



Quality of Care in the SoonerCare Program

Reporting Year 2014

Measurement Year 2013

Prepared for:

State of Oklahoma

Oklahoma Health Care Authority

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PHPG

Oklahoma
HealthCare
Authority

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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 2014 to:

- Report results for the 2014 reporting year, which evaluates care provided in 2013;
- 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) • Annual Dental Visit (HEDIS)
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) • HPV for Female Adolescents (HEDIS, CMS Child Core) • Lead Screening in Children (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)

Domain	Subdomain (if applicable) / Measure
Effectiveness of Care (continued)	<p>Respiratory Conditions</p> <ul style="list-style-type: none"> • Appropriate Testing for Children with Pharyngitis (HEDIS) • Appropriate Treatment for Children with Upper Respiratory Infection (HEDIS) • Use of Appropriate Medications for the Treatment of Asthma (HEDIS) • Medication Management for People with Asthma (HEDIS, CMS Child Core) <p>Cardiovascular Conditions</p> <ul style="list-style-type: none"> • Cholesterol Management for Patients with Cardiovascular Conditions (HEDIS) <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 (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)
Utilization	<p>Prenatal/Postpartum Care*</p> <ul style="list-style-type: none"> • Frequency of Ongoing Prenatal Care (HEDIS, CMS Child Core) • Postpartum Care Rate (CMS Adult Core) • Prenatal & Postpartum Care: Timeliness of Prenatal Care (CMS Child Core) <p>Well-Child Visits*</p> <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) <p>Hospital Utilization*</p> <ul style="list-style-type: none"> • Ambulatory Care (HEDIS, CMS Child Core) • 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) <p><i>*Not official subdomains – for presentation purposes only.</i></p>

PHPG relied on a dataset consisting of eligibility, demographic, and both paid and denied medical and prescription drug claims incurred February 2008 through June 2013, with dates of payment through September 2014. 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 2012 through June 2014.

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 the results.

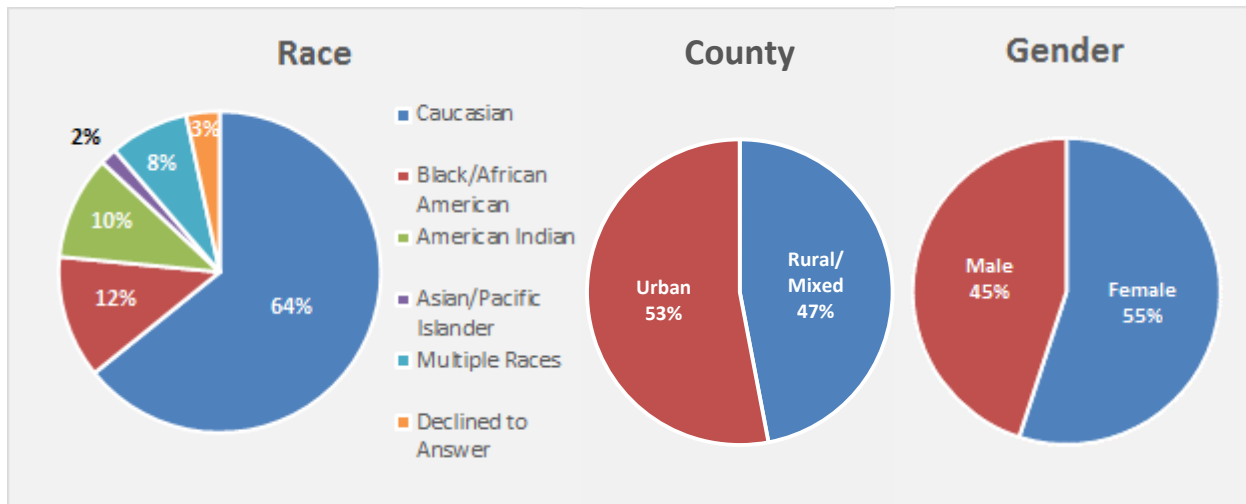
PHPG validated results for the 2014 reporting year by comparing to secondary sources (e.g., SoonerCare Annual Reports) and by analyzing results for the 2013 reporting year using 2014 methodologies and comparing to what OHCA reported previously. PHPG accordingly refined its methodologies as necessary and refined OHCA's previous specifications where reasonable. For some measures, the OHCA updated its 2013 results with PHPG data. These updates are included in the results presented in this report.

SOONERCARE DEMOGRAPHICS

According to OHCA Enrollment Fast Facts for January 2015 (published February), there were over 814,000 individuals enrolled in SoonerCare. Approximately 66 percent of the enrollment was children 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 29 percent was enrolled in the traditional fee-for-service (FFS) program; and the remaining five 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 16 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 2014, Oklahoma selected three measures to report related to access and availability of care. All three measures were reported according to NCQA/HEDIS specifications, including one selected by CMS as a Child Core measure.

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

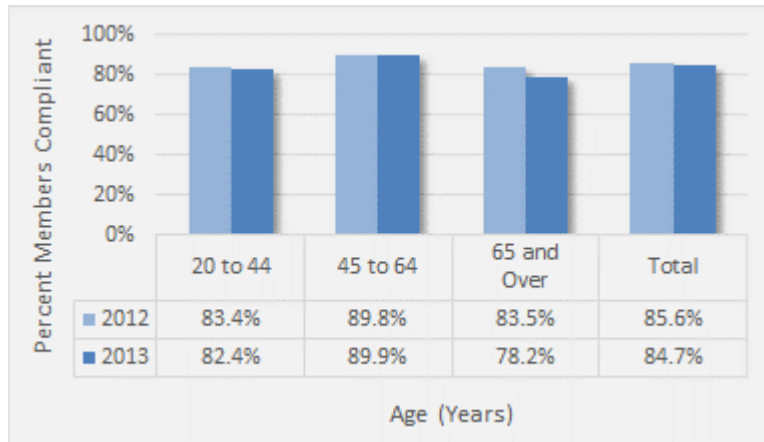
Beginning on the following page, PHPG presents, by measure, the results from the current (2013) and previous (2012) measurement years, as well as a comparison to national benchmark data, where available. The benchmark is the national Medicaid HMO for 2013, as reported by NCQA in “The State of Health Quality – 2014”.

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 2013 for SoonerCare members was nearly 85 percent, down approximately one percentage point from 2012.

Exhibit 1 below presents compliance rates by age group.

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

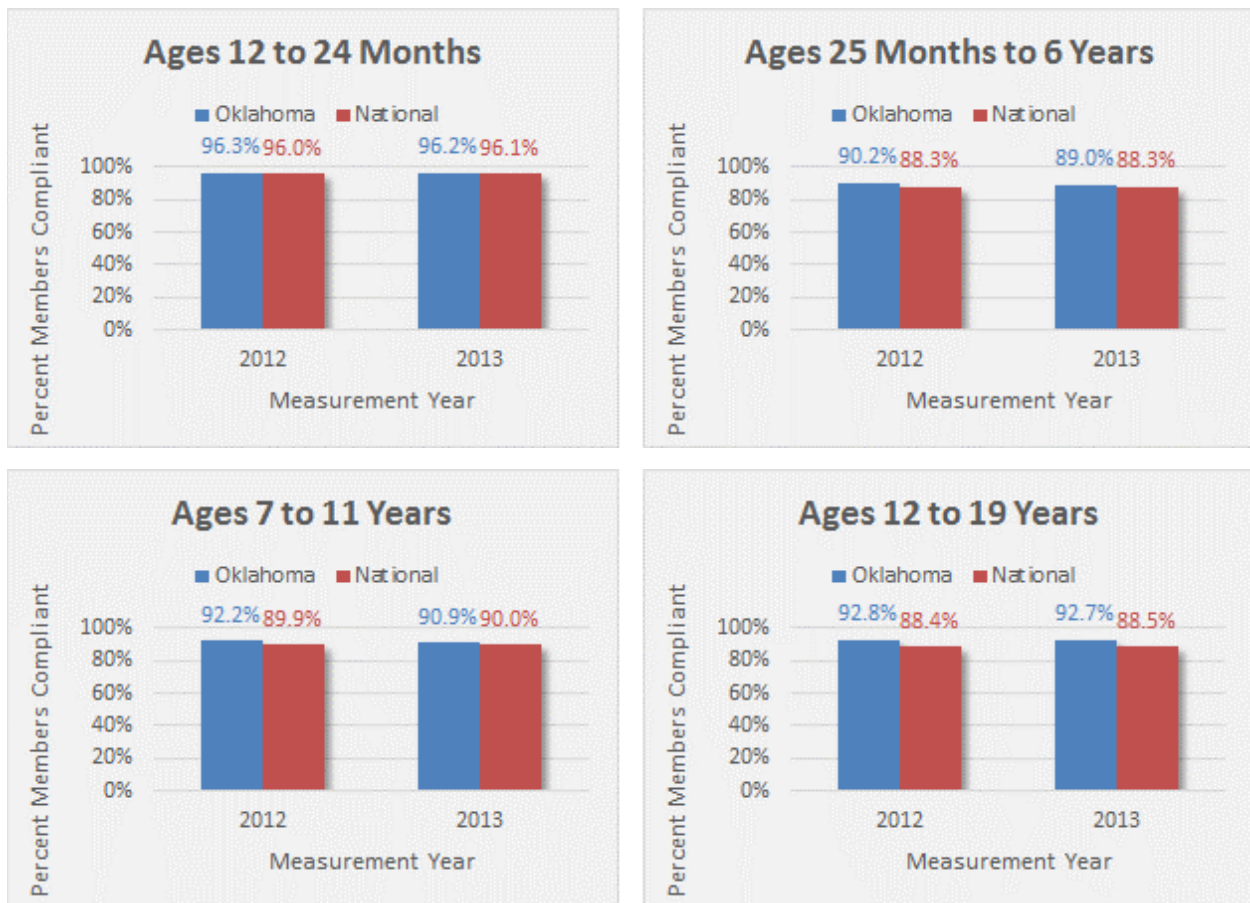


CHILDREN & ADOLESCENTS' ACCESS TO PRIMARY CARE PHYSICIANS

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, the compliance rate in 2013 was essentially equal or only slightly below the compliance rate in 2012, but still slightly above the national average. All compliance rates were equal to or greater than 89 percent.

Exhibit 2 below presents compliance rates by age group.

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



ANNUAL DENTAL VISIT

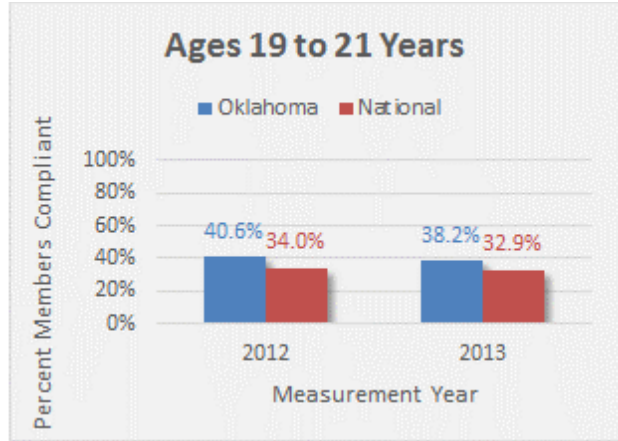
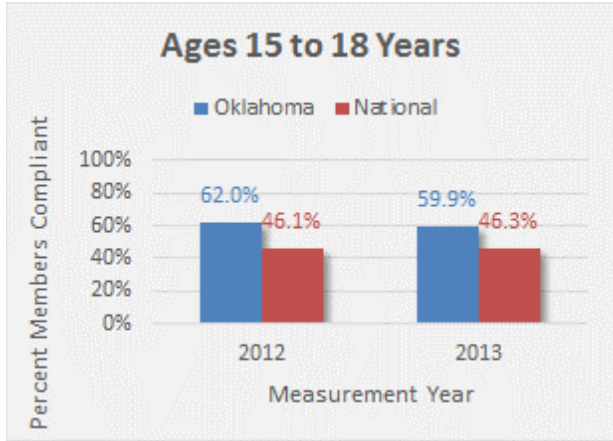
This measure calculates the percentage of children ages two to 21 years old who received a dental visit during the measurement year. SoonerCare members had higher compliance rates compared to the national Medicaid HMO average across all age cohorts. Similar to national trends, 2013 compliance rates in Oklahoma were essentially flat or slightly lower compared to 2012.

Children ages seven to 14 years old had the highest compliance rates, while children in the youngest (two to three years old) and oldest (19 to 21 years old) age groups had the lowest compliance rates.

Exhibit 3 below and on the following page presents compliance rates by age group.

Exhibit 3 – Children Receiving a Dental Visit





CHAPTER THREE: EFFECTIVENESS OF CARE

For 2014, Oklahoma selected 18 measures to report related to effectiveness of care. All 18 measures were reported according to NCQA/HEDIS specifications, including the subset selected by CMS as a Child and/or Adult Core measure. Measures selected within this domain determine effectiveness of care related to prevention and screening (nine measures), respiratory conditions (four measures), cardiovascular conditions (one measure), diabetes (one measure), and behavioral health (three measures).

