Quality of Care in the SoonerCare Program

Reporting Year 2015
Measurement Year 2014

Prepared for:

State of Oklahoma

Oklahoma Health Care Authority

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PHPG

Oklahoma HealthCare Authority

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CHAPTER ONE: INTRODUCTION

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

The Pacific Health Policy Group (PHPG) was retained by the OHCA in July 2015 to:

- Report results for the 2015 reporting year, which evaluates care provided in the 2014 measurement year;
- 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)
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) • HPV for Female Adolescents (HEDIS, CMS Child Core) • Breast Cancer Screening (HEDIS, CMS Adult Core) • Cervical Cancer Screening (HEDIS, CMS Adult Core) • Chlamydia Screening in Women (HEDIS, CMS Child Core, CMS Adult Core)

Domain	Subdomain (if applicable) / Measure
Effectiveness of Care (continued)	**Respiratory Conditions** • Use of Appropriate Medications for the Treatment of Asthma (HEDIS) • Medication Management for People with Asthma (HEDIS, CMS Child Core) **Diabetes** • Comprehensive Diabetes Care (HEDIS, CMS Adult Core) **Behavioral Health** • Developmental Screening in the First Three Years of Life (CMS Child Core) • Follow-Up Care for Children Prescribed ADHD Medication (HEDIS, CMS Child Core) • Follow-Up after Hospitalization for Mental Illness (HEDIS, CMS Child Core) **Medication Management** • Annual Monitoring for Patients on Persistent Medications (HEDIS, CMS Adult Core)
Utilization	**Prenatal/Postpartum Care*** • Frequency of Ongoing Prenatal Care (HEDIS, CMS Child Core) • Postpartum Care Rate (CMS Adult Core) • Prenatal & Postpartum Care: Timeliness of Prenatal Care (CMS Child Core) **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, CMS Child Core) • PQI - Diabetes Short-term Complications Admission Rate (CMS Adult Core) • PQI - Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (CMS Adult Core) • PQI - Congestive Heart Failure (CHF) Admission Rate (CMS Adult Core) • PQI - 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.*
Developmental Measures	• Dental Sealants for Children Ages 6-9 at Elevated Caries Risk (American Dental Association,CMS Child Core) • Contraceptive Use (Office of Population Affairs/Centers for Disease Control and Population)

PHPG relied on a dataset consisting of eligibility, demographic, and both paid and denied medical and prescription drug claims incurred February 2009 through June 2014, with dates of payment through September 2015. 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 2013 through June 2015.

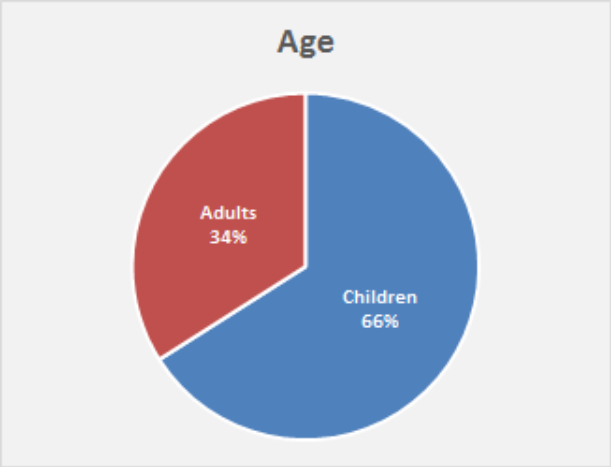
PHPG followed NCQA and AHRQ specifications explicitly unless otherwise noted. In general where specifications required the member to be continuously enrolled for the entire year, the member was permitted to have one gap in enrollment of no more than 45 days. Similar to how OHCA has implemented this requirement in the past, PHPG applied these criteria by limiting those analyses to members with at least 320 days of eligibility during the year. If the member had multiple gaps in enrollment but all gaps totaled 45 days or less, the member was included.

