



Quality of Care in the SoonerCare Program

Reporting Year 2021

Measurement Year 2020

Prepared for:

State of Oklahoma

Oklahoma Health Care Authority

February 2022

PHPG



OKLAHOMA
Health Care Authority

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CHAPTER ONE: INTRODUCTION

OVERVIEW

The federal Centers for Medicare and Medicaid Services (CMS) requires state Medicaid agencies to provide data annually on program access-to-care and quality-of-care. CMS defines a set of measures for each “reporting year”, with the results to be evaluated based on care provided in the preceding “measurement year”.

As the Single State Agency for Medicaid, the Oklahoma Health Care Authority (OHCA) is responsible for providing results to CMS. The OHCA, like many states, uses an independent third-party contractor to calculate the results. The Pacific Health Policy Group (PHPG) performs this function in Oklahoma.

The “stewards” (responsible parties) for the measures are the National Committee for Quality Assurance (NCQA) and CMS. NCQA publishes specifications for measures through its Healthcare Effectiveness Data and Information Set (HEDIS®). CMS publishes specifications for measures through its Adult and Child Core Sets. (Many CMS measures are modified versions of NCQA HEDIS measures.)

PHPG was retained by the OHCA in July 2021 to:

- Report results for the 2021 reporting year, which evaluates care provided in 2020 (measurement year);
- Compare the State’s 2020 measurement results to 2019 measurement results for trending purposes; and
- Compare the State’s 2019 and 2020 results to a national benchmark, based on Medicaid managed care organization (MCO) performance, when available.

The specifications for individual measures typically allow for analysis of administrative data (adjudicated claims), medical record data or a combination of the two. States that contract with Medicaid MCOs often delegate medical record data collection to these organizations and report using the hybrid methodology, while states without MCO contracts more commonly rely solely on administrative data. Results for measures included in this report were calculated using administrative data only, except for immunization measures (as discussed in Chapter Two).

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.

MEASURE SET

This report includes results for 38 discrete measures. The measures are shown below and on the following page and are organized by domain and subdomain (as applicable).

Domain	Subdomain (if applicable) / Measure
Access/Availability of Care	<ul style="list-style-type: none"> Adults' Access to Preventive/Ambulatory Health Services (NCQA)
Effectiveness of Care	<p>Prevention and Screening</p> <ul style="list-style-type: none"> 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) Sealant Receipt on Permanent First Molar (CMS Child Core) <p>Respiratory Conditions</p> <ul style="list-style-type: none"> Asthma Medication Ratio (CMS Child Core, 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 (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)

Domain	Subdomain (if applicable) / Measure
Effectiveness of Care (continued)	Behavioral Health (continued) <ul style="list-style-type: none"> • 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) • Screening For Depression and Follow-Up Plan (CMA Child Core, CMS Adult Core)
Utilization	Prenatal/Postpartum Care* <ul style="list-style-type: none"> • 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* <ul style="list-style-type: none"> • Well-Child Visits in the First 30 Months of Life (CMS Child Core) • Child and Adolescent Well-Care Visits (CMS Child Core) Hospital Utilization* <ul style="list-style-type: none"> • 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) <p><i>*Not official subdomains – for presentation purposes only.</i></p>

METHODOLOGY NOTES

PHPG relied on a dataset consisting of eligibility, demographic and adjudicated (both paid and denied) medical and prescription drug claims for services incurred from February 2015 through June 2020, with dates of payment through April 2021. 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 and NCQA specifications also require the review of denied claims, PHPG requested and received from the OHCA a supplemental dataset of denied claims with dates of service from January 2015 through December 2020.

PHPG followed CMS and NCQA specifications without modification, except as otherwise noted below or in Chapter Two. 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 the OHCA has implemented this requirement in the past, PHPG applied this standard limiting the analysis 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 2021 reporting year by comparing to secondary sources (e.g., SoonerCare Annual Reports) and by analyzing results for the 2020 reporting year using 2021 methodologies and comparing to what OHCA reported previously. PHPG accordingly refined its methodologies as necessary and refined OHCA's previous specifications where reasonable.

COVID-19 PUBLIC HEALTH EMERGENCY

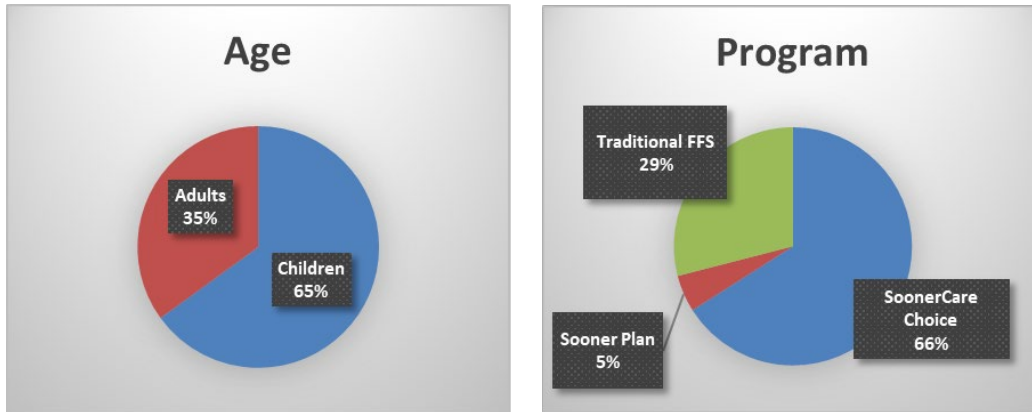
The COVID-19 Public Health Emergency affected Medicaid enrollment and patterns of care throughout the country, including in Oklahoma. Enrollment grew significantly, as the State suspended eligibility-related disenrollments in accordance with CMS requirements for receipt of enhanced federal matching funds. (The growth is reflected in the denominator portion of the reported measures.)

Patterns-of-care were disrupted, as provider offices closed for routine care and emergency departments experienced an increase in volume. Telephonic and telemedicine visit activity also increased significantly. (These alternative visit types were captured in the analysis.)

Caution should be exercised when evaluating year-over-year results. Large variations from the prior year may be due at least in part to the Public Health Emergency and may not persist in future reporting periods.

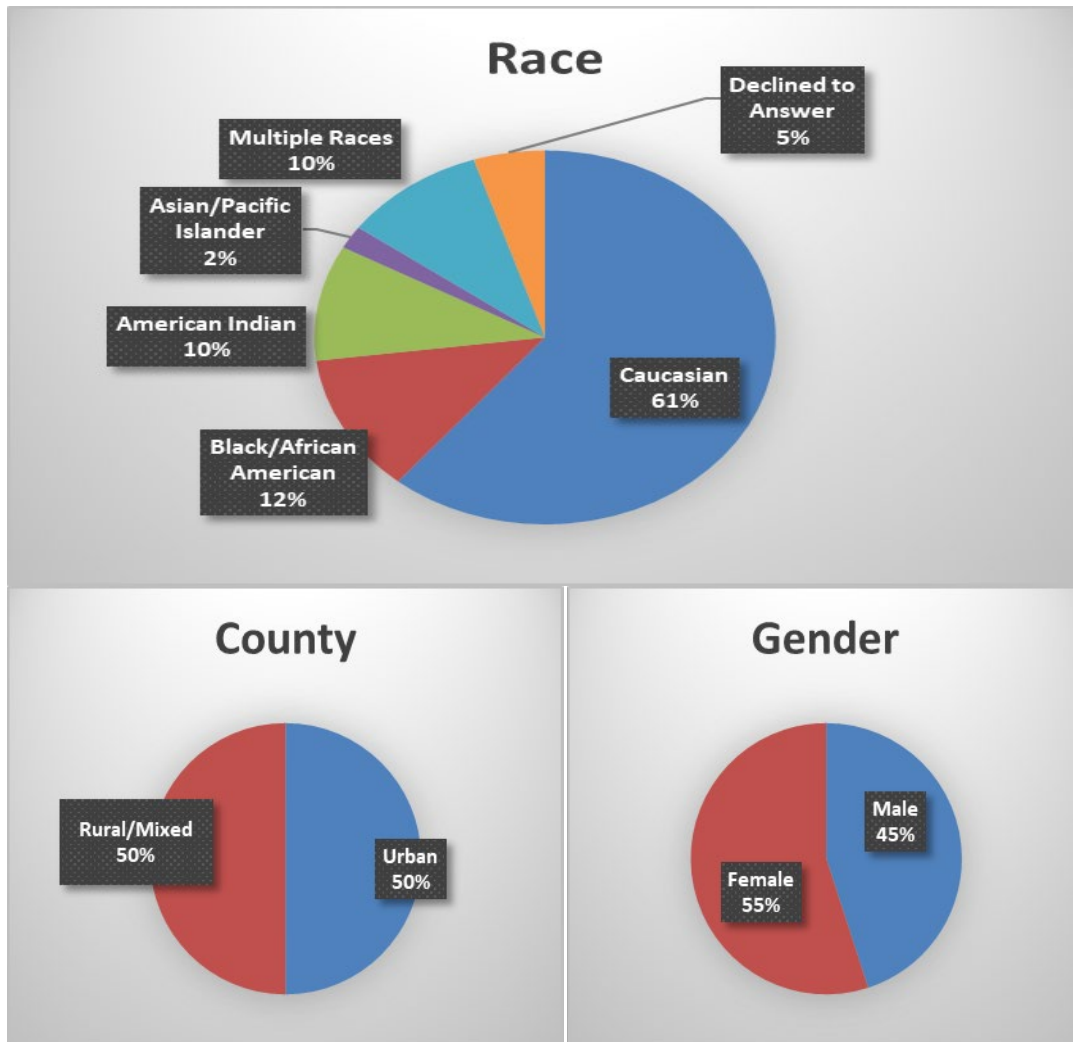
SOONERCARE DEMOGRAPHICS

According to the OHCA Enrollment Fast Facts for January 2021 (published in February), there were over 946,000 individuals enrolled in SoonerCare. Approximately 65 percent of the enrollment was children (age 0-20) and 35 percent was adults. Approximately 66 percent of members were enrolled in the program’s patient centered medical home (PCMH) model known as SoonerCare Choice; another 29 percent were 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 majority of SoonerCare members (61 percent) identify as Caucasian, while 12 percent identify as Black/African American, 10 percent as American Indian, two percent Asian or Pacific Islander and 10 percent as two or more races (five percent did not provide a racial background). Approximately 18 percent of members also are of Hispanic origin, regardless of race.

According to PHPG data, approximately 55 percent of members are female and 45 percent are male. The population is evenly divided between those living in rural or semi-rural/urban (i.e., “mixed”) counties and 50 percent live in urban counties comprising the Lawton, Oklahoma City and Tulsa metropolitan areas.



Oklahoma implemented an expansion of the Medicaid program in July 2021, through introduction of a new Adult Medicaid Eligibility Group (MEG). The new Adult MEG extended eligibility to qualifying parents and childless adults with incomes up to 138 percent of the Federal Poverty Level, after accounting for income disregards. The expansion took effect after the analysis shown in this report. It will be reflected in next year’s report.

REPORT ORGANIZATION

Chapters two through four of the report present results for the 38 discrete access-to-care and quality-of-care measures. Data is shown for both the current reporting/measurement year (2021 reporting/2020 measurement) and the preceding year (2020 reporting/2019 measurement).

The table shown in front of each measure set denotes the steward for individual measures (NCQA or CMS) within the set. As discussed earlier, caution should be exercised when comparing 2020 measurement year results to 2019 measurement year results due to the impact of the COVID-19 Public Health Emergency.

Oklahoma data is compared to national benchmark data, when available. The benchmark rate is the mean 2020 value across Medicaid managed care organizations, as reported by NCQA¹ in “The State of Health Quality – 2021”².

Although the OHCA does not contract with capitated managed care organizations, SoonerCare is considered a managed care program due to its use of Patient Centered Medical Homes and specialized care management models, such as the SoonerCare Health Management Program for persons with chronic health conditions.

As discussed earlier, states with Medicaid HMO (MCO) contracts often require contractors to report HEDIS results using the hybrid methodology that includes medical record reviews. This can result in higher reported compliance rates than in states, like Oklahoma, that rely exclusively on administrative reporting. Caution should be exercised when comparing Oklahoma data to the national benchmark data for measures where evidence of compliance is more likely to be found within medical records than adjudicated claims.

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

² [HEDIS Measures and Technical Resources - NCQA](#)

CHAPTER TWO: ACCESS/AVAILABILITY OF CARE

For 2021, 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

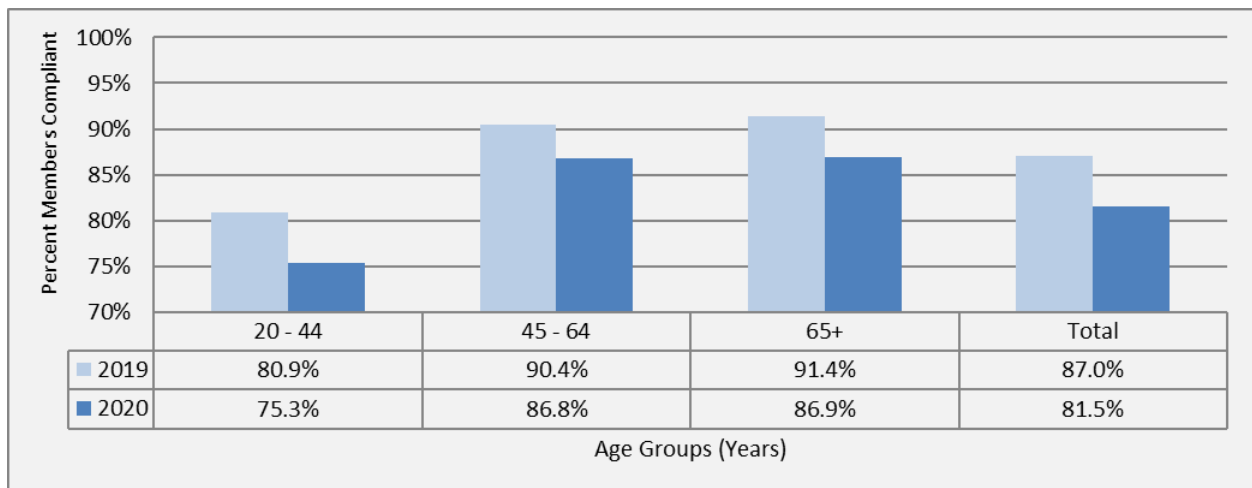
NCQA Measure

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 2020 decreased from 2019 by 5.5 percentage points. The rate also decreased within each age cohort.

Exhibit 1 displays compliance rates by age cohort for 2019 and 2020. National benchmark data was not available for this measure.

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



CHAPTER THREE: EFFECTIVENESS OF CARE

For 2021, 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 (nine measures), respiratory conditions (one measure) and behavioral health (fifteen measures).

Measure	NCQA	CMS CHILD CORE	CMS ADULT CORE
Prevention and Screening			
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		✓	✓
Sealant Receipt on Permanent First Molar		✓	
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			✓
Screening For Depression and Follow-Up Plan		✓	✓

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

CMS Child Core Measure

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

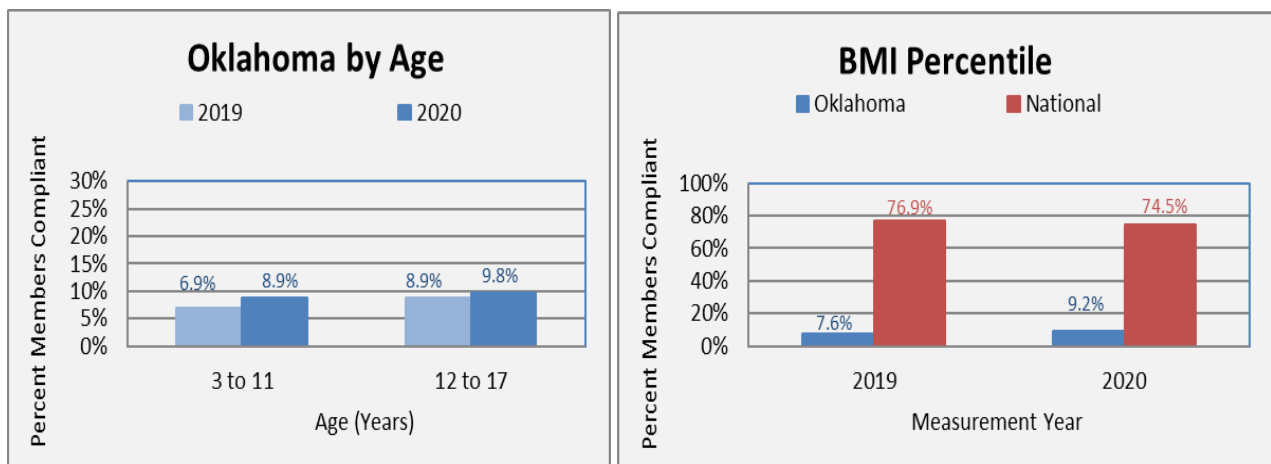
Female members were excluded from the measure if they were pregnant during this time period.

BMI Assessment

The overall BMI Assessment compliance rate in 2020 increased from 2019 by 1.6 percentage points. The rate also increased within each age cohort. Oklahoma’s rate was substantially below the benchmark rate. However, this measure, including the counseling components, is one for which compliance primarily is documented through medical record review as part of the hybrid methodology commonly used by MCOs.

Exhibit 2 displays BMI Assessment compliance rates for 2019 and 2020 by age cohort and as compared to the national benchmark.

Exhibit 2 – Children and Adolescents Receiving a BMI Assessment

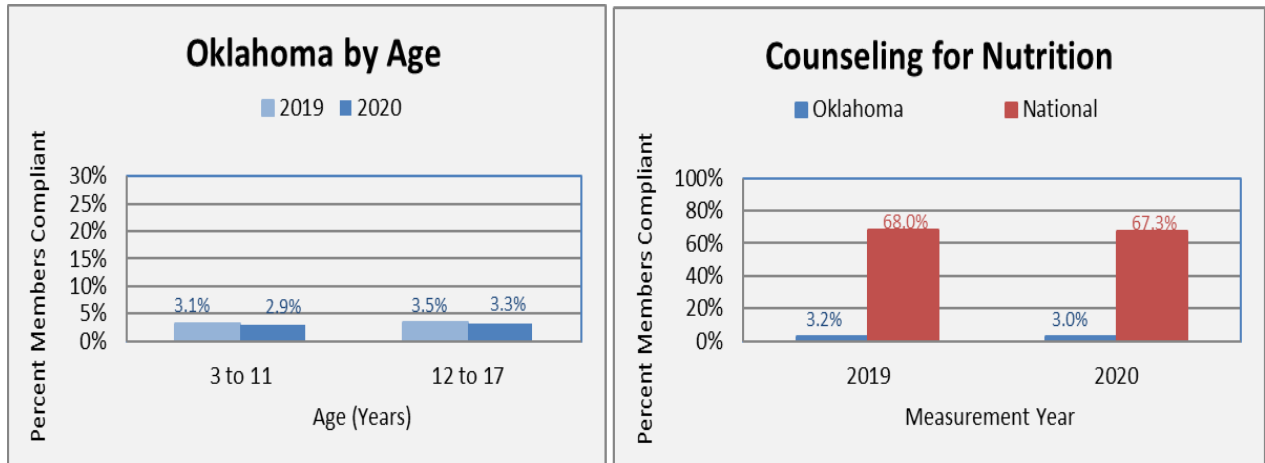


Counseling for Nutrition

The overall Counseling for Nutrition compliance rate in 2020 decreased from 2019 by 0.2 percentage points. The rate also decreased within each age cohort. Oklahoma’s rate was substantially below the benchmark rate.

Exhibit 3 displays counseling for nutrition compliance rates for 2019 and 2020 by age cohort and as compared to the national benchmark.

Exhibit 3 – Children and Adolescents Receiving Counseling for Nutrition



Counseling for Physical Activity

The overall Counseling for Activity compliance rate in 2020 decreased from 2019 by 0.5 percentage points. The rate also decreased within each age cohort. Oklahoma’s rate was substantially below the benchmark rate.

Exhibit 4 displays counseling for nutrition compliance rates for 2019 and 2020 by age cohort and as compared to the national benchmark.