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	✓	✓	
HPV for Female Adolescents	✓	✓	
Lead Screening in Children	✓		
Breast Cancer Screening	✓		✓
Cervical Cancer Screening	✓		✓
Chlamydia Screening in Women	✓	✓	✓
Respiratory Conditions			
Appropriate Testing for Children with Pharyngitis	✓		
Appropriate Treatment for Children with Upper Respiratory Infection	✓		
Use of Appropriate Medications for the Treatment of Asthma	✓		
Medication Management for People with Asthma	✓	✓	
Cardiovascular Conditions			
Cholesterol Management for Patients with Cardiovascular Conditions	✓		
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	✓	✓	

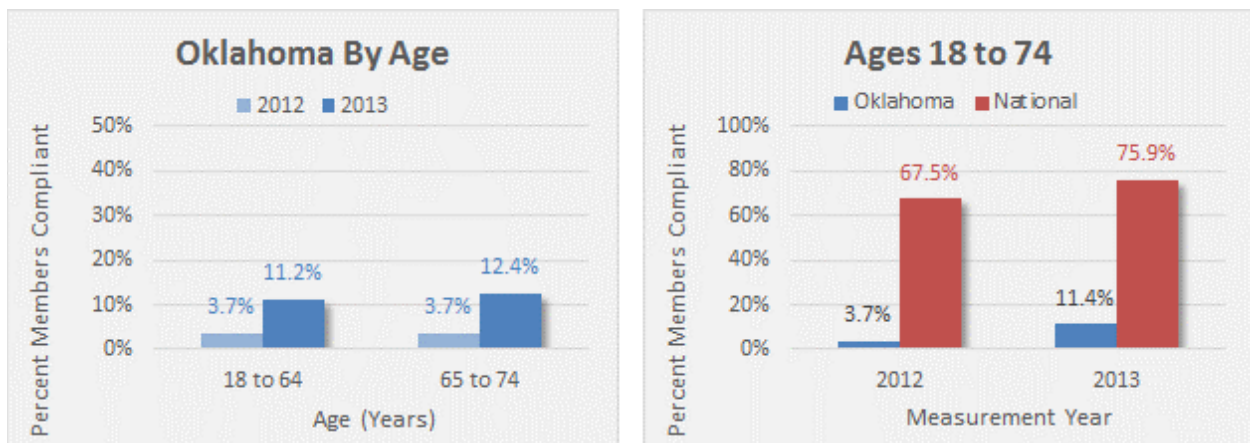
ADULT BODY MASS INDEX (BMI) ASSESSMENT

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 2013, approximately 11 percent of SoonerCare adults received a BMI assessment, well below the national average. Compliance rates were slightly higher for adults 65 years and older. Compliant members were more likely to be female (13 vs. nine percent male) and/or non-Hispanic (12 vs. nine percent Hispanic).

Exhibit 4 below presents compliance rates for 2012 and 2013, both by age groups (see left) and for all ages 18 to 74 years (see right). These data were presented separately, as national averages were not available separately by age group.

Exhibit 4 – Adults whose BMI was Documented



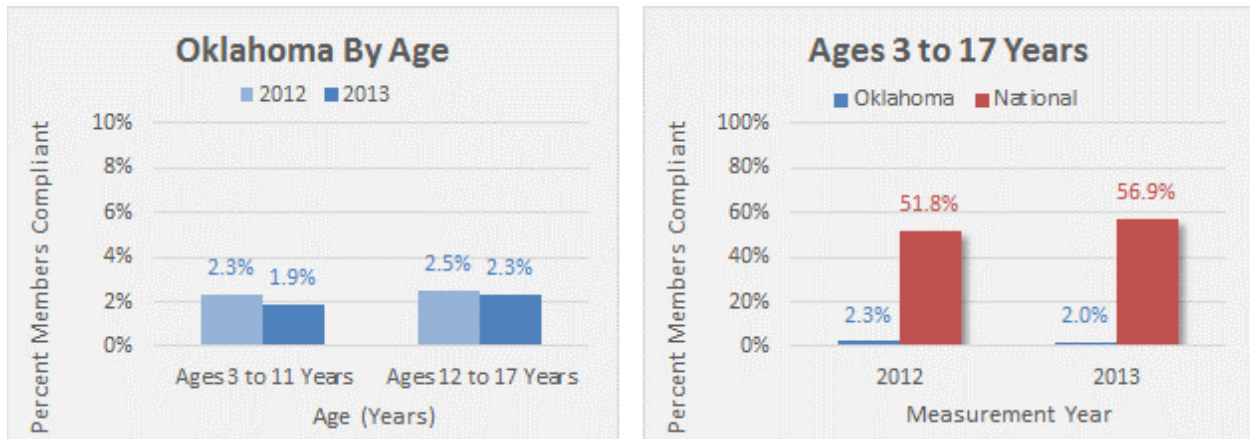
BODY MASS INDEX (BMI) ASSESSMENT FOR CHILDREN & ADOLESCENTS

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 SoonerCare children ages 17 years and younger declined slightly from 2012 to 2013, and remained below the national average. Compliance rates were higher in both years for members 12 to 17 years old compared to members 3 to 11 years old.

Exhibit 5 below presents compliance rates for 2012 and 2013 by age group, and compared to the national average overall.

Exhibit 5 – Children and Adolescents Receiving a BMI Assessment

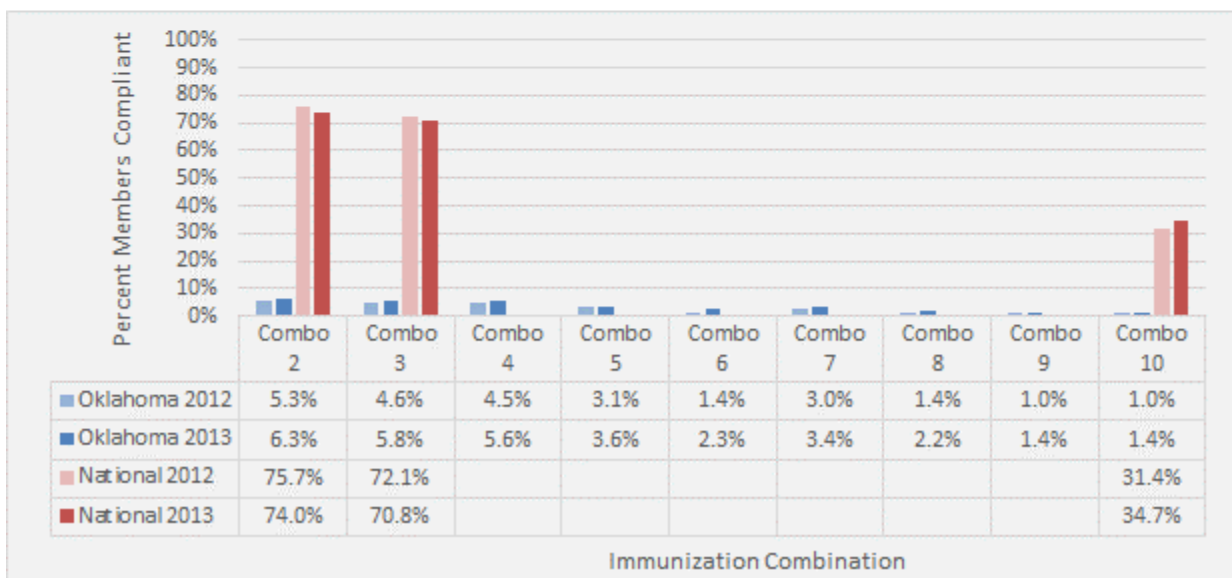
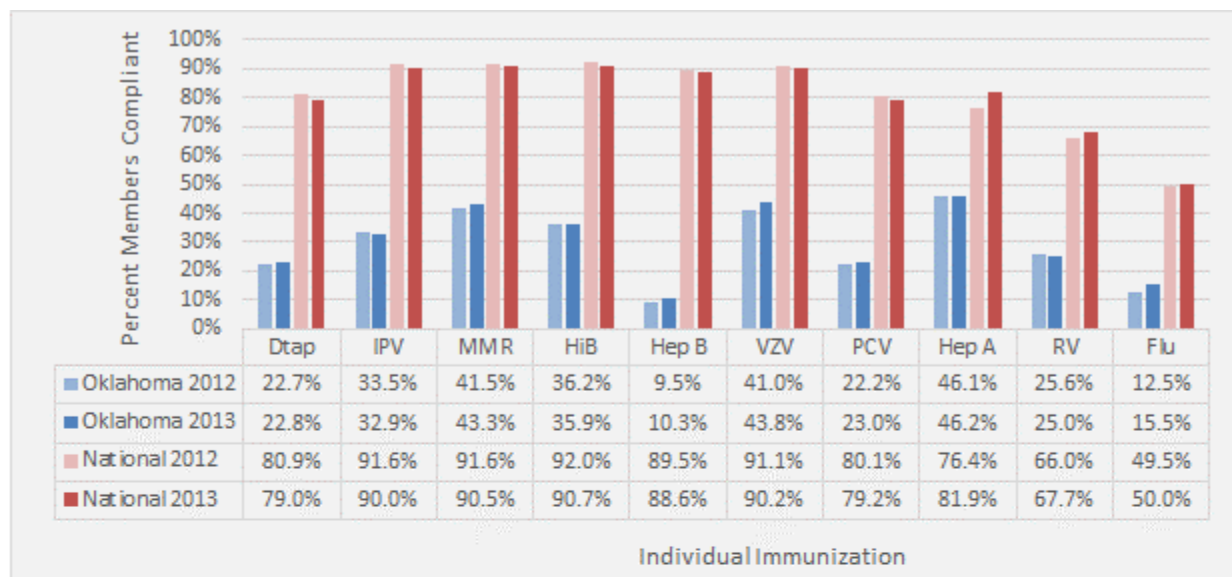


CHILDHOOD IMMUNIZATION STATUS

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. In general, compliance rates in 2013 were flat or higher than in 2012.

Exhibit 6 below presents compliance rates for individual immunizations, as well as combinations. National averages were not available for combinations four through nine.

Exhibit 6 – Children Receiving Immunizations before Second Birthday

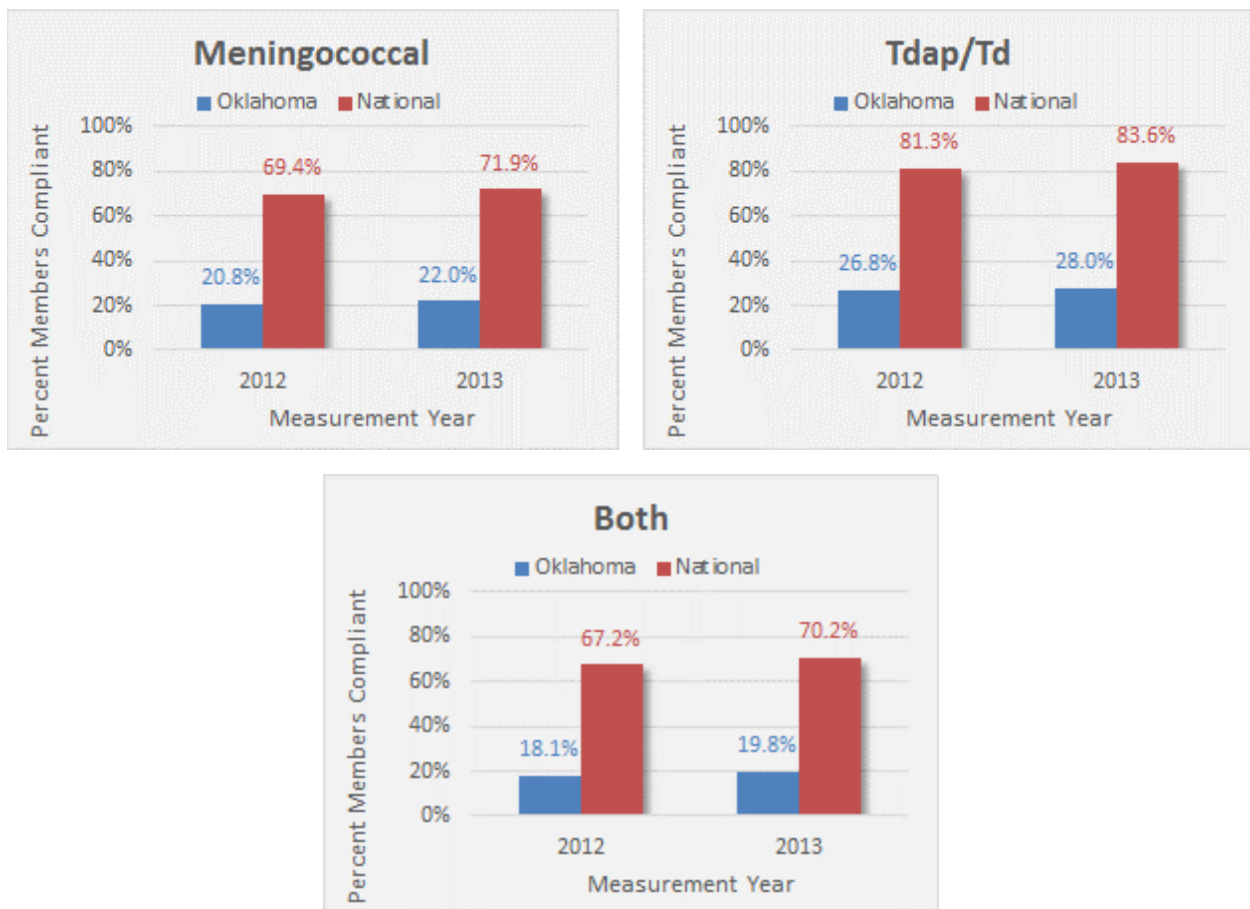


IMMUNIZATIONS FOR ADOLESCENTS

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. Consistent with national trends, compliance rates in 2013 were consistently higher than in 2012, with compliance rates being slightly higher for Tdap/Td.

