



Quality of Care in the SoonerCare Program

Reporting Year 2019

Measurement Year 2018

Prepared for:

State of Oklahoma

Oklahoma Health Care Authority

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PHPG



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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 2019 to:

- Report results for the 2019 reporting year, which evaluates care provided in 2018;
- 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">• Adults' Access to Preventive/Ambulatory Health Services (HEDIS)• Children & Adolescents' Access to Primary Care Physicians (HEDIS, CMS Child Core)

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

Domain	Subdomain (if applicable) / Measure	
Utilization	Prenatal/Postpartum Care*	
	<ul style="list-style-type: none"> • Postpartum Care Rate (HEDIS, CMS Adult Core) • Prenatal & Postpartum Care: Timeliness of Prenatal Care (HEDIS, CMS Child Core) • Contraceptive Care – Postpartum Women (HEDIS, CMS Child Core) 	
	Well-Child Visits*	
	<ul style="list-style-type: none"> • Well-Child Visits in the First 15 Months of Life (HEDIS, CMS Child Core) • Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life (HEDIS, CMS Child Core) • Adolescent Well-Care Visits (HEDIS, CMS Child Core) 	
	Hospital Utilization*	
	<ul style="list-style-type: none"> • Ambulatory Care (HEDIS) • Diabetes Short-term Complications Admission Rate (CMS Adult Core) • Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (CMS Adult Core) • Congestive Heart Failure (CHF) Admission Rate (CMS Adult Core) • Asthma in Younger Adults Admission Rate (CMS Adult Core) • Plan All-Cause Readmissions Rate (HEDIS, CMS Adult Core) 	
	<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 2013 through June 2018, with dates of payment through September 2019. 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 2017 through June 2019.

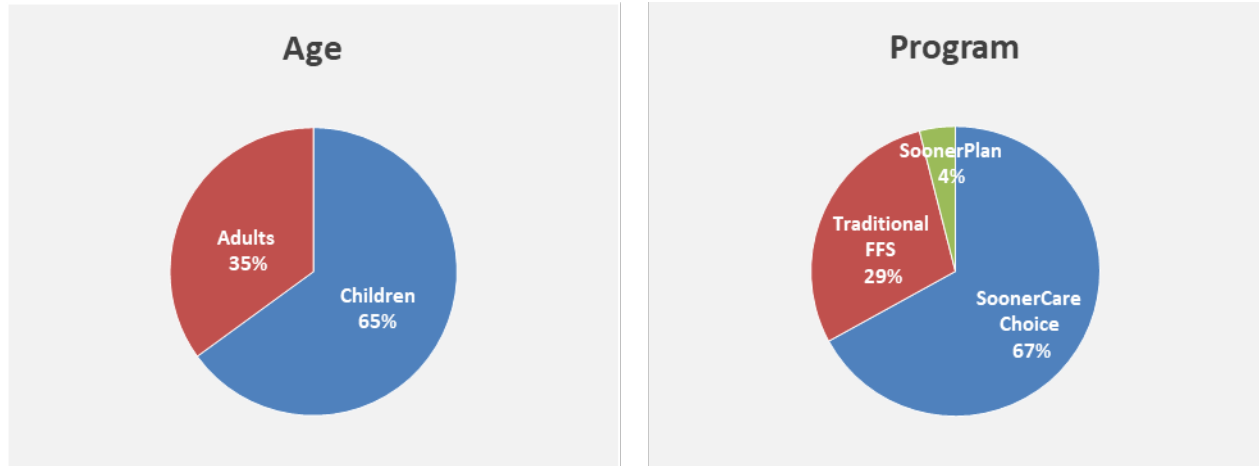
PHPG followed NCQA and AHRQ specifications explicitly unless otherwise noted. In general where specifications required the member to be continuously enrolled for the entire year, the member was permitted to have one gap in enrollment of no more than 45 days. Similar to how OHCA has implemented this requirement 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.

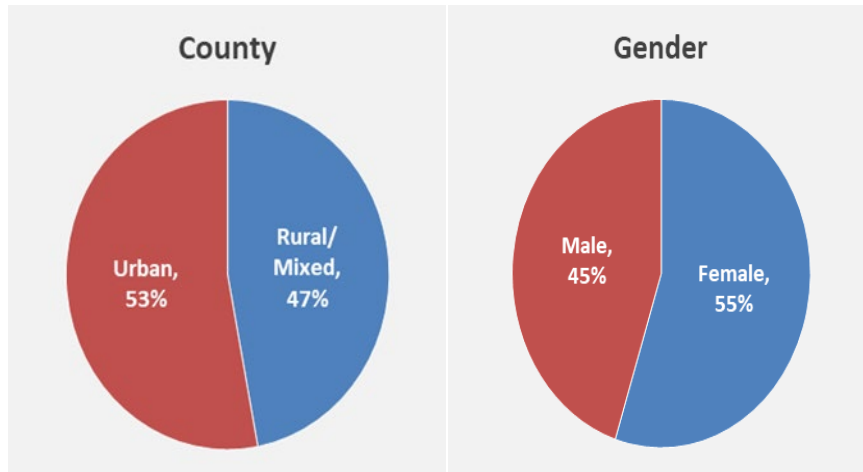
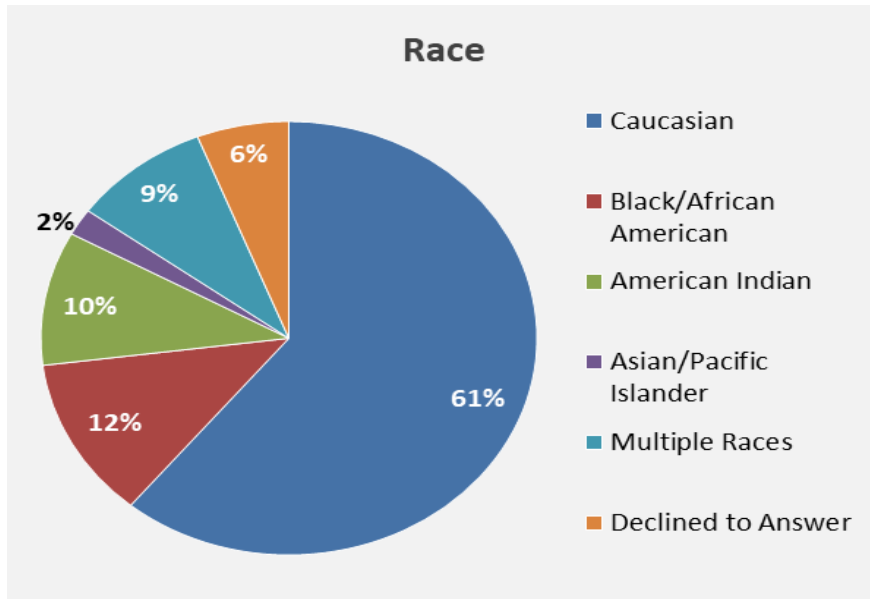
PHPG validated results for the 2019 reporting year by comparing to secondary sources (e.g., SoonerCare Annual Reports) and by analyzing results for the 2018 reporting year using 2019 methodologies and comparing to what OHCA reported previously. PHPG accordingly refined its methodologies as necessary and refined OHCA’s previous specifications where reasonable.

SOONERCARE DEMOGRAPHICS

According to OHCA Enrollment Fast Facts for January 2019 (published February), there were over 785,000 individuals enrolled in SoonerCare. Approximately 65 percent of the enrollment was children (age 0-20) and 35 percent was adults. Approximately 67 percent was enrolled in the program’s patient centered medical home (PCMH) model known as SoonerCare Choice; another 29 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 62 percent Caucasian, 12 percent Black/African American, 10 percent American Indian, two percent Asian or Pacific Islander, and nine percent multiple races (six percent did not provide a racial background). Approximately 18 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 2019, 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 (2018) and previous (2017) measurement years, as well as a comparison to national benchmark data, where available. The benchmark is the national Medicaid HMO for 2018, as reported by NCQA in “The State of Health Quality – 2019”.

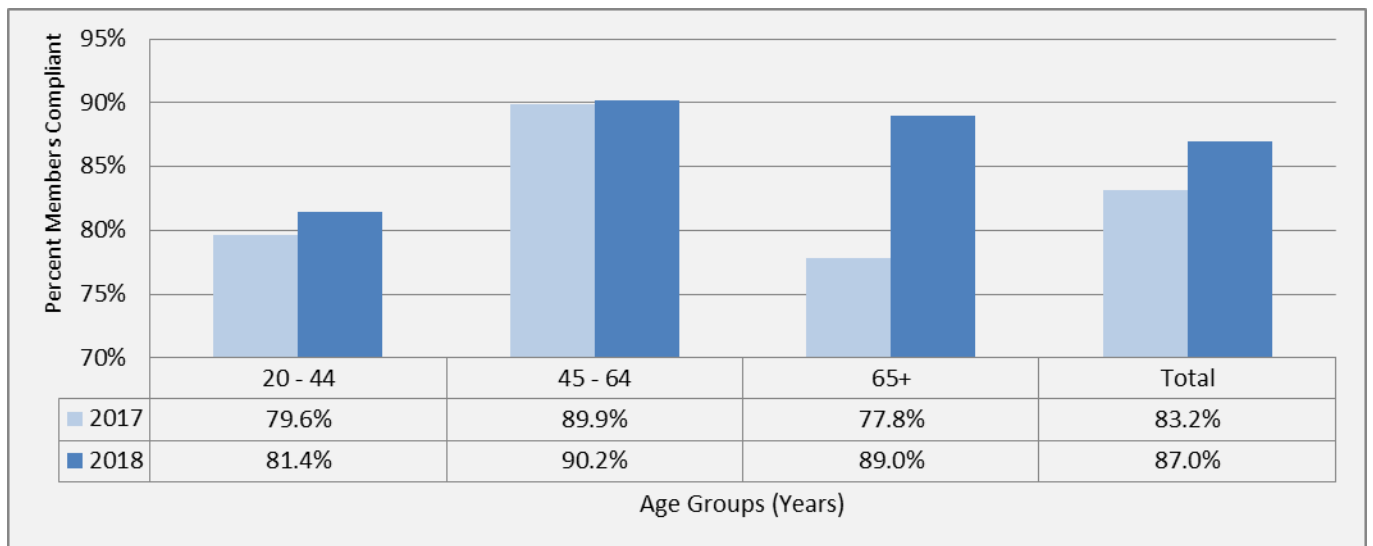
ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

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 2018 for members was 87 percent, up 3.8% from 2017. The largest increase occurred in the 65+ age grouping.

Exhibit 1 displays compliance rates by age group for 2017 and 2018.

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.

All age groupings experienced slight decreases in compliance with the largest decrease (2.7%) in the age grouping 12 to 19 years. Oklahoma rates were above the national average for every category except the 12 to 24 months age grouping.

Exhibit 2 displays compliance rates by age group for 2017 and 2018.

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



CHAPTER THREE: EFFECTIVENESS OF CARE

For 2019, Oklahoma selected 25 measures to report related to effectiveness of care. 23 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 (eleven measures), and medication management (one measure).

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

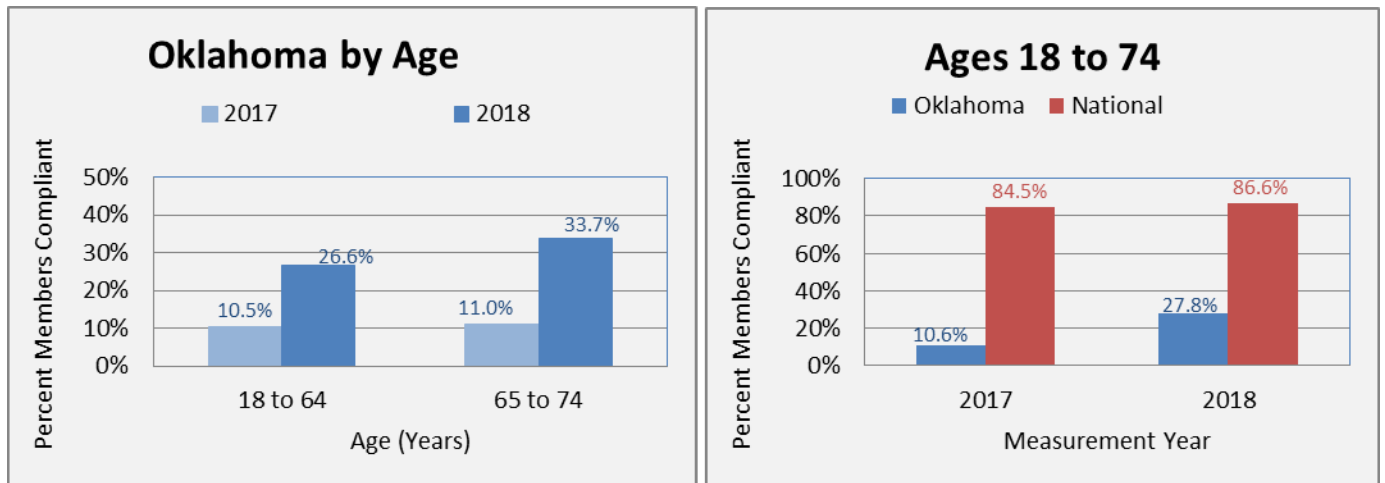
ADULT BODY MASS INDEX (BMI) ASSESSMENT

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 2018, 27.8% of the adult population received a BMI assessment, which is an increase of over 17%. The increase is a result of the inclusion of more procedure codes that appropriately identify BMI documentation. The compliance rate was higher for adults 65 years and older. The overall Oklahoma compliance rate was well below national averages.

Exhibit 3 displays compliance rates for 2017 and 2018, both by age groups (see left) and for all ages 18 to 74 years (see right).

Exhibit 3 – Adults BMI Documented



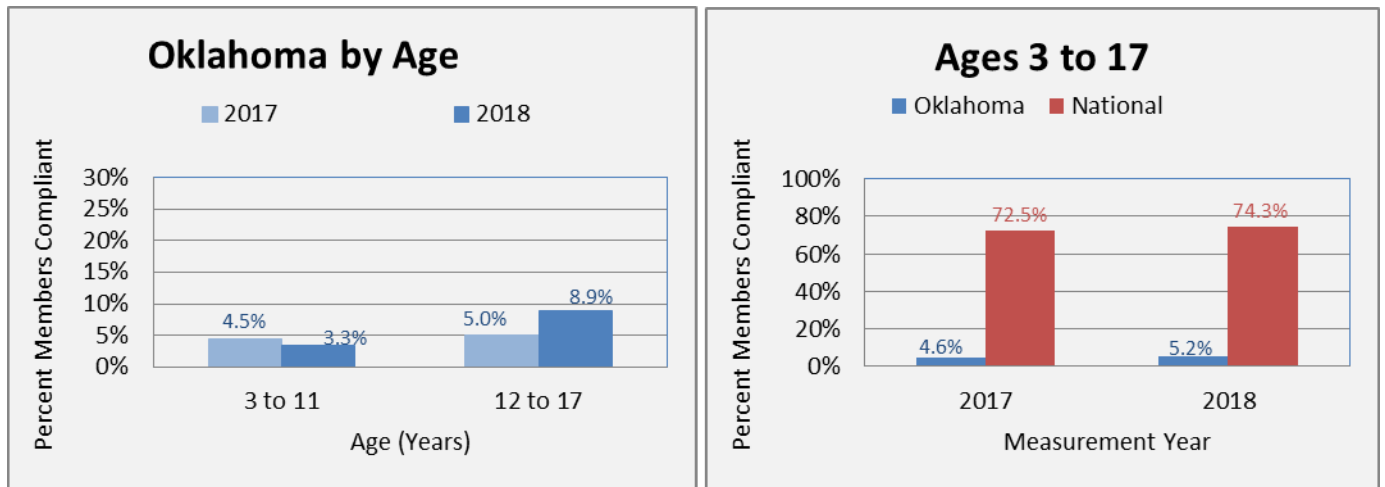
BODY MASS INDEX (BMI) ASSESSMENT FOR CHILDREN & ADOLESCENTS

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.

In 2018, the overall compliance rate increased six tenths of a percent. Despite the increase, the rate was still well below the national average. The 12 to 17 age grouping experienced an increase of 3.9% while the 3 to 11 age grouping experienced a decrease of 1.2%.

Exhibit 4 displays compliance rates for 2017 and 2018 by age group, and compared to the national average overall.

Exhibit 4 – Children and Adolescents Receiving a BMI Assessment



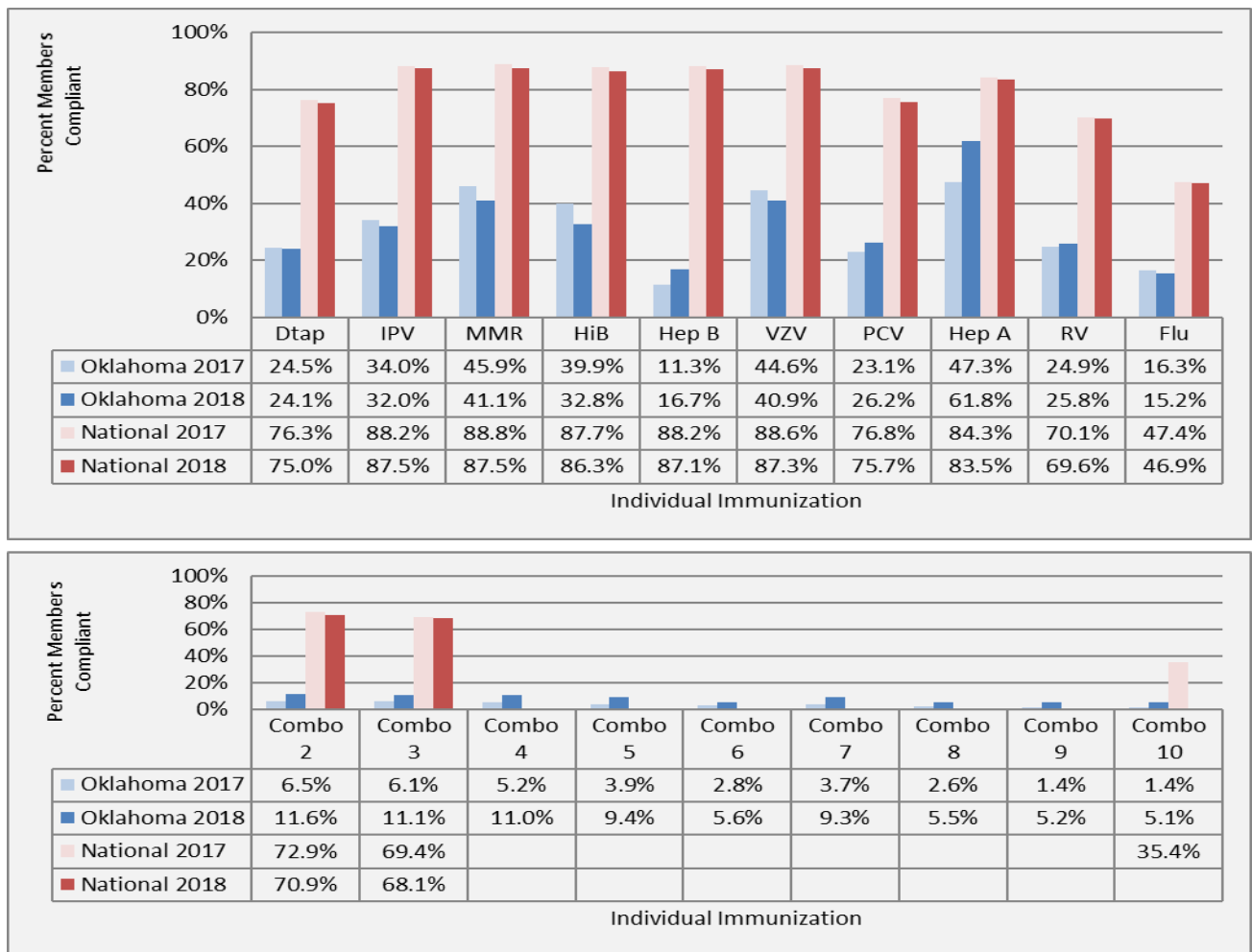
CHILDHOOD IMMUNIZATION STATUS

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 across half of the non-combo categories displayed increases while the other half of the non-combo categories saw decreases in 2018 from 2017. All compliance rates for combo categories experienced increases. Rates were 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



