Quality of Care in the SoonerCare Program

Reporting Year 2020
Measurement Year 2019

Prepared for:
    State of Oklahoma
    Oklahoma Health Care Authority

February 2021

Table of Contents

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) and from the National Committee for Quality Assurance (NCQA). The selected measures are evaluated by using CMS and NCQA interpretations of measures based from the Healthcare Effectiveness Data and Information Set (HEDIS®).

The Pacific Health Policy Group (PHPG) was retained by the OHCA in July 2020 to:

- Report results for the 2020 reporting year, which evaluates care provided in 2019;
- Analyze historical and demographic trends; and
- Compare the State's results to national averages 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 CMS, 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	• Adults' Access to Preventive/Ambulatory Health Services (NCQA)
Effectiveness of Care	**Prevention and Screening** • Adult Body Mass Index (BMI) Assessment (CMS Adult Core) • Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (CMS Child Core) • Childhood Immunization Status (CMS Child Core) • Immunizations for Adolescents (CMS Child Core) • Lead Screening (NCQA) • Breast Cancer Screening (CMS Adult Core) • Cervical Cancer Screening (CMS Adult Core) • Chlamydia Screening in Women (CMS Child Core, CMS Adult Core) • Contraceptive Care Effective Methods (CMS Child Core, CMS Adult Core) • Dental Sealants for Children at Elevated Risk (CMS Child Core)

Domain	Subdomain (if applicable) / Measure
Effectiveness of Care (continued)	**Respiratory Conditions** • Asthma Medication Ratio (CMS Child Core, CMS Adult Core) **Behavioral Health** • Developmental Screening in the First Three Years of Life (CMS Child Core) • Follow-Up Care for Children Prescribed ADHD Medication (CMS Child Core) • Follow-Up after Hospitalization for Mental Illness (CMS Child Core, CMS Adult Core) • Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (CMS Adult Core) • Follow-Up After Emergency Department Visit for Mental Illness (CMS Adult Core) • Use of Multiple Concurrent Antipsychotics in Children and Adolescents (CMS Child Core) • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (CMS Child Core) • Use of Opioids at High Dosage (CMS Adult Core) • Initiation and Engagement of Alcohol and Drug Dependence Treatment (CMS Adult Core) • Concurrent Use of Opioids and Benzodiazepines (CMS Adult Core) • Antidepressant Medication Management (CMS Adult Core) • Metabolic Monitoring for Children and Adolescents on Antipsychotics (CMS Child Core) • Use of Pharmacotherapy for Opioid Use Disorder (CMS Adult Core) • Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (CMS Adult Core) • Adherence to Antipsychotic Medications for Individuals with Schizophrenia (CMS Adult Core)

Domain	Subdomain (if applicable) / Measure
Utilization	**Prenatal/Postpartum Care*** • Postpartum Care Rate (CMS Adult Core) • Prenatal & Postpartum Care: Timeliness of Prenatal Care (CMS Child Core) • Contraceptive Care – Postpartum Women (CMS Child Core, CMS Adult Core) **Well-Child Visits*** • Well-Child Visits in the First 15 Months of Life (CMS Child Core) • Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life (CMS Child Core) • Adolescent Well-Care Visits (CMS Child Core) **Hospital Utilization*** • Ambulatory Care (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) • Plan All-Cause Readmissions Rate (CMS Adult Core) **Not official subdomains – for presentation purposes only.*

PHPG relied on a dataset consisting of eligibility, demographic, and both paid and denied medical and prescription drug claims incurred February 2014 through June 2019, with dates of payment through September 2020. 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 CMS, 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 2020.

PHPG followed CMS, 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 2020 reporting year by comparing to secondary sources (e.g., SoonerCare Annual Reports) and by analyzing results for the 2019 reporting year using 2020 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 2020 (published February), there were over 782,000 individuals enrolled in SoonerCare. Approximately 67 percent of the enrollment was children (age 0-20) and 33 percent was adults. Approximately 67 percent was enrolled in the program's patient centered medical home (PCMH) model known as SoonerCare Choice; another 30 percent was enrolled in the traditional fee-for-service (FFS) program; and the remaining three percent were enrolled in SoonerPlan, the State's Medicaid-financed family planning program.
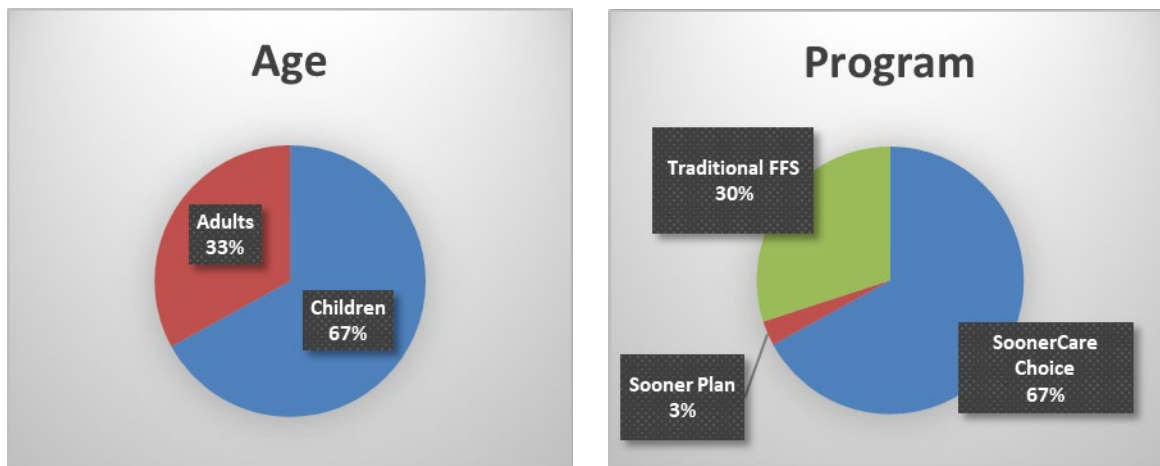
The racial breakdown of members includes 62 percent Caucasian, 12 percent Black/African American, 10 percent American Indian, two percent Asian or Pacific Islander, and nine percent multiple races (six percent did not provide a racial background). Approximately 18 percent of members also are of Hispanic origin, regardless of race. According to PHPG data, approximately 54 percent of members are female and 46 percent are male. Nearly 48 percent live in rural or semi-rural/urban (i.e., "mixed") counties and 52 percent live in urban counties.
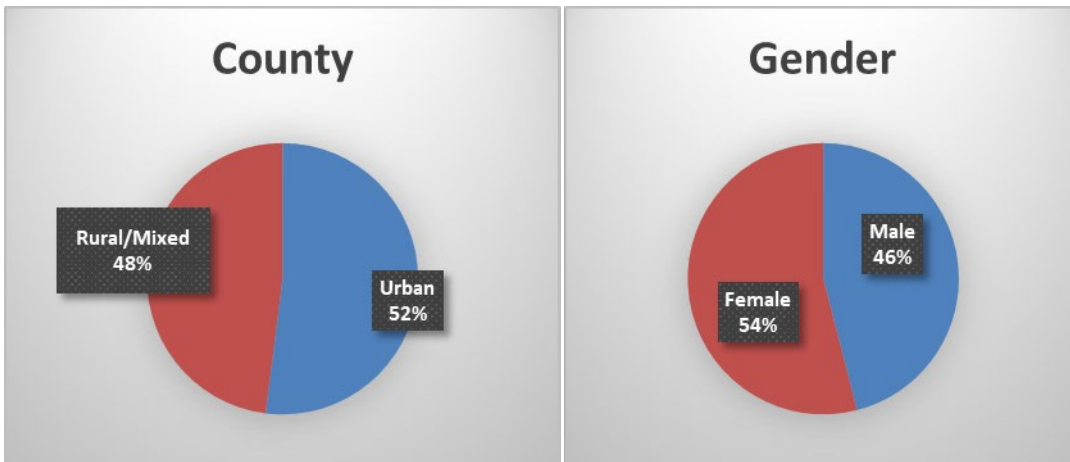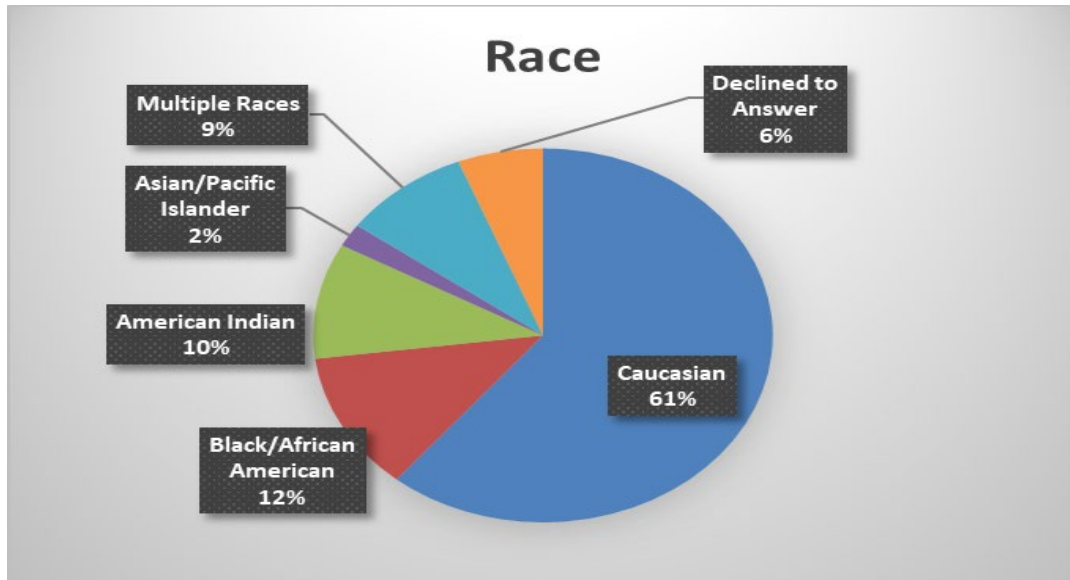
Beginning on the following page, PHPG presents, by measure, the results from the current (2019) and previous (2018) measurement years, as well as a comparison to national benchmark data, where available. The benchmark is the national Medicaid HMO[1] for 2019, as reported by NCQA in "The State of Health Quality – 2020".

---

[1] Health Maintenance Organization (HMO), synonymous with Managed Care Organization.

CHAPTER TWO: ACCESS/AVAILABLITITY OF CARE

For 2020, Oklahoma selected one measure to report related to access and availability of care. The measure was reported according to NCQA specifications.

Measure	NCQA	CMS Child Core	CMS Adult Core
Adults' Access to Preventive/Ambulatory Health Services	✓		

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 results are stratified by age cohort.

The overall compliance rate in 2019 for members was 87%, which was unchanged from 2018. The largest shift occurred in the 65+ age cohort.

Exhibit 1 displays compliance rates by age group for 2018 and 2019.

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

	20 - 44	45 - 64	65+	Total
2018	81.4%	90.2%	89.0%	87.0%
2019	80.9%	90.4%	91.4%	87.0%

Age Groups (Years)
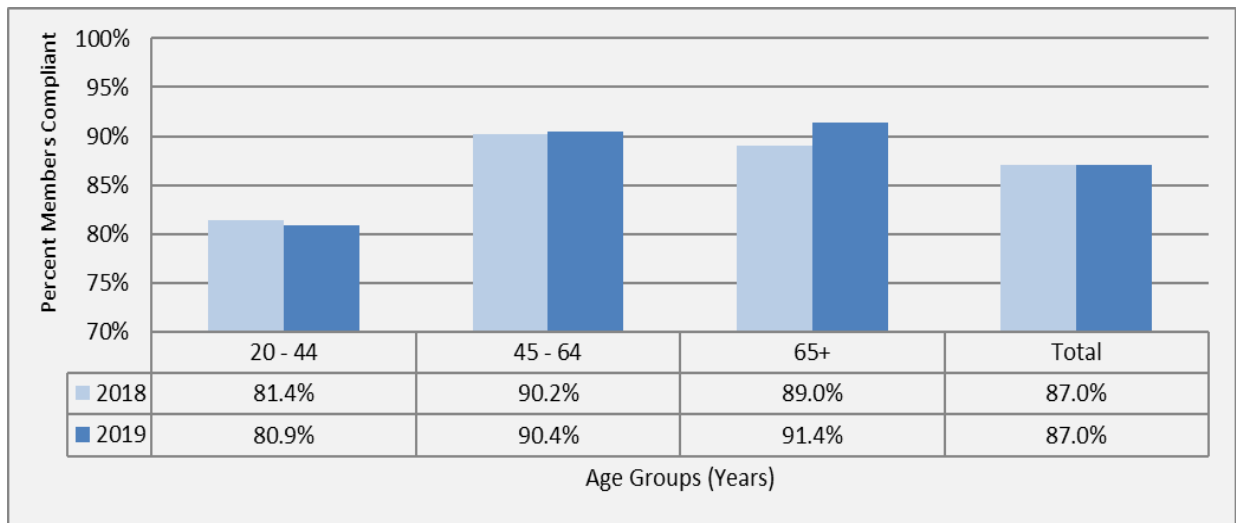
CHAPTER THREE: EFFECTIVENESS OF CARE

For 2020, Oklahoma selected 25 measures to report related to effectiveness of care. Twenty-four of 25 measures were part of the CMS Core Set. The measures evaluate effectiveness of care with respect to prevention and screening (ten measures), respiratory conditions (one measure), and behavioral health (fourteen measures).

Measure	NCQA	CMS CHILD CORE	CMS ADULT CORE
Prevention and Screening			
Adult Body Mass Index (BMI) Assessment			✓
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents		✓	
Childhood Immunization Status		✓	
Immunizations for Adolescents		✓	
Lead Screening	✓		
Breast Cancer Screening			✓
Cervical Cancer Screening			✓
Chlamydia Screening in Women		✓	✓
Contraceptive Care Effective Methods for Women		✓	✓
Dental Sealants for Children at Elevated Risk		✓	
Respiratory Conditions			
Asthma Medication Ratio		✓	✓
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 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			✓
Metabolic Monitoring for Children and Adolescents on Antipsychotics		✓	
Use of Pharmacotherapy for Opioid Use Disorder			✓
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications			✓
Adherence to Antipsychotic Medications for Individuals with Schizophrenia			✓

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 2019, 32.3% of the adult population received a BMI assessment, which is an increase of approximately four percentage points. The compliance rate was higher for adults 65 years and older. The overall Oklahoma compliance rate was well below the national average. However, the national rate includes states that use the hybrid method, which is more accurate in capturing BMI data[2].

Exhibit 2 displays compliance rates for 2018 and 2019, both by age groups (see left) and for all ages 18 to 74 years (see right).

Exhibit 2 – Adults BMI Documented

---
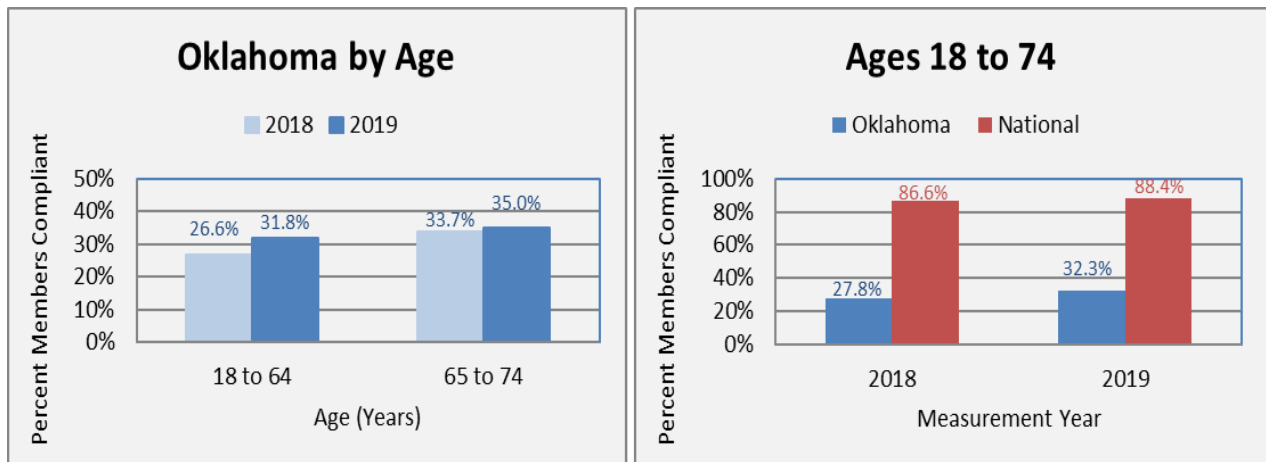
[2] The hybrid method is used primarily in states with MCO contracts, where the MCOs are responsible for medical record reviews. Oklahoma is transitioning to MCO contracts in October 2020 for its non-aged, blind and disabled population, which may affect the state's reported rate in future years.

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION & PHYSICAL ACTIVITY FOR CHILDREN & ADOLESCENTS

This measure calculates the percentage of children ages three to 17 years old who had an outpatient visit with a PCP or OB/GYN during the measurement year and who had evidence of the following:

- BMI percentile documentation
- Counseling for nutrition
- Counseling for physical activity

Female members were excluded from the measure if they were pregnant during this time period.

For 2019, the reporting methodology was changed to focus on each assessment category individually instead of a combined total rate, in accordance with CMS reporting specifications. The rates for the 12 to 17 age cohort were consistently higher than the three to 11 age cohort rates for all assessment categories. Total rate for each assessment category was well below national averages. As with the adult BMI measure, this likely due at least in part to the use of hybrid methodology by states with MCO contracts.

Exhibits 3 thru 5 displays combined compliance rates for 2018 and 2019 by age group and weight assessment category compared to the national average. Exhibit 6 presents a total compliance rate for all children that received any one of the weight assessment categories.