Exhibit 7 below presents compliance rates for Meningococcal and Tdap/Td vaccines separately, as well as adolescents receiving the combination of both.

Exhibit 7 – Adolescents Receiving Immunizations before Thirteenth Birthday

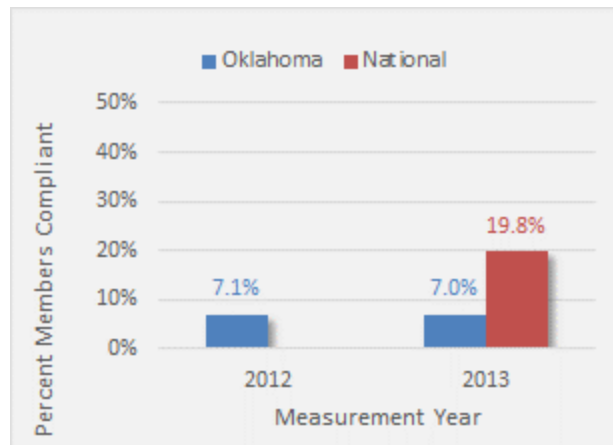


HPV FOR FEMALE ADOLESCENTS

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 compliance rate in 2013 was essentially equal to the rate in 2012.

Exhibit 8 below presents the compliance rate in 2012 and 2013. National average data was available only for 2013.

Exhibit 8 – Females Receiving Three Doses of HPV Vaccine Prior to Thirteenth Birthday

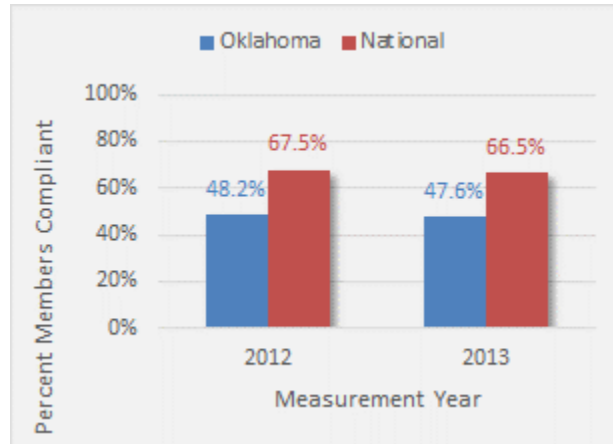


LEAD SCREENING IN CHILDREN

This measure calculates the percentage of children two years old who were tested at least once for lead poisoning prior to their second birthday. Similar to national trends, the compliance rate for SoonerCare children in 2013 was slightly below the compliance rate in 2012.

Exhibit 9 below presents compliance rates for 2012 and 2013.

Exhibit 9 – Children Receiving a Lead Screening by Second Birthday

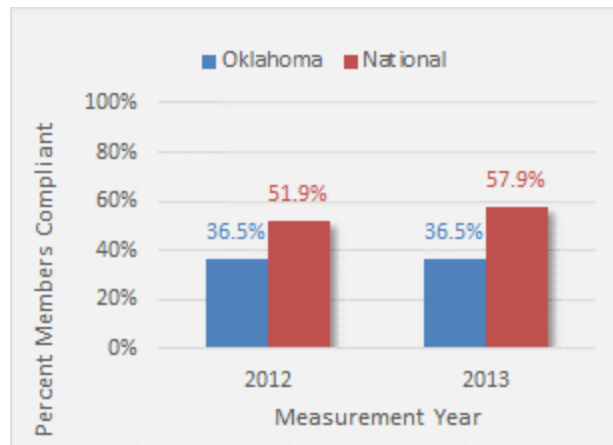


BREAST CANCER SCREENING

This measure calculates the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer during the measurement year. (Note: HEDIS specifications for reporting year 2013 included only women ages 40 to 69 years old). Women were excluded from this measure if they had a bilateral mastectomy performed previously. The compliance rate in 2013 was equal to 2012, at nearly 37 percent.

Exhibit 10 below presents compliance rates for both years.

Exhibit 10 – Women Receiving Breast Cancer Screening

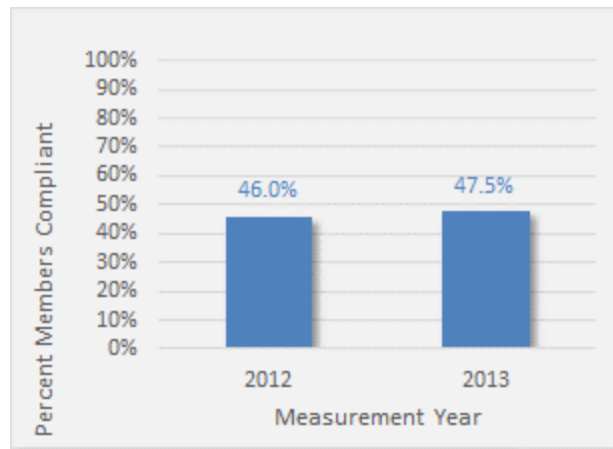


CERVICAL CANCER SCREENING

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 was slightly higher in 2013 (48 percent) than 2012 (46 percent).

Exhibit 11 below presents compliance rates for 2012 and 2013.

Exhibit 11 – 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. Consistent with national trends, compliance rates for SoonerCare women were highest for 21 to 24 year olds, though slightly lower in 2013 than 2012.

Exhibit 12 below presents compliance rates for 2012 and 2013 by age group.

Exhibit 12 – Women Receiving a Chlamydia Test

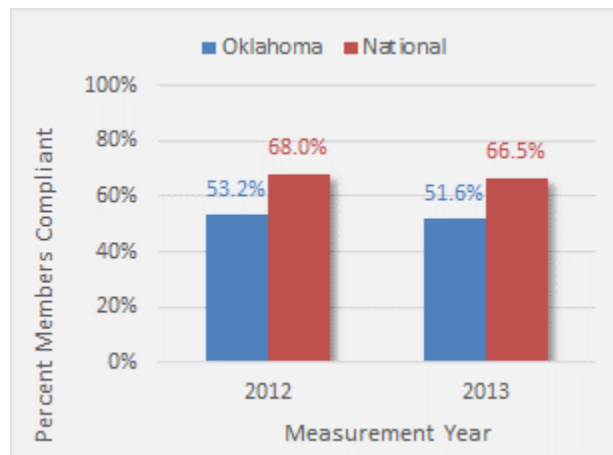


APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

This measure calculates the percentage of children who had a qualifying episode where the child appropriately received an antibiotic for pharyngitis after being tested for group A streptococcus (strep). Qualifying episodes were defined as an emergency department or other outpatient visit with only a diagnosis of pharyngitis, and the member was dispensed an antibiotic within three days. The child had to have been enrolled for 30 days prior to the episode through three days after the episode. Episodes were excluded from the analysis if the member had received an antibiotic in the previous 30 days or otherwise had an active prescription as of the episode date.

Similar to national trends, the compliance rate for SoonerCare members was slightly lower in 2013 than 2012. Exhibit 13 below presents the SoonerCare compliance rate for 2012 and 2013 compared to the national average.

Exhibit 13 – Children Appropriately Prescribed an Antibiotic for Pharyngitis



APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

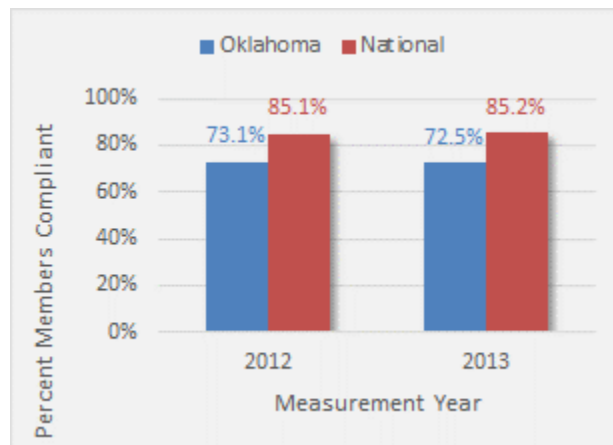
This measure evaluates the percentage of children diagnosed with an upper respiratory infection (URI) and *not* prescribed antibiotics. (That is, the child was appropriately treated.) The measure is reported as an inverted rate (i.e., 1 – compliant members/eligible population); thus a higher percentage indicates a higher rate of appropriate treatment.

Qualifying episodes included emergency department or other outpatient visit where the only diagnosis was URI. The child must have been continuously enrolled for 30 days prior through three days after the episode. Episodes were excluded if the child had an antibiotic dispensed in the previous 30 days, or had a prescription active on the date of the episode. Episodes also were excluded if the child was diagnosed with specific competing diagnoses.

While the national average remained essentially flat between 2012 and 2013, the compliance rate decreased slightly in Oklahoma from just over 73 percent in 2012 to slightly less than 73 percent in 2013.

Exhibit 14 below presents the SoonerCare compliance rates compared to national averages for 2012 and 2013.

Exhibit 14 – Children with URI Not Prescribed an Antibiotic (i.e., Appropriately Treated)



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:

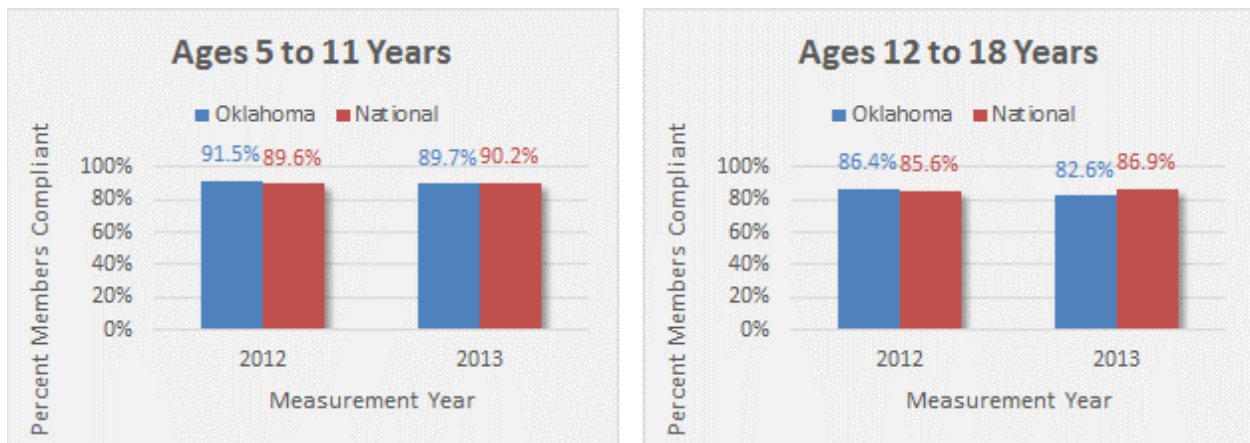
- An inpatient or emergency department visit with a primary diagnosis of asthma;
- At least four outpatient visits with a diagnosis of asthma *and* at least two asthma controller prescriptions; or
- At least four asthma controller prescriptions *and* at least one asthma diagnosis (any claim type).