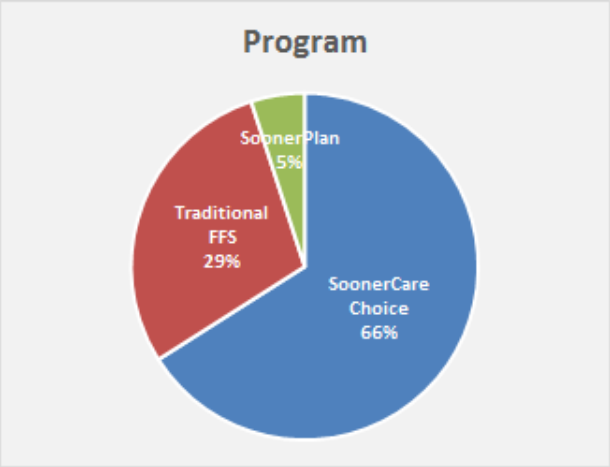
Also similar to previous years' methodologies, members enrolled in a Home and Community-Based Services (HCBS) waiver were excluded from all measures (approximately 23,000 members), as additional services would be available to these members that are not part of the traditional Medicaid benefit package and thus could confound the results.

PHPG validated results for the 2015 reporting year by comparing to secondary sources (e.g., SoonerCare Annual Reports) and by analyzing results for the 2014 reporting year using 2015 methodologies and comparing to what OHCA reported previously. PHPG accordingly refined its methodologies as necessary and refined OHCA's previous specifications where reasonable.

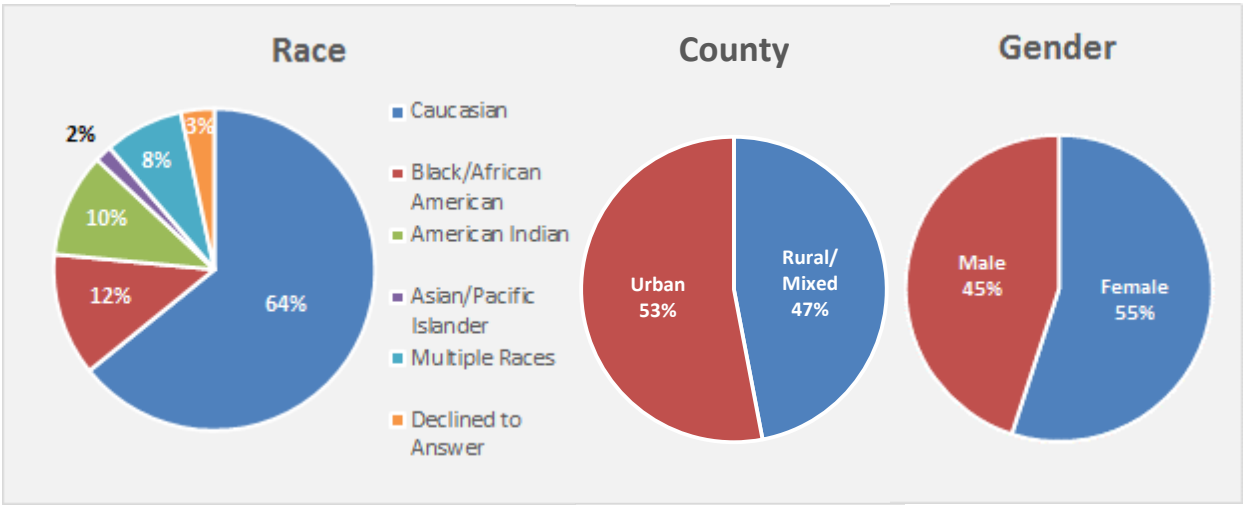
SOONERCARE DEMOGRAPHICS

According to OHCA Enrollment Fast Facts for January 2015 (published February), there were over 814,000 individuals enrolled in SoonerCare. Approximately 66% of the enrollment was children and 34% was adults. Approximately 66% were enrolled in the program's patient centered medical home (PCMH) model known as SoonerCare Choice; another 29% were enrolled in the traditional fee-for-service (FFS) program; and the remaining 5% were enrolled in SoonerPlan, the State's Medicaid-financed family planning program.