Exhibit 3 – Children and Adolescents Receiving a BMI Assessment
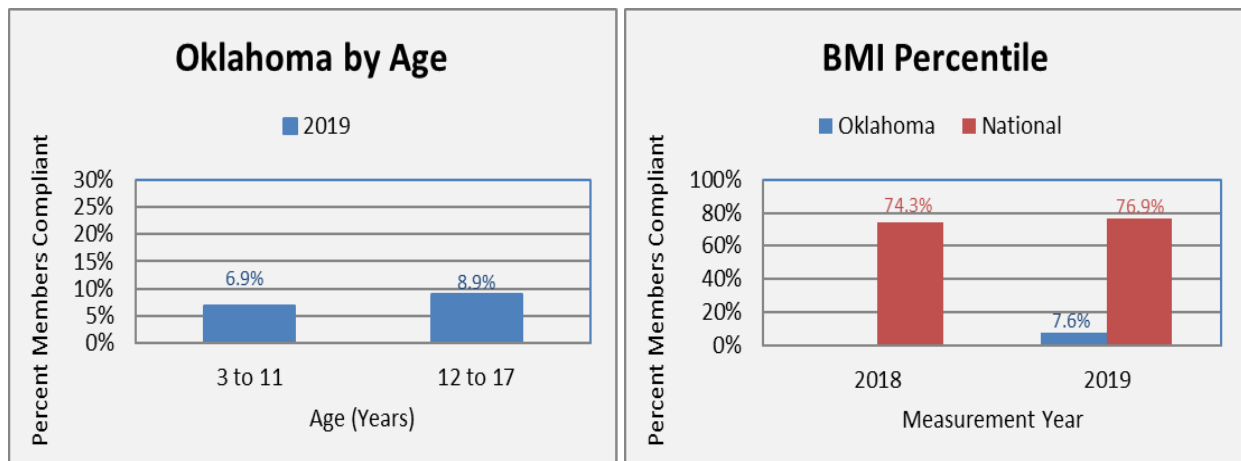
Exhibit 4 – Children and Adolescents Receiving Counseling for Nutrition
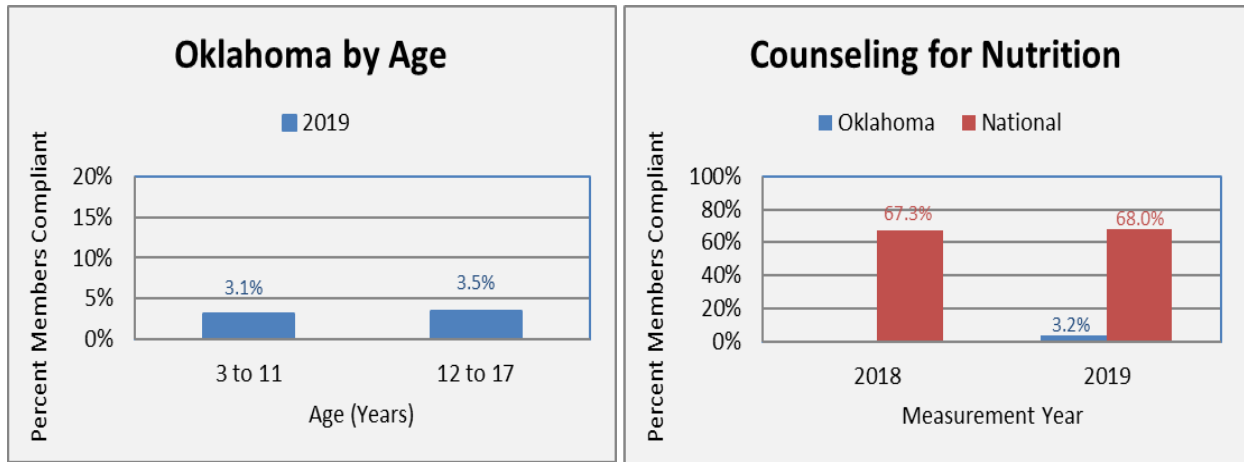
Exhibit 5 – Children and Adolescents Receiving Counseling for Physical Activity
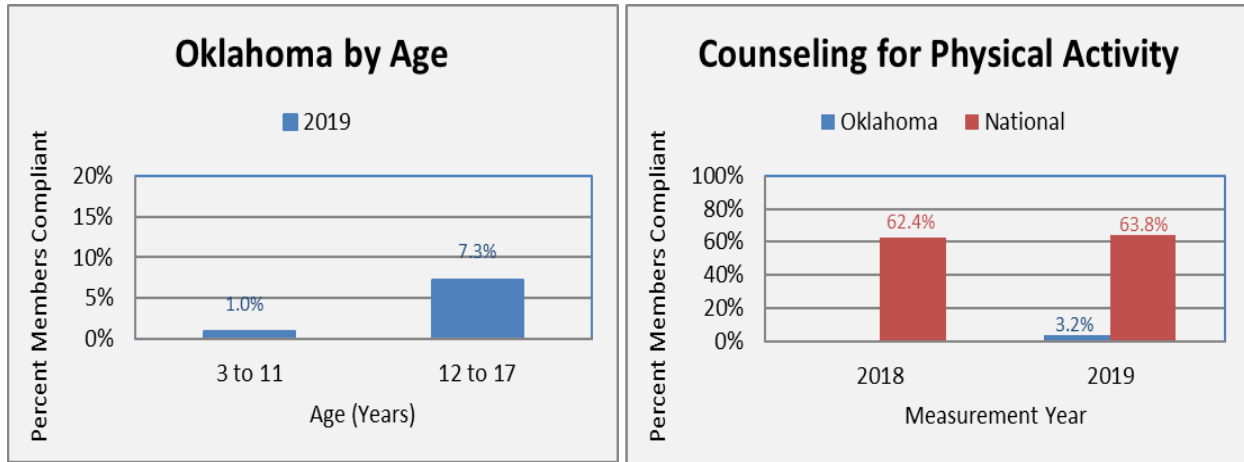
Exhibit 6 – Total Children and Adolescents Receiving any one of the Weight Assessments or Counseling

	3 to 11	12 to 17	Total
2018	3.3%	8.9%	5.2%
2019	9.1%	16.5%	11.7%
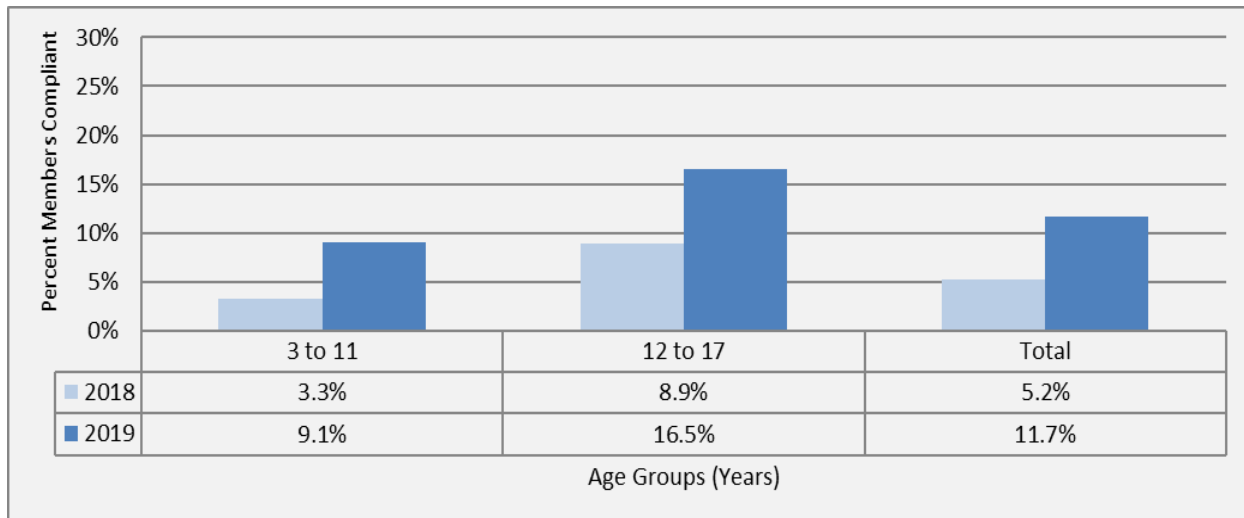
CHILDHOOD IMMUNIZATION STATUS

This measure calculates the percentage of children two years of age who received certain vaccines by their second birthday. Rates are calculated both for individual vaccines and vaccine combinations ("combos"). Children were excluded from the measure if their claims history indicated an adverse reaction or contraindication to a vaccine prior to their second birthday.

The vaccines identified in this measure are:
- DTaP – diphtheria, tetanus, and acellular pertussis
- IPV – polio
- MMR – measles, mumps, and rubella
- HiB – haemophilus influenza
- Hep A and Hep B – hepatitis
- VZV – chicken pox
- PCV – pneumococcal conjugate
- RV – rotavirus
- Flu – influenza

The combinations of vaccines identified in this measure are:

Combination	DTaP	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Flu
Combo 2	x	x	x	x	x	x				
Combo 3	x	x	x	x	x	x	x			
Combo 4	x	x	x	x	x	x	x	x		
Combo 5	x	x	x	x	x	x	x		x	
Combo 6	x	x	x	x	x	x	x			x
Combo 7	x	x	x	x	x	x	x	x	x	
Combo 8	x	x	x	x	x	x	x	x		x
Combo 9	x	x	x	x	x	x	x		x	x
Combo 10	x	x	x	x	x	x	x	x	x	x

Compliance rates for MMR, VZV, and Flu slightly increased while the rest of the non-combo categories decreased slightly from 2018 to 2019. Rates for combo categories eight, nine , and ten increased while rates for other combos fell slightly.

Oklahoma rates were below national averages. As with the adult BMI measures, this likely is due at least in part to the use of hybrid methodology by states with MCO contracts.

Exhibit 7 displays compliance rates for individual immunizations, as well as combinations. National averages were not available for combinations four through nine.

Exhibit 7 – Children Receiving Immunizations before Second Birthday

	Dtap	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Flu
Oklahoma 2018	24.1%	32.0%	41.1%	32.8%	16.7%	40.9%	26.6%	43.6%	25.8%	15.2%
Oklahoma 2019	23.6%	31.7%	41.3%	32.6%	15.6%	41.0%	25.3%	42.9%	25.4%	16.2%
National 2018	75.0%	87.5%	87.5%	86.3%	87.1%	87.3%	75.7%	83.5%	69.6%	46.9%
National 2019	77.1%	88.7%	88.8%	87.4%	88.2%	88.4%	77.3%	85.3%	71.1%	49.8%

Individual Immunization

	Combo 2	Combo 3	Combo 4	Combo 5	Combo 6	Combo 7	Combo 8	Combo 9	Combo 10
Oklahoma 2018	11.6%	11.1%	11.0%	9.4%	5.6%	9.3%	5.5%	5.2%	5.1%
Oklahoma 2019	11.1%	10.8%	10.5%	9.3%	5.4%	9.1%	7.7%	6.9%	6.8%
National 2018	70.9%	68.1%							
National 2019	73.4%	70.3%							38.1%

Individual Immunization

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 2019, all categories experienced a slight decrease from 2018. Oklahoma rates were below national averages. As with previous measures, this likely is due at least in part to the use of the hybrid methodology by states with MCO contracts.

Exhibit 8 displays compliance rates for MCV4, Tdap/Td, and HPV vaccines separately, as well as adolescents receiving possible combinations.

Exhibit 8 – Adolescents Receiving Immunizations before Thirteenth Birthday

	MCV4	Tdap/TD	HPV	Combo1 (MCV4,Tdap)	Combo 2 (All)
Oklahoma 2018	27.8%	31.5%	7.9%	26.0%	7.1%
Oklahoma 2019	27.6%	30.2%	7.7%	25.8%	6.8%
National 2018	81.3%	86.4%	37.8%		35.3%
National 2019	82.3%	87.1%	40.1%		37.6%

Individual Immunization
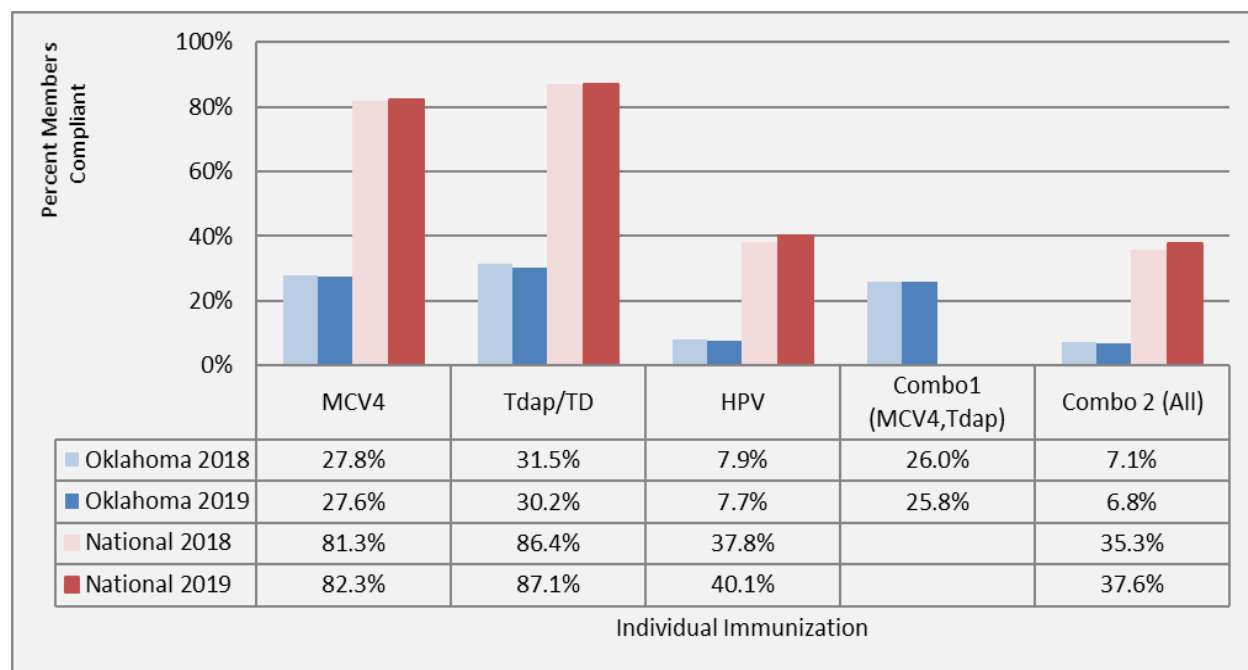
LEAD SCREENING IN CHILDREN

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

The 2019 compliance rate decreased and remained below the national average.

Exhibit 9 displays the compliance rate in 2018 and 2019.

Exhibit 9 – Lead Screening in Children
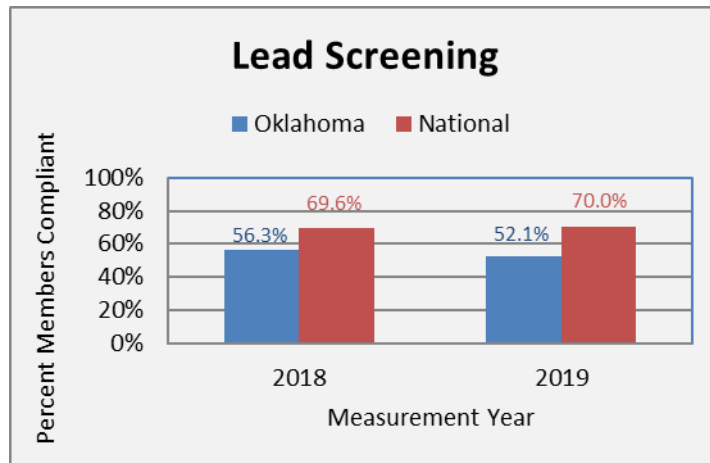
BREAST CANCER SCREENING

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 2019 experienced an increase of 6.2%. The increase was influenced partially by an alteration of the methodology to more closely represent CMS specifications. Oklahoma compliance rates were below national averages.

Exhibit 10 displays compliance rates for 2018 and 2019.

Exhibit 10 – Women Receiving Breast Cancer Screening
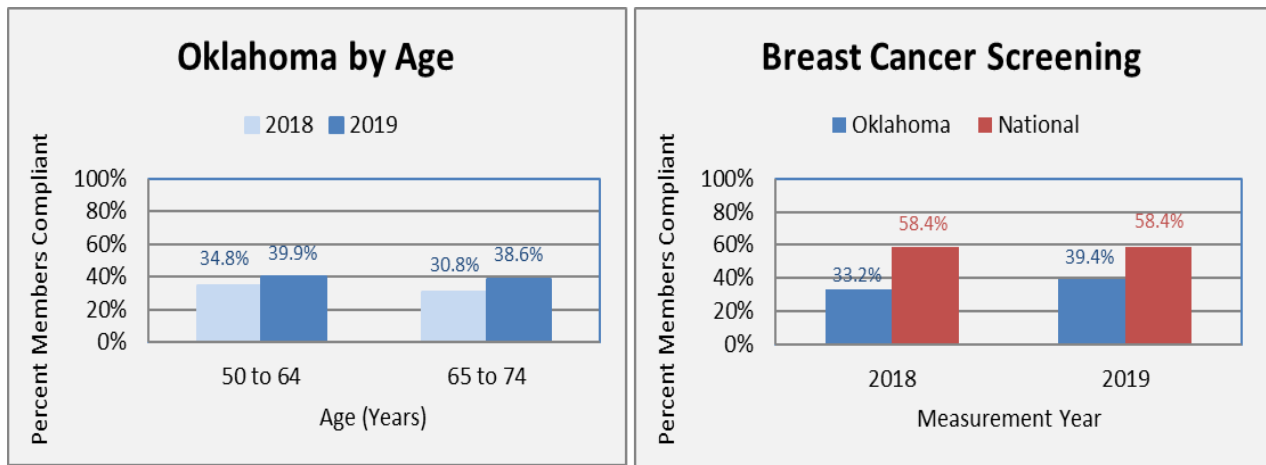
CERVICAL CANCER SCREENING

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 in 2019 decreased 3.4% from 2018, which is below the national average rate.

Exhibit 11 displays compliance rates for 2018 and 2019.

Exhibit 11 – Women Receiving a Cervical Cancer Screening
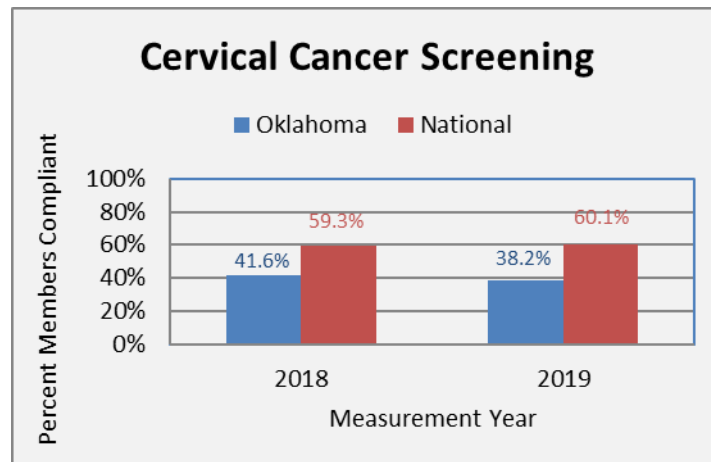
CHLAMYDIA SCREENING IN WOMEN

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.

The compliance rate in 2019 increased 3.5%. The increase was largest in the 21 to 24 age cohort. Oklahoma compliance rates were below national averages.

Exhibit 12 displays compliance rates for 2018 and 2019.

Exhibit 12 – Women Receiving a Chlamydia Test
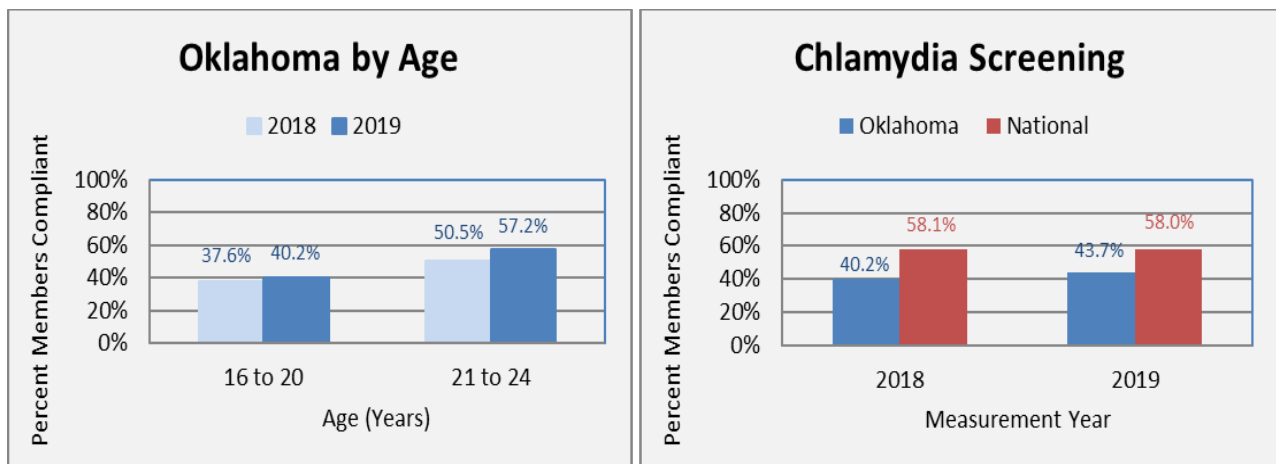
CONTRACEPTIVE CARE EFFECTIVE METHODS BY WOMEN

This measure calculates the percentage of women 15 to 44 who 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) proceeding the measurement year[3].