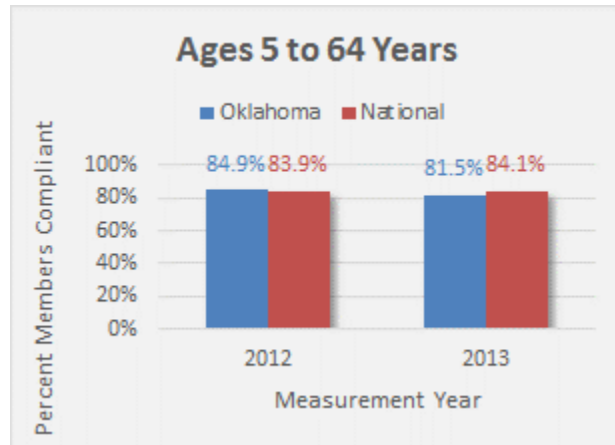
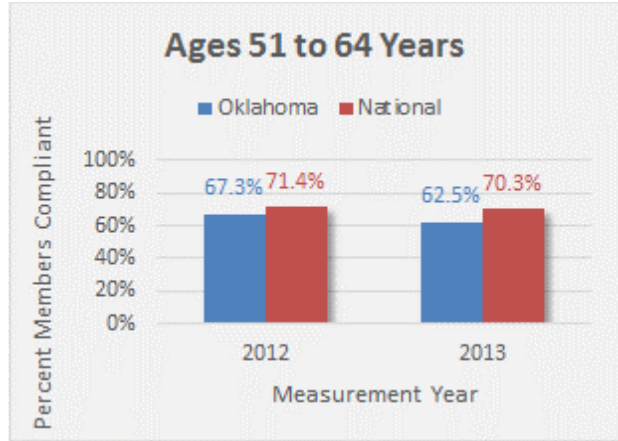
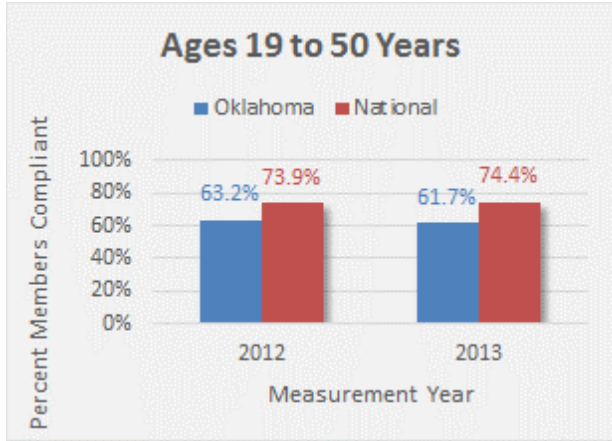
Members were excluded from the analysis if their claims history showed a diagnosis of chronic obstructive pulmonary disease (COPD), emphysema, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure.

Overall, SoonerCare members saw a slight decrease in compliance rates between 2012 and 2013, from approximately 85 percent to less than 82 percent, while compliance rates remained flat nationally. . However, SoonerCare members' compliance rates in 2013 were higher than the national average across all age groups. Similar to national trends, the highest compliance rate for SoonerCare members was the five to 11 year old age group.

Exhibit 15 below and on the following page presents SoonerCare compliance rates compared to national averages for 2012 and 2013 measurement years.

Exhibit 15 – Members with Asthma Receiving Medication



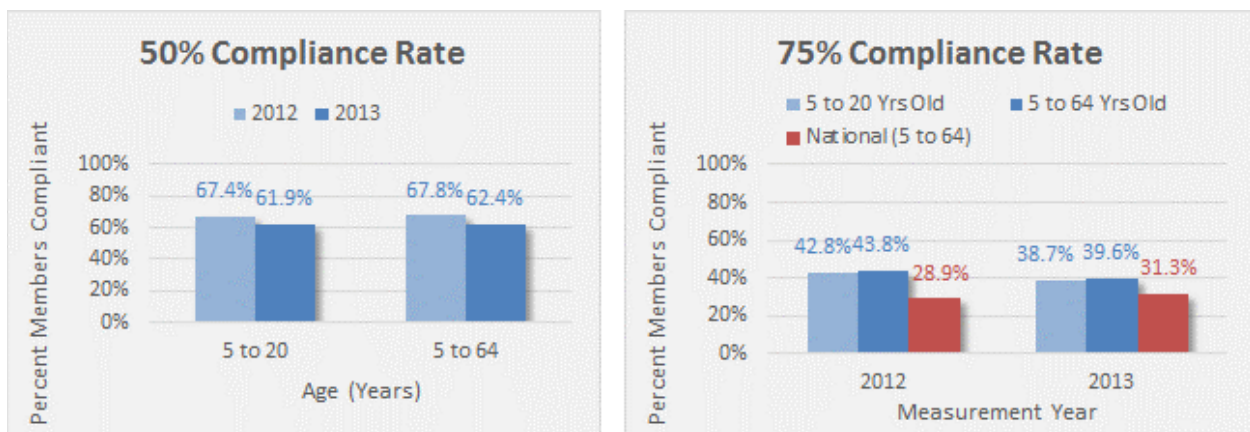


MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

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. In 2013, compliance rates were similar across age groups for both 50 percent and 75 percent compliance groups, which were well above national averages despite being slightly lower than 2012 compliance rates.

Exhibit 16 below presents 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 16 - Members with Persistent Asthma Remaining on an Asthma Controller



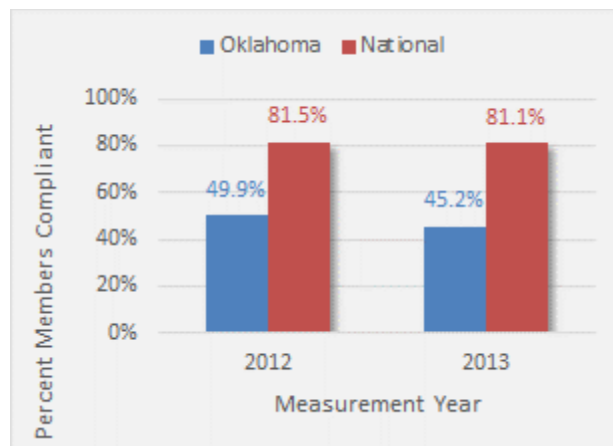
CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS

Note: This measure is proposed to be retired for the 2014 measurement year. For the 2013 measurement year, discharges were included from any date within the measurement year. The specification for the previous measurement year included discharges only between January 1 and November 1 of the measurement year.

This measure calculates the percentage of members with cardiovascular conditions who received an LDL-C screening during the measurement year. Members with cardiovascular conditions were defined as members who, during the year prior to the measurement year, were discharged alive from hospital after being admitted for an acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI); or who had a diagnosis of ischemic vascular disease during both the measurement year and year prior to the measurement year.

Compliance rates declined for the SoonerCare program from 2012 (50 percent) to 2013 (45 percent). Males were more likely to be compliant (52 percent) compared to females (42 percent). Exhibit 17 below presents the 2012 and 2013 results compared to national averages.

Exhibit 17 – Members with Cardiovascular Conditions with LDL-C Screening



COMPREHENSIVE DIABETES CARE

Note: The LDL-C screening indicator is proposed to be retired for the 2014 measurement year.

This measure calculates the percentage of members with diabetes who, during the measurement year, received an HbA1c test (Exhibit 18), retinal eye exam (Exhibit 19), LDL-C screening (Exhibit 20), and medical attention for nephropathy (Exhibit 21). 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.

HbA1c testing and LDL-C screening showed improvement for SoonerCare members in 2013 compared to 2012, while retinal exams and medical attention for neuropathy saw slight decreases in their compliance rates.

Exhibits 18 through 21 below and on the following page present 2012 and 2013 compliance rates, including by age group where applicable, compared to national averages where available.

Exhibit 18 – Members with Diabetes, HbA1c Testing

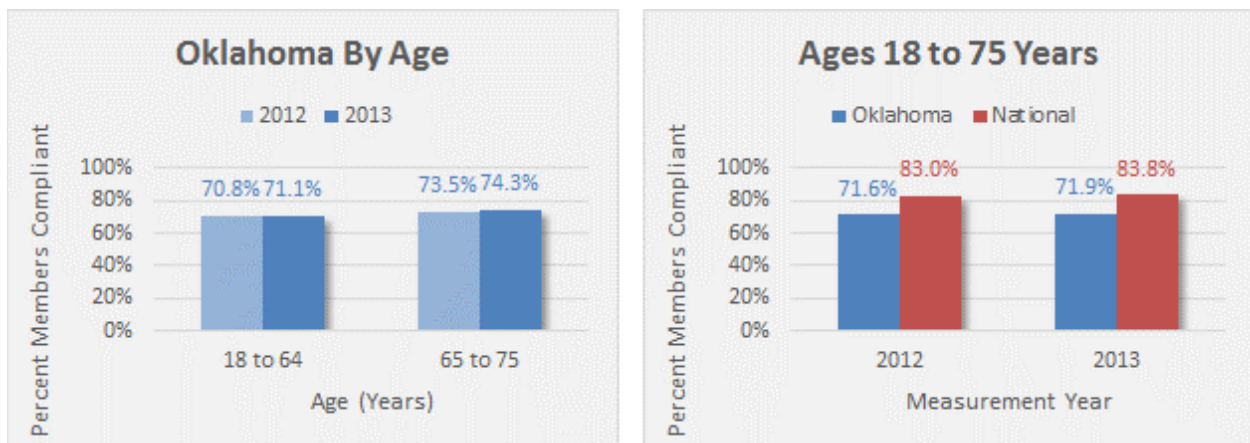


Exhibit 19 – Members with Diabetes, Eye Exams (Retinal)

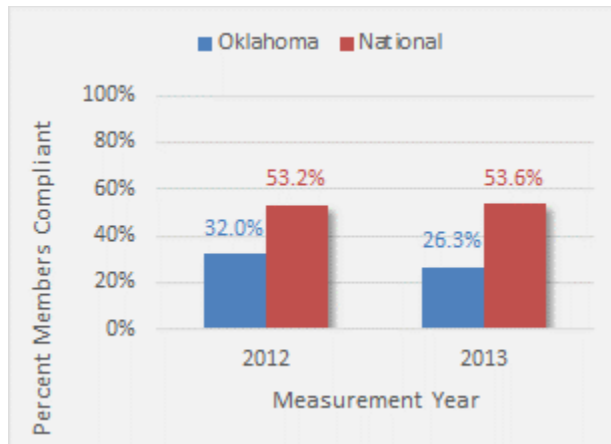


Exhibit 20 – Members with Diabetes, LDL-C Screening

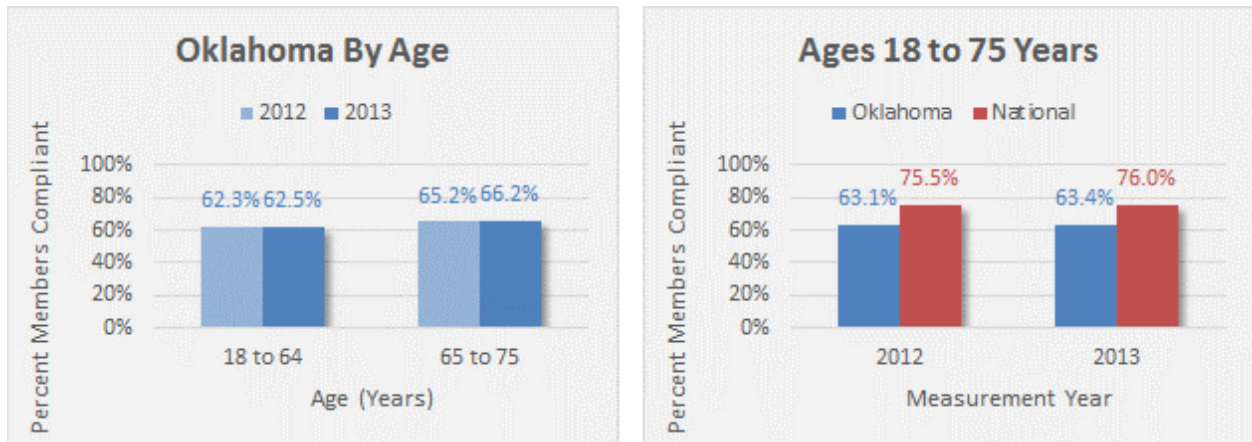
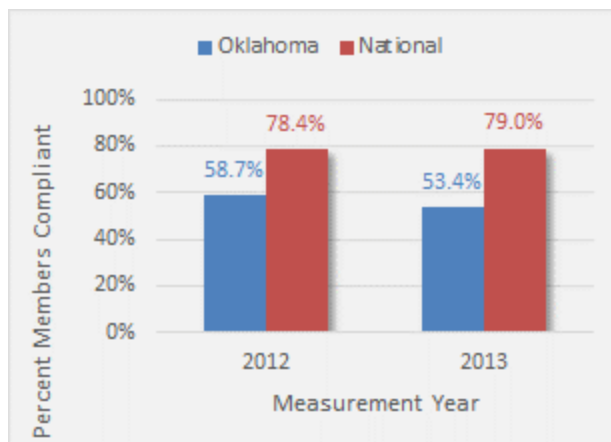


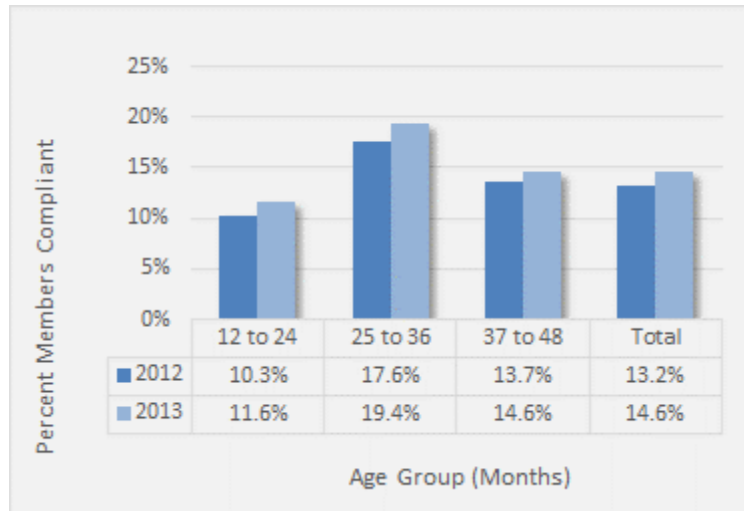
Exhibit 21 - Members with Diabetes, Medical Attention for Nephropathy



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. Compliance rates increased from 2012 to 2013 across all age cohorts, with compliance rates remaining highest for children between two and three years old (25 to 36 months) (see Exhibit 22 below). National benchmark data was not available for this measure.

