit 30 displays compliance rates for 2014 and 2015.

*Exhibit 30 – Mothers Receiving a Postpartum Care Visit*



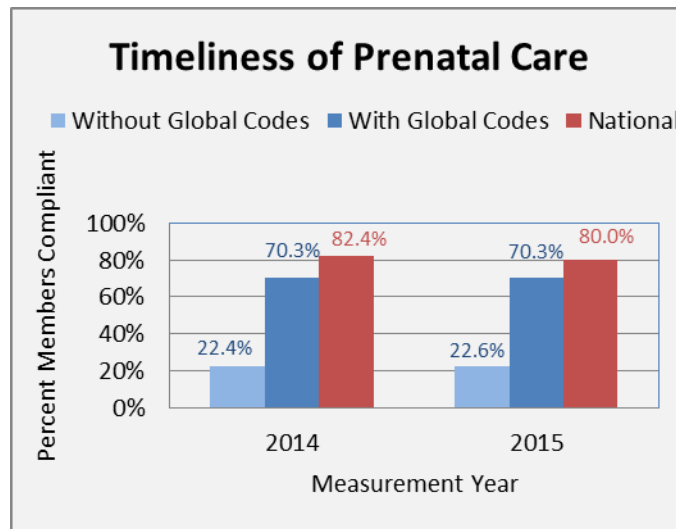
## PRENATAL & POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE

This measure calculates the percentage of women identified in the previous measures (Frequency of Ongoing Prenatal Care; Postpartum Care Rate) who received timely prenatal care. Timely prenatal care was defined as receiving a prenatal visit within the first trimester or within 42 days of enrollment. A complex set of results based on enrollment data, diagnosis codes, and procedure codes were used to identify women initially enrolled in the first trimester or trimesters two and three. If there was a gap in enrollment during the nine months prior to delivery, the initial enrollment date was considered the latest of all enrollment dates.

The 2015 compliance rates held approximately the same with a slight increase in the rates not using global codes. The 2015 national average rate dropped but still was ahead of Oklahoma.

Exhibit 31 displays compliance rates, with and without global codes, compared to national averages for measurement years 2014 and 2015.

*Exhibit 31 –Mothers Receiving Timely Prenatal Care*





## WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

## WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH & 6TH YEARS OF LIFE

## ADOLESCENT WELL-CARE VISITS

These three measures calculate the percentage of children or adolescents who receive well-child visits during the measurement year. Well-child visits were defined as visits with primary care practitioners (PCPs) using specific procedure codes indicating well-child visits. The PCP does not have to be the child's assigned PCP.

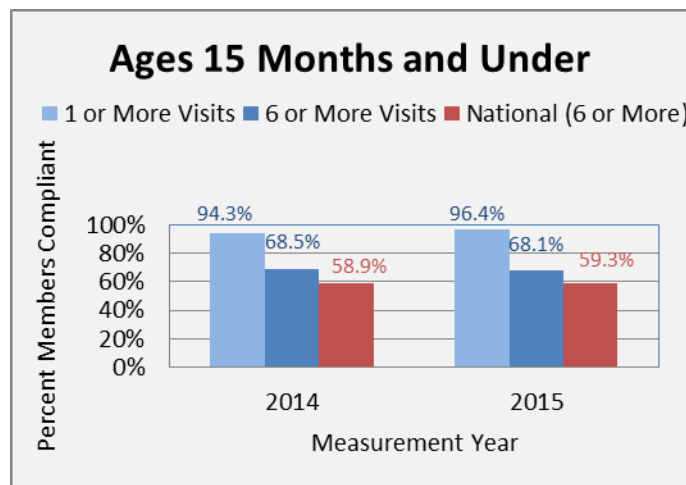
The 2015 compliance rates for 15 month olds and under show a two percent increase in overall visits while six plus visits decreased slightly compared to the 2014 rates. The national average increased slightly.

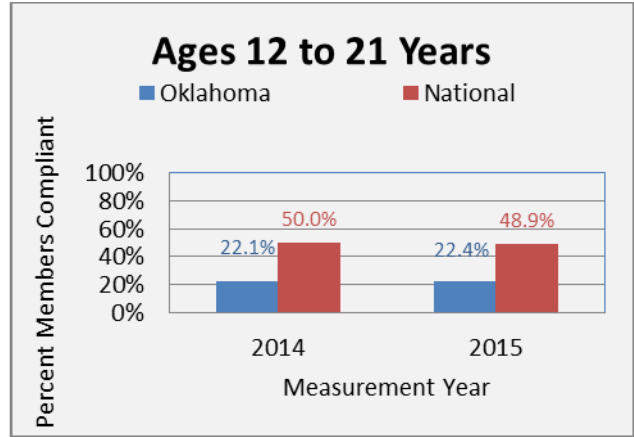
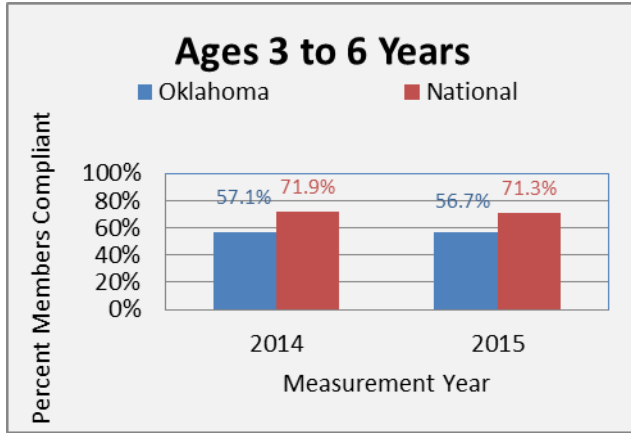
The 3 to 6 age category in 2015 had a slight decrease in compliance rates consistent with the national average decrease.

The 12 to 21 age category had a marginal increase in compliance while national averages decreased.

Exhibit 32 displays the compliance rates for the three age categories for well-child visits for 2014 and 2015.

