Quality of Care in the SoonerCare Program

Reporting Year 2018
Measurement Year 2017

Prepared for:
   State of Oklahoma
   Oklahoma Health Care Authority

June 2019

PHPG

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APPENDIX A: 2017 COMPLIANCE RATE DEMOGRAPHICS

CHAPTER ONE: INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is required to measure and report results annually on the quality of care provided to individuals enrolled in its Medicaid program, known as SoonerCare. This includes measures that are required or suggested by the Centers for Medicare and Medicaid Services (CMS). The OHCA also reports results to various stakeholders for additional measures selected from the Healthcare Effectiveness Data and Information Set (HEDIS®).

The Pacific Health Policy Group (PHPG) was retained by the OHCA in July 2018 to:

- Report results for the 2018 reporting year, which evaluates care provided in 2017;
- Analyze historical and demographic trends; and
- Compare the State's results to national benchmarks.

Where provided, national averages refer to the national average for Medicaid HMOs. Results for measures included in this report were calculated using administrative data only, i.e., only adjudicated claims data, following the specifications developed by the National Committee for Quality Assurance (NCQA) and the Agency for Healthcare Research and Quality (AHRQ).

OHCA staff provided significant assistance to PHPG in ensuring appropriate application of measurement methods to Medicaid claims data. However, PHPG is solely responsible for the final results.

This report includes results for the following measures (organized by evaluation domain):

Domain	Subdomain (if applicable) / Measure
Access/Availability of Care	- Adults' Access to Preventive/Ambulatory Health Services (HEDIS) - Children & Adolescents' Access to Primary Care Physicians (HEDIS, CMS Child Core)

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

Domain	Subdomain (if applicable) / Measure
Utilization	**Prenatal/Postpartum Care*** • Postpartum Care Rate (HEDIS, CMS Adult Core) • Prenatal & Postpartum Care: Timeliness of Prenatal Care (HEDIS, CMS Child Core) • Contraceptive Care – Postpartum Women (HEDIS, CMS Child Core) **Well-Child Visits*** • Well-Child Visits in the First 15 Months of Life (HEDIS, CMS Child Core) • Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life (HEDIS, CMS Child Core) • Adolescent Well-Care Visits (HEDIS, CMS Child Core) **Hospital Utilization*** • Ambulatory Care (HEDIS) • Diabetes Short-term Complications Admission Rate (CMS Adult Core) • Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (CMS Adult Core) • Congestive Heart Failure (CHF) Admission Rate (CMS Adult Core) • Asthma in Younger Adults Admission Rate (CMS Adult Core) • Plan All-Cause Readmissions Rate (HEDIS, CMS Adult Core) **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 2012 through June 2017, with dates of payment through September 2018. PHPG previously had obtained the paid claims data through its engagement with the OHCA as the independent evaluator for the SoonerCare Health Management Program (HMP). As the NCQA and AHRQ specifications also require the review of denied claims, PHPG requested and received from the OHCA a dataset of denied claims with dates of service from January 2016 through June 2018.
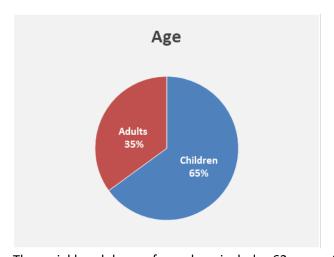
PHPG followed NCQA and AHRQ specifications explicitly unless otherwise noted. In general where specifications required the member to be continuously enrolled for the entire year, the member was permitted to have one gap in enrollment of no more than 45 days. Similar to how OHCA has implemented this requirement in the past, PHPG applied these criteria by limiting those analyses to members with at least 320 days of eligibility during the year. If the member had multiple gaps in enrollment but all gaps totaled 45 days or less, the member was included.
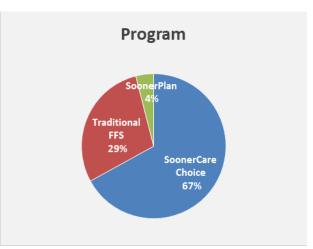
Also similar to previous years' methodologies, members enrolled in a Home and Community-Based Services (HCBS) waiver were excluded from all measures (approximately 23,000 members), as additional services would be available to these members that are not part of the traditional Medicaid benefit package and thus could confound results.

PHPG validated results for the 2018 reporting year by comparing to secondary sources (e.g., SoonerCare Annual Reports) and by analyzing results for the 2017 reporting year using 2018 methodologies and comparing to what OHCA reported previously. PHPG accordingly refined its methodologies as necessary and refined OHCA's previous specifications where reasonable.
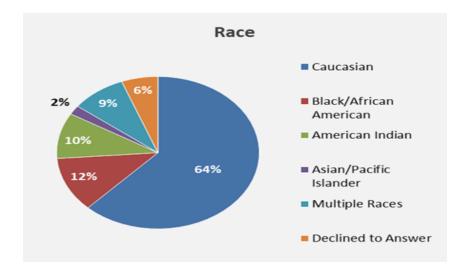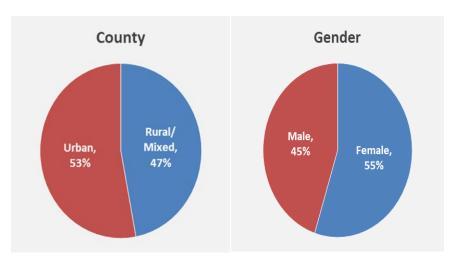
SOONERCARE DEMOGRAPHICS

According to OHCA Enrollment Fast Facts for January 2018 (published February), there were over 798,000 individuals enrolled in SoonerCare. Approximately 65 percent of the enrollment was children (age 0-20) and 35 percent was adults. Approximately 67 percent was enrolled in the program's patient centered medical home (PCMH) model known as SoonerCare Choice; another 29 percent was enrolled in the traditional fee-for-service (FFS) program; and the remaining four percent were enrolled in SoonerPlan, the State's Medicaid-financed family planning program.

The racial breakdown of members includes 62 percent Caucasian, 12 percent Black/African American, 10 percent American Indian, two percent Asian or Pacific Islander, and nine percent multiple races (six percent did not provide a racial background). Approximately 17 percent of members also are of Hispanic origin, regardless of race. According to PHPG data, approximately 55 percent of members are female and 45 percent are male. Nearly 47 percent live in rural or semi-rural/urban (i.e., "mixed") counties and 53 percent live in urban counties.

Race

- Caucasian
- Black/African American
- American Indian
- Asian/Pacific Islander
- Multiple Races
- Declined to Answer

County

Gender

CHAPTER TWO: ACCESS/AVAILABLITITY OF CARE

For 2018, Oklahoma selected two measures to report related to access and availability of care. These measures were reported according to NCQA/HEDIS specifications.

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

Beginning on the following page, PHPG presents, by measure, the results from the current (2017) and previous (2016) measurement years, as well as a comparison to national benchmark data, where available. The benchmark is the national Medicaid HMO for 2017, as reported by NCQA in "The State of Health Quality – 2018".

ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

This measure calculates the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

The overall compliance rate in 2017 for members was 83.2 percent, down eight tenths of a percent from 2016.

Exhibit 1 displays compliance rates by age group for 2016 and 2017.
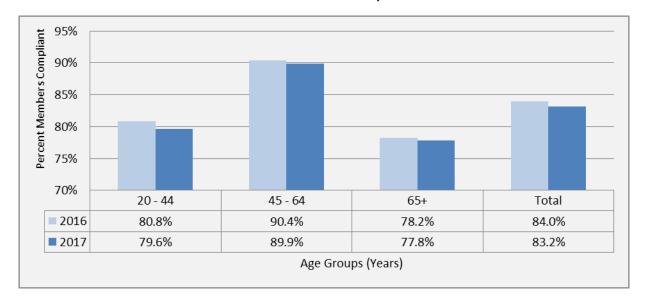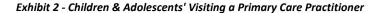
Exhibit 1 – Adults with at least One Ambulatory or Preventive Care Visit

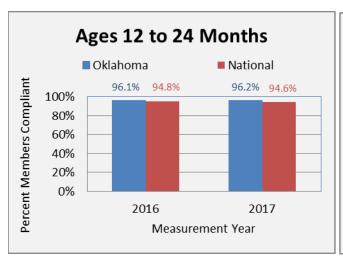|	20 - 44	45 - 64	65+	Total
2016	80.8%	90.4%	78.2%	84.0%
2017	79.6%	89.9%	77.8%	83.2%

Age Groups (Years)

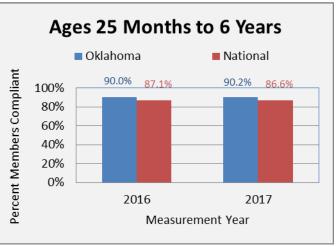## CHILDREN & ADOLESCENTS' ACCESS TO PRIMARY CARE PHYSICIANS

This measure calculates the percentage of children ages 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior.
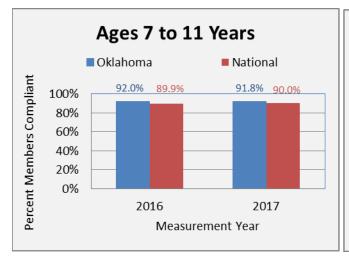
Age group 25 months to 6 years experienced a marginal increase of two tenths of percent in 2017. Age group 7 to 11 years experienced a slight decrease of two tenths of a percent. The other two age groupings changed by one tenth of a percent in 2017. Oklahoma rates were above the national average. All compliance rates were equal to or greater than 90 percent.
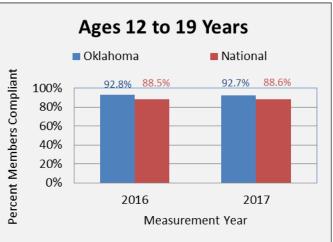
Exhibit 2 displays compliance rates by age group for 2016 and 2017.

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

CHAPTER THREE: EFFECTIVENESS OF CARE

For 2018, Oklahoma selected 25 measures to report related to effectiveness of care. 23 measures were reported according to NCQA/HEDIS specifications. Measures selected within this domain determine effectiveness of care related to prevention and screening (ten measures), respiratory conditions (two measures), diabetes (one measure), behavioral health (eleven measures), and medication management (one measure).

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

ADULT BODY MASS INDEX (BMI) ASSESSMENT

This measure calculates the percentage of adults ages 18 to 74 years old who had an outpatient visit where BMI was documented, either during the measurement year or year prior to the measurement year. Female members were excluded from the measure if they were pregnant during this time period.

In 2017, 10.6% of the adult population received a BMI assessment, well below the national average. Compliance rates were slightly higher for adults 65 years and older.

Exhibit 3 displays compliance rates for 2016 and 2017, both by age groups (see left) and for all ages 18 to 74 years (see right).
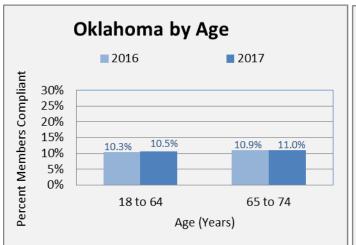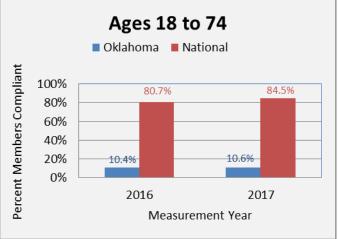
Exhibit 3 – Adults BMI Documented

BODY MASS INDEX (BMI) ASSESSMENT FOR CHILDREN & ADOLESCENTS

This measure calculates the percentage of children ages 3 to 17 years old that had an outpatient visit with a PCP or OB/GYN during the measurement year and whose weight was classified based on body mass index percentile for age and gender. Female members were excluded from the measure if they were pregnant during this time period.

Compliance rates for the population of children ages 17 years and younger increased from 2016 to 2017 by one percent. Despite the increase the rates were still well below the national average.

Exhibit 4 displays compliance rates for 2016 and 2017 by age group, and compared to the national average overall.
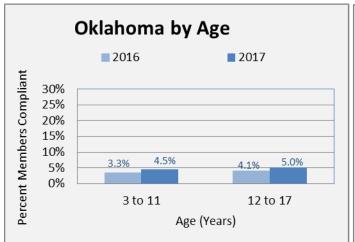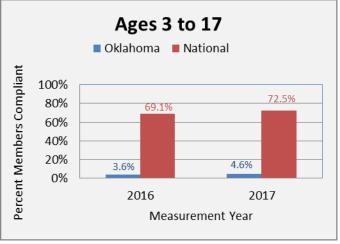
Exhibit 4 – Children and Adolescents Receiving a BMI Assessment

CHILDHOOD IMMUNIZATION STATUS

This measure calculates the percentage of children two years old receiving certain vaccines by their second birthday. Children were excluded from the measure if their claims history indicated an adverse reaction or contraindication to a vaccine prior to their second birthday.