The results are stratified by contraceptive type (most/moderate effective FDA approved contraception and LARC) and by age cohort.

In 2019, the total compliance rate for FDA-approved methods increased 10.6%. The increase was partially influenced by a correction to continuous enrollment specifications to be compliant with CMS specifications. LARC contraception methods slightly decreased from 2018.

Exhibit 13 displays the compliance rates for 2018 and 2019 measurement years.

Exhibit 13 – FDA Approved Most/Moderate Effective and LARC contraception

	FDA Approved Most/Mod Eff		LARC	
	2018	2019	2018	2019
15 to 20	21.2%	32.6%	5.2%	4.3%
21 to 44	15.2%	23.2%	4.2%	3.8%
Total	17.6%	28.2%	4.6%	4.1%

Contraception Method

---
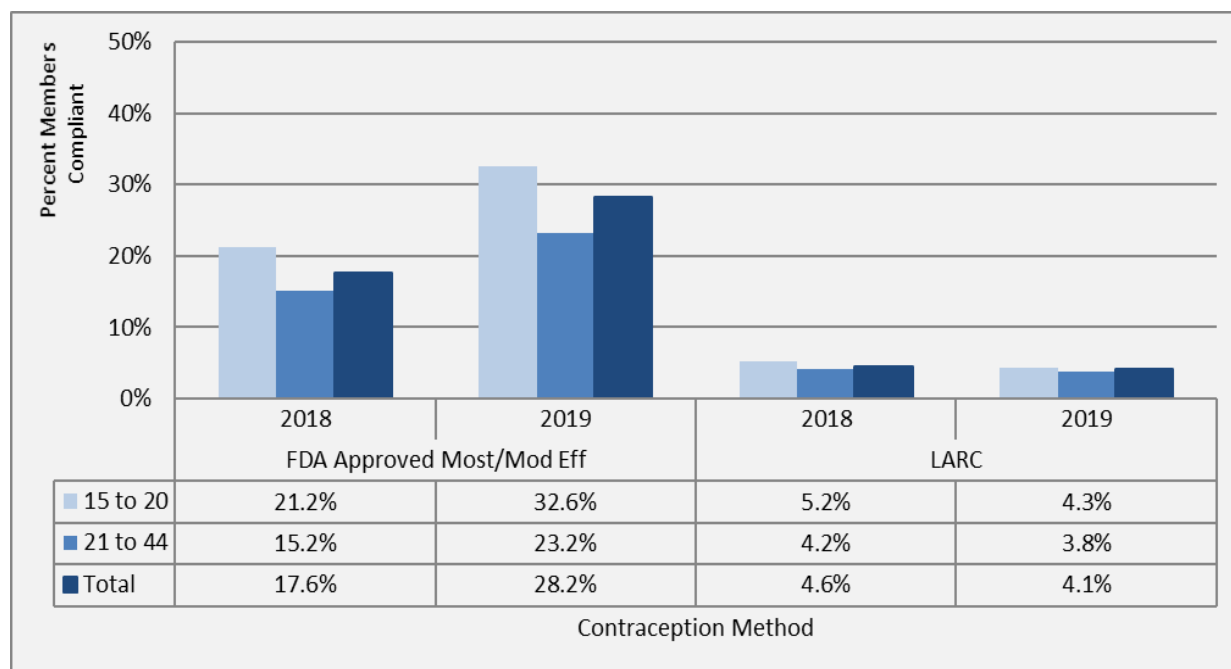
[3] NCQA recommends using two different surveys (The National Survey of Family Growth and The Youth Risk Behavior Survey) as a means to understand the results but does not offer specifics on how to interpret the surveys for reporting purposes. PHPG limited its analysis to presenting the calculated rates.

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

This measure calculates the percentage of enrolled children ages six to nine 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 for this measure have two important limitations. First, they do not exclude children whose teeth have not erupted, those who have already received sealants in prior years, and those with decay/filled teeth not candidates for sealants. Second, 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.

The compliance rate increased 4.1% from 2018 to 2019.

Exhibit 14 displays the compliance rates for 2018 and 2019 measurement years.

Exhibit 14 – Dental Sealants for Children at Elevated Risk
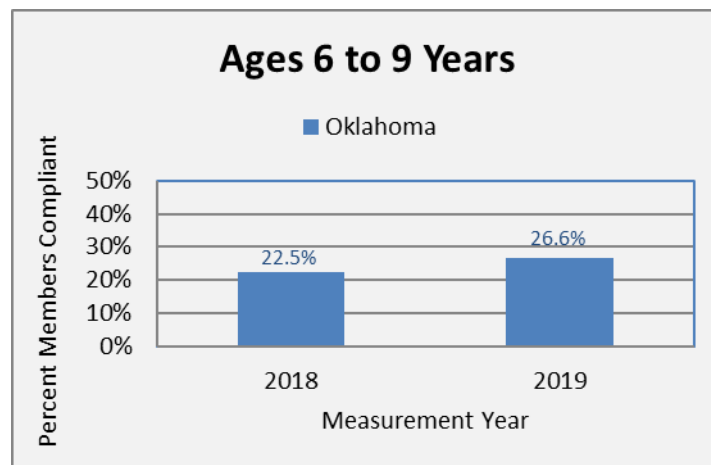
ASTHMA MEDICATION RATIO

This measure calculates the percentage of members five to 64 years of age during the measurement year who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

The compliance rate for 2019 decreased slightly from 2018 but remained above the national average.

Exhibit 15 displays compliance rates by age cohort and compared to the national average.

Exhibit 15 – Asthma Medication Ratio members compliant
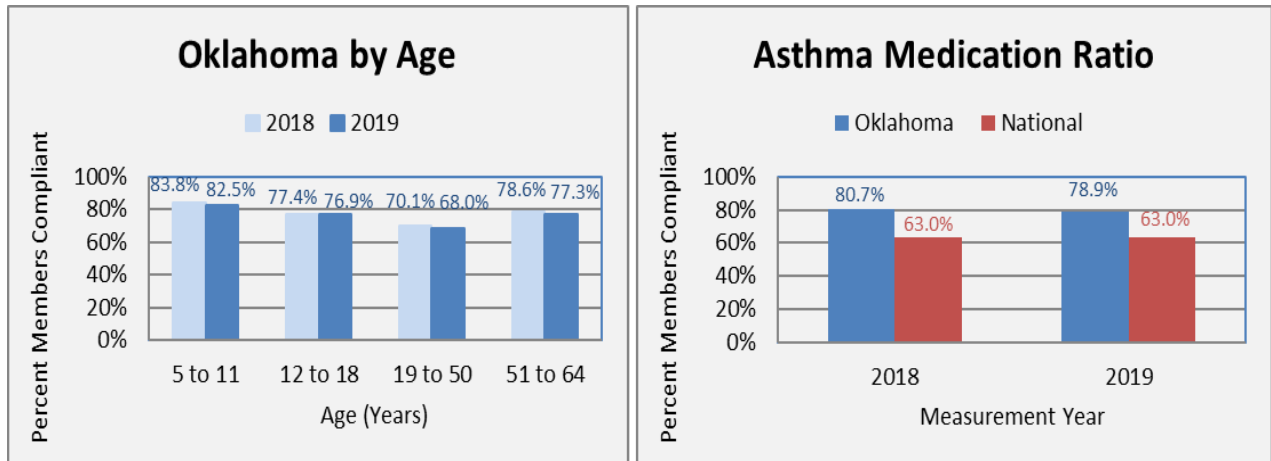
DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

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 2019 compliance rates increased in all age ranges compared to 2018. The increases were partially influenced by a change in methodology for appropriately defining compliance based upon CMS specifications.

Exhibit 16 displays compliance rates for 2018 and 2019. National benchmark data was not available for this measure.

Exhibit 16 – Children Receiving a Development Screening in the First Three Years of Life

	12 to 24	25 to 36	37 to 46	Total
2018	14.6%	24.1%	17.7%	18.1%
2019	21.7%	33.1%	26.3%	26.5%

Age Groups (Months)
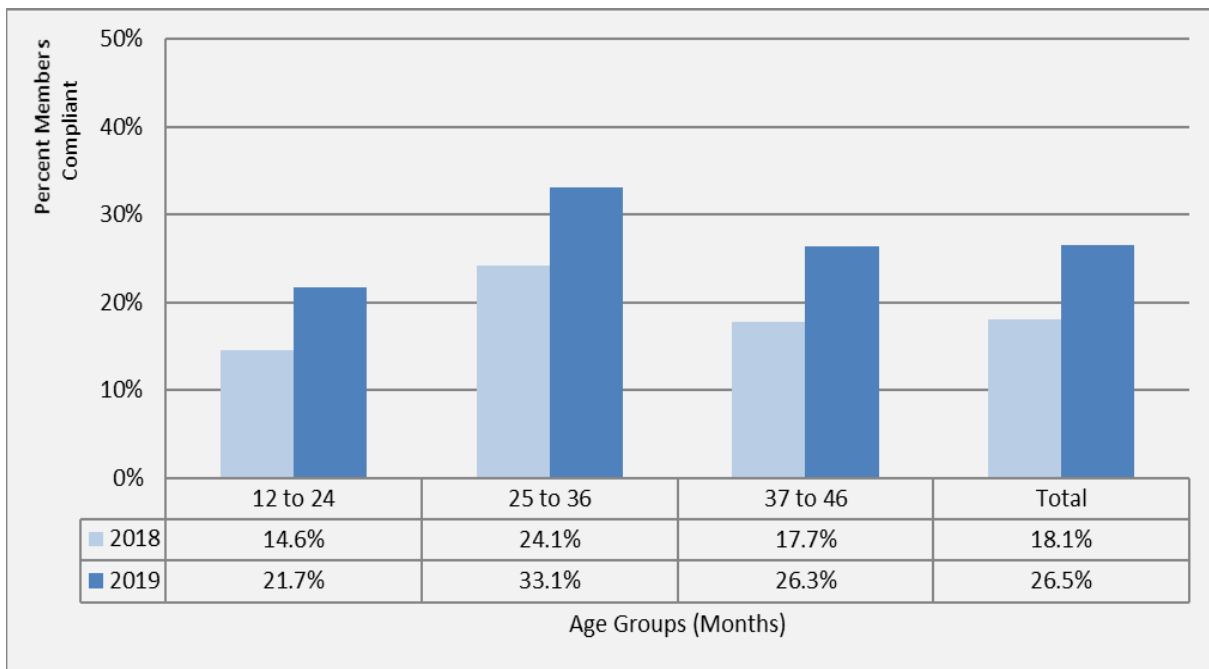
FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

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 2019 compliance rates decreased in both phases compared to the 2018 rates. The Oklahoma rates were still above national averages.

Exhibit 17 below presents compliance rates by phase compared to national averages for 2018 and 2019 measurement years.

Exhibit 17 – Children Receiving Follow Up Visits after Being Prescribed ADHD Medication
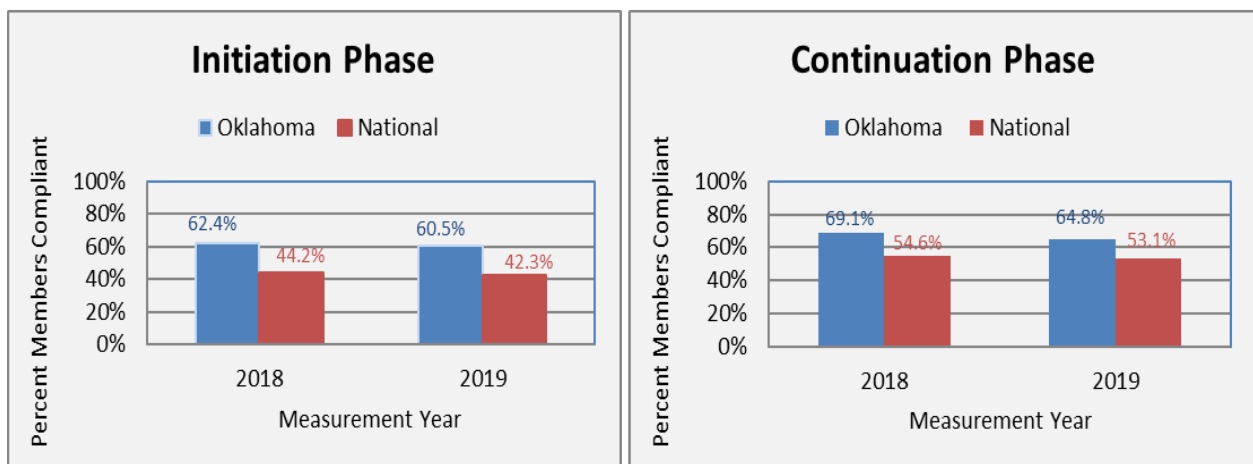
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

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 or 30 days 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 2019 total compliance rates for seven day and 30 day discharges decreased slightly compared to 2018 and were below the national average both years. The individual age cohorts increased for all groupings but the distribution of members in each age grouping changed which led to, when totaled, a drop in the total compliance.

Exhibit 18 displays compliance rates by age cohort and discharge time and compares Oklahoma to national averages for 2018 and 2019 measurement years.

Exhibit 18 – Members Receiving a Follow-Up Visit after Hospitalization for Mental Illness

Oklahoma by Age

■ 2018　　■ 2019

Percent Members Compliant

- 6 to 17: 66.2% 68.1%
- 18 to 64: 39.3% 40.0%
- 65+: 14.2% 15.8%
- Total: 51.4% 50.2%

Age (Years)

30 Days After Discharge

■ Oklahoma　■ National　■

Percent Members Compliant

- 2018: 51.4% 56.8%
- 2019: 50.2% 56.9%

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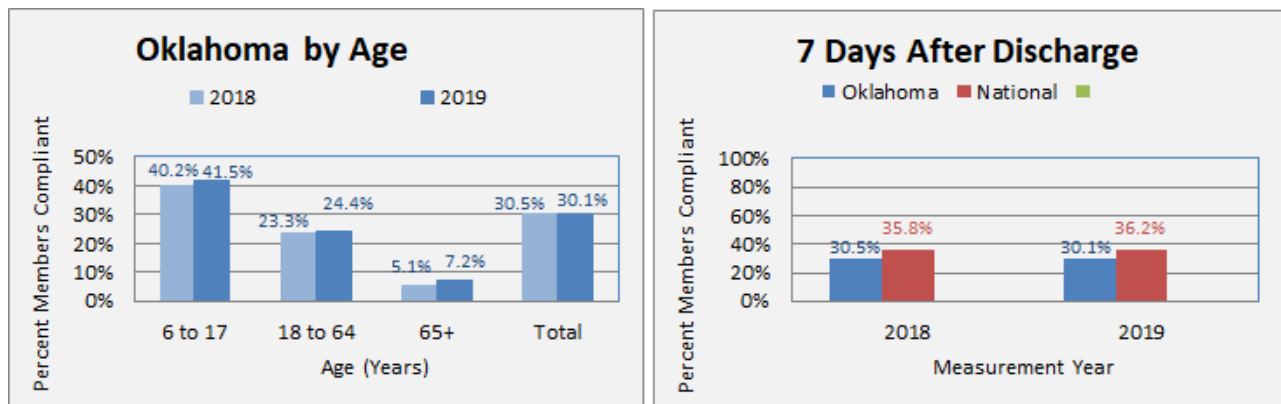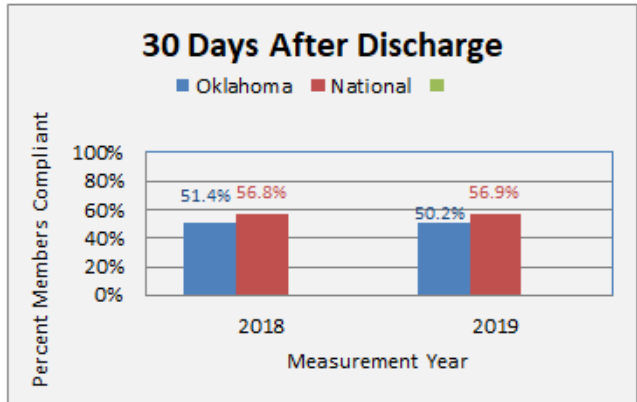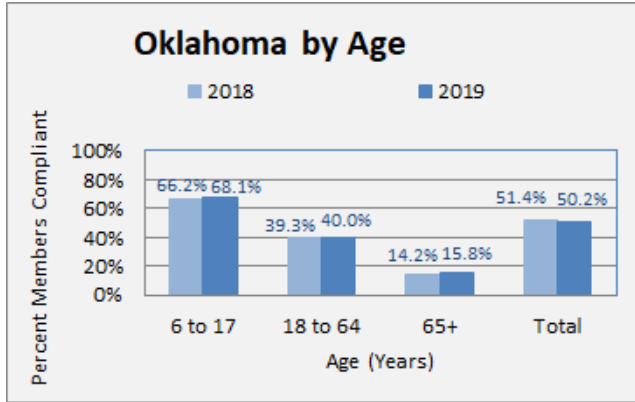
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG DEPENDENCE

This measure calculates the percentage of members ages 13 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 or 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.

The transition to evaluating this measure with CMS specifications added age cohorts that are reported from previous NCQA specifications.

The 2019 total compliance rates for seven day and 30-day discharges decreased compared to 2018 and were below the national average both years.

Exhibit 19 displays compliance rates by age cohort and discharge time and compares Oklahoma to national averages for 2018 and 2019 measurement years.