*Exhibit 32 – Well-Child Visits for Children and Adolescents*





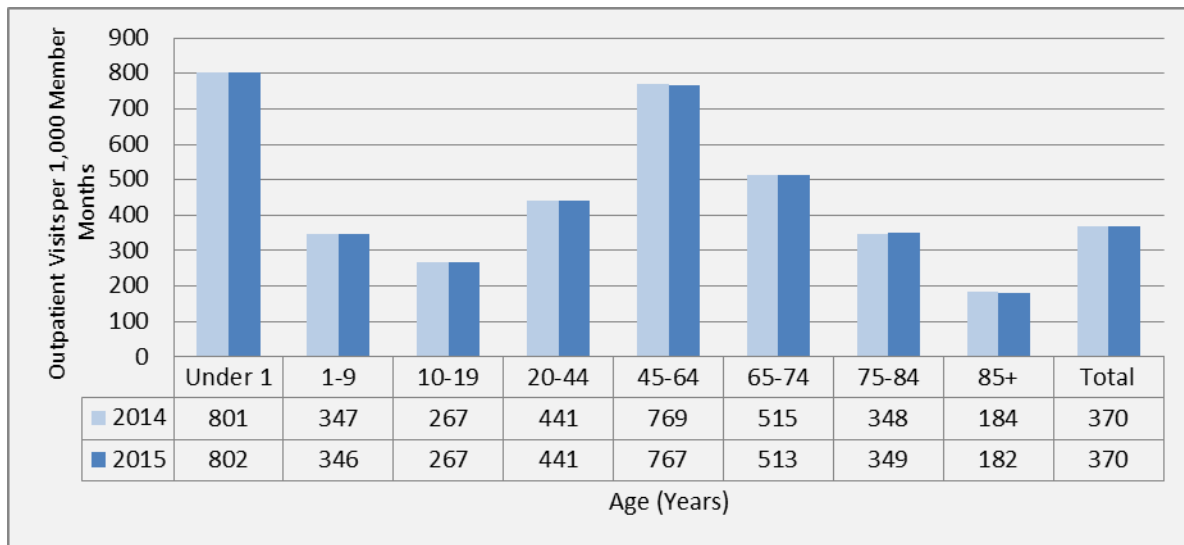
## AMBULATORY CARE

This measure calculates the number of outpatient visits and emergency department visits for SoonerCare members, by age group, per 1,000 months of eligibility (member months). Outpatient and emergency department visits were defined by claim type, procedure code, and place of service code. Emergency department visits were excluded if they resulted in an inpatient admission. All visits for mental health or chemical dependency services were excluded, both for outpatient and emergency department visit rates. Months of eligibility were calculated based on the member’s eligibility as of the fifteenth of the month.

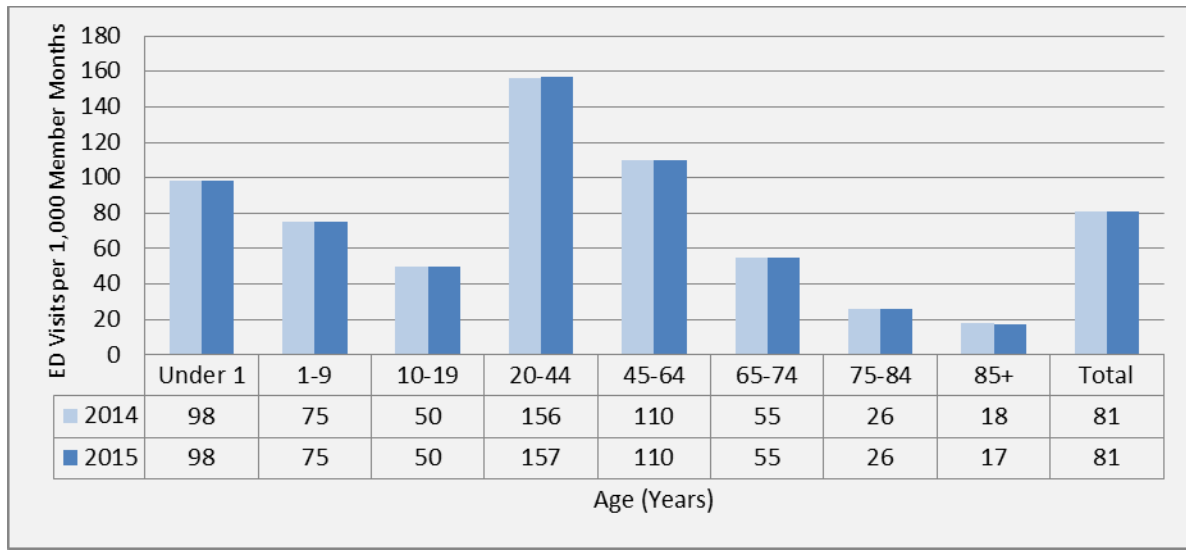
In 2015 the total outpatient visits per 1,000 member months remained constant from 2014. The ED visits per 1,000 member months total for 2015 remained constant as well as most age groupings compared to the 2014 rates.

Exhibit 33 and Exhibit 34 display the outpatient and ED visits rates for 2014 and 2015.

**Exhibit 33 – Outpatient Visit Rate for SoonerCare Members**



**Exhibit 34 – Emergency Department Visit Rate for SoonerCare Members**



## HOSPITAL ADMISSION RATES FOR PREVENTION QUALITY INDICATORS (PQI)

This section includes results for preventable hospital admission rates for the following indicators:

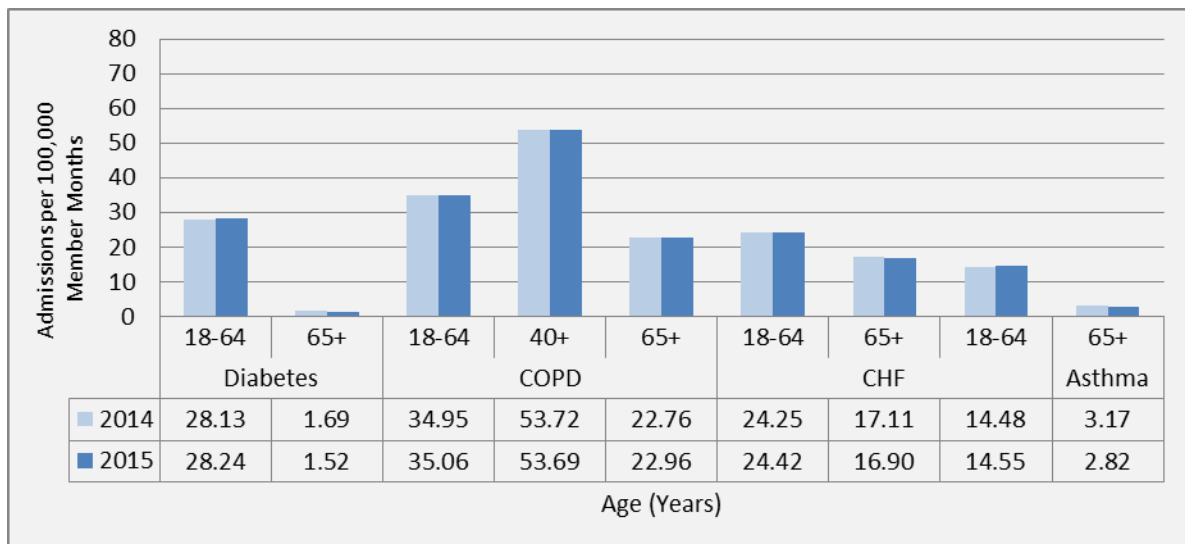
- Diabetes short-term complications (Diabetes) – Includes members 18 years and older admitted with a primary diagnosis of diabetes.
- COPD or asthma in older adults (COPD) – Includes members 40 years and older admitted with a primary diagnosis of COPD (including secondary diagnoses), asthma, or acute bronchitis. Admissions are excluded that include diagnosis codes for cystic fibrosis and other respiratory anomalies.
- Congestive heart failure (CHF) – Includes members 18 years and older admitted with a primary diagnosis of heart failure, excluding admissions where certain cardiac procedures were performed.
- Asthma in younger adults (Asthma) – Includes members 18 to 39 years older admitted with a primary diagnosis of asthma, excluding admissions with diagnoses of cystic fibrosis or other respiratory anomalies.