Exhibit 22 – Children Receiving a Development Screening in the First Three Years of Life

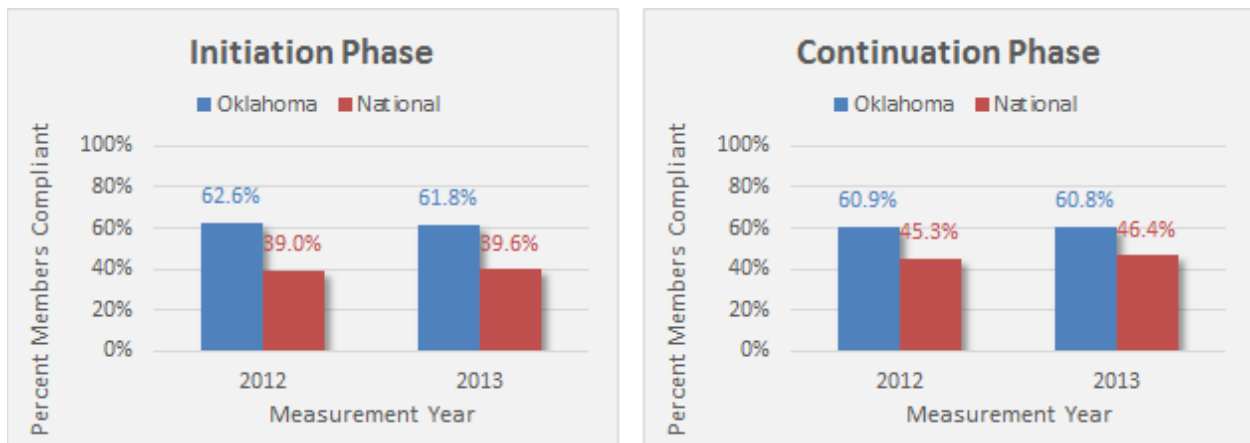


FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

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.

SoonerCare compliance rates were essentially flat between 2012 and 2013 for both Initiation and Continuation phases, at approximately 62 and 61 percent, respectively, well above the national averages. Exhibit 23 below presents compliance rates by phase compared to national averages for 2012 and 2013 measurement years.

Exhibit 23 – Children Receiving Follow Up Visits after Being Prescribed ADHD Medication

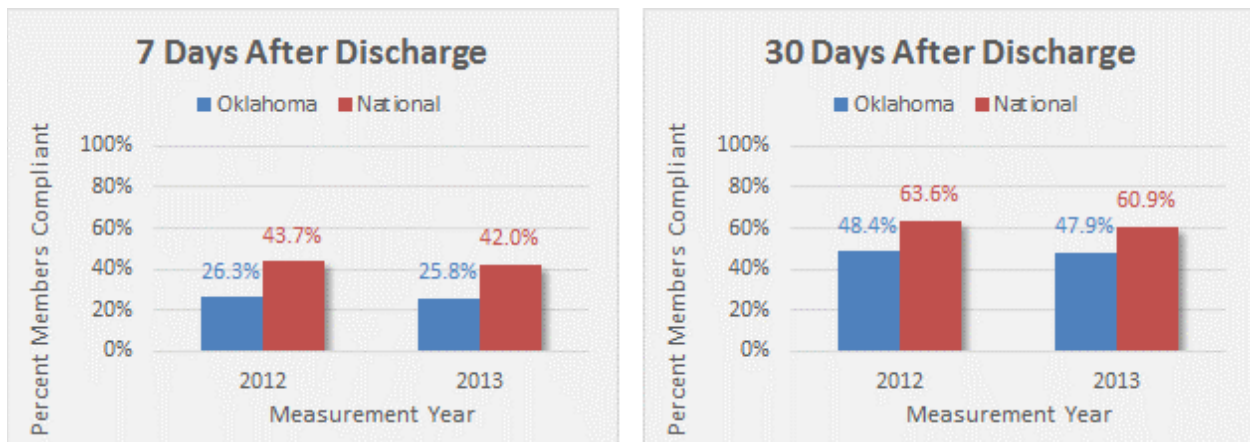


FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

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 members 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.

Compliance rates for SoonerCare members in 2013 essentially mirrored those in 2012. Compared to national averages, the percent disparity was less for 30 days after discharge compared to seven days. The compliance rates for 2012 and 2013 compared to national averages are presented below in Exhibit 24.

Exhibit 24 – Members Receiving a Follow up Visit after Hospitalization for Mental Illness (Ages 6 to 20 Years Old)



CHAPTER FOUR: UTILIZATION

For 2014, Oklahoma selected 11 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 NCCA/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 (five measures).

Measure	HEDIS	CMS Child Core	CMS Adult Core
Prenatal/Postpartum Care			
Frequency of Ongoing Prenatal Care	✓	✓	
Postpartum Care Rate			✓
Prenatal & Postpartum Care: Timeliness of Prenatal Care		✓	
Well-Child Visits			
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	✓	✓	
Hospital Utilization			
Ambulatory Care	✓	✓	
Diabetes Short-term Complications Admission Rate			✓
Chronic Obstructive Pulmonary Disease (COPD) Admission Rate			✓
Congestive Heart Failure (CHF) Admission Rate			✓
Asthma in Younger Adults Admission Rate			✓

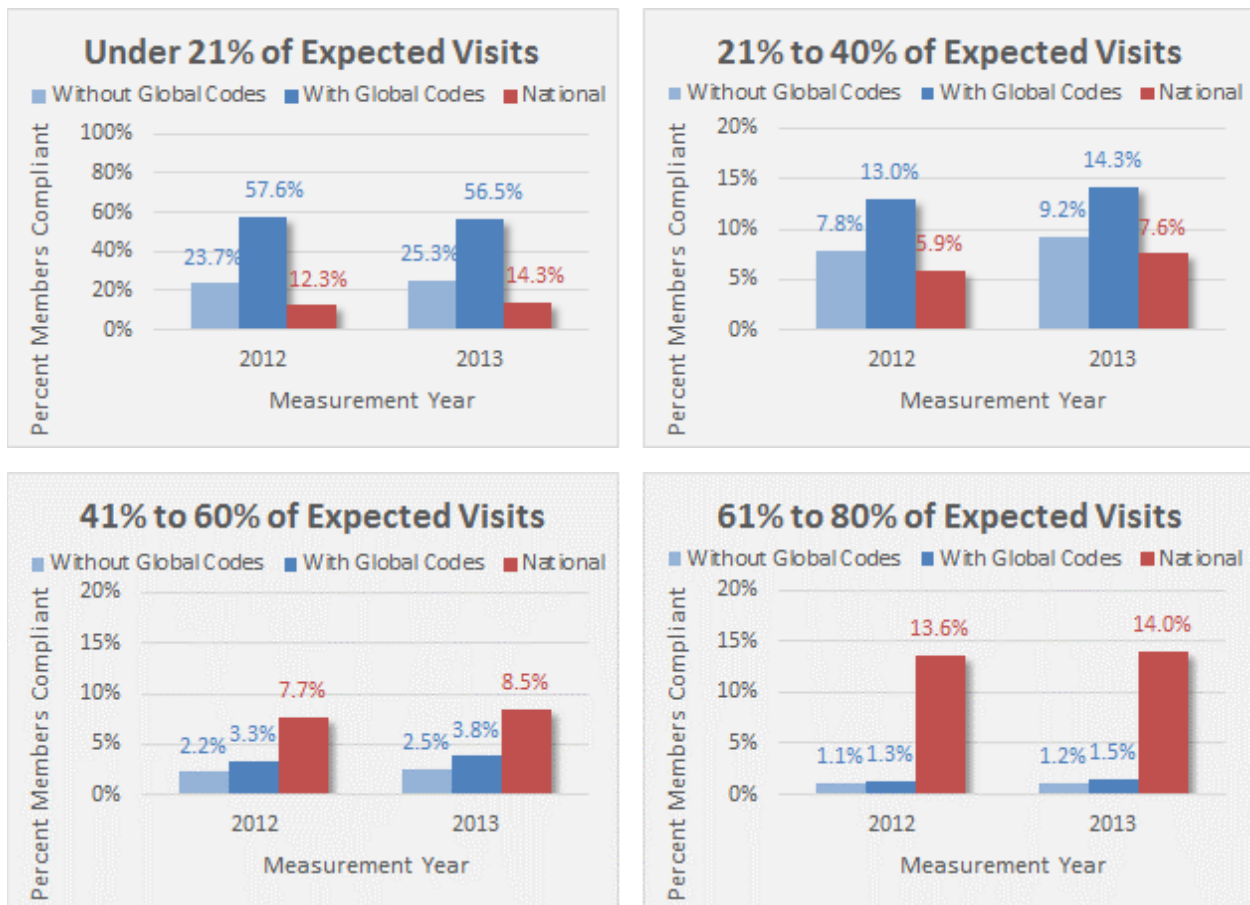
FREQUENCY OF ONGOING PRENATAL CARE

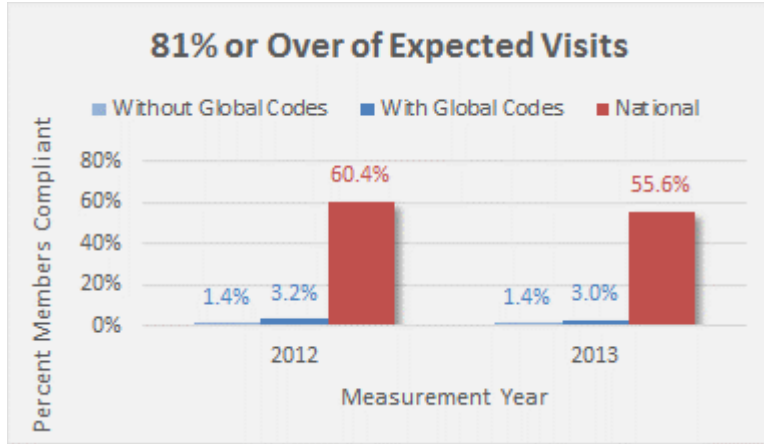
This measure calculates the percentage of live births funded by SoonerCare where the mother received the expected number of prenatal visits, adjusted for month of pregnancy and gestational age at the time of enrollment in SoonerCare. Mothers with multiple births during the measurement year can be counted 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 25 below summarizes SoonerCare 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 25 – Percent of Expected Prenatal Visits Received by SoonerCare Mothers



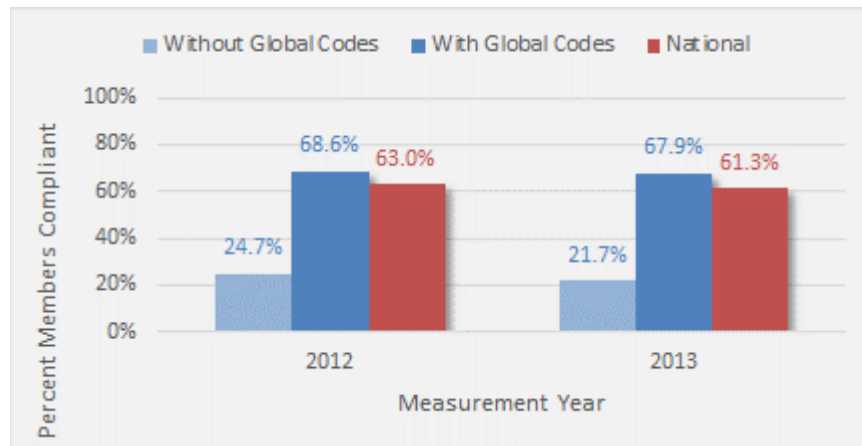


POSTPARTUM CARE RATE

This measure calculates the percentage of SoonerCare mothers defined in the previous measure (Frequency of Ongoing Prenatal Care) who received a postpartum care visits between days 21 and 56 after delivery. Including global codes, SoonerCare members had modestly higher compliance rates compared to the national average, at 68 percent in 2013.

Exhibit 26 below presents compliance rates for 2012 and 2013.