The racial breakdown of members includes 64% Caucasian, 12% Black/African American, 10% American Indian, 2% Asian or Pacific Islander, and 8% multiple races (3% did not provide a racial background). Approximately 16% of members also are of Hispanic origin, regardless of race. According to PHPG data, approximately 55% of members are female and 45% are male. Nearly 47% live in rural or semi-rural/ urban (i.e., "mixed") counties and 53% live in urban counties.



Beginning on the following page, PHPG presents, by measure, the results from the current (2014) and previous (2013) measurement years, as well as a comparison to national benchmark data, where available. The benchmark is the national Medicaid HMO for 2014, as reported by NCQA in "The State of Health Quality – 2015".

CHAPTER TWO: ACCESS/AVAILABLITITY OF CARE

For 2015, 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	✓	✓	

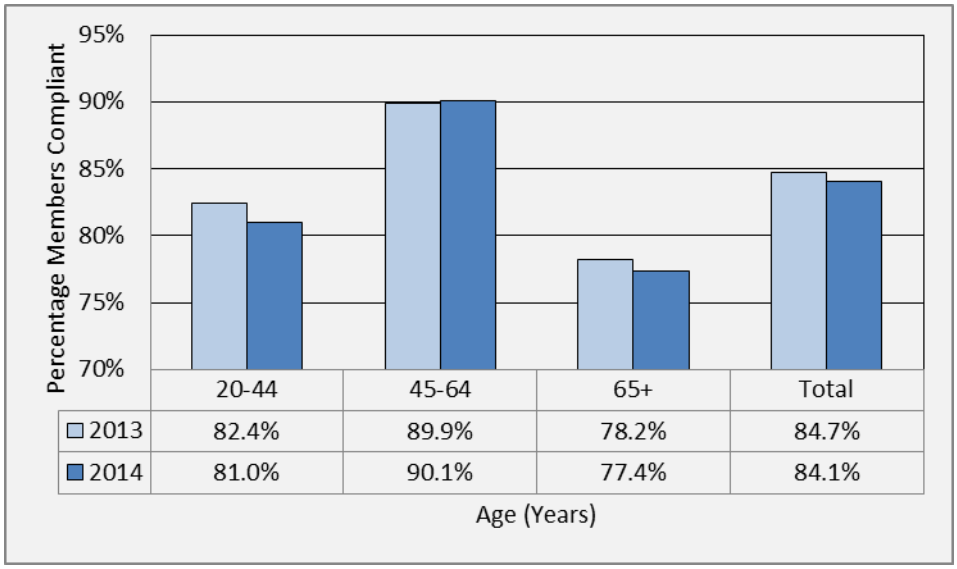
ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

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 2014 for members was 84.1%, down 0.6% from 2013.

Exhibit 1 displays compliance rates by age group for 2013 and 2014.