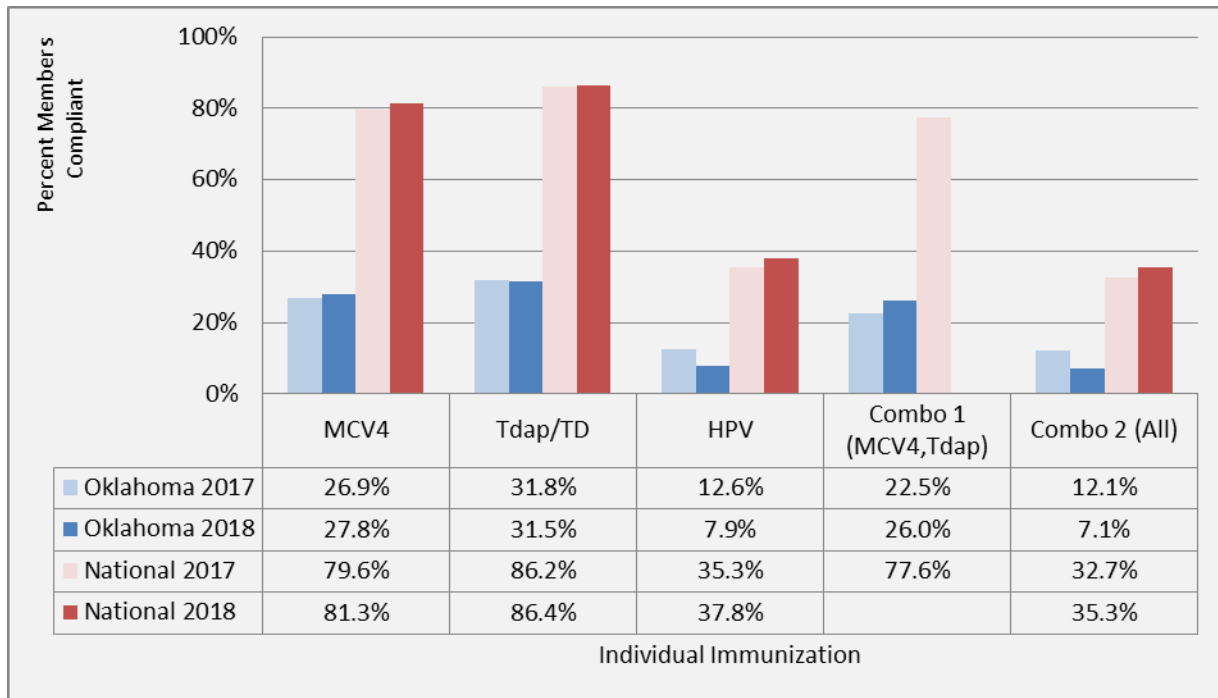
IMMUNIZATIONS FOR ADOLESCENTS

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 2018, MCV4 and Combo1 both experienced increases in compliance while Tdap/Td, HPV, and Combo 2 all experienced decreases. Oklahoma rates are below national averages.

Exhibit 6 displays compliance rates for MCV4, Tdap/Td, and HPV vaccines separately, as well as adolescents receiving possible combinations.

Exhibit 6 – Adolescents Receiving Immunizations before Thirteenth Birthday



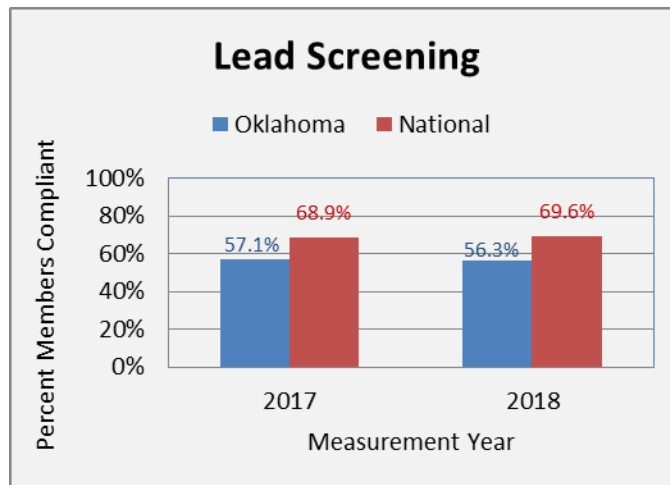
LEAD SCREENING IN CHILDREN

This measure calculates the percentage of children 2 years of age that had one or more lead screening tests performed by their second birthday.

The 2018 compliance rate experienced a slight decrease of eight tenths of percent which is below the national average.

Exhibit 7 displays the compliance rate in 2017 and 2018.

Exhibit 7 – Lead Screening in Children



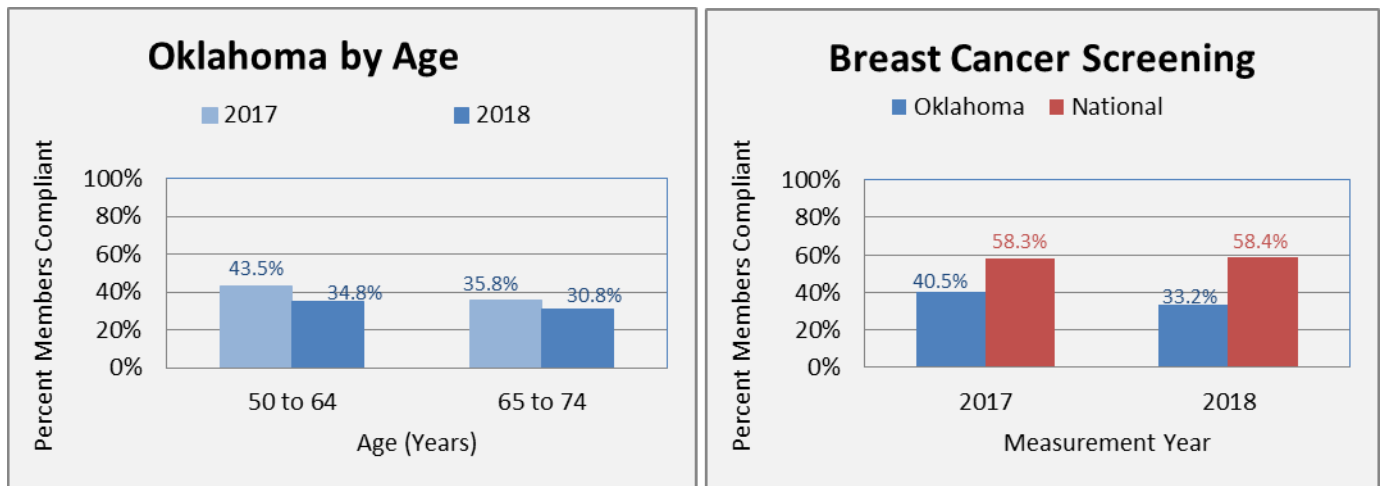
BREAST CANCER SCREENING

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 2018 experienced a decreased of 7.3%. The decrease was influenced partially by an alteration of the continuous enrollment specifications to more closely represent NCQA specifications. Oklahoma compliance rates were below national averages.

Exhibit 8 displays compliance rates for 2017 and 2018.

Exhibit 8 – Women Receiving Breast Cancer Screening



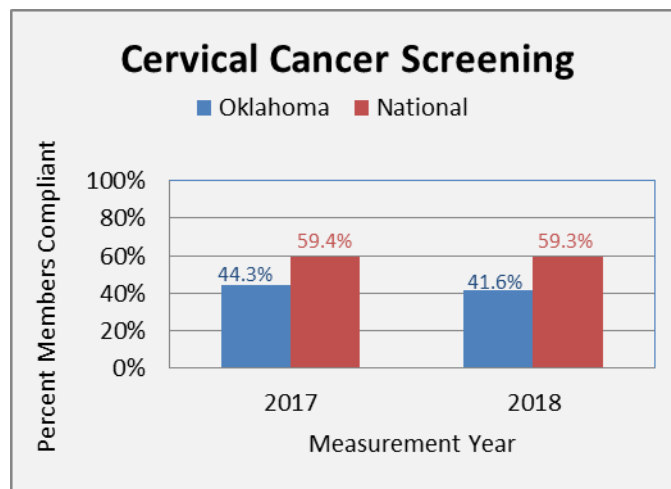
CERVICAL CANCER SCREENING

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 2018 experienced a decrease of 2.7% from 2017, which is below the national average rate.

Exhibit 9 displays compliance rates for 2017 and 2018.

Exhibit 9 – Women Receiving a Cervical Cancer Screening



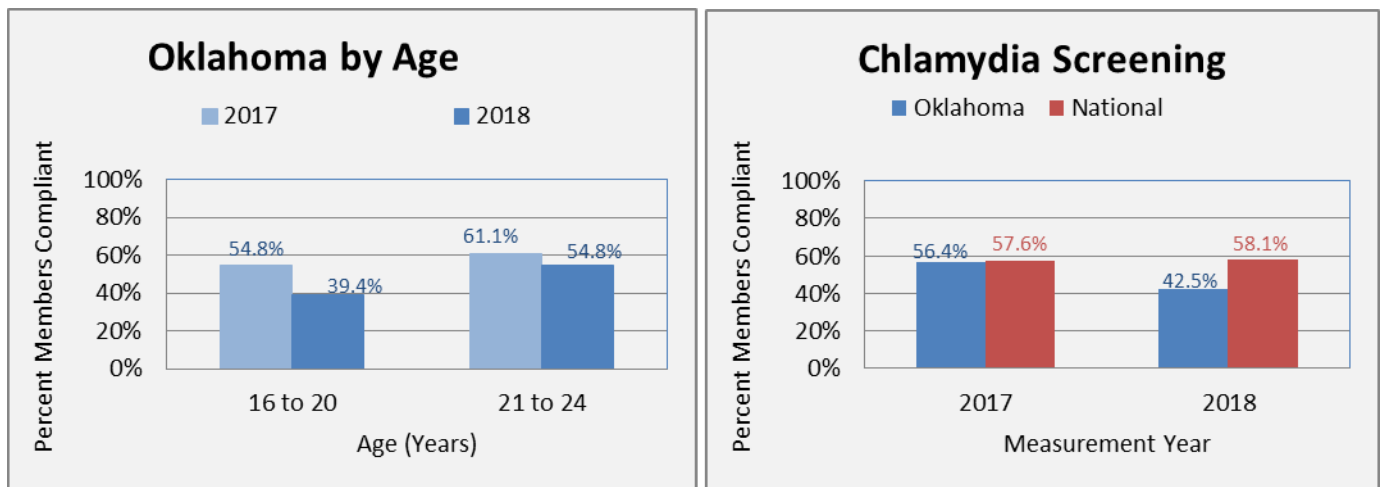
CHLAMYDIA SCREENING IN WOMEN

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 2018 experienced a decrease of 13.9%. The decrease was influenced by a removal of several contraceptive prescriptions that were not accurately reflecting current NCQA specifications. Oklahoma rate was below national average.

Exhibit 10 displays compliance rates for 2017 and 2018.

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).

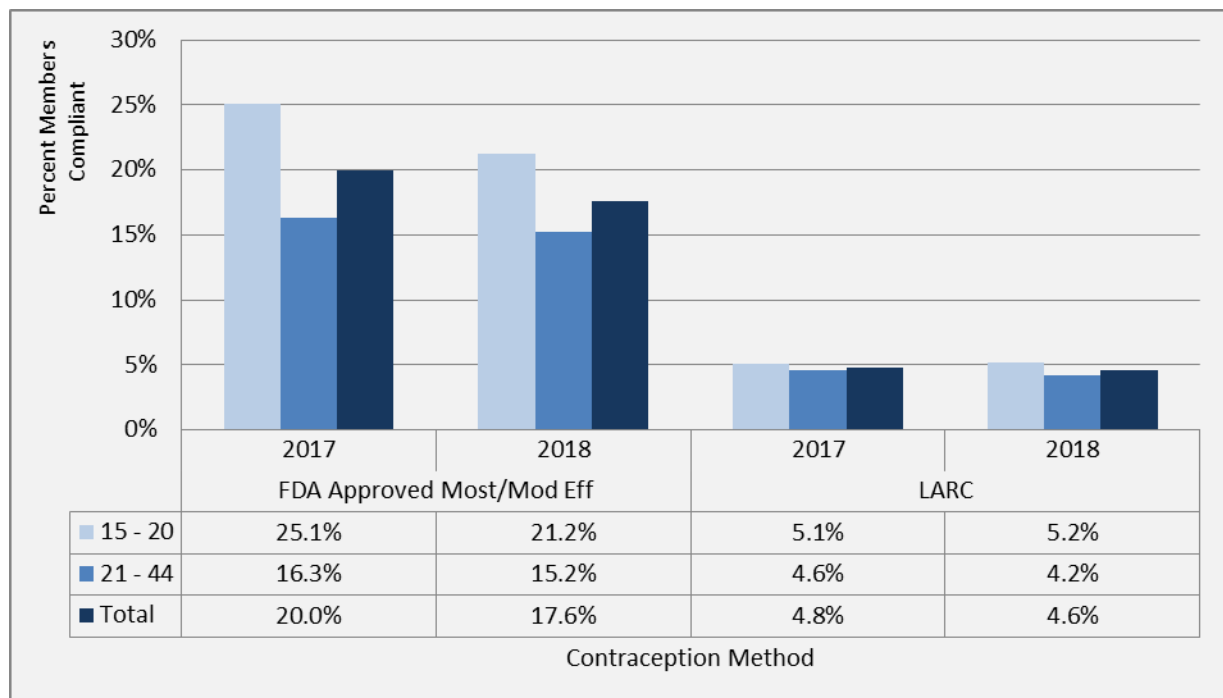
The measure is limited by the fact that it is not currently possible to identify all women at risk for pregnancy because there are no codes for a woman’s pregnancy intention or history of sexual activity. In addition, both sterilization and LARC are long-lasting but there is no systematic record of receipt 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.

In 2018, the overall compliance rates for both contraception methods experienced decreases from 2017.

Exhibit 11 displays the compliance rates for 2017 and 2018 measurement years.

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.

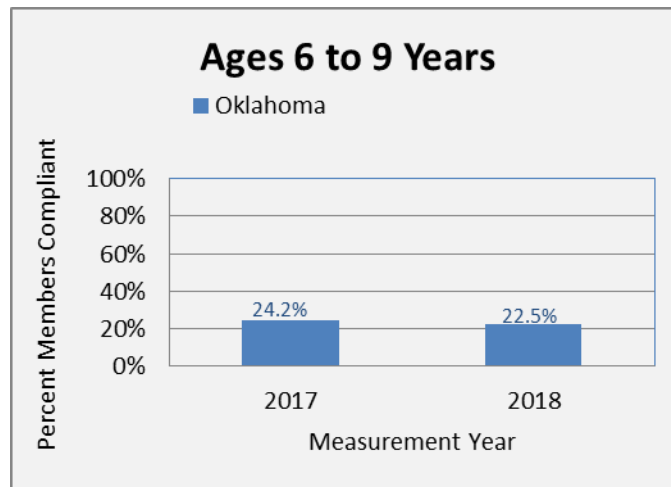
The specifications of this measure required data that is not currently available (i.e. tooth identification or NUCC provider taxonomy codes). The findings are based solely on the presence of CDT codes. Due to this, the results are not as specific as the measure was designed.

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 2018 there was a decrease of 1.7% from the 2017 rate.

Exhibit 12 displays the compliance rates for 2017 and 2018 measurement years.

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).

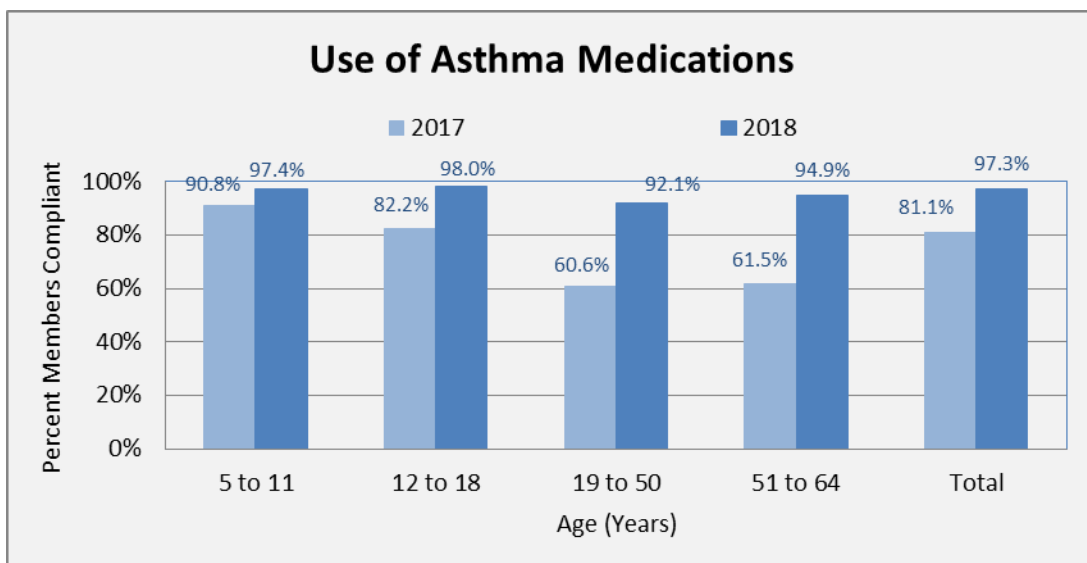
Members were excluded from the analysis if their claims history showed a diagnosis of chronic obstructive pulmonary disease (COPD), emphysema, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure.

This measure is no longer supported by the NCQA. The medication list the NCQA provided to define the appropriate medications for compliance is outdated preventing a reliable means to measure compliance compared to past iterations of this report. The NCQA now utilizes the Medication Management for People with Asthma measure as a replacement for this measure.

The results for compliance on this measure are the percentage of members who were diagnosed with persistent asthma that received any asthma medication during the measurement period. This increased the compliance rates due to the broader list of asthma medications being measured. The overall rate in 2018 was 97.3% members with asthma use some form of asthma medications during the measurement period.

Exhibit 13 displays compliance rates for 2017 and 2018 measurement years.