Exhibit 26 – SoonerCare Mothers Receiving a Postpartum Care Visit

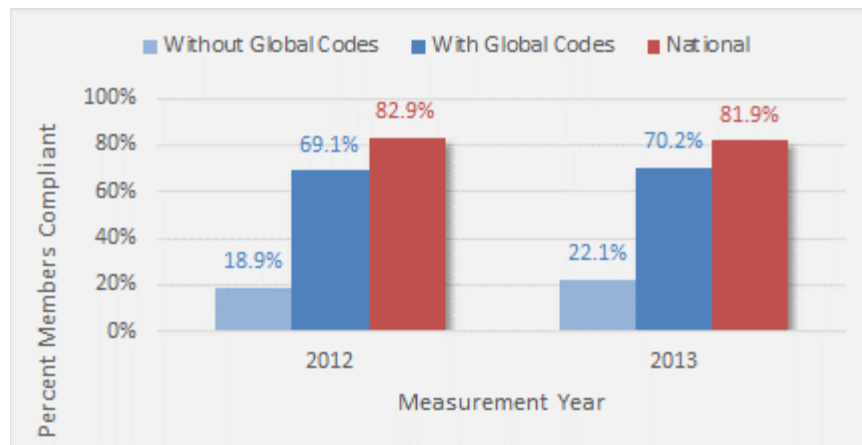


PRENATAL & POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE

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 in SoonerCare. 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 SoonerCare enrollment date was considered the latest of all enrollment dates.

Exhibit 27 below presents SoonerCare compliance rates, with and without global codes, compared to national averages for measurement years 2012 and 2013. SoonerCare compliance rates were relatively flat between the two years at around 70 percent. This trend was also seen nationally.

Exhibit 27 – SoonerCare 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

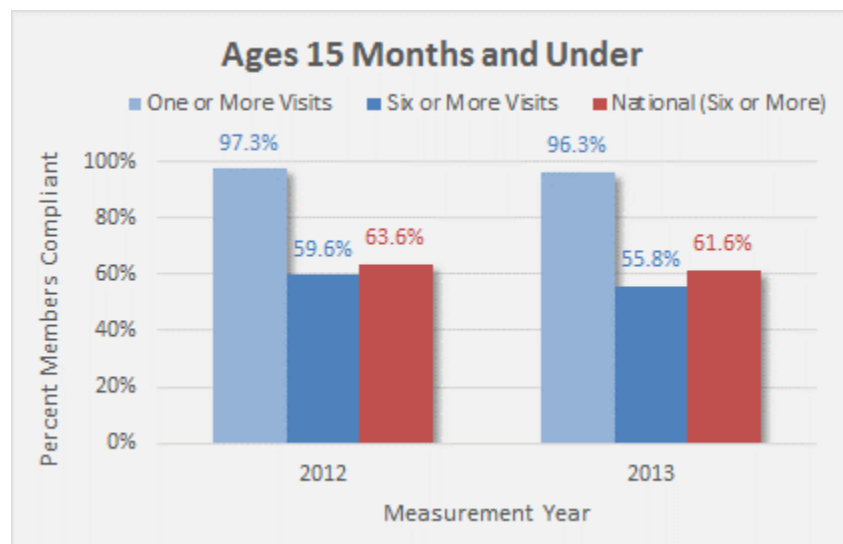
ADOLESCENT WELL-CARE VISITS

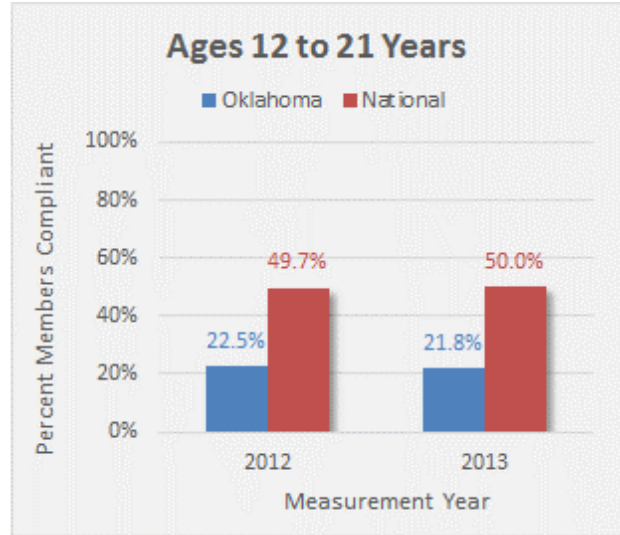
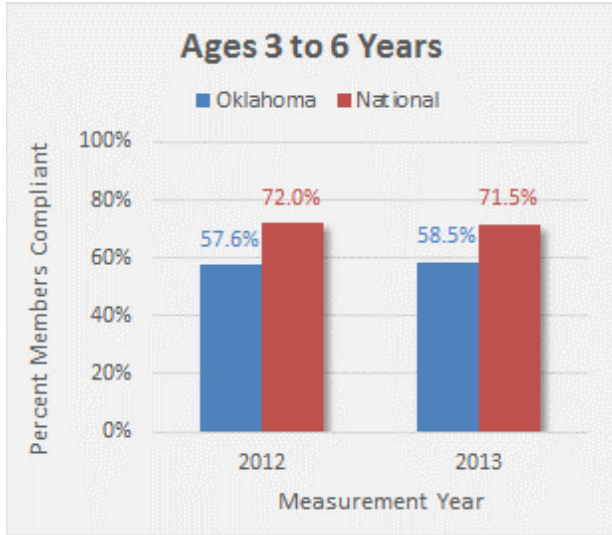
These three measures calculate the percentage of children or adolescents who receive well-child visits during the measurement year. Well-child visits were defined as visits with primary care practitioners (PCPs) using specific procedure codes indicating well-child visits. The PCP does not have to be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

As presented in Exhibit 28 below and on the following page, results for children turning 15 months old during the measurement year were calculated based on whether the child received at least one, or six or more well-child visits prior to his/her fifteenth month birthday. Nearly all (96 percent) SoonerCare children received at least one well-child visit, with over half (56 percent) receiving six or more visits, slightly below the national average.

For children ages 15 months and under, the percentage of SoonerCare members with six or more visits was only slightly under national averages for both 2012 and 2013. Similar to national trends, as children get older they are less likely to have at least one well-child visit during the year. However, the discrepancy between SoonerCare children and national benchmarks also appears to increase with age.

Exhibit 28 – 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.

As presented in Exhibit 29 below and Exhibit 30 on the following page, outpatient visit rates increased across all age groups while emergency department visits rates decreased from 2012 to 2013. Overall, outpatient visits averaged 362 per 1,000 member months in 2013 compared to 331 in 2012, an over nine percent increase. Emergency department visits decreased from 84 to 69 visits per 1,000 member months, representing an 18 percent drop.

Exhibit 29 – Outpatient Visit Rate for SoonerCare Members

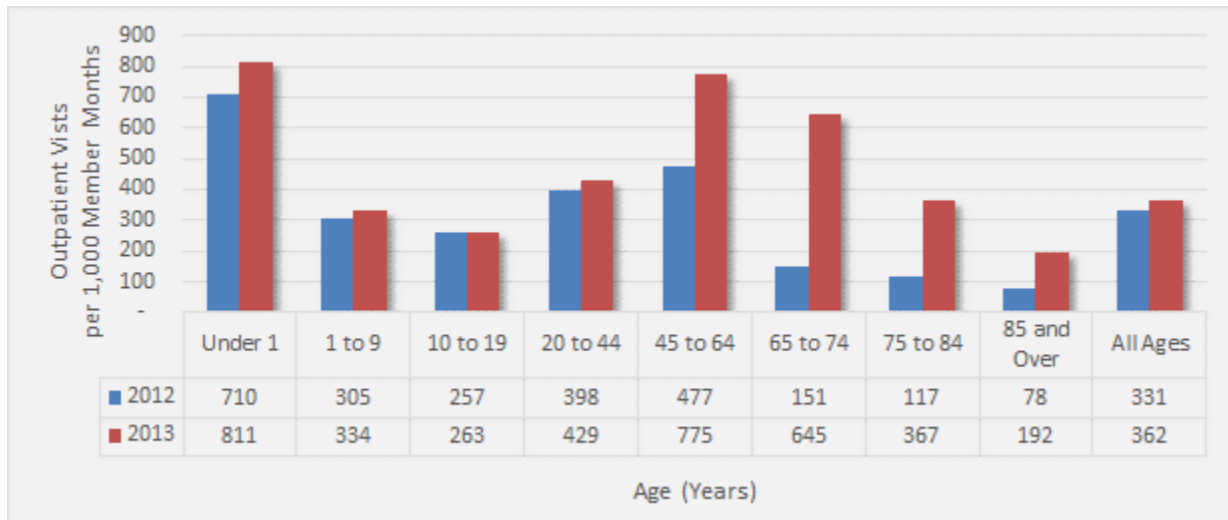
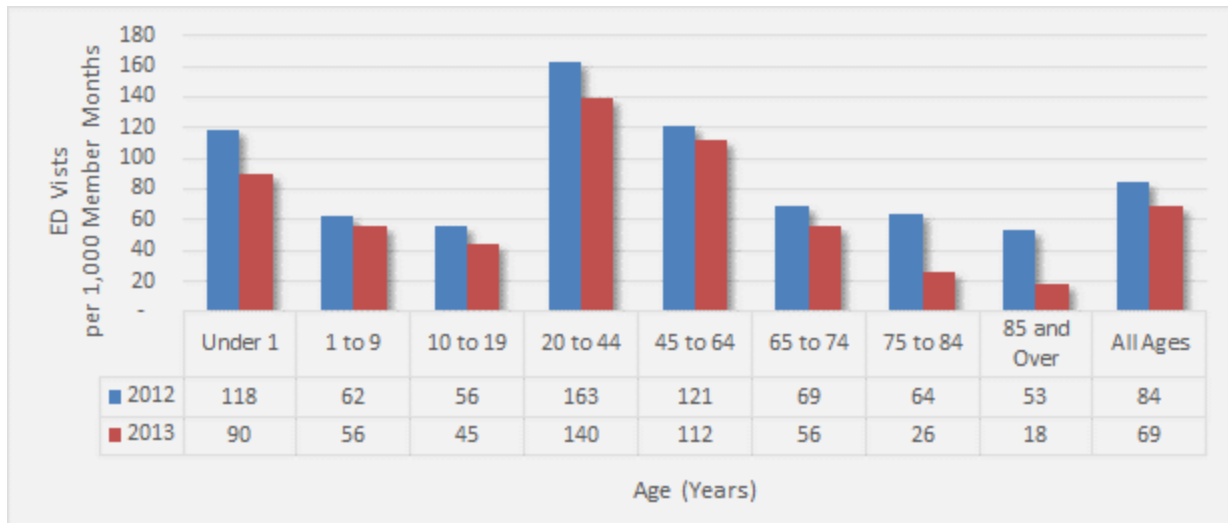


Exhibit 30 – Emergency Department Visit Rate for SoonerCare Members



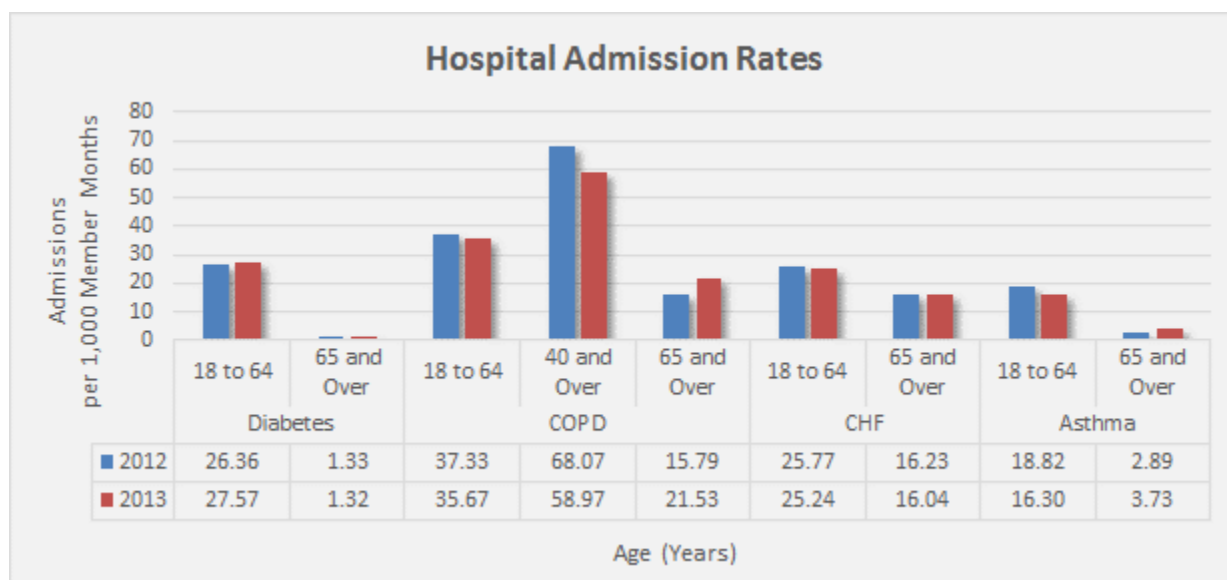
HOSPITAL ADMISSION RATES FOR PREVENTION QUALITY INDICATORS (PQI)

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. Exhibit 31 below presents hospital admission per 1,000 member months for each of the indicators indicated above. The diabetes admission rate increased slightly for 18 to 64 year-olds, while remaining flat for older members. Members under 65 saw a decrease in COPD related admissions, while older members saw a modest increase. CHF related admission rates remained essentially flat for all age groups. Asthma related admission rates dropped slightly for adults under 64 years old, while increasing slightly for older adults.

