OKLAHOMA
Health Care Authority

SoonerSelect Health Compliance Metrics (SFY 2026 Q3 & Q4)

The following table contains key performance and contractual metrics for the SoonerSelect Health contracted entities during quarters 3 and 4 of State Fiscal Year 2026.

Description	Contractual Requirement (if applicable) & Additional Details	Value Represents	Aetna Better Health of Oklahoma		Humana Healthy Horizons in Oklahoma		Oklahoma Complete Health (Medical)		Oklahoma Complete Health (Children's Specialty Program)	
			SFY26 Q3* (1/1-3/31/26)	SFY26 Q4† (4/1-6/30/26)	SFY26 Q3* (1/1-3/31/26)	SFY26 Q4† (4/1-6/30/26)	SFY26 Q3* (1/1-3/31/26)	SFY26 Q4† (4/1-6/30/26)	SFY26 Q3* (1/1-3/31/26)	SFY26 Q4† (4/1-6/30/26)
Health Plan Accreditation	Must be accredited within 18 months of operations start date	Accreditation status	NCQA Health Plan Accreditation	NCQA Health Plan Accreditation	NCQA Health Plan Accreditation	NCQA Health Plan Accreditation	NCQA Health Plan Accreditation	NCQA Health Plan Accreditation	NCQA Health Plan Accreditation	NCQA Health Plan Accreditation
Health Outcomes Accreditation	Must earn NCQA Health Outcomes Accreditation in the State of Oklahoma within two years from the operations start date and maintain Health Outcomes Accreditation throughout the term of the contract	Accreditation status	NCQA Health Outcomes Accreditation	NCQA Health Outcomes Accreditation	NCQA Health Outcomes Accreditation	NCQA Health Outcomes Accreditation	NCQA Health Outcomes Accreditation	NCQA Health Outcomes Accreditation	NCQA Health Outcomes Accreditation	NCQA Health Outcomes Accreditation
Inpatient Readmission Rate	No contractually required metric	Percentage of inpatient readmissions	5.76%	7.81%	1.43%	1.99%	3.65%	4.37%	4.70%	3.47%

ADDRESS
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

WEBSITES
oklahoma.gov/ohca
mysoonercare.org

PHONE
Admin: 405-522-7300
Helpline: 800-987-7767

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Behavioral Health Inpatient Readmission Rate	No contractually required metric	Percentage of readmissions	18.40%	14.15%	18.18%	14.40%	24.39%	36.10%	43.02%	51.12%
Enrollee Outreach	Make all reasonable efforts to contact enrollees within ten days of an enrollee's enrollment effective date during steady state operations	Percentage of members attempted to be contacted within 10 days	99.74%	99.94%	99.69%	99.83%	99.24%	98.87%	89.38%	85.50%
Enrollee Call Center – Abandon-ment	Call abandonment rate shall be less than 5%	Percentage of calls abandoned	0.46%	0.67%	0.24%	0.26%	0.58%	0.54%	0.91%	0.97%
Enrollee Call Center – SLA	80% of calls shall be answered by a live voice within 60 seconds of the first ring	Percentage of calls answered by a live voice within 60 seconds of the first ring	92.09%	91.69%	98.72%	99.54%	98.86%	98.69%	98.33%	97.81%
Enrollee Call Center – Wait Time	Average wait time shall not exceed 30 seconds	Average wait time in seconds	8.87	12.08	5.84	5.98	7.07	6.09	6.99	6.42
Provider Call Center – Abandon-ment	Call abandonment rate shall be less than 5%	Percentage of calls abandoned	0.37%	0.33%	0.26%	0.45%	0.76%	0.86%	0.78%	0.67%