Exhibit 13 – Members with Asthma Receiving Medication



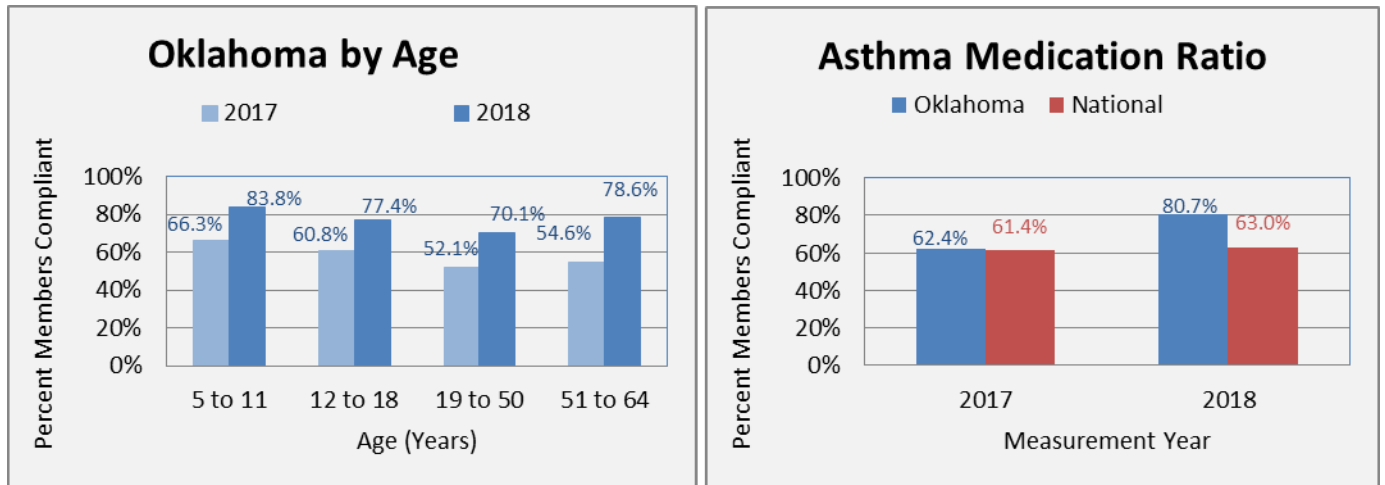
ASTHMA MEDICATION RATIO

This measure calculates the percentage of members 5-64 years of age during the measurement year who were identified as having persistent asthma and had a ration of controller medications to total asthma medications of .5 or greater during the measurement year.

The compliance rate for 2018 experienced an increase of 18.3%. The increase was influenced by a revised interpretation of the measurement of dispensed controller medications to more closely reflect utilization as defined by the NCQA guidelines.

Exhibit 14 displays compliance rates by age group and compared to the national average.

Exhibit 14 – Asthma Medication Ratio members compliant



COMPREHENSIVE DIABETES CARE

This measure calculates the percentage of members with diabetes who, during the measurement year, received an HbA1c test (Exhibit 15), retinal eye exam (Exhibit 16), LDL-C screening (Exhibit 17), and medical attention for nephropathy (Exhibit 18). 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 2018 decreased compliance from 2017 except eye exams which experienced an increase. The largest decrease experienced was 8% for members obtaining their LDL screening.

Exhibits 15 through 18 displays 2017 and 2018 compliance rates, including by age group where applicable, compared to national averages where available.

Exhibit 15 – Members with Diabetes, HbA1c Testing

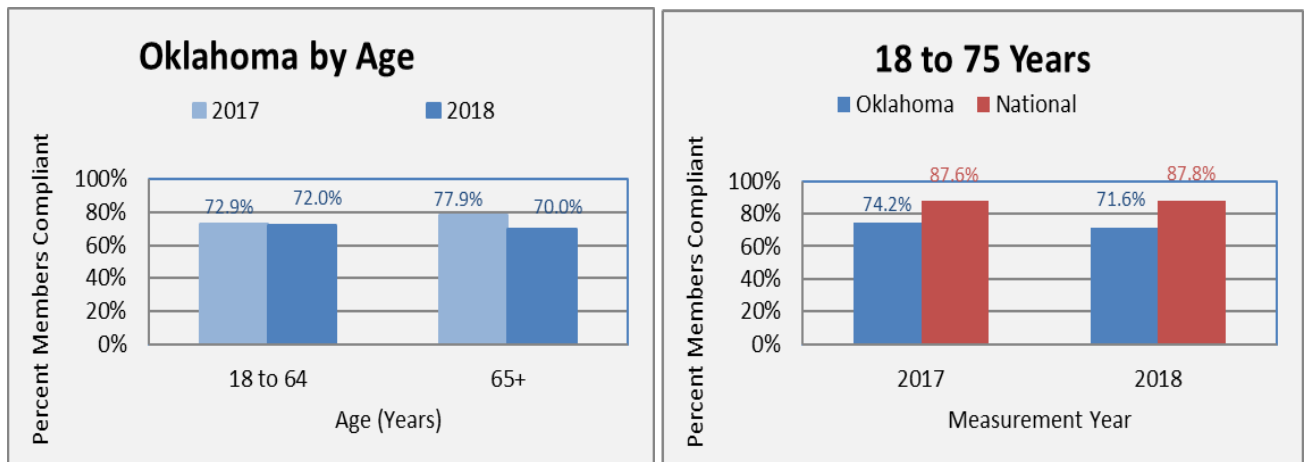


Exhibit 16 – Members with Diabetes, Eye Exams (Retinal)

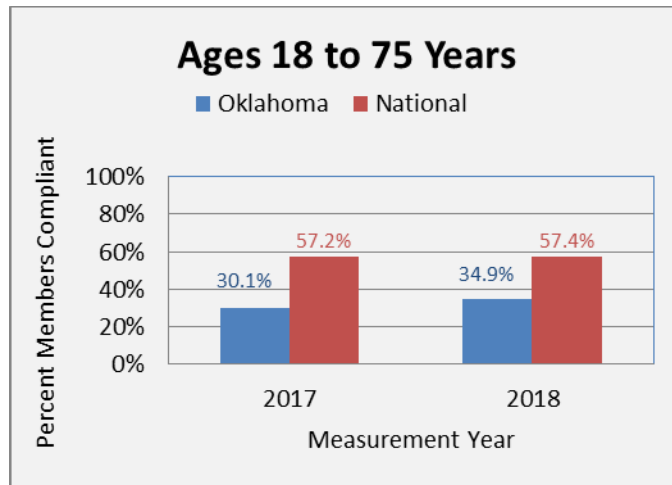


Exhibit 17 – Members with Diabetes, LDL-C Screening

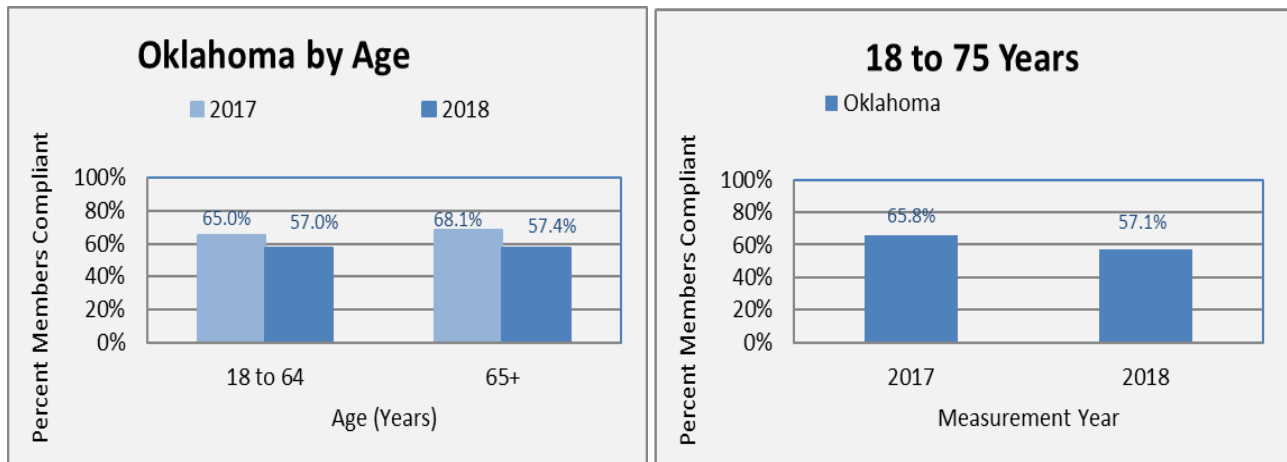
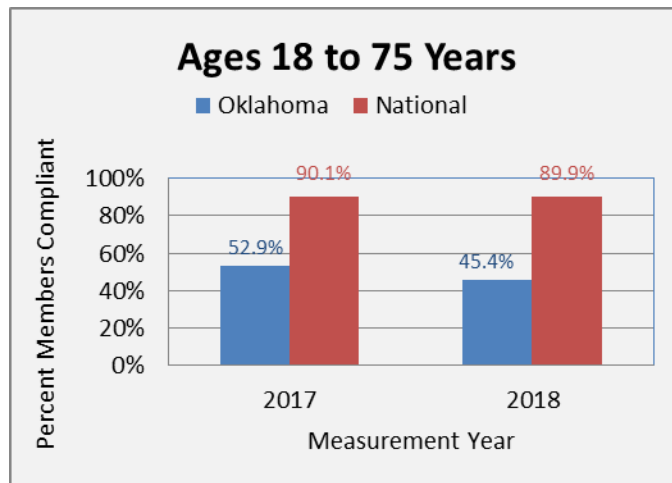


Exhibit 18 - Members with Diabetes, Medical Attention for Nephropathy



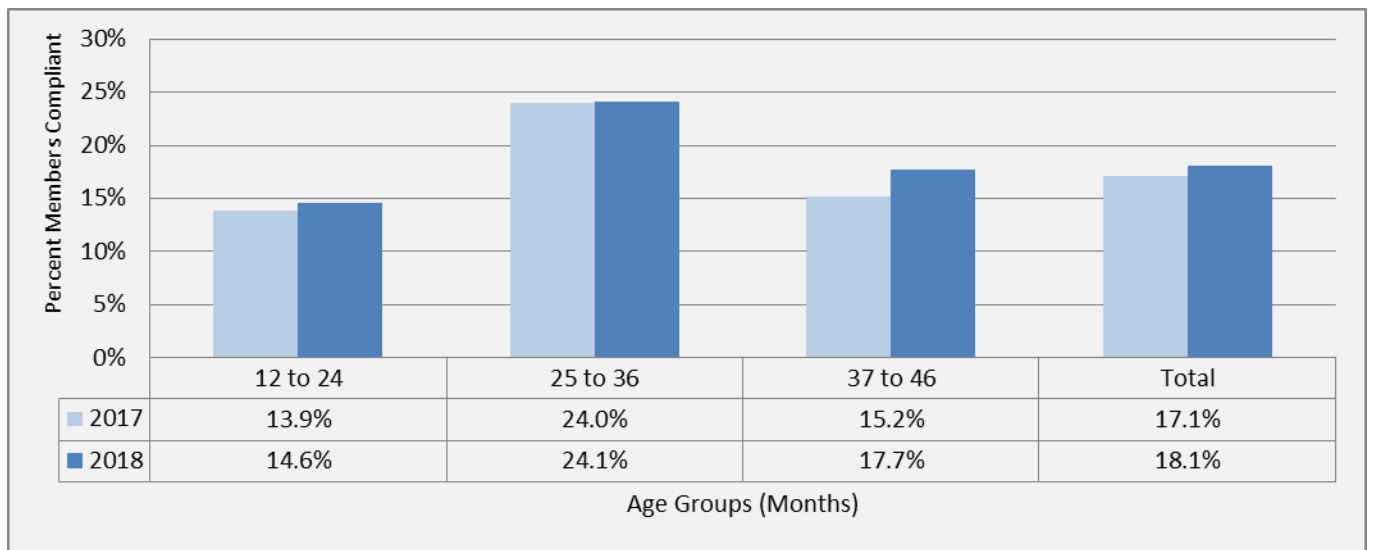
DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

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 2018 compliance rates increased in all age ranges compared to 2017. The largest increase was in the third year of life.

Exhibit 19 displays compliance rates for 2017 and 2018. National benchmark data was not available for this measure.

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



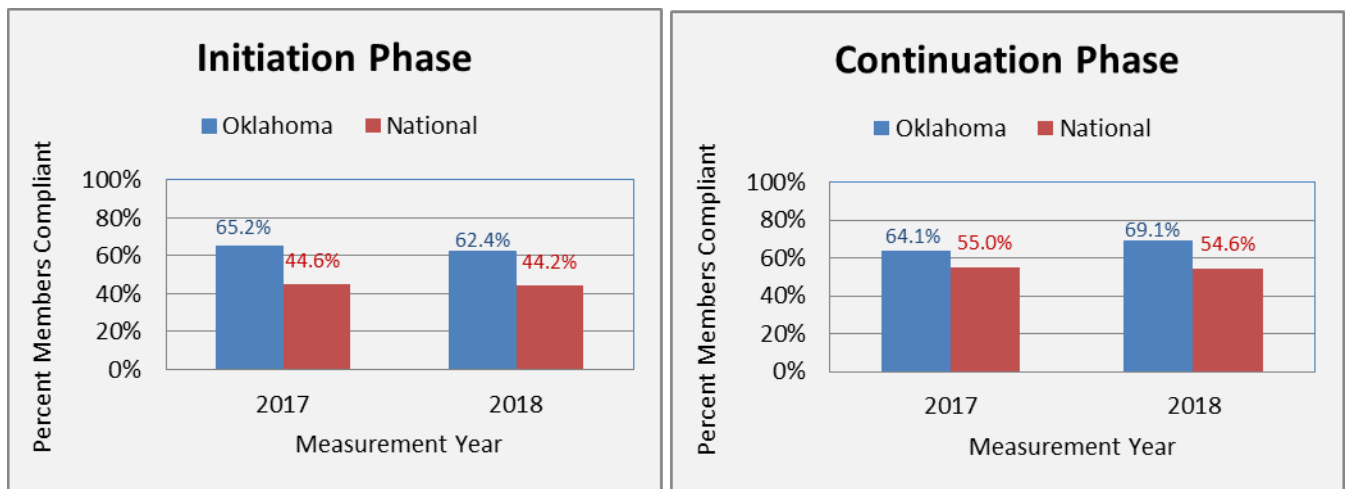
FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

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 2018 compliance rates slightly decreased in both phases compared to the 2017 rates. The Oklahoma rates are still considerably above national averages.

Exhibit 20 below presents compliance rates by phase compared to national averages for 2017 and 2018 measurement years.

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



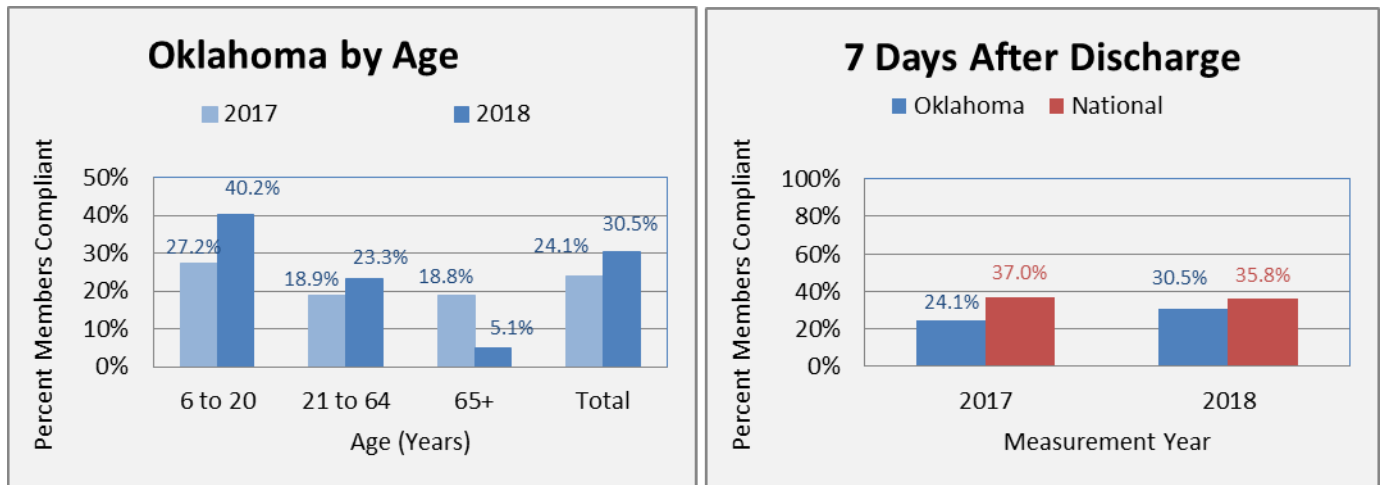
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

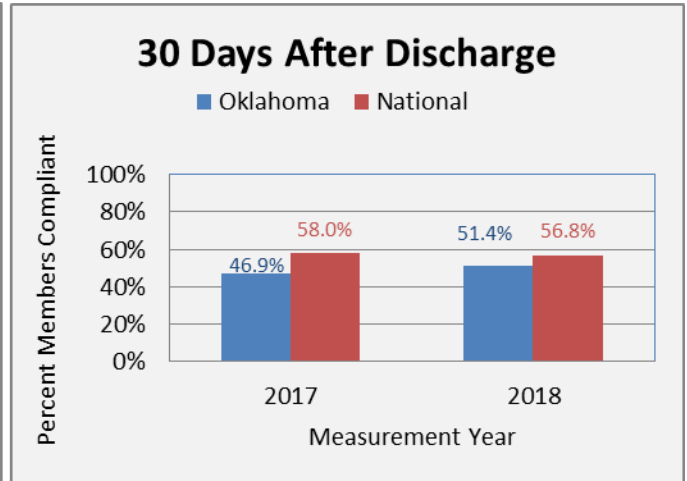
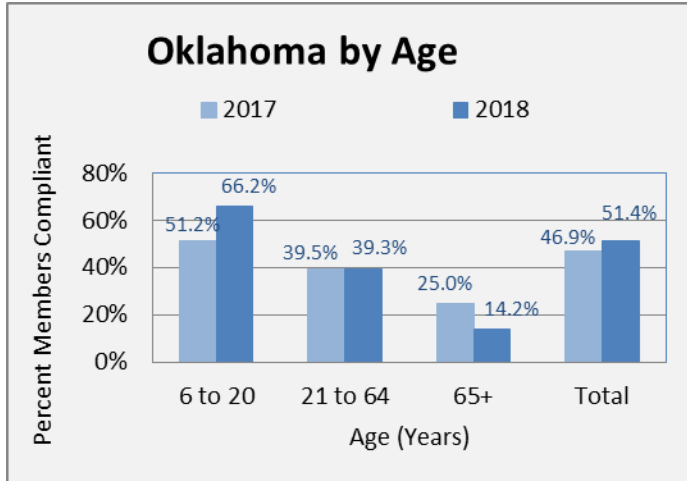
This measure calculates the percentage of members ages six years and older who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge) after discharge from an acute inpatient setting. 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 2018 total compliance rates for 7 day and 30 day discharges experienced an increase compared to 2017, but remain behind national averages. The 6 to 20 age grouping experienced the largest increases for both discharge windows while the 65+ age grouping decreased by approximately the same margin.

Exhibit 21 displays compliance rates by age groups and discharge time to national averages for 2017 and 2018 measurement years.