All admission rates exclude transfers and obstetric discharges.

Rates in 2015 saw increases in the 18-64 age range for all categories compared to the 2014 rates. The 65+ age range decreased in all categories in 2015 except for COPD.

Exhibit 35 displays hospital admission per 100,000 member months in 2014 and 2015 for each of the indicators.

**Exhibit 35 – Hospital Admission Rates for PQI Measures**



## PLAN ALL-CAUSE READMISSION RATE

This measure calculates the number of 18 year and older members with an acute inpatient stay during the measurement year that was followed by an unplanned acute readmission for any diagnosis with 30 days. The measure also calculates the predicted probability of an acute readmission. The results are displayed in three categories:

- Count of Index Stays
- Count of 30-Day Readmissions
- Average Adjusted Probability of Readmission

The results are broken down by various age groups, gender, and Commercial or Medicare coverage (Commercial cover age range is only 18-64).

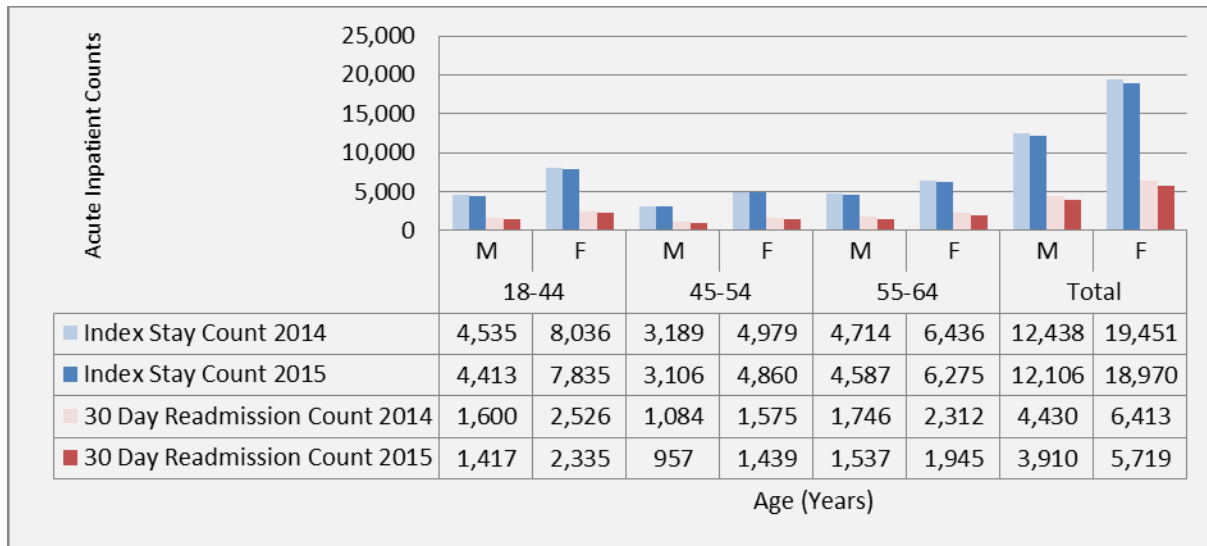
Acute inpatient stays were defined by the acute inpatient code set provided by the NCQA. Acute to acute transfers were determined by combing any acute inpatient stay that had a start date within one day of the preceding acute inpatient stay end date.

In 2015 there was a general decrease in stay counts and readmission rates compared to 2014. The decrease in rate was higher in the male population verses the female population across all age groups. The Medicare rate decreased more than the commercial rate from 2014 to 2015.

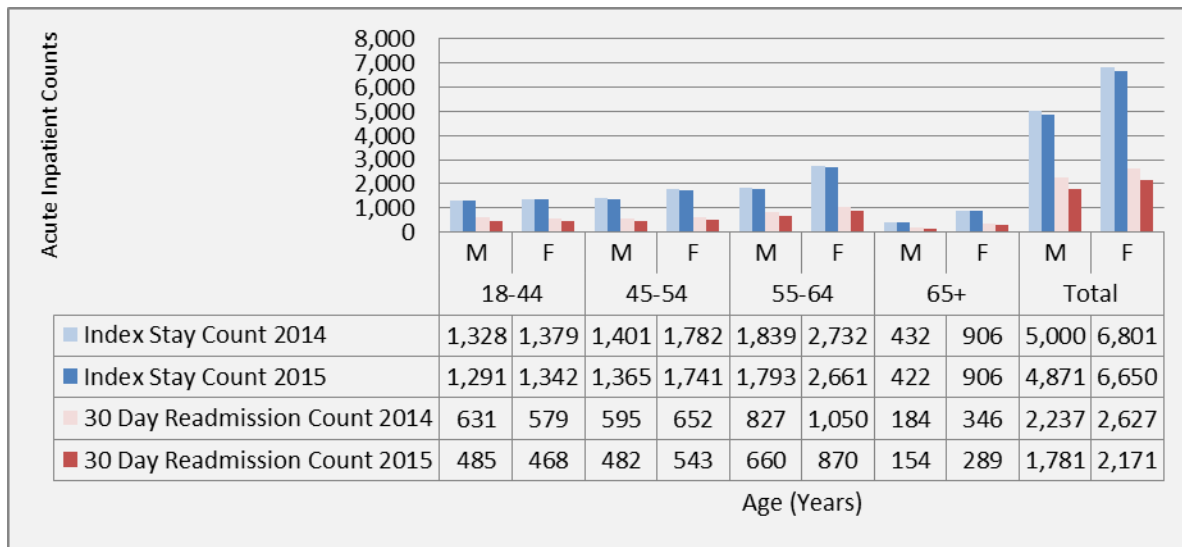
Exhibit 36 and 37 display the acute inpatient counts for Commercial and Medicare respectively. Exhibit 38 displays the O/E Ratio for Commercial and Medicare. That ratio is determined by dividing the observed readmissions by an average adjusted probability. That probability scale is provided by NCQA.

Note: The Commercial line only checks members between ages 18-64.