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Provider Call Center – SLA	80% of calls shall be answered by a live voice within 60 seconds of the first ring	Percentage of calls answered by a live voice within 60 seconds of the first ring	92.87%	94.47%	99.61%	99.42%	96.02%	96.60%	97.34%	97.12%
Provider Call Center – Wait Time	Average wait time shall not exceed 30 seconds	Average wait time in seconds	8.75	7.59	1.13	9.76	10.45	8.5	8.24	8.17
Days to Credential	All applications must be contracted and credentialed, and the CE's claim systems must be able to recognize the provider as a SoonerSelect program network provider, no later than 45 days of receipt of a completed application	Average number of days for CEs to complete credentialing	11.5	28.79	7.03	8.75	3.82	3.43	3.85	3.42
Claims Timeliness (14 days)	90% of clean claims are paid within 14 days of receipt *Note: Includes original paid claims only. Denied and adjusted claims are not currently included.*	Average percentage of claim lines paid within 14 days for the reporting quarter	93.29%	96.04%	97.84%	98.09%	95.47%	95.35%	97.46%	97.52%

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Claims Timeliness (90 days)	99% of clean claims are paid within 90 days of receipt *Note: Includes original paid claims only. Denied and adjusted claims are not currently included.*	Average percentage of claim lines paid within 90 days for the reporting quarter	97.93%	97.72%	99.62%	99.74%	98.90%	98.49%	99.37%	99.15%
Paid Claims Rate (all claim types except for pharmacy and compound drug claims)	No contractually required metric *Note: Includes paid and denied claims. Rejected and pended claims are not included.*	Overall paid claims rate (includes all claim types except for pharmacy and compound drug claims)	81.82%	82.99%	85.40%	85.44%	82.87%	85.62%	88.68%	90.12%
Paid Claims Rate (pharmacy and compound drug claims)	No contractually required metric *Note: Includes paid and denied claims. Rejected and pended claims are not included. Additionally, pharmacies may submit the same prescription multiple times before it gets paid. These multiple iterations are reflected in this metric.*	Overall paid claims rate (pharmacy and compound drug claims only)	60.26%	62.09%	51.31%	54.14%	55.50%	56.03%	62.26%	64.14%

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Average Days to Pay	No contractually required metric *Note: Calculated as a weighted average based on claim-line volume.*	Weighted average days to pay claim lines	10.86	11.15	4.65	4.43	8.08	8.97	6.83	7.03
Provider Appeals Resolved Within 30 Days	Must resolve 98% of provider appeals within 30 calendar days of receipt of the request for appeal	Percentage of appeals resolved within 30 days	100%	100%	No Appeals Reported	100%	100%	100%	100%	100%
Provider Appeals Resolved Within 60 Days	Must resolve 100% of provider appeals within 60 calendar days of receipt of the request for appeal	Percentage of appeals resolved within 60 days	100%	100%	No Appeals Reported	100%	100%	100%	100%	100%
Number of Enrollee Appeals	No contractually required metric	Total number of appeals	369	576	177	193	196	359	30	38
Enrollee Appeal Overturn Rate	No contractually required metric *Note: This rate includes appeals that were overturned because the provider submitted additional documentation after the initial decision.*	Percentage of appeals overturned	27.54%	20.47%	34.02%	30.86%	47.95%	55.31%	54.55%	58.97%

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Enrollee Appeal Standard Timely Resolution Rate	No contractually required metric	Percentage of standard appeals resolved timely	100%	100%	100%	100%	100%	100%	100%	100%
Enrollee Grievance Resolution	Must resolve 100% of enrollee grievances within 30 calendar days or within the extended period from the date the grievance is received	Timeliness of grievance resolution	100%	100%	100%	100%	100%	100%	100%	100%
Encounter Accuracy	No less than 95% of the contractor's encounter data submissions shall pass system edits as specified by OHCA *Note: OHCA continues to review systematic processes that accept and reject encounter submissions to ensure OHCA's MMIS accepts accurate encounters.*	Percentage of encounters submitted accurately	98.85%	99.52%	95.97%	97.38%	97.56%	97.70%	97.12%	97.11%

**SFY26 Q3 data pulled 11/5/2026; claims timeliness data pulled 11/6/2026*
†SFY26 Q4 data pulled 11/5/2026; claims timeliness data pulled 11/6/2026