Exhibit 4 – Children and Adolescents Receiving Counseling for Physical Activity

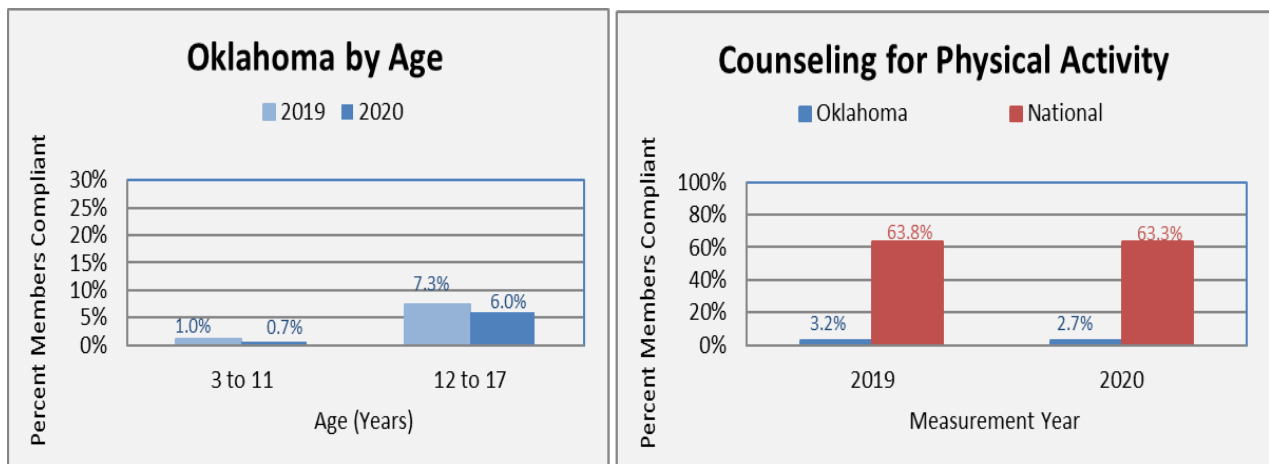
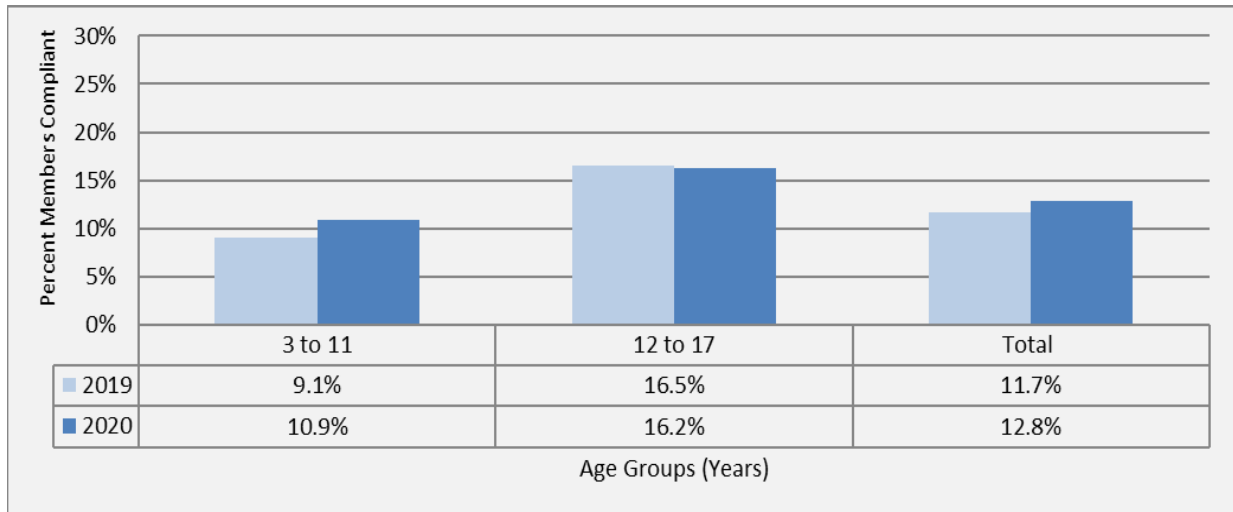


Exhibit 5 on the following page presents a total compliance rate for all children who received any one of the weight assessment categories. The compliance rate in 2020 increased from 2019 by 1.1 percentage points.

Exhibit 5 – Total Children and Adolescents Receiving any one of the Weight Assessments or Counseling



CHILDHOOD IMMUNIZATION STATUS

CMS Child Core Measure

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.

In prior iterations, the results of this measure have been determined solely through analysis of adjudicated claims data. This year the Oklahoma State Immunization Information System (OSIIS) was able to provide access to its database of immunization records. The inclusion of this data from OSIIS provides a more complete representation of compliance with this measure.

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

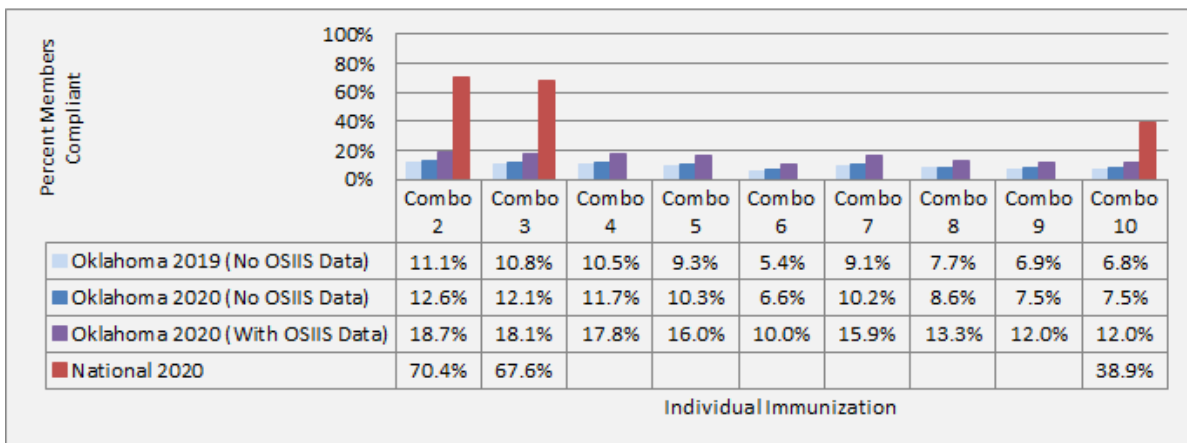
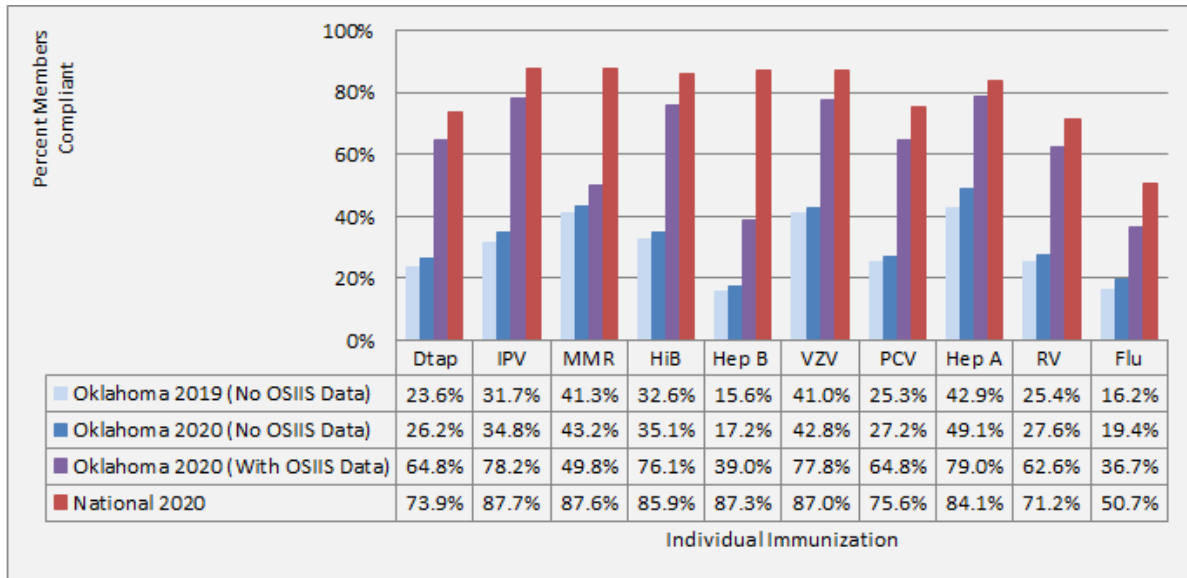
The combinations of vaccines identified in this measure are:

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

Rates for "claims only data" not containing OSIIS information, and the combination of claims integrated with OSIIS data, are presented with the national benchmarks for 2020. The “with OSIIS” rates were significantly closer, though still below, the national benchmark rates.

Exhibit 6 displays compliance rates for individual immunizations, as well as combinations. National benchmarks were not available for combinations four through nine.

Exhibit 6 – Children Receiving Immunizations before Second Birthday



IMMUNIZATIONS FOR ADOLESCENTS

CMS Child Core Measure

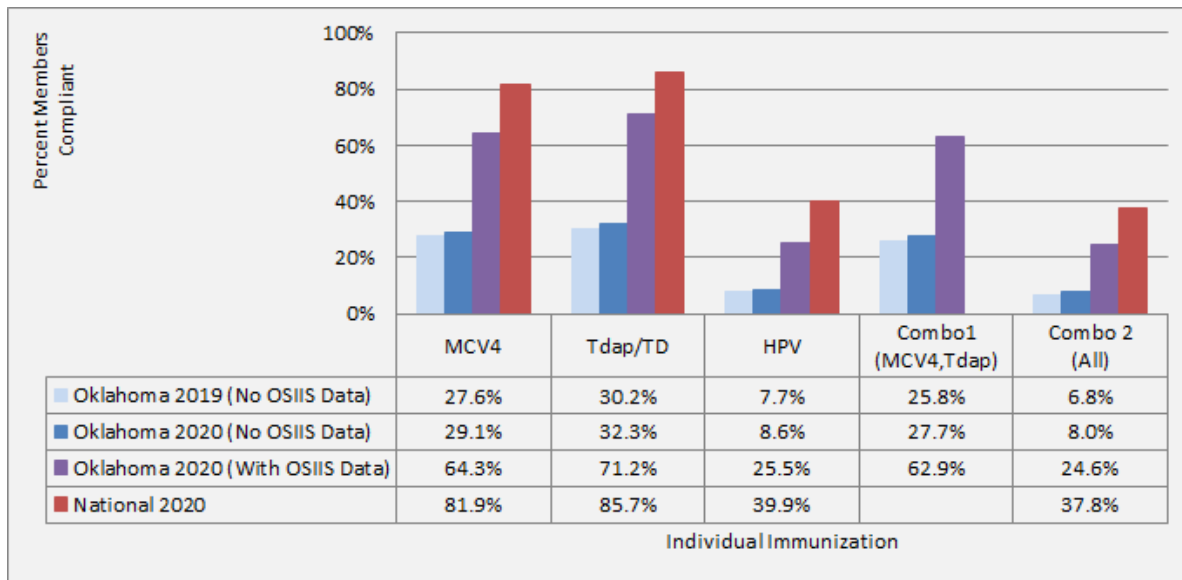
This measure calculates the percentage of adolescents turning 13 years old during the measurement year who had specific vaccines by their thirteenth birthday. Adolescents were excluded from the measure if their claims history indicated an adverse reaction or contraindication to a vaccine prior to their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

In prior iterations, the results of this measure have been determined solely through analysis of adjudicated claims data. This year the Oklahoma State Immunization Information System (OSIIS) was able to provide access to its database of immunization records. The inclusion of this data from OSIIS provides a more complete representation of compliance with this measure.

Rates for "claims only data" not containing OSIIS information, and the combination of claims integrated with OSIIS data, are presented with the national benchmarks for 2020. The “with OSIIS” rates were significantly closer, though still below, the national benchmark rates.

Exhibit 7 displays compliance rates for MCV4, Tdap/Td and HPV vaccines separately, as well as adolescents receiving possible combinations.

Exhibit 7 – Adolescents Receiving Immunizations before Thirteenth Birthday



LEAD SCREENING IN CHILDREN

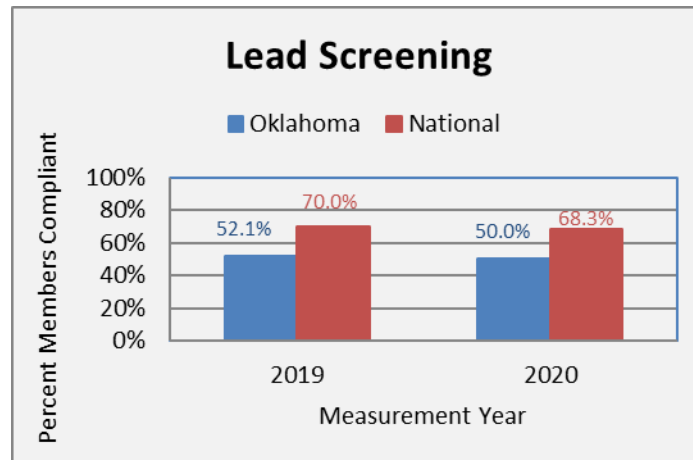
NCQA Measure

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

The compliance rate in 2020 decreased from 2019 by 2.1 percentage points. The Oklahoma rate was below the national benchmark.

Exhibit 8 displays the compliance rate for measurement years 2019 and 2020 and as compared to the national benchmark.

Exhibit 8 – Lead Screening in Children



BREAST CANCER SCREENING

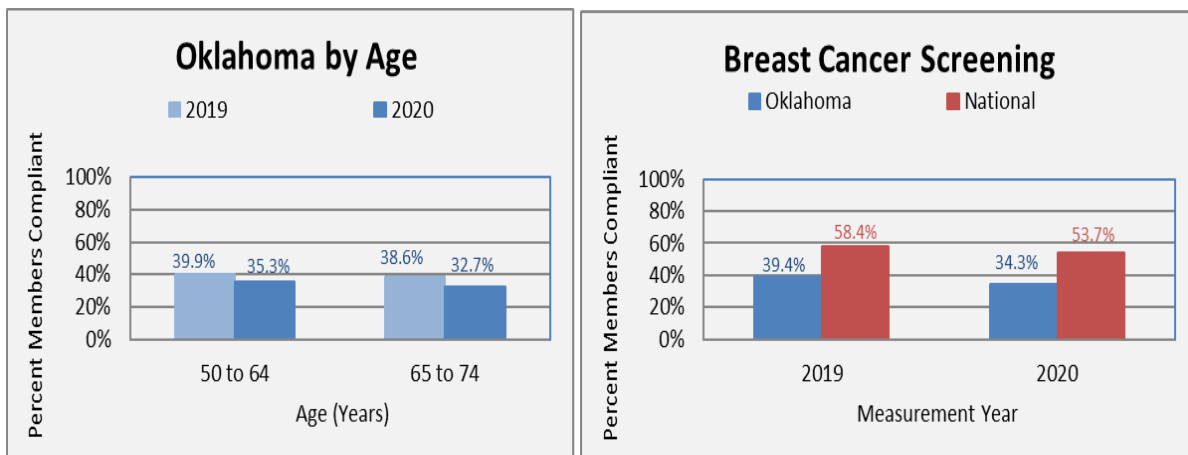
CMS Adult Core Measure

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 overall compliance rate in 2020 decreased from 2019 by 5.1 percentage points. The rate also decreased within each age cohort. The Oklahoma rate was below the national benchmark.

Exhibit 9 displays compliance rates for the measurement years 2019 and 2020 by age cohort and as compared to the national benchmark.

Exhibit 9 – Women Receiving Breast Cancer Screening



CERVICAL CANCER SCREENING

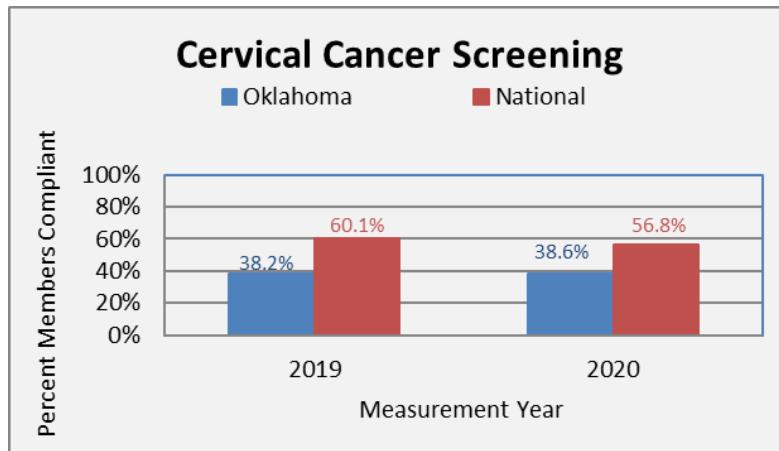
CMS Adult Core Measure

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 2020 increased from 2019 by 0.4 percentage points. The Oklahoma rate was below the national benchmark.

Exhibit 10 displays compliance rates for 2019 and 2020 as compared to the national benchmark.

Exhibit 10 – Women Receiving a Cervical Cancer Screening



CHLAMYDIA SCREENING IN WOMEN

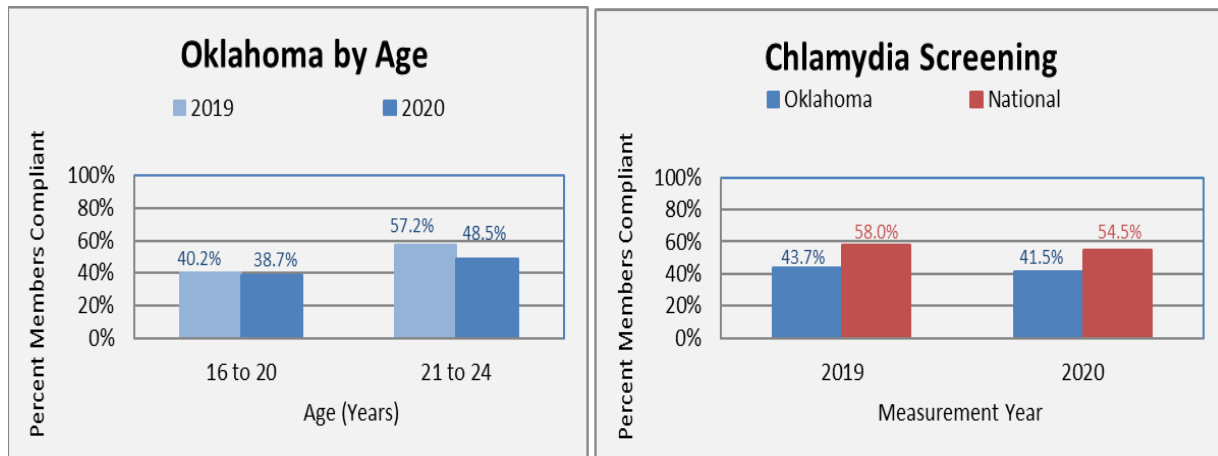
CMS Child And Adult Core Measure

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

The compliance rate in 2020 decreased from 2019 by 2.2 percentage points. The rate also decreased within each age cohort. Oklahoma compliance rates were below national benchmarks.

Exhibit 11 displays compliance rates for the measurement years 2019 and 2020 by age cohort and as compared to the national benchmark.

Exhibit 11 – Women Receiving a Chlamydia Test



CONTRACEPTIVE CARE EFFECTIVE METHODS BY WOMEN

CMS Child And Adult Core Measure

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).