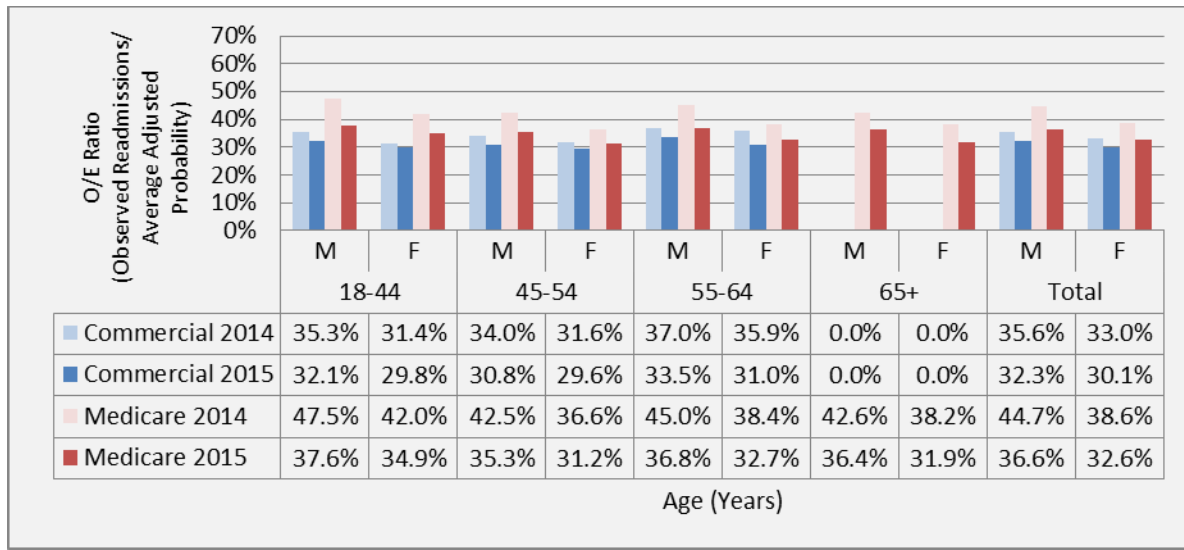
**Exhibit 36 – Acute Inpatient Commercial Coverage Stay Counts**



**Exhibit 37 – Acute Inpatient Medicare Coverage Stay Counts**



**Exhibit 38 – O/E Ratio for Commercial and Medicare**





## APPENDIX A: 2015 COMPLIANCE RATE DEMOGRAPHICS

### Key

- - = not applicable (denominator = 0)
- Program of Eligibility: SCHC = SoonerCare Choice, FFS: TXIX
- Gender: M = Male, F = Female
- Race: C = Caucasian, B/AA = Black or African American, AI = American Indian, A/PI = Asian or Pacific Islander, Multi. = Multiple Races, Dec. = Declined to Answer
- “Other” for county geography refers to members with a county code defined as “Out of State” or “State Office”

Measure/Age Group	Total	Program of Eligibility		Gender		County Geography			Hispanic		Race					
		SCHC	FFS	M	F	Urban	Rural	Other	Yes	No	C	B/AA	AI	A/PI	Multi.	Dec.
<b>AAP: Adults' Access to Preventive/Ambulatory Health Services</b>																
Total	83.6%	88.1%	81.3%	76.9%	86.6%	83.4%	84.0%	70.0%	79.7%	83.9%	84.4%	80.6%	82.6%	79.7%	84.4%	83.2%
20 to 44	80.3%	84.5%	78.4%	70.2%	83.9%	80.6%	80.1%	70.0%	76.9%	80.5%	81.1%	77.1%	79.2%	73.9%	82.0%	82.0%
45 to 64	90.0%	92.9%	88.1%	85.1%	93.1%	88.7%	91.4%	69.2%	89.5%	90.0%	90.4%	87.5%	91.6%	85.2%	90.8%	90.8%
65 and Over	77.5%	88.8%	64.7%	75.1%	78.8%	79.0%	74.9%	-	79.7%	77.2%	77.0%	71.7%	81.8%	86.8%	85.4%	-
<b>CAP: Children and Adolescents' Access to Primary Care Practitioners</b>																
Total	91.8%	92.0%	91.4%	91.5%	92.1%	90.6%	93.5%	84.6%	91.7%	91.8%	92.5%	86.4%	92.9%	90.6%	93.1%	92.9%
12 to 24 months	96.2%	97.0%	92.9%	96.3%	96.0%	96.0%	96.4%	96.1%	97.0%	96.0%	96.8%	93.0%	96.3%	95.8%	96.0%	98.5%
25 months to 6 years	89.8%	89.8%	89.8%	90.0%	89.6%	88.3%	91.8%	84.3%	90.1%	89.7%	90.5%	82.6%	91.1%	88.8%	92.7%	90.4%
7 to 11 years	92.1%	92.2%	91.9%	91.9%	92.3%	90.4%	94.5%	84.3%	91.4%	92.3%	93.1%	86.7%	92.9%	90.1%	91.6%	93.9%
12 to 19 years	92.8%	92.9%	92.7%	91.5%	94.1%	92.2%	93.8%	83.8%	92.6%	92.8%	93.2%	88.9%	94.0%	91.6%	94.5%	93.9%
<b>ABA: Adult Body Mass Index (BMI) Assessment</b>																
Total	10.3%	10.9%	9.9%	8.0%	11.5%	10.0%	10.5%	11.6%	8.0%	10.4%	10.5%	9.7%	11.4%	4.6%	10.7%	6.2%
18 to 64	10.2%	10.9%	9.8%	7.8%	11.5%	10.0%	10.4%	10.0%	7.6%	10.3%	10.4%	9.5%	11.3%	3.9%	10.6%	6.2%
65 to 75	10.8%	11.1%	10.6%	9.6%	11.4%	10.3%	11.2%	22.2%	9.0%	10.9%	11.2%	10.4%	11.9%	5.3%	11.3%	-
<b>WCC-CH: BMI Assessment for Children &amp; Adolescents</b>																
Total	3.0%	3.1%	2.7%	2.9%	3.1%	4.5%	1.2%	1.8%	6.9%	1.9%	3.2%	3.0%	3.0%	1.9%	2.4%	2.4%
3 to 11	2.8%	2.9%	2.5%	2.8%	2.8%	4.2%	1.0%	1.8%	6.5%	1.6%	3.1%	2.6%	2.6%	1.9%	2.1%	2.0%
12 to 17	3.5%	3.7%	3.0%	3.3%	3.7%	5.2%	1.7%	1.8%	8.0%	2.4%	3.4%	3.9%	3.8%	2.1%	3.4%	3.5%