Exhibit 31 – Hospital Admission Rates for PQI Measures



APPENDIX A: 2013 COMPLIANCE RATE DEMOGRAPHICS

Key

- n/a = not applicable (denominator = 0)
- 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	Gender		County Geography			Hispanic		Race					
		M	F	Urban	Rural	Other	Yes	No	C	B/AA	AI	A/PI	Multi.	Dec.
Adults' Access to Preventive/Ambulatory Health Services	84.7%	77.7%	87.9%	84.0%	85.5%	70.5%	82.4%	84.9%	85.5%	81.4%	84.6%	80.5%	86.5%	85.4%
20-44 years	82.4%	71.1%	86.2%	81.9%	83.1%	70.1%	80.1%	82.6%	83.3%	78.2%	82.1%	74.0%	85.0%	84.8%
45-64 years	89.9%	85.7%	92.8%	89.3%	90.3%	75.0%	90.5%	89.8%	90.3%	87.4%	91.4%	86.4%	90.6%	89.7%
65 years and older	78.2%	74.9%	80.1%	79.2%	76.4%	100.0%	81.4%	77.6%	76.1%	77.5%	82.9%	86.4%	85.7%	n/a
Children and Adolescents' Access to Primary Care Practitioners	91.2%	91.0%	91.3%	90.3%	92.5%	85.0%	91.7%	91.0%	91.9%	85.7%	92.1%	89.1%	91.9%	92.6%
12-24 months	96.2%	96.3%	96.0%	95.7%	96.8%	97.1%	97.2%	95.9%	96.6%	93.1%	96.4%	95.7%	96.1%	98.3%
25 months-6 years	89.0%	89.2%	88.7%	88.0%	90.2%	84.4%	90.1%	88.6%	89.9%	82.1%	89.7%	87.7%	89.7%	89.8%
7-11 years	90.9%	91.1%	90.6%	89.9%	92.3%	84.1%	91.2%	90.8%	91.9%	84.7%	91.3%	88.3%	91.3%	93.0%
12-19 years	92.7%	91.6%	93.8%	91.8%	93.9%	84.8%	92.8%	92.7%	93.1%	88.5%	94.0%	88.9%	94.7%	94.4%
Annual Dental Visit	61.0%	59.6%	62.5%	62.6%	59.1%	58.7%	68.9%	58.9%	63.0%	58.3%	55.0%	63.1%	58.1%	63.0%
2-3 years	39.5%	39.2%	39.8%	40.8%	37.8%	34.2%	47.2%	37.1%	40.1%	39.5%	37.6%	37.4%	38.4%	40.0%
4-6 years	63.4%	62.7%	64.2%	64.7%	61.9%	60.0%	71.7%	60.8%	65.0%	61.8%	58.3%	65.5%	61.1%	64.0%
7-10 years	68.8%	67.8%	69.8%	70.7%	66.4%	67.2%	77.0%	66.4%	71.1%	64.4%	61.9%	73.2%	66.4%	70.6%
11-14 years	66.9%	64.7%	69.2%	68.9%	64.6%	63.2%	74.6%	65.0%	69.4%	63.1%	59.2%	71.2%	64.4%	68.2%
15-18 years	59.9%	55.8%	63.9%	61.8%	58.0%	53.1%	66.6%	58.7%	62.3%	57.0%	51.5%	65.8%	58.5%	64.8%
19-21 years	38.2%	33.5%	40.5%	38.8%	37.8%	28.3%	43.0%	37.6%	40.3%	35.0%	31.1%	43.5%	35.9%	45.0%
Adult Body Mass Index (BMI) Assessment	11.4%	8.9%	12.7%	11.4%	11.4%	12.2%	9.1%	11.5%	11.5%	10.8%	12.2%	5.5%	12.6%	7.3%
18-64 years	11.2%	8.7%	12.6%	11.3%	11.1%	10.5%	8.7%	11.3%	11.3%	10.7%	12.0%	4.7%	12.6%	7.3%
65-74 years	12.4%	10.6%	13.2%	11.5%	13.1%	33.3%	10.4%	12.5%	12.8%	11.2%	13.6%	6.3%	12.4%	n/a

Quality of Care in the SoonerCare Program – May 2015

Measure/Age Group	Total	Gender		County Geography			Hispanic		Race					
		M	F	Urban	Rural	Other	Yes	No	C	B/AA	AI	A/PI	Multi.	Dec.
BMI Assessment for Children & Adolescents	2.0%	2.0%	2.1%	2.9%	0.9%	1.1%	4.8%	1.3%	2.2%	2.2%	1.5%	1.5%	1.4%	1.5%
Ages 3 to 11 Years	1.9%	1.9%	1.9%	2.8%	0.7%	0.9%	4.7%	1.0%	2.1%	1.8%	1.4%	1.4%	1.2%	1.4%
Ages 12 to 17 Years	2.3%	2.2%	2.4%	3.2%	1.3%	1.5%	5.3%	1.7%	2.3%	3.0%	1.7%	1.9%	2.2%	1.9%
Childhood Immunization Status														
Dtap	22.8%	23.2%	22.3%	27.8%	16.2%	22.7%	33.4%	19.4%	24.6%	24.7%	13.9%	22.7%	18.0%	27.3%
IPV	32.9%	33.1%	32.7%	39.1%	24.8%	30.0%	42.8%	29.8%	34.8%	36.2%	22.8%	32.7%	27.5%	39.4%
MMR	43.3%	43.7%	42.8%	51.7%	32.2%	44.0%	55.7%	39.4%	45.3%	49.6%	29.7%	45.1%	36.8%	49.9%
HIB	35.9%	36.2%	35.5%	43.0%	26.5%	32.7%	46.4%	32.5%	37.7%	40.4%	24.3%	34.7%	30.8%	41.3%
Hep B	10.3%	10.7%	10.0%	12.3%	7.7%	10.7%	12.7%	9.6%	11.2%	11.6%	5.7%	9.6%	7.9%	14.1%
VZV	43.8%	44.1%	43.4%	52.1%	32.9%	44.0%	56.1%	39.9%	45.8%	49.6%	30.6%	45.5%	37.4%	50.3%
PCV	23.0%	23.1%	23.0%	28.3%	16.2%	21.3%	33.2%	19.9%	24.8%	25.2%	13.7%	25.3%	18.5%	29.0%
Hep A	46.2%	46.8%	45.5%	53.9%	36.0%	46.0%	57.9%	42.5%	48.1%	52.7%	32.0%	48.2%	40.7%	51.7%
RV	25.0%	25.0%	25.0%	28.5%	20.4%	24.0%	30.3%	23.3%	26.3%	26.8%	18.1%	22.0%	22.1%	30.1%
Flu	15.5%	15.7%	15.4%	20.3%	9.2%	18.7%	24.9%	12.6%	17.6%	11.2%	10.5%	15.5%	12.8%	16.3%
Combo 2	6.3%	6.7%	5.9%	7.7%	4.5%	7.3%	8.9%	5.5%	7.0%	6.9%	3.0%	7.1%	4.3%	9.0%
Combo 3	5.8%	6.1%	5.5%	7.1%	4.1%	7.3%	8.3%	5.0%	6.4%	6.2%	2.7%	7.1%	4.1%	8.4%
Combo 4	5.6%	5.9%	5.2%	6.8%	3.9%	7.3%	8.1%	4.8%	6.2%	6.0%	2.5%	6.9%	4.0%	8.1%
Combo 5	3.6%	3.8%	3.3%	4.4%	2.5%	4.0%	4.9%	3.2%	3.9%	4.2%	1.5%	5.3%	2.6%	5.3%
Combo 6	2.3%	2.5%	2.2%	3.1%	1.4%	3.3%	3.9%	1.8%	2.8%	1.2%	1.4%	2.9%	1.7%	2.8%
Combo 7	3.4%	3.7%	3.2%	4.2%	2.5%	4.0%	4.7%	3.0%	3.7%	4.1%	1.4%	5.1%	2.5%	5.1%
Combo 8	2.2%	2.4%	2.1%	2.9%	1.3%	3.3%	3.8%	1.7%	2.7%	1.1%	1.3%	2.7%	1.7%	2.6%
Combo 9	1.4%	1.6%	1.3%	1.9%	0.8%	1.3%	2.4%	1.1%	1.7%	0.7%	0.8%	2.0%	1.1%	1.8%
Combo 10	1.4%	1.5%	1.2%	1.8%	0.8%	1.3%	2.3%	1.1%	1.6%	0.7%	0.8%	1.8%	1.0%	1.8%
Immunization for Adolescents														
Meningococcal	22.0%	22.1%	21.9%	28.8%	14.1%	19.9%	31.9%	19.7%	22.2%	30.4%	13.4%	22.6%	18.5%	27.5%
Tdap/Td	28.0%	28.3%	27.7%	34.7%	20.2%	26.7%	36.8%	26.0%	28.6%	36.5%	17.4%	27.2%	24.4%	34.6%
Both	19.8%	19.9%	19.6%	26.1%	12.5%	18.1%	29.0%	17.7%	20.0%	27.7%	12.0%	16.6%	16.5%	24.9%
HPV for Female Adolescents	7.0%	n/a	7.0%	8.5%	5.1%	6.6%	13.0%	5.7%	7.5%	6.9%	4.1%	4.6%	6.3%	11.8%
Lead Screening in Children	47.6%	47.7%	47.6%	46.8%	48.5%	54.3%	58.5%	44.2%	52.0%	40.3%	33.5%	45.1%	43.6%	48.3%

Measure/Age Group	Total	Gender		County Geography			Hispanic		Race					
		M	F	Urban	Rural	Other	Yes	No	C	B/AA	AI	A/PI	Multi.	Dec.
Breast Cancer Screening	36.5%	n/a	36.5%	37.2%	35.9%	50.0%	40.3%	36.4%	38.2%	40.9%	17.7%	34.2%	22.4%	40.0%
Ages 50 to 64 years	37.5%	n/a	37.5%	38.2%	36.9%	50.0%	41.7%	37.4%	39.3%	42.0%	18.5%	32.6%	21.4%	40.0%
Ages 65 years and older	27.8%	n/a	27.8%	30.1%	24.1%	n/a	36.1%	26.8%	27.4%	31.0%	9.7%	36.0%	32.4%	n/a
Cervical Cancer Screening	47.5%	n/a	47.5%	50.9%	43.7%	62.7%	57.6%	46.9%	48.5%	53.3%	30.4%	53.0%	40.5%	59.0%
Chlamydia Screening in Women	48.0%	n/a	48.0%	49.0%	47.1%	42.5%	50.0%	47.8%	47.9%	58.9%	36.5%	40.2%	47.5%	49.7%
Ages 16 to 20 years	43.8%	n/a	43.8%	44.0%	43.6%	40.7%	47.0%	43.3%	43.7%	53.0%	34.1%	38.1%	44.1%	46.4%
Ages 21 to 24 years	59.1%	n/a	59.1%	61.7%	56.4%	52.2%	61.4%	58.9%	58.3%	72.6%	44.9%	46.7%	56.4%	60.9%
Appropriate Testing for Children w/Pharyngitis	51.6%	52.0%	51.3%	55.9%	47.6%	55.2%	51.1%	51.8%	53.4%	49.2%	45.7%	48.6%	48.4%	56.9%
Appropriate Testing for Children with URI	72.5%	72.3%	72.8%	78.6%	65.8%	65.4%	75.5%	71.7%	70.9%	79.0%	74.0%	74.0%	74.1%	76.6%
Use of Appropriate Medications for the Treatment of Asthma	81.5%	84.9%	77.6%	82.2%	80.3%	93.1%	94.6%	83.8%	80.2%	82.1%	84.6%	85.2%	84.3%	82.9%
Ages 5 to 11 years	89.7%	89.7%	89.6%	88.8%	90.9%	94.6%	91.0%	89.4%	89.9%	87.3%	92.1%	94.3%	91.4%	86.9%
Ages 12 to 18 years	82.6%	85.0%	79.2%	83.9%	80.6%	92.5%	85.6%	82.2%	81.3%	84.4%	85.6%	77.3%	82.9%	80.9%
Ages 19 to 50 years	61.7%	62.5%	61.5%	62.3%	61.0%	66.7%	64.7%	61.6%	59.8%	67.0%	63.0%	75.0%	62.4%	66.7%
Ages 51 to 64 years	62.5%	60.4%	63.7%	61.6%	63.3%	n/a	58.6%	62.6%	65.3%	54.6%	57.5%	25.0%	64.4%	n/a
Use of Appropriate Medications for the Treatment of Asthma														
<i>50% compliance rate</i>	<i>62.4%</i>	<i>64.0%</i>	<i>60.4%</i>	<i>61.3%</i>	<i>63.7%</i>	<i>74.4%</i>	<i>56.8%</i>	<i>63.3%</i>	<i>64.0%</i>	<i>57.6%</i>	<i>61.4%</i>	<i>71.2%</i>	<i>64.4%</i>	<i>64.6%</i>
Ages 5 to 11 years	62.5%	63.6%	60.8%	61.7%	63.6%	72.9%	57.5%	63.6%	64.8%	56.7%	60.3%	72.7%	64.5%	61.7%
Ages 12 to 18 years	61.1%	62.9%	58.5%	60.1%	62.1%	77.6%	55.8%	61.9%	62.3%	57.7%	61.1%	64.7%	61.2%	69.1%
Ages 19 to 20 years	62.9%	68.8%	58.6%	63.1%	63.1%	50.0%	72.7%	62.1%	61.7%	68.3%	46.2%	n/a	60.0%	83.3%
Ages 5 to 20 years	61.9%	63.3%	59.7%	61.0%	62.9%	74.4%	57.0%	62.9%	63.7%	57.4%	60.5%	70.0%	63.2%	65.5%
Ages 19 to 50 years	58.8%	65.7%	56.6%	56.9%	61.4%	50.0%	56.4%	59.0%	59.2%	56.1%	56.5%	100.0%	66.2%	57.1%
Ages 51 to 64 years	75.8%	80.0%	73.6%	77.4%	74.7%	n/a	52.9%	76.4%	74.9%	71.6%	82.0%	100.0%	85.1%	n/a
<i>75% compliance rate</i>	<i>39.6%</i>	<i>40.8%</i>	<i>38.1%</i>	<i>38.4%</i>	<i>41.0%</i>	<i>52.1%</i>	<i>33.8%</i>	<i>40.6%</i>	<i>42.0%</i>	<i>33.5%</i>	<i>38.1%</i>	<i>45.2%</i>	<i>41.1%</i>	<i>40.9%</i>
Ages 5 to 11 years	39.0%	39.9%	37.4%	38.1%	39.8%	52.9%	33.2%	40.2%	40.9%	33.6%	36.8%	43.9%	42.5%	37.6%
Ages 12 to 18 years	38.3%	39.9%	35.9%	37.5%	39.0%	53.1%	34.0%	38.9%	41.0%	32.3%	37.2%	44.1%	36.6%	46.4%
Ages 19 to 20 years	43.0%	48.4%	39.1%	40.5%	47.7%	0.0%	45.5%	42.9%	45.7%	43.9%	38.5%	n/a	30.0%	33.3%
Ages 5 to 20 years	38.7%	40.0%	36.8%	37.9%	39.6%	52.1%	33.5%	39.7%	41.0%	33.2%	37.0%	44.0%	40.1%	41.4%
Ages 19 to 50 years	38.9%	46.6%	36.4%	35.5%	43.4%	0.0%	40.0%	38.9%	40.1%	35.4%	37.6%	100.0%	39.7%	28.6%
Ages 51 to 64 years	55.1%	57.4%	53.9%	56.8%	53.8%	n/a	41.2%	55.5%	56.9%	41.1%	59.0%	0.0%	61.7%	n/a