Exhibit 19 – Members Receiving a Follow Up Visit after ED visit for Alcohol or Other Drug Dependence
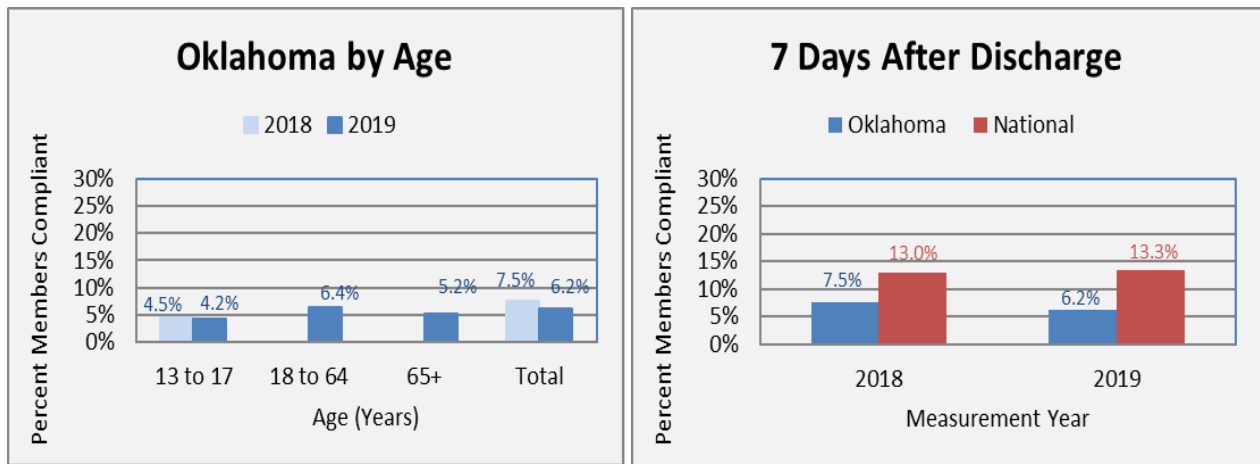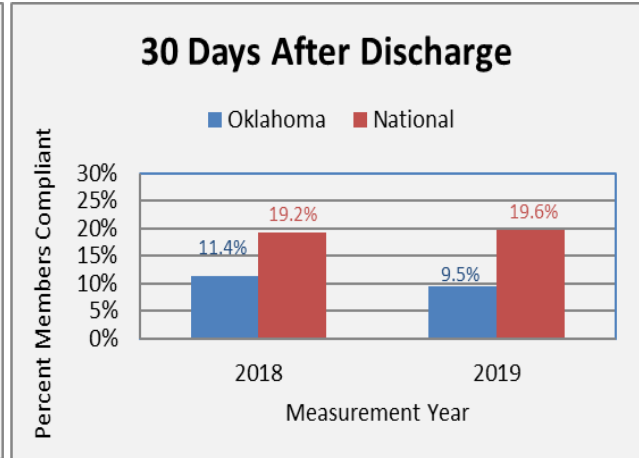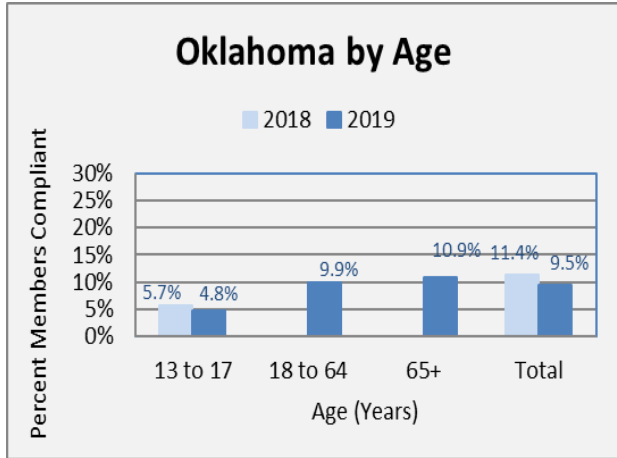
Oklahoma by Age

Legend: 2018, 2019

Y-axis: Percent Members Compliant (0% to 30%)

- 13 to 17: 5.7% (2018), 4.8% (2019)
- 18 to 64: 9.9% (2019)
- 65+: 10.9% (2019)
- Total: 11.4% (2018), 9.5% (2019)

X-axis: Age (Years)

30 Days After Discharge

Legend: Oklahoma, National

Y-axis: Percent Members Compliant (0% to 30%)

- 2018: Oklahoma 11.4%, National 19.2%
- 2019: Oklahoma 9.5%, National 19.6%

X-axis: Measurement Year

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS

This measure calculates the percentage of members with an emergency department (ED) visit for members 6 years and older with a principal diagnosis of mental illness who had a follow-up visit with any practitioner within either seven days or 30 days 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 2019 total compliance rates for seven day and 30-day discharges decreased compared to 2018 and were below the national average both years.

Exhibit 20 displays compliance rates by age cohort and discharge time and compares Oklahoma to national averages for 2018 and 2019 measurement years.

Exhibit 20 – Members Receiving a Follow Up Visit after ED visit for Mental Illness
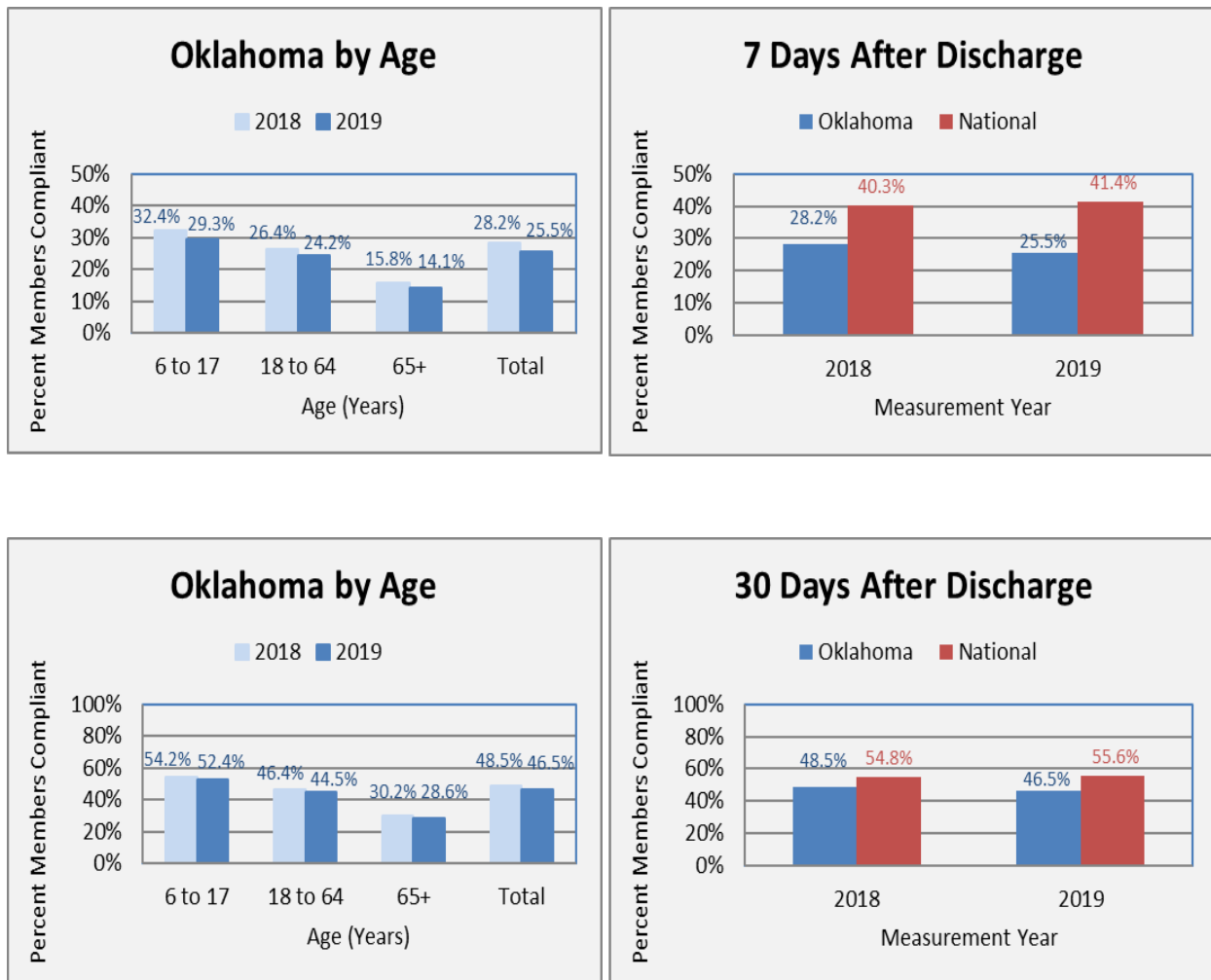
USE OF FIRST-LINE PSYCHOSOCIAL CARE IN CHILDREN AND ADOLESCENTS

This measure calculates the percentage of children and adolescents one 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 2019 total compliance rate decreased slightly from 2018. The 1 to 11 age cohort decreased the most at 4.4%. The total compliance rate was below than the national average.

Exhibit 21 displays compliance rates for the 2018 and 2019 measurement years.

Exhibit 21 – Members Who Used First-Line Psychosocial Care
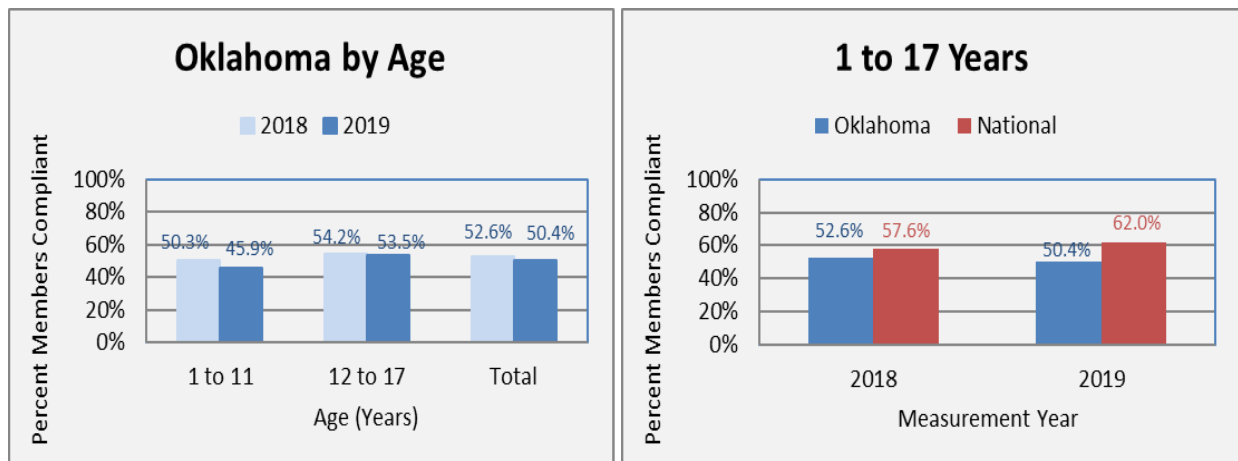
USE OF OPIOIDS AT HIGH DOSAGE

This measure calculates the percentage of individuals 18 years and older without cancer receiving prescriptions for opioids with a daily dosage greater than 90mg 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.

This measure changed in 2019 from reporting a rate per 1,000 members to reporting a percentage of members who were prescribed opioids at high dosage. Oklahoma's total rate for 2019 was lower than national average, which is a positive outcome. (A lower rate is better.)

Exhibit 22 displays compliance rates for the 2018 and 2019 measurement years.

Exhibit 22 – Percentage of members prescribed a high dosage of Opioids for 90+ consecutive days
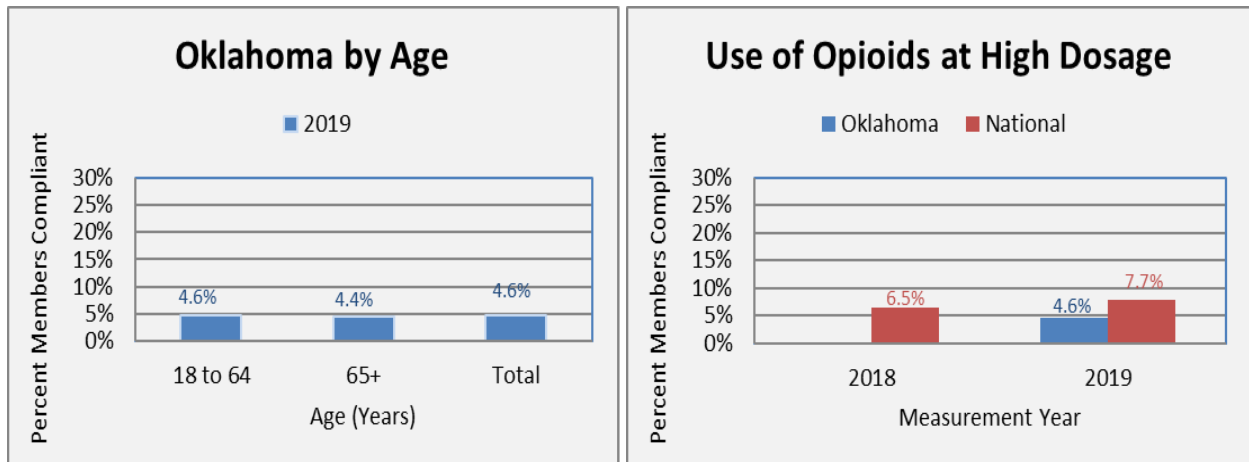
INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

This measure calculates the percentage of members ages 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.

The initiation and engagement total compliance rates decreased slightly from 2018 to 2019. The opioid abuse initiation and engagement treatment category had the highest compliance rate of all treatment categories. Total compliance rates were below national averages, with the exception of the opioid abuse initiation measure in 2018.

Exhibits 23 - 26 display compliance rates for initiation and engagement by age cohort and compared to the national average for the 2018 and 2019 measurement years.

Exhibit 23 – Members Initiating in additional Alcohol and Other Drug Treatment (Ages 13+ Years Old)

	13-17	18+	Total	13-17	18+	Total	13-17	18+	Total	13-17	18+	Total
	Alcohol Abuse			Opioid Abuse			Other Drug Abuse			Total		
2018	27.1%	33.7%	33.4%	35.0%	55.0%	54.8%	36.5%	33.2%	33.6%	35.9%	39.0%	38.8%
2019	25.0%	33.3%	32.9%	38.9%	53.2%	53.0%	36.7%	33.8%	34.1%	34.8%	38.6%	38.4%

Age Groups (Years)
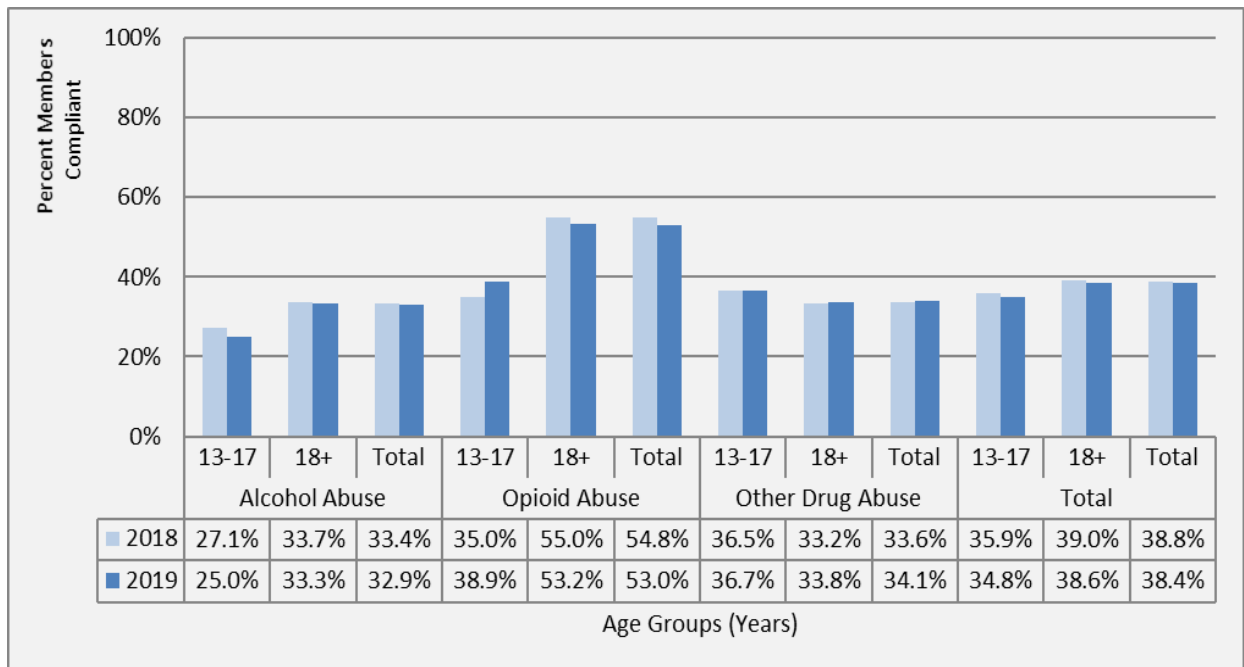
Exhibit 24 – Members Initiating in additional Alcohol and Other Drug Treatment Totals (Ages 13+ Years Old)
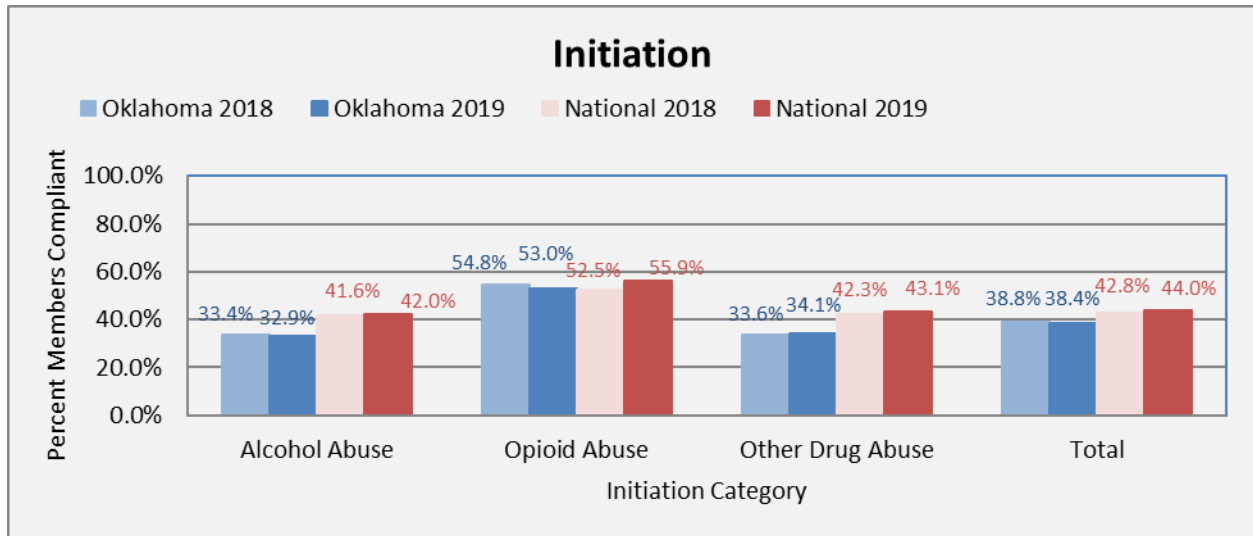
Exhibit 25 – Members Engaging in additional Alcohol and Other Drug Treatment (Ages 13+ Years Old)
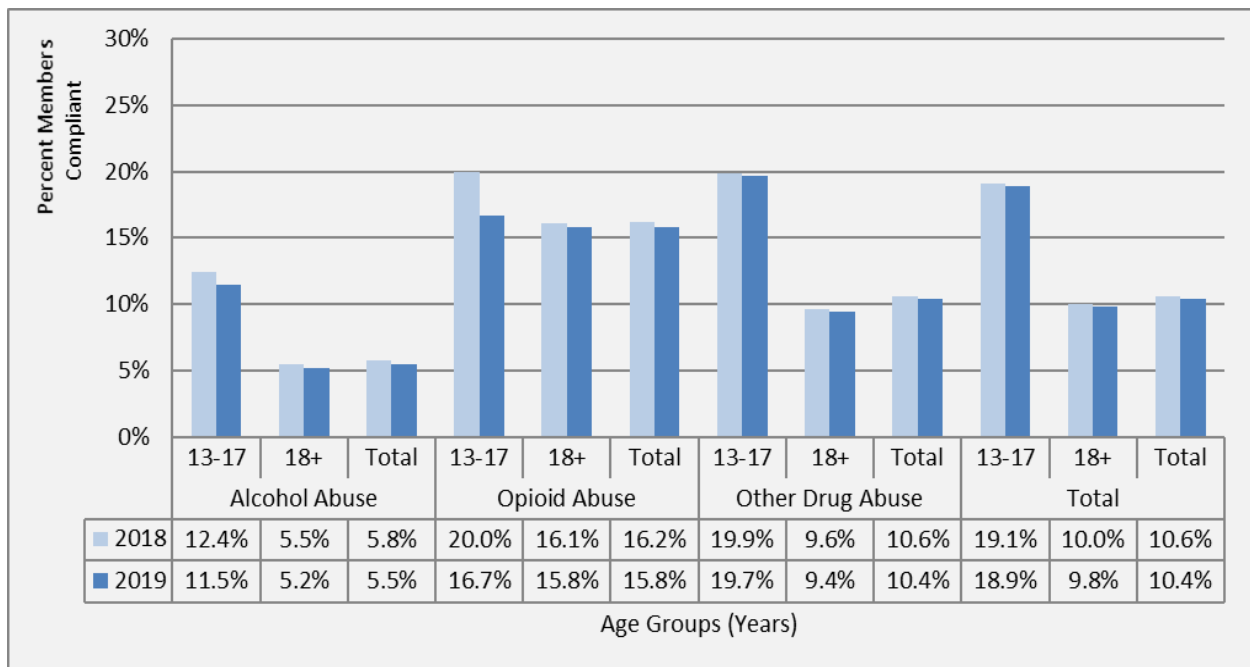
Exhibit 26 – Members Engaging in additional Alcohol and Other Drug Treatment Totals (Ages 13+ Years Old)
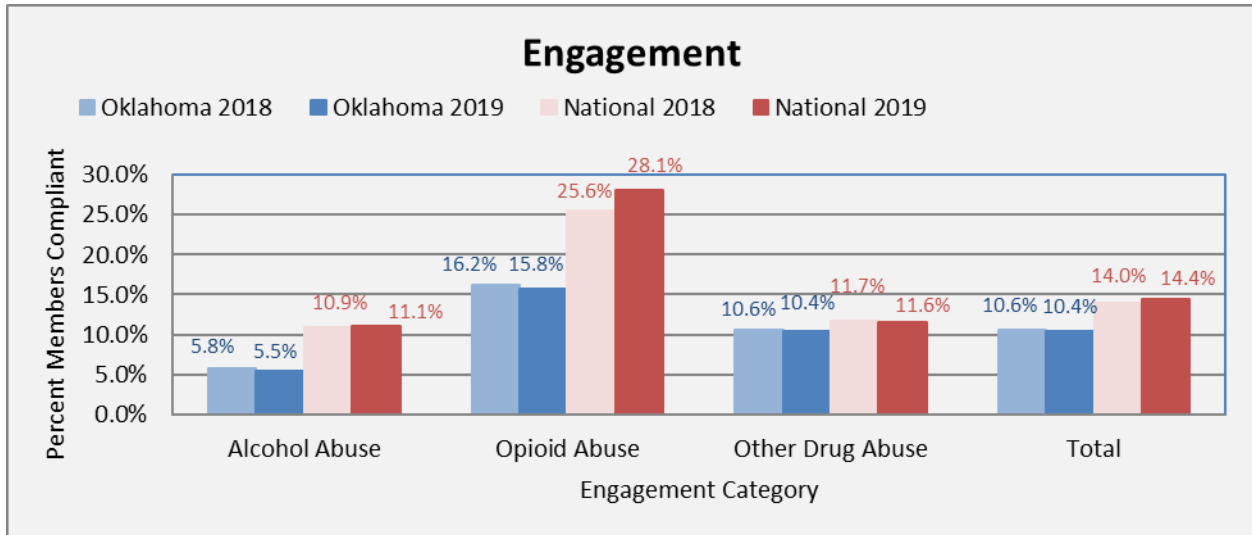
CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES

This measure calculates the percentage of members 18+ years of age with concurrent use of prescription opioids and benzodiazepines. Members with two 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 two or more prescriptions for benzodiazepines filled on two or more separate days, and concurrent use of opioids and benzodiazepines for 30 or more cumulative days.