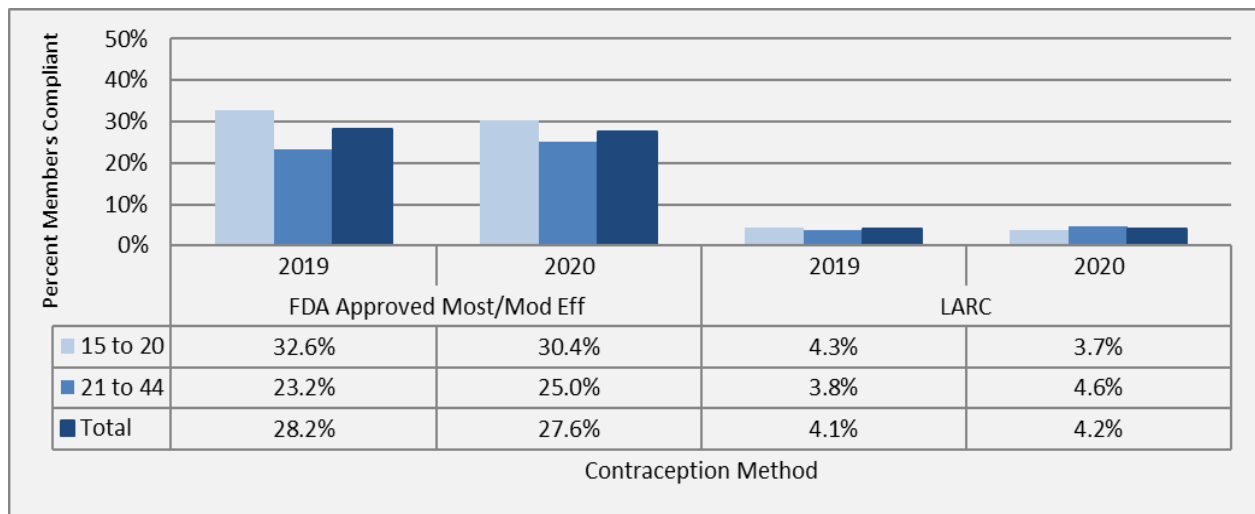
The measure is limited by the fact that it is not currently possible to identify all women at risk for pregnancy because there are no codes for a woman’s pregnancy intention or history of sexual activity. In addition, both sterilization and LARC are long-lasting but there is no systematic record of receipt of sterilization or LARC in the year(s) proceeding the measurement year³.

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

The total compliance rate in 2020 for FDA-approved methods decreased from 2019 by 0.6 percentage points. The decrease was isolated within the younger age cohort. The total compliance rate for LARC increased by 0.1 percentage point.

Exhibit 12 displays the compliance rates for 2019 and 2020 measurement years by age cohort. National benchmark data was not available for this measure.

Exhibit 12 – FDA Approved Most/Moderate Effective and LARC contraception



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.

SEALANT RECEIPT ON PERMANENT FIRST MOLAR

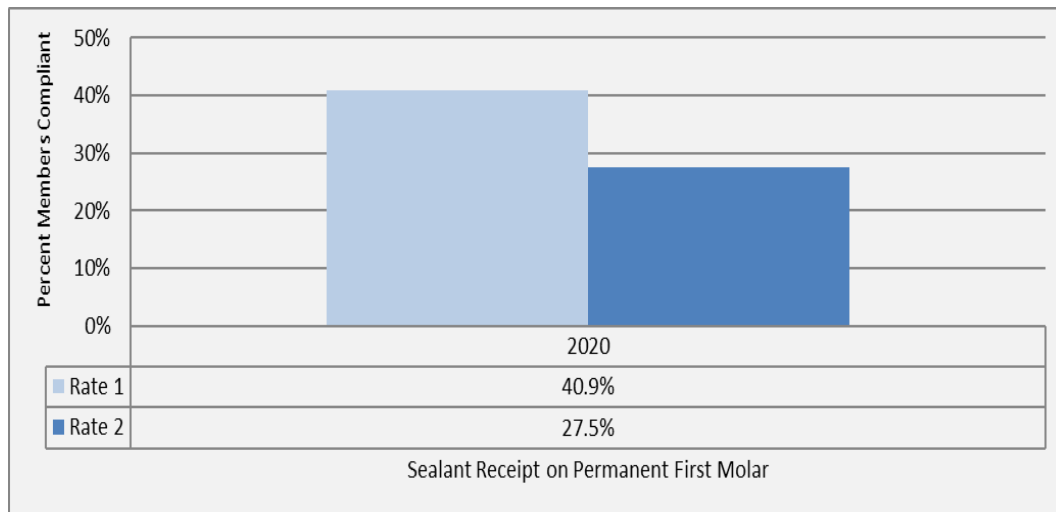
CMS Child Core Measure

This measure calculates the percentage of enrolled children who have ever received sealants on permanent first molar teeth by the tenth birthday. Two rates are reported. Rate 1 is for children who received at least one sealant. Rate 2 is for children who had all four molars sealed.

This is a new measure for 2020.

Exhibit 13 displays the compliance rates for the 2020 measurement year. National benchmark data was not available for this measure.

Exhibit 13 – Sealant Receipt on Permanent First Molar



ASTHMA MEDICATION RATIO

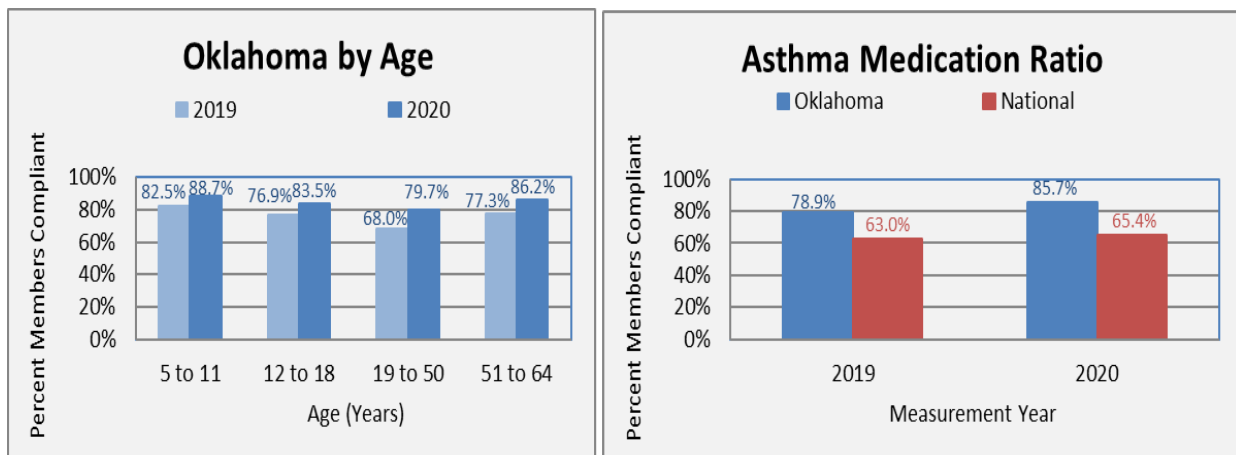
CMS Child And Adult Core Measure

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 overall compliance rate for 2020 increased from 2019 by 6.8 percentage points. The rate also increased within each age cohort. The Oklahoma rate was above the national benchmark.

Exhibit 14 displays the compliance rates for the 2019 and 2020 measurement years by age cohort and as compared to the national benchmark.

Exhibit 14 – Asthma Medication Ratio members compliant



DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

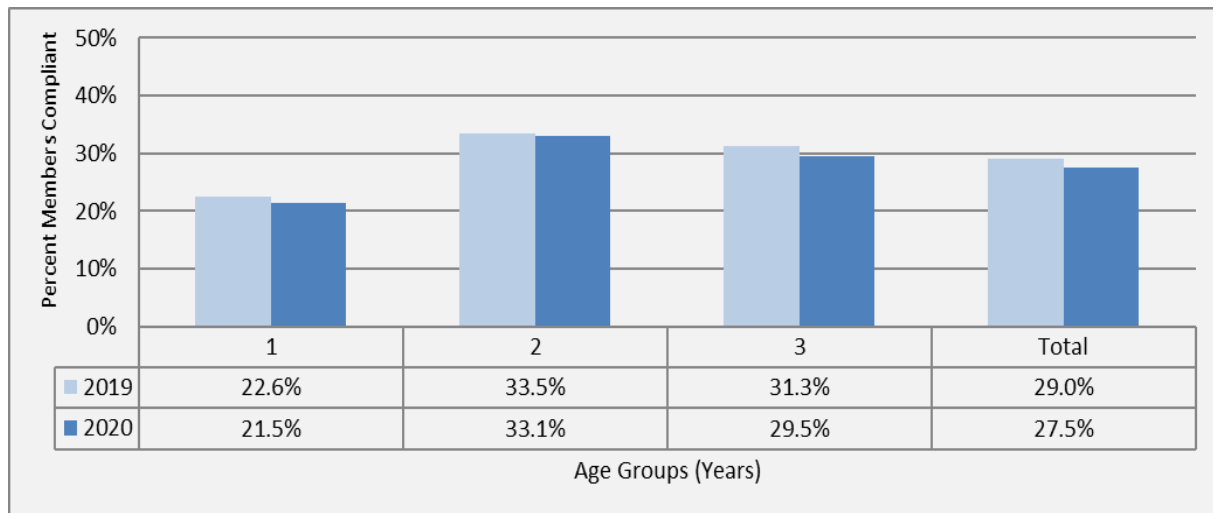
CMS Child Core Measure

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 overall compliance rate in 2020 decreased from 2019 by 1.5 percentage points. The rate also decreased within each age cohort (birthday).

Exhibit 15 displays compliance rates for the 2019 and 2020 measurement years by age cohort. National benchmark data was not available for this measure.

Exhibit 15 – Children Receiving a Development Screening in the First Three Years of Life



FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

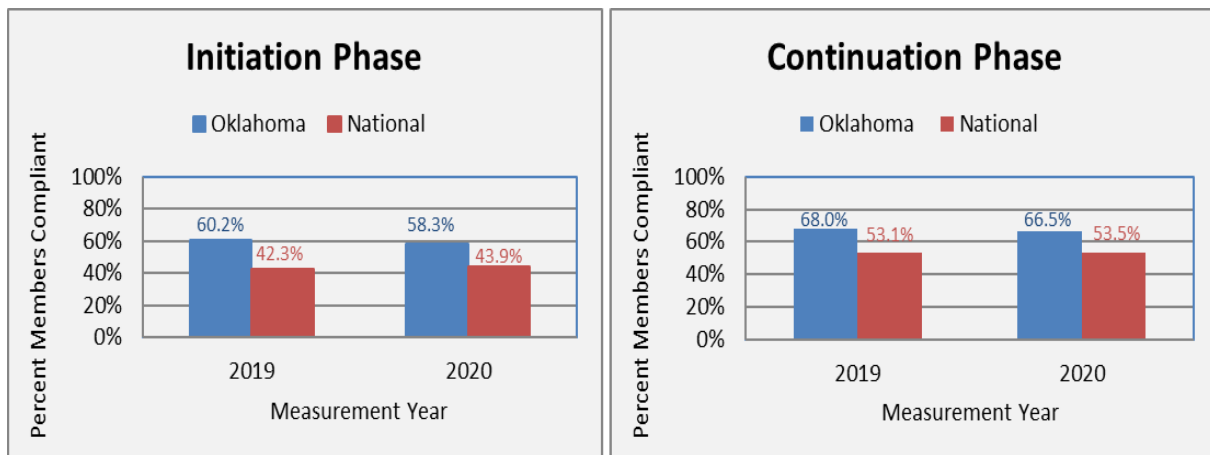
CMS Child Core Measure

This measure calculates the percentage of children six to 12 years of age 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 initiation compliance rate for 2020 decreased from 2019 by 1.9 percentage points. The continuation phase compliance rate for 2020 decreased from 2019 by 1.5 percentage points. The Oklahoma rate was above the national benchmark for both phases.

Exhibit 16 below presents compliance rates for the 2019 and 2020 measurement years by phase and as compared to the national benchmarks.

Exhibit 16 – Children Receiving Follow Up Visits after Being Prescribed ADHD Medication



FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

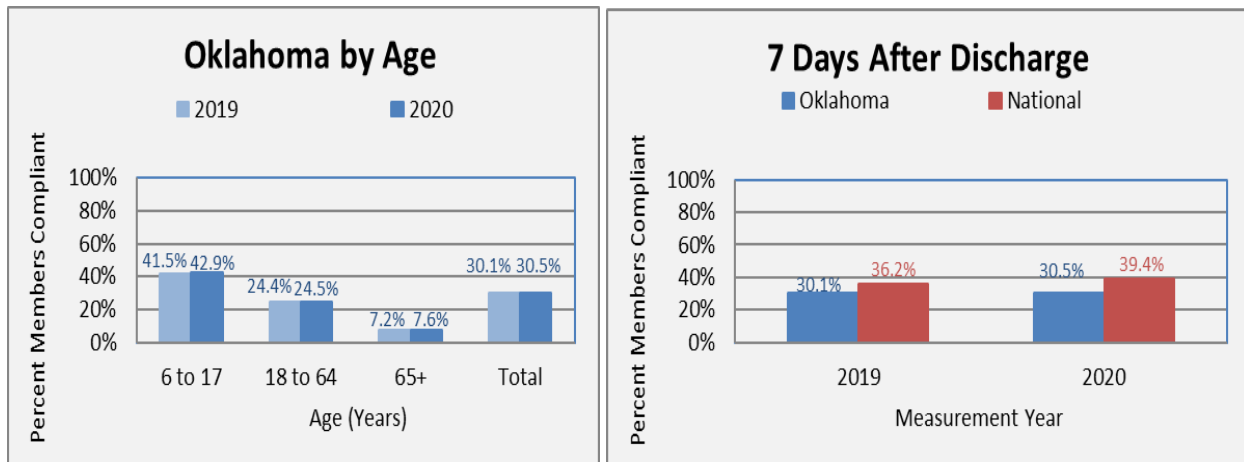
CMS Child And Adult Core Measure

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 total seven-day follow-up compliance rate for 2020 increased from 2019 by 0.4 percentage points. The rate also increased within each age cohort. The Oklahoma rate was below the national benchmark.

Exhibit 17 displays seven-day follow-up compliance rates by age cohort and compares Oklahoma to the national benchmarks for 2019 and 2020 measurement years.

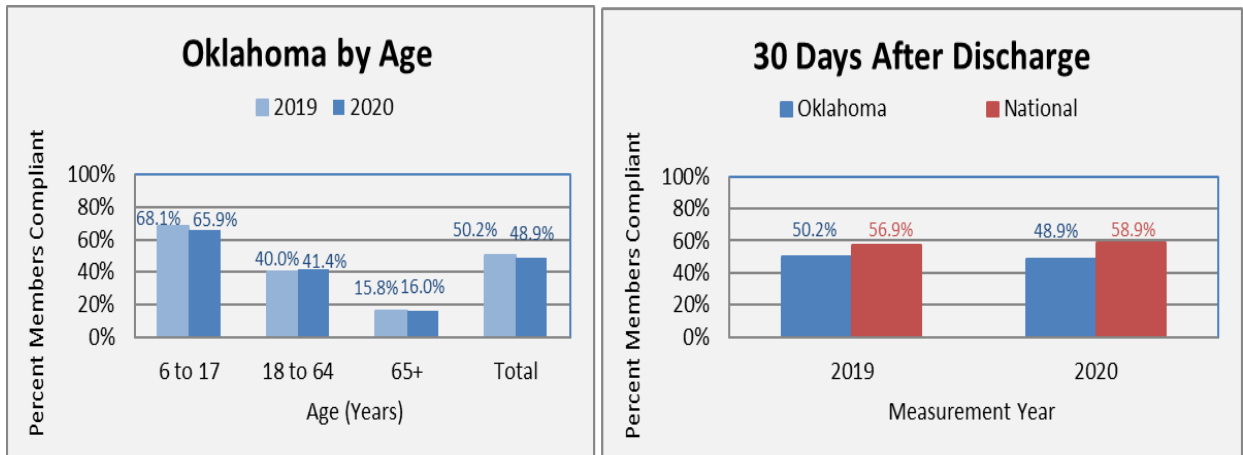
Exhibit 17 – Members Receiving a Follow-Up Visit after 7 Days for Hospitalization for Mental Illness



The total 30-day follow-up compliance rate for 2020 decreased from 2019 by 1.3 percentage points. The decrease was isolated within the youngest age cohort. The Oklahoma rate was below the national benchmark.

Exhibit 18 on the following page displays 30-day follow-up compliance rates by age cohort and compares Oklahoma to the national benchmarks for 2019 and 2020 measurement years.

Exhibit 18 – Members Receiving a Follow-Up Visit after 30 Days for Hospitalization for Mental Illness



FOLLOW-UP AFTER ED VISIT FOR ALCOHOL AND OTHER DRUG DEPENDENCE

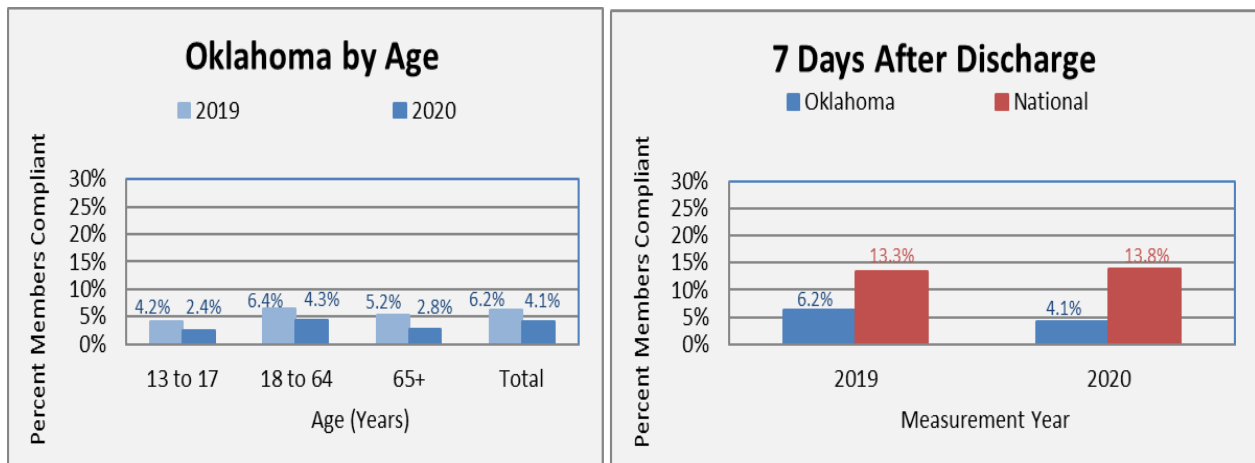
CMS Adult Core Measure

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 total seven-day follow-up compliance rate for 2020 decreased from 2019 by 2.1 percentage points. The rate also decreased within each age cohort. The Oklahoma rate was below the national benchmark.

Exhibit 19 displays seven-day follow-up compliance rates by age cohort and compares Oklahoma to the national benchmarks for 2019 and 2020 measurement years.

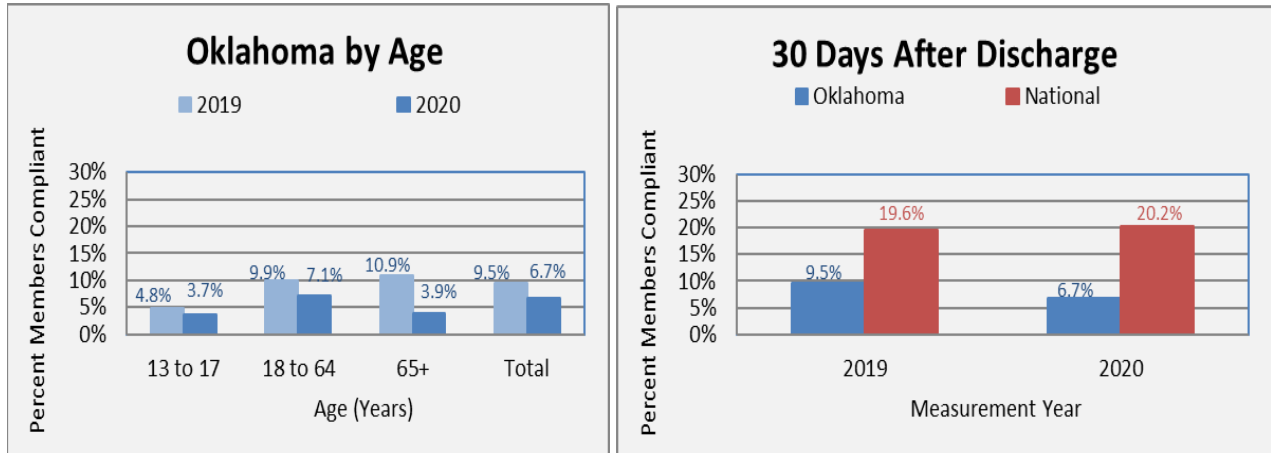
Exhibit 19 – Members Receiving a Follow Up Visit after 7 days for an ED visit for Alcohol or Other Drug Dependence



The total 30-day follow-up compliance rate for 2020 decreased from 2019 by 2.8 percentage points. The rate also decreased within each age cohort. The Oklahoma rate was below the national benchmark.

Exhibit 20 on the following page displays 30-day follow-up compliance rates by age cohort and compares Oklahoma to the national benchmarks for 2019 and 2020 measurement years.