Compliance rates across half of the categories displayed marginal increases while the other half of the categories saw marginal decreases in 2017 from 2016. Rates were below national averages.

Exhibit 5 displays compliance rates for individual immunizations, as well as combinations. National averages were not available for combinations four through nine.
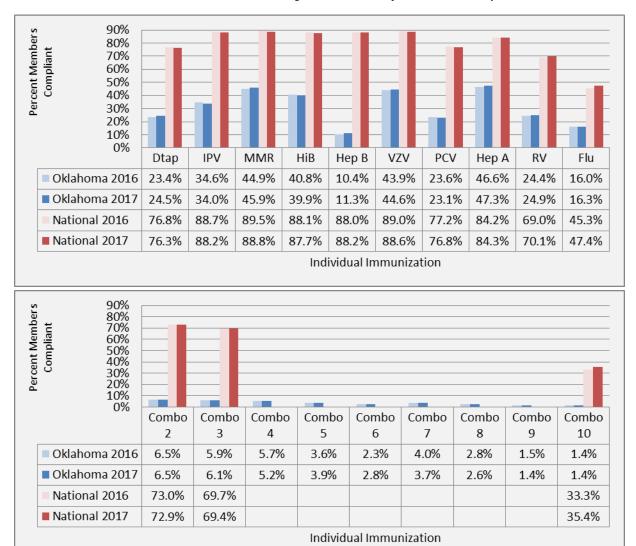
Exhibit 5 – Children Receiving Immunizations before Second Birthday

	Dtap	IPV	MMR	HiB	Hep B	VZV	PCV	Hep A	RV	Flu
Oklahoma 2016	23.4%	34.6%	44.9%	40.8%	10.4%	43.9%	23.6%	46.6%	24.4%	16.0%
Oklahoma 2017	24.5%	34.0%	45.9%	39.9%	11.3%	44.6%	23.1%	47.3%	24.9%	16.3%
National 2016	76.8%	88.7%	89.5%	88.1%	88.0%	89.0%	77.2%	84.2%	69.0%	45.3%
National 2017	76.3%	88.2%	88.8%	87.7%	88.2%	88.6%	76.8%	84.3%	70.1%	47.4%

Individual Immunization

	Combo 2	Combo 3	Combo 4	Combo 5	Combo 6	Combo 7	Combo 8	Combo 9	Combo 10
Oklahoma 2016	6.5%	5.9%	5.7%	3.6%	2.3%	4.0%	2.8%	1.5%	1.4%
Oklahoma 2017	6.5%	6.1%	5.2%	3.9%	2.8%	3.7%	2.6%	1.4%	1.4%
National 2016	73.0%	69.7%							33.3%
National 2017	72.9%	69.4%							35.4%

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 2017 compliance rates increased by 2.3% for Meningococcal (MCV4) and marginally for all other categories except Tdap/TD which experienced a slight drop. Oklahoma rates are below national averages.

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

Exhibit 6 – Adolescents Receiving Immunizations before Thirteenth Birthday

	MCV4	Tdap/TD	HPV	Combo 1 (MCV4,Tdap)	Combo 2 (All)
Oklahoma 2016	24.6%	32.5%	11.9%	21.9%	11.4%
Oklahoma 2017	26.9%	31.8%	12.6%	22.5%	12.1%
National 2016	77.4%	84.9%	22.7%	75.1%	20.8%
National 2017	79.6%	86.2%	35.3%	77.6%	32.7%

Individual Immunization

LEAD SCREENING IN CHILDREN

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

The 2017 compliance rate experienced a slight increase of eight tenths of percent which is below the national average.

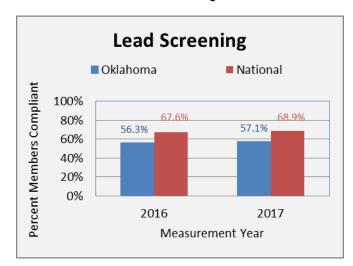Exhibit 7 displays the compliance rate in 2016 and 2017.

Exhibit 7 – Lead Screening in Children

BREAST CANCER SCREENING

This measure calculates the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer during the measurement year.   Women were excluded from this measure if they had a bilateral mastectomy performed previously.

The compliance rate in 2017 was slightly higher than 2016 by one percent. Oklahoma compliance rates were below national averages.

Exhibit 8 displays compliance rates for 2016 and 2017.

Exhibit 8 – Women Receiving Breast Cancer Screening

CERVICAL CANCER SCREENING

This measure calculates the percentage of women ages 21 to 64 years old who either (a) had cervical cytology performed every three years or (b) had a cervical cytology/HPV co-testing every five years. Women were excluded from this measure if they previously had a hysterectomy with no residual cervix.

The compliance rate in 2017 increased two percent from the 2016 rate which is below the national average rate.

Exhibit 9 displays compliance rates for 2016 and 2017.

Exhibit 9 – Women Receiving a Cervical Cancer Screening

CHLAMYDIA SCREENING IN WOMEN

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

The compliance rate in 2017 decreased marginally from 2016. Oklahoma is slight below national averages.

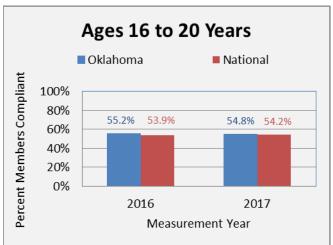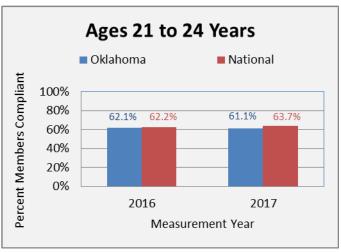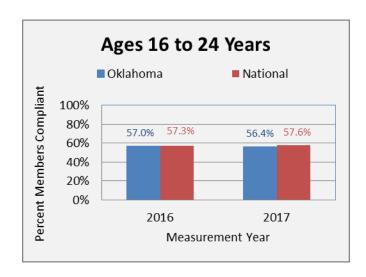Exhibit 10 displays compliance rates for 2016 and 2017 by age group.

Exhibit 10 – Women Receiving a Chlamydia Test

USE OF CONTRACEPTIVE METHODS BY WOMEN

This measure calculates the percentage of women 15-44 that adopted or continued use of the most effective or moderately effective FDA-approved methods of contraception, or adopted or continued use of a long-acting reversible method of contraception (LARC).

The measure is limited by the fact that it is not currently possible to identify all women at risk for pregnancy because there are no codes for a woman's pregnancy intention or history of sexual activity. In addition, both sterilization and LARC are long-lasting but there is no systematic record of receipt of sterilization or LARC in the year(s) proceeding the measurement year. The measure suggests using two different surveys (The National Survey of Family Growth and The Youth Risk Behavior Survey) as a means to understand the results but does not offer specifics on how to interpret these surveys in regards to the results.

The results are broken into two categories, most/moderate effective FDA approved contraception and LARC and by two different age groups.

Continuous enrollment was not checked for prior iterations of this report. For this iteration and going forward, member must have continuous enrollment to be included in this measure. Prior year results were recalculated for the change in continuous enrollment requirement.

Both categories experienced a slight decrease in 2017 over the 2016 rates.

 Exhibit 11 displays the compliance rates for 2016 and 2017 measurement years.

Exhibit 11 – FDA Approved Most/Moderate Effective and LARC contraception

Ages 15-44 Years

	FDA Approved Most/Mod Eff		LARC	
	2016	2017	2016	2017
15-20	25.5%	25.1%	5.4%	5.1%
21-44	16.2%	16.3%	4.8%	4.6%
Total	20.2%	20.0%	5.1%	4.8%

Contraception Method

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

This measure calculates the percentage of enrolled children ages 6 to 9 at elevated risk of dental caries (i.e. "moderate" or "high" risk) who received a sealant on a permanent first molar tooth within the measurement year.

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

Other limitations of this measure is the proposed methods do not delineate those whose teeth have not erupted, those who have already received sealants in prior years, and those with decay/filled teeth not candidates for sealants. In addition, some of the endodontic codes included to identify children at elevated risk may also be reported for instances such as trauma and may contribute to slight overestimation of children at "elevated" risk.

For 2017 there was a slight decrease from the 2016 rate.

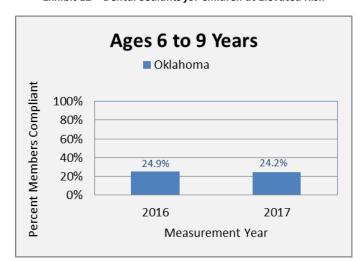Exhibit 12 displays the compliance rates for 2016 and 2017 measurement years.

Exhibit 12 – Dental Sealants for Children at Elevated Risk

USE OF APPROPRIATE MEDICATIONS FOR THE TREATMENT OF ASTHMA

The measures calculates the percentage of members ages five to 64 years old who were diagnosed with persistent asthma during the measurement year and received an asthma controller medication. Members with persistent asthma were identified by having either:

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

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

Overall, the population rate remained constant from 2016 to 2017. The 5-11 age grouping continued to show the highest compliance rate. Compliance rates diminish for the older age groupings. There were no national averages for this measure.

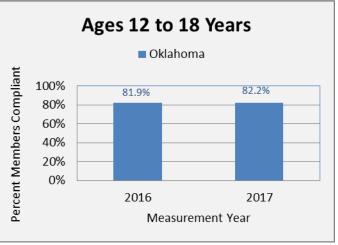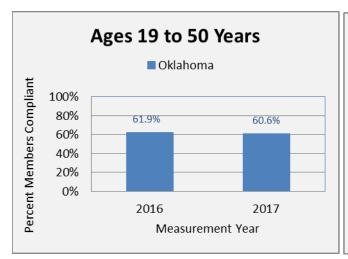Exhibit 13 displays compliance rates compared to national averages for 2016 and 2017 measurement years.
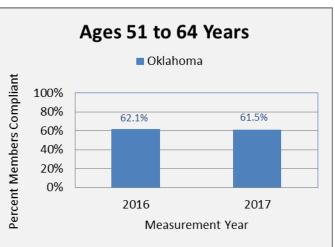
Exhibit 13 – Members with Asthma Receiving Medication

Ages 19 to 50 Years

■ Oklahoma

Percent Members Compliant

- 61.9% (2016)
- 60.6% (2017)

Measurement Year

Ages 51 to 64 Years

■ Oklahoma

Percent Members Compliant

- 62.1% (2016)
- 61.5% (2017)

Measurement Year

Ages 5 to 64 Years

■ Oklahoma

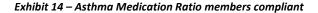Percent Members Compliant
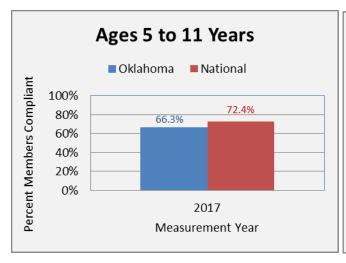
- 81.1% (2016)
- 81.1% (2017)

Measurement Year

ASTHMA MEDICATION RATIO

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

This is a first year measure and replaces the appropriate medications for the treatment of asthma measure.
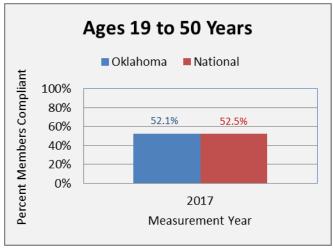
2017 had an overall of 62% which was less slightly higher than the national average. The 5 to 11 age grouping had the highest compliance at 66% but was furthest behind the national average. The 19 to 50 age grouping was closest to the national average down only four tenths of a percent.
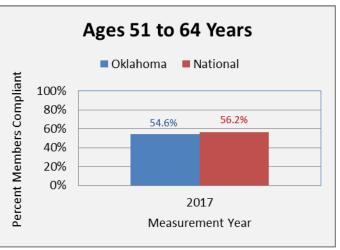
Exhibit 14 displays compliance rates by age group and compared to national averages.
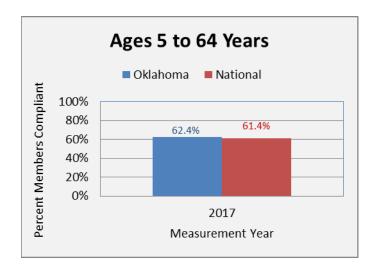
Exhibit 14 – Asthma Medication Ratio members compliant

Ages 5 to 64 Years

■ Oklahoma   ■ National

62.4%   61.4%

2017
Measurement Year

Percent Members Compliant

COMPREHENSIVE DIABETES CARE

This measures calculates the percentage of members with diabetes who, during the measurement year, received an HbA1c test (Exhibit 15), retinal eye exam (Exhibit 16), LDL-C screening (Exhibit 17), and medical attention for nephropathy (Exhibit 18). Members with diabetes were identified in one of the following two ways:

- Medical claims data – Members who, during either the measurement year or year prior, had at least two outpatient or non-acute encounters, one inpatient encounter, or one emergency department encounter with a diagnosis of diabetes.
- Pharmacy claims data – Members who were given an insulin or hypoglycemic/antihyperglycemic during the measurement year or year prior.