The compliance rate increased by 0.9% from 2018 to 2019.

Exhibit 27 displays compliance rates for concurrent use of opioids and benzodiazepines for the 2018 and 2019 measurement years.

Exhibit 27 – Members with Concurrent Use of Opioids and Benzodiazepines
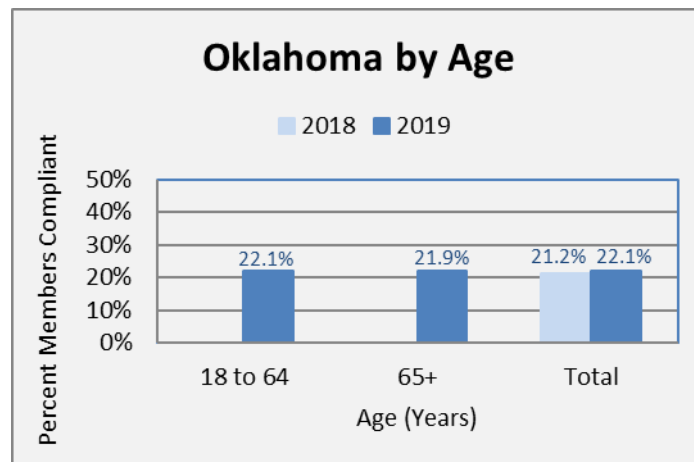
ANTIDEPRESSANT MEDICATION MANAGEMENT

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.

The compliance rate for both phases decreased slightly from 2018 to 2019. Both total compliance rates were below the national averages.

Exhibit 28 displays compliance rates by age cohort for members managing their antidepressant medications in the 2018 and 2019 measurement years and compares the rates to the national averages.

Exhibit 28 – Members Management of Antidepressant Medication
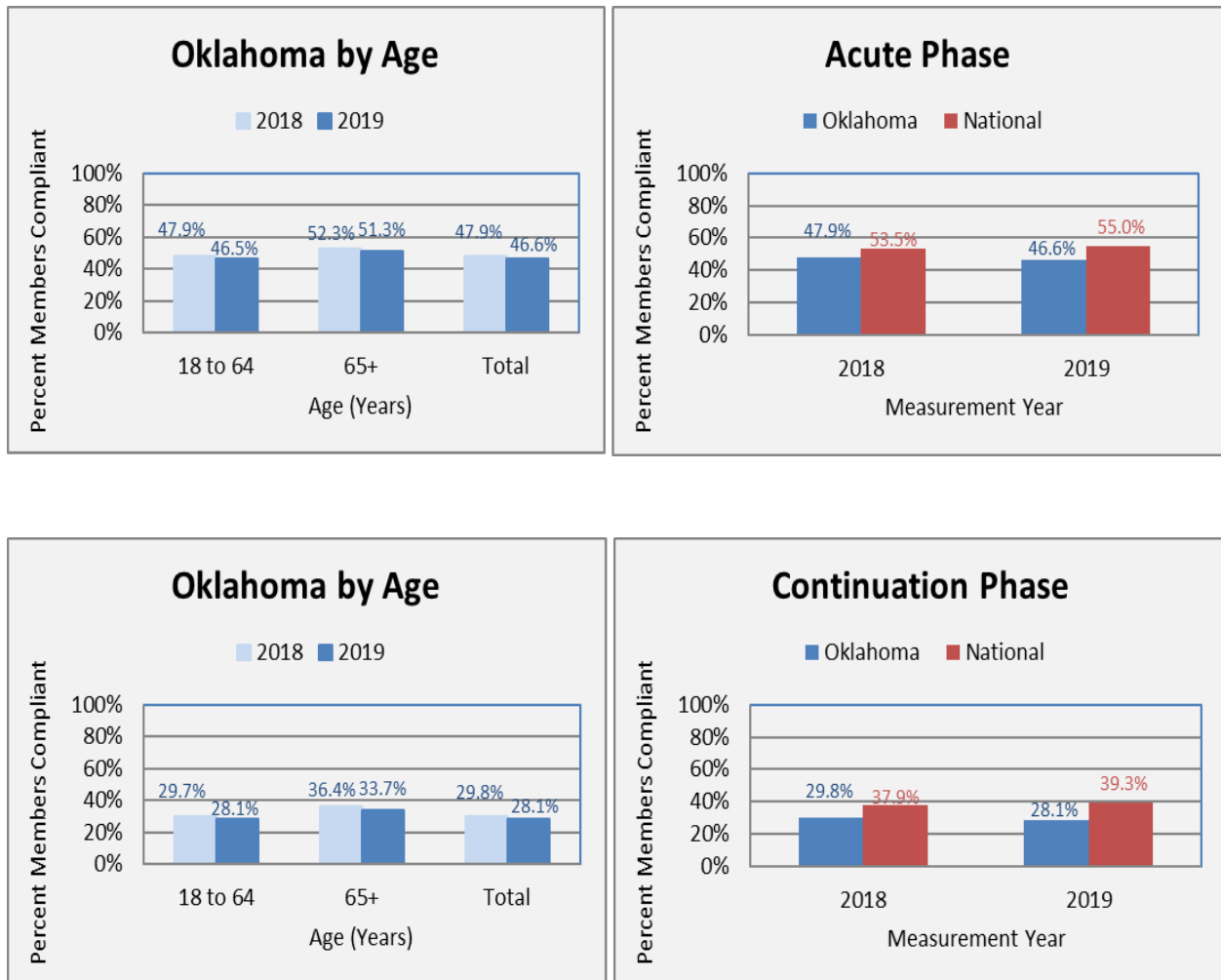
METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS

This measure calculates the percentage of children one to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- Percentage of members on antipsychotics who received blood glucose testing;
- Percentage of members on antipsychotics who received cholesterol testing; and
- Percentage of members on antipsychotics who received both blood glucose and cholesterol testing.

This is a new measure for 2019.

In 2019, blood glucose testing had the highest percentage of compliance at 42.9%. The compliance rate for the combination of blood glucose and cholesterol was below the national average.

Exhibit 29 displays compliance rates for members metabolic monitoring on antipsychotics in the 2019 measurement year.

Exhibit 29 – Members Metabolic Monitoring on Antipsychotics

Metabolic Monitoring on Antipsychotics
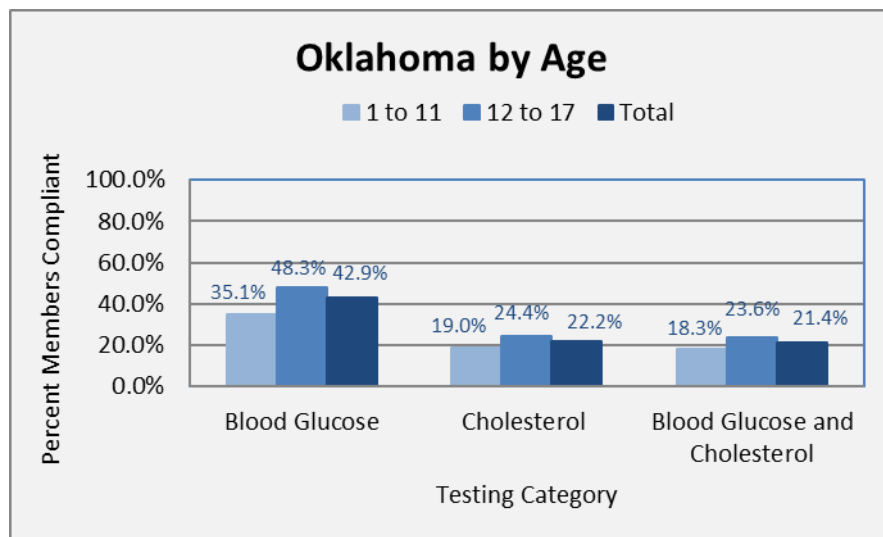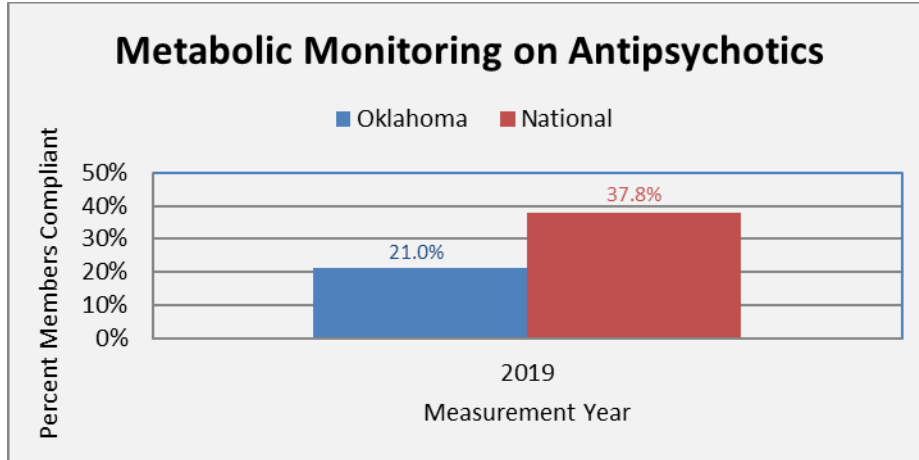
USE OF PHARMACOTHERAPY FOR OPIOID USE DISORDER

This measure calculates the percentage of members 18 to 64 years of age with an opioid use disorder who filled a prescription for an FDA-approved medication or were administered an FDA-approved medication for the disorder during the measurement year. The pharmacotherapy methods measured are buprenorphine, oral naltrexone, long-acting injectable naltrexone, and methadone. A total is also measured for members who had any one of the other four pharmacotherapy methods.

This is a new measure for 2019.

In 2019, the total compliance rate was 18.9%. The buprenorphine pharmacotherapy method experienced the highest compliance rate. There are no national averages for this measure.

Exhibit 30 displays compliance rates for members use of pharmacotherapy for opioid use disorder in the 2019 measurement year.

Exhibit 30 – Members Use of Pharmacotherapy for Opioid Use Disorder
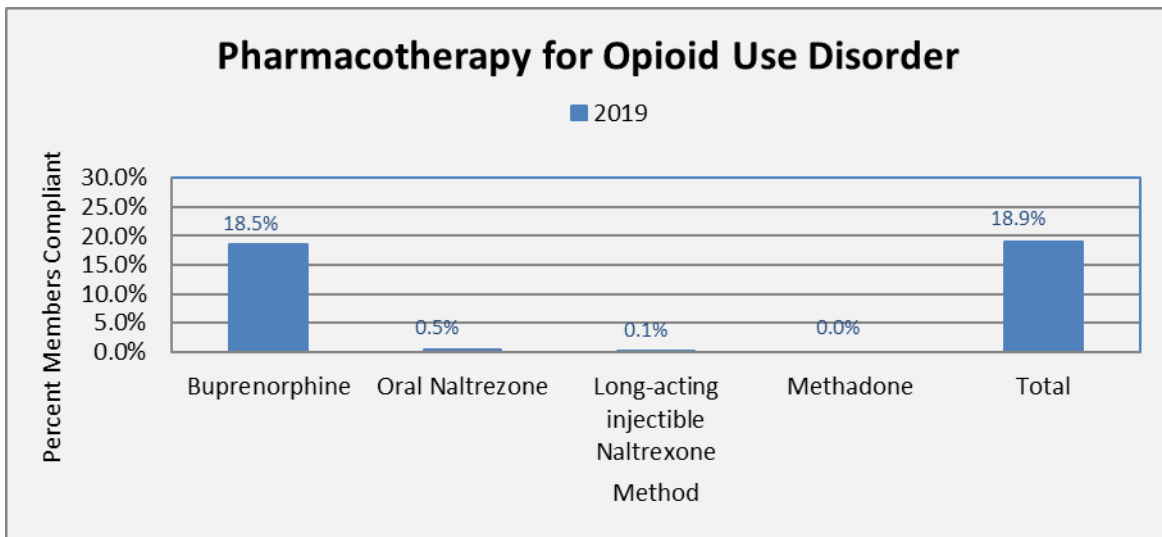
DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS

This measure calculates the percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

This is a new measure for 2019.

In 2019, the total compliance rate was 72.6%, which is below the national average.

Exhibit 31 displays compliance rates for members receiving a diabetes screening that have schizophrenia or bipolar disorder who are using antipsychotic medications in the 2019 measurement year.

Exhibit 31 – Members Receiving a Diabetes Screening that have Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications
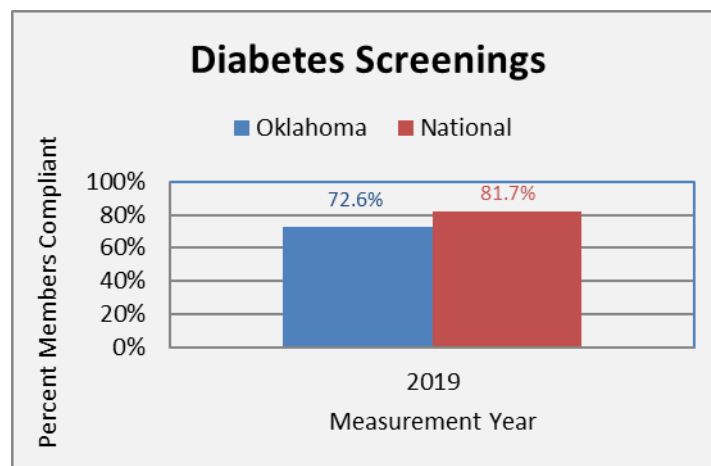
ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA

This measure calculates the percentage of members 18 years of age an older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

This is a new measure for 2019.

In 2019, the total compliance rate was 29.2%, which is below the national average.

Exhibit 32 displays compliance rates for members adherence to antipsychotic medications for members with schizophrenia in the 2019 measurement year.

Exhibit 32 – Members Adhering to Antipsychotic Medications for Individuals with Schizophrenia
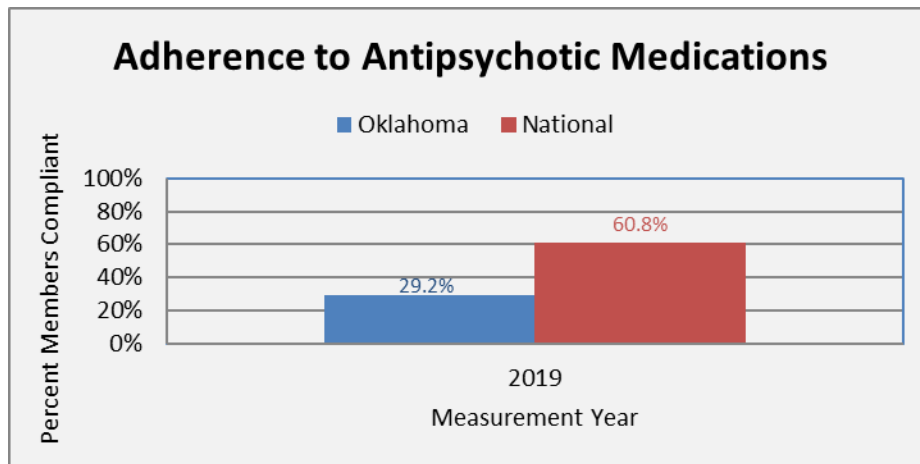
CHAPTER FOUR: UTILIZATION

For 2020, Oklahoma reported 12 service utilization measures, all of which were part of the CMS Measure Set. These included measures related to prenatal and postpartum care (three measures), well-child visits (three measures), and hospital (inpatient and outpatient) utilization (six measures).

Measure	NCQA	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 3rd, 4th, 5th & 6th 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 women with deliveries of live births who received a postpartum care visits between days seven and 84 after delivery.

There were multiple methodology changes to this measure to be compliant with current CMS specifications. The primary methodology changes were an expansion of the timeframe for identifying live births, extension of the continuous enrollment timeframe criteria after delivery, a change to the timeframe for postpartum visits, and the removal of using prenatal or postpartum bundled services to identify member compliance. CMS specifications prohibit using any prenatal or postpartum bundled service codes (identified as global codes in prior reports) to identify prenatal or postpartum services unless the claims information can specify those services were being rendered.

The 2019 compliance rate increased 7.1% but was below the national average. However, Oklahoma uses a global code payment methodology, which likely resulted in an underreporting of the actual rate[4]. Caution also should be exercised when reviewing the 2018 to 2019 trend due to methodology changes.

Exhibit 33 displays compliance rates for 2018 and 2019.