Quality of Care in the SoonerCare Program – June 2017

<b>CIS: Childhood Immunization Status</b>																
Dtap	23.5%	23.8%	22.9%	23.5%	23.5%	28.5%	16.7%	22.5%	32.5%	20.6%	25.5%	25.3%	14.3%	23.2%	18.6%	27.7%
IPV	34.0%	34.4%	33.2%	34.4%	33.6%	40.0%	26.0%	29.5%	41.4%	31.6%	36.4%	36.5%	22.7%	33.3%	27.7%	39.7%
MMR	45.1%	45.8%	43.7%	44.4%	45.8%	52.8%	34.7%	43.9%	53.4%	42.5%	47.9%	50.2%	30.0%	45.8%	37.3%	50.6%
HiB	39.7%	40.1%	38.9%	39.4%	40.0%	46.7%	30.3%	33.5%	45.0%	38.0%	44.0%	39.1%	24.6%	34.9%	31.1%	41.8%
Hep B	10.0%	9.7%	10.6%	10.6%	9.4%	12.0%	7.4%	10.4%	12.2%	9.3%	10.7%	11.6%	5.8%	9.7%	7.8%	14.1%
VZV	44.3%	44.1%	44.7%	44.4%	44.2%	52.5%	33.3%	41.6%	54.5%	41.1%	46.4%	50.1%	31.9%	45.4%	37.2%	50.8%
PCV	23.7%	23.5%	24.1%	23.7%	23.7%	28.5%	17.3%	20.8%	32.4%	20.9%	25.7%	25.5%	13.9%	25.4%	18.4%	29.2%
Hep A	46.0%	46.2%	45.6%	47.1%	44.9%	53.5%	35.9%	43.9%	55.5%	43.0%	47.9%	52.5%	32.2%	48.6%	40.2%	51.0%
RV	24.7%	24.8%	24.5%	25.0%	24.4%	28.4%	19.8%	21.4%	28.8%	23.4%	25.9%	26.8%	17.9%	21.8%	21.9%	29.8%
Flu	16.2%	16.0%	16.6%	16.3%	16.1%	21.2%	9.4%	18.5%	24.5%	13.5%	18.5%	11.7%	11.0%	15.9%	12.9%	16.6%
Combo 2	6.9%	7.0%	6.7%	7.0%	6.8%	8.3%	5.0%	8.1%	9.0%	6.2%	7.9%	7.1%	3.1%	7.3%	4.4%	9.2%
Combo 3	6.0%	6.1%	5.8%	6.1%	5.9%	7.2%	4.4%	8.1%	8.1%	5.3%	6.8%	6.1%	2.8%	7.1%	4.1%	8.4%
Combo 4	5.5%	5.5%	5.5%	5.8%	5.1%	6.7%	3.9%	6.9%	7.6%	4.8%	6.1%	6.0%	2.5%	6.9%	3.9%	7.8%
Combo 5	3.6%	3.4%	4.0%	3.6%	3.6%	4.2%	2.7%	3.5%	4.5%	3.3%	3.9%	4.2%	1.5%	5.0%	2.6%	5.2%
Combo 6	2.1%	2.0%	2.3%	2.3%	1.8%	2.8%	1.1%	3.5%	3.4%	1.7%	2.4%	1.1%	1.4%	2.8%	1.6%	2.7%
Combo 7	3.9%	3.8%	4.1%	3.9%	3.9%	4.4%	3.2%	4.0%	4.8%	3.6%	4.4%	4.2%	1.4%	5.2%	2.6%	5.2%
Combo 8	2.8%	2.7%	3.0%	2.8%	2.8%	3.4%	1.9%	3.5%	4.0%	2.4%	3.5%	1.2%	1.4%	2.6%	1.8%	2.5%
Combo 9	1.4%	1.4%	1.4%	1.7%	1.1%	1.8%	0.8%	1.7%	2.6%	1.0%	1.6%	0.8%	0.9%	2.2%	1.2%	1.7%
Combo 10	1.3%	1.3%	1.3%	1.6%	1.0%	1.7%	0.7%	1.2%	2.4%	0.9%	1.5%	0.7%	0.8%	2.0%	1.1%	1.5%
<b>IMA: Immunizations for Adolescents</b>																
Meningococcal	24.5%	24.9%	23.8%	24.9%	24.1%	32.9%	14.8%	19.9%	35.5%	22.0%	26.5%	31.5%	14.0%	20.7%	17.4%	22.7%
Tdap/Td	32.6%	33.2%	31.6%	31.6%	33.7%	42.0%	21.8%	26.7%	42.4%	30.4%	35.5%	39.5%	18.5%	28.9%	23.5%	36.6%
Both	22.2%	22.9%	21.0%	22.4%	21.9%	30.7%	12.4%	17.9%	30.9%	20.2%	24.1%	28.3%	11.8%	16.9%	16.0%	24.0%
<b>HPV: HPV for Female Adolescents</b>																
Total	11.8%	13.7%	8.3%	-	11.8%	14.8%	8.7%	6.6%	19.4%	9.9%	13.4%	11.6%	6.6%	15.9%	8.3%	13.0%
<b>BCS: Breast Cancer Screening</b>																
Total	39.0%	40.9%	38.1%	-	39.0%	41.1%	36.5%	41.7%	40.1%	38.9%	40.1%	45.3%	17.8%	35.4%	24.4%	46.0%
50 to 64	41.6%	43.9%	40.6%	-	41.6%	43.3%	40.0%	41.7%	41.8%	41.6%	44.3%	47.3%	18.6%	34.0%	23.5%	46.0%
65 and Over	35.0%	36.2%	34.4%	-	35.0%	38.5%	29.3%	-	37.6%	34.8%	35.4%	32.3%	10.1%	37.0%	32.5%	-
<b>CCS: Cervical Cancer Screening</b>																
Total	41.2%	47.9%	34.6%	-	41.2%	41.6%	40.7%	52.5%	46.5%	41.0%	42.2%	44.7%	26.7%	36.9%	32.5%	56.5%