Exhibit 21 – Members Receiving a Follow-Up Visit after Hospitalization for Mental Illness





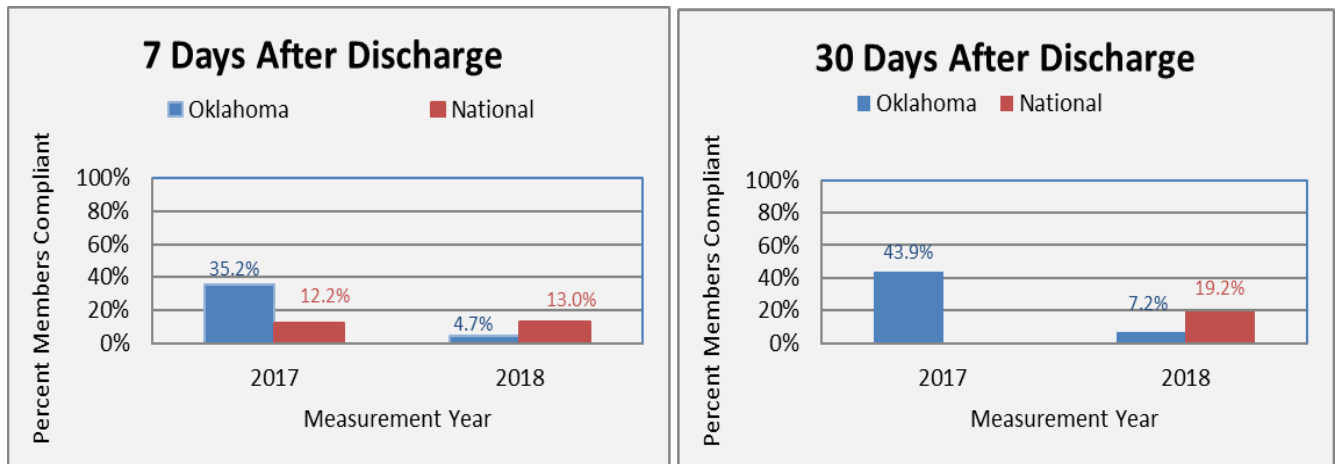
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG DEPENDENCE

This measure calculates the percentage of members ages 18 years and older with an emergency department (ED) visit with a primary diagnosis of alcohol or other drug dependence (AOD) who had a follow-up visit with any practitioner for AOD within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge). The member must not have been admitted to an acute or nonacute inpatient care setting within 30 days of the ED visit regardless of principle diagnosis. Hospice members were excluded from the population.

In 2018 both compliance rates experienced a large decrease from 2017. The decrease was influenced by a change in methodology to only include members with a primary diagnosis (the first diagnosis associated with a claim) from a principal diagnosis (the first or second diagnosis). This change was implemented to more accurately reflect current NCQA guidelines. Both discharge compliance categories were below national averages.

Exhibit 22 displays compliance rates by discharge time for the 2017 and 2018 measurement years.

Exhibit 22 – Members Receiving a Follow Up Visit after ED visit for Alcohol or Other Drug Dependence



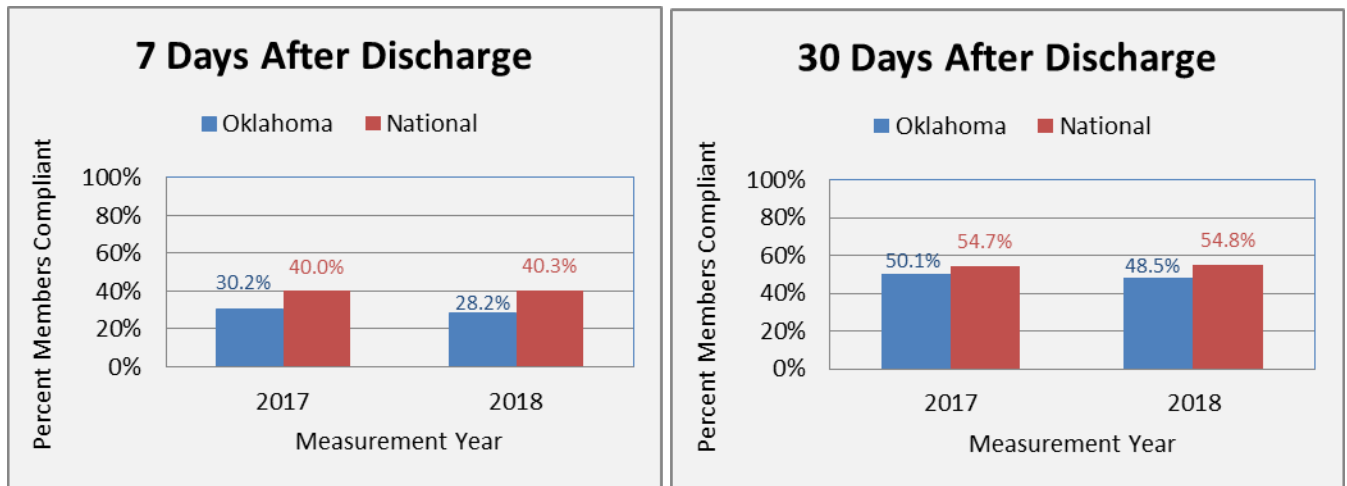
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS

This measure calculates the percentage of members with an emergency department (ED) visit for members 18 years and older with a principal diagnosis of mental illness who had a follow-up visit with any 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 only reports results for member’s ages 18 years and older.) The member must not have been admitted to an acute or nonacute inpatient care setting within 30 days of the ED visit regardless of principle diagnosis. Hospice members were excluded from the population.

In 2018 both compliance rates experienced marginal decreases from 2017. Compliance rates for both discharge categories were below national averages.

Exhibit 23 displays compliance rates by discharge time to national averages for the 2017 and 2018 measurement years.

Exhibit 23 – Members Receiving a Follow Up Visit after ED visit for Mental Illness



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 two areas of interest and their combined total. Those two areas are:

- ACE inhibitors/ARB receptor blockers
- Diuretics

The total 2018 compliance rate did not change from the 2017 total rate but remained lower than the national average. The diuretic category experienced a slight increase in compliance while the ACE/ARB category experienced a slight decrease.

Exhibit 24-26 display compliance rates by medication group for the age groupings and total compared to national averages for the 2017 and 2018 measurement years.

Exhibit 24 – Members 18+ on ACE/ARB Medication

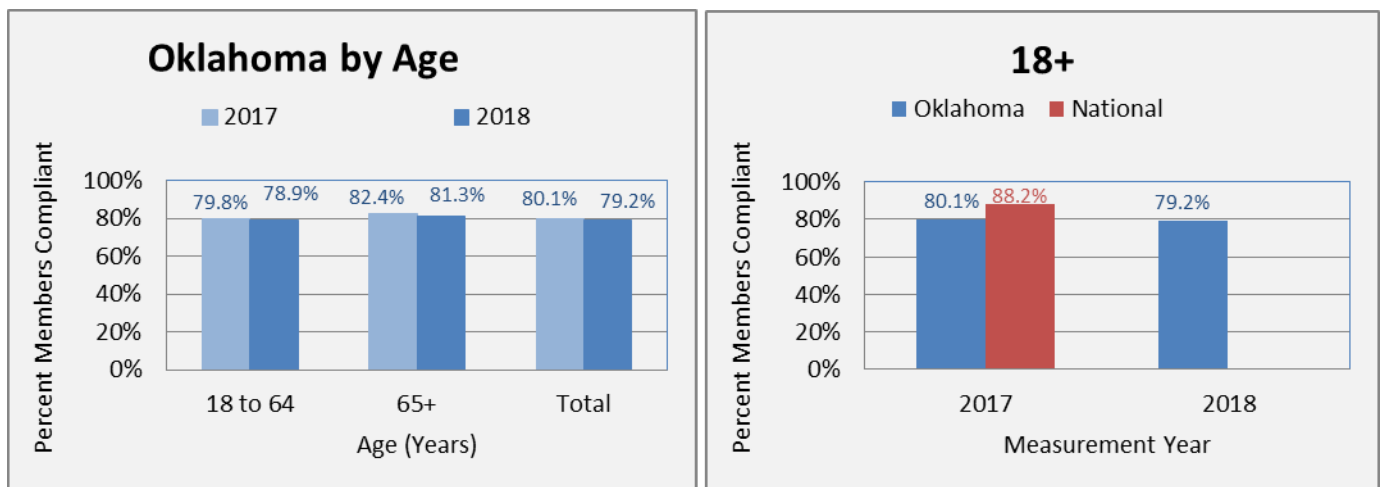


Exhibit 25 – Members 18+ on Diuretic Medication

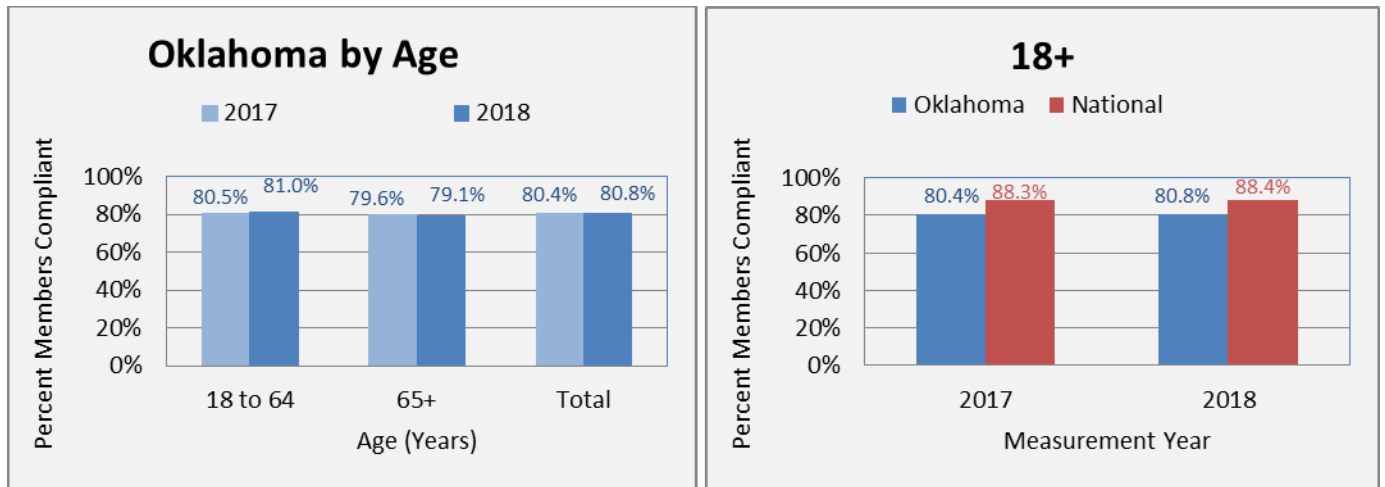
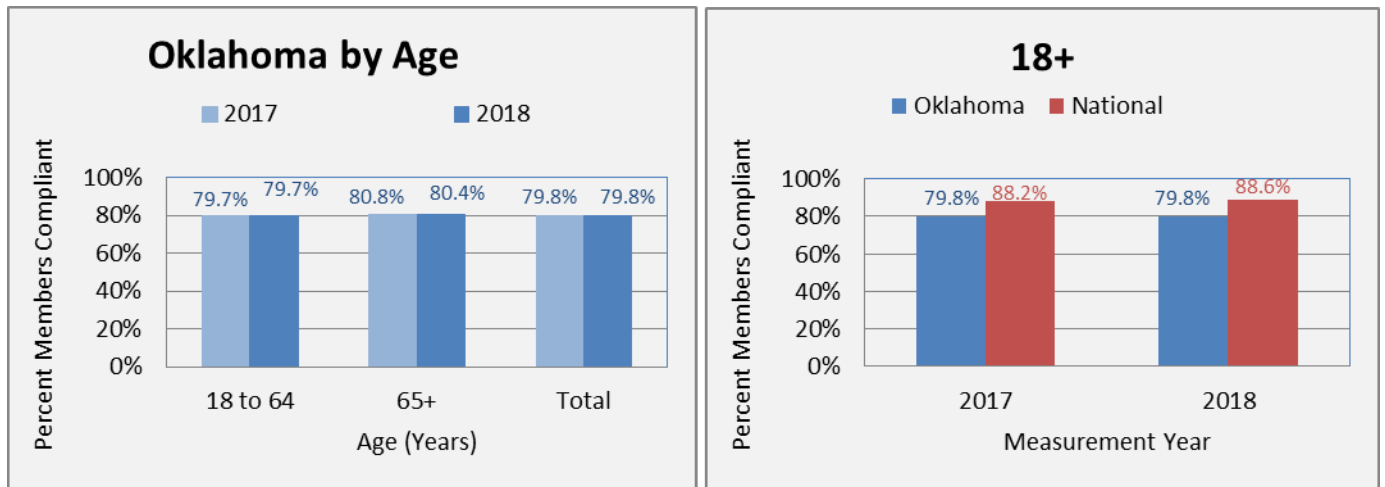


Exhibit 26 – Members 18+ Combined Medication Results



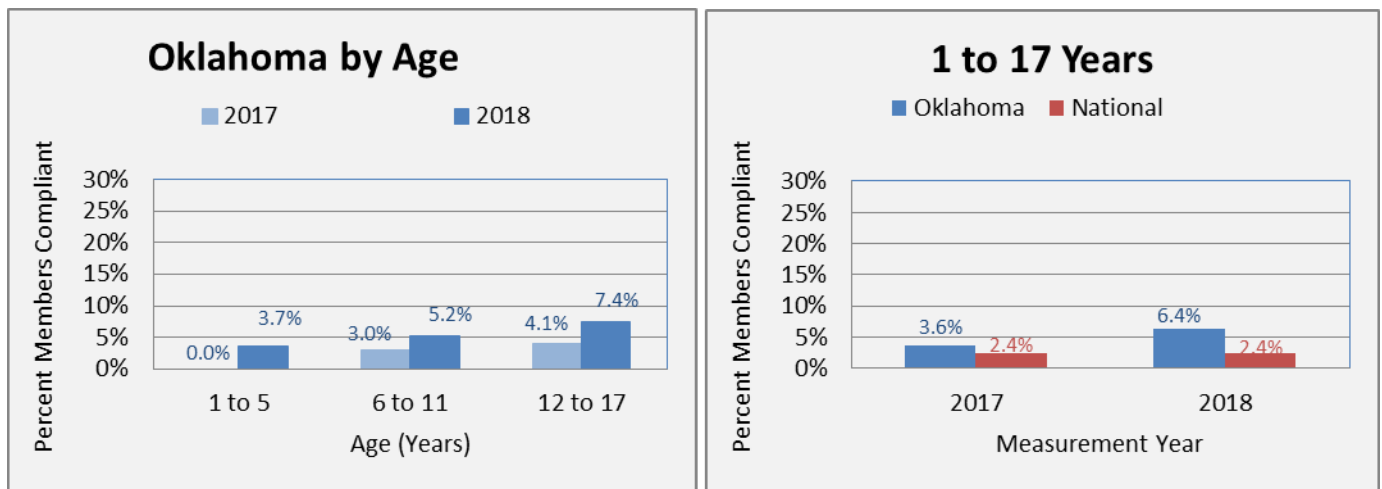
USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS

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. Lower percentages represent better results.

The 2018 compliance rate experienced an increase of 2.8% from the 2017 rate and is slightly behind the national average (lower rates represent better performance).

Exhibit 27 displays compliance rates for the 2017 and 2018 measurement years.

Exhibit 27 – Members Who Have Concurrent Antipsychotic Medications



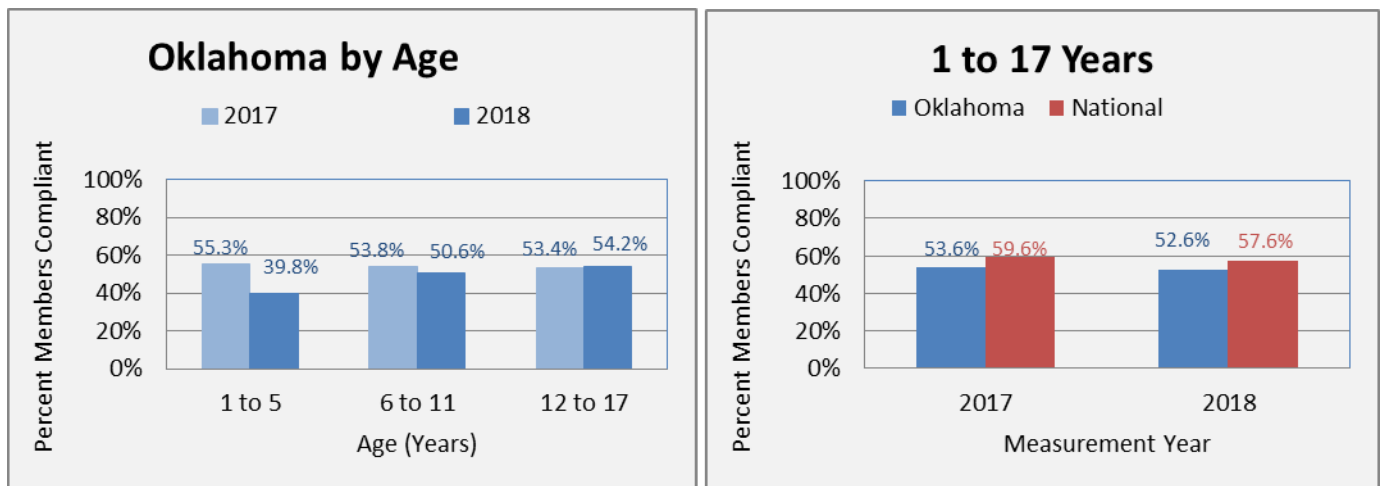
USE OF FIRST-LINE PSYCHOSOCIAL CARE IN CHILDREN AND ADOLESCENTS

This measure calculates the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Children are tested for continuous enrollment (120 days prior to the antipsychotic medication prescription date and 30 days after that date) and removed from the population if they have at least one acute inpatient encounter with a diagnosis of schizophrenia, bipolar disorder or other psychotic disorder during the measurement year or at least two visits in an outpatient, intensive outpatient or partial hospitalization setting, on different dates, with schizophrenia, bipolar disorder, or other psychotic disorder during the measurement year .

The 2018 total compliance rate experienced a slight decrease from 2017. The rate was slightly lower than the national average.

Exhibit 28 displays compliance rates for the 2017 and 2018 measurement years.

Exhibit 28 – Members Who Used First-Line Psychosocial Care



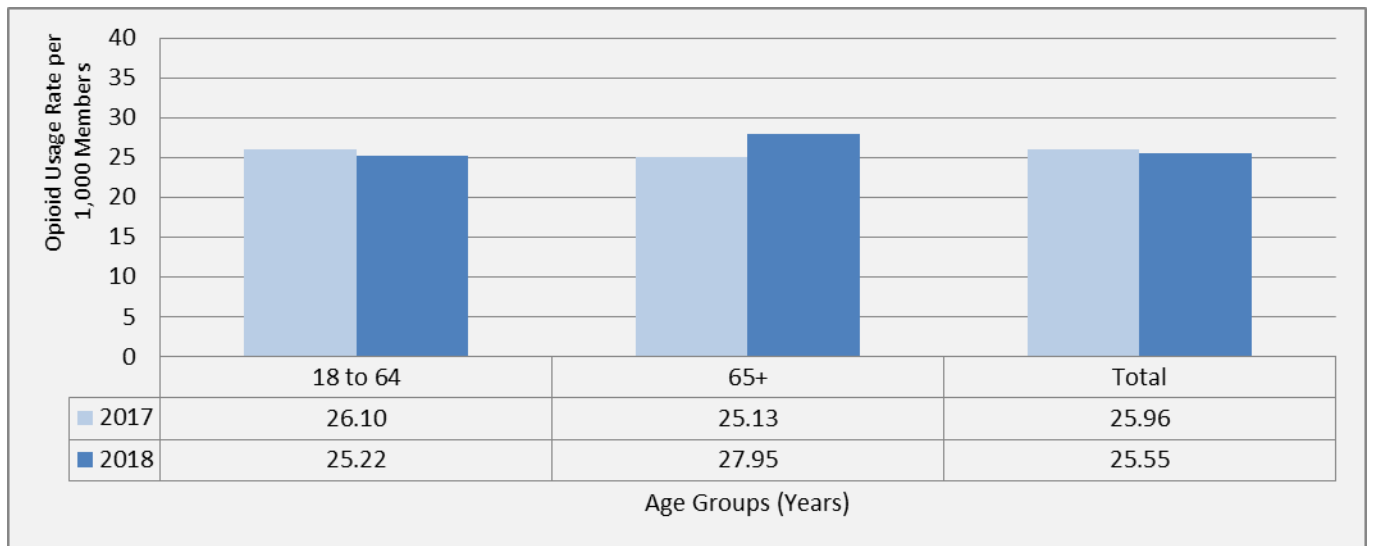
USE OF OPIOIDS AT HIGH DOSAGE

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.