Exhibit 20 – Members Receiving a Follow Up Visit after 30 days for an ED visit for Alcohol or Other Drug Dependence



FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS

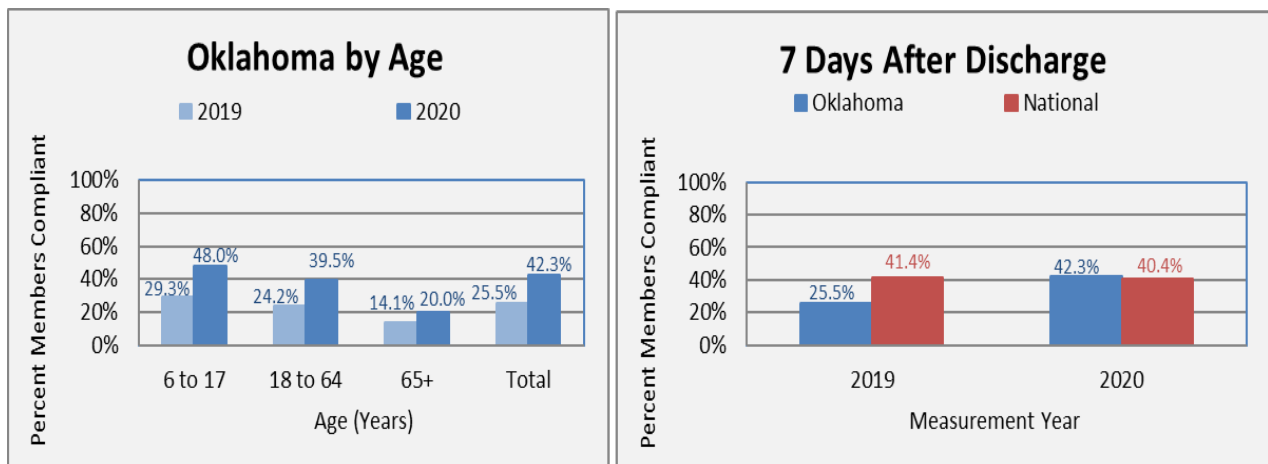
CMS Adult Core Measure

This measure calculates the percentage of members with an emergency department (ED) visit for members ages six 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: in accordance with CMS specifications, the OHCA only reports to CMS results for members 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.

The total seven-day follow-up compliance rate for 2020 increased from 2019 by 16.8 percentage points. The rate also increased within each age cohort. The Oklahoma rate was below the national benchmark in 2019 but above the national benchmark in 2020.

Exhibit 21 displays seven-day follow-up compliance rates by age cohort and compares Oklahoma to the national benchmark for 2019 and 2020 measurement years.

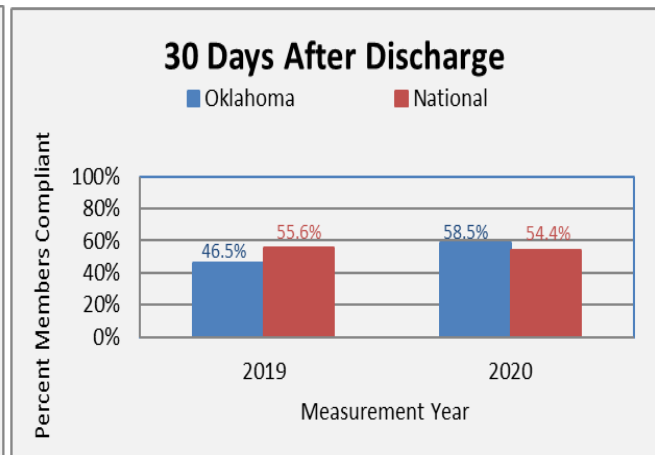
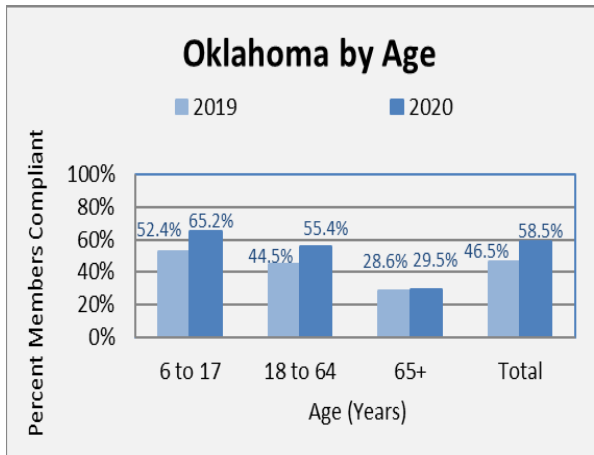
Exhibit 21 – Members Receiving a Follow Up Visit after 7 days for an ED visit for Mental Illness



The total 30-day follow-up compliance rate for 2020 increased from 2019 by 12.0 percentage points. The rate also increased within each age cohort. The Oklahoma rate was below the national benchmark in 2019 but above the national benchmark in 2020.

Exhibit 22 on the following page displays 30-day follow-up compliance rates by age cohort and compares Oklahoma to the national benchmark for 2019 and 2020 measurement years.

Exhibit 22 – Members Receiving a Follow Up Visit after 30 days for an ED visit for Mental Illness



USE OF FIRST-LINE PSYCHOSOCIAL CARE IN CHILDREN AND ADOLESCENTS

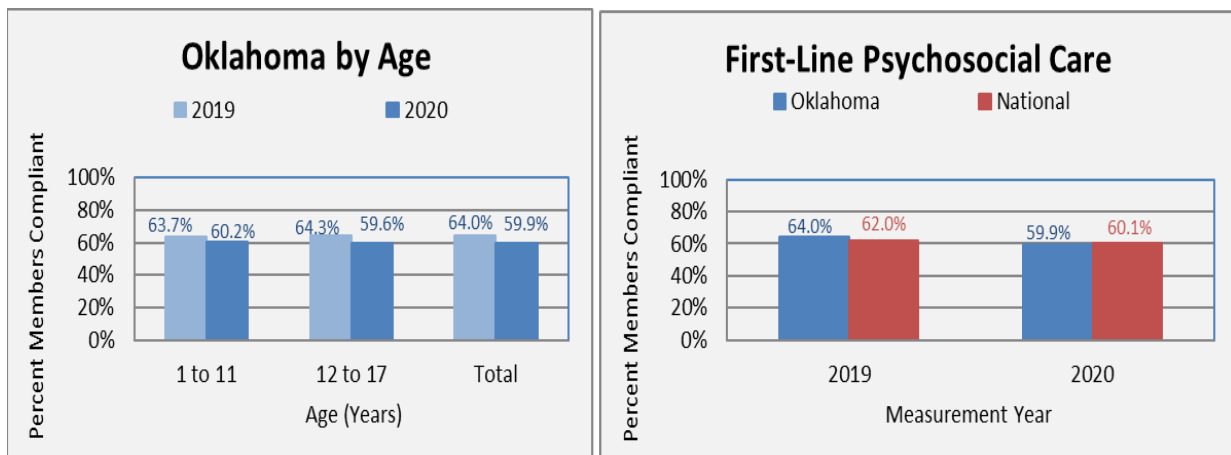
CMS Child Core Measure

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 2020 total compliance rate decreased from 2019 by 4.1 percentage points. The rate also decreased within each age cohort. The total compliance rate was above the national benchmark in 2019 but below the benchmark in 2020.

Exhibit 23 displays compliance rates by age cohort and compares Oklahoma to the national benchmark for 2019 and 2020 measurement years.

Exhibit 23 – Members Who Used First-Line Psychosocial Care



USE OF OPIOIDS AT HIGH DOSAGE

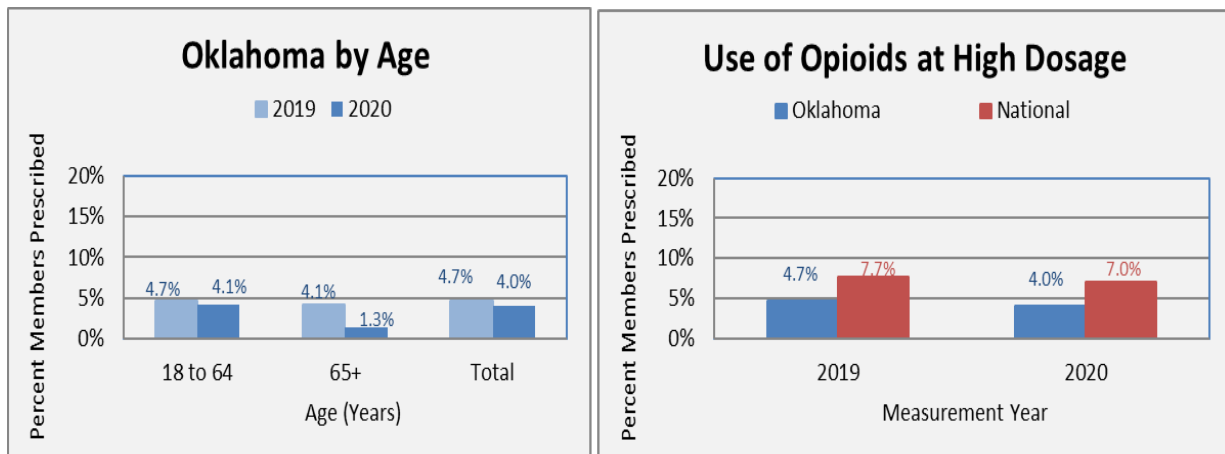
CMS Adult Core Measure

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.

The overall 2020 total use rate decreased from 2019 by 0.7 percentage points. The rate also decreased within each age cohort. The total rate was below the national benchmark. (Note: a lower rate indicates better performance.)

Exhibit 24 displays use rates by age cohort and compares Oklahoma to the national benchmark for 2019 and 2020 measurement years.

Exhibit 24 – Percentage of members prescribed a high dosage of Opioids for 90+ consecutive days



INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

CMS Adult Core Measure

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 overall initiated compliance rate in 2020 decreased from 2019 by 6.3 percentage points. However, the trend varied by age cohort and drug treatment type. The Oklahoma rate was below the national benchmark.

Exhibit 25 below and Exhibit 26 on the following page display compliance rates for initiation by age cohort and as compared to the national benchmark for the 2019 and 2020 measurement years.

Exhibit 25 – Members Initiating in additional Alcohol and Other Drug Treatment (Ages 13+ Years Old)

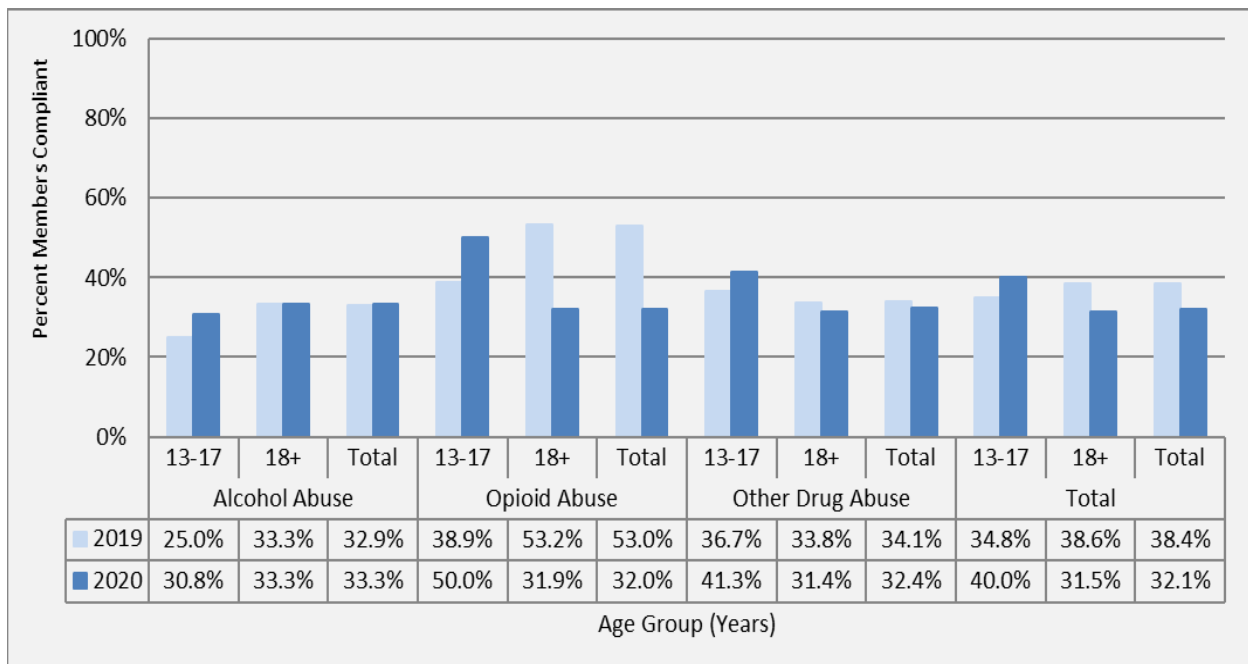
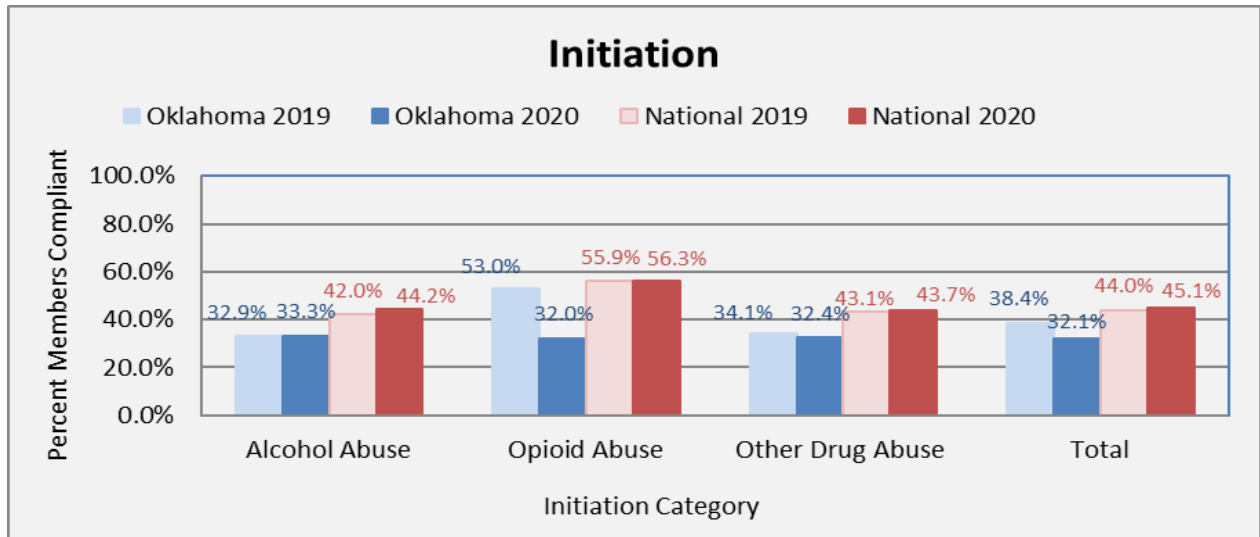


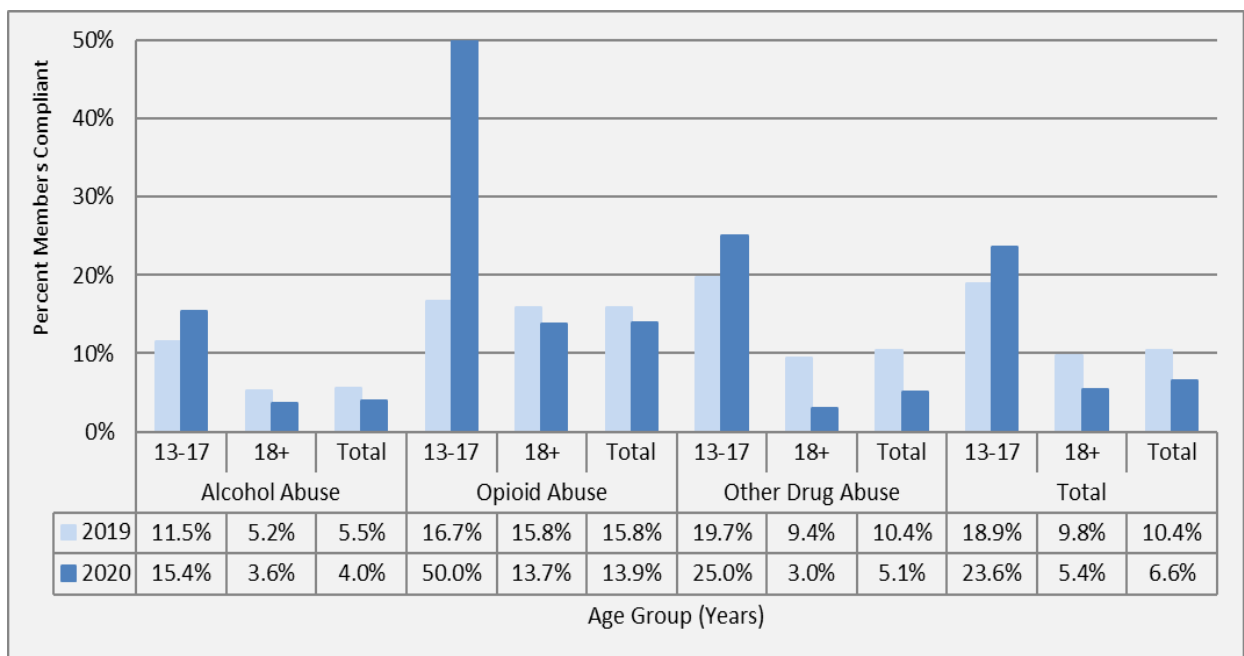
Exhibit 26 – Members Initiating in additional Alcohol and Other Drug Treatment Totals (Ages 13+ Years Old)



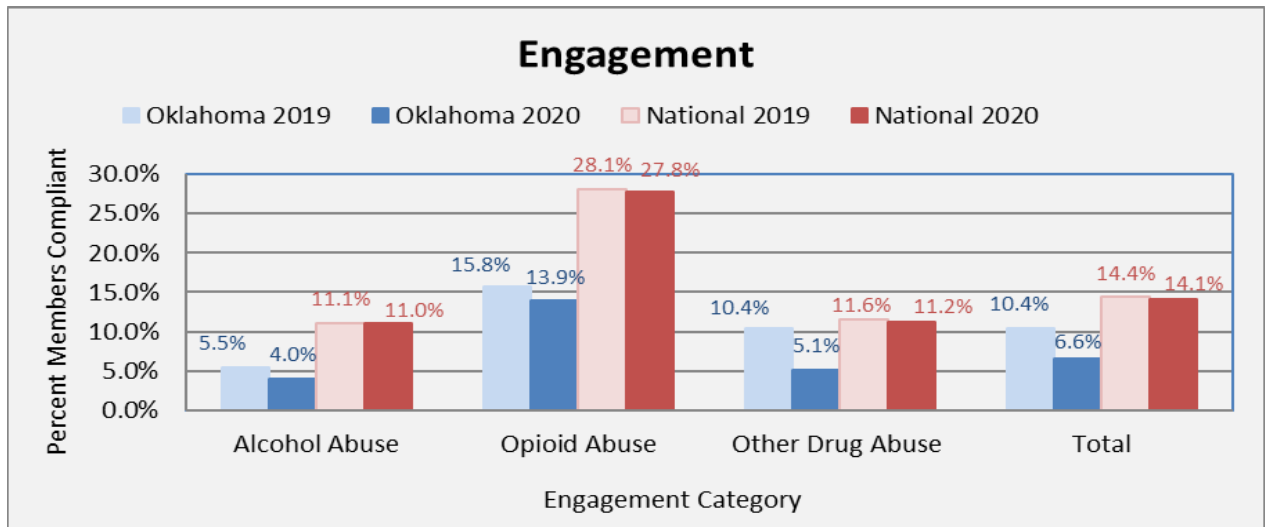
The overall engaged compliance rate in 2020 decreased from 2019 by 3.8 percentage points. However, the trend varied by age cohort and drug treatment type. The Oklahoma rate was below the national benchmark.

Exhibit 27 below and Exhibit 28 on the following page display compliance rates engagement by age cohort and as compared to the national benchmark for the 2019 and 2020 measurement years.