The LDL-C screening indicator was retired from the NCQA HEDIS guidelines. The numbers generated in this report were based on the criteria available for 2013.

All diabetes measures in 2017 increased compliance from 2016 except nephropathy which experienced a marginal decrease of two tenths of a percent. The largest increase was experienced for members obtaining their eye exam.

Exhibits 15 through 18 displays 2016 and 2017 compliance rates, including by age group where applicable, compared to national averages where available.
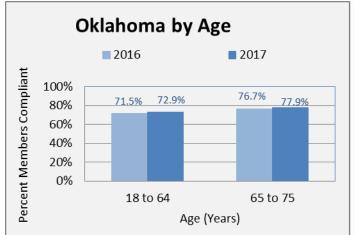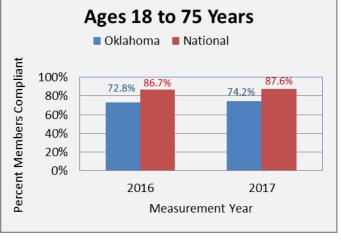
Exhibit 15 – Members with Diabetes, HbA1c Testing
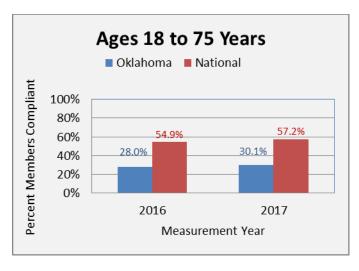
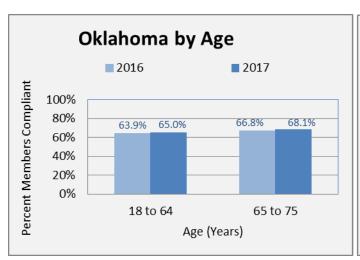*Exhibit 16 – Members with Diabetes, Eye Exams (Retinal)*

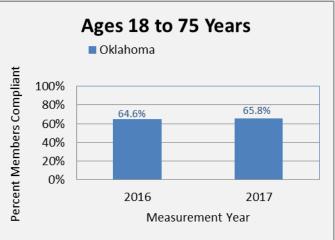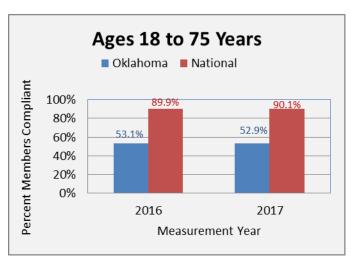*Exhibit 17 – Members with Diabetes, LDL-C Screening*

Exhibit 18 - Members with Diabetes, Medical Attention for Nephropathy

DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

This measure calculates the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding first, second or third birthday.

The 2017 compliance rates increased in all age ranges compared to the 2016 rates except the 37 to 48 month age group which experienced a marginal decrease of two tenths of a percent. The largest increase was in the second year of life.

Exhibit 19 displays compliance rates for 2016 and 2017. National benchmark data was not available for this measure.
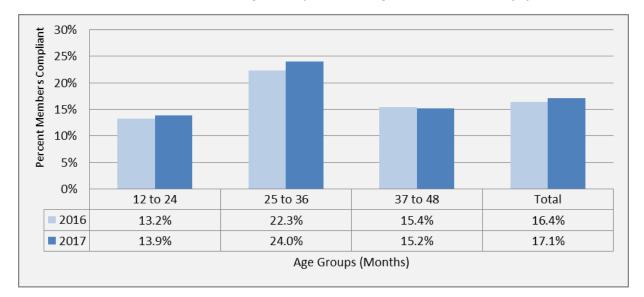
Exhibit 19 – Children Receiving a Development Screening in the First Three Years of Life

	12 to 24	25 to 36	37 to 48	Total
2016	13.2%	22.3%	15.4%	16.4%
2017	13.9%	24.0%	15.2%	17.1%

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 2017 compliance rates slightly increased in both phases compared to the 2016 rates. The Oklahoma rates are still considerably above national averages.

Exhibit 20 below presents compliance rates by phase compared to national averages for 2016 and 2017 measurement years.
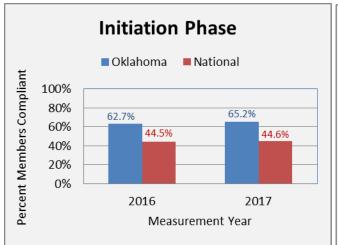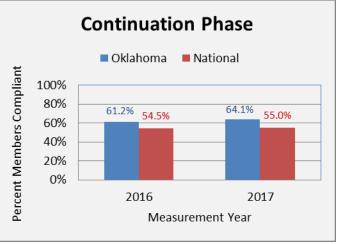
Exhibit 20 – Children Receiving Follow Up Visits after Being Prescribed ADHD Medication

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

This measure calculates the percentage of members ages six years and older who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge) after discharge from an acute inpatient setting. The hospital admission must have had a principal diagnosis of mental illness, and the member must not have been transferred from another setting and must not have been readmitted with 30 days of the discharge in question. Follow up visits were defined generally as an office visit with a mental health practitioner, a visit to a mental health facility, or visit to a non-mental health facility with a mental health diagnosis.

The 2017 total compliance rates were slightly higher than the total rate for 2016 but remain behind national averages. All age groupings across 7 day and 30 day readmits in 2017 experienced a slightly higher compliance increase from 2016 rates.

Exhibit 21 displays compliance rates by age groups and discharge time to national averages for 2016 and 2017 measurement years.
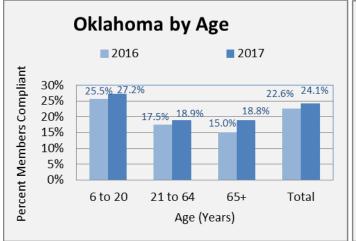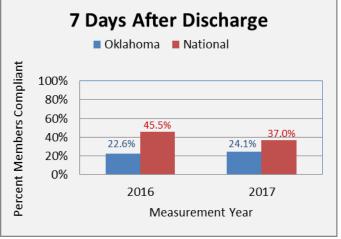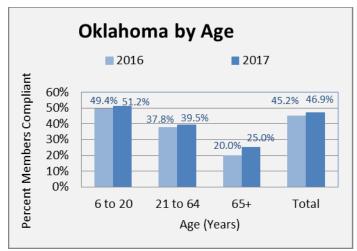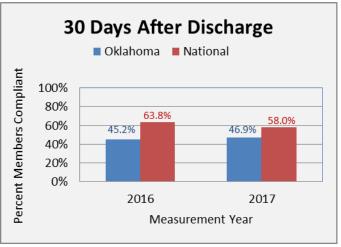
Exhibit 21 – Members Receiving a Follow-Up Visit after Hospitalization for Mental Illness

Oklahoma by Age

Legend: 2016, 2017

Percent Members Compliant (Y-axis, 0% to 60%)

Age (Years)	2016	2017
6 to 20	49.4%	51.2%
21 to 64	37.8%	39.5%
65+	20.0%	25.0%
Total	45.2%	46.9%

30 Days After Discharge

Legend: Oklahoma, National

Percent Members Compliant (Y-axis, 0% to 100%)

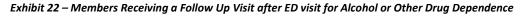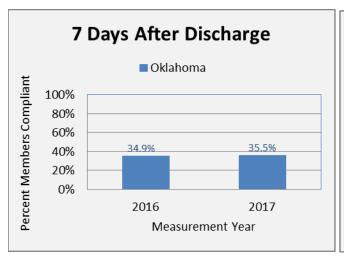| Measurement Year	Oklahoma	National
2016	45.2%	63.8%
2017	46.9%	58.0%

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG DEPENDENCE
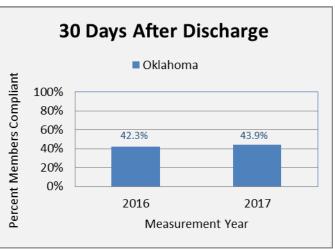
This measure calculates the percentage of members ages 18 years and older with an emergency department (ED) visit with a principal diagnosis of alcohol or other drug dependence (AOD) who had a follow-up visit with any practitioner for AOD within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge). (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 2017 both compliance rates experienced a slight increase from 2016. There are no national averages for this year.

Exhibit 22 displays compliance rates by discharge time the 2016 and 2017 measurement years.

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

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS

This measure calculates the percentage of members with an emergency department (ED) visit for members 18 years and older with a principal diagnosis of mental illness who had a follow-up visit with any practitioner within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge) after discharge from an acute inpatient setting. (Note: OHCA only reports results for member's ages 18 years and older.) The member must not have been admitted to an acute or nonacute inpatient care setting within 30 days of the ED visit regardless of principle diagnosis. Hospice members were excluded from the population.

In 2017 both compliance rates experienced marginal increases from 2016 but were slightly below the national averages.

Exhibit 23 displays compliance rates by discharge time to national averages for the 2016 and 2017 measurement years.
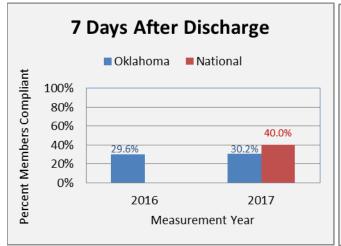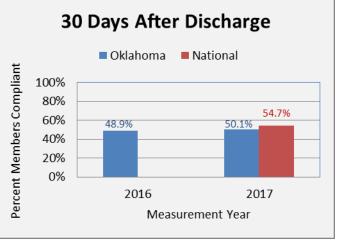
Exhibit 23 – Members Receiving a Follow Up Visit after ED visit for Mental Illness

ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS

This measure calculates the percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. The results will focus on three areas of interest and their combined total. Those three areas are:

- ACE inhibitors/ARB receptor blockers
- Digoxin
- Diuretics

The total 2017 compliance rate experienced a slight increase over the 2016 total rate but remained lower than the national average. The member compliance rate for digoxin experienced the largest increase at 1.8%.

Exhibit 24-27 display compliance rates by medication group for the age groupings and total compared to national averages for the 2016 and 2017 measurement years.
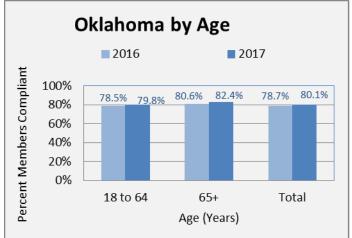
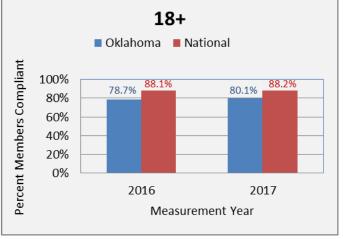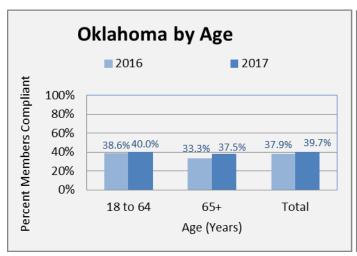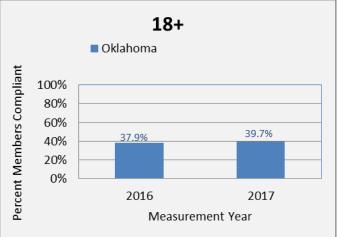*Exhibit 24 – Members 18+ on ACE/ARB Medication*

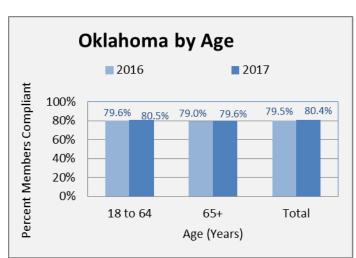*Exhibit 25 – Members 18+ on Digoxin Medication*
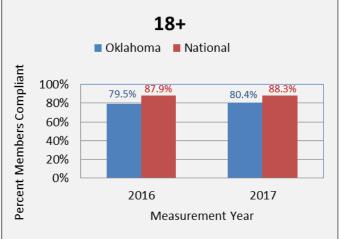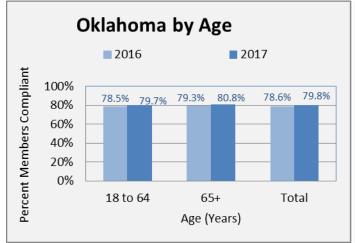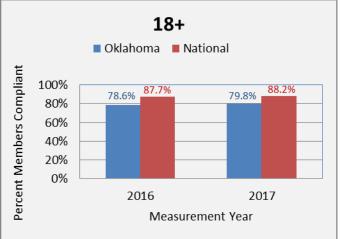

Exhibit 26 – Members 18+ on Diuretic Medication

Exhibit 27 – Members 18+ Combined Medication Results

USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS

This measure calculates the percentage of children and adolescents 1 to 17 years of age who were on two or more concurrent antipsychotic medications. Children in the age group with continuous enrollment that had 90 days of continuous antipsychotic medication treatment during the measurement year were tested to find if they had two or more concurrent antipsychotic medications for 90 consecutive days. Lower percentages represent better results.