The 2018 total compliance rate experienced a slight decrease from the 2017 rate.

Exhibit 29 displays compliance rates per 1,000 members for the 2017 and 2018 measurement years.

Exhibit 29 – Per 1,000 Members prescribed a high dosage of Opioids for 90+ consecutive days



INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

This measure calculates the percentage of members age 13 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 measure has been expanded to cover the 13 to 17 age grouping.

The 2018 initiation total compliance rate experienced a decrease of 15.7% from 2017. The decrease was influenced by a misinterpretation of the criteria that determines the initiation population and has been altered to properly reflect current NCQA guidelines. The total initiation rate was below the national average. The engagement total compliance rate experienced a marginal increase but remained below the national average.

Exhibit 30 - 33 displays compliance rates for initiation and engagement compared to national average for the 2017 and 2018 measurement years.

Exhibit 30 – Members Initiating in additional Alcohol and Other Drug Treatment (Ages 18+ Years Old)

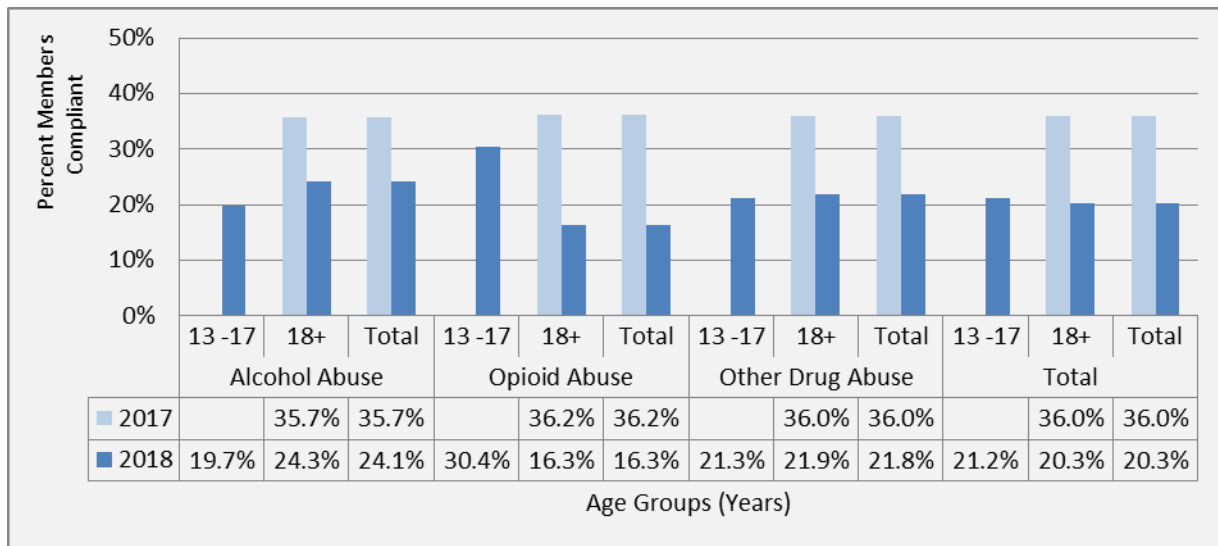


Exhibit 31 – Members Initiating in additional Alcohol and Other Drug Treatment Totals (Ages 18+ Years Old)

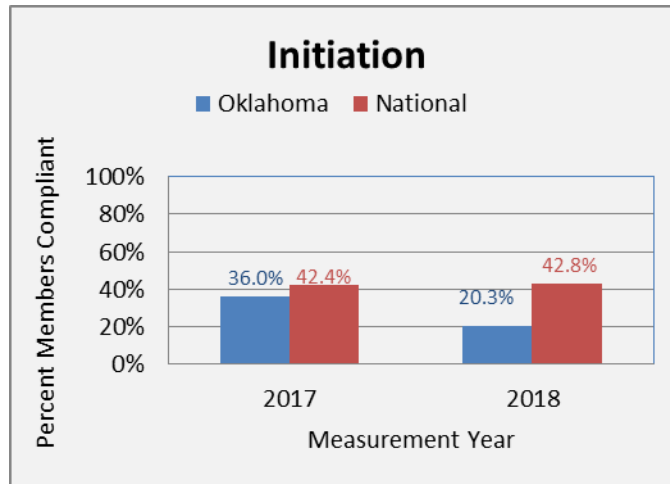


Exhibit 32 – Members Engaging in additional Alcohol and Other Drug Treatment (Ages 18+ Years Old)

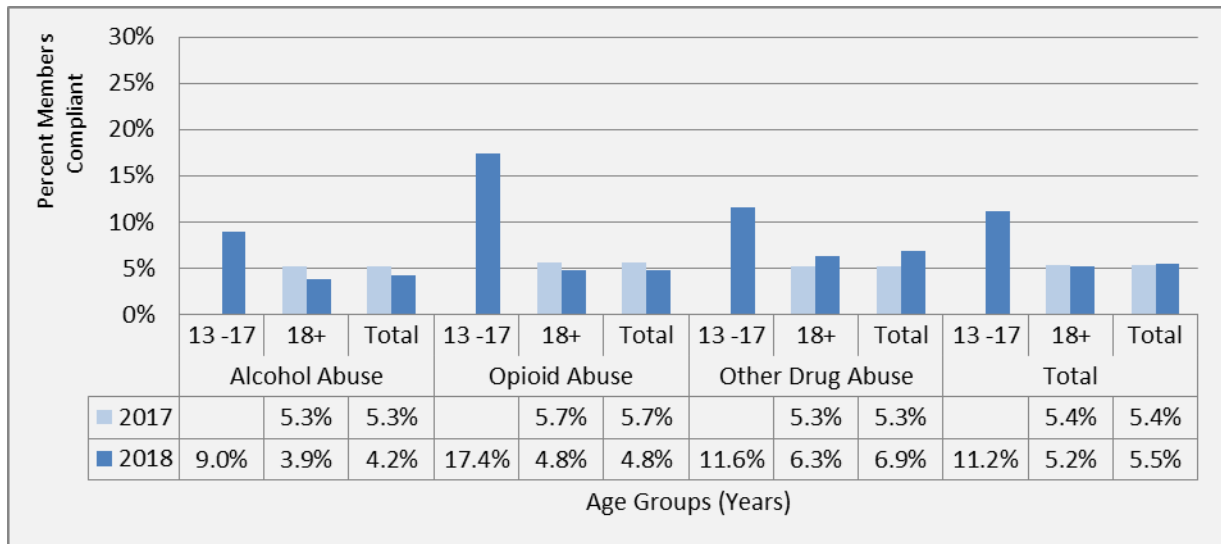
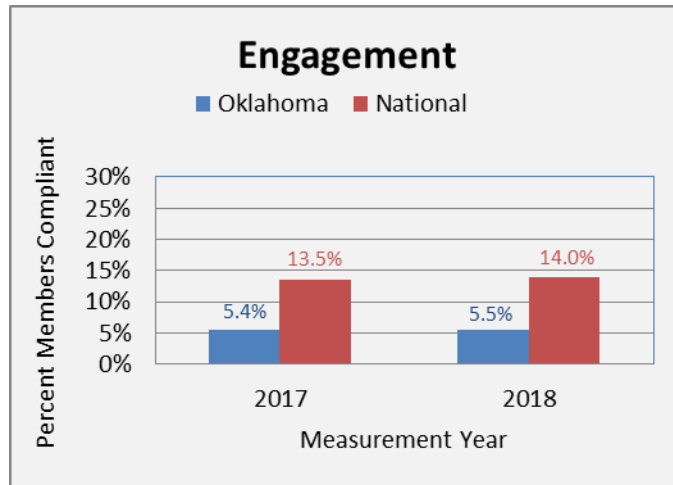


Exhibit 33 – Members Engaging in additional Alcohol and Other Drug Treatment Totals (Ages 18+ Years Old)



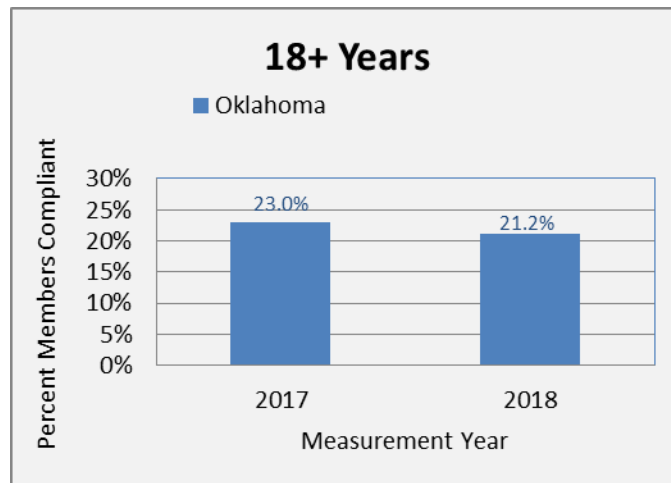
CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES

This measure calculates the percentage of members 18+ years of age with concurrent use of prescription opioids and benzodiazepines. Members with 2 or more prescriptions for opioids filled on 2 or more separate days for which the sum of the days' supply is 15 or more during the measurement year are checked to determine if they have 2 or more prescriptions for benzodiazepines filled on 2 or more separate days, and concurrent use of opioids and benzodiazepines for 30 or more cumulative days.

The 2018 compliance rate experienced a slight decrease of 1.8% from 2017. There was no national average for this measure.

Exhibit 34 displays compliance rates for concurrent use of opioids and benzodiazepines for the 2017 and 2018 measurement years.

Exhibit 34 – Members with Concurrent Use of Opioids and Benzodiazepines



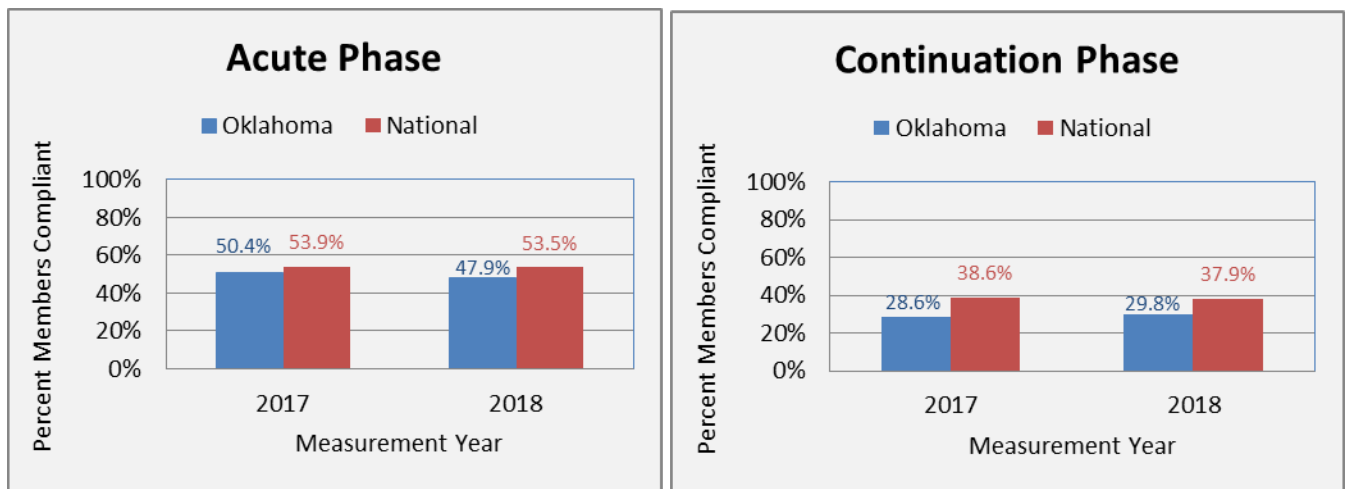
ANTIDEPRESSANT MEDICATION MANAGEMENT

This measure calculates the percentage of members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication. There is an effective acute phase for members who remained on antidepressant medication for at least 84 days and an effective continuation phase for members who remained on antidepressant medication for at least 180 days.

In 2018, the acute phase compliance rate experienced a decrease of 2.5% from 2017. The continuation phase compliance rate experienced a slight rate increase of 1.2% from 2017. Both the effective acute and continuation phase compliance was below the national averages.

Exhibit 35 displays compliance rates for members managing their antidepressant medications in the 2017 and 2018 measurement years.

Exhibit 35 – Members Management of Antidepressant Medication



CHAPTER FOUR: UTILIZATION

For 2019, 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
Prenatal/Postpartum Care			
Postpartum Care Rate	✓		✓
Prenatal & Postpartum Care: Timeliness of Prenatal Care	✓	✓	
Contraceptive Care – Postpartum Women	✓	✓	
Well-Child Visits			
Well-Child Visits in the First 15 Months of Life	✓	✓	
Well-Child Visits in the 3 rd , 4 th , 5 th & 6 th Years of Life	✓	✓	
Adolescent Well-Care Visits	✓	✓	
Hospital Utilization			
Ambulatory Care	✓		
Hospital Admission Rates for Prevention Quality Indicators (PQI)			✓
Plan All-Cause Readmissions	✓		✓

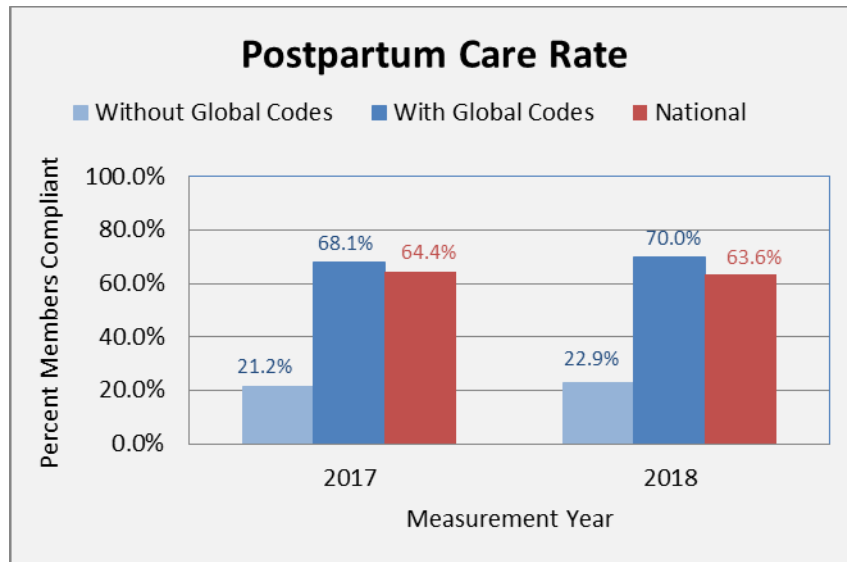
POSTPARTUM CARE RATE

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 2018 compliance rates experienced increases slightly and remained above national averages.

Exhibit 36 displays compliance rates for 2017 and 2018.

Exhibit 36 –Mothers Receiving a Postpartum Care Visit



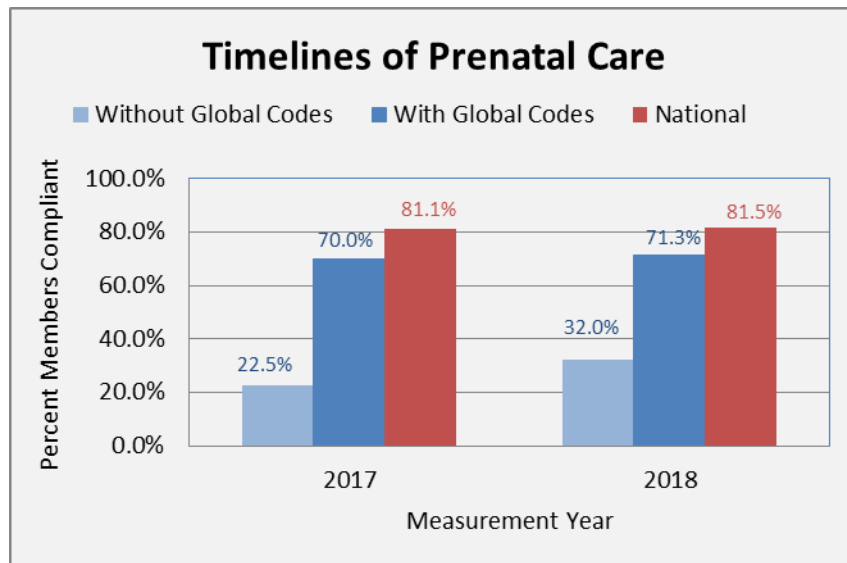
PRENATAL & POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE

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 2018 compliance rates experienced increases from 2017. The national average rates were still ahead of Oklahoma.

Exhibit 37 displays compliance rates, with and without global codes, compared to national averages for measurement years 2017 and 2018.

Exhibit 37 –Mothers Receiving Timely Prenatal Care



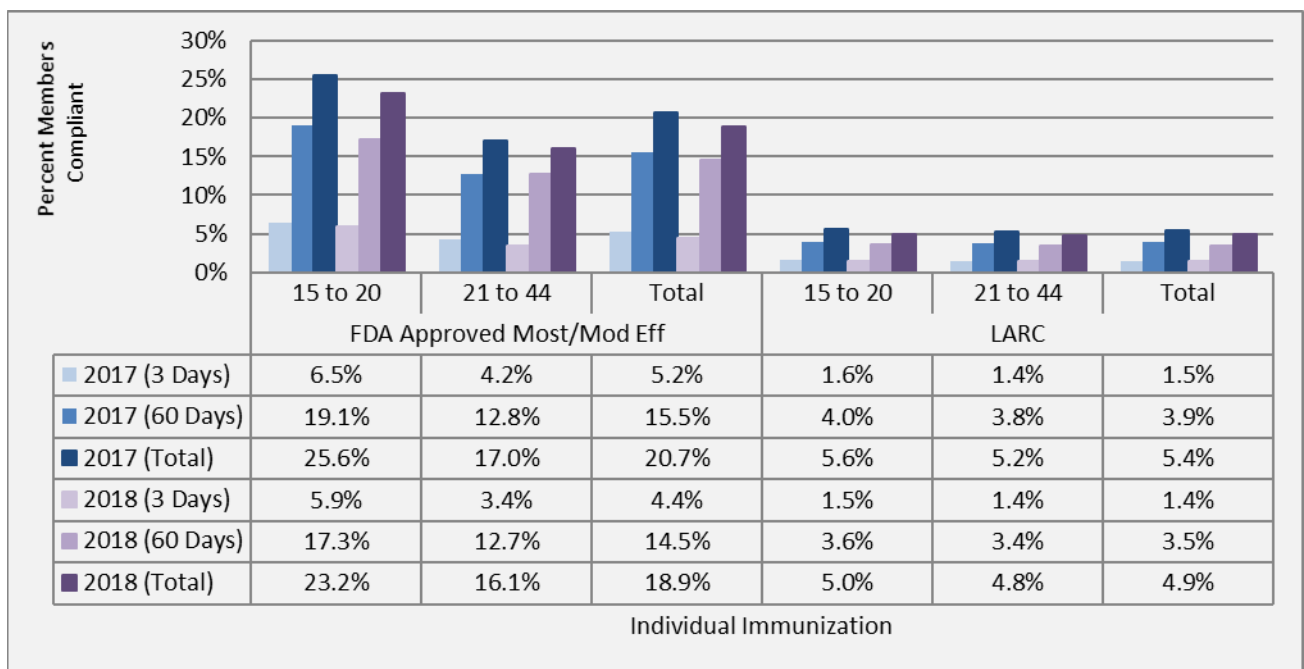
CONTRACEPTIVE CARE – POSTPARTUM WOMEN

This measure calculates the percentage of women 15-44 who had a live birth and were presented either the most effective or moderately effective FDA-approved method of contraception within 3 and 60 days of delivery or a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

The 2018 total compliance rates experienced a slight decrease for both methods from 2017. There are no national averages.