Quality of Care in the SoonerCare Program – May 2015

Measure/Age Group	Total	Gender		County Geography			Hispanic		Race					
		M	F	Urban	Rural	Other	Yes	No	C	B/AA	AI	A/PI	Multi.	Dec.
Cholesterol Management for Patients w/Cardiovascular Conditions	45.2%	51.8%	41.9%	41.9%	48.2%	18.8%	39.3%	45.5%	48.9%	41.6%	29.2%	57.1%	28.0%	16.7%
Comprehensive Diabetes Care														
<i>HbA1c testing</i>	71.9%	70.3%	72.8%	73.1%	71.0%	60.0%	78.0%	71.6%	76.8%	73.8%	44.8%	81.2%	47.9%	81.1%
Ages 18 to 64 years	71.1%	69.6%	72.0%	72.6%	70.0%	50.0%	77.1%	70.8%	76.3%	73.0%	44.7%	81.0%	47.8%	81.1%
Ages 65 to 75 years	74.3%	72.5%	75.1%	74.7%	74.0%	100.0%	79.6%	73.8%	78.2%	76.7%	44.9%	81.4%	48.7%	n/a
<i>Eye exams (retinal)</i>	26.3%	23.2%	28.0%	29.3%	24.0%	10.0%	33.5%	25.9%	27.2%	30.1%	15.8%	41.5%	17.7%	24.5%
<i>LDL-C screening</i>	63.4%	61.6%	64.4%	64.2%	62.9%	50.0%	67.6%	63.2%	68.0%	65.0%	37.4%	76.9%	40.8%	77.4%
Ages 18 to 64 years	62.5%	60.9%	63.4%	63.3%	61.8%	37.5%	64.3%	62.4%	67.5%	63.8%	36.9%	74.6%	40.3%	77.4%
Ages 65 to 75 years	66.2%	64.1%	67.2%	66.7%	65.8%	100.0%	73.5%	65.6%	69.4%	69.4%	39.4%	78.4%	43.1%	n/a
<i>Medical attention for nephropathy</i>	53.4%	53.4%	53.4%	56.9%	50.6%	50.0%	59.8%	53.0%	51.9%	59.4%	52.7%	57.5%	53.7%	66.0%
Developmental Screening in the First Three Years of Life	14.6%	14.5%	14.6%	15.9%	12.7%	18.4%	15.1%	14.4%	15.0%	16.2%	9.2%	15.4%	14.6%	17.6%
12 to 24 Months	11.6%	11.5%	11.7%	13.0%	9.7%	16.8%	11.3%	11.7%	11.6%	14.2%	6.4%	14.3%	12.2%	16.0%
25 to 36 Months	19.4%	19.5%	19.3%	21.1%	17.1%	24.4%	19.2%	19.5%	20.0%	20.5%	13.9%	21.1%	18.8%	21.3%
37 to 48 Months	14.6%	14.2%	14.9%	15.4%	13.4%	15.9%	16.6%	13.9%	15.4%	15.6%	9.3%	10.8%	14.2%	16.0%
Follow-Up Care for Children Prescribed ADHD Medication														
Initiation Phase	61.8%	61.4%	62.7%	64.2%	59.1%	63.3%	61.4%	61.9%	61.5%	65.7%	57.8%	40.0%	62.7%	70.1%
Continuation Phase	60.8%	60.2%	61.9%	63.0%	58.3%	59.7%	58.6%	61.0%	60.2%	64.0%	57.0%	24.0%	64.8%	69.5%
Follow-Up After Hospitalization for Mental Illness														
<i>7 days after discharge</i>	23.3%	23.8%	22.9%	23.6%	22.9%	25.4%	21.7%	23.5%	23.1%	21.8%	26.7%	21.2%	23.6%	27.4%
Ages 6 to 20 years	25.8%	26.6%	25.0%	26.7%	24.6%	29.0%	23.8%	26.0%	25.3%	24.3%	30.4%	35.7%	25.5%	29.6%
Ages 21 to 64 years	18.9%	17.3%	20.0%	18.0%	20.1%	15.2%	14.0%	19.1%	19.2%	18.3%	19.1%	10.5%	17.4%	20.0%
Ages 65 years and older	12.9%	0.0%	17.4%	17.6%	8.3%	0.0%	0.0%	14.3%	12.0%	0.0%	0.0%	n/a	100.0%	n/a
<i>30 days after discharge</i>	44.5%	44.1%	44.8%	44.4%	44.2%	54.9%	44.0%	44.5%	43.9%	43.0%	48.9%	45.5%	45.2%	50.9%
Ages 6 to 20 years	47.9%	47.3%	48.4%	48.3%	46.7%	60.7%	45.4%	48.1%	47.5%	45.8%	51.6%	57.1%	47.8%	53.1%
Ages 21 to 64 years	38.5%	36.5%	39.7%	37.0%	40.2%	39.4%	39.0%	38.4%	37.8%	39.0%	43.1%	36.8%	36.6%	44.0%
Ages 65 years and older	25.8%	0.0%	34.8%	35.3%	16.7%	0.0%	0.0%	28.6%	20.0%	50.0%	100.0%	n/a	100.0%	n/a

Quality of Care in the SoonerCare Program – May 2015

Measure/Age Group	Total	Gender		County Geography			Hispanic		Race						
		M	F	Urban	Rural	Other	Yes	No	C	B/AA	AI	A/PI	Multi.	Dec.	
Frequency of Ongoing Prenatal Care															
Without global codes															
Under 21% of expected visits	25.3%	n/a	25.3%	25.1%	25.5%	24.5%	24.2%	25.5%	26.8%	25.6%	19.7%	26.8%	21.9%	22.2%	
21% to 40% of expected visits	9.2%	n/a	9.2%	10.8%	7.4%	9.8%	9.1%	9.2%	9.3%	12.1%	6.8%	10.0%	7.1%	11.2%	
41% to 60% of expected visits	2.5%	n/a	2.5%	2.8%	2.2%	2.5%	2.6%	2.5%	2.5%	3.4%	2.0%	1.4%	2.1%	3.6%	
61% to 80% of expected visits	1.2%	n/a	1.2%	1.2%	1.2%	2.5%	2.2%	1.1%	1.2%	1.5%	1.0%	0.6%	0.9%	1.3%	
Over 80% of expected visits	1.4%	n/a	1.4%	1.9%	0.9%	2.5%	2.9%	1.2%	1.4%	2.4%	0.8%	1.8%	0.8%	2.1%	
With global codes															
Under 21% of expected visits	56.5%	n/a	56.5%	56.1%	56.9%	52.9%	56.5%	56.5%	57.6%	55.8%	51.4%	58.5%	55.9%	54.0%	
21% to 40% of expected visits	14.3%	n/a	14.3%	16.0%	12.3%	15.2%	14.2%	14.3%	14.7%	17.0%	10.3%	17.0%	11.2%	16.3%	
41% to 60% of expected visits	3.8%	n/a	3.8%	4.5%	3.0%	5.4%	4.0%	3.8%	3.8%	5.2%	2.7%	3.3%	3.0%	5.2%	
61% to 80% of expected visits	1.5%	n/a	1.5%	1.6%	1.4%	2.5%	2.4%	1.4%	1.5%	2.0%	1.1%	0.6%	1.3%	2.4%	
Over 80% of expected visits	3.0%	n/a	3.0%	3.5%	2.3%	10.8%	4.3%	2.8%	3.0%	4.4%	2.1%	3.7%	2.2%	3.4%	
Postpartum Care Rate															
Without global codes	21.7%	n/a	21.7%	19.5%	24.1%	27.0%	23.8%	21.4%	21.2%	18.2%	27.0%	16.0%	23.2%	21.9%	
With global codes	67.9%	n/a	67.9%	67.6%	68.1%	77.9%	67.8%	67.9%	68.5%	65.7%	66.5%	69.5%	66.8%	69.3%	
Timeliness of Prenatal Care															
Without global codes	22.1%	n/a	22.1%	23.2%	20.9%	23.0%	24.3%	21.8%	23.3%	24.8%	15.4%	21.3%	18.5%	21.5%	
With global codes	70.2%	n/a	70.2%	73.0%	66.9%	79.9%	73.0%	69.8%	72.2%	73.3%	58.4%	75.3%	65.9%	71.8%	
Well-Child Visits in the First 15 Months of Life															
No visits	3.7%	3.8%	3.6%	3.8%	3.5%	2.0%	2.4%	4.0%	3.5%	5.1%	3.9%	2.5%	3.6%	1.9%	
1 visits	3.2%	3.2%	3.3%	3.2%	3.2%	2.6%	2.3%	3.5%	2.9%	5.0%	3.9%	2.3%	3.5%	1.2%	
2 visits	4.4%	4.4%	4.5%	4.3%	4.7%	2.6%	2.7%	4.9%	3.8%	6.8%	6.3%	3.1%	4.4%	4.0%	
3 visits	6.6%	6.7%	6.4%	6.2%	7.0%	5.9%	4.6%	7.1%	5.9%	9.0%	7.9%	4.7%	7.3%	5.0%	
4 visits	10.4%	10.4%	10.4%	9.9%	11.1%	8.5%	7.8%	11.2%	9.5%	13.5%	12.9%	9.0%	11.0%	8.2%	
5 visits	15.9%	15.7%	16.0%	15.5%	16.3%	15.7%	14.9%	16.1%	15.2%	17.8%	16.6%	18.1%	16.7%	14.3%	
6 or more visits	55.8%	55.8%	55.8%	56.9%	54.3%	62.7%	65.3%	53.1%	59.2%	43.0%	48.5%	60.4%	53.4%	65.4%	
<i>1 or more visits</i>	96.3%	96.2%	96.4%	96.2%	96.5%	98.0%	97.6%	96.0%	96.5%	94.9%	96.1%	97.5%	96.4%	98.1%	
Well-Child Visits in the 3rd to 6th Years of Life	58.5%	59.0%	58.1%	59.9%	57.0%	49.9%	65.2%	56.4%	59.9%	56.4%	53.2%	66.2%	56.8%	59.8%	
Adolescent Well-Care Visits	21.8%	22.5%	21.0%	24.1%	19.1%	21.5%	26.3%	20.9%	22.3%	26.1%	14.7%	26.2%	21.0%	23.0%	