Exhibit 27 – Members Engaging in additional Alcohol and Other Drug Treatment (Ages 13+ Years Old)



**Exhibit 28 – Members Engaging in additional Alcohol and Other Drug Treatment Totals
(Ages 13+ Years Old)**



CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES

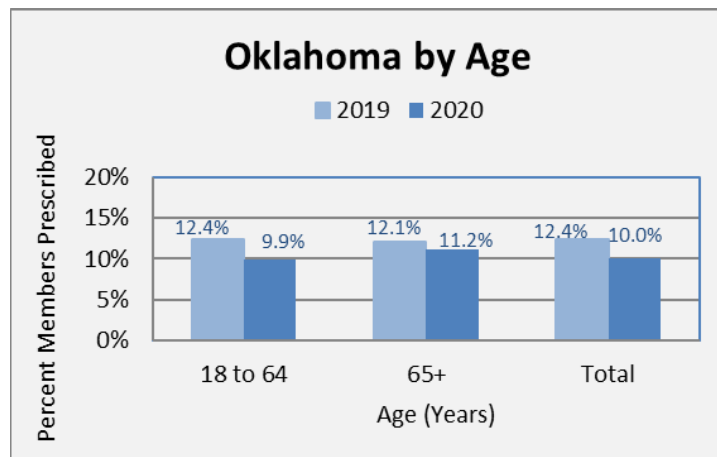
CMS Adult Core Measure

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 two 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 overall 2020 total use rate decreased from 2019 by 2.4 percentage points. The rate also decreased within each age cohort. (Note: a lower rate indicates better performance.)

Exhibit 29 displays use rates by age cohort for the 2019 and 2020 measurement years. National benchmark data was not available for this measure.

Exhibit 29 – Members with Concurrent Use of Opioids and Benzodiazepines



ANTIDEPRESSANT MEDICATION MANAGEMENT

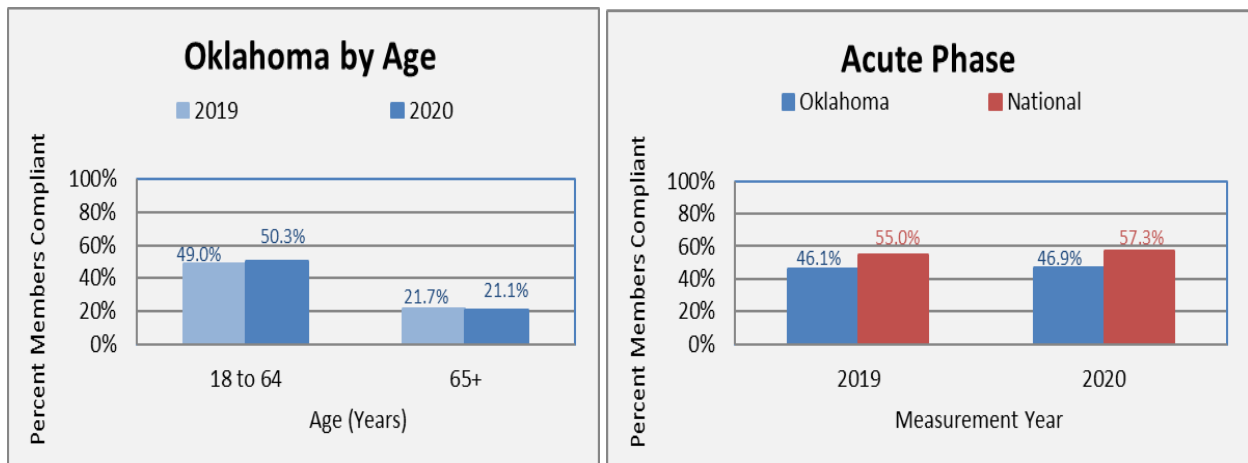
CMS Adult Core Measure

This measure calculates the percentage of members ages 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 overall acute phase compliance rate in 2020 increased from 2019 by 0.8 percentage points. The increase was isolated within the 18 – 64 age cohort. The Oklahoma rate was below the national benchmark.

Exhibit 30 displays compliance rates for the measurement years 2019 and 2020 by age cohort and as compared to the national benchmark.

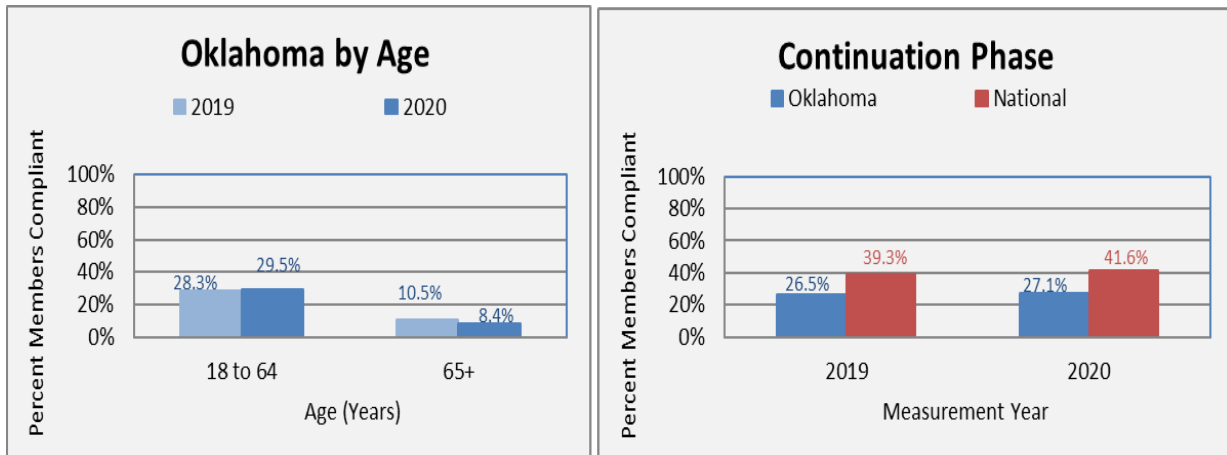
Exhibit 30 – Members Management of Antidepressant Medication (Acute Phase)



The overall continuation phase compliance rate in 2020 increased from 2019 by 0.6 percentage points. The increase was isolated within the 18 – 64 age cohort. The Oklahoma rate was below the national benchmark.

Exhibit 31 on the following page displays compliance rates for the measurement years 2019 and 2020 by age cohort and as compared to the national benchmark.

Exhibit 31 – Members Management of Antidepressant Medication (Continuation Phase)



METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS

CMS Child Core Measure

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.

The overall compliance rate in 2020 decreased from 2019 by 3.8 percentage points. The rate also decreased within each metabolic test and age cohort. The Oklahoma rate was below the national benchmark.

Exhibits 32 and 33 display compliance rates for the measurement years 2019 and 2020 by age cohort and as compared to the national benchmark.

Exhibit 32 – Members Metabolic Monitoring on Antipsychotics by Age Cohort

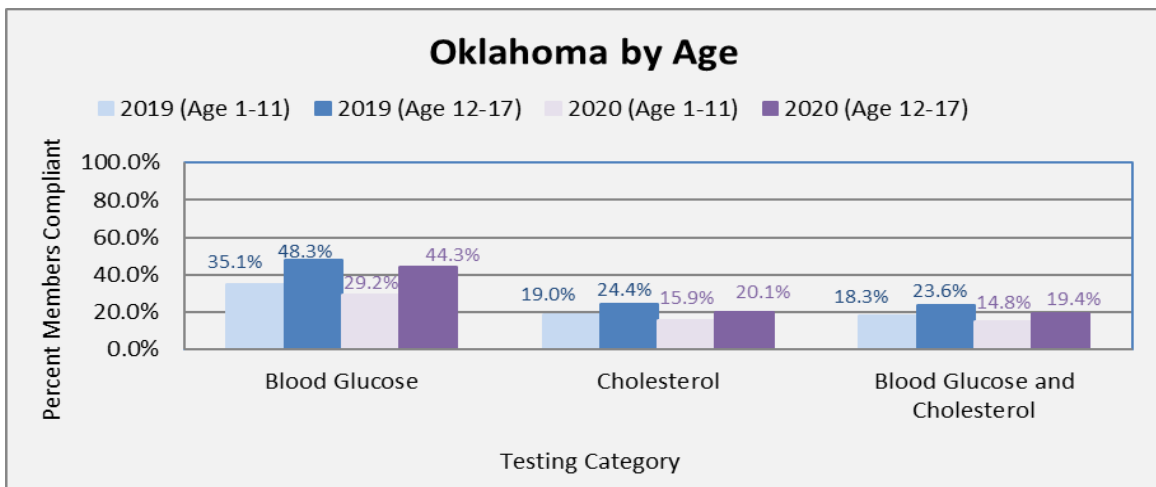
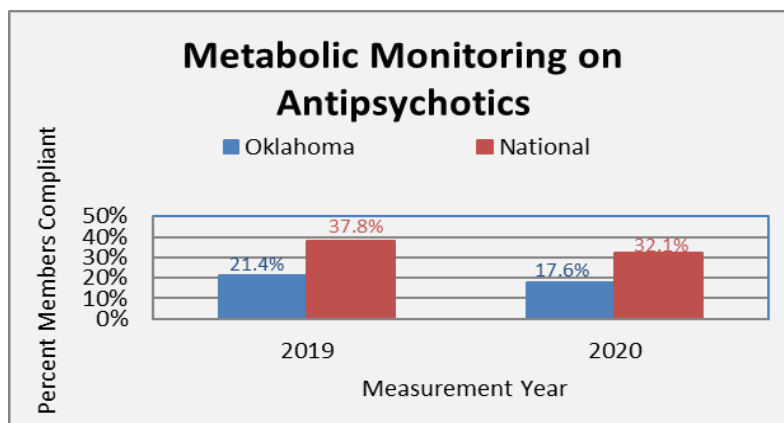


Exhibit 33 – Members Metabolic Monitoring on Antipsychotics Totals



USE OF PHARMACOTHERAPY FOR OPIOID USE DISORDER

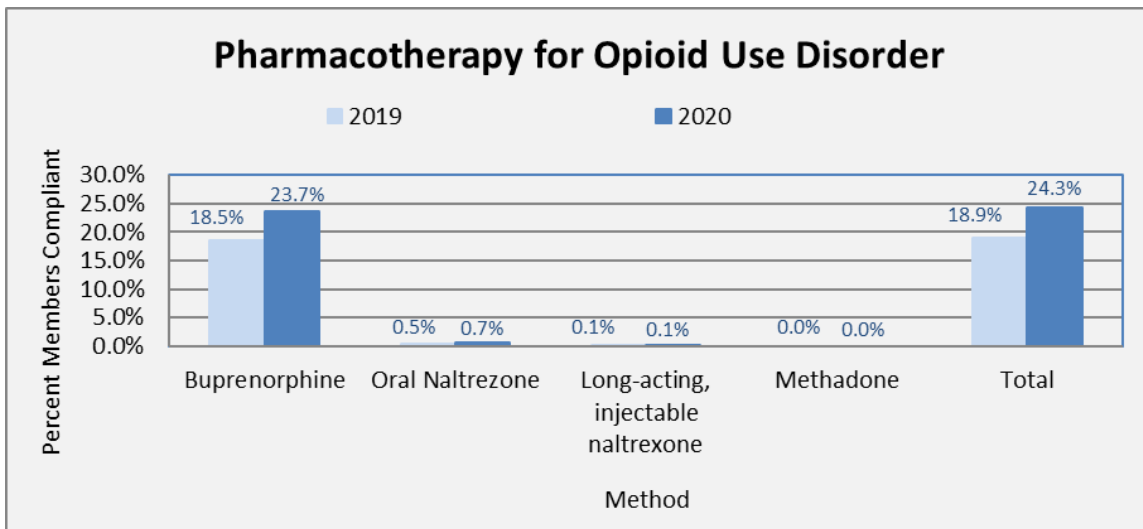
CMS Adult Core Measure

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.

The overall compliance rate in 2020 increased from 2019 by 5.4 percentage points. The rate also increased or was unchanged within each FDA-approved medication type.

Exhibit 34 displays compliance rates by age cohort for 2019 and 2020. National benchmark data was not available for this measure.

Exhibit 34 – Members Use of Pharmacotherapy for Opioid Use Disorder



DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS

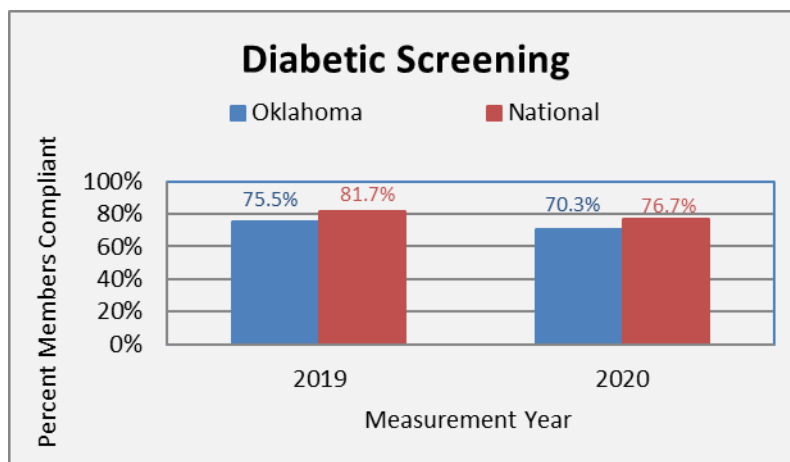
CMS Adult Core Measure

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.

The compliance rate in 2020 decreased from 2019 by 5.2 percentage points. The Oklahoma rate was below the national benchmark.

Exhibit 35 displays the compliance rate for measurement years 2019 and 2020 and as compared to the national benchmark.

Exhibit 35 – Members Receiving a Diabetes Screening that have Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications



ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA

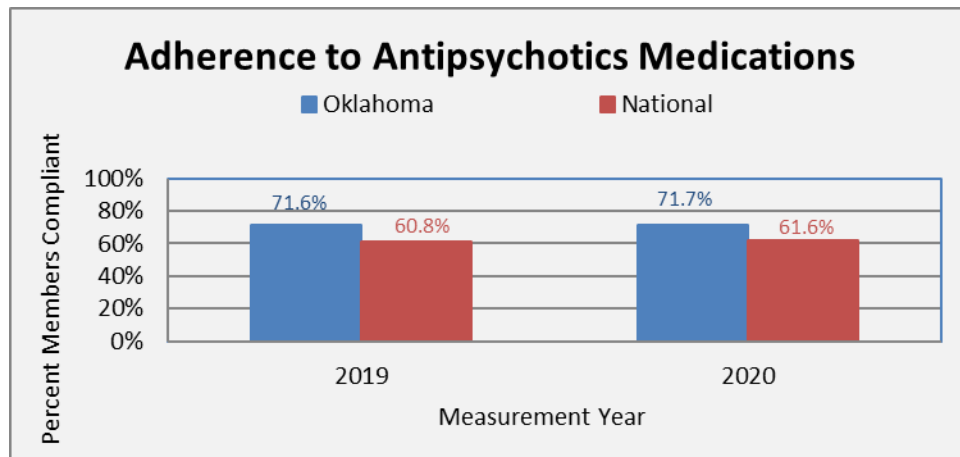
CMS Adult Core Measure

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

The compliance rate in 2020 increased from 2019 by 0.1 percentage point. The Oklahoma rate was above the national benchmark.

Exhibit 36 displays the compliance rate for measurement years 2019 and 2020 and as compared to the national benchmark.

Exhibit 36 – Members Adhering to Antipsychotic Medications for Individuals with Schizophrenia



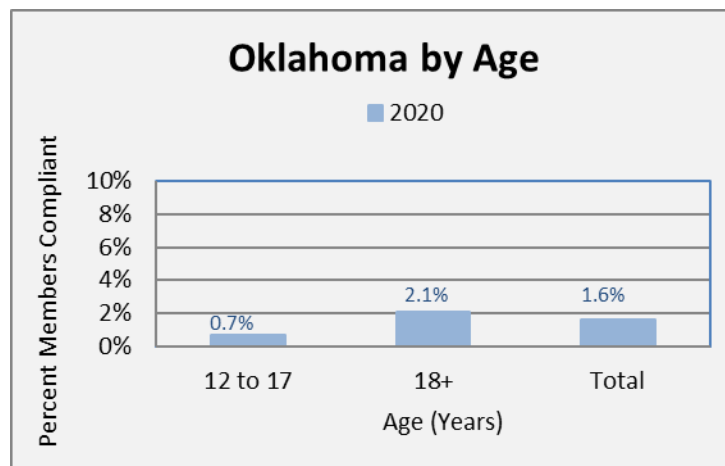
SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN

CMS Child And Adult Core Measure

This measure calculates the percentage of members 12 years of age and older with an office visit screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the eligible encounter. This is a new measure for 2020.

Exhibit 37 displays the compliance rate by age cohort for the 2020 measurement year⁴. National benchmark data was not available for this measure.

Exhibit 37 – Members Screening for Depression and Follow-Up Plan



⁴ The numerator portion of this measure is captured through HCPCS level II coding, which historically has not been used with regularity by providers. The calculated rate therefore may understate the actual level of screening and follow-up plan development.

CHAPTER FOUR: UTILIZATION

For 2021, Oklahoma reported eight 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 (two measures) and hospital (inpatient and outpatient) utilization (three 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 30 Months of Life		✓	
Child and Adolescent Well-Care Visits		✓	
Hospital Utilization			
Ambulatory Care		✓	
Hospital Admission Rates for Prevention Quality Indicators (PQI)			✓
Plan All-Cause Readmissions			✓

POSTPARTUM CARE RATE

CMS Adult Core Measure

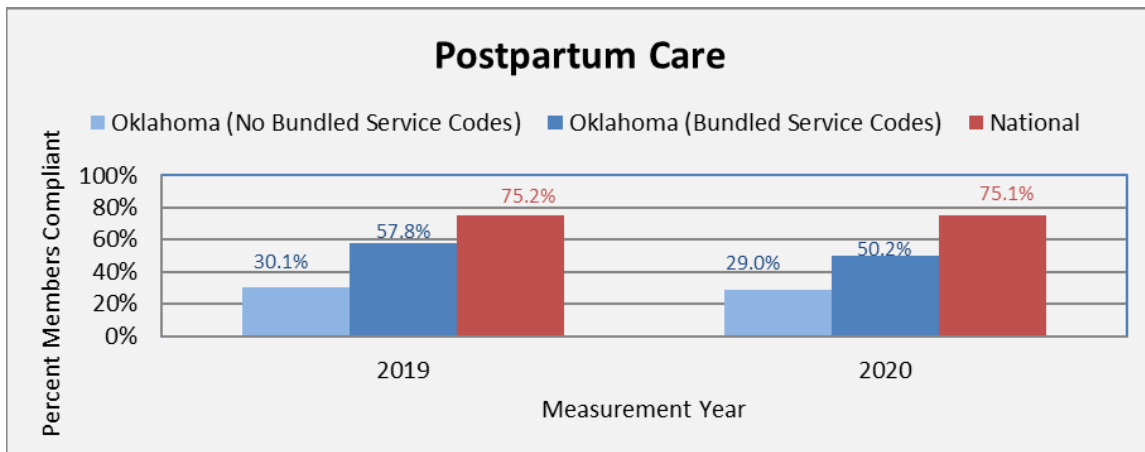
This measure calculates the percentage of women with deliveries of live births who received postpartum care visits between days seven and 84 after delivery.

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. Oklahoma uses a global code payment methodology so rates for both bundled service codes and without bundled service codes are presented.

The unbundled compliance rate in 2020 decreased from 2019 by 1.1 percentage points. The bundled compliance rate in 2020 decreased from 2019 by 7.6 percentage points. The Oklahoma rate under both methodologies was below the national benchmark.

Exhibit 38 displays compliance rates for the measurement years 2019 and 2020 (unbundled and bundled) and as compared to the national benchmark.