Exhibit 38 displays compliance rates for the 2017 and 2018 measurement years.

Exhibit 38 –Postpartum women receiving contraceptive 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.

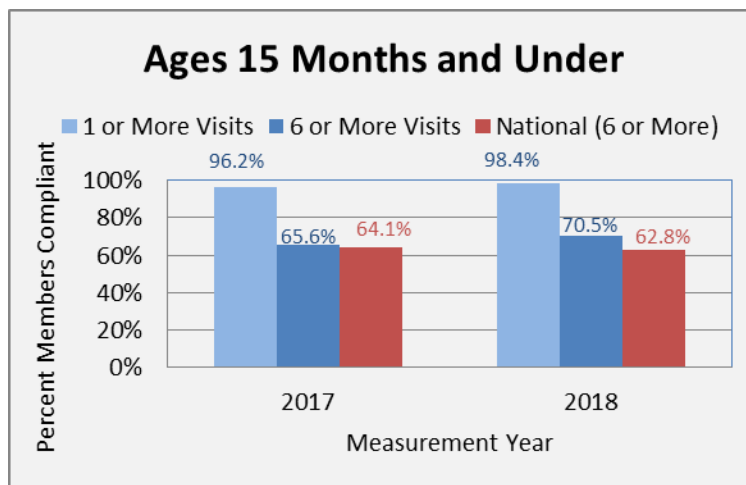
The 2018 compliance rates for 15 month olds and under experienced an increase in overall visits and six plus visits from 2017, which was slightly higher than national averages.

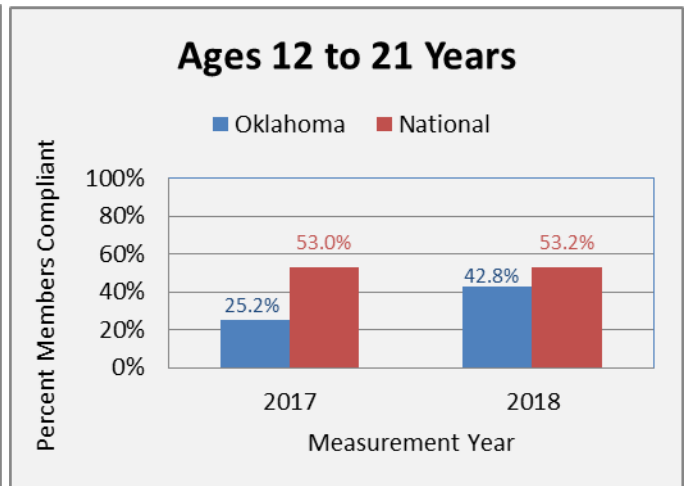
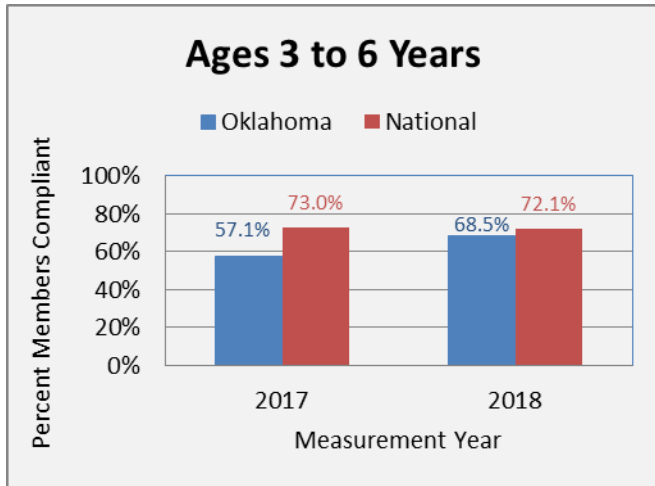
The 3 to 6 age category in 2018 experienced an increase in compliance rates but remained below the national average.

The 12 to 21 age category experienced an increase in compliance but remained below the national average.

Exhibit 39 displays the compliance rates for the three age categories for well-child visits for 2017 and 2018.

Exhibit 39 – 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 2018 the total outpatient visits per 1,000 member months increased slightly from 2017. The only increases were in the 1–9 and 10-19 age ranges. The ED visits per 1,000 member months total for 2018 remained constant as well as most age groupings compared to the 2017 rates.

Exhibit 40 and Exhibit 41 display the outpatient and ED visits rates for 2017 and 2018.

Exhibit 40 – Outpatient Visit Rate for SoonerCare Members

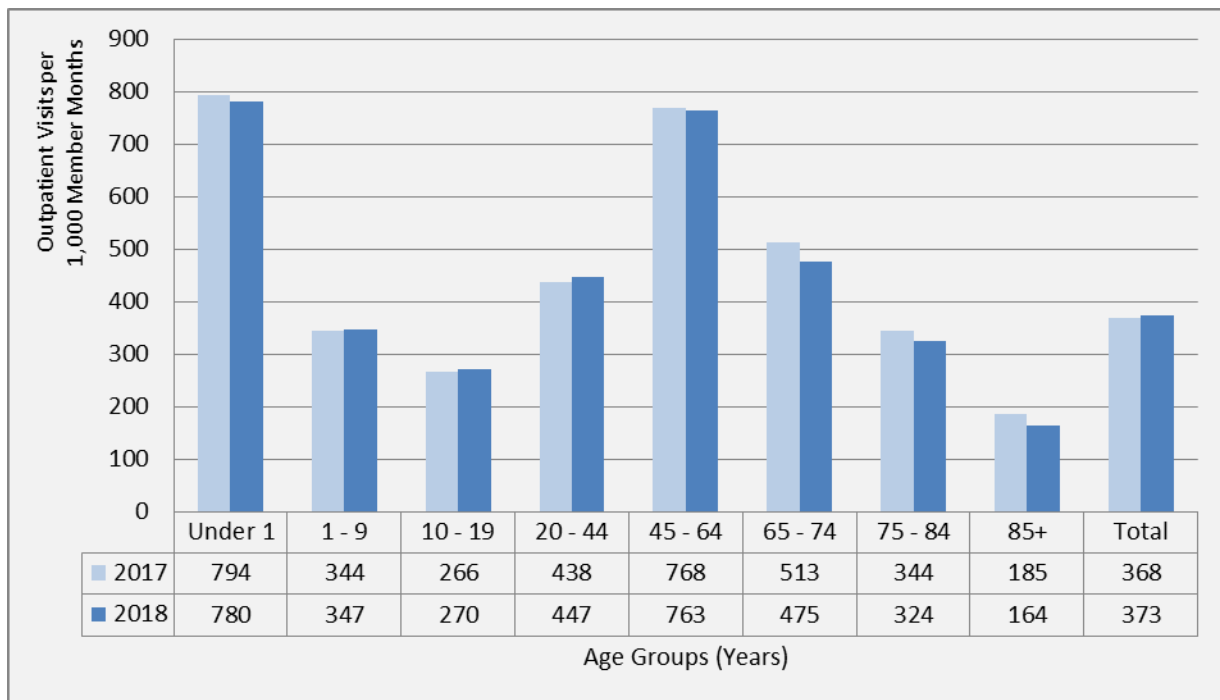
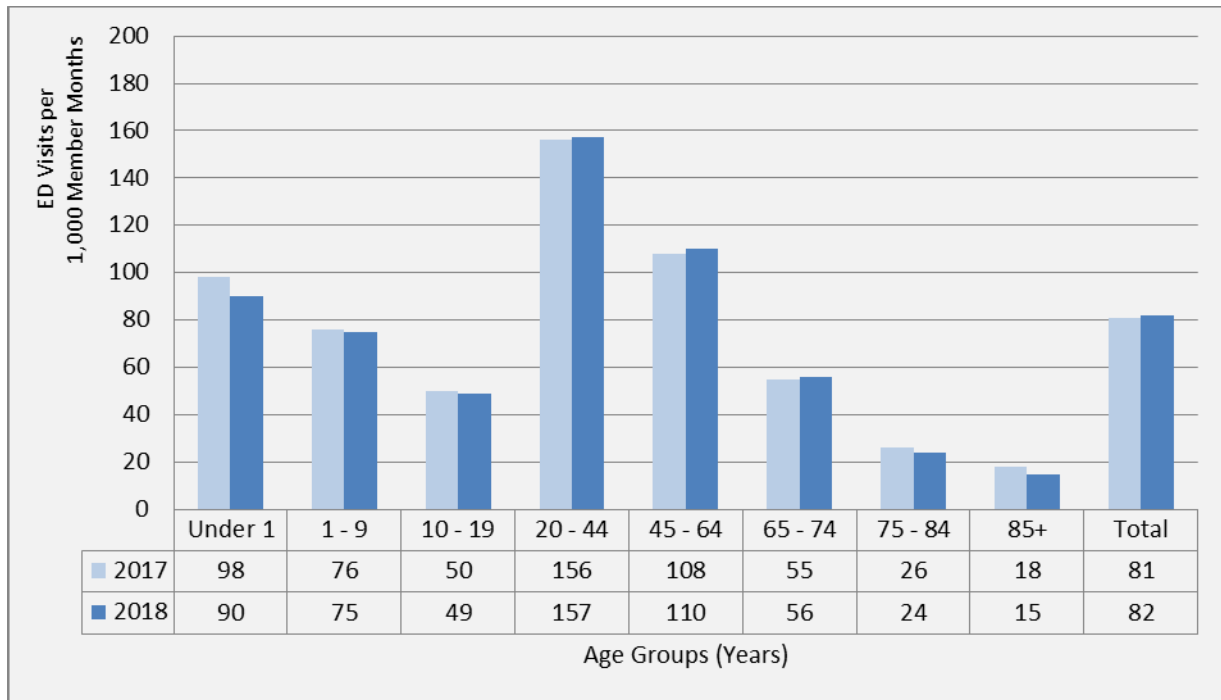


Exhibit 41 – Emergency Department Visit Rate for SoonerCare Members



HOSPITAL ADMISSION RATES FOR PREVENTION QUALITY INDICATORS (PQI)

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

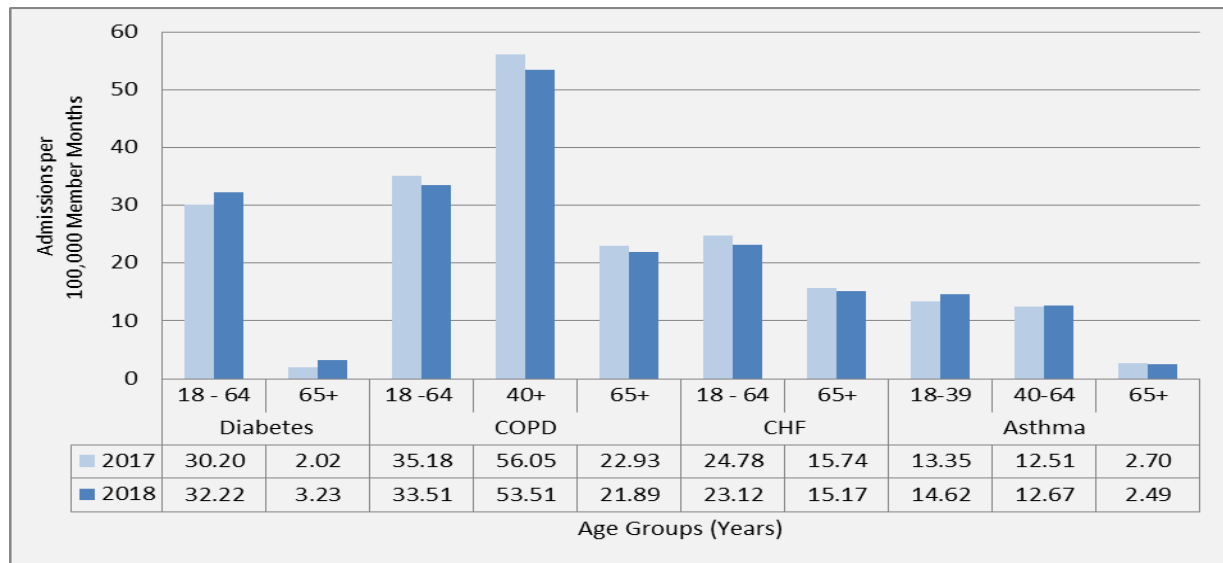
- Diabetes short-term complications (Diabetes) – Includes members 18 years and older admitted with a primary diagnosis of diabetes.
- COPD or asthma in older adults (COPD) – Includes members 18 years and older admitted with a primary diagnosis of COPD (including secondary diagnoses), asthma, or acute 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 years and 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 2018 had increases in diabetes, and the 18-39 and 40-64 age groups for asthma.

Exhibit 42 displays hospital admission per 100,000 member months in 2017 and 2018 for each of the indicators.

Exhibit 42 – 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

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 2018 there was an increase in stay counts and decrease in readmission counts compared to 2017. The largest increase in stay counts was in the 55 – 64 age grouping. The largest decrease in readmission counts occurred in the 45 – 54 age grouping. The O/E ratio decreased in 2018 by 8.2%

Exhibit 43 displays the acute inpatient counts for Medicaid. Exhibit 44 displays the O/E Ratio. That ratio is determined by dividing the observed readmissions by an average adjusted probability. That probability scale is provided by NCQA.

Exhibit 43 – Acute Inpatient Stay Counts

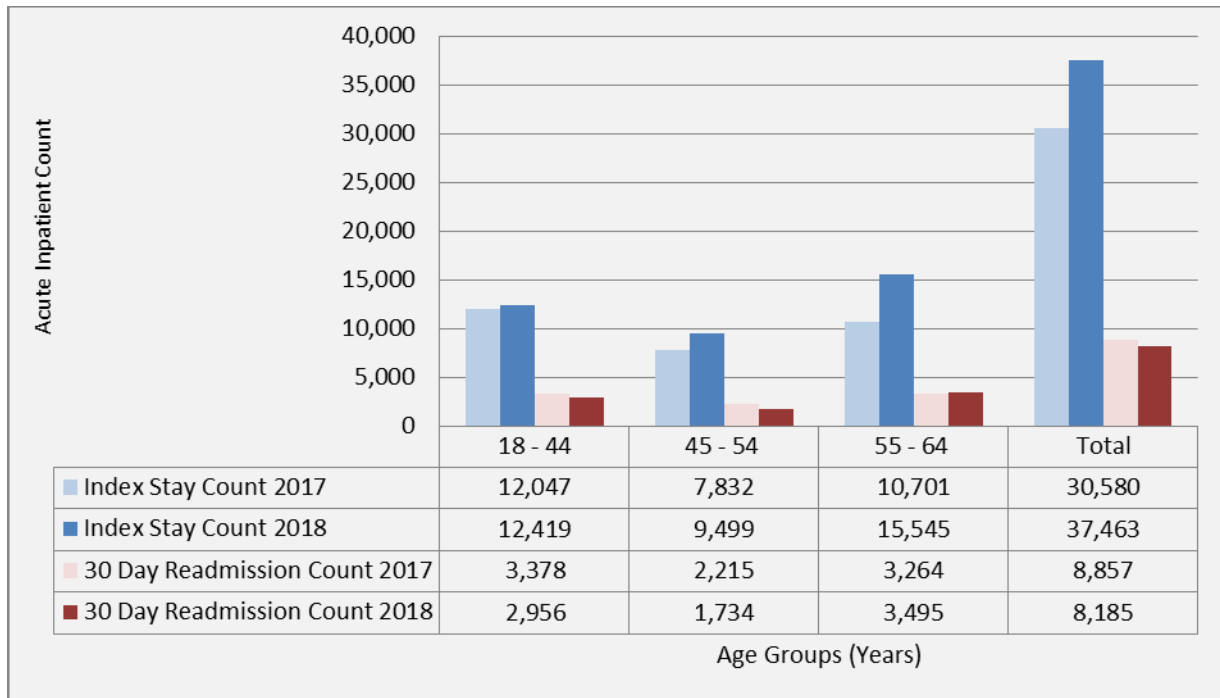
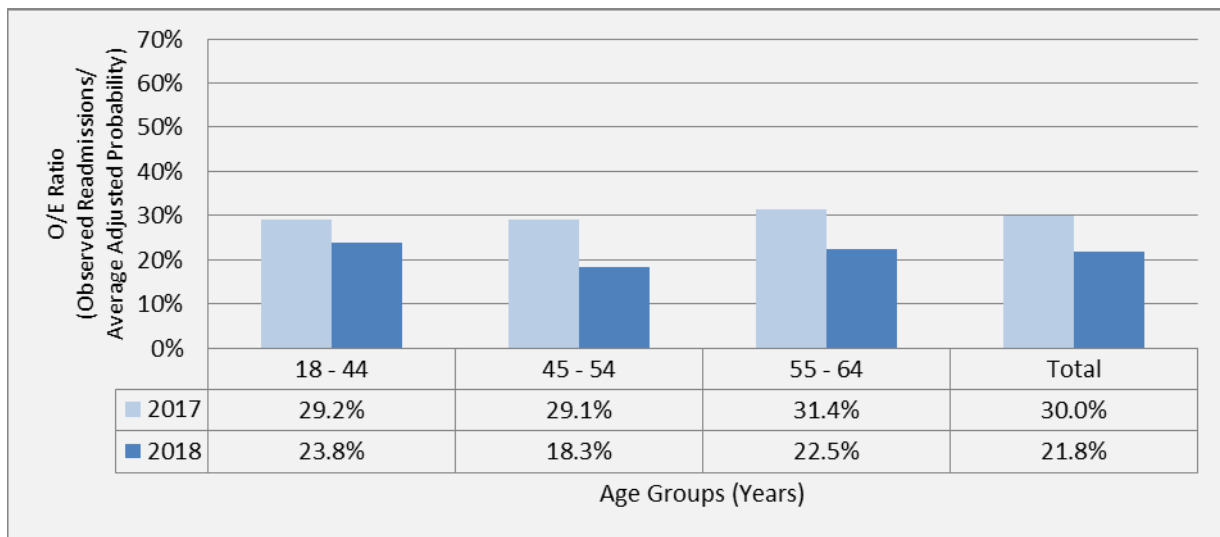


Exhibit 44 – O/E Ratio



APPENDIX A: 2018 COMPLIANCE RATE DEMOGRAPHICS

Key

- - = not applicable (denominator = 0)
- Program of Eligibility: SCHC = SoonerCare Choice, FFS (Fee-For-Service): 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
- Urban County List: Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa, and Wagoner