Exhibit 33 –Mothers Receiving a Postpartum Care Visit

---
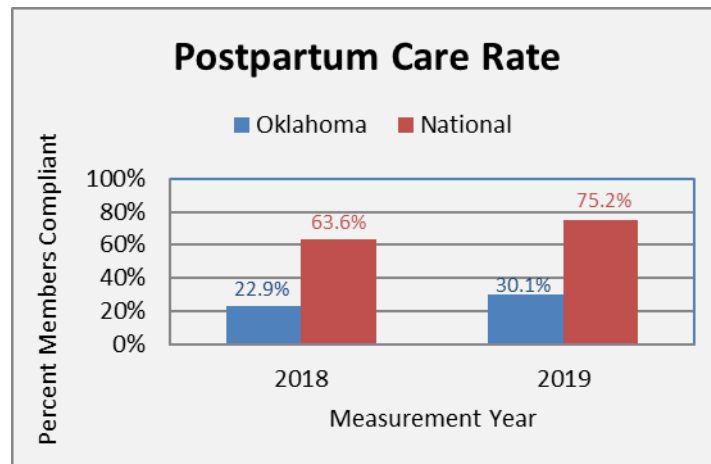
[4] The enrollment of pregnant women into MCOs starting in October 2020 may affect the reported rate, as MCOs will not be required to use the global code payment methodology.

TIMELINESS OF PRENATAL CARE

This measure calculates the percentage of women with deliveries of live births 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.

There were multiple methodology changes to this measure to be compliant with current CMS specifications. The primary methodology changes were an expansion of the timeframe for identifying live births, extension of the continuous enrollment timeframe criteria after delivery, a change to allow compliance for prenatal care visits that occur before eligibility enrollment start date, and the removal of using prenatal or postpartum bundled services to identify member compliance. CMS specifications prohibit using any prenatal or postpartum bundled service codes (identified as global codes in prior reports) to identify prenatal or postpartum services unless the claims information can specify those services were being rendered.

The 2019 compliance rate experienced a decrease from 2018 and was below the national average. As noted with the prior measure, Oklahoma uses a global code payment methodology, which likely resulted in an underreporting of the actual rate. Caution also should be exercised when reviewing the 2018 to 2019 trend due to the methodology changes.

Exhibit 34 displays compliance rates for measurement years 2018 and 2019.

Exhibit 34 –Women Receiving Timely Prenatal Care
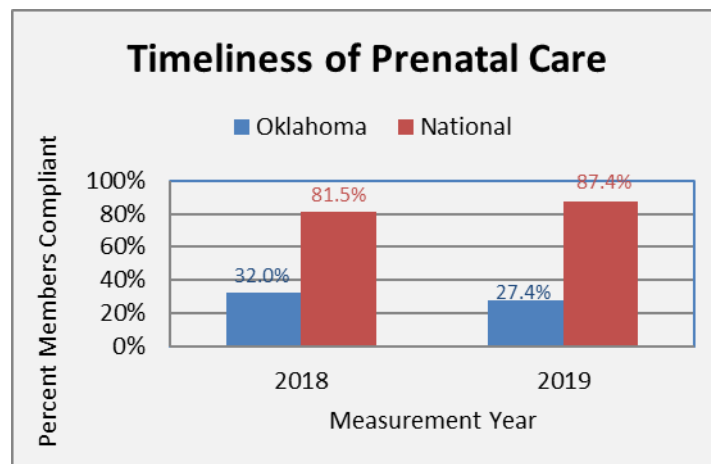
CONTRACEPTIVE CARE – POSTPARTUM WOMEN

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 2019 total compliance rates increased for both methods from 2018. This increase was partially influenced by a change in methodology to comply with CMS specifications and a programming adjustment to capture more completely all compliant members. There are no national averages for this measure.

Exhibit 35 displays compliance rates for the 2018 and 2019 measurement years. Caution should be exercised when reviewing the 2018 to 2019 trend due to the methodology changes.

Exhibit 35 –Postpartum women receiving contraceptive care
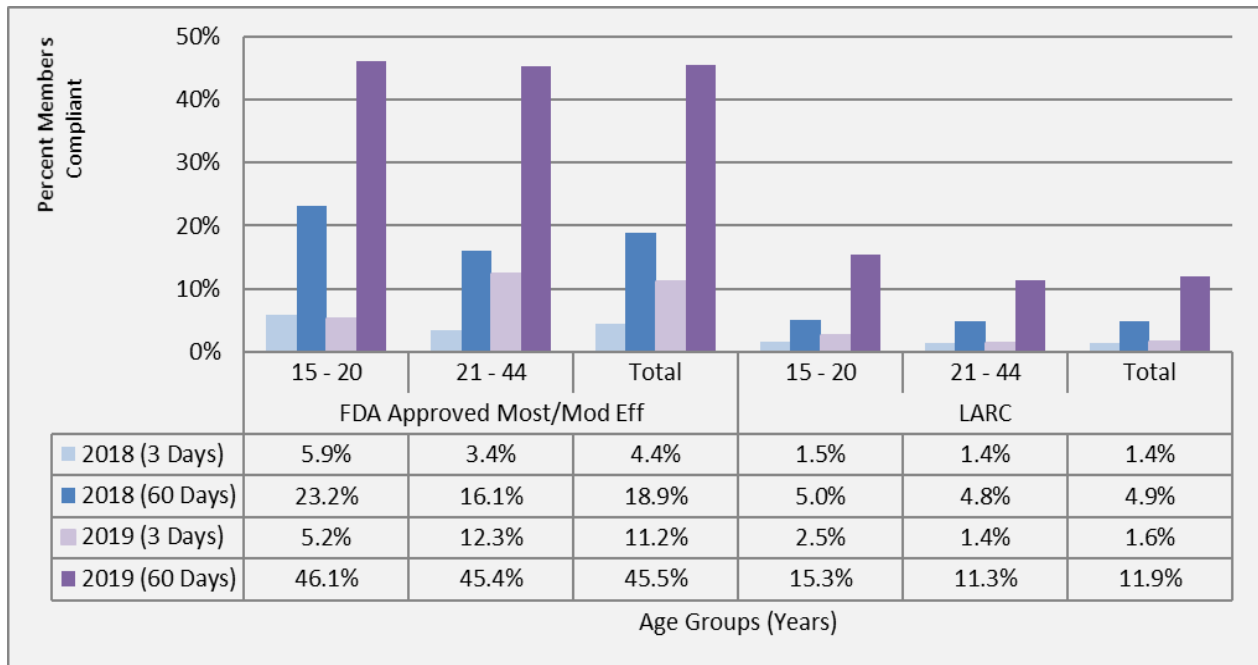
	FDA Approved Most/Mod Eff			LARC		
	15 - 20	21 - 44	Total	15 - 20	21 - 44	Total
2018 (3 Days)	5.9%	3.4%	4.4%	1.5%	1.4%	1.4%
2018 (60 Days)	23.2%	16.1%	18.9%	5.0%	4.8%	4.9%
2019 (3 Days)	5.2%	12.3%	11.2%	2.5%	1.4%	1.6%
2019 (60 Days)	46.1%	45.4%	45.5%	15.3%	11.3%	11.9%

Age Groups (Years)

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 are 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 2019 compliance rates for 15-month-olds decreased in terms of overall visits and percent of members with 6 or more visits. The 6-or-more visit rate also dropped below the national average.

The compliance rate for the three to six age grouping decreased from 2018 to 2019 and remained below the national average.

The compliance rate for the adolescent age grouping also decreased from 2018 to 2019 and remained below the national average.

Caution should be exercised when reviewing the 2018 to 2019 trend. The methodology was updated to conform to CMS specifications and more accurately calculate the compliance rate.

Exhibit 36 displays the compliance rates for the three age categories for well-child visits for 2018 and 2019.

Exhibit 36 – Well-Child Visits for Children and Adolescents

Ages 3 to 6 Years

■ Oklahoma ■ National

Percent Members Compliant

100%		
80%	68.5% 72.1%	74.1%
60%		56.2%
40%		
20%		
0%		
	2018	2019

Measurement Year

Ages 12 to 21 Years

■ Oklahoma ■ National

Percent Members Compliant

100%		
80%		
60%	53.2%	55.5%
40%	42.8%	36.6%
20%		
0%		
	2018	2019

Measurement Year
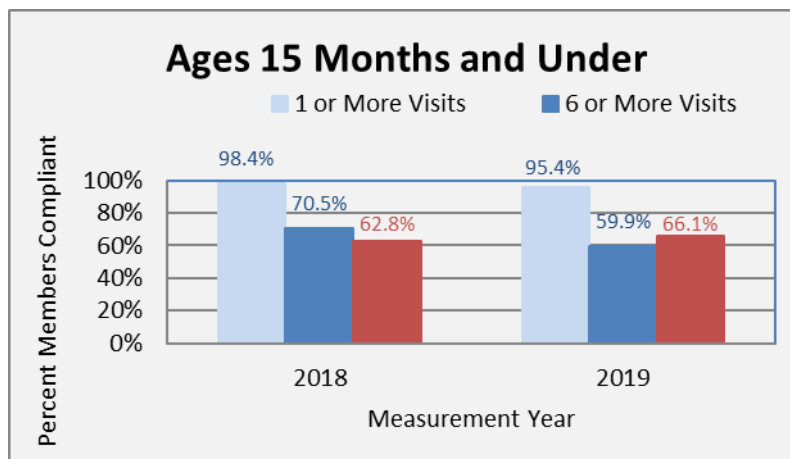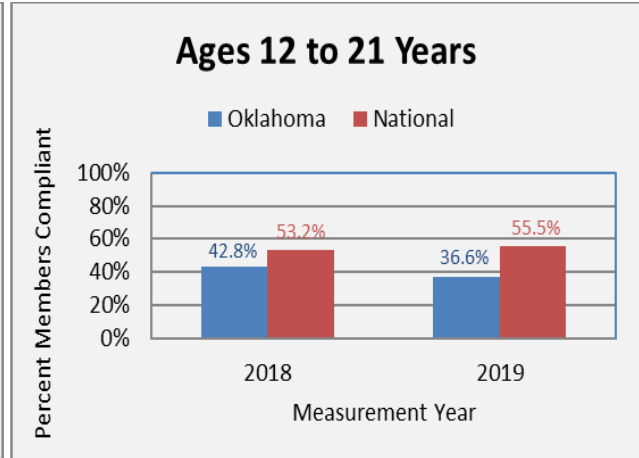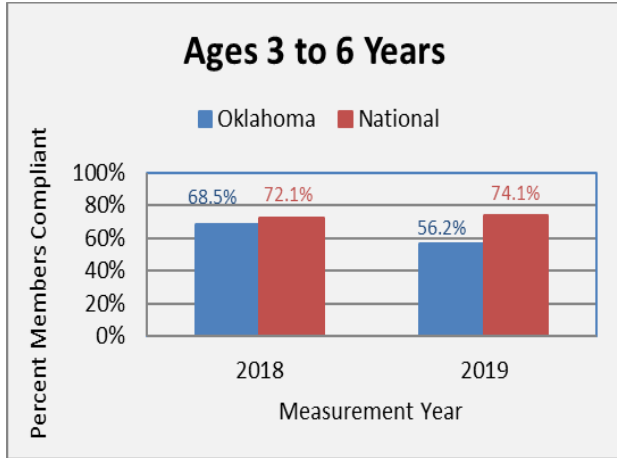
AMBULATORY CARE

This measure calculates the number of emergency department visits for SoonerCare members to age 19, per 1,000 months of eligibility (member months). 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. Months of eligibility were calculated based on the member's eligibility as of the fifteenth of the month.

The reporting of this measure changed to comply with CMS specifications. CMS requires only reporting emergency department rates for members up to the age of 19.

In 2019 the total emergency department visits per 1,000 member months decreased slightly from 2018. The largest decrease was in the age grouping members under one year of age. (A lower rate is better.)

Exhibit 37 displays the ED visits rates for 2018 and 2019.

Exhibit 37 – Emergency Department Visit Rate for SoonerCare Members

	Under 1	1 to 9	10 to 19	Total
2018	90	75	49	65
2019	84	74	49	64

Age Groups (Years)

Quality of Care in the SoonerCare Program – February 2021
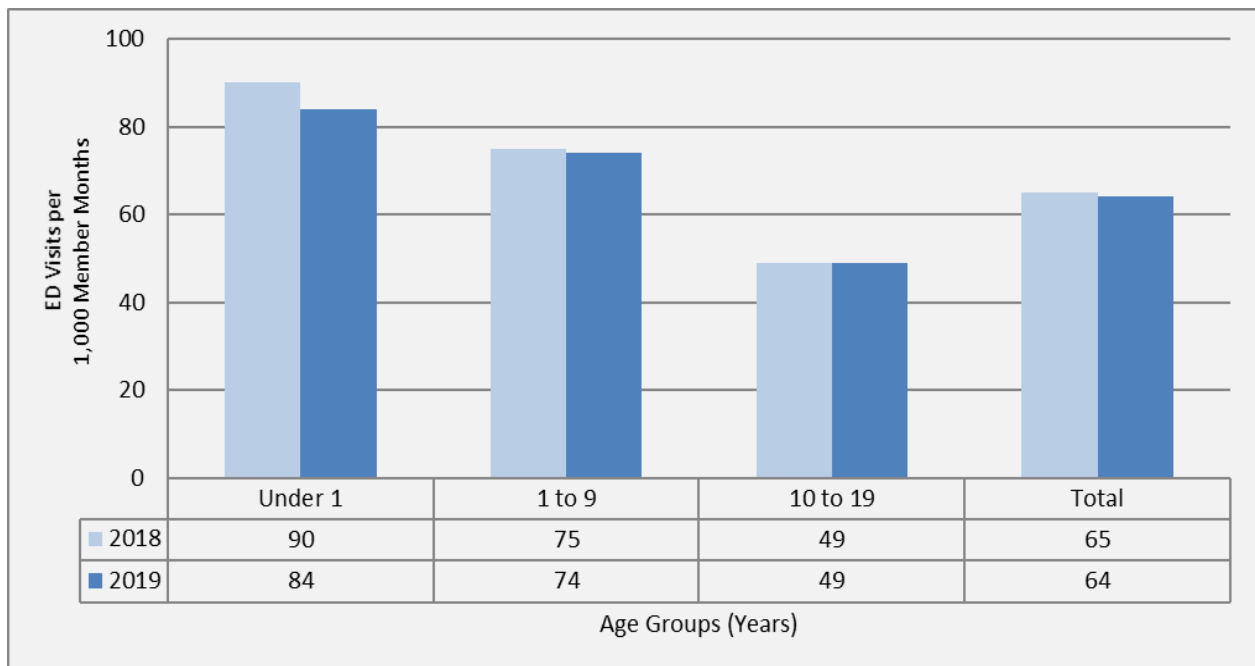
HOSPITAL ADMISSION RATES FOR PREVENTION QUALITY INDICATORS (PQI)

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.
- Chronic Obstructive Pulmonary Disease 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 an 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 2019 all had slight increases from 2018.

Exhibit 38 displays hospital admission per 100,000 member months by admission type and age cohort in 2018 and 2019.

Exhibit 38 – Hospital Admission Rates for PQI Measures

	Diabetes		COPD			CHF		Asthma		
	18-64	65+	18-64	40+	65+	18-64	65+	18-39	40-64	65+
2018	32.22	3.23	33.51	53.51	21.89	23.12	15.17	14.62	12.67	2.49
2019	33.29	4.78	34.00	54.82	22.07	23.60	16.16	14.99	13.70	2.73

Age Groups (Years)

PHPG   48
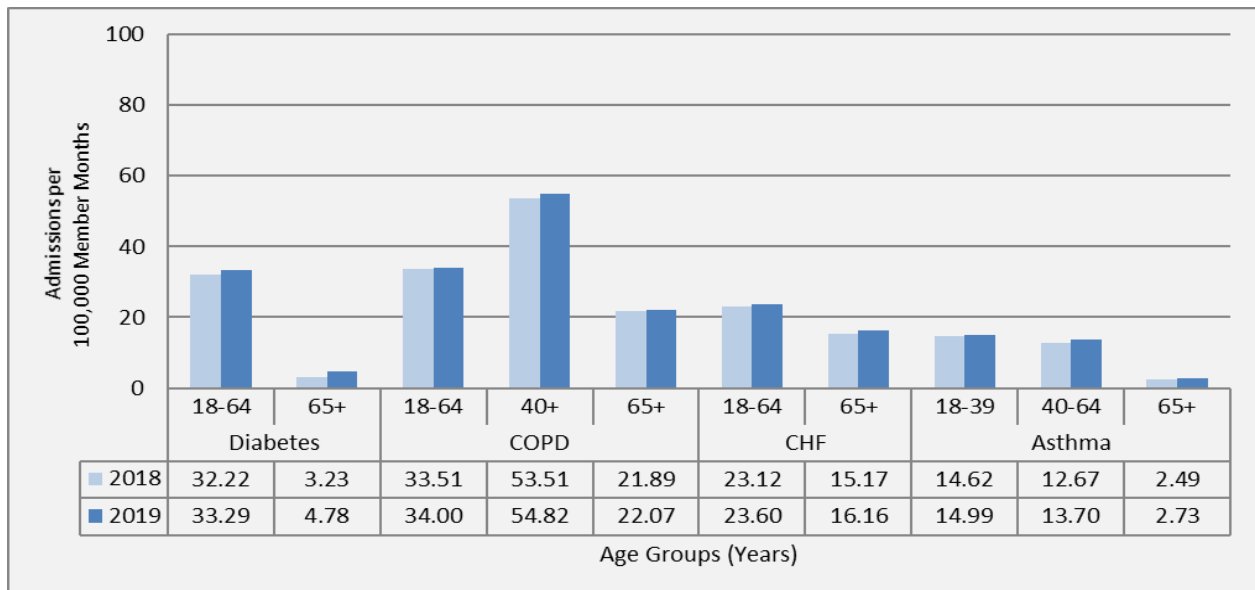
PLAN ALL-CAUSE READMISSION RATE

This measure calculates the number members ages 18 to 64 with an acute inpatient or observation 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:

- Observed Readmission Rate
- Expected Readmission Rate
- Observed-to-Expected Readmission Ratio (O/E Ratio)

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

The methodology for this measure was changed to be in compliance with CMS specifications. The changes include the following:
- Removed age stratifications and focused on reporting a total for the entire population.
- The measure now includes observation stays in addition to acute inpatient stays
- Outlier beneficiaries, members with 4 or more index hospital stays, were removed from the risk-adjusted measure rates.

In 2019, the observed readmission rate increased from 2018. The O/E ratio increased to 1.18. An O/E ratio above 1 indicates that there were more readmissions than expected based upon the types of admissions.

Exhibit 39 displays the readmission rate, expected readmission rate, and O/E Ratio. Caution should be exercised when reviewing the 2018 to 2019 trend due to the methodology changes.