Exhibit 38 –Mothers Receiving a Postpartum Care Visit



TIMELINESS OF PRENATAL CARE

CMS Child Core Measure

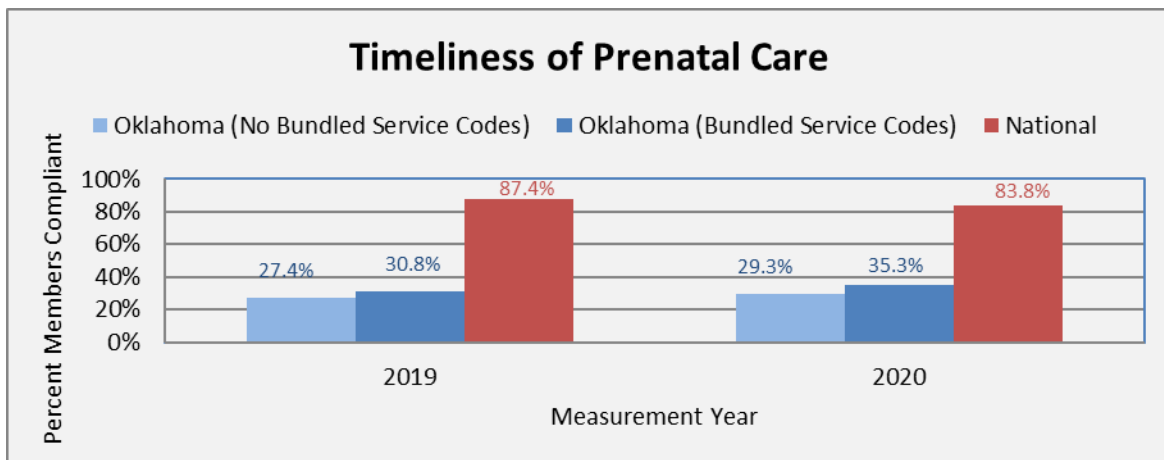
This measure calculates the percentage of women with deliveries of live births who received timely prenatal care. Timely prenatal care was defined as receiving a prenatal visit within the first trimester or within 42 days of enrollment.

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. Oklahoma uses a global code payment methodology so rates for both bundled service codes and without bundled service codes are presented.

The unbundled compliance rate in 2020 increased from 2019 by 1.9 percentage points. The bundled compliance rate in 2020 increased from 2019 by 4.5 percentage points. The Oklahoma rate under both methodologies was below the national benchmark.

Exhibit 39 displays compliance rates for the measurement years 2019 and 2020 (unbundled and bundled) and as compared to the national benchmark.

Exhibit 39 – Women Receiving Timely Prenatal Care



CONTRACEPTIVE CARE – POSTPARTUM WOMEN

CMS Child And Adult Core Measure

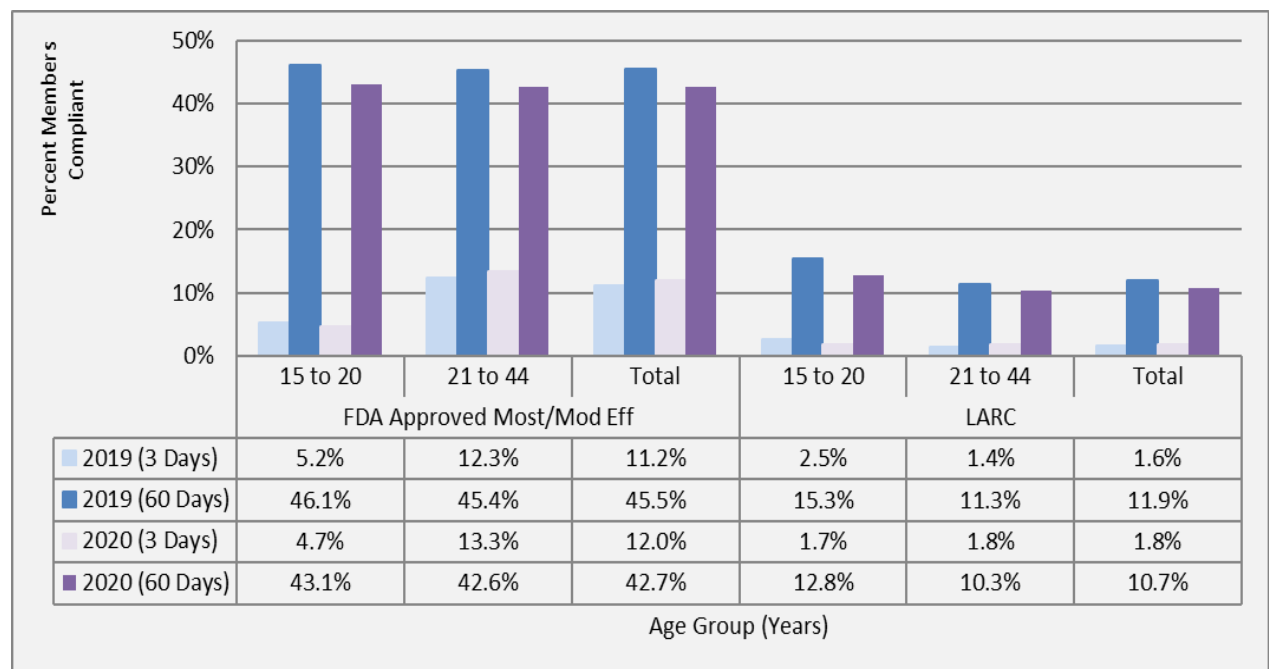
This measure calculates the percentage of women ages 15 to 44 who had a live birth and were presented either the most effective or moderately effective FDA-approved method of contraception within three and 60 days of delivery or a long-acting reversible method of contraception (LARC) within three and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

The overall three-day compliance rate in 2020 for FDA-approved methods increased from 2019 by 0.8 percentage points, while the 60-day compliance rate decreased by 2.8 percentage points. The same trends were observed in the 21 to 44 age cohort, while the compliance rate declined for both methods in the 15 to 20 age cohort.

The overall three-day compliance rate in 2020 for LARC increased from 2019 by 0.2 percentage points, while the 60-day compliance rate decreased by 1.2 percentage points. The same trends were observed in the 21 to 44 age cohort, while the compliance rate declined for both methods in the 15 to 20 age cohort.

Exhibit 40 displays the compliance rates for 2019 and 2020 measurement years by contraceptive method and age cohort. National benchmark data was not available for this measure.

Exhibit 40 – Postpartum women receiving contraceptive care



WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE CHILD AND ADOLESCENT WELL-CARE VISITS

CMS Child Core Measure

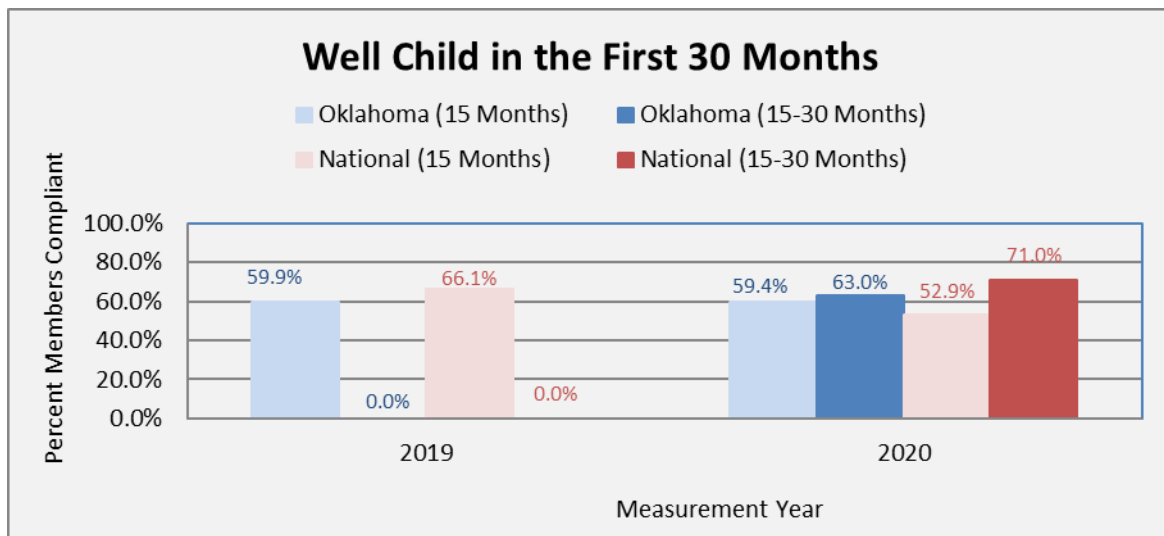
These two measures calculate the percentage of children or adolescents who receive well-child visits during the measurement year. Well-child visits are defined as visits with primary care practitioners (PCPs) using specific procedure codes indicating well-child visits. The PCP does not have to be the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

In prior years, the well child visit reporting was grouped in three different reports (15 month, 3-6 years and adolescent). For 2020, CMS has changed the measures age ranges and created two new reports with these new age ranges. The Well-Child in the First 30 Months measure reports members with 6+ visits within the first 15 months of life and 2+ visits from 15 to 30 months of life. The Child and Adolescent Well-Care visits measure reports members with one or more visits from age three to 21.

The 15-month compliance rate in 2020 decreased from 2019 by 0.5 percentage points. The Oklahoma 15-month rate was below the national benchmark in 2019 but above the benchmark in 2020. The Oklahoma 15–30-month rate was below the national benchmark in 2020.

Exhibit 41 displays compliance rates for the measurement years 2019 and 2020 by age cohort and as compared to the national benchmark.

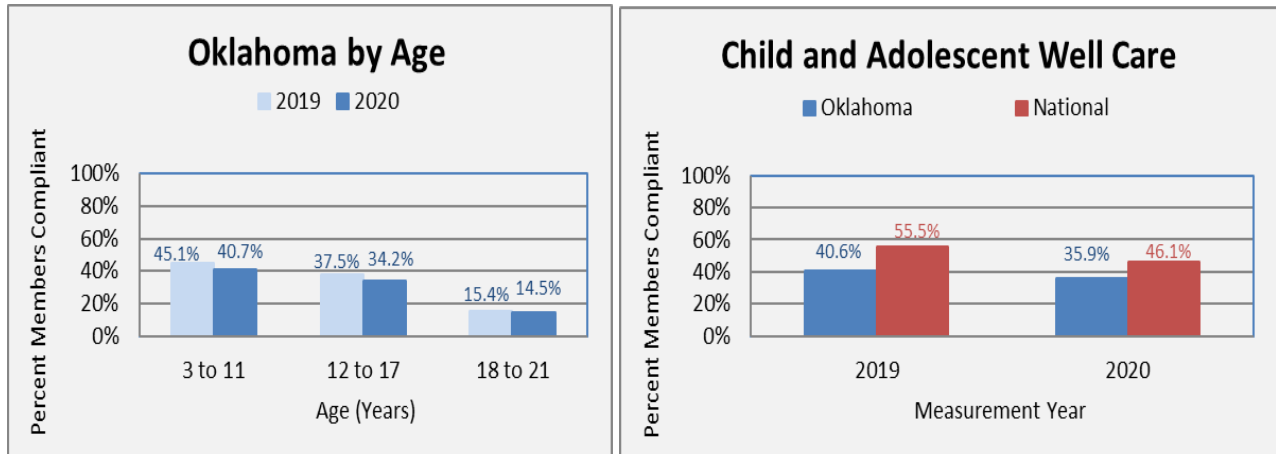
Exhibit 41 – Well-Child Visits in First 30 Months of Life



The overall child and adolescent well care compliance rate in 2020 decreased from 2019 by 4.7 percentage points. The rate also decreased within each age cohort. The Oklahoma rate was below the national benchmark.

Exhibit 42 on the following page displays compliance rates for the measurement years 2019 and 2020 by age cohort and as compared to the national benchmark.

Exhibit 42 – Child and Adolescent Well Care Visits



AMBULATORY CARE

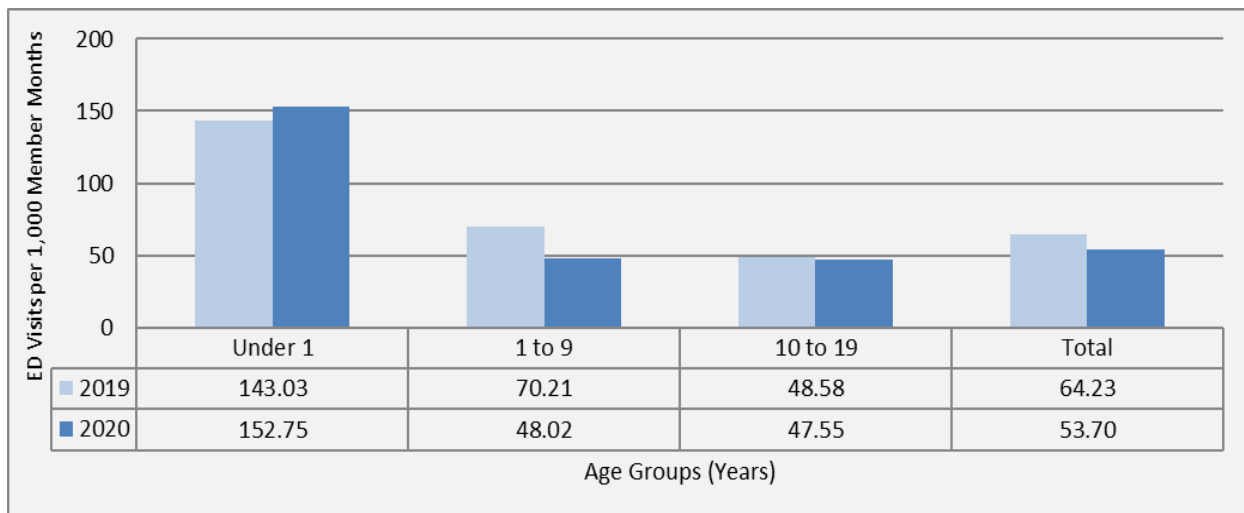
NCQA Measure

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 overall 2020 total visit rate decreased from 2019 by 10.53 visits per 1,000 member months. The rate also decreased within two of three age cohorts. (Note: a lower rate indicates better performance.)

Exhibit 43 displays visit rates by age cohort for the 2019 and 2020 measurement years. National benchmark data was not available for this measure.

Exhibit 43 – Emergency Department Visit Rate for SoonerCare Members



HOSPITAL ADMISSION RATES FOR PREVENTION QUALITY INDICATORS (PQI)

CMS Adult Core Measure

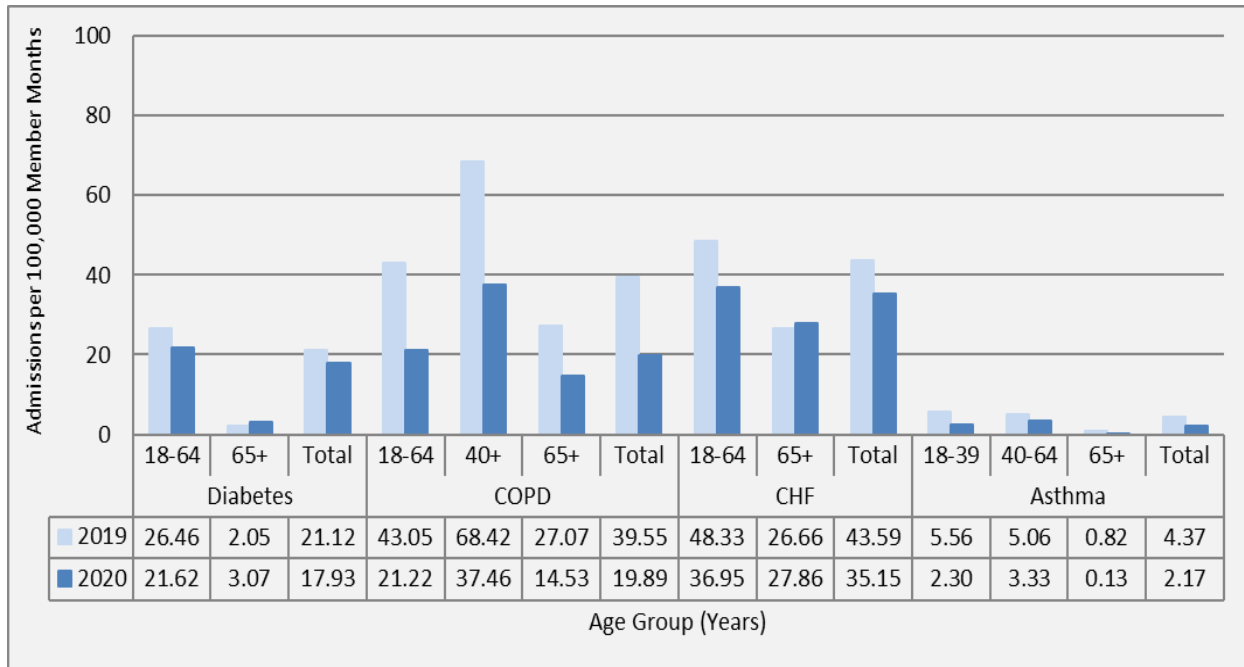
This section includes results for preventable hospital admission rates per 100,000 member months for the following indicators (all admission rates exclude transfers and obstetric discharges):

- 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 that include diagnosis codes for cystic fibrosis and other respiratory anomalies are excluded.
- Congestive heart failure (CHF) – Includes members 18 years and older admitted with a primary diagnosis of heart failure, excluding admissions where certain cardiac procedures were performed.
- Asthma in younger adults (Asthma) – Includes members 18 years and older admitted with a primary diagnosis of asthma, excluding admissions with diagnoses of cystic fibrosis or other respiratory anomalies.

The overall 2020 diabetes rate decreased from 2019 by 3.19 admissions per 100,000 member months. The overall 2020 COPD rate decreased from 2019 by 19.66 admissions per 100,000 member months. The overall 2020 CHF rate decreased from 2019 by 8.44 admissions per 100,000 member months. The overall 2020 asthma rate decreased from 2019 by 2.2 admissions per 100,000 member months. The rate also decreased within each diagnosis age cohort except diabetes ages 65 and older. (Note: a lower rate indicates better performance.)

Exhibit 44 on the following page displays admission rates by diagnosis and age cohort for the 2019 and 2020 measurement years. National benchmark data was not available for this measure.

Exhibit 44 – Hospital Admission Rates for PQI Measures



PLAN ALL-CAUSE READMISSION RATE

CMS Adult Core Measure

This measure calculates the number of 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 within 30 days. The measure also calculates the predicted probability of an acute readmission. The results are displayed in three categories:

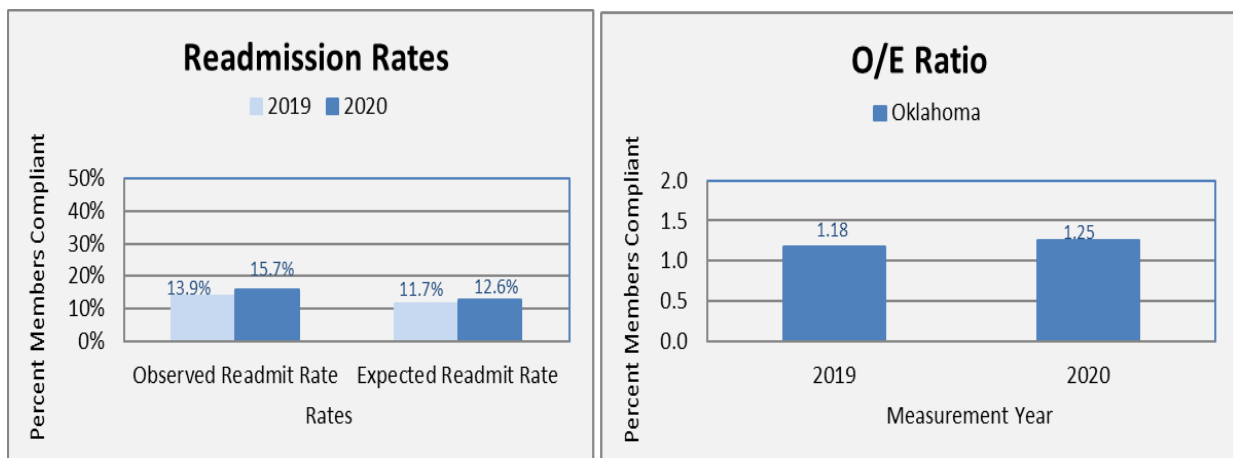
- Observed Readmission Rate
- Expected Readmission Rate
- Observed-to-Expected Readmission Ratio (O/E Ratio)

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 2020 observed readmission rate increased from 2019 by 1.8 percentage points, while the expected readmission rate increased by 0.9 percentage points. The observed-to-expected rate increased by 0.07 points. (Note: a lower rate indicates better performance.)

Exhibit 45 displays the readmission rate, expected readmission rate and O/E Ratio for the 2019 and 2020 measurement years. National benchmark data was not available for this measure.