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<b>CHL: Chlamydia Screening in Women</b>																
Total	57.2%	65.4%	47.6%	-	57.2%	59.5%	54.9%	53.6%	63.5%	56.4%	57.4%	69.0%	44.0%	58.1%	56.2%	58.9%
16 to 20	55.4%	64.1%	44.4%	-	55.4%	57.2%	53.7%	54.1%	61.5%	54.6%	56.0%	67.3%	42.2%	53.7%	53.6%	57.6%
21 to 24	62.5%	70.1%	55.6%	-	62.5%	66.3%	58.8%	51.4%	70.4%	61.6%	61.1%	73.6%	51.6%	73.9%	64.1%	63.1%
<b>ASM: Use of Appropriate Medications for the Treatment of Asthma</b>																
Total	81.3%	84.2%	76.4%	84.4%	77.7%	82.2%	80.0%	88.9%	87.6%	80.4%	80.0%	81.9%	84.2%	84.6%	84.3%	82.5%
5 to 11	90.3%	93.2%	85.2%	90.3%	90.2%	89.3%	91.9%	89.8%	91.2%	90.1%	90.8%	88.1%	92.1%	93.5%	91.2%	85.9%
12 to 18	82.3%	85.8%	76.5%	84.7%	78.7%	84.1%	79.7%	90.2%	85.8%	81.8%	81.3%	83.3%	84.9%	78.0%	82.6%	81.1%
19 to 50	62.0%	63.0%	60.5%	62.4%	61.8%	62.7%	61.3%	50.0%	65.6%	61.8%	60.6%	66.7%	62.1%	60.0%	62.9%	65.0%
51 to 64	62.0%	62.1%	61.9%	59.4%	63.5%	61.5%	62.4%	-	59.0%	62.1%	63.8%	54.6%	58.8%	25.0%	65.7%	-
<b>MMA: Appropriate Medications for the Treatment of Asthma: 50% Compliance Rate</b>																
Total (5 to 64)	60.0%	61.9%	56.7%	62.4%	57.5%	59.1%	60.8%	70.5%	56.3%	60.5%	59.9%	57.2%	61.3%	70.7%	64.3%	58.7%
5 to 11	61.0%	63.2%	57.0%	62.9%	58.9%	59.7%	62.1%	74.7%	56.7%	62.0%	62.3%	56.7%	60.2%	71.9%	64.3%	56.8%
12 to 18	56.5%	58.7%	53.1%	59.8%	52.5%	56.4%	56.5%	66.7%	55.5%	56.7%	53.9%	57.8%	61.5%	66.7%	62.6%	62.9%
19 to 20	58.9%	60.6%	56.3%	63.4%	55.1%	59.1%	58.8%	50.0%	60.0%	58.8%	59.8%	61.9%	47.1%	-	54.5%	61.5%
Total (5 to 20)	59.2%	61.4%	55.3%	61.6%	56.4%	58.4%	59.8%	71.3%	56.4%	59.7%	58.8%	57.2%	60.5%	70.3%	63.6%	59.6%
19 to 50	58.2%	58.7%	57.5%	65.7%	56.1%	57.0%	61.4%	0.0%	54.8%	58.3%	59.5%	53.8%	55.1%	75.0%	63.5%	47.4%
51 to 64	74.3%	74.4%	74.2%	78.6%	72.3%	76.7%	72.2%	-	54.5%	74.9%	73.8%	70.0%	80.8%	100.0%	77.8%	-
<b>MMA: Appropriate Medications for the Treatment of Asthma: 75% Compliance Rate</b>																
Total (5 to 64)	38.4%	40.2%	35.4%	40.4%	36.5%	38.1%	38.6%	50.4%	33.3%	39.3%	40.1%	33.1%	37.5%	39.8%	40.9%	38.9%
5 to 11	38.6%	39.9%	36.2%	39.7%	37.4%	37.9%	39.2%	48.1%	32.4%	40.1%	40.4%	33.5%	36.9%	41.6%	42.2%	36.8%
12 to 18	36.1%	38.1%	32.9%	39.6%	31.7%	37.0%	34.6%	56.3%	34.1%	36.4%	37.3%	31.4%	36.2%	41.0%	36.3%	45.2%
19 to 20	41.1%	43.1%	38.0%	43.9%	38.8%	40.9%	42.4%	0.0%	46.7%	40.6%	41.2%	42.9%	35.3%	-	45.5%	38.5%
Total (5 to 20)	37.6%	39.3%	34.9%	39.7%	35.3%	37.6%	37.4%	50.4%	33.0%	38.5%	39.2%	32.9%	36.6%	41.4%	40.1%	40.4%
19 to 50	37.1%	40.8%	32.1%	43.9%	35.1%	35.5%	41.2%	0.0%	41.9%	36.8%	38.8%	34.6%	33.7%	0.0%	36.5%	15.8%
51 to 64	53.8%	57.2%	49.2%	54.8%	53.4%	54.6%	53.2%	-	45.5%	54.1%	54.9%	40.0%	57.5%	0.0%	64.8%	-
<b>CDC: Comprehensive Diabetes Care: HbA1c Testing</b>																
Total	72.2%	72.6%	71.6%	70.1%	73.4%	73.4%	70.8%	50.0%	78.2%	71.8%	76.9%	74.6%	44.9%	82.0%	48.2%	77.5%
18 to 64	70.8%	71.1%	70.4%	69.2%	71.7%	72.5%	68.8%	44.4%	77.5%	70.5%	75.6%	72.8%	44.7%	80.7%	47.8%	77.5%
65 to 75	76.3%	76.9%	75.3%	73.4%	77.9%	76.0%	76.5%	100.0%	79.4%	76.0%	80.7%	79.8%	45.5%	82.6%	49.9%	-

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<b>CDC: Comprehensive Diabetes Care: Retinal Eye Exam</b>																
Total	27.6%	29.8%	24.4%	23.8%	29.7%	30.5%	24.1%	20.0%	33.9%	27.2%	28.6%	31.5%	16.6%	45.0%	18.4%	26.0%
<b>CDC: Comprehensive Diabetes Care: LDL-C Screening</b>																
Total	64.2%	68.2%	58.5%	61.7%	65.6%	65.1%	63.2%	50.0%	68.3%	64.0%	68.7%	64.4%	38.5%	87.6%	43.0%	88.0%
18 to 64	63.4%	67.7%	57.2%	61.0%	64.8%	64.3%	62.3%	44.4%	64.9%	63.3%	67.1%	66.7%	39.3%	103.0%	42.7%	88.0%
65 to 75	66.5%	69.6%	62.2%	64.0%	67.7%	67.4%	65.5%	100.0%	73.5%	65.9%	73.3%	57.9%	36.4%	80.2%	44.8%	-
<b>CDC: Comprehensive Diabetes Care: Medical Attention for Nephropathy</b>																
Total	52.5%	54.1%	50.2%	52.6%	52.4%	55.1%	49.5%	20.0%	58.8%	52.1%	51.4%	58.8%	51.9%	55.7%	45.9%	64.0%
<b>DEV: Developmental Screening in the First Three Years of Life</b>																
Total	15.7%	18.3%	11.1%	15.5%	16.0%	16.8%	14.3%	19.6%	16.0%	15.6%	16.3%	17.0%	9.6%	17.5%	16.2%	17.7%
0 to 12 Months	12.9%	14.7%	9.6%	12.7%	13.1%	14.0%	11.4%	17.6%	12.4%	13.0%	13.1%	15.3%	7.0%	16.3%	13.9%	15.2%
2 Years	21.2%	24.5%	15.3%	21.0%	21.5%	22.6%	19.3%	28.3%	20.9%	21.3%	22.0%	21.3%	14.8%	25.0%	21.2%	23.4%
3 Years	14.7%	17.8%	9.2%	14.4%	15.1%	15.4%	13.8%	15.5%	16.7%	14.1%	15.7%	15.4%	9.0%	10.9%	14.5%	16.0%
<b>ADD: Follow-Up Care for Children Prescribed ADHD Medication</b>																
Initiation Phase	62.0%	64.1%	58.7%	61.7%	62.5%	64.3%	59.3%	64.7%	61.2%	62.1%	61.8%	66.2%	58.0%	40.0%	61.6%	69.5%
Continuation Phase	60.9%	63.7%	56.1%	60.2%	62.5%	63.2%	58.1%	61.0%	59.7%	61.0%	60.7%	64.4%	57.4%	38.9%	61.3%	69.4%
<b>FUH: Follow-Up After Hospitalization for Mental Illness: 7 Days After Discharge</b>																
Total	22.1%	-	-	21.8%	22.3%	22.9%	21.0%	23.7%	19.3%	22.4%	22.3%	19.7%	25.0%	24.4%	21.1%	24.5%
6 to 20	24.9%	-	-	24.9%	24.9%	25.6%	23.7%	27.1%	21.6%	25.3%	24.9%	22.5%	29.3%	31.6%	23.2%	26.6%
21 to 64	17.1%	-	-	15.6%	18.3%	17.5%	16.9%	12.2%	11.3%	17.5%	18.0%	15.6%	16.3%	18.2%	13.8%	16.7%
65 and Over	13.6%	-	-	0.0%	20.0%	25.0%	0.0%	-	0.0%	15.0%	15.0%	0.0%	0.0%	-	-	-
<b>FUH: Follow-Up After Hospitalization for Mental Illness: 30 Days After Discharge</b>																
Total	44.2%	47.9%	38.2%	43.4%	44.9%	44.7%	43.1%	53.0%	43.2%	44.3%	44.0%	42.8%	48.0%	41.5%	42.9%	50.4%
6 to 20	48.1%	51.0%	43.0%	47.4%	48.7%	48.9%	46.3%	58.8%	45.3%	48.4%	48.3%	46.4%	50.6%	52.6%	45.5%	53.2%
21 to 64	37.4%	42.1%	30.6%	35.1%	39.0%	36.4%	38.5%	32.7%	36.0%	37.5%	36.9%	37.3%	42.4%	31.8%	34.3%	40.0%
65 and Over	22.7%	33.3%	0.0%	14.3%	26.7%	41.7%	0.0%	-	0.0%	25.0%	15.0%	100.0%	100.0%	-	-	-
<b>FPC: Frequency of Prenatal Care: Without Global Codes</b>																
<21%	26.3%	27.6%	24.4%	-	26.3%	26.9%	25.5%	29.4%	24.2%	26.6%	28.2%	26.4%	20.5%	26.8%	20.9%	19.5%
21-40%	10.1%	11.4%	8.1%	-	10.1%	12.2%	7.6%	8.2%	10.0%	10.1%	10.2%	13.5%	7.6%	9.4%	8.3%	10.9%
41-60%	2.8%	3.1%	2.4%	-	2.8%	3.2%	2.3%	1.8%	3.1%	2.8%	2.8%	3.7%	2.2%	1.2%	2.3%	4.5%