The 2017 compliance rates decreased from the 2016 rates and are slightly behind national averages (lower rates represent better performance).

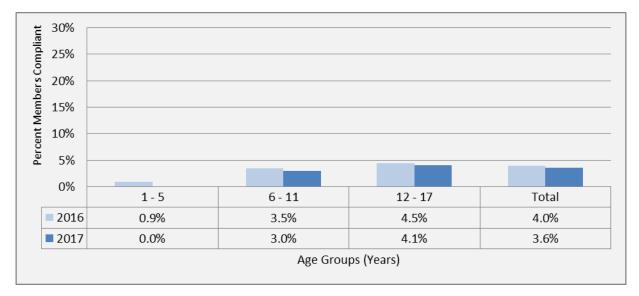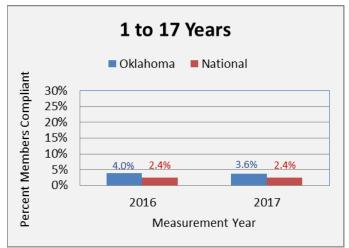Exhibit 28 displays compliance rates for the 2016 and 2017 measurement years.

Exhibit 28 – Members Who Have Concurrent Antipsychotic Medications

	1 - 5	6 - 11	12 - 17	Total
2016	0.9%	3.5%	4.5%	4.0%
2017	0.0%	3.0%	4.1%	3.6%

USE OF FIRST-LINE PSYCHOSOCIAL CARE IN CHILDREN AND ADOLESCENTS

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

The 2017 compliance rates were marginally higher than the 2016 rates. The rates were slightly lower than the national averages.

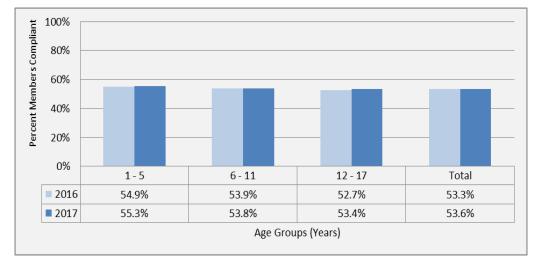Exhibit 29 displays compliance rates for the 2016 and 2017 measurement years.

Exhibit 29 – Members Who Used First-Line Psychosocial Care

Age Groups (Years)	1 - 5	6 - 11	12 - 17	Total
2016	54.9%	53.9%	52.7%	53.3%
2017	55.3%	53.8%	53.4%	53.6%

1 to 17 Years

■ Oklahoma ■ National

Measurement Year	Oklahoma	National
2016	53.3%	60.2%
2017	53.6%	59.6%

USE OF OPIOIDS AT HIGH DOSAGE

This measure calculates the proportion of individuals 18 years and older without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer. This is determined by any member with two or more prescriptions for opioids with a total days supply equal to or greater than 15 who had a prescribed MED greater than 120mg for 90+ consecutive days. The rates are provided per 1,000 members.

The 2017 compliance rates decreased for all ages from the 2016 rates.

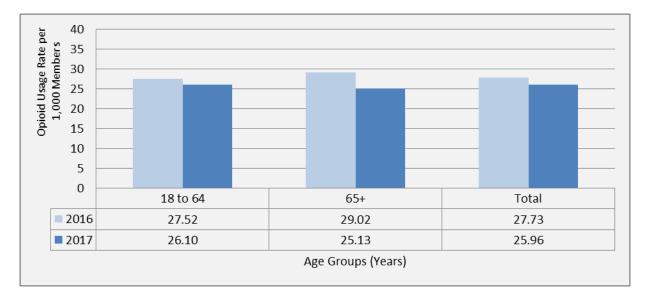Exhibit 30 displays compliance rates per 1,000 members for the 2016 and 2017 measurement years.

Exhibit 30 – Per 1,000 Members prescribed a high dosage of Opioids for 90+ consecutive days

Age Groups (Years)	18 to 64	65+	Total
2016	27.52	29.02	27.73
2017	26.10	25.13	25.96

INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

This measure calculates the percentage of members age 18 years and older with a new episode of alcohol or other drug (AOD) dependence who received the following:

- An initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis.
- An initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

This measure has been expanded to specify results for alcohol, opioid, and other drug abuse.

The 2017 initiation compliance rates were slightly lower than the 2016 compliance rates while the engagement rates marginally increased. Both category rates were slightly lower than national averages.

Exhibit 31 - 34 displays compliance rates for initiation and engagement compared to national average for the 2016 and 2017 measurement years.
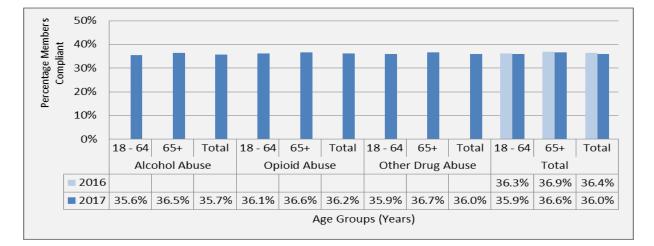
Exhibit 31 – Members Initiating in additional Alcohol and Other Drug Treatment (Ages 18+ Years Old)

	Alcohol Abuse			Opioid Abuse			Other Drug Abuse			Total		
	18 - 64	65+	Total	18 - 64	65+	Total	18 - 64	65+	Total	18 - 64	65+	Total
2016										36.3%	36.9%	36.4%
2017	35.6%	36.5%	35.7%	36.1%	36.6%	36.2%	35.9%	36.7%	36.0%	35.9%	36.6%	36.0%

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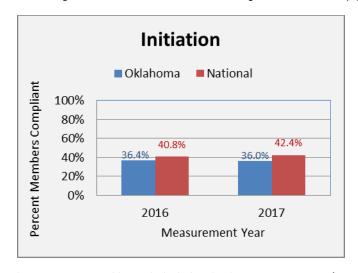

Exhibit 33 – Members Engaging in additional Alcohol and Other Drug Treatment (Ages 18+ Years Old)
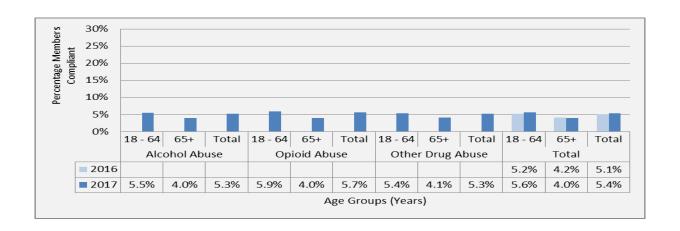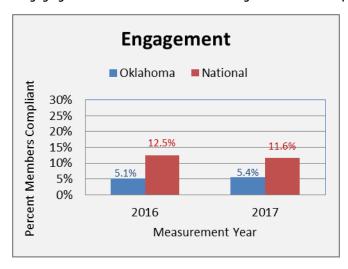

Exhibit 34 – Members Engaging in additional Alcohol and Other Drug Treatment Totals (Ages 18+ Years Old)

CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES

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

This is a first year measure.

The 2017 compliance rate was 23%. There was no national average for this measure.

Exhibit 35 displays compliance rates for concurrent use of opioids and benzodiazepines for the 2017 measurement year.
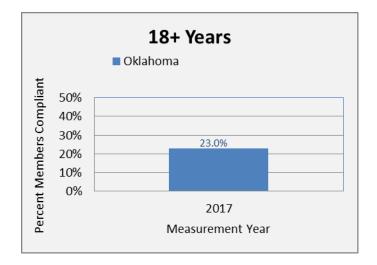
Exhibit 35 – Members with Concurrent Use of Opioids and Benzodiazepines

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.

This is a new measure this year.

In 2017, both the effective acute and continuation phase compliance was below the national averages.

Exhibit 36 displays compliance rates for members managing their antidepressant medications in the 2017 measurement year.
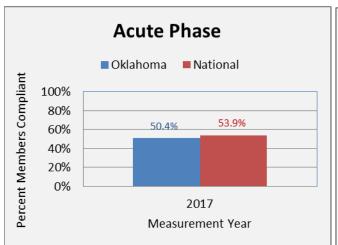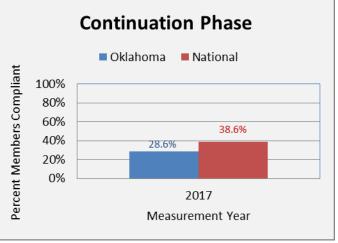
Exhibit 36 – Members Management of Antidepressant Medication

CHAPTER FOUR: UTILIZATION

For 2018, Oklahoma selected 12 measures to report related to service utilization. All measures were selected by CMS as a Child or Adult core measure, including five measures that were reported according to NCQA/HEDIS specifications. Measures selected within this domain related to prenatal and postpartum care (three measures), well-child visits (three measures), and hospital (inpatient and outpatient) utilization (six measures).

Measure	HEDIS	CMS CHILD CORE	CMS ADULT CORE
Prenatal/Postpartum Care			
Postpartum Care Rate	✓		✓
Prenatal & Postpartum Care: Timeliness of Prenatal Care	✓	✓	
Contraceptive Care – Postpartum Women	✓	✓	
Well-Child Visits			
Well-Child Visits in the First 15 Months of Life	✓	✓	
Well-Child Visits in the 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 mothers defined in the previous measure (Frequency of Ongoing Prenatal Care) who received a postpartum care visits between days 21 and 56 after delivery.

The 2017 compliance rates decreased slightly and remained above national averages.

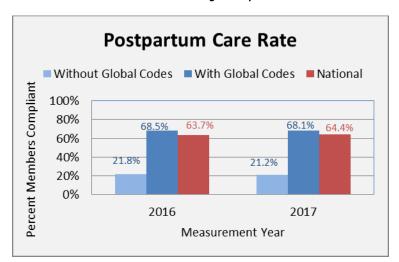Exhibit 37 displays compliance rates for 2016 and 2017.

Exhibit 37 –Mothers Receiving a Postpartum Care Visit

PRENATAL & POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE

This measure calculates the percentage of women identified in the previous measures (Frequency of Ongoing Prenatal Care; Postpartum Care Rate) who received timely prenatal care. Timely prenatal care was defined as receiving a prenatal visit within the first trimester or within 42 days of enrollment. A complex set of results based on enrollment data, diagnosis codes, and procedure codes were used to identify women initially enrolled in the first trimester or trimesters two and three. If there was a gap in enrollment during the nine months prior to delivery, the initial enrollment date was considered the latest of all enrollment dates.

The 2017 compliance rates slightly decreased from the 2016 rates. The national average rates were still ahead of Oklahoma.

Exhibit 38 displays compliance rates, with and without global codes, compared to national averages for measurement years 2016 and 2017.
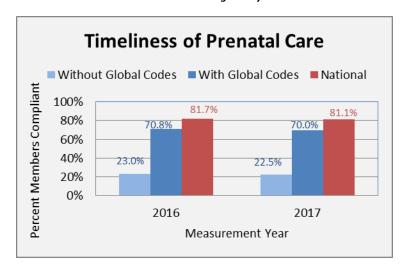
Exhibit 38 –Mothers Receiving Timely Prenatal Care

CONTRACEPTIVE CARE – POSTPARTUM WOMEN

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

The 2017 total rates for both categories were slightly higher than the 2016 rates. There are no national averages.