Exhibit 45 – Readmission Rates and O/E Ratio



APPENDIX: 2020 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	81.5%	80.8%	82.0%	76.8%	83.9%	79.3%	84.4%	49.8%	77.0%	81.9%	82.8%	76.8%	81.8%	75.9%	83.2%	72.6%
20 to 44	75.3%	78.0%	71.7%	67.5%	78.3%	74.4%	77.4%	48.7%	72.5%	75.6%	76.4%	70.0%	76.7%	67.4%	77.8%	71.6%
45 to 64	86.8%	87.5%	86.3%	82.3%	89.9%	84.7%	88.8%	60.0%	86.0%	86.8%	87.5%	83.1%	88.9%	78.1%	88.4%	79.1%
65+	86.9%	89.9%	86.9%	82.9%	88.9%	82.8%	90.7%	90.9%	81.0%	87.4%	87.8%	81.3%	91.5%	80.1%	90.2%	40.0%
WCC-CH: BMI Assessment for Children & Adolescents																
Total Population																
Total	12.8%	13.0%	12.2%	12.9%	12.7%	12.4%	13.5%	10.9%	12.1%	13.1%	12.2%	14.0%	15.3%	9.5%	13.4%	12.1%
3 to 11	10.9%	11.1%	10.0%	11.0%	10.7%	10.8%	10.9%	9.3%	9.9%	11.2%	10.7%	11.4%	11.0%	8.8%	11.5%	10.2%
12 to 17	16.2%	16.5%	15.4%	16.5%	16.0%	15.2%	17.6%	14.6%	16.0%	16.3%	14.7%	18.5%	21.4%	11.3%	17.6%	15.2%
BMI Percentile																
Total	9.2%	9.4%	8.6%	9.2%	9.3%	8.9%	9.7%	8.5%	8.5%	9.5%	9.1%	9.5%	9.6%	7.4%	10.0%	8.9%
3 to 11	8.9%	9.1%	8.1%	8.9%	9.0%	8.6%	9.5%	8.1%	7.9%	9.3%	8.9%	8.6%	8.8%	7.5%	9.7%	8.4%
12 to 17	9.8%	9.9%	9.3%	9.7%	9.9%	9.6%	10.0%	9.4%	9.6%	9.8%	9.3%	11.0%	10.7%	7.2%	10.6%	9.7%
Counseling for Nutrition																
Total	3.0%	3.2%	2.6%	3.0%	3.0%	3.1%	3.0%	2.3%	3.4%	2.9%	3.0%	3.9%	3.1%	2.2%	2.8%	2.7%
3 to 11	2.9%	3.0%	2.5%	3.0%	2.9%	2.9%	2.9%	2.0%	3.2%	2.8%	2.9%	3.9%	2.8%	2.1%	2.8%	2.5%
12 to 17	3.3%	3.4%	2.9%	3.1%	3.4%	3.3%	3.2%	2.9%	3.8%	3.1%	3.2%	4.0%	3.5%	2.3%	2.9%	3.1%
Counseling for Physical Activity																
Total	2.7%	2.6%	2.8%	2.9%	2.5%	2.0%	3.6%	1.9%	2.2%	2.8%	2.1%	3.0%	5.5%	1.0%	2.8%	2.2%

Quality of Care in the SoonerCare Program – Reporting Year 2021/Measurement Year 2020

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.
3 to 11	0.7%	0.7%	0.8%	0.8%	0.6%	0.6%	0.9%	0.3%	0.5%	0.8%	0.5%	0.7%	1.6%	0.2%	0.9%	0.7%
12 to 17	6.0%	6.1%	5.7%	6.5%	5.6%	4.6%	7.9%	5.6%	5.3%	6.3%	4.7%	6.9%	11.2%	2.9%	7.2%	4.8%
CIS: Childhood Immunization Status																
Dtap	64.8%	65.6%	61.4%	65.1%	64.4%	62.9%	68.0%	50.2%	62.5%	65.5%	65.4%	57.1%	67.0%	66.2%	65.8%	61.3%
IPV	78.2%	78.7%	75.8%	78.5%	77.8%	75.8%	82.0%	67.8%	73.2%	79.7%	77.9%	74.6%	81.1%	77.3%	80.5%	74.2%
MMR	49.8%	53.0%	36.6%	49.8%	49.8%	54.8%	43.0%	46.9%	51.3%	49.3%	52.2%	53.9%	32.2%	50.9%	50.3%	53.0%
HiB	76.1%	77.0%	72.6%	76.1%	76.1%	73.8%	79.9%	63.4%	71.9%	77.4%	76.3%	71.6%	77.5%	75.7%	78.3%	71.9%
Hep B	39.0%	38.3%	41.8%	39.2%	38.7%	41.3%	36.0%	32.2%	39.9%	38.7%	37.4%	36.9%	48.0%	37.8%	41.6%	40.7%
VZV	77.8%	78.3%	75.7%	78.1%	77.5%	76.2%	80.5%	67.8%	75.2%	78.7%	77.6%	73.8%	80.9%	76.2%	79.6%	75.5%
PCV	64.8%	65.7%	61.1%	65.1%	64.4%	63.1%	67.7%	52.7%	63.1%	65.3%	65.6%	57.7%	66.3%	65.8%	65.8%	62.0%
Hep A	79.0%	79.6%	76.5%	79.0%	79.0%	77.7%	81.3%	67.8%	78.0%	79.3%	78.8%	75.6%	81.3%	81.8%	80.5%	75.5%
RV	62.6%	63.3%	59.8%	62.6%	62.5%	62.0%	64.1%	47.3%	59.8%	63.5%	62.8%	57.8%	64.2%	63.3%	67.8%	59.9%
Flu	36.7%	36.7%	36.8%	37.1%	36.4%	38.3%	34.9%	28.1%	40.3%	35.6%	38.2%	26.1%	39.6%	50.6%	35.6%	37.1%
Combo 2	18.7%	20.2%	12.3%	18.9%	18.4%	22.6%	13.3%	16.3%	20.7%	18.0%	19.8%	18.9%	11.9%	17.4%	20.1%	21.9%
Combo 3	18.1%	19.6%	11.9%	18.3%	17.9%	21.9%	12.9%	15.7%	20.2%	17.4%	19.3%	18.0%	11.6%	17.0%	19.5%	21.4%
Combo 4	17.8%	19.3%	11.7%	17.9%	17.6%	21.4%	12.9%	15.3%	19.2%	17.3%	18.8%	17.9%	11.4%	17.0%	19.5%	20.5%
Combo 5	16.0%	17.3%	10.5%	16.1%	15.7%	19.3%	11.4%	13.6%	17.3%	15.5%	17.0%	15.8%	9.9%	15.2%	16.8%	19.2%
Combo 6	10.0%	10.7%	7.1%	10.1%	9.9%	12.1%	7.1%	9.1%	12.1%	9.3%	11.2%	7.0%	7.1%	10.8%	9.4%	12.2%
Combo 7	15.9%	17.3%	10.5%	16.1%	15.7%	19.3%	11.4%	13.4%	17.3%	15.5%	17.0%	15.7%	9.9%	15.2%	16.8%	19.2%
Combo 8	13.3%	14.3%	9.2%	13.4%	13.3%	16.0%	9.6%	11.8%	15.2%	12.7%	14.6%	10.8%	8.8%	15.2%	14.1%	15.1%
Combo 9	12.0%	13.0%	8.3%	12.1%	11.9%	14.5%	8.6%	10.5%	13.6%	11.5%	13.2%	9.4%	7.8%	13.6%	12.5%	14.3%
Combo 10	12.0%	12.9%	8.3%	12.0%	11.9%	14.5%	8.6%	10.3%	13.5%	11.5%	13.2%	9.3%	7.6%	13.6%	12.5%	14.1%
IMA: Immunizations for Adolescents																
Men.	64.3%	65.5%	60.6%	63.4%	65.2%	64.6%	64.6%	43.2%	70.0%	62.5%	62.9%	61.9%	70.3%	63.8%	65.3%	64.0%
Tdap/Td	71.2%	72.5%	67.3%	70.2%	72.2%	70.9%	72.3%	47.7%	74.7%	70.0%	70.2%	68.3%	75.0%	70.2%	69.7%	72.7%
HPV	25.5%	26.4%	22.9%	24.6%	26.5%	26.8%	24.2%	14.1%	34.3%	22.7%	25.3%	23.3%	27.6%	24.6%	27.3%	25.4%
Combo 1 (Men, Tdap)	62.9%	64.1%	59.2%	61.9%	63.8%	63.1%	63.2%	42.5%	68.7%	61.0%	61.6%	60.6%	68.9%	59.3%	62.9%	62.5%
Combo 2 (Men, Tdap, HPV)	24.6%	25.5%	22.2%	23.8%	25.5%	26.0%	23.2%	13.3%	33.4%	21.9%	24.5%	22.4%	26.9%	22.8%	26.1%	24.7%
BCS: Breast Cancer Screening																
Total	34.3%	35.0%	34.1%	0.0%	39.4%	33.1%	35.4%	12.5%	40.5%	34.0%	34.2%	36.6%	31.7%	38.3%	30.7%	31.4%

Quality of Care in the SoonerCare Program – Reporting Year 2021/Measurement Year 2020

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.
50 to 64	35.3%	35.0%	35.4%	0.0%	39.9%	34.6%	36.0%	7.7%	41.9%	35.1%	35.7%	37.9%	29.5%	35.5%	29.2%	30.6%
65+	32.7%	37.3%	32.7%	0.0%	38.6%	30.8%	34.5%	33.3%	39.2%	32.4%	32.0%	34.1%	35.2%	39.2%	33.7%	100.0%
CCS: Cervical Cancer Screening																
Total	38.6%	46.1%	30.0%	0.0%	38.6%	42.2%	34.4%	35.5%	47.9%	37.8%	38.4%	46.1%	25.1%	47.1%	32.8%	48.5%
CHL: Chlamydia Screening in Women																
Total	41.5%	44.0%	36.1%	0.0%	41.5%	43.3%	39.3%	45.8%	43.9%	41.0%	41.0%	54.2%	32.3%	34.2%	41.7%	42.6%
16 to 20	38.7%	40.2%	34.8%	0.0%	38.7%	40.1%	37.1%	44.0%	42.0%	38.0%	38.8%	49.6%	29.8%	29.4%	39.3%	39.7%
21 to 24	48.5%	56.0%	38.1%	0.0%	48.5%	51.6%	45.2%	47.9%	50.2%	48.3%	46.8%	63.2%	39.2%	47.5%	48.4%	53.3%
AMR: Asthma Medication Ratio																
Total (5-64)	85.7%	85.2%	87.7%	85.7%	85.8%	83.7%	88.3%	87.3%	85.5%	85.7%	87.5%	76.9%	89.2%	88.6%	86.3%	85.8%
5 to 11	88.7%	88.3%	90.5%	88.0%	89.7%	86.6%	91.5%	89.3%	86.6%	89.2%	90.5%	80.7%	91.6%	90.2%	88.6%	88.8%
12 to 18	83.5%	82.9%	85.9%	82.8%	84.4%	82.0%	85.6%	89.2%	85.1%	83.2%	85.7%	74.9%	87.0%	83.3%	83.5%	83.6%
Total (5-18)	86.5%	86.1%	88.5%	85.9%	87.5%	84.7%	89.1%	89.2%	86.0%	86.7%	88.4%	78.1%	89.6%	88.1%	86.9%	86.7%
19 to 50	79.7%	77.6%	84.8%	82.8%	78.5%	76.2%	83.9%	66.7%	77.4%	79.9%	82.3%	66.8%	84.6%	90.0%	81.3%	76.3%
51 to 64	86.2%	86.0%	86.6%	85.1%	86.6%	83.4%	88.4%	0.0%	83.3%	86.3%	87.1%	81.7%	90.2%	100.0%	83.5%	80.0%
Total (19-64)	81.9%	80.2%	85.5%	83.4%	81.3%	78.3%	85.6%	66.7%	78.4%	82.1%	84.0%	71.4%	86.2%	93.3%	82.2%	76.5%
DEV: Developmental Screening in the First Three Years of Life																
Total	27.5%	28.2%	23.3%	27.3%	27.8%	34.1%	18.6%	22.9%	32.5%	26.0%	28.9%	32.2%	15.0%	30.0%	26.1%	33.6%
0 to 12 Months	21.5%	21.7%	19.6%	21.3%	21.7%	26.5%	14.8%	19.2%	26.3%	20.1%	22.1%	28.1%	10.5%	25.4%	20.9%	29.6%
2 Years	33.1%	34.3%	26.5%	32.9%	33.3%	40.8%	22.7%	26.3%	37.8%	31.6%	35.3%	36.3%	19.2%	34.9%	30.9%	36.6%
3 Years	29.5%	30.6%	23.1%	29.1%	29.9%	36.8%	19.4%	23.8%	34.5%	27.9%	30.9%	33.6%	17.3%	32.0%	27.9%	33.4%
ADD: Follow-Up Care for Children Prescribed ADHD Medication																
Initiation Phase	58.3%	58.3%	58.4%	58.0%	58.9%	59.2%	57.6%	48.4%	58.5%	58.3%	58.6%	55.8%	56.9%	54.5%	60.3%	58.2%
Continuation Phase	66.5%	67.3%	65.5%	66.0%	67.6%	67.5%	65.4%	65.4%	66.3%	66.6%	67.9%	63.7%	60.9%	50.0%	67.8%	62.9%
PPC-AD: Postpartum Care Rate (No Bundled Service Codes)																
Total	29.0%	30.4%	26.1%	0.0%	29.0%	28.1%	30.2%	27.0%	33.1%	28.3%	29.0%	23.6%	33.8%	31.8%	28.3%	30.2%
PPC-AD: Postpartum Care Rate: With Global Codes																
Total	50.2%	51.5%	47.3%	0.0%	50.2%	50.5%	49.9%	49.4%	52.7%	49.8%	50.4%	48.5%	52.6%	49.2%	47.2%	50.8%
PPC-CH: Timeliness of Prenatal Care (No Bundled Service Codes)																
Total	29.3%	28.0%	32.3%	0.0%	29.3%	29.3%	29.2%	32.9%	30.9%	29.1%	28.2%	29.9%	33.1%	34.4%	29.0%	30.2%

Quality of Care in the SoonerCare Program – Reporting Year 2021/Measurement Year 2020

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.
PPC-CH: Timeliness of Prenatal Care: With Global Codes																
Total	35.3%	33.1%	40.2%	0.0%	35.3%	35.2%	35.4%	38.8%	37.3%	35.0%	34.4%	35.0%	37.5%	44.1%	35.3%	38.0%
W30: Well-Child Visits in the First 30 Months of Life																
0-15 months (6+ visits)	59.4%	62.0%	41.1%	58.8%	60.0%	64.5%	53.2%	42.1%	70.6%	56.0%	63.0%	52.3%	48.0%	66.2%	57.5%	66.6%
15-30 months (2+ visits)	63.0%	65.2%	50.4%	62.4%	63.6%	67.1%	57.7%	51.0%	72.3%	59.9%	65.7%	54.9%	54.9%	72.0%	62.1%	63.5%
WCV: Child and Adolescent Well-Care Visits																
Total	35.9%	37.2%	30.4%	36.2%	35.6%	40.2%	30.7%	20.7%	43.6%	33.6%	37.6%	33.9%	28.0%	45.4%	35.5%	36.7%
3-11	40.7%	44.1%	28.4%	41.1%	40.3%	46.0%	34.2%	23.6%	48.9%	38.2%	43.4%	38.0%	30.1%	51.0%	38.5%	40.8%
12-17	34.2%	31.7%	54.5%	34.0%	34.4%	37.1%	30.8%	18.9%	41.1%	32.0%	35.1%	32.8%	29.8%	39.3%	34.1%	35.3%
18-21	14.5%	16.8%	9.8%	13.5%	15.3%	16.7%	12.2%	6.1%	18.3%	13.5%	14.6%	16.6%	11.5%	20.1%	13.7%	16.0%
SFM-CH: Sealant Receipt on Permanent First Molar																
Rate 1	40.9%	42.2%	32.3%	39.7%	42.1%	40.9%	41.4%	27.9%	46.8%	39.1%	42.0%	38.0%	38.0%	35.2%	40.4%	42.5%
Rate 2	27.5%	28.4%	21.2%	27.1%	27.9%	27.9%	27.2%	20.1%	32.0%	26.1%	28.3%	26.3%	24.4%	22.2%	27.5%	28.3%
CCW: Contraceptive Care - Most and Moderately Effective Methods by Women Ages 15-44																
Total: FDA Approved	27.6%	29.1%	24.7%	0.0%	27.6%	25.7%	30.4%	18.1%	23.6%	28.4%	27.9%	23.3%	30.9%	17.3%	31.2%	25.9%
15-20	30.4%	31.3%	28.2%	0.0%	30.4%	26.7%	35.6%	17.1%	20.7%	33.3%	31.4%	23.6%	33.0%	12.3%	34.5%	26.9%
21-44	25.0%	26.8%	22.3%	0.0%	25.0%	24.8%	25.6%	18.6%	30.0%	24.5%	24.8%	23.0%	28.3%	23.8%	27.5%	24.8%
Total: LARC	4.2%	4.3%	3.9%	0.0%	4.2%	4.4%	4.0%	2.6%	4.6%	4.1%	4.3%	3.4%	4.6%	3.6%	4.5%	3.7%
15-20	3.7%	3.8%	3.5%	0.0%	3.7%	3.7%	3.8%	2.6%	3.1%	3.9%	3.9%	3.0%	3.8%	1.1%	4.1%	3.1%
21-44	4.6%	4.9%	4.2%	0.0%	4.6%	5.0%	4.3%	2.6%	8.0%	4.3%	4.6%	3.7%	5.5%	6.9%	5.0%	4.4%
IET: Initiation of Alcohol and Other Drug Dependence Treatment																
Total	32.1%	33.2%	30.6%	36.2%	29.3%	37.3%	27.7%	38.5%	35.4%	31.9%	33.5%	44.8%	28.0%	25.0%	22.9%	25.0%
13-17	40.0%	38.5%	47.4%	49.1%	31.6%	49.0%	32.8%	0.0%	36.4%	40.4%	42.9%	50.0%	34.2%	0.0%	43.8%	0.0%
18+	31.5%	32.6%	30.2%	35.1%	29.2%	36.5%	27.3%	38.5%	35.3%	31.4%	33.0%	44.6%	27.0%	25.0%	21.5%	25.7%
18-64	31.5%	32.8%	29.5%	34.2%	30.0%	35.3%	28.2%	41.7%	34.4%	31.4%	32.9%	44.3%	27.8%	0.0%	22.6%	25.7%
65+	31.5%	21.4%	32.3%	39.8%	20.5%	45.7%	20.2%	0.0%	50.0%	31.1%	33.3%	46.4%	19.0%	100.0%	10.0%	0.0%
Alcohol Abuse	33.3%	35.0%	31.5%	35.2%	30.9%	43.5%	24.5%	0.0%	40.0%	32.9%	31.4%	55.6%	31.5%	100.0%	22.6%	40.0%
13-17	30.8%	30.0%	33.3%	28.6%	33.3%	50.0%	22.2%	0.0%	25.0%	33.3%	28.6%	0.0%	50.0%	0.0%	0.0%	0.0%
18+	33.3%	35.2%	31.5%	35.4%	30.8%	43.4%	24.6%	0.0%	42.9%	32.9%	31.5%	55.6%	30.4%	100.0%	23.2%	40.0%
18-64	33.0%	35.7%	29.3%	35.3%	30.6%	41.5%	25.4%	0.0%	41.2%	32.6%	31.0%	54.9%	28.8%	0.0%	26.1%	40.0%

Quality of Care in the SoonerCare Program – Reporting Year 2021/Measurement Year 2020