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61-80%	1.3%	1.2%	1.5%	-	1.3%	1.3%	1.3%	1.2%	2.5%	1.1%	1.4%	1.5%	1.0%	0.6%	0.9%	1.7%
>80%	1.7%	1.7%	1.7%	-	1.7%	2.4%	0.9%	1.2%	3.3%	1.5%	1.7%	2.8%	0.9%	1.8%	0.9%	2.2%
<b>FPC: Frequency of Prenatal Care: With Global Codes</b>																
<21%	57.5%	58.9%	55.4%	-	57.5%	59.1%	55.8%	45.3%	54.6%	57.9%	58.9%	59.0%	52.3%	61.5%	56.2%	31.5%
21-40%	15.4%	15.9%	14.7%	-	15.4%	17.6%	12.7%	15.9%	13.9%	15.6%	16.2%	17.8%	10.8%	17.4%	11.2%	22.3%
41-60%	4.5%	5.2%	3.5%	-	4.5%	5.4%	3.4%	7.6%	4.3%	4.5%	4.6%	6.2%	2.8%	3.3%	3.3%	7.5%
61-80%	1.9%	2.4%	1.2%	-	1.9%	2.1%	1.7%	1.8%	3.3%	1.7%	1.9%	2.4%	1.4%	0.8%	1.7%	3.3%
>80%	3.3%	3.7%	2.7%	-	3.3%	4.1%	2.3%	8.8%	4.5%	3.1%	3.3%	4.7%	2.3%	3.9%	2.6%	3.9%
<b>PCR: Postpartum Care Rate: Without Global Codes</b>																
Total	21.1%	24.9%	15.4%	-	21.1%	18.9%	23.7%	24.0%	22.6%	20.9%	20.5%	17.4%	27.0%	16.0%	22.7%	24.0%
<b>PCR: Postpartum Care Rate: With Global Codes</b>																
Total	68.0%	71.8%	62.3%	-	68.0%	71.5%	68.6%	77.1%	69.0%	67.8%	69.0%	64.7%	66.1%	70.1%	65.8%	76.5%
<b>PPC: Timeliness of Prenatal Care: Without Global Codes</b>																
Total	22.6%	24.7%	19.4%	-	22.6%	24.1%	20.9%	21.6%	24.4%	22.3%	24.0%	24.5%	16.1%	5.6%	23.7%	21.8%
<b>PPC: Timeliness of Prenatal Care: With Global Codes</b>																
Total	70.3%	71.7%	68.2%	-	70.3%	75.1%	66.9%	78.9%	73.2%	69.9%	72.1%	74.9%	59.2%	75.5%	65.7%	68.4%
<b>WCV: Well-Child Visits in the First 15 Months of Life</b>																
0 Visits	3.6%	3.7%	3.4%	3.5%	3.6%	3.6%	3.5%	3.7%	2.4%	3.8%	3.7%	3.8%	3.8%	4.0%	3.0%	2.4%
1 Visit	3.6%	3.8%	3.3%	3.5%	3.7%	3.8%	3.4%	3.0%	2.6%	3.8%	3.2%	5.5%	4.5%	3.5%	3.8%	2.1%
2 Visits	4.1%	4.4%	3.6%	4.1%	4.2%	4.3%	3.9%	3.3%	2.9%	4.4%	3.4%	6.6%	6.6%	3.7%	4.4%	3.2%
3 Visits	5.5%	5.6%	5.2%	5.5%	5.4%	5.7%	5.3%	4.1%	4.6%	5.7%	4.9%	7.3%	7.4%	3.5%	6.2%	3.0%
4 Visits	6.7%	6.6%	6.7%	6.6%	6.7%	6.7%	6.7%	6.3%	7.7%	6.4%	5.4%	10.4%	11.2%	4.6%	7.8%	3.8%
5 Visits	8.5%	8.6%	8.2%	8.3%	8.6%	8.2%	8.7%	13.7%	15.6%	6.8%	7.7%	10.9%	10.6%	9.3%	9.1%	8.6%
6+ visits	68.1%	69.4%	66.0%	67.5%	68.9%	70.2%	66.0%	55.9%	67.9%	68.2%	68.3%	57.1%	62.4%	94.7%	76.3%	70.5%
1+ visits	96.4%	98.4%	93.1%	95.4%	97.5%	98.8%	93.9%	86.3%	101.2%	95.3%	92.9%	97.9%	102.7%	119.2%	107.5%	91.2%
<b>W34: Well-Child Visits in the 3rd to 6th Years of Life</b>																
1+ visit	56.7%	58.9%	53.0%	57.0%	56.4%	57.6%	55.5%	49.8%	63.6%	54.7%	57.7%	55.0%	52.3%	64.1%	55.6%	58.6%
<b>AWC: Adolescent Well-Care Visits</b>																
1+ visit	22.4%	23.2%	21.1%	23.1%	21.7%	24.3%	20.3%	21.2%	27.0%	21.6%	23.0%	26.9%	14.8%	26.5%	21.3%	23.9%