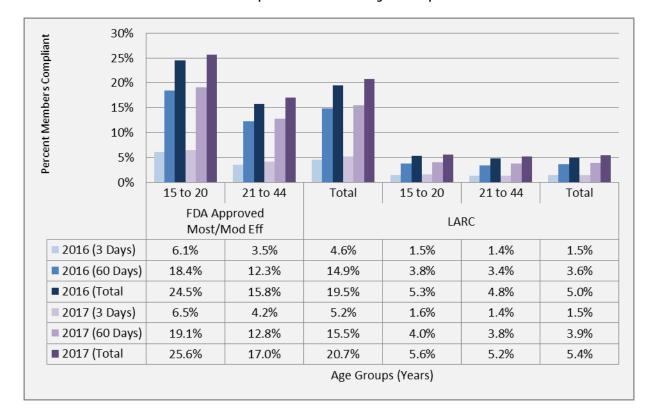Exhibit 39 displays compliance rates for the 2016 and 2017 measurement years.

Exhibit 39 –Postpartum women receiving contraceptive care

	FDA Approved Most/Mod Eff			LARC		
	15 to 20	21 to 44	Total	15 to 20	21 to 44	Total
2016 (3 Days)	6.1%	3.5%	4.6%	1.5%	1.4%	1.5%
2016 (60 Days)	18.4%	12.3%	14.9%	3.8%	3.4%	3.6%
2016 (Total	24.5%	15.8%	19.5%	5.3%	4.8%	5.0%
2017 (3 Days)	6.5%	4.2%	5.2%	1.6%	1.4%	1.5%
2017 (60 Days)	19.1%	12.8%	15.5%	4.0%	3.8%	3.9%
2017 (Total	25.6%	17.0%	20.7%	5.6%	5.2%	5.4%

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 were defined as visits with primary care practitioners (PCPs) using specific procedure codes indicating well-child visits. The PCP does not have to be the child's assigned PCP.

The 2017 compliance rates for 15 month olds and under show a marginal decrease in overall visits while six plus visits decreased approximately one percent compared to the 2016 rates. The national average increased slightly.

The 3 to 6 age category in 2017 had a slight increase in compliance rates consistent with the national average increased.

The 12 to 21 age category had a slight increase in compliance while national averages increased.

Exhibit 40 displays the compliance rates for the three age categories for well-child visits for 2015 and 2016.
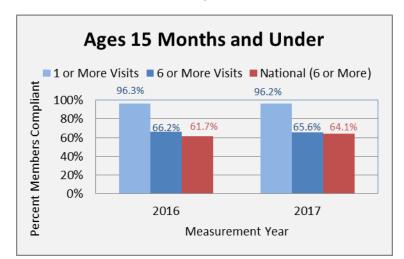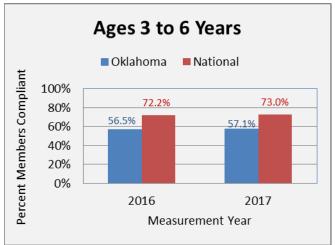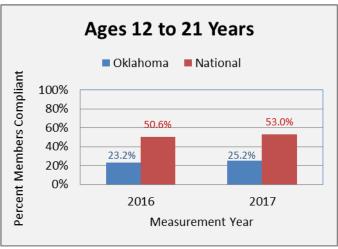
Exhibit 40 – Well-Child Visits for Children and Adolescents

Ages 3 to 6 Years

Legend: ■ Oklahoma ■ National

Y-axis: Percent Members Compliant (0% to 100%)

- 2016: Oklahoma 56.5%, National 72.2%
- 2017: Oklahoma 57.1%, National 73.0%

X-axis: Measurement Year

Ages 12 to 21 Years

Legend: ■ Oklahoma ■ National

Y-axis: Percent Members Compliant (0% to 100%)

- 2016: Oklahoma 23.2%, National 50.6%
- 2017: Oklahoma 25.2%, National 53.0%

X-axis: Measurement Year

AMBULATORY CARE

This measure calculates the number of outpatient visits and emergency department visits for SoonerCare members, by age group, per 1,000 months of eligibility (member months). Outpatient and emergency department visits were defined by claim type, procedure code, and place of service code. Emergency department visits were excluded if they resulted in an inpatient admission. All visits for mental health or chemical dependency services were excluded, both for outpatient and emergency department visit rates. Months of eligibility were calculated based on the member's eligibility as of the fifteenth of the month.

In 2017 the total outpatient visits per 1,000 member months decreased slightly from 2016. The only increases were in the 45–64 and 85+ age ranges. The ED visits per 1,000 member months total for 2017 remained constant as well as most age groupings compared to the 2016 rates.

Exhibit 41 and Exhibit 42 display the outpatient and ED visits rates for 2016 and 2017.

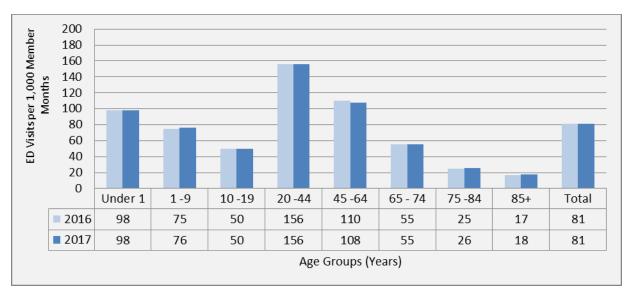*Exhibit 41 – Outpatient Visit Rate for SoonerCare Members*

	Under 1	1-9	10-19	20-44	45-64	65-74	75-84	85+	Total
2016	800	345	267	439	768	512	348	181	369
2017	794	344	266	438	768	513	344	185	368

Age Groups (Years)

Exhibit 42 – Emergency Department Visit Rate for SoonerCare Members

	Under 1	1 -9	10 -19	20 -44	45 -64	65 - 74	75 -84	85+	Total
2016	98	75	50	156	110	55	25	17	81
2017	98	76	50	156	108	55	26	18	81

Age Groups (Years)

HOSPITAL ADMISSION RATES FOR PREVENTION QUALITY INDICATORS (PQI)

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

- Diabetes short-term complications (Diabetes) – Includes members 18 years and older admitted with a primary diagnosis of diabetes.
- COPD or asthma in older adults (COPD) – Includes members 18 years and older admitted with a primary diagnosis of COPD (including secondary diagnoses), asthma, or acute bronchitis. Admissions are excluded that include diagnosis codes for cystic fibrosis and other respiratory anomalies.
- Congestive heart failure (CHF) – Includes members 18 years and older admitted with a primary diagnosis of heart failure, excluding admissions where certain cardiac procedures were performed.
- Asthma in younger adults (Asthma) – Includes members 18 years 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 2017 had increases in diabetes, the 18-64 and 65+ age groups for COPD, 18-64 age group for CHF, and the 65+ age group for asthma.

Exhibit 43 displays hospital admission per 100,000 member months in 2016 and 2017 for each of the indicators.

Exhibit 43 – 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+
2016	28.73	1.55	34.95	52.76	22.30	24.52	16.12	14.90	13.82	2.65
2017	30.20	2.02	35.18	56.06	22.93	24.78	15.74	13.35	12.51	2.70

Age Groups (Years)

PLAN ALL-CAUSE READMISSION RATE

This measure calculates the number of 18 year and older members with an acute inpatient stay during the measurement year that was followed by an unplanned acute readmission for any diagnosis with 30 days. The measure also calculates the predicted probability of an acute readmission. The results are displayed in three categories:

- Count of Index Stays
- Count of 30-Day Readmissions
- Average Adjusted Probability of Readmission

The results are broken down by various age groups, gender, and Commercial or Medicare coverage (Commercial cover age range is only 18-64).

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

In 2017 there was a general increase in stay counts and decrease in readmission rates compared to 2016. The rate was higher in the female population verses the male population across all age groups. The Medicare rate decreased more than the commercial rate from 2016 to 2017.

Exhibit 44 and 45 display the acute inpatient counts for Commercial and Medicare respectively. Exhibit 46 displays the O/E Ratio for Commercial and Medicare. That ratio is determined by dividing the observed readmissions by an average adjusted probability. That probability scale is provided by NCQA.

Note: The Commercial line only checks members between ages 18-64.

Exhibit 44 – Acute Inpatient Commercial Coverage Stay Counts

	M	F	M	F	M	F	M	F
	— 18 - 44		45 - 54		55 - 64		Total	
Index Stay Count 2016	4,311	7,639	3,020	4,709	4,488	6,148	11,819	18,496
Index Stay Count 2017	4,352	7,695	3,064	4,768	4,510	6,191	11,926	18,654
30 Day Readmission Count 2016	1,352	2,138	897	1,355	1,472	1,869	3,721	5,362
30 Day Readmission Count 2017	1,309	2,069	876	1,339	1,438	1,826	3,623	5,234

Exhibit 45 – Acute Inpatient Medicare Coverage Stay Counts

	M	F	M	F	M	F	M	F	M	F
	18 - 44		45 - 54		55 - 64		65+		Total	
Index Stay Count 2016	1,265	1,316	1,337	1,707	1,759	2,602	419	889	4,780	6,524
Index Stay Count 2017	1,280	1,322	1,345	1,728	1,767	2,631	420	900	4,812	6,581
30 Day Readmission Count 2016	437	425	459	501	635	829	147	280	1,678	2,035
30 Day Readmission Count 2017	416	401	447	489	616	794	144	269	1,623	1,953

Exhibit 46 – O/E Ratio for Commercial and Medicare

	M	F	M	F	M	F	M	F	M	F
	18 - 44		45 - 54		55 - 64		65+		Total	
Commercial 2016	31.4%	28.0%	29.7%	28.8%	32.8%	30.4%	0.0%	0.0%	31.5%	29.0%
Commercial 2017	30.1%	26.9%	28.6%	28.1%	31.9%	29.5%	0.0%	0.0%	30.4%	28.1%
Medicare 2016	34.5%	32.3%	34.3%	29.3%	36.1%	31.9%	35.1%	31.1%	35.1%	31.2%
Medicare 2017	32.5%	30.4%	33.3%	28.3%	34.9%	30.2%	34.4%	29.9%	33.8%	29.7%

Age Groups (Years)

APPENDIX A: 2017 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	83.2%	88.4%	79.7%	77.0%	86.0%	83.3%	83.3%	69.9%	80.2%	83.4%	83.7%	81.1%	83.1%	80.3%	84.9%	81.3%
20 to 44	79.6%	85.0%	76.5%	69.8%	83.1%	80.1%	79.1%	70.2%	77.3%	79.8%	79.9%	77.5%	79.7%	74.2%	82.4%	79.8%
45 to 64	89.9%	93.1%	87.4%	85.5%	92.7%	89.1%	90.8%	63.6%	89.9%	89.9%	90.2%	87.8%	92.0%	85.4%	91.1%	90.4%
65 and Over	77.8%	89.8%	59.1%	75.6%	78.9%	79.1%	75.6%	-	80.3%	77.4%	77.0%	72.3%	82.5%	87.9%	86.3%	-
CAP: Children and Adolescents' Access to Primary Care Practitioners																
Total	91.8%	92.1%	91.4%	91.5%	92.2%	90.8%	93.2%	88.8%	91.8%	91.9%	92.4%	87.0%	93.0%	90.7%	93.2%	93.0%
12 to 24 months	96.2%	97.0%	92.9%	96.2%	96.1%	96.1%	96.3%	96.1%	96.9%	96.0%	96.6%	93.8%	96.2%	95.8%	95.9%	98.5%
25 months to 6 years	90.2%	90.3%	90.0%	90.2%	90.2%	89.0%	91.8%	89.3%	90.4%	90.1%	90.7%	84.0%	91.3%	89.1%	93.0%	90.7%
7 to 11 years	91.8%	92.0%	91.4%	91.7%	91.9%	90.3%	93.8%	88.8%	91.2%	91.9%	92.7%	86.7%	92.8%	89.9%	91.5%	93.7%
12 to 19 years	92.7%	92.8%	92.6%	91.6%	93.9%	92.2%	93.4%	87.3%	92.7%	92.7%	93.0%	89.0%	94.1%	91.6%	94.6%	94.0%
ABA: Adult Body Mass Index (BMI) Assessment																
Total	10.6%	11.2%	10.2%	8.6%	11.6%	10.5%	10.6%	6.5%	9.0%	10.6%	10.6%	10.8%	11.5%	5.9%	10.8%	6.1%
18 to 64	10.5%	11.2%	10.1%	8.4%	11.6%	10.5%	10.5%	7.3%	9.0%	10.6%	10.5%	10.7%	11.4%	5.8%	10.7%	6.1%
65 to 75	11.0%	11.5%	10.6%	10.0%	11.4%	10.7%	11.2%	0.0%	9.2%	11.1%	11.3%	11.0%	11.9%	6.0%	11.2%	-