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.
AAP: Adults' Access to Preventive/Ambulatory Health Services																
Total	87.0%	87.0%	87.0%	84.0%	88.5%	87.0%	87.0%	69.3%	86.1%	87.1%	87.1%	86.2%	86.6%	90.5%	88.2%	82.4%
20 to 44	81.4%	84.0%	78.9%	76.4%	83.1%	81.7%	81.1%	70.0%	78.9%	81.5%	81.4%	81.1%	80.9%	82.4%	82.4%	79.9%
45 to 64	90.2%	90.5%	90.0%	86.2%	92.7%	89.6%	90.8%	62.5%	89.9%	90.2%	90.3%	88.8%	92.0%	90.7%	91.1%	90.0%
65 and Over	89.0%	90.5%	88.9%	87.3%	89.9%	89.0%	88.9%	-	88.8%	89.0%	88.8%	87.6%	88.8%	91.7%	93.0%	-
CAP: Children and Adolescents' Access to Primary Care Practitioners																
Total	90.1%	91.9%	84.8%	89.8%	90.4%	89.7%	90.8%	81.9%	91.9%	89.5%	65.7%	83.1%	91.2%	87.4%	90.7%	89.7%
12 to 24 months	93.8%	94.8%	90.0%	94.0%	93.6%	93.9%	93.6%	94.8%	96.2%	93.0%	94.4%	88.9%	93.3%	95.2%	94.8%	94.8%
25 months to 6 years	88.3%	89.7%	83.6%	88.4%	88.1%	88.0%	88.8%	80.8%	90.6%	87.5%	8.9%	80.8%	90.2%	86.7%	88.3%	87.0%
7 to 11 years	91.5%	93.3%	86.0%	91.5%	91.4%	90.9%	92.2%	87.8%	93.3%	90.8%	92.6%	83.4%	92.2%	89.4%	92.2%	91.5%
12 to 19 years	90.0%	92.4%	84.1%	88.9%	91.1%	89.4%	90.9%	73.9%	91.1%	89.6%	90.9%	83.8%	90.8%	84.1%	91.5%	90.0%
ABA: Adult Body Mass Index (BMI) Assessment																
Total	27.8%	20.6%	30.3%	22.2%	31.4%	28.2%	27.4%	17.7%	18.2%	28.4%	28.0%	29.0%	26.7%	14.6%	29.7%	13.8%
18 to 64	26.6%	20.6%	29.2%	21.1%	30.3%	26.7%	26.5%	14.7%	17.4%	27.2%	26.7%	28.0%	25.6%	15.0%	29.1%	13.8%
65 to 75	33.7%	20.3%	33.7%	28.9%	36.0%	35.7%	31.9%	75.0%	23.1%	34.3%	34.3%	33.9%	33.7%	14.1%	33.9%	50.0%
WCC-CH: BMI Assessment for Children & Adolescents																
Total	5.2%	5.2%	5.4%	5.2%	5.3%	5.2%	5.3%	2.0%	4.8%	5.4%	5.3%	5.2%	5.3%	5.4%	5.0%	4.9%
3 to 11	3.3%	3.3%	3.4%	3.2%	3.4%	3.4%	3.2%	2.0%	3.1%	3.4%	3.3%	3.0%	3.1%	3.6%	3.5%	3.2%
12 to 17	8.9%	8.9%	8.7%	8.8%	9.0%	8.9%	9.0%	1.9%	8.8%	8.9%	9.0%	8.6%	8.6%	9.9%	8.8%	8.4%

Quality of Care in the SoonerCare Program – July 2020

CIS: Childhood Immunization Status																
Dtap	24.1%	26.6%	16.0%	24.2%	24.0%	26.3%	21.2%	19.1%	27.5%	22.9%	25.8%	25.5%	16.4%	22.8%	22.3%	22.5%
IPV	32.0%	34.5%	24.2%	32.4%	31.6%	34.3%	29.1%	25.3%	34.7%	31.2%	33.4%	34.7%	23.6%	29.9%	31.9%	29.8%
MMR	41.1%	44.0%	32.1%	41.0%	41.3%	45.0%	35.8%	40.3%	43.7%	40.3%	42.6%	47.2%	29.9%	36.4%	40.0%	40.6%
HiB	32.8%	35.6%	24.0%	33.0%	32.5%	35.4%	29.4%	27.4%	35.5%	31.9%	33.9%	36.8%	23.9%	30.3%	32.1%	32.6%
Hep B	16.7%	18.3%	11.9%	16.8%	16.7%	19.8%	12.6%	13.5%	18.8%	16.1%	18.2%	18.9%	9.3%	16.1%	15.4%	15.5%
VZV	40.9%	43.7%	32.0%	40.9%	51.0%	44.9%	35.4%	38.5%	43.6%	40.0%	42.3%	46.8%	29.8%	36.8%	39.4%	41.0%
PCV	26.2%	29.0%	17.6%	26.5%	26.0%	28.9%	22.8%	19.8%	29.8%	25.1%	27.7%	29.6%	18.0%	24.8%	24.3%	25.3%
Hep A	61.8%	66.5%	46.9%	61.4%	62.1%	66.0%	56.0%	60.8%	65.8%	60.5%	64.2%	69.2%	45.6%	57.5%	59.7%	60.4%
RV	25.8%	28.0%	18.9%	26.0%	25.7%	27.4%	23.8%	20.8%	28.4%	25.0%	2.8%	25.0%	17.6%	24.6%	25.4%	23.5%
Flu	15.2%	16.5%	11.2%	15.1%	15.4%	17.1%	12.7%	13.2%	18.2%	14.3%	16.8%	12.6%	10.7%	20.9%	13.5%	14.3%
Combo 2	11.6%	13.0%	7.1%	11.4%	11.7%	14.0%	8.3%	9.7%	13.0%	11.1%	12.7%	11.9%	6.6%	11.8%	10.0%	12.0%
Combo 3	11.1%	12.5%	6.9%	11.1%	11.2%	13.4%	8.1%	9.4%	12.6%	10.7%	12.3%	11.4%	6.4%	11.6%	9.4%	11.5%
Combo 4	11.0%	12.4%	6.7%	11.0%	11.1%	13.2%	8.0%	9.4%	12.3%	10.6%	12.1%	11.3%	6.4%	11.6%	9.3%	11.3%
Combo 5	9.4%	10.6%	5.5%	9.3%	9.4%	11.3%	6.7%	8.0%	10.2%	9.1%	10.4%	9.1%	5.4%	10.2%	8.0%	9.2%
Combo 6	5.6%	6.3%	3.3%	5.5%	5.6%	6.6%	4.1%	4.2%	6.7%	5.2%	6.2%	4.0%	3.8%	8.5%	4.6%	5.8%
Combo 7	9.3%	10.5%	5.4%	9.2%	9.3%	11.1%	6.7%	8.0%	10.1%	9.0%	10.3%	9.0%	5.4%	10.2%	7.9%	9.1%
Combo 8	5.5%	6.2%	3.3%	5.5%	5.6%	6.6%	4.1%	4.2%	6.6%	5.2%	6.2%	4.0%	3.8%	8.5%	4.6%	5.6%
Combo 9	5.2%	5.9%	3.0%	5.2%	5.2%	6.3%	3.7%	3.5%	6.4%	4.8%	5.8%	3.8%	3.4%	8.1%	4.2%	5.3%
Combo 10	5.1%	5.8%	3.0%	5.2%	5.1%	6.3%	3.7%	3.5%	6.3%	4.8%	5.8%	3.8%	3.4%	8.1%	4.2%	5.1%
IMA: Immunizations for Adolescents																
Men.	27.8%	31.2%	19.6%	27.7%	27.7%	31.7%	22.7%	23.2%	31.8%	26.4%	28.6%	34.5%	20.1%	24.9%	25.5%	26.7%
Tdap/Td	31.5%	35.2%	22.7%	31.5%	31.5%	35.2%	26.7%	27.8%	35.2%	30.3%	33.0%	37.1%	21.5%	26.1%	29.5%	31.3%
HPV	7.9%	18.5%	4.9%	14.0%	14.8%	16.7%	11.6%	6.9%	18.9%	13.0%	15.6%	15.7%	10.6%	14.4%	12.1%	12.7%
Combo 1 (Men, Tdap)	26.0%	29.3%	18.3%	26.3%	25.8%	29.8%	21.3%	21.2%	30.0%	24.8%	27.0%	32.3%	18.6%	23.2%	24.0%	24.7%
Combo 2 (Men, Tdap, HPV)	7.1%	8.2%	4.4%	6.8%	7.3%	8.3%	5.5%	4.2%	9.2%	6.4%	7.5%	8.0%	5.5%	6.2%	6.3%	5.7%
BCS: Breast Cancer Screening																
Total	33.2%	41.2%	31.5%	0.0%	33.2%	34.0%	32.5%	30.0%	37.5%	33.0%	33.0%	38.3%	26.6%	39.5%	25.3%	36.2%
50 to 64	34.8%	41.2%	32.1%	0.0%	34.8%	35.8%	33.9%	33.3%	38.6%	34.7%	34.9%	40.3%	26.3%	43.1%	24.0%	36.2%
65 and Over	30.8%	37.7%	30.7%	0.0%	30.8%	31.2%	35.6%	25.0%	36.4%	30.5%	30.2%	34.4%	27.2%	38.2%	28.1%	0.0%

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CCS: Cervical Cancer Screening																
Total	41.6%	50.2%	34.9%	0.0%	41.6%	42.0%	41.1%	53.1%	45.3%	41.4%	42.6%	44.5%	28.4%	36.7%	32.8%	56.9%
CHL: Chlamydia Screening in Women																
Total	42.5%	43.3%	40.9%	50.0%	40.2%	42.8%	37.4%	47.9%	42.1%	39.9%	39.9%	51.6%	30.8%	34.0%	42.0%	40.5%
16 to 20	39.4%	40.0%	38.1%	50.0%	37.6%	39.9%	35.1%	41.2%	39.7%	37.2%	37.7%	47.3%	28.7%	31.5%	38.9%	38.4%
21 to 24	54.8%	57.9%	49.7%	-	50.5%	53.3%	46.9%	63.6%	56.1%	49.8%	48.5%	63.7%	40.5%	47.8%	56.4%	51.1%
ASM: Use of Appropriate Medications for the Treatment of Asthma																
Total	97.3%	97.4%	96.8%	97.3%	97.2%	96.6%	98.2%	80.6%	97.6%	97.2%	98.1%	94.0%	97.7%	100.0%	96.9%	97.6%
5 to 11	97.4%	95.4%	97.8%	97.2%	97.5%	96.9%	98.1%	94.2%	97.6%	97.3%	98.4%	93.9%	97.3%	100.0%	97.3%	97.3%
12 to 18	98.0%	98.2%	97.5%	98.1%	97.9%	97.4%	98.9%	100.0%	97.9%	98.1%	98.4%	96.9%	98.6%	100.0%	96.9%	98.3%
19 to 50	92.1%	94.0%	87.4%	91.0%	92.6%	89.1%	95.9%	0.0%	91.7%	92.2%	94.9%	79.1%	96.1%	100.0%	90.4%	96.3%
51 to 64	94.9%	100.0%	82.8%	90.0%	96.2%	92.9%	97.6%	0.0%	100.0%	94.7%	98.2%	87.0%	88.9%	100.0%	100.0%	0.0%
AMR: Asthma Medication Ratio																
Total (5-64)	80.7%	79.9%	83.3%	80.5%	80.9%	78.1%	84.4%	82.1%	77.5%	81.4%	82.7%	72.2%	81.4%	88.2%	80.9%	82.3%
5 to 11	83.8%	81.2%	87.4%	83.2%	84.7%	81.5%	87.3%	80.8%	80.3%	84.6%	85.9%	75.5%	84.4%	94.3%	84.3%	83.6%
12 to 18	77.4%	76.5%	79.8%	76.5%	78.5%	74.3%	81.5%	86.7%	73.6%	78.1%	79.6%	69.9%	77.9%	71.4%	74.8%	80.5%
Total (5-18)	81.4%	80.5%	84.3%	80.7%	81.5%	78.5%	84.7%	82.1%	77.8%	81.7%	83.1%	72.8%	81.5%	88.5%	81.1%	82.4%
19 to 50	70.1%	68.3%	74.7%	73.9%	68.6%	64.6%	76.8%	0.0%	54.2%	71.3%	73.2%	53.9%	76.5%	50.0%	71.2%	74.1%
51 to 64	78.6%	87.0%	58.6%	70.0%	80.8%	76.8%	81.0%	0.0%	66.7%	78.9%	85.7%	73.9%	66.7%	100.0%	55.6%	0.0%
Total (19-64)	71.1%	70.5%	72.7%	73.5%	70.2%	66.1%	77.3%	0.0%	54.9%	72.3%	74.6%	57.2%	75.0%	66.7%	68.9%	74.1%
CDC: Comprehensive Diabetes Care: HbA1c Testing																
Total	71.6%	76.3%	70.8%	71.1%	73.1%	72.5%	72.8%	66.7%	76.4%	72.1%	76.5%	74.8%	48.8%	79.7%	51.3%	65.7%
18 to 64	72.0%	76.3%	69.7%	71.1%	72.5%	72.2%	72.4%	66.7%	75.2%	71.8%	76.3%	74.7%	49.1%	75.4%	52.2%	65.7%
65 to 75	70.0%	79.3%	73.8%	70.9%	75.3%	73.7%	74.3%	0.0%	80.1%	73.4%	77.6%	75.3%	47.4%	84.7%	46.6%	0.0%
CDC: Comprehensive Diabetes Care: Retinal Eye Exam																
Total	34.9%	29.7%	36.9%	32.9%	36.0%	36.0%	34.3%	14.3%	39.6%	34.6%	34.8%	37.9%	29.8%	47.7%	33.1%	24.1%
CDC: Comprehensive Diabetes Care: LDL-C Screening																
Total	57.1%	61.0%	56.5%	57.7%	57.8%	56.0%	60.1%	28.6%	55.1%	53.8%	62.1%	57.8%	34.8%	69.7%	40.0%	49.5%
18 to 64	57.0%	61.0%	54.9%	57.6%	56.7%	55.3%	100.0%	28.6%	54.1%	53.3%	61.4%	57.1%	35.1%	68.5%	40.6%	49.5%
65 to 75	57.4%	58.6%	60.8%	58.1%	62.0%	59.0%	100.0%	0.0%	58.2%	56.1%	64.4%	61.6%	33.4%	71.2%	37.1%	0.0%

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CDC: Comprehensive Diabetes Care: Medical Attention for Nephropathy																	
Total	45.4%	80.3%	31.6%	42.4%	41.8%	46.6%	43.8%	57.1%	51.2%	45.0%	42.8%	49.7%	52.5%	55.6%	45.9%	74.5%	
DEV: Developmental Screening in the First Three Years of Life																	
Total	18.1%	20.0%	12.5%	17.9%	18.3%	18.5%	17.6%	20.0%	17.4%	18.3%	18.5%	18.7%	14.7%	19.9%	17.8%	18.2%	
0 to 12 Months	14.6%	15.3%	12.2%	14.4%	14.7%	14.7%	14.4%	17.7%	13.5%	14.9%	14.9%	15.6%	11.4%	16.6%	14.2%	15.5%	
2 Years	24.1%	27.7%	12.4%	23.9%	24.3%	24.9%	23.0%	29.4%	23.1%	24.4%	25.0%	24.7%	18.9%	26.2%	23.0%	24.3%	
3 Years	17.7%	19.6%	13.1%	17.5%	17.9%	17.9%	17.5%	15.8%	17.5%	17.8%	17.9%	17.7%	16.3%	18.6%	18.2%	16.4%	
ADD: Follow-Up Care for Children Prescribed ADHD Medication																	
Initiation Phase	62.4%	61.9%	63.1%	62.1%	63.1%	63.0%	61.7%	69.2%	62.0%	62.5%	62.6%	62.8%	62.1%	61.1%	63.3%	60.0%	
Continuation Phase	69.1%	69.0%	69.2%	69.1%	69.2%	68.8%	69.2%	79.3%	70.3%	69.0%	68.0%	74.3%	69.7%	80.0%	69.6%	70.9%	
FUH: Follow-Up After Hospitalization for Mental Illness: 7 Days After Discharge																	
Total	30.5%	41.8%	18.7%	32.8%	28.8%	30.7%	30.3%	32.3%	35.2%	30.1%	28.3%	33.4%	35.3%	31.6%	38.4%	35.9%	
6 to 20	40.2%	42.7%	34.0%	40.1%	40.3%	40.1%	40.4%	37.3%	38.1%	40.4%	40.2%	39.6%	39.6%	40.0%	41.8%	38.5%	
21 to 64	23.3%	38.5%	15.0%	23.1%	23.4%	23.4%	23.6%	9.1%	22.3%	23.3%	23.7%	21.3%	23.8%	22.2%	23.7%	23.1%	
65 and Over	5.1%	7.1%	5.1%	4.8%	5.2%	4.8%	5.5%	-	0.0%	5.1%	5.1%	0.0%	0.0%	-	-	-	
FUH: Follow-Up After Hospitalization for Mental Illness: 30 Days After Discharge																	
Total	51.4%	67.1%	35.0%	54.2%	49.3%	51.6%	50.8%	60.5%	60.3%	50.6%	48.3%	57.4%	59.8%	47.4%	57.3%	59.0%	
6 to 20	66.2%	68.9%	59.5%	65.4%	66.9%	66.1%	66.1%	66.7%	65.7%	66.2%	66.8%	67.0%	66.0%	60.0%	62.2%	63.1%	
21 to 64	39.3%	59.9%	28.1%	38.1%	40.2%	38.9%	40.0%	31.8%	36.2%	39.5%	39.3%	38.5%	43.1%	33.3%	36.1%	38.5%	
65 and Over	14.2%	21.4%	14.1%	14.0%	14.3%	14.2%	14.2%	-	0.0%	14.2%	14.2%	0.0%	0.0%	-	-	-	
PCR: Postpartum Care Rate: Without Global Codes																	
Total	22.9%	17.7%	52.3%	0.0%	22.9%	20.5%	25.7%	25.4%	24.5%	22.7%	22.3%	18.8%	29.3%	17.1%	24.6%	25.6%	
PCR: Postpartum Care Rate: With Global Codes																	
Total	70.0%	71.7%	60.0%	0.0%	70.0%	69.3%	70.6%	78.9%	71.0%	69.8%	71.0%	66.6%	68.0%	71.9%	67.7%	78.4%	
PPC: Timeliness of Prenatal Care: Without Global Codes																	
Total	32.0%	26.2%	64.9%	0.0%	32.0%	34.0%	29.6%	30.3%	34.5%	31.6%	33.9%	34.7%	22.7%	7.6%	33.5%	30.2%	
PPC: Timeliness of Prenatal Care: With Global Codes																	
Total	71.3%	73.5%	58.6%	0.0%	71.3%	74.1%	67.9%	79.6%	74.3%	70.9%	73.2%	76.0%	60.0%	76.5%	66.6%	69.1%	