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.
65+	35.2%	16.7%	36.9%	36.0%	33.3%	54.8%	20.5%	0.0%	50.0%	34.3%	34.3%	58.3%	40.0%	100.0%	7.7%	0.0%
Opioid Abuse	32.0%	33.9%	30.3%	35.7%	30.3%	31.3%	33.2%	0.0%	33.3%	32.0%	32.7%	33.3%	33.3%	0.0%	27.8%	25.0%
13-17	50.0%	50.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
18+	31.9%	33.7%	30.3%	35.1%	30.5%	30.8%	33.3%	0.0%	33.3%	31.9%	32.8%	33.3%	31.3%	0.0%	27.8%	25.0%
18-64	33.7%	34.1%	33.1%	33.7%	33.7%	29.5%	37.8%	0.0%	33.3%	33.7%	34.3%	33.3%	38.5%	0.0%	29.0%	25.0%
65+	24.6%	20.0%	25.0%	38.7%	13.2%	36.7%	15.4%	0.0%	0.0%	24.6%	26.9%	33.3%	0.0%	0.0%	20.0%	0.0%
Other Drug Abuse	32.4%	32.8%	31.7%	39.2%	28.7%	37.8%	27.3%	45.5%	35.3%	32.3%	35.3%	44.1%	27.2%	0.0%	22.1%	21.4%
13-17	41.3%	40.0%	47.4%	51.0%	32.1%	49.0%	34.5%	0.0%	44.4%	41.1%	46.7%	50.0%	33.3%	0.0%	43.8%	0.0%
18+	31.4%	31.7%	30.9%	37.3%	28.4%	36.6%	26.5%	45.5%	33.3%	31.3%	34.2%	43.8%	25.9%	0.0%	19.6%	22.2%
18-64	31.1%	31.8%	29.7%	36.1%	28.7%	36.1%	26.3%	50.0%	33.3%	31.0%	33.3%	44.5%	26.9%	0.0%	19.9%	22.2%
65+	37.5%	25.0%	38.6%	52.0%	21.7%	45.8%	30.4%	0.0%	0.0%	37.5%	48.3%	36.4%	0.0%	0.0%	0.0%	0.0%
IET: Engagement of Alcohol and Other Drug Dependence Treatment																
Total	6.6%	6.2%	7.2%	7.3%	6.1%	7.9%	5.5%	7.7%	8.9%	6.5%	7.7%	3.6%	6.3%	0.0%	5.5%	5.6%
13-17	23.6%	22.0%	31.6%	30.2%	17.5%	34.7%	14.8%	0.0%	18.2%	24.2%	26.5%	50.0%	13.2%	0.0%	31.3%	0.0%
18+	5.4%	4.6%	6.5%	5.4%	5.5%	6.1%	4.9%	7.7%	7.4%	5.3%	6.6%	2.2%	5.2%	0.0%	3.8%	5.7%
18-64	5.2%	4.5%	6.3%	4.9%	5.4%	5.6%	4.8%	8.3%	7.8%	5.1%	6.3%	2.5%	4.8%	0.0%	3.7%	5.7%
65+	7.2%	7.1%	7.2%	7.8%	6.4%	9.9%	5.1%	0.0%	0.0%	7.3%	9.0%	0.0%	9.5%	0.0%	5.0%	0.0%
Alcohol Abuse	4.0%	4.1%	3.8%	3.8%	4.1%	4.9%	3.1%	0.0%	4.0%	3.9%	3.5%	1.6%	9.6%	0.0%	2.4%	0.0%
13-17	15.4%	10.0%	33.3%	14.3%	16.7%	50.0%	0.0%	0.0%	0.0%	22.2%	14.3%	0.0%	25.0%	0.0%	0.0%	0.0%
18+	3.6%	3.8%	3.4%	3.5%	3.7%	4.1%	3.2%	0.0%	4.8%	3.6%	3.2%	1.6%	8.7%	0.0%	2.4%	0.0%
18-64	3.5%	3.9%	3.0%	2.9%	4.1%	4.3%	2.9%	0.0%	5.9%	3.4%	3.3%	2.0%	6.8%	0.0%	2.9%	0.0%
65+	4.2%	0.0%	4.6%	6.0%	0.0%	3.2%	5.1%	0.0%	0.0%	4.5%	2.9%	0.0%	20.0%	0.0%	0.0%	0.0%
Opioid Abuse	13.9%	11.7%	16.0%	16.5%	12.7%	15.0%	13.3%	0.0%	11.1%	14.0%	15.4%	7.4%	9.1%	0.0%	13.9%	12.5%
13-17	50.0%	50.0%	0.0%	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
18+	13.7%	11.2%	16.0%	15.8%	12.8%	14.5%	13.3%	0.0%	11.1%	13.8%	15.4%	7.4%	6.3%	0.0%	13.9%	12.5%
18-64	14.2%	11.0%	18.5%	15.7%	13.7%	13.2%	15.4%	0.0%	11.1%	14.3%	15.9%	9.5%	7.7%	0.0%	12.9%	12.5%
65+	11.6%	20.0%	10.9%	16.1%	7.9%	20.0%	5.1%	0.0%	0.0%	11.6%	13.5%	0.0%	0.0%	0.0%	20.0%	0.0%
Other Drug Abuse	5.1%	5.8%	3.9%	6.2%	4.6%	6.7%	3.6%	9.1%	9.8%	4.9%	5.4%	3.9%	5.4%	0.0%	5.2%	3.6%
13-17	25.0%	23.5%	31.6%	31.4%	18.9%	34.7%	16.4%	0.0%	22.2%	25.3%	28.9%	50.0%	13.9%	0.0%	31.3%	0.0%
18+	3.0%	3.3%	2.4%	2.2%	3.4%	3.6%	2.2%	9.1%	7.1%	2.8%	3.3%	1.7%	3.6%	0.0%	2.2%	3.7%
18-64	2.9%	3.3%	2.0%	2.4%	3.2%	3.6%	2.1%	10.0%	7.1%	2.7%	3.0%	1.8%	3.8%	0.0%	2.2%	3.7%

Quality of Care in the SoonerCare Program – Reporting Year 2021/Measurement Year 2020

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.
65+	4.2%	0.0%	4.5%	0.0%	8.7%	4.2%	4.3%	0.0%	0.0%	4.2%	6.9%	0.0%	0.0%	0.0%	0.0%	0.0%
LSC: Lead Screening in Children																
Total	50.0%	51.9%	39.4%	50.0%	50.1%	52.6%	46.6%	44.3%	59.7%	46.7%	54.0%	45.3%	29.9%	58.2%	48.7%	52.5%
CCP: Contraceptive Care - Postpartum Women Ages 15-44 (within 3 days)																
Total: FDA Approved	12.0%	12.4%	11.0%	0.0%	12.0%	11.3%	12.9%	11.7%	12.5%	11.9%	11.8%	11.1%	14.6%	11.0%	10.2%	11.2%
15-20	4.7%	4.7%	4.5%	0.0%	4.7%	6.1%	2.8%	7.7%	8.7%	3.6%	4.6%	3.2%	5.2%	4.8%	2.6%	8.4%
21-44	13.3%	13.9%	12.0%	0.0%	13.3%	12.2%	14.8%	12.5%	13.4%	13.3%	13.1%	12.3%	16.3%	11.4%	12.1%	11.6%
Total: LARC	1.8%	2.0%	1.3%	0.0%	1.8%	2.6%	0.8%	1.7%	2.7%	1.6%	1.6%	2.6%	1.9%	4.3%	1.6%	1.6%
15-20	1.7%	1.8%	1.5%	0.0%	1.7%	2.7%	0.4%	4.6%	3.5%	1.2%	1.9%	1.9%	1.0%	0.0%	0.0%	1.5%
21-44	1.8%	2.1%	1.3%	0.0%	1.8%	2.6%	0.9%	1.0%	2.6%	1.7%	1.5%	2.7%	2.1%	4.6%	2.0%	1.6%
CCP: Contraceptive Care - Postpartum Women Ages 15-44 (within 60 days)																
Total: FDA Approved	42.7%	45.0%	37.3%	0.0%	42.7%	41.4%	44.6%	37.2%	43.7%	42.5%	43.6%	37.7%	45.3%	40.0%	38.0%	39.8%
15-20	43.1%	45.3%	36.7%	0.0%	43.1%	41.5%	45.5%	32.3%	45.7%	42.4%	44.9%	31.3%	44.3%	33.3%	39.5%	45.0%
21-44	42.6%	45.0%	37.4%	0.0%	42.6%	41.3%	44.4%	38.3%	43.3%	42.5%	43.3%	38.7%	45.4%	40.4%	37.6%	39.1%
Total: LARC	10.7%	11.2%	9.3%	0.0%	10.7%	12.0%	9.2%	7.5%	13.6%	10.1%	10.9%	9.1%	10.6%	14.8%	8.0%	10.8%
15-20	12.8%	13.1%	12.0%	0.0%	12.8%	13.8%	11.8%	9.2%	15.8%	12.0%	13.9%	9.0%	10.0%	9.5%	5.3%	17.6%
21-44	10.3%	10.9%	8.9%	0.0%	10.3%	11.7%	8.7%	7.1%	13.0%	9.8%	10.3%	9.1%	10.8%	15.1%	8.7%	9.9%
APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics																
Total	59.9%	58.9%	61.0%	57.0%	63.9%	61.0%	58.4%	58.1%	63.5%	59.4%	60.1%	59.7%	53.1%	50.0%	62.7%	63.7%
1 to 11	60.2%	59.2%	61.7%	59.0%	62.9%	63.0%	57.1%	35.3%	54.7%	60.8%	58.6%	68.0%	54.1%	44.4%	64.4%	61.8%
12 to 17	59.6%	58.6%	60.7%	55.1%	64.3%	59.6%	59.3%	73.1%	68.2%	58.4%	61.2%	53.8%	52.6%	54.5%	61.0%	65.3%
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 7 Days After Discharge																
Total	4.1%	4.6%	3.3%	3.5%	4.5%	3.5%	4.9%	2.2%	1.9%	4.2%	4.5%	2.3%	5.2%	0.0%	3.8%	4.8%
13-17	2.4%	2.4%	2.3%	1.4%	3.6%	2.6%	2.1%	0.0%	0.0%	3.0%	2.8%	4.5%	0.0%	0.0%	0.0%	5.6%
18-64	4.3%	4.8%	3.4%	3.7%	4.7%	3.6%	5.3%	2.4%	2.4%	4.4%	4.8%	2.3%	5.8%	0.0%	4.0%	4.7%
65+	2.8%	8.3%	2.6%	3.4%	1.7%	2.9%	2.6%	0.0%	0.0%	2.9%	2.3%	2.2%	5.9%	0.0%	6.3%	0.0%
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 30 Days After Discharge																
Total	6.7%	7.5%	5.7%	5.6%	7.6%	6.2%	7.6%	6.5%	3.4%	7.0%	7.4%	4.3%	9.1%	0.0%	5.6%	8.0%
13-17	3.7%	3.1%	5.7%	2.4%	5.4%	4.7%	2.1%	0.0%	1.3%	4.3%	4.1%	6.8%	0.0%	0.0%	0.0%	11.1%
18-64	7.1%	7.9%	6.0%	6.0%	8.0%	6.4%	8.3%	7.1%	4.0%	7.3%	7.9%	4.3%	10.0%	0.0%	6.2%	7.6%

Quality of Care in the SoonerCare Program – Reporting Year 2021/Measurement Year 2020

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.
65+	3.9%	8.3%	3.8%	5.0%	1.7%	4.3%	3.3%	0.0%	0.0%	4.0%	3.2%	3.3%	11.8%	0.0%	6.3%	0.0%
FUM: Follow-Up After Emergency Department Visit for Mental Illness: 7 Days After Discharge																
Total	42.3%	42.3%	42.4%	42.5%	42.2%	40.3%	44.5%	46.3%	38.7%	42.7%	43.1%	36.3%	39.5%	63.6%	46.5%	44.6%
6 to 17	48.0%	47.3%	49.6%	45.2%	49.8%	47.5%	48.5%	50.0%	43.4%	48.8%	47.4%	49.4%	44.3%	100.0%	50.0%	47.4%
18 to 64	39.5%	38.4%	40.7%	41.2%	38.4%	35.8%	43.1%	42.1%	33.6%	39.9%	41.2%	32.5%	36.5%	20.0%	43.2%	40.0%
65+	25.0%	50.0%	23.8%	21.4%	26.7%	19.0%	30.4%	0.0%	0.0%	26.2%	30.6%	0.0%	0.0%	0.0%	0.0%	0.0%
FUM: Follow-Up After Emergency Department Visit for Mental Illness: 30 Days After Discharge																
Total	58.5%	57.8%	59.6%	58.2%	58.8%	57.0%	60.2%	63.4%	53.8%	59.1%	59.1%	52.0%	58.0%	63.6%	65.2%	56.5%
6 to 17	65.2%	62.9%	70.8%	63.1%	66.7%	64.4%	66.3%	68.2%	58.9%	66.3%	65.0%	61.2%	61.4%	100.0%	70.5%	64.9%
18 to 64	55.4%	53.9%	57.3%	56.1%	55.1%	52.7%	58.2%	57.9%	48.6%	56.0%	56.8%	50.0%	56.5%	20.0%	60.2%	42.9%
65+	29.5%	100.0%	26.2%	21.4%	33.3%	23.8%	34.8%	0.0%	0.0%	31.0%	36.1%	0.0%	0.0%	0.0%	0.0%	0.0%
FUH: Follow-Up After Hospitalization for Mental Illness: 7 Days After Discharge																
Total	30.4%	47.3%	26.3%	28.8%	31.7%	32.4%	28.3%	39.1%	40.8%	29.5%	28.2%	27.3%	38.6%	21.7%	38.4%	38.5%
6 to 17	42.8%	52.6%	39.8%	38.9%	45.9%	40.9%	45.7%	35.0%	42.7%	42.8%	41.6%	40.8%	48.8%	52.9%	41.4%	56.1%
18 to 64	24.4%	40.3%	19.3%	22.7%	26.1%	26.9%	21.8%	60.0%	38.2%	23.5%	24.3%	22.8%	23.7%	4.5%	30.3%	37.5%
65+	7.6%	0.0%	7.6%	6.8%	7.9%	9.2%	6.5%	100.0%	9.1%	7.5%	7.3%	6.7%	13.7%	0.0%	12.5%	0.0%
FUH: Follow-Up After Hospitalization for Mental Illness: 30 Days After Discharge																
Total	48.8%	68.5%	44.0%	48.6%	49.0%	52.8%	44.4%	63.0%	63.3%	47.6%	46.0%	45.9%	57.3%	37.0%	59.0%	56.7%
6 to 17	65.9%	73.6%	63.4%	64.3%	67.1%	64.9%	67.4%	60.0%	67.4%	65.7%	65.2%	64.3%	70.7%	70.6%	63.4%	77.6%
18 to 64	41.3%	62.2%	34.6%	39.1%	43.4%	46.7%	35.8%	80.0%	56.1%	40.3%	40.6%	42.0%	36.4%	22.7%	47.5%	71.9%
65+	16.0%	0.0%	16.1%	14.9%	16.4%	16.4%	15.6%	100.0%	18.2%	15.9%	15.9%	11.4%	27.5%	0.0%	18.8%	0.0%
COB: Concurrent Use of Opioids and Benzodiazepines																
Total	10.0%	9.1%	11.8%	8.8%	10.5%	7.1%	12.6%	11.5%	7.9%	10.1%	11.1%	7.4%	6.9%	0.0%	8.2%	9.3%
18-64	9.9%	9.1%	11.9%	8.7%	10.5%	7.0%	12.5%	11.5%	8.3%	10.0%	11.1%	7.3%	6.9%	0.0%	8.4%	9.3%
65+	11.2%	0.0%	11.2%	9.6%	11.9%	9.7%	12.8%	0.0%	0.0%	12.0%	13.1%	9.8%	6.7%	0.0%	0.0%	0.0%
AMM: Antidepressant Medication Management (Acute)																
Total	46.9%	53.0%	43.8%	42.3%	48.7%	48.9%	44.8%	37.5%	55.2%	46.4%	47.4%	45.2%	46.3%	41.7%	44.8%	51.6%
18-64	50.3%	53.0%	48.6%	44.9%	52.3%	51.5%	49.1%	37.5%	55.5%	49.9%	52.0%	46.5%	48.0%	41.7%	45.3%	51.6%
65+	21.1%	57.1%	20.4%	22.4%	20.6%	23.6%	19.1%	0.0%	50.0%	20.2%	19.9%	26.7%	28.6%	0.0%	28.6%	0.0%
AMM: Antidepressant Medication Management (Continuation)																
Total	27.1%	29.6%	25.8%	25.4%	27.7%	28.6%	25.6%	12.5%	26.9%	27.1%	28.3%	23.5%	25.6%	16.7%	21.6%	33.7%

Quality of Care in the SoonerCare Program – Reporting Year 2021/Measurement Year 2020

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.
18-64	29.5%	29.6%	29.4%	27.0%	30.5%	30.7%	28.4%	12.5%	27.5%	29.6%	31.6%	24.4%	28.0%	16.7%	21.8%	33.7%
65+	8.4%	28.6%	8.0%	13.1%	6.6%	8.6%	8.2%	0.0%	16.7%	8.1%	8.6%	10.0%	0.0%	0.0%	14.3%	0.0%
OHD: Use of Opioids at High Dosage																
Total	4.0%	4.2%	3.6%	4.9%	3.6%	4.4%	3.6%	0.0%	3.5%	4.0%	3.9%	4.8%	3.5%	0.0%	4.0%	3.2%
18-64	4.1%	4.2%	3.9%	5.1%	3.6%	4.6%	3.6%	0.0%	3.7%	4.1%	4.0%	5.0%	3.5%	0.0%	4.1%	3.2%
65+	1.3%	0.0%	1.3%	1.0%	1.4%	0.0%	2.6%	0.0%	0.0%	1.3%	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%
OUD: Use of Pharmacotherapy for Opioid Use Disorder																
Total	24.3%	39.1%	11.1%	20.3%	26.0%	24.1%	24.5%	35.7%	31.2%	24.0%	24.7%	10.0%	33.2%	16.7%	26.1%	50.0%
Buprenorphine	23.7%	38.2%	10.8%	19.6%	25.5%	23.3%	24.1%	33.3%	30.9%	23.4%	24.1%	9.3%	32.2%	16.7%	25.8%	49.6%
Oral Naltrexone	0.7%	1.1%	0.3%	0.8%	0.6%	1.0%	0.4%	2.4%	0.2%	0.7%	0.7%	0.6%	1.0%	0.0%	0.6%	1.2%
Long-acting, injectable naltrexone	0.1%	0.2%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.3%	0.0%	0.1%	0.0%
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	38.5%	36.9%	40.7%	34.3%	45.6%	37.8%	39.7%	29.5%	42.5%	38.0%	39.4%	33.4%	37.5%	50.0%	39.2%	34.8%
1 to 11	29.2%	28.7%	30.1%	28.9%	30.1%	28.2%	31.1%	10.3%	31.1%	29.0%	30.5%	20.6%	28.1%	11.1%	31.4%	25.0%
12 to 17	44.3%	42.7%	46.3%	38.5%	52.2%	44.1%	44.8%	36.8%	49.1%	43.7%	44.8%	41.5%	41.8%	62.1%	45.8%	42.8%
Cholesterol Testing																
Total	18.5%	18.3%	18.8%	17.8%	19.6%	19.9%	16.9%	9.5%	20.2%	18.3%	19.0%	18.5%	15.5%	23.7%	19.5%	14.2%
1 to 11	15.9%	15.7%	16.1%	16.0%	15.5%	17.3%	14.0%	10.3%	16.8%	15.8%	16.3%	13.5%	15.0%	11.1%	16.9%	13.4%
12 to 17	20.1%	20.1%	20.2%	19.2%	21.4%	21.6%	18.7%	9.2%	22.1%	19.9%	20.6%	21.7%	15.7%	27.6%	21.6%	14.9%
Blood Glucose and Cholesterol Testing																
Total	17.6%	17.3%	17.9%	16.9%	18.8%	19.1%	15.9%	7.6%	19.5%	17.4%	18.1%	17.3%	14.6%	23.7%	18.4%	13.2%
1 to 11	14.8%	14.5%	15.1%	15.0%	14.2%	16.3%	12.9%	3.4%	15.9%	14.6%	15.4%	12.5%	13.8%	11.1%	15.2%	11.6%
12 to 17	19.4%	19.3%	19.5%	18.3%	20.7%	20.9%	17.8%	9.2%	21.6%	19.1%	19.8%	20.2%	14.9%	27.6%	21.2%	14.4%
SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications																
Total	70.3%	71.1%	69.1%	65.9%	73.1%	67.2%	73.6%	69.2%	68.9%	70.4%	72.3%	67.1%	60.6%	65.7%	63.1%	74.9%

Quality of Care in the SoonerCare Program – Reporting Year 2021/Measurement Year 2020

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.
SAA: Adherence to Antipsychotics Medications for Individuals with Schizophrenia																
Total	71.7%	72.5%	70.6%	72.3%	71.1%	68.2%	75.1%	75.0%	69.4%	71.8%	73.5%	67.1%	73.0%	81.8%	69.9%	40.0%