Exhibit 39 – Readmission Rates and O/E Ratio
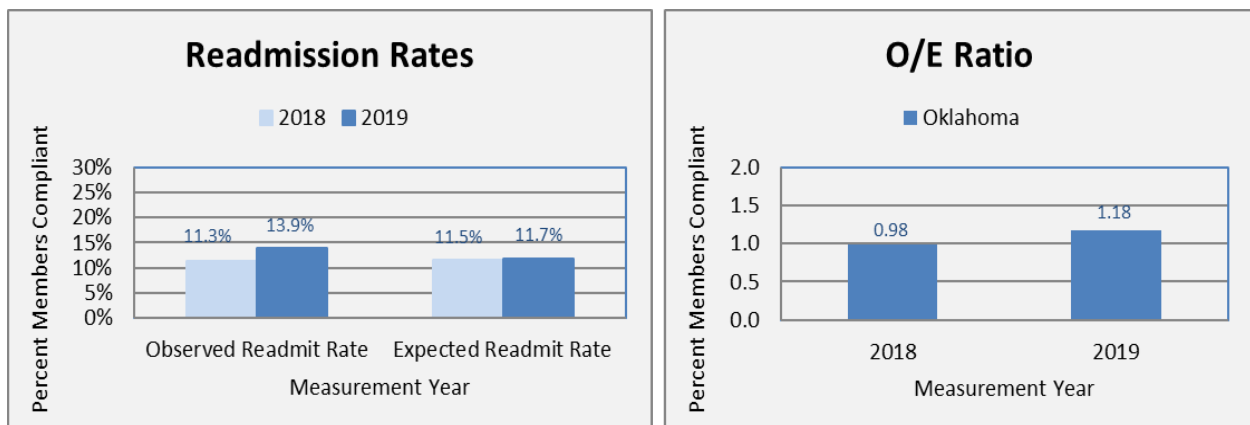
APPENDIX A: 2019 COMPLIANCE RATE DEMOGRAPHICS

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%	85.6%	87.7%	82.3%	89.6%	85.2%	89.0%	61.4%	83.8%	87.2%	88.1%	83.2%	86.4%	85.7%	87.7%	78.7%
20 to 44	80.9%	82.7%	79.0%	73.8%	84.4%	80.0%	82.3%	59.8%	79.5%	81.1%	82.3%	76.6%	79.2%	74.2%	82.3%	77.3%
45 to 64	90.4%	90.5%	90.3%	86.6%	93.0%	88.9%	91.8%	77.4%	88.7%	90.4%	90.9%	87.3%	92.5%	87.4%	91.5%	86.7%
65 and Over	91.4%	90.9%	91.4%	87.4%	93.2%	88.6%	93.8%	100.0%	86.5%	91.7%	91.8%	87.2%	95.1%	89.1%	93.9%	66.7%
ABA: Adult Body Mass Index (BMI) Assessment																
Total	32.3%	27.0%	35.1%	26.5%	35.9%	32.8%	32.0%	26.6%	26.9%	32.6%	32.3%	33.5%	32.9%	16.5%	37.0%	23.7%
18 to 64	31.8%	27.0%	35.1%	26.1%	35.4%	32.0%	31.6%	26.8%	27.5%	32.0%	31.6%	32.7%	32.7%	19.3%	37.4%	23.7%
65 to 75	35.0%	5.3%	35.1%	29.1%	37.9%	36.4%	33.9%	0.0%	24.5%	35.7%	35.6%	38.0%	34.5%	13.4%	34.5%	0.0%
WCC-CH: BMI Assessment for Children & Adolescents																
Total	11.7%	11.9%	11.2%	12.0%	11.4%	11.7%	11.8%	8.2%	13.5%	11.2%	11.1%	13.0%	15.4%	7.3%	11.1%	11.0%
3 to 11	9.1%	9.2%	8.6%	9.4%	8.8%	9.1%	9.2%	5.6%	10.2%	8.7%	8.8%	9.5%	10.8%	6.5%	9.4%	8.5%
12 to 17	16.5%	16.9%	15.4%	16.9%	16.1%	16.7%	16.2%	13.9%	19.7%	15.5%	15.1%	19.0%	22.2%	9.5%	15.8%	15.4%

CIS: Childhood Immunization Status																
Dtap	23.6%	24.7%	18.0%	23.4%	23.8%	27.8%	17.7%	20.2%	28.1%	22.1%	25.2%	24.1%	13.0%	26.8%	23.8%	22.0%
IPV	31.7%	32.8%	26.3%	31.4%	32.1%	36.1%	25.6%	28.6%	34.6%	30.8%	33.2%	33.9%	19.5%	33.3%	31.8%	29.3%
MMR	41.3%	42.4%	35.9%	41.1%	41.5%	47.5%	32.5%	40.5%	43.4%	40.6%	42.5%	48.3%	26.5%	44.3%	43.9%	39.5%
HiB	32.6%	33.8%	26.7%	32.4%	32.8%	37.4%	25.9%	27.4%	36.2%	31.4%	34.1%	35.2%	19.6%	36.6%	32.3%	31.4%
Hep B	15.6%	16.3%	12.0%	15.3%	15.8%	19.6%	9.8%	13.9%	17.3%	15.0%	16.6%	17.3%	8.2%	13.9%	17.5%	15.0%
VZV	41.0%	42.0%	35.6%	40.8%	41.1%	47.1%	32.2%	40.1%	43.1%	40.3%	42.2%	47.6%	26.6%	44.6%	43.4%	38.8%
PCV	25.3%	26.5%	19.4%	24.9%	25.8%	30.1%	18.7%	19.8%	29.7%	23.9%	26.6%	28.3%	14.0%	30.1%	24.8%	24.2%
Hep A	42.9%	43.8%	38.3%	42.8%	43.1%	48.5%	35.0%	41.7%	43.8%	42.6%	43.6%	50.2%	29.2%	46.7%	47.1%	41.2%
RV	25.4%	26.3%	21.2%	25.2%	25.7%	28.7%	21.0%	19.4%	27.5%	24.7%	26.8%	24.7%	15.1%	28.6%	23.8%	23.4%
Flu	16.2%	16.8%	12.8%	15.9%	16.5%	19.6%	11.2%	16.7%	19.2%	15.2%	17.7%	12.8%	10.3%	25.6%	15.3%	15.1%
Combo 2	11.1%	11.8%	7.7%	10.9%	11.4%	14.1%	6.9%	9.5%	13.4%	10.4%	12.0%	11.9%	5.3%	11.5%	13.0%	10.3%
Combo 3	10.8%	11.4%	7.5%	10.5%	11.1%	13.7%	6.7%	8.7%	13.0%	10.1%	11.7%	11.6%	5.2%	11.3%	12.3%	9.8%
Combo 4	10.5%	11.2%	7.3%	10.3%	10.8%	13.3%	6.6%	8.3%	12.3%	9.9%	11.4%	11.5%	5.2%	11.1%	12.0%	9.6%
Combo 5	9.3%	9.8%	6.4%	9.0%	9.5%	11.8%	5.7%	6.7%	27.3%	3.4%	10.0%	9.8%	4.5%	9.6%	11.0%	8.0%
Combo 6	5.4%	5.7%	3.7%	5.3%	5.6%	6.9%	3.3%	4.8%	7.1%	4.9%	6.2%	3.8%	2.7%	8.4%	5.5%	4.3%
Combo 7	9.1%	9.7%	6.3%	8.9%	9.3%	11.6%	5.7%	6.3%	10.3%	8.7%	9.8%	9.7%	4.5%	9.6%	10.8%	7.9%
Combo 8	7.7%	8.1%	5.6%	7.5%	7.9%	9.8%	4.7%	6.7%	9.7%	7.1%	8.6%	6.4%	3.9%	9.6%	9.8%	6.8%
Combo 9	6.9%	7.2%	5.0%	6.8%	6.9%	8.8%	4.1%	5.2%	8.4%	6.4%	7.7%	5.3%	3.4%	8.5%	9.5%	5.7%
Combo 10	6.8%	7.1%	4.9%	6.7%	6.8%	8.6%	4.1%	5.2%	8.2%	6.3%	7.6%	5.3%	3.4%	8.5%	9.3%	5.6%
IMA: Immunizations for Adolescents																
Men.	27.6%	29.2%	22.7%	27.8%	27.4%	32.6%	21.2%	19.1%	33.1%	25.9%	28.3%	35.3%	18.4%	27.6%	28.0%	27.5%
Tdap/Td	30.2%	31.7%	25.2%	30.5%	29.8%	34.5%	24.7%	20.4%	34.6%	28.7%	31.2%	36.8%	20.0%	28.3%	32.3%	31.3%
HPV	7.7%	8.3%	5.5%	7.7%	7.6%	9.4%	5.5%	4.9%	10.5%	6.7%	8.0%	9.8%	4.6%	7.9%	9.9%	6.5%
Combo 1 (Men, Tdap)	25.8%	27.2%	21.0%	26.0%	25.5%	30.5%	19.7%	17.8%	31.2%	24.0%	26.5%	33.0%	17.3%	25.3%	27.2%	25.5%
Combo 2 (Men, Tdap, HPV)	6.8%	7.5%	4.8%	6.9%	6.8%	8.5%	4.6%	3.6%	9.7%	5.9%	7.3%	8.8%	4.1%	6.6%	9.1%	5.6%
BCS: Breast Cancer Screening																
Total	39.4%	38.9%	39.6%	0.0%	39.4%	38.6%	40.2%	33.3%	43.9%	39.2%	39.3%	42.9%	34.5%	45.5%	32.6%	29.2%
50 to 64	39.9%	38.9%	40.3%	0.0%	39.9%	39.4%	40.3%	20.0%	44.4%	39.7%	40.0%	43.5%	32.6%	41.7%	32.0%	29.2%
65 and Over	38.6%	36.4%	38.6%	0.0%	38.6%	37.1%	39.9%	100.0%	43.4%	38.3%	37.9%	41.4%	38.3%	47.1%	34.1%	0.0%
CCS: Cervical Cancer Screening																
Total	38.2%	46.7%	30.3%	0.0%	38.2%	41.5%	34.3%	45.7%	47.8%	37.5%	37.9%	45.9%	24.4%	41.4%	24.7%	48.4%

CHL: Chlamydia Screening in Women																
Total	43.7%	45.5%	39.5%	0.0%	43.7%	45.9%	41.1%	54.3%	45.8%	43.3%	43.2%	54.9%	33.9%	29.6%	49.0%	46.3%
16 to 20	40.2%	41.7%	36.6%	0.0%	40.2%	42.0%	38.3%	50.0%	42.9%	39.7%	40.1%	50.4%	31.2%	25.8%	43.4%	42.5%
21 to 24	57.2%	63.9%	47.4%	0.0%	57.2%	60.8%	52.9%	64.7%	64.6%	56.3%	55.9%	67.4%	46.0%	46.4%	61.2%	68.1%
AMR: Asthma Medication Ratio																
Total (5-64)	78.9%	78.4%	80.5%	79.6%	78.2%	74.8%	84.5%	79.2%	77.5%	79.2%	82.3%	64.4%	84.0%	84.2%	78.3%	79.7%
5 to 11	82.5%	81.7%	85.4%	81.8%	83.4%	78.8%	87.7%	75.8%	80.0%	83.0%	85.8%	68.9%	87.6%	91.7%	76.2%	81.5%
12 to 18	76.9%	75.9%	80.2%	77.2%	76.6%	73.0%	82.3%	82.4%	74.3%	77.5%	81.0%	63.2%	80.2%	75.8%	82.1%	78.2%
Total (5-18)	80.3%	79.5%	83.2%	80.0%	80.7%	76.6%	85.6%	78.0%	78.0%	80.8%	83.9%	66.5%	84.5%	87.2%	78.1%	80.3%
19 to 50	68.0%	66.1%	71.4%	74.8%	65.0%	59.6%	78.0%	100.0%	62.3%	68.2%	71.4%	51.5%	78.0%	70.0%	76.5%	68.3%
51 to 64	77.3%	80.9%	72.5%	76.2%	77.6%	72.5%	81.2%	0.0%	72.7%	77.4%	81.8%	59.6%	83.0%	50.0%	81.1%	50.0%
Total (19-64)	71.3%	71.0%	71.8%	75.2%	69.7%	63.8%	79.3%	100.0%	65.1%	71.6%	75.4%	54.3%	79.6%	62.5%	78.9%	66.7%
DEV: Developmental Screening in the First Three Years of Life																
Total	26.5%	27.2%	22.4%	26.5%	26.6%	32.5%	18.3%	21.7%	28.6%	25.9%	27.2%	32.9%	15.3%	25.9%	28.8%	30.5%
0 to 12 Months	21.7%	21.9%	19.6%	21.2%	22.2%	26.6%	15.0%	21.4%	22.1%	21.6%	21.5%	30.9%	11.5%	22.6%	26.5%	29.0%
2 Years	33.1%	34.0%	28.2%	32.7%	33.5%	40.3%	23.1%	25.0%	34.7%	32.6%	34.1%	38.8%	19.5%	34.5%	37.6%	35.0%
3 Years	26.3%	27.6%	19.7%	26.9%	25.8%	32.4%	18.1%	19.4%	30.2%	25.1%	27.8%	30.6%	16.4%	23.0%	23.6%	28.3%
ADD: Follow-Up Care for Children Prescribed ADHD Medication																
Initiaion Phase	60.5%	60.5%	60.8%	60.0%	61.7%	61.5%	59.4%	59.9%	60.6%	60.5%	60.7%	58.9%	59.4%	56.5%	63.8%	58.7%
Continuation Phase	64.8%	65.1%	63.3%	64.4%	65.7%	64.8%	64.6%	71.4%	63.9%	64.9%	64.9%	63.4%	63.5%	63.3%	68.4%	63.9%
FUH: Follow-Up After Hospitalization for Mental Illness: 7 Days After Discharge																
Total	30.1%	44.1%	18.9%	30.1%	30.1%	30.2%	30.1%	27.3%	30.3%	30.1%	30.3%	30.0%	30.0%	29.4%	29.8%	29.6%
6 to 17	41.5%	45.0%	33.1%	41.4%	41.5%	41.5%	41.4%	41.2%	41.6%	41.4%	41.5%	41.4%	41.5%	41.4%	41.3%	41.1%
18 to 64	24.4%	40.9%	18.2%	24.4%	24.3%	24.4%	24.3%	20.0%	24.4%	24.4%	24.5%	24.1%	24.3%	23.8%	24.0%	23.5%
65+	7.2%	0.0%	7.2%	7.3%	7.1%	7.3%	7.1%	0.0%	7.5%	7.1%	7.6%	6.9%	6.6%	4.2%	6.3%	6.3%
FUH: Follow-Up After Hospitalization for Mental Illness: 30 Days After Discharge																
Total	50.2%	67.1%	36.6%	50.1%	50.3%	50.2%	50.3%	48.5%	50.0%	50.3%	50.1%	50.5%	50.5%	50.7%	50.5%	50.0%
6 to 17	68.1%	69.1%	65.9%	68.0%	68.2%	68.1%	68.2%	70.6%	68.0%	68.2%	68.0%	68.5%	68.6%	68.6%	68.2%	68.1%
18 to 64	40.0%	59.4%	32.9%	40.0%	40.1%	40.0%	40.1%	40.0%	39.9%	40.1%	40.0%	40.5%	39.7%	40.5%	40.4%	40.0%
65+	15.8%	18.2%	15.8%	15.7%	16.0%	15.8%	16.1%	0.0%	15.6%	15.9%	15.7%	15.9%	16.5%	16.7%	16.7%	14.6%
PPC-AD: Postpartum Care Rate (No Bundled Service Codes)																
Total	30.1%	31.2%	28.2%	0.0%	30.1%	28.1%	32.6%	27.9%	33.5%	29.5%	29.6%	27.1%	35.4%	37.8%	30.7%	26.9%
PPC-CH: Timeliness of Prental Care (No Bundled Service Codes)																
Total	27.4%	24.5%	32.2%	0.0%	27.4%	27.6%	26.8%	37.9%	30.4%	26.9%	26.3%	27.6%	30.0%	27.5%	28.4%	30.5%

WCV: Well-Child Visits in the First 15 Months of Life																
0 Visits	4.6%	3.8%	9.0%	4.9%	4.3%	3.8%	5.7%	3.3%	2.9%	5.1%	4.2%	6.1%	5.6%	3.1%	3.3%	4.9%
1 Visit	4.5%	4.1%	6.9%	4.6%	4.5%	2.9%	6.8%	7.1%	2.7%	5.1%	3.6%	4.4%	10.8%	1.9%	4.3%	4.3%
2 Visits	5.2%	5.0%	6.6%	5.0%	5.4%	3.8%	7.2%	6.3%	2.8%	6.0%	3.8%	5.1%	12.6%	2.5%	6.6%	4.7%
3 Visits	5.9%	5.7%	7.3%	5.9%	6.0%	4.6%	7.8%	8.8%	3.9%	6.6%	4.8%	6.1%	11.7%	4.7%	7.8%	5.4%
4 Visits	7.6%	7.2%	9.6%	7.7%	7.5%	6.5%	9.0%	8.8%	5.7%	8.2%	6.7%	8.3%	12.1%	6.0%	7.3%	6.1%
5 Visits	12.2%	12.0%	13.3%	12.1%	12.3%	11.1%	13.6%	15.0%	10.5%	12.8%	11.9%	14.8%	10.4%	11.6%	12.8%	12.4%
6+ visits	59.9%	62.1%	47.3%	59.8%	60.1%	67.2%	49.9%	50.8%	71.6%	56.2%	65.0%	55.3%	36.8%	70.2%	57.9%	62.2%
1+ visits	95.4%	96.2%	91.0%	95.1%	95.7%	96.2%	94.3%	96.7%	97.1%	94.9%	95.8%	93.9%	94.4%	96.9%	96.7%	95.1%
W34: Well-Child Visits in the 3rd to 6th Years of Life																
1+ visit	56.2%	60.0%	43.3%	56.6%	55.7%	61.2%	49.3%	46.1%	64.8%	53.4%	59.0%	55.1%	43.6%	67.5%	51.4%	56.7%
AWC: Adolescent Well-Care Visits																
1+ visit	36.6%	40.8%	26.2%	36.6%	36.5%	40.7%	31.4%	23.9%	46.6%	33.6%	37.2%	37.9%	31.3%	43.0%	37.4%	37.5%
SEAL-CH: Sealants for age 6-9 at Elevated Caries Risk																
Total	26.6%	26.4%	27.6%	26.6%	26.6%	26.0%	27.4%	27.2%	25.5%	27.1%	26.6%	26.2%	27.5%	21.6%	32.3%	26.1%
CCW:Contraceptive Care - Most and Moderately Effective Methods By Women Ages 15-44																
Total: FDA Approved	28.2%	30.3%	24.4%	0.0%	28.2%	25.9%	31.1%	21.8%	22.8%	29.1%	28.3%	23.6%	31.3%	17.3%	23.2%	28.1%
15-20	32.6%	33.6%	30.3%	0.0%	32.6%	28.2%	38.3%	25.1%	21.3%	35.9%	33.3%	25.6%	35.9%	15.1%	31.2%	29.9%
21-44	23.2%	25.7%	19.7%	0.0%	23.2%	23.2%	23.3%	18.5%	27.8%	22.9%	23.1%	21.9%	23.9%	21.8%	19.8%	25.0%
Total: LARC	4.1%	4.4%	3.4%	0.0%	4.1%	4.3%	3.8%	2.8%	4.2%	4.0%	4.0%	3.8%	4.2%	2.5%	3.4%	3.9%
15-20	4.3%	4.5%	3.9%	0.0%	4.3%	4.3%	4.3%	2.6%	3.6%	4.5%	4.3%	4.0%	4.6%	1.2%	6.0%	4.1%
21-44	3.8%	4.4%	3.0%	0.0%	3.8%	4.2%	3.3%	3.1%	6.4%	3.6%	3.8%	3.6%	3.6%	5.1%	2.3%	3.6%