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WCV: Well-Child Visits in the First 15 Months of Life																
0 Visits	1.6%	0.9%	3.1%	1.7%	1.5%	1.4%	1.9%	2.4%	1.0%	1.8%	1.6%	1.4%	1.8%	1.3%	1.5%	4.0%
1 Visit	2.1%	1.5%	3.3%	2.3%	1.9%	1.6%	2.8%	2.7%	1.4%	2.3%	1.9%	2.7%	2.7%	1.5%	2.0%	2.9%
2 Visits	2.9%	2.3%	4.2%	2.8%	3.1%	2.5%	3.6%	3.1%	2.1%	3.2%	2.7%	3.7%	4.3%	1.5%	2.9%	2.9%
3 Visits	4.3%	3.6%	5.8%	4.4%	4.3%	3.7%	5.2%	5.5%	2.7%	4.9%	3.8%	5.5%	5.3%	3.1%	5.1%	4.1%
4 Visits	6.9%	5.8%	9.1%	7.0%	6.8%	6.1%	8.0%	11.3%	5.2%	7.4%	6.1%	8.6%	8.9%	4.4%	7.6%	7.4%
5 Visits	11.6%	10.4%	13.9%	12.2%	10.9%	10.4%	13.2%	12.3%	9.3%	12.3%	11.2%	11.9%	12.9%	7.0%	12.2%	13.6%
6+ visits	70.5%	75.4%	60.7%	69.7%	71.4%	74.4%	65.3%	62.7%	78.2%	68.0%	72.7%	66.3%	64.2%	81.1%	68.7%	67.3%
1+ visits	98.4%	99.1%	96.9%	98.3%	98.5%	98.6%	98.1%	97.6%	99.0%	98.2%	98.4%	98.6%	98.2%	98.7%	98.5%	98.3%
W34: Well-Child Visits in the 3rd to 6th Years of Life																
1+ visit	68.5%	70.5%	66.7%	69.2%	67.9%	71.0%	65.4%	54.4%	75.0%	66.4%	68.7%	65.8%	69.9%	79.6%	68.6%	66.1%
AWC: Adolescent Well-Care Visits																
1+ visit	42.8%	45.7%	40.5%	42.4%	43.3%	47.2%	37.5%	36.1%	53.5%	39.7%	42.9%	44.7%	41.2%	47.4%	43.3%	40.7%
MPM: Annual Monitoring for Patients on Persistent Medications																
ACE/ARB	79.2%	82.4%	72.1%	77.8%	80.1%	79.7%	78.7%	66.7%	78.6%	79.2%	79.7%	78.6%	72.9%	83.5%	79.8%	82.9%
18-64	78.9%	82.4%	68.4%	77.6%	79.9%	79.5%	78.5%	72.7%	78.0%	79.0%	79.5%	78.4%	72.5%	84.2%	79.9%	82.9%
65+	81.3%	80.0%	81.3%	79.9%	81.9%	81.8%	80.8%	0.0%	80.4%	81.4%	81.4%	80.4%	80.0%	83.1%	78.9%	-
Diuretics	80.8%	83.4%	75.5%	80.1%	81.1%	82.4%	79.3%	72.7%	79.7%	80.9%	81.7%	80.1%	76.8%	82.1%	76.7%	80.5%
18-64	81.0%	83.5%	74.0%	80.2%	81.3%	82.5%	79.5%	72.7%	80.1%	81.0%	81.8%	80.3%	77.8%	82.6%	77.1%	80.5%
65+	79.1%	68.8%	79.5%	78.5%	79.3%	81.0%	76.7%	0.0%	78.3%	79.2%	80.5%	77.8%	64.7%	81.8%	70.0%	-
Total	79.8%	82.8%	73.4%	78.5%	80.5%	80.8%	78.9%	69.6%	79.0%	79.8%	80.4%	79.3%	74.2%	83.0%	78.6%	81.9%
18-64	79.7%	82.8%	70.7%	78.5%	80.5%	80.7%	78.9%	72.7%	78.8%	79.8%	80.4%	79.3%	74.2%	83.6%	78.8%	81.9%
65+	80.4%	75.6%	80.6%	79.0%	81.0%	81.5%	79.2%	0.0%	79.7%	80.5%	81.0%	79.3%	73.8%	82.7%	75.9%	-
SEAL-CH: Sealants for age 6-9 at Elevated Caries Risk																
Total	22.5%	24.1%	18.8%	22.6%	22.3%	23.1%	21.9%	17.3%	22.4%	22.5%	22.1%	24.9%	21.8%	20.3%	23.5%	23.4%

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CCW: Contraceptive Care - Most and Moderately Effective Methods By Women Ages 15-44																
Total: FDA Approved	17.6%	23.0%	11.0%	-	17.6%	17.7%	17.5%	17.5%	17.1%	17.7%	17.7%	17.4%	17.2%	18.4%	17.8%	17.4%
15-20	21.2%	29.7%	10.9%	-	21.2%	21.3%	21.0%	20.9%	20.6%	21.3%	21.2%	21.0%	20.7%	22.2%	21.1%	20.6%
21-44	15.2%	18.6%	11.0%	-	15.2%	15.3%	15.1%	15.2%	14.8%	15.3%	15.3%	15.0%	14.8%	15.8%	15.6%	15.2%
Total: LARC	4.6%	5.5%	3.5%	-	4.6%	4.7%	4.5%	4.5%	4.5%	4.6%	4.6%	4.5%	4.4%	4.9%	4.7%	4.6%
15-20	5.2%	6.2%	4.0%	-	5.2%	5.2%	5.1%	5.0%	5.1%	5.2%	5.2%	5.0%	5.0%	5.2%	5.4%	5.4%
21-44	4.2%	5.1%	3.1%	-	4.2%	4.4%	4.1%	4.2%	4.1%	4.2%	4.3%	4.1%	4.0%	4.8%	4.2%	4.1%
APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents																
Total	6.4%	6.1%	6.8%	6.3%	6.6%	6.6%	6.2%	4.9%	6.0%	6.5%	6.6%	5.8%	6.3%	5.9%	5.9%	6.3%
1-5	3.7%	5.7%	-	3.3%	4.8%	4.9%	2.5%	-	-	3.9%	5.6%	-	0.0%	-	0.0%	-
6-11	5.2%	4.9%	5.6%	5.2%	5.3%	5.3%	5.1%	5.4%	4.4%	5.3%	5.3%	4.4%	5.1%	0.0%	5.2%	5.4%
12-17	7.4%	7.1%	7.7%	7.3%	7.4%	7.7%	7.1%	4.5%	7.5%	7.3%	7.5%	7.0%	7.2%	7.7%	6.8%	7.2%
IET: Initiation of Alcohol and Other Drug Dependence Treatment																
Total	20.3%	20.4%	20.3%	20.1%	20.5%	20.5%	20.2%	21.5%	19.2%	20.5%	20.5%	19.8%	18.5%	20.4%	22.1%	20.7%
13-17	21.2%	23.4%	18.3%	20.8%	21.5%	21.4%	20.6%	50.0%	19.1%	21.6%	21.7%	20.2%	19.2%	21.1%	21.5%	20.5%
18+	20.3%	20.1%	20.4%	20.1%	20.5%	20.4%	20.2%	19.7%	19.3%	20.5%	20.4%	19.8%	18.5%	20.3%	22.1%	20.7%
Alcohol Abuse	24.1%	20.2%	26.5%	24.4%	23.8%	24.0%	24.1%	25.0%	23.7%	24.1%	24.3%	23.3%	23.2%	26.9%	25.1%	21.0%
13-17	19.7%	21.7%	16.7%	18.1%	21.1%	18.9%	20.5%	0.0%	18.5%	19.9%	20.7%	19.0%	11.8%	33.3%	21.4%	14.3%
18+	24.3%	20.1%	26.8%	24.7%	23.9%	24.2%	24.3%	25.0%	23.9%	24.3%	24.5%	23.5%	23.7%	26.6%	25.3%	21.3%
Opioid Abuse	16.3%	18.7%	15.3%	16.4%	16.3%	16.2%	16.5%	16.0%	15.5%	16.5%	16.3%	15.5%	15.9%	19.4%	18.4%	15.9%
13-17	30.4%	27.3%	33.3%	27.3%	33.3%	30.8%	30.0%	0.0%	33.3%	30.0%	33.3%	0.0%	0.0%	0.0%	100.0%	0.0%
18+	16.3%	18.7%	15.3%	16.4%	16.2%	16.1%	16.5%	16.0%	15.4%	16.4%	16.2%	15.6%	16.0%	19.4%	18.2%	15.9%
Other Drug Abuse	21.8%	21.2%	22.4%	21.7%	21.9%	22.1%	21.5%	33.3%	18.6%	22.4%	22.3%	20.9%	19.4%	24.2%	22.7%	20.6%
13-17	21.3%	23.1%	18.9%	21.2%	21.4%	21.6%	20.8%	33.3%	16.9%	22.1%	21.3%	19.6%	20.0%	25.0%	23.5%	23.5%
18+	21.9%	20.9%	22.7%	21.8%	22.0%	22.2%	21.6%	0.0%	18.8%	22.4%	22.4%	21.0%	19.3%	24.1%	22.6%	20.2%

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IET: Engagement of Alcohol and Other Drug Dependence Treatment																
Total	5.5%	8.4%	3.7%	5.5%	5.6%	5.6%	5.5%	3.1%	4.8%	5.7%	5.6%	5.5%	5.4%	6.1%	5.4%	5.5%
13-17	11.2%	12.4%	9.7%	11.1%	11.4%	11.6%	11.0%	0.0%	10.5%	11.4%	11.4%	10.9%	10.1%	15.8%	11.4%	10.3%
18+	5.2%	8.0%	3.4%	5.1%	5.2%	5.2%	5.2%	3.3%	4.5%	5.3%	5.2%	5.1%	5.1%	5.5%	5.1%	5.2%
Alcohol Abuse	4.2%	5.9%	3.1%	4.1%	4.3%	4.3%	4.1%	6.3%	4.0%	4.2%	4.5%	4.0%	3.5%	3.0%	4.1%	2.1%
13-17	9.0%	10.4%	6.9%	9.6%	8.4%	9.5%	8.4%	0.0%	7.4%	9.3%	9.5%	9.5%	5.9%	0.0%	14.3%	0.0%
18+	3.9%	5.5%	3.0%	3.8%	4.1%	4.0%	3.9%	6.3%	3.8%	4.0%	4.2%	3.8%	3.4%	3.1%	3.6%	2.2%
Opioid Abuse	4.8%	8.9%	3.1%	5.0%	4.7%	4.9%	4.7%	4.0%	4.6%	4.9%	5.0%	4.6%	4.0%	4.9%	4.9%	4.3%
13-17	17.4%	9.1%	25.0%	18.2%	16.7%	23.1%	10.0%	0.0%	0.0%	20.0%	22.2%	0.0%	0.0%	0.0%	0.0%	0.0%
18+	4.8%	8.8%	3.0%	4.9%	4.6%	4.8%	4.7%	4.0%	4.6%	4.8%	4.9%	4.6%	4.0%	4.9%	4.9%	4.3%
Other Drug Abuse	6.9%	9.3%	4.8%	6.8%	7.0%	7.1%	6.6%	0.0%	6.5%	6.9%	7.0%	6.6%	6.2%	8.1%	7.1%	6.3%
13-17	11.6%	12.5%	10.4%	11.4%	11.8%	12.1%	11.0%	0.0%	10.8%	11.7%	12.0%	10.8%	10.6%	12.5%	11.8%	8.8%
18+	6.3%	8.8%	4.2%	6.2%	6.4%	6.5%	6.0%	0.0%	5.9%	6.4%	6.4%	6.0%	5.7%	7.4%	6.5%	6.0%
LSC:Lead Screening in Children																
Total	56.3%	58.8%	37.5%	55.4%	57.0%	57.1%	55.4%	56.0%	53.6%	56.8%	56.9%	54.1%	56.1%	54.1%	54.8%	57.2%
CCP:Contraceptive Care - Postpartum Women Ages 15-44 (Total)																
Total: FDA Approved	18.9%	21.9%	15.2%	-	18.9%	19.1%	18.8%	17.4%	18.3%	19.1%	19.0%	18.3%	18.5%	20.7%	19.6%	18.0%
15-20	23.2%	25.9%	19.2%	-	23.2%	23.4%	22.9%	22.9%	22.3%	23.4%	23.3%	22.7%	22.7%	25.3%	23.8%	21.7%
21-44	16.1%	18.9%	12.8%	-	16.1%	16.2%	16.0%	13.7%	15.6%	16.2%	16.2%	15.3%	15.8%	17.6%	16.8%	15.5%
Total: LARC	4.9%	5.9%	3.7%	-	4.9%	5.0%	4.8%	4.1%	4.8%	4.9%	5.0%	4.5%	4.6%	5.3%	5.3%	4.4%
15-20	5.0%	6.6%	2.8%	-	5.0%	5.1%	5.0%	4.2%	5.0%	5.1%	5.1%	4.8%	4.8%	5.6%	5.7%	4.8%
21-44	4.8%	5.4%	4.1%	-	4.8%	4.9%	4.7%	4.1%	4.6%	4.9%	5.0%	4.3%	4.4%	5.1%	5.1%	4.2%
CCP:Contraceptive Care - Postpartum Women Ages 15-44 (within 3 days)																
Total: FDA Approved	4.4%	5.3%	3.2%	-	4.4%	4.5%	4.3%	4.1%	4.1%	4.4%	4.4%	4.1%	4.2%	4.9%	4.6%	4.4%
15-20	5.9%	6.2%	5.5%	-	5.9%	6.1%	5.7%	6.3%	5.5%	6.0%	6.0%	5.7%	5.8%	6.6%	5.9%	5.8%
21-44	3.4%	4.7%	1.8%	-	3.4%	3.4%	3.3%	2.7%	3.2%	3.4%	3.4%	3.1%	3.2%	3.7%	3.7%	3.5%
Total: LARC	1.4%	1.6%	1.2%	-	1.4%	1.5%	1.4%	1.7%	1.4%	1.4%	1.5%	1.3%	1.4%	1.4%	1.4%	1.3%
15-20	1.5%	1.7%	1.2%	-	1.5%	1.6%	1.4%	2.1%	1.5%	1.5%	1.5%	1.3%	1.4%	1.5%	1.6%	1.5%
21-44	1.4%	1.6%	1.1%	-	1.4%	1.4%	1.4%	1.4%	1.3%	1.4%	1.4%	1.3%	1.3%	1.4%	1.3%	1.2%

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CCP: Contraceptive Care - Postpartum Women Ages 15-44 (within 60 days)																
Total: FDA Approved	14.5%	16.5%	12.0%	-	14.5%	14.6%	14.5%	13.2%	14.2%	14.6%	14.6%	14.1%	14.3%	15.8%	15.0%	13.5%
15-20	17.3%	19.7%	13.7%	-	17.3%	17.3%	17.3%	16.7%	16.7%	17.4%	17.4%	17.0%	16.9%	18.7%	17.9%	15.9%
21-44	12.7%	14.2%	11.0%	-	12.7%	12.7%	12.7%	11.0%	12.4%	12.8%	12.8%	12.2%	12.6%	13.9%	13.1%	12.0%
Total: LARC	3.5%	4.3%	2.5%	-	3.5%	3.6%	3.4%	2.5%	3.4%	3.5%	3.5%	3.2%	3.2%	3.9%	3.9%	3.1%
15-20	3.6%	4.9%	1.6%	-	3.6%	3.6%	3.6%	2.1%	3.5%	3.6%	3.5%	3.4%	3.4%	4.0%	4.0%	3.3%
21-44	3.4%	3.8%	3.0%	-	3.4%	3.6%	3.3%	2.7%	3.3%	3.5%	3.6%	3.0%	3.1%	3.7%	3.8%	3.0%
APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics																
Total	52.6%	53.0%	51.7%	52.4%	52.8%	52.7%	52.5%	54.5%	51.8%	52.8%	52.9%	52.7%	52.1%	51.7%	51.9%	50.9%
1-5	39.8%	40.0%	38.5%	39.0%	40.4%	41.7%	37.5%	-	35.7%	40.5%	40.7%	45.5%	37.5%	0.0%	33.3%	33.3%
6-11	50.6%	52.9%	42.4%	50.6%	50.6%	50.4%	50.8%	53.8%	49.2%	50.8%	50.5%	50.3%	51.8%	51.8%	50.7%	48.7%
12-17	54.2%	53.5%	55.4%	53.9%	54.4%	54.4%	54.0%	55.0%	53.9%	54.2%	54.7%	54.4%	52.6%	52.3%	53.0%	52.6%
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 7 Days After Discharge																
Total	4.7%	8.0%	6.7%	7.4%	7.6%	7.6%	7.4%	0.0%	7.3%	7.5%	7.6%	7.0%	7.5%	13.0%	7.0%	7.6%
13-17	4.5%	4.5%	4.5%	4.4%	4.5%	4.6%	4.4%	0.0%	5.4%	4.3%	4.3%	3.4%	4.2%	25.0%	5.3%	0.0%
18+	7.9%	8.6%	6.8%	7.8%	8.0%	8.0%	7.8%	0.0%	7.5%	8.0%	8.0%	7.5%	7.9%	10.5%	7.2%	8.8%
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 30 Days After Discharge																
Total	7.2%	12.4%	9.8%	11.3%	11.5%	11.8%	11.0%	0.0%	10.2%	11.6%	11.8%	10.5%	10.3%	17.4%	11.1%	9.1%
13-17	5.7%	5.9%	4.5%	5.3%	6.1%	6.1%	5.3%	0.0%	5.4%	5.7%	5.6%	6.9%	4.2%	25.0%	5.3%	0.0%
18+	12.1%	13.6%	10.1%	12.0%	12.2%	12.5%	11.7%	0.0%	10.9%	12.3%	12.6%	11.0%	11.1%	15.8%	11.8%	10.5%
FUM: Follow-Up After Emergency Department Visit for Mental Illness: 7 Days After Discharge																
Total	28.2%	30.0%	25.3%	27.8%	28.5%	29.0%	27.1%	30.8%	27.2%	28.4%	28.9%	26.6%	26.0%	26.8%	29.0%	25.0%
6 to 17	32.4%	31.9%	33.7%	32.0%	32.7%	33.2%	31.2%	30.0%	32.0%	32.4%	33.2%	30.8%	31.1%	27.6%	34.5%	25.3%
18 to 64	26.4%	28.3%	23.9%	26.0%	26.8%	27.2%	25.5%	31.3%	24.7%	26.7%	27.2%	24.9%	23.1%	27.3%	27.0%	25.4%
65 and Over	15.8%	22.2%	15.6%	15.3%	16.3%	14.8%	17.1%	0.0%	16.7%	15.7%	16.8%	12.9%	15.4%	0.0%	15.0%	14.3%
FUM: Follow-Up After Emergency Department Visit for Mental Illness: 30 Days After Discharge																
Total	48.5%	51.7%	43.5%	48.1%	48.9%	49.1%	48.0%	42.3%	45.3%	49.1%	48.8%	47.4%	47.5%	51.5%	50.0%	46.8%
6 to 17	54.2%	54.6%	52.7%	53.4%	54.8%	54.6%	53.5%	60.0%	50.4%	54.9%	54.9%	52.5%	52.6%	55.2%	54.7%	50.6%
18 to 64	46.4%	49.3%	42.4%	46.2%	46.6%	46.6%	46.3%	31.3%	43.2%	46.9%	46.4%	45.6%	45.3%	48.5%	48.5%	45.5%
65 and Over	30.2%	33.3%	30.1%	29.8%	30.5%	31.0%	29.3%	0.0%	25.0%	31.0%	30.2%	25.8%	26.9%	100.0%	35.0%	28.6%

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COB: Concurrent Use of Opioids and Benzodiazepines																
Total	21.2%	23.5%	17.6%	20.4%	21.9%	22.0%	20.4%	19.1%	19.8%	21.5%	21.8%	19.4%	19.5%	21.2%	21.5%	21.2%
AMM: Antidepressant Medication Management (Acute)																
Total	47.9%	47.8%	48.0%	46.6%	48.3%	46.3%	49.7%	42.2%	44.1%	48.2%	51.4%	35.1%	44.9%	44.0%	41.7%	47.8%
AMM: Antidepressant Medication Management (Continuation)																
Total	29.8%	28.6%	30.3%	29.9%	29.7%	28.2%	31.5%	28.9%	26.3%	30.0%	33.0%	18.4%	26.8%	30.0%	22.8%	30.6%