WCC-CH: BMI Assessment for Children & Adolescents																
Total	4.6%	5.0%	3.6%	4.5%	4.8%	6.2%	2.8%	2.0%	8.2%	3.6%	4.9%	4.5%	4.2%	4.5%	3.8%	4.4%
3 to 11	4.5%	4.9%	3.3%	4.4%	4.6%	6.1%	2.5%	2.0%	7.8%	3.4%	4.7%	4.4%	4.1%	4.4%	3.7%	4.6%
12 to 17	5.0%	5.3%	4.3%	4.9%	5.1%	6.4%	3.5%	2.0%	9.4%	4.0%	5.3%	4.9%	4.4%	4.7%	4.0%	4.0%
CIS: Childhood Immunization Status																
Dtap	24.5%	25.4%	22.7%	24.5%	24.5%	29.7%	17.5%	22.9%	33.7%	21.6%	26.6%	26.2%	14.8%	23.9%	19.3%	28.6%
IPV	34.0%	35.3%	31.3%	34.4%	33.6%	40.0%	26.0%	29.1%	41.4%	31.6%	36.4%	36.5%	22.8%	33.3%	27.7%	39.5%
MMR	45.9%	47.7%	42.2%	45.3%	46.6%	53.7%	35.4%	44.6%	54.3%	43.2%	48.8%	51.0%	30.4%	46.5%	38.0%	51.2%
HiB	39.9%	41.8%	36.0%	39.6%	40.2%	47.0%	30.5%	33.1%	45.2%	38.2%	44.3%	39.3%	24.7%	35.1%	31.3%	42.0%
Hep B	11.3%	11.7%	10.5%	11.9%	10.7%	13.5%	8.3%	10.9%	13.6%	10.5%	12.1%	13.0%	6.5%	10.8%	8.7%	15.6%
VZV	44.6%	45.4%	42.9%	44.7%	44.5%	52.8%	33.6%	41.1%	54.8%	41.4%	46.7%	50.4%	32.2%	45.5%	37.5%	51.0%
PCV	23.1%	23.7%	21.9%	23.1%	23.1%	27.7%	16.9%	19.4%	31.6%	20.4%	25.1%	24.9%	13.5%	24.5%	17.9%	28.4%
Hep A	47.3%	47.5%	46.9%	48.4%	46.2%	55.0%	37.0%	44.6%	57.0%	44.2%	49.3%	54.2%	33.0%	49.8%	41.3%	52.4%
RV	24.9%	25.6%	23.5%	25.2%	24.6%	28.6%	19.9%	21.1%	29.0%	23.6%	26.1%	27.0%	18.0%	22.0%	22.1%	29.9%
Flu	16.3%	16.5%	15.9%	16.4%	16.2%	21.3%	9.5%	18.3%	24.7%	13.6%	18.6%	11.8%	11.0%	15.9%	12.9%	16.6%
Combo 2	6.5%	7.6%	4.2%	6.6%	6.4%	7.8%	4.8%	7.4%	8.5%	5.9%	7.4%	6.7%	2.9%	6.9%	4.1%	8.5%
Combo 3	6.1%	6.2%	5.9%	6.2%	6.0%	7.3%	4.5%	7.4%	8.2%	5.4%	6.9%	6.2%	2.8%	7.1%	4.1%	8.5%
Combo 4	5.2%	5.2%	5.2%	5.5%	4.9%	6.3%	3.7%	6.3%	7.2%	4.6%	5.8%	5.6%	2.3%	6.5%	3.6%	7.2%
Combo 5	3.9%	4.0%	3.7%	3.9%	3.9%	4.6%	3.0%	2.9%	4.8%	3.6%	4.3%	4.5%	1.6%	5.1%	2.8%	5.3%
Combo 6	2.8%	3.1%	2.2%	3.1%	2.5%	3.7%	1.6%	4.0%	4.4%	2.3%	3.3%	1.6%	1.8%	3.5%	2.2%	3.2%
Combo 7	3.7%	4.0%	3.1%	3.7%	3.7%	4.2%	3.0%	3.4%	4.5%	3.4%	4.2%	3.9%	1.3%	4.7%	2.5%	4.9%
Combo 8	2.6%	2.8%	2.2%	2.6%	2.6%	3.2%	1.8%	2.3%	3.7%	2.3%	3.3%	1.1%	1.3%	2.2%	1.6%	2.1%
Combo 9	1.4%	1.6%	1.0%	1.7%	1.1%	1.8%	0.8%	1.1%	2.5%	1.0%	1.6%	0.7%	0.9%	2.2%	1.1%	1.5%
Combo 10	1.4%	1.5%	1.2%	1.7%	1.1%	1.9%	0.8%	1.1%	2.6%	1.0%	1.6%	0.8%	0.8%	2.0%	1.2%	1.5%

IMA: Immunizations for Adolescents																
Men.	26.9%	27.5%	25.8%	27.3%	26.5%	36.1%	16.3%	21.6%	39.0%	24.1%	29.2%	34.6%	15.4%	22.4%	19.0%	24.7%
Tdap/Td	31.8%	33.3%	29.1%	30.8%	32.8%	41.0%	21.2%	26.0%	41.3%	29.6%	34.6%	38.5%	18.0%	28.3%	22.9%	35.6%
HPV	12.6%	14.0%	10.1%	12.1%	13.1%	16.9%	7.6%	11.1%	15.8%	11.9%	12.8%	14.5%	10.9%	11.4%	11.5%	11.1%
Combo 1 (Men, Tdap)	22.5%	23.7%	20.4%	22.7%	22.2%	31.1%	12.5%	17.8%	31.3%	20.5%	24.5%	28.6%	12.0%	16.9%	16.2%	24.2%
Combo 2 (Men, Tdap, HPV)	12.1%	13.8%	8.9%	12.0%	12.1%	15.2%	8.4%	10.8%	15.1%	11.4%	13.1%	15.3%	6.4%	9.2%	8.9%	13.2%
BCS: Breast Cancer Screening																
Total	40.5%	42.7%	39.3%	-	40.5%	41.6%	39.2%	45.5%	40.5%	40.5%	41.0%	46.3%	30.1%	39.2%	24.6%	46.0%
50 to 64	43.5%	46.7%	41.7%	-	43.5%	43.9%	43.1%	45.5%	42.3%	43.6%	45.4%	48.0%	31.1%	40.8%	23.8%	46.0%
65 and Over	35.8%	36.6%	35.4%	-	35.8%	38.7%	31.0%	-	37.9%	35.7%	36.0%	35.0%	20.4%	37.3%	32.9%	-
CCS: Cervical Cancer Screening																
Total	44.3%	50.1%	36.4%	-	44.3%	44.7%	43.8%	55.6%	50.0%	44.1%	45.4%	48.1%	28.7%	39.1%	35.0%	60.6%
CHL: Chlamydia Screening in Women																
Total	56.4%	65.3%	45.7%	-	56.4%	58.0%	54.8%	53.8%	58.7%	56.1%	56.6%	63.9%	47.2%	56.3%	55.9%	58.7%
16 to 20	54.8%	64.1%	43.0%	-	54.8%	56.1%	53.5%	53.8%	57.7%	54.4%	55.0%	63.4%	46.3%	51.9%	53.4%	57.4%
21 to 24	61.1%	69.2%	52.9%	-	61.1%	63.5%	58.6%	-	62.2%	61.0%	61.1%	65.3%	51.0%	72.7%	63.5%	62.9%
ASM: Use of Appropriate Medications for the Treatment of Asthma																
Total	81.1%	84.9%	74.8%	84.2%	77.6%	82.3%	79.5%	86.6%	87.3%	80.2%	79.9%	82.0%	83.8%	84.0%	83.9%	82.0%
5 to 11	90.8%	94.5%	84.1%	90.6%	90.9%	90.2%	91.6%	89.4%	91.0%	90.7%	90.9%	90.4%	91.8%	93.2%	91.0%	85.4%
12 to 18	82.2%	86.9%	74.4%	84.3%	79.1%	84.2%	79.5%	85.2%	85.5%	81.7%	81.5%	82.9%	84.4%	78.0%	82.3%	80.6%
19 to 50	60.6%	61.9%	58.6%	60.6%	60.6%	60.8%	60.4%	33.3%	64.9%	60.4%	60.2%	61.1%	61.9%	50.0%	62.0%	63.2%
51 to 64	61.5%	61.9%	60.8%	59.4%	62.7%	60.7%	62.2%	-	59.5%	61.6%	63.2%	54.5%	58.2%	0.0%	65.7%	-

AMR: Asthma Medication Ratio																
Total (5 to 64)	62.4%	65.2%	57.5%	62.4%	62.4%	62.4%	62.4%	61.2%	62.4%	62.4%	62.5%	62.4%	62.4%	62.0%	62.4%	62.1%
5 to 11	66.3%	69.3%	60.8%	66.3%	66.3%	66.3%	66.3%	65.7%	66.3%	66.3%	66.3%	66.3%	66.3%	65.7%	66.3%	66.1%
12 to 18	60.8%	62.7%	57.4%	60.8%	60.8%	60.8%	60.8%	60.9%	60.7%	60.8%	60.8%	60.7%	60.8%	61.1%	60.8%	60.7%
19 to 20	64.1%	66.7%	59.4%	64.1%	64.1%	64.1%	64.1%	63.8%	64.0%	64.1%	64.1%	64.1%	64.1%	1	64.1%	63.9%
Total (5 to 20)	52.1%	55.5%	47.1%	52.1%	52.2%	52.1%	52.1%	50.0%	52.2%	52.1%	52.2%	51.8%	51.8%	51.9%	52.3%	51.9%
19 to 50	54.6%	58.4%	49.1%	54.5%	54.6%	54.7%	54.6%	33.3%	54.1%	54.6%	55.1%	54.0%	54.2%	50.0%	53.4%	51.7%
51 to 64	53.0%	56.5%	47.8%	52.9%	53.0%	53.0%	53.0%	0	52.8%	53.0%	53.2%	52.6%	52.6%	51.2%	52.7%	1
CDC: Comprehensive Diabetes Care: HbA1c Testing																
Total	74.2%	75.8%	71.7%	73.6%	74.5%	75.4%	72.8%	44.4%	80.3%	73.8%	79.0%	76.7%	46.1%	84.0%	49.5%	80.4%
18 to 64	72.9%	74.3%	70.7%	72.5%	73.1%	74.6%	70.8%	44.4%	79.7%	72.6%	77.8%	75.0%	46.0%	82.7%	49.2%	80.4%
65 to 75	77.9%	80.2%	74.5%	77.0%	78.3%	77.6%	78.2%	-	81.1%	77.6%	82.5%	81.6%	46.3%	84.6%	50.9%	-
CDC: Comprehensive Diabetes Care: Retinal Eye Exam																
Total	30.1%	33.2%	25.3%	25.9%	32.4%	33.3%	26.3%	22.2%	36.9%	29.7%	31.1%	34.4%	18.2%	48.6%	20.1%	27.5%
CDC: Comprehensive Diabetes Care: LDL-C Screening																
Total	65.8%	68.8%	61.1%	65.1%	66.2%	66.5%	65.0%	44.4%	68.8%	65.6%	68.4%	62.0%	58.3%	66.5%	55.6%	68.6%
18 to 64	65.0%	68.6%	59.3%	64.4%	65.3%	65.7%	64.2%	44.4%	65.4%	65.0%	67.6%	61.3%	58.2%	65.4%	53.6%	68.6%
65 to 75	68.1%	69.4%	66.1%	67.2%	68.5%	68.9%	67.1%	-	73.8%	67.5%	70.5%	64.2%	58.5%	67.0%	65.2%	-
CDC: Comprehensive Diabetes Care: Medical Attention for Nephropathy																
Total	52.9%	55.9%	48.2%	53.0%	52.8%	55.5%	49.9%	22.2%	59.2%	52.5%	51.8%	59.3%	52.3%	55.4%	46.4%	64.7%
DEV: Developmental Screening in the First Three Years of Life																
Total	17.1%	20.1%	11.7%	16.9%	17.3%	17.9%	16.1%	20.1%	16.9%	17.2%	17.8%	18.3%	11.1%	18.1%	17.0%	18.3%
0 to 12 Months	13.9%	15.6%	10.9%	13.8%	14.0%	14.6%	13.0%	17.8%	13.1%	14.1%	14.3%	15.7%	8.4%	16.6%	14.3%	15.6%
2 Years	24.0%	27.9%	17.0%	23.7%	24.3%	24.9%	22.7%	29.5%	22.7%	24.4%	25.0%	24.7%	17.7%	26.2%	23.0%	24.4%
3 Years	15.2%	19.5%	7.4%	15.0%	15.4%	15.8%	14.5%	15.8%	16.9%	14.6%	16.1%	16.0%	9.3%	11.2%	15.2%	16.4%