IET: Initiation of Alcohol and Other Drug Dependence Treatment																
Total	38.4%	30.4%	46.1%	37.8%	38.8%	37.6%	39.4%	28.6%	38.3%	38.4%	39.3%	34.9%	40.6%	37.0%	36.9%	36.2%
13-17	34.8%	29.1%	53.8%	35.0%	34.6%	31.8%	40.3%	9.1%	34.0%	35.0%	40.9%	34.1%	26.2%	0.0%	28.9%	21.6%
18+	38.6%	30.6%	45.8%	38.1%	39.1%	38.1%	39.3%	34.2%	39.5%	38.6%	39.2%	35.0%	43.0%	38.5%	37.9%	39.2%
18-64	38.8%	30.5%	48.2%	38.7%	38.8%	38.2%	39.5%	34.2%	39.6%	38.7%	39.7%	34.6%	40.9%	40.0%	37.8%	39.4%
65+	37.9%	35.7%	37.9%	34.3%	41.6%	37.9%	37.8%	0.0%	38.5%	37.8%	35.6%	37.4%	67.2%	33.3%	38.5%	0.0%
Alcohol Abuse	32.9%	24.8%	39.4%	32.5%	33.3%	32.6%	33.3%	20.0%	32.7%	32.9%	32.9%	32.9%	33.3%	28.6%	33.1%	27.8%
13-17	25.0%	22.5%	32.4%	25.3%	24.7%	25.3%	25.4%	0.0%	24.0%	25.2%	24.4%	37.5%	26.7%	0.0%	26.7%	11.1%
18+	33.3%	25.1%	39.6%	32.9%	33.8%	33.0%	33.7%	23.1%	34.3%	33.2%	33.4%	32.8%	34.0%	28.6%	33.5%	31.1%
18-64	32.6%	25.1%	40.5%	32.0%	33.4%	32.5%	32.9%	23.1%	33.9%	32.5%	32.4%	32.7%	33.7%	25.0%	33.0%	31.8%
65+	36.7%	25.0%	37.2%	36.4%	37.5%	35.8%	37.9%	0.0%	36.4%	36.8%	38.1%	33.7%	36.7%	33.3%	36.1%	0.0%
Opioid Abuse	53.0%	53.6%	52.7%	53.2%	52.9%	55.2%	50.9%	50.0%	54.9%	52.9%	53.2%	55.2%	51.4%	33.3%	52.1%	45.5%
13-17	38.9%	37.5%	50.0%	33.3%	44.4%	40.0%	42.9%	0.0%	50.0%	37.5%	44.4%	0.0%	28.6%	0.0%	100.0%	0.0%
18+	53.2%	54.1%	52.7%	53.6%	53.0%	55.4%	51.0%	60.0%	55.1%	53.1%	53.3%	55.2%	52.9%	33.3%	51.7%	47.6%
18-64	54.3%	54.3%	54.2%	54.6%	54.1%	55.5%	52.9%	60.0%	55.0%	54.2%	54.7%	56.2%	52.9%	33.3%	51.0%	47.6%
65+	49.6%	42.9%	49.7%	50.0%	49.4%	54.9%	45.3%	0.0%	55.6%	49.4%	49.0%	51.5%	52.9%	33.3%	55.6%	0.0%
Other Drug Abuse	34.1%	28.1%	41.6%	36.0%	32.6%	33.5%	35.0%	21.2%	34.8%	34.0%	33.9%	34.8%	36.7%	40.0%	32.2%	29.6%
13-17	36.7%	28.3%	64.5%	35.3%	38.3%	37.3%	37.2%	0.0%	33.7%	37.3%	36.8%	37.5%	37.5%	100.0%	36.5%	30.0%
18+	33.8%	28.1%	40.3%	36.1%	32.1%	33.1%	34.7%	28.0%	35.1%	33.7%	33.6%	34.6%	36.5%	35.7%	31.4%	29.5%
18-64	33.5%	28.1%	40.6%	36.0%	31.7%	32.7%	34.5%	28.0%	34.5%	33.4%	33.2%	34.6%	36.6%	38.5%	31.1%	29.5%
65+	38.2%	25.0%	38.5%	37.5%	38.9%	38.1%	38.2%	0.0%	46.2%	37.8%	39.9%	35.4%	33.3%	0.0%	40.0%	0.0%

IET: Engagement of Alcohol and Other Drug Dependence Treatment															
Total	10.4%	12.5%	8.4%	10.3%	10.5%	10.3%	10.6%	8.2%	12.3%	10.3%	10.6%	9.2%	11.6%	18.5%	10.0%	11.0%
13-17	18.9%	15.5%	30.3%	18.4%	19.5%	18.6%	19.8%	9.1%	18.4%	19.0%	18.4%	20.5%	18.0%	100.0%	20.5%	18.9%
18+	9.8%	12.2%	7.7%	9.6%	9.9%	9.6%	10.0%	7.9+	10.6%	9.7%	10.1%	8.8%	10.6%	15.4%	8.8%	9.4%
18-64	9.7%	12.2%	6.9%	9.7%	9.8%	9.6%	10.0%	7.9%	10.4%	9.7%	10.1%	8.6%	10.1%	15.0%	8.6%	9.4%
65+	10.1%	10.7%	10.1%	9.2%	11.1%	10.1%	10.1%	0.0%	12.8%	10.0%	9.6%	10.2%	15.5%	16.7%	10.8%	0.0%
Alcohol Abuse	5.5%	6.0%	5.1%	5.1%	6.1%	5.5%	5.5%	6.7%	8.2%	5.4%	5.5%	5.4%	6.5%	28.6%	4.7%	3.7%
13-17	11.5%	9.9%	16.2%	10.7%	12.3%	11.4%	11.9%	0.0%	12.0%	11.4%	11.6%	25.0%	10.0%	0.0%	13.3%	0.0%
18+	5.2%	5.6%	4.9%	4.8%	5.7%	5.1%	5.2%	7.7%	7.5%	5.1%	5.1%	5.1%	6.1%	28.6%	4.2%	4.4%
18-64	5.1%	5.6%	4.7%	4.8%	5.6%	5.1%	5.1%	7.7%	7.1%	5.0%	5.0%	4.9%	6.1%	50.0%	4.5%	4.5%
65+	5.4%	6.3%	5.4%	5.0%	6.7%	5.3%	5.6%	0.0%	9.1%	5.3%	5.6%	5.9%	6.7%	0.0%	2.8%	0.0%
Opioid Abuse	15.8%	24.9%	11.0%	16.4%	15.6%	16.7%	15.1%	0.0%	15.7%	15.8%	15.2%	18.2%	18.3%	33.3%	15.7%	13.6%
13-17	16.7%	12.5%	50.0%	22.2%	11.1%	20.0%	14.3%	0.0%	0.0%	18.8%	22.2%	0.0%	14.3%	0.0%	0.0%	0.0%
18+	15.8%	25.3%	10.9%	16.3%	15.6%	16.6%	15.1%	0.0%	16.3%	15.8%	15.2%	18.2%	18.6%	33.3%	15.8%	14.3%
18-64	15.7%	25.2%	8.3%	15.8%	15.6%	16.5%	15.0%	0.0%	15.0%	15.7%	15.1%	18.2%	18.8%	33.3%	14.7%	14.3%
65+	16.2%	28.6%	15.9%	18.0%	15.5%	17.1%	15.4%	0.0%	22.2%	16.0%	15.3%	18.2%	17.6%	33.3%	22.2%	0.0%
Other Drug Abuse	10.4%	12.5%	7.8%	10.7%	10.1%	10.1%	10.8%	6.1%	12.8%	10.2%	10.1%	9.7%	12.4%	60.0%	10.4%	9.3%
13-17	19.7%	16.8%	29.0%	19.9%	19.4%	19.4%	20.8%	0.0%	19.1%	19.8%	19.3%	20.0%	21.2%	100.0%	20.3%	13.3%
18+	9.4%	11.8%	6.6%	9.4%	9.3%	9.0%	9.8%	8.0%	10.5%	9.3%	9.2%	9.3%	10.1%	57.1%	8.6%	8.3%
18-64	9.3%	11.8%	6.1%	9.4%	9.3%	9.0%	9.8%	8.0%	10.2%	9.3%	9.1%	9.4%	10.2%	61.5%	8.4%	8.3%
65+	9.5%	12.5%	9.4%	9.4%	9.6%	8.8%	10.3%	0.0%	15.4%	9.2%	9.8%	8.3%	8.3%	0.0%	13.3%	0.0%
LSC:Lead Screening in Children															
Total	52.1%	53.8%	43.8%	52.3%	52.0%	52.6%	51.7%	45.8%	61.0%	49.3%	56.1%	46.0%	35.5%	62.5%	52.8%	52.5%
CCP:Contraceptive Care - Postpartum Women Ages 15-44 (within 3 days)															
Total: FDA Approved	11.2%	12.1%	9.4%	0.0%	11.2%	10.7%	12.0%	10.2%	10.1%	11.4%	11.1%	10.4%	13.2%	9.8%	13.0%	10.7%
15-20	5.2%	5.9%	3.4%	0.0%	5.2%	6.5%	4.0%	0.0%	8.1%	4.5%	4.8%	5.7%	5.9%	17.6%	3.2%	6.1%
21-44	12.3%	13.2%	10.4%	0.0%	12.3%	11.3%	13.6%	11.5%	10.6%	12.6%	12.2%	11.1%	14.7%	9.3%	15.1%	11.3%
Total: LARC	1.6%	1.7%	1.3%	0.0%	1.6%	2.2%	0.8%	1.2%	2.5%	1.4%	1.3%	2.6%	1.7%	2.1%	2.3%	1.6%
15-20	2.5%	2.8%	1.7%	0.0%	2.5%	3.8%	1.2%	0.0%	4.6%	2.0%	2.2%	4.0%	1.9%	5.9%	0.0%	4.1%
21-44	1.4%	1.5%	1.2%	0.0%	1.4%	2.0%	0.7%	1.4%	2.0%	1.3%	1.2%	2.4%	1.6%	1.9%	2.7%	1.3%

CCP:Contraceptive Care - Postpartum Women Ages 15-44 (within 60 days)																
Total: FDA Approved	45.5%	48.1%	39.8%	0.0%	45.5%	43.1%	48.5%	39.3%	46.3%	45.3%	45.9%	41.3%	48.5%	39.9%	48.0%	41.7%
15-20	46.1%	48.4%	40.1%	0.0%	46.1%	45.6%	46.8%	29.6%	47.3%	45.8%	45.4%	41.8%	49.6%	29.4%	48.4%	51.7%
21-44	45.4%	48.0%	39.8%	0.0%	45.4%	42.7%	48.9%	40.6%	46.1%	45.3%	46.0%	41.2%	48.3%	40.5%	47.9%	40.2%
Total: LARC	11.9%	12.5%	10.5%	0.0%	11.9%	13.1%	10.4%	10.7%	15.1%	11.3%	11.6%	11.3%	12.3%	14.3%	15.3%	11.6%
15-20	15.3%	16.0%	13.6%	0.0%	15.3%	18.4%	12.3%	11.1%	18.6%	14.5%	14.3%	17.2%	15.9%	11.8%	16.1%	19.7%
21-44	11.3%	11.8%	10.0%	0.0%	11.3%	12.3%	10.0%	10.6%	14.3%	10.8%	11.2%	10.4%	11.6%	14.5%	15.1%	10.4%
APP:Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics																
Total	50.4%	52.0%	46.8%	50.3%	50.4%	50.4%	50.3%	48.8%	50.4%	50.4%	50.4%	50.3%	50.3%	50.0%	50.3%	50.3%
1 to 11	45.9%	50.9%	32.3%	45.8%	45.9%	45.9%	45.8%	41.2%	45.9%	45.8%	45.9%	45.9%	45.6%	45.6%	45.8%	45.6%
12 to 17	53.5%	52.9%	54.7%	53.5%	53.5%	53.5%	53.5%	54.2%	53.5%	53.5%	53.5%	53.4%	53.6%	53.1%	53.4%	53.6%
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 7 Days After Discharge																
Total	6.2%	7.5%	3.8%	5.8%	6.5%	5.9%	6.6%	0.0%	6.6%	6.1%	6.3%	5.5%	6.5%	11.1%	6.3%	5.3%
13-17	4.2%	4.0%	4.9%	3.5%	5.3%	4.4%	4.0%	0.0%	4.8%	4.0%	4.7%	4.5%	4.8%	0.0%	3.4%	0.0%
18-64	6.4%	7.8%	3.5%	6.2%	6.7%	6.1%	7.0%	0.0%	6.7%	6.4%	6.6%	5.5%	7.0%	11.1%	6.3%	6.9%
65+	5.2%	9.1%	5.1%	4.7%	6.1%	5.2%	5.3%	0.0%	25.0%	4.9%	4.8%	5.7%	4.8%	0.0%	16.7%	0.0%
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 30 Days After Discharge																
Total	9.5%	7.7%	12.8%	8.9%	10.1%	9.0%	10.2%	4.8%	8.7%	9.6%	9.7%	7.4%	9.8%	66.7%	9.6%	10.7%
13-17	4.8%	5.9%	1.2%	4.0%	6.1%	4.9%	4.7%	0.0%	4.8%	4.8%	4.7%	4.5%	4.8%	0.0%	3.4%	6.9%
18-64	9.9%	7.8%	14.6%	9.5%	10.2%	9.3%	10.7%	5.6%	9.8%	9.9%	10.1%	7.1%	11.0%	66.7%	10.1%	11.8%
65+	10.9%	9.1%	11.0%	8.7%	14.1%	10.4%	11.4%	0.0%	25.0%	10.7%	10.7%	11.3%	9.5%	0.0%	16.7%	0.0%
FUM: Follow-Up After Emergency Department Visit for Mental Illness: 7 Days After Discharge																
Total	25.5%	29.1%	20.5%	25.7%	25.3%	24.0%	27.8%	14.6%	29.4%	25.1%	25.0%	25.0%	28.8%	25.0%	29.3%	21.1%
6 to 17	29.3%	31.6%	22.9%	29.9%	28.8%	26.8%	33.7%	17.6%	30.8%	29.0%	29.8%	29.7%	30.3%	27.3%	30.1%	20.0%
18 to 64	24.2%	27.1%	20.7%	23.9%	24.3%	22.9%	26.0%	12.9%	28.4%	23.9%	23.6%	23.7%	27.9%	25.0%	28.5%	22.6%
65 and Over	14.1%	8.3%	14.4%	14.4%	14.0%	14.1%	14.2%	0.0%	16.7%	14.0%	13.7%	15.2%	20.0%	0.0%	20.0%	0.0%
FUM: Follow-Up After Emergency Department Visit for Mental Illness: 30 Days After Discharge																
Total	46.5%	50.4%	41.1%	47.6%	45.8%	45.2%	48.6%	41.7%	50.7%	46.1%	46.5%	43.9%	50.4%	43.8%	48.2%	48.4%
6 to 17	52.4%	53.6%	49.4%	53.1%	52.0%	51.4%	54.2%	52.9%	54.5%	52.1%	53.7%	45.4%	56.7%	45.5%	51.4%	50.8%
18 to 64	44.5%	48.0%	40.4%	45.5%	43.7%	42.2%	47.6%	35.5%	46.6%	44.3%	44.6%	44.0%	45.4%	40.0%	43.9%	45.2%
65 and Over	28.6%	33.3%	28.4%	28.8%	28.5%	29.5%	27.7%	0.0%	33.3%	28.3%	27.8%	30.3%	30.0%	100.0%	40.0%	0.0%

COB: Concurrent Use of Opioids and Benzodiazepines																
Total	22.1%	23.6%	20.7%	22.1%	22.1%	22.1%	22.1%	21.7%	22.1%	22.1%	22.2%	21.8%	22.2%	21.4%	21.8%	21.5%
18-64	22.1%	23.6%	20.7%	22.1%	22.1%	22.1%	22.1%	21.9%	22.1%	22.1%	22.2%	21.7%	22.2%	21.5%	21.8%	21.5%
65+	21.9%	20.0%	21.9%	21.7%	22.0%	21.3%	22.7%	0.0%	23.7%	21.5%	21.4%	23.9%	26.3%	14.3%	19.4%	20.0%
AMM: Antidepressant Medication Management (Acute)																
Total	46.6%	46.6%	46.6%	45.4%	47.7%	46.4%	46.9%	45.8%	45.7%	46.8%	46.7%	47.9%	48.5%	42.1%	43.4%	44.6%
18-64	46.5%	46.7%	46.5%	45.3%	47.6%	46.3%	46.8%	45.8%	45.6%	46.7%	46.7%	47.9%	48.4%	42.2%	43.4%	44.6%
65+	51.3%	42.9%	51.6%	50.6%	51.9%	52.5%	50.0%	0.0%	51.7%	51.2%	52.4%	47.8%	57.9%	33.3%	46.7%	42.9%
AMM: Antidepressant Medication Management (Continuation)																
Total	28.1%	27.5%	28.5%	28.5%	27.8%	26.3%	30.6%	27.1%	27.6%	28.2%	28.2%	28.2%	28.3%	27.9%	28.1%	26.9%
18-64	28.1%	27.5%	28.3%	28.4%	27.7%	26.2%	30.6%	27.1%	27.5%	28.2%	28.1%	28.1%	28.1%	27.8%	28.0%	26.9%
65+	33.7%	28.6%	33.9%	34.8%	32.7%	34.7%	32.6%	0.0%	34.5%	33.5%	33.3%	34.8%	36.8%	33.3%	33.3%	28.6%
OUD: Use of Pharmacotherapy for Opioid Use Disorder																
Total	18.9%	32.0%	9.4%	15.7%	20.3%	19.3%	18.5%	23.5%	22.6%	18.7%	19.2%	7.7%	28.0%	16.7%	18.1%	42.4%
Buprenorphine	18.5%	31.4%	9.1%	15.3%	19.9%	18.8%	18.2%	23.5%	21.4%	18.4%	18.8%	7.2%	27.9%	16.7%	17.8%	41.0%
Oral Naltrezone	0.5%	0.9%	0.3%	0.6%	0.5%	0.7%	0.4%	5.9%	1.2%	0.5%	0.5%	0.5%	0.2%	0.0%	0.8%	1.4%
Long-acting, injectable naltrexone	0.1%	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%	0.2%	0.0%	0.3%	0.5%
Methadone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
APM: Metabolic Monitoring For Children And Adolescents on Antipsychotics																
Blood Glucose Testing																
Total	42.9%	41.9%	44.2%	38.9%	50.1%	42.9%	43.0%	40.0%	43.4%	42.9%	43.8%	44.0%	40.5%	46.9%	40.6%	39.2%
1 to 11	35.1%	62.8%	22.6%	34.8%	35.9%	34.5%	35.9%	45.5%	34.7%	35.2%	36.5%	36.2%	31.3%	33.3%	32.4%	30.0%
12 to 17	48.3%	26.0%	78.9%	42.4%	57.1%	48.9%	47.8%	38.2%	49.1%	48.3%	48.6%	49.7%	45.9%	55.0%	48.0%	47.6%
Cholesterol Testing																
Total	22.2%	22.9%	21.3%	21.6%	23.4%	24.6%	19.1%	22.2%	25.4%	21.8%	22.5%	24.5%	19.9%	25.0%	20.3%	22.7%
1 to 11	19.0%	19.3%	11.6%	20.0%	16.6%	21.3%	15.9%	27.3%	22.6%	18.6%	19.5%	20.7%	16.3%	25.0%	17.2%	19.4%
12 to 17	24.4%	25.7%	36.9%	22.9%	26.7%	26.9%	21.3%	20.6%	27.2%	24.1%	24.5%	27.3%	22.0%	25.0%	23.1%	25.7%
Blood Glucose and Cholesterol Testing																
Total	21.4%	21.9%	20.8%	20.8%	22.6%	23.9%	18.3%	15.6%	25.0%	21.0%	21.6%	23.9%	19.4%	25.0%	20.0%	21.6%
1 to 11	18.3%	18.4%	11.3%	19.3%	15.9%	20.7%	15.1%	18.2%	22.1%	17.9%	18.6%	20.4%	16.3%	25.0%	17.1%	17.6%
12 to 17	23.6%	24.6%	36.0%	22.0%	26.0%	26.1%	20.5%	14.7%	26.9%	23.2%	23.6%	26.4%	21.2%	25.0%	22.6%	25.1%

SDD: Diabetes Screening For People With Schizophrenia Or Bipolar Disorder Who Are Using Antipsychotic Medications															
Total	72.6%	74.6%	71.5%	69.5%	74.8%	70.9%	74.4%	90.5%	67.3%	72.9%	74.5%	68.2%	68.2%	72.6%	64.7%	73.4%
SAA: Asherence To Antipsychotics Medications For Individuals With Schizophrenia															
Total	29.2%	56.9%	18.3%	27.8%	30.8%	26.6%	31.8%	25.0%	34.5%	29.0%	29.6%	25.9%	32.5%	40.8%	32.1%	40.6%