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<b>MPM:Annual Monitoring for Patients on Persistent Medications</b>																
ACE/ARB	79.7%	81.9%	77.0%	79.4%	79.9%	79.8%	79.6%	74.5%	80.0%	79.6%	79.4%	79.7%	80.6%	81.3%	81.3%	80.6%
18-64	79.3%	81.6%	76.6%	79.0%	79.5%	79.4%	79.3%	74.7%	79.9%	79.3%	79.1%	79.3%	80.1%	80.6%	80.4%	80.5%
65+	84.0%	85.9%	81.8%	83.6%	84.2%	84.4%	83.8%	71.4%	81.6%	84.1%	83.2%	83.9%	86.3%	90.0%	90.9%	83.3%
Digoxin	50.2%	54.9%	44.6%	48.6%	51.3%	50.8%	49.6%	50.0%	54.5%	50.0%	50.5%	48.6%	44.4%	100.0%	40.0%	100.0%
18-64	50.1%	54.8%	44.3%	48.9%	50.7%	51.4%	48.7%	50.0%	54.5%	49.8%	49.7%	51.6%	44.4%	100.0%	40.0%	100.0%
65+	51.9%	55.6%	46.7%	46.7%	55.6%	47.1%	56.3%	-	-	51.5%	55.2%	25.0%	-	-	-	-
Diuretics	82.6%	85.7%	78.9%	82.7%	82.5%	82.4%	82.9%	77.4%	80.2%	82.7%	82.7%	82.5%	83.1%	80.0%	81.5%	82.5%
18-64	82.5%	85.7%	78.8%	82.7%	82.4%	82.2%	82.8%	80.0%	79.8%	82.6%	82.5%	82.6%	83.1%	82.4%	81.6%	84.2%
65+	83.4%	86.1%	80.3%	83.1%	83.7%	83.8%	83.8%	0.0%	84.2%	83.4%	84.5%	82.2%	83.3%	50.0%	80.0%	50.0%
Total	80.2%	82.8%	77.1%	80.0%	80.3%	80.2%	80.3%	75.3%	79.7%	80.2%	80.0%	80.5%	81.0%	81.0%	81.0%	81.3%
18-64	80.0%	82.6%	76.9%	79.9%	80.1%	80.0%	80.1%	76.5%	79.5%	80.0%	79.7%	80.3%	80.7%	81.2%	80.4%	81.7%
65+	82.9%	85.1%	80.3%	82.3%	83.3%	83.1%	83.1%	55.6%	82.5%	82.9%	82.7%	82.3%	85.3%	78.6%	89.5%	75.0%
<b>SEAL-CH: Sealants for age 6-9 at Elevated Caries Risk</b>																
Total	25.2%	24.9%	25.8%	25.4%	25.0%	25.8%	24.6%	19.8%	25.1%	25.2%	24.7%	27.9%	24.4%	23.2%	26.4%	26.3%
<b>UCM:Use of Contraceptive Methods By Women Ages 15-44</b>																
Total: FDA Approved	16.4%	18.6%	13.2%	-	16.4%	16.6%	16.3%	17.6%	16.4%	16.4%	16.5%	16.1%	16.5%	16.6%	16.4%	15.1%
15-20	22.9%	24.3%	20.7%	-	22.9%	23.0%	22.7%	22.4%	23.0%	22.9%	22.9%	22.7%	23.0%	23.1%	22.8%	22.4%
21-44	14.1%	16.5%	10.5%	-	14.1%	14.0%	14.2%	13.2%	14.0%	14.1%	14.2%	13.4%	14.2%	14.2%	14.0%	13.6%
Total: LARC	2.5%	2.9%	1.7%	-	2.5%	2.5%	2.4%	2.2%	2.7%	2.4%	2.5%	2.4%	2.5%	2.6%	2.4%	2.0%
15-20	2.9%	3.6%	1.8%	-	2.9%	3.0%	2.7%	2.5%	3.4%	2.9%	2.9%	2.8%	3.0%	3.1%	2.8%	2.4%
21-44	2.3%	2.7%	1.7%	-	2.3%	2.3%	2.3%	2.0%	2.4%	2.3%	2.3%	2.2%	2.3%	2.4%	2.3%	1.9%
<b>APC:Use of Multiple Concurrent Antipsychotics in Children and Adolescents</b>																
Total	35.5%	38.4%	30.6%	35.4%	35.6%	35.6%	35.5%	30.4%	35.5%	35.5%	35.6%	35.6%	35.4%	35.1%	35.5%	34.5%
1-5	25.8%	28.1%	21.9%	24.4%	27.1%	26.5%	25.0%	-	28.6%	25.3%	28.3%	30.0%	25.0%	0.0%	14.3%	0.0%
6-11	36.2%	38.9%	31.5%	35.9%	36.5%	36.0%	36.4%	30.0%	36.3%	36.2%	36.3%	35.9%	36.1%	34.9%	37.0%	35.6%
12-17	35.3%	38.4%	30.2%	35.4%	35.2%	35.5%	35.1%	30.8%	35.1%	35.4%	35.4%	35.5%	35.2%	35.8%	35.0%	34.6%
<b>IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</b>																
Total (Init)	35.7%	37.2%	33.9%	35.4%	36.0%	35.6%	35.9%	37.0%	35.2%	35.8%	35.7%	35.6%	36.0%	36.3%	35.9%	36.0%
18 to 64	35.7%	37.1%	33.9%	35.4%	35.9%	35.5%	35.9%	38.1%	35.2%	35.8%	35.6%	35.5%	36.0%	36.3%	35.9%	36.0%

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65+	36.1%	38.0%	33.7%	35.6%	36.5%	36.0%	36.3%	25.0%	35.3%	36.2%	35.9%	36.8%	36.1%	36.8%	35.9%	35.9%
Total (Engage)	5.1%	5.9%	4.1%	5.0%	5.2%	5.1%	5.1%	4.3%	4.8%	5.1%	5.1%	5.1%	5.1%	4.7%	5.2%	5.0%
18 to 64	5.2%	6.0%	4.2%	5.1%	5.3%	5.2%	5.2%	4.8%	5.0%	5.3%	5.2%	5.2%	5.3%	5.3%	5.3%	5.0%
65+	4.1%	5.0%	3.0	4.1%	4.1%	4.1%	4.2%	0.0%	3.3%	4.2%	4.0%	4.3%	4.1%	0.0%	5.1%	5.1%