ADD: Follow-Up Care for Children Prescribed ADHD Medication																
Initiaion Phase	65.2%	67.3%	61.8%	64.9%	65.7%	67.6%	62.3%	68.0%	64.2%	65.3%	65.0%	69.6%	61.0%	41.4%	64.8%	72.5%
Continuation Phase	64.1%	66.8%	59.0%	63.4%	65.8%	66.6%	61.1%	63.2%	62.9%	64.2%	63.9%	67.6%	60.5%	41.2%	64.6%	72.5%
FUH: Follow-Up After Hospitalization for Mental Illness: 7 Days After Discharge																
Total	24.1%	27.1%	19.1%	23.9%	24.3%	24.9%	23.1%	24.0%	23.1%	24.2%	24.6%	21.2%	25.9%	23.7%	23.5%	26.7%
6 to 20	27.2%	29.8%	22.8%	27.2%	27.1%	27.8%	26.3%	27.5%	25.1%	27.4%	27.7%	24.2%	30.0%	29.4%	25.2%	28.4%
21 to 64	18.9%	22.6%	12.4%	17.2%	20.1%	19.5%	18.4%	12.5%	16.5%	19.0%	19.7%	16.8%	17.9%	19.0%	17.9%	20.7%
65 and Over	18.8%	18.2%	20.0%	25.0%	16.7%	22.2%	14.3%	-	-	18.8%	18.8%	-	-	-	-	-
FUH: Follow-Up After Hospitalization for Mental Illness: 30 Days After Discharge																
Total	46.9%	50.9%	39.9%	46.5%	47.2%	47.6%	45.5%	53.8%	46.5%	46.9%	46.9%	45.3%	49.1%	42.1%	46.5%	50.4%
6 to 20	51.2%	54.4%	45.8%	50.6%	51.7%	52.2%	49.2%	60.6%	49.5%	51.4%	51.5%	49.9%	52.1%	52.9%	49.7%	53.9%
21 to 64	39.5%	45.1%	29.6%	38.1%	40.5%	39.0%	40.2%	31.3%	36.5%	39.7%	39.6%	38.6%	43.1%	33.3%	36.2%	37.9%
65 and Over	25.0%	36.4%	0.0%	25.0%	25.0%	33.3%	14.3%	-	-	25.0%	25.0%	-	-	-	-	-
PCR: Postpartum Care Rate: Without Global Codes																
Total	21.2%	25.0%	15.1%	-	21.2%	19.0%	23.8%	23.9%	22.7%	21.0%	20.6%	17.4%	27.1%	15.9%	22.8%	23.7%
PCR: Postpartum Care Rate: With Global Codes																
Total	68.1%	72.3%	61.3%	-	68.1%	67.5%	68.7%	76.7%	69.1%	67.9%	69.1%	64.8%	66.2%	70.1%	65.9%	76.6%
PPC: Timeliness of Prental Care: Without Global Codes																
Total	22.5%	25.6%	17.5%	-	22.5%	23.9%	20.8%	21.4%	24.3%	22.2%	23.9%	24.4%	16.0%	5.5%	23.6%	21.4%
PPC: Timeliness of Prental Care: With Global Codes																
Total	70.0%	71.9%	66.9%	-	70.0%	72.7%	66.7%	78.6%	72.9%	69.6%	71.8%	74.6%	58.9%	75.1%	65.4%	68.0%

WCV: Well-Child Visits in the First 15 Months of Life																
0 Visits	3.8%	3.8%	3.8%	3.7%	3.9%	3.9%	3.7%	3.6%	2.6%	4.1%	3.9%	4.1%	4.0%	4.2%	3.2%	2.3%
1 Visit	3.8%	3.8%	3.9%	3.7%	3.9%	4.1%	3.6%	2.9%	2.7%	4.1%	3.4%	5.9%	4.8%	3.9%	4.0%	2.0%
2 Visits	4.7%	4.9%	4.4%	4.7%	4.8%	4.9%	4.5%	3.6%	3.3%	5.1%	3.9%	7.7%	7.5%	4.1%	5.0%	3.5%
3 Visits	5.9%	6.2%	5.4%	5.9%	5.9%	6.2%	5.7%	3.9%	5.0%	6.1%	5.3%	7.9%	8.0%	3.7%	6.7%	3.2%
4 Visits	7.7%	7.6%	7.9%	7.6%	7.8%	7.7%	7.7%	6.8%	8.9%	7.4%	6.3%	12.1%	12.9%	5.1%	9.0%	4.3%
5 Visits	8.5%	8.4%	8.7%	8.3%	8.6%	8.2%	8.7%	13.3%	15.6%	6.8%	7.7%	11.0%	10.6%	9.2%	9.1%	8.5%
6+ visits	65.6%	65.3%	66.0%	64.9%	66.3%	67.5%	63.5%	53.8%	65.3%	65.6%	65.7%	55.0%	60.1%	91.2%	73.4%	67.8%
1+ visits	96.2%	96.2%	96.2%	95.2%	97.3%	98.6%	93.7%	84.2%	100.7%	95.1%	92.3%	99.7%	103.9%	117.2%	107.1%	89.4%
W34: Well-Child Visits in the 3rd to 6th Years of Life																
1+ visit	57.1%	59.9%	51.9%	57.4%	56.8%	58.0%	55.9%	50.0%	64.1%	55.1%	58.1%	55.4%	52.6%	64.6%	56.0%	59.0%
AWC: Adolescent Well-Care Visits																
1+ visit	25.2%	26.5%	23.2%	26.0%	24.4%	27.4%	22.9%	23.8%	30.4%	24.3%	25.9%	30.2%	16.6%	29.8%	24.0%	26.9%
MPM:Annual Monitoring for Patients on Persistent Medications																
ACE/ARB	80.1%	82.7%	75.3%	77.3%	81.9%	83.0%	77.6%	70.6%	82.7%	79.9%	83.6%	83.2%	56.4%	90.5%	52.8%	83.0%
18-64	79.8%	82.6%	72.7%	76.8%	81.9%	82.9%	77.3%	73.3%	81.7%	79.7%	83.5%	83.4%	55.8%	88.0%	53.7%	83.0
65+	82.4%	93.3%	82.0%	82.4%	82.3%	83.6%	80.9%	50.0%	85.3%	81.8%	84.2%	81.6%	64.9%	91.8%	39.3%	-
Digoxin	39.7%	44.5%	29.6%	37.7%	41.8%	39.7%	39.7%	-	66.7%	39.1%	47.0%	25.0%	20.0%	-	0.0%	-
18-64	40.0%	44.9%	29.0%	39.1%	41.1%	42.3%	38.2%	-	50.0%	39.8%	48.2%	25.0%	25.0%	-	0.0%	-
65+	37.5%	33.3%	38.5%	20.0%	45.5%	16.7%	50.0%	-	100.0%	33.3%	40.0%	-	-	-	-	-
Diuretics	80.4%	84.0%	74.3%	79.5%	80.8%	82.5%	78.4%	70.6%	84.5%	80.1%	83.3%	82.7%	55.6%	86.6%	57.5%	88.7%
18-64	80.5%	83.9%	72.5%	79.6%	80.9%	82.6%	78.5%	75.0%	83.5%	80.3%	83.5%	82.8%	56.3%	81.3%	59.0%	88.7%
65+	79.6%	100.0%	79.0%	78.9%	79.7%	81.5%	77.2%	0.0%	88.2%	78.2%	81.8%	81.8%	48.1%	90.0%	31.3%	-
Total	79.8%	82.8%	74.5%	77.5%	81.2%	82.4%	77.5%	70.6%	83.3%	79.6%	83.1%	82.5%	55.9%	89.1%	54.2%	85.4%
18-64	79.7%	82.7%	72.2%	77.3%	81.2%	82.4%	77.4%	74.2%	82.3%	79.5%	83.1%	82.5%	55.8%	85.4%	55.3%	85.4%
65+	80.8%	91.6%	80.4%	80.4%	80.9%	82.3%	78.9%	33.3%	86.3%	79.8%	82.6%	81.7%	56.9%	91.2%	36.4%	-

SEAL-CH: Sealants for age 6-9 at Elevated Caries Risk																
Total	24.2%	24.8%	22.9%	24.4%	24.0%	24.8%	23.6%	18.8%	24.1%	24.2%	23.7%	26.8%	23.4%	22.0%	25.3%	25.2%
CCW:Contraceptive Care - Most and Moderately Effective Methods By Women Ages 15-44																
Total: FDA Approved	20.0%	22.6%	16.1%	-	20.0%	20.1%	20.0%	20.3%	20.0%	20.0%	20.0%	20.0%	20.2%	20.3%	20.2%	20.1%
15-20	25.1%	27.6%	21.3%	-	25.1%	25.2%	25.0%	25.1%	25.2%	25.1%	25.0%	25.0%	25.5%	25.4%	25.5%	25.3%
21-44	16.3%	18.9%	12.4%	-	16.3%	16.3%	16.3%	16.7%	16.2%	16.3%	16.3%	16.3%	16.2%	16.6%	16.4%	16.3%
Total: LARC	4.8%	5.5%	3.7%	-	4.8%	4.8%	4.8%	4.8%	5.0%	4.8%	4.8%	4.7%	4.7%	5.0%	5.1%	5.1%
15-20	5.1%	6.0%	3.7%	-	5.1%	5.1%	5.1%	5.1%	5.2%	5.1%	5.1%	5.0%	5.0%	5.3%	5.4%	5.4%
21-44	4.6%	5.2%	3.7%	-	4.6%	4.6%	4.7%	4.6%	4.8%	4.6%	4.6%	4.5%	4.4%	4.8%	4.8%	4.8%
APC:Use of Multiple Concurrent Antipsychotics in Children and Adolescents																
Total	3.6%	3.0%	4.2%	3.5%	3.7%	3.5%	3.6%	3.2%	3.0%	3.6%	3.6%	3.4%	2.8%	11.1%	3.1%	4.9%
1-5	0.0%	0.0%	-	0.0%	0.0%	0.0%	0.0%	-	-	0.0%	0.0%	-	0.0%	-	0.0%	-
6-11	3.0%	2.4%	3.7%	3.0%	3.1%	3.0%	2.9%	3.4%	2.2%	3.1%	3.1%	3.0%	2.7%	20.0%	2.7%	2.6%
12-17	4.1%	3.7%	4.6%	4.1%	4.0%	4.0%	4.2%	3.0%	3.8%	4.1%	4.2%	3.9%	3.0%	7.7%	3.6%	7.3%
IET: Initiation of Alcohol and Other Drug Dependence Treatment																
Total	36.0%	39.5%	30.9%	36.0%	35.9%	36.0%	36.0%	34.8%	36.0%	36.0%	36.1%	35.9%	35.9%	35.6%	35.8%	35.7%
18-64	35.9%	39.3%	30.8%	35.9%	35.9%	35.9%	35.9%	35.7%	35.9%	35.9%	36.0%	35.9%	35.8%	35.5%	35.8%	35.7%
65+	36.6%	40.8%	31.2%	36.7%	36.5%	36.6%	36.6%	25.0%	36.4%	36.6%	36.8%	36.4%	36.4%	36.8%	35.4%	35.9%
Alcohol Abuse	35.7%	39.5%	30.4%	35.8%	35.7%	35.7%	35.8%	27.8%	35.5%	35.7%	35.8%	35.5%	35.6%	34.7%	35.6%	35.2%
18-64	35.6%	39.3%	30.4%	35.6%	35.6%	35.6%	35.6%	31.3%	35.6%	35.6%	35.7%	35.5%	35.5%	34.4%	35.4%	35.2%
65+	36.5%	41.0%	30.6%	36.7%	36.3%	36.4%	36.8%	0.0%	35.3%	36.7%	36.6%	35.8%	36.4%	37.5%	37.1%	35.3%
Opioid Abuse	36.2%	39.7%	30.7%	36.3%	36.1%	36.3%	36.1%	29.4%	36.0%	36.2%	36.2%	36.0%	36.0%	36.6%	36.1%	36.4%
18-64	36.1%	39.5%	30.4%	36.2%	36.0%	36.2%	36.0%	33.3%	36.0%	36.1%	36.1%	36.0%	36.1%	36.5%	36.1%	36.2%
65+	36.6%	41.1%	32.4%	36.7%	36.6%	37.1%	36.5%	0.0%	35.9%	36.8%	36.9%	36.0%	35.7%	37.5%	36.4%	37.5%
Other Drug Abuse	36.0%	39.1%	31.9%	36.1%	35.9%	36.0%	35.9%	30.0%	35.9%	36.0%	36.2%	35.6%	36.0%	34.8%	35.4%	35.1%
18-64	35.9%	38.9%	31.9%	35.9%	35.8%	35.9%	35.9%	30.0%	35.7%	35.9%	36.0%	35.6%	35.9%	34.9%	35.6%	35.6%
65+	36.7%	41.3%	31.0%	37.4%	36.2%	37.1%	36.3%	-	37.9%	36.5%	38.0%	34.8%	36.8%	33.3%	33.3%	28.6%
IET: Engagement of Alcohol and Other Drug Dependence Treatment																
Total	5.4%	6.1%	4.5%	5.5%	5.4%	5.5%	5.4%	4.3%	5.4%	5.4%	5.5%	5.4%	5.4%	4.8%	5.4%	5.3%
18-64	5.6%	6.2%	4.7%	5.6%	5.6%	5.6%	5.6%	4.8%	5.5%	5.6%	5.6%	5.6%	5.5%	5.3%	5.6%	5.6%
65+	4.0%	5.3%	2.5%	4.1%	3.9%	4.2%	3.9%	0.0%	4.0%	4.1%	4.4%	3.4%	4.0%	0.0%	3.8%	2.6%

Alcohol Abuse	5.3%	6.3%	4.0%	5.4%	5.3%	5.4%	5.3%	0.0%	5.2%	5.3%	5.5%	5.2%	4.9%	4.2%	5.1%	4.8%
18-64	5.5%	6.4%	4.2%	5.5%	5.5%	5.6%	5.5%	0.0%	5.5%	5.5%	5.6%	5.4%	5.3%	4.7%	5.4%	5.5%
65+	4.0%	5.2%	2.6%	4.3%	3.8%	4.2%	3.8%	0.0%	2.9%	4.2%	4.8%	3.8%	2.3%	0.0%	2.9%	0.0%
Opioid Abuse	5.7%	6.0%	5.3%	5.7%	5.6%	5.8%	5.6%	0.0%	5.4%	5.7%	5.9%	5.5%	5.3%	4.2%	5.6%	4.9%
18-64	5.9%	6.0%	5.7%	6.0%	5.9%	6.0%	5.9%	0.0%	5.7%	5.9%	6.0%	5.7%	5.6%	4.8%	5.9%	5.5%
65+	4.0%	5.3%	2.8%	4.1%	4.0%	4.5%	3.6%	0.0%	3.1%	4.2%	4.7%	4.0%	2.4%	0.0%	3.0%	0.0%
Other Drug Abuse	5.3%	6.1%	4.2%	5.4%	5.2%	5.4%	5.2%	0.0%	5.2%	5.3%	5.6%	4.9%	4.7%	4.3%	4.8%	4.3%
18-64	5.4%	6.3%	4.3%	5.5%	5.4%	5.5%	5.4%	0.0%	5.4%	5.4%	5.6%	5.4%	5.1%	4.7%	5.2%	4.6%
65+	4.1%	4.6%	3.4%	4.4%	3.8%	4.8%	3.3%	-	3.4%	4.2%	6.2%	0.0%	0.0%	0.0%	0.0%	0.0%
LSC:Lead Screening in Children																
Total	57.1%	61.9%	52.6%	56.2%	57.9%	57.9%	56.2%	56.6%	54.4%	57.6%	57.7%	54.9%	56.9%	55.0%	55.6%	58.1%
CCP:Contraceptive Care - Postpartum Women Ages 15-44 (Total)																
Total: FDA Approved	20.7%	22.4%	18.0%	-	20.7%	20.6%	20.8%	17.5%	21.3%	20.6%	20.8%	20.5%	20.5%	22.0%	20.6%	20.3%
15-20	25.6%	27.9%	21.9%	-	25.6%	25.5%	25.7%	22.2%	26.3%	25.5%	25.6%	25.8%	25.3%	26.5%	25.5%	25.3%
21-44	17.0%	18.2%	15.1%	-	17.0%	16.9%	17.1%	13.9%	17.6%	16.9%	17.1%	16.5%	16.8%	18.6%	16.9%	16.4%
Total: LARC	5.4%	5.9%	4.5%	-	5.4%	5.4%	5.4%	5.6%	5.6%	5.3%	5.4%	5.2%	5.3%	5.7%	5.2%	5.2%
15-20	5.6%	6.6%	4.0%	-	5.6%	5.6%	5.6%	5.6%	5.9%	5.5%	5.6%	5.4%	5.6%	5.9%	5.5%	5.5%
21-44	5.2%	5.4%	4.9%	-	5.2%	5.2%	5.2%	5.6%	5.4%	5.2%	5.3%	5.1%	5.1%	5.5%	5.0%	5.0%
CCP:Contraceptive Care - Postpartum Women Ages 15-44 (within 3 days)																
Total: FDA Approved	5.2%	5.7%	4.4%	-	5.2%	5.2%	5.2%	5.6%	5.3%	5.2%	5.2%	4.9%	5.2%	5.9%	5.3%	5.3%
15-20	6.5%	6.9%	5.9%	-	6.5%	6.5%	6.5%	7.4%	6.7%	6.5%	6.5%	6.1%	6.6%	7.3%	6.7%	6.8%
21-44	4.2%	4.8%	3.3%	-	4.2%	4.2%	4.2%	4.2%	4.3%	4.2%	4.2%	3.9%	4.2%	4.8%	4.2%	4.1%
Total: LARC	1.5%	1.5%	1.4%	-	1.5%	1.5%	1.4%	2.4%	1.5%	1.5%	1.5%	1.4%	1.4%	1.6%	1.5%	1.4%
15-20	1.6%	1.7%	1.4%	-	1.6%	1.7%	1.5%	3.7%	1.6%	1.6%	1.6%	1.4%	1.5%	1.8%	1.7%	1.6%
21-44	1.4%	1.4%	1.4%	-	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.4%	1.3%	1.2%

CCP:Contraceptive Care - Postpartum Women Ages 15-44 (within 60 days)																
Total: FDA Approved	15.5%	16.7%	13.6%	-	15.5%	15.4%	15.6%	13.5%	15.4%	15.5%	15.5%	15.1%	15.6%	16.3%	15.8%	15.4%
15-20	19.1%	21.0%	16.0%	-	19.1%	19.1%	19.2%	16.7%	18.9%	19.1%	19.1%	18.6%	19.2%	20.5%	19.5%	19.2%
21-44	12.8%	13.4%	11.9%	-	12.8%	12.7%	12.9%	11.1%	12.8%	12.8%	12.8%	12.5%	12.9%	13.1%	13.0%	12.5%
Total: LARC	3.9%	4.4%	3.1%	-	3.9%	3.9%	3.8%	4.0%	3.7%	3.9%	3.9%	3.7%	3.8%	3.9%	4.0%	3.8%
15-20	4.0%	4.9%	2.6%	-	4.0%	4.0%	4.0%	3.7%	3.8%	4.0%	4.1%	3.7%	3.8%	4.1%	4.0%	3.9%
21-44	3.8%	4.0%	3.5%	-	3.8%	3.9%	3.7%	4.2%	3.6%	3.8%	3.8%	3.6%	3.7%	3.8%	3.9%	3.8%
APP:Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics																
Total	53.6%	55.8%	49.4%	53.4%	53.7%	53.7%	53.5%	54.3%	53.8%	53.5%	53.7%	53.9%	53.3%	53.4%	53.4%	52.7%
1-5	55.3%	55.6%	54.0%	53.8%	56.0%	54.7%	55.4%	-	52.4%	55.5%	55.6%	52.6%	57.1%	50.0%	60.0%	40.0%
6-11	53.8%	55.9%	49.9%	53.7%	53.8%	53.7%	53.8%	53.3%	53.7%	53.8%	53.9%	53.3%	53.8%	54.0%	53.8%	53.2%
12-17	53.4%	55.8%	48.8%	53.2%	53.6%	53.6%	53.2%	55.0%	54.0%	53.3%	53.4%	54.4%	52.7%	53.0%	53.0%	52.7%
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 7 Days After Discharge																
Total	35.5%	35.9%	35.3%	35.0%	35.9%	35.8%	35.1%	33.3%	34.5%	35.6%	36.0%	35.1%	34.7%	31.6%	34.6%	33.3%
18 to 64	35.5%	36.2%	35.2%	34.9%	35.9%	35.8%	35.1%	33.3%	34.5%	35.6%	36.0%	34.8%	34.9%	32.4%	34.4%	33.3%
65 and Over	36.0%	31.0%	37.5%	36.2%	35.2%	35.2%	36.2%	-	35.7%	35.6%	35.8%	41.7%	30.0%	0.0%	37.5%	33.3%
FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: 30 Days After Discharge																
Total	43.9%	43.2%	44.0%	41.7%	45.6%	43.3%	44.4%	33.3%	41.4%	44.2%	44.1%	43.5%	45.2%	50.0%	40.9%	38.5%
18 to 64	43.9%	43.5%	44.0%	41.8%	45.7%	43.3%	44.6%	33.3%	41.4%	44.3%	44.2%	43.6%	45.5%	48.6%	41.1%	38.7%
65 and Over	43.1%	37.9%	44.4%	40.4%	44.4%	44.4%	40.4%	-	42.9%	42.5%	43.3%	41.7%	40.0%	100.0%	37.5%	33.3%
FUM: Follow-Up After Emergency Department Visit for Mental Illness: 7 Days After Discharge																
Total	30.2%	32.0%	29.5%	29.9%	30.3%	30.3%	30.0%	27.3%	29.4%	30.2%	30.5%	29.6%	29.3%	29.8%	29.5%	29.2%
18 to 64	30.2%	32.1%	29.5%	30.0%	30.3%	30.3%	30.0%	27.3%	29.6%	30.3%	30.4%	29.8%	29.3%	31.1%	29.5%	29.7%
65 and Over	29.7%	29.4%	29.2%	28.1%	30.3%	28.9%	29.7%	-	25.0%	30.0%	30.9%	25.0%	30.8%	0.0%	30.0%	20.0%

FUM: Follow-Up After Emergency Department Visit for Mental Illness: 30 Days After Discharge																
Total	50.1%	50.5%	49.9%	49.4%	50.6%	50.3%	50.0%	27.3%	47.2%	50.6%	50.9%	48.8%	48.8%	46.8%	48.7%	47.9%
18 to 64	49.9%	50.5%	49.7%	49.3%	50.4%	49.9%	50.1%	27.3%	46.7%	50.4%	50.6%	48.7%	48.5%	46.7%	48.6%	48.4%
65 and Over	53.0%	50.0%	53.8%	51.6%	53.9%	56.6%	48.4%	-	55.0%	52.5%	54.3%	50.0%	53.8%	50.0%	50.0%	40.0%
COB: Concurrent Use of Opioids and Benzodiazepines																
Total	23.0%	23.8%	20.7%	22.1%	23.7%	23.7%	22.1%	21.0%	21.4%	23.2%	23.6%	21.0%	21.1%	22.9%	23.2%	22.9%
AMM: Antidepressant Medication Management (Acute)																
Total	50.4%	54.8%	43.5%	48.2%	52.3%	52.5%	48.1%	47.1%	46.7%	51.1%	51.2%	47.8%	48.6%	52.2%	50.5%	48.9%
AMM: Antidepressant Medication Management (Continuation)																
Total	28.6%	31.3%	24.4%	26.8%	30.1%	29.7%	27.4%	23.5%	26.6%	29.0%	29.7%	25.6%	27.3%	29.0%	26.9%	27.3%