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



	20-44	45-64	65+	Total
2013	82.4%	89.9%	78.2%	84.7%
2014	81.0%	90.1%	77.4%	84.1%

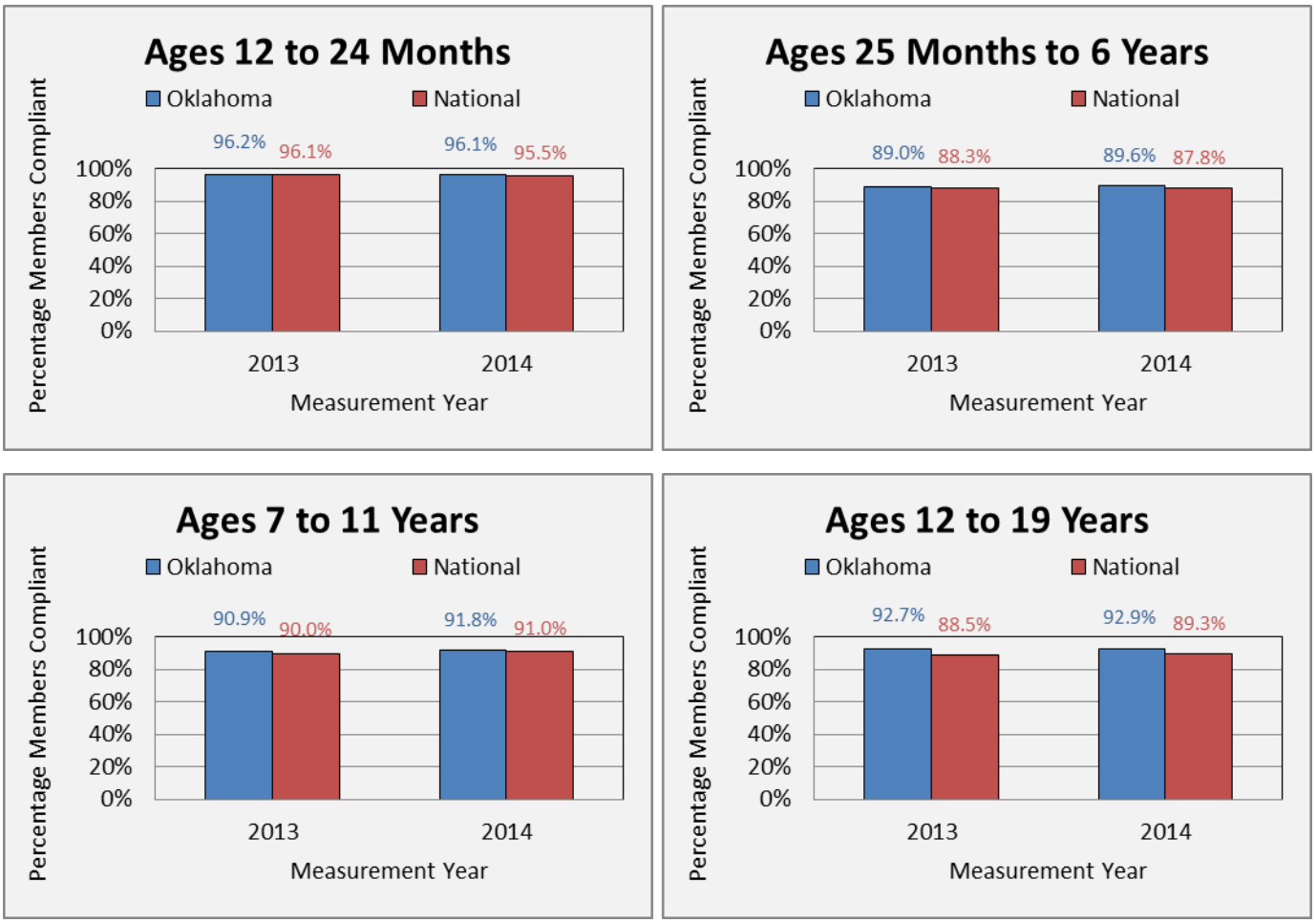
CHILDREN & ADOLESCENTS' ACCESS TO PRIMARY CARE PHYSICIANS

This measure calculates the percentage of children ages 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior.

For all age groups but 12 to 24 months (which dropped only 0.1%), the compliance rate in 2014 saw a marginal increase over 2013. Oklahoma rates were above the national average. All compliance rates were equal to or greater than 89%.

Exhibit 2 displays compliance rates by age group for 2013 and 2014.

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



CHAPTER THREE: EFFECTIVENESS OF CARE

For 2015, Oklahoma selected 15 measures to report related to effectiveness of care. All 15 measures were reported according to NCQA/HEDIS specifications. Measures selected within this domain determine effectiveness of care related to prevention and screening (eight measures), respiratory conditions (two measures), diabetes (one measure), behavioral health (three 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	✓	✓	
HPV for Female Adolescents	✓	✓	
Breast Cancer Screening	✓		✓
Cervical Cancer Screening	✓		✓
Chlamydia Screening in Women	✓	✓	✓
Respiratory Conditions			
Use of Appropriate Medications for the Treatment of Asthma	✓		
Medication Management for People with Asthma	✓	✓	
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	✓	✓	
Medication Management			
Annual Monitoring for Patients on Persistent Medications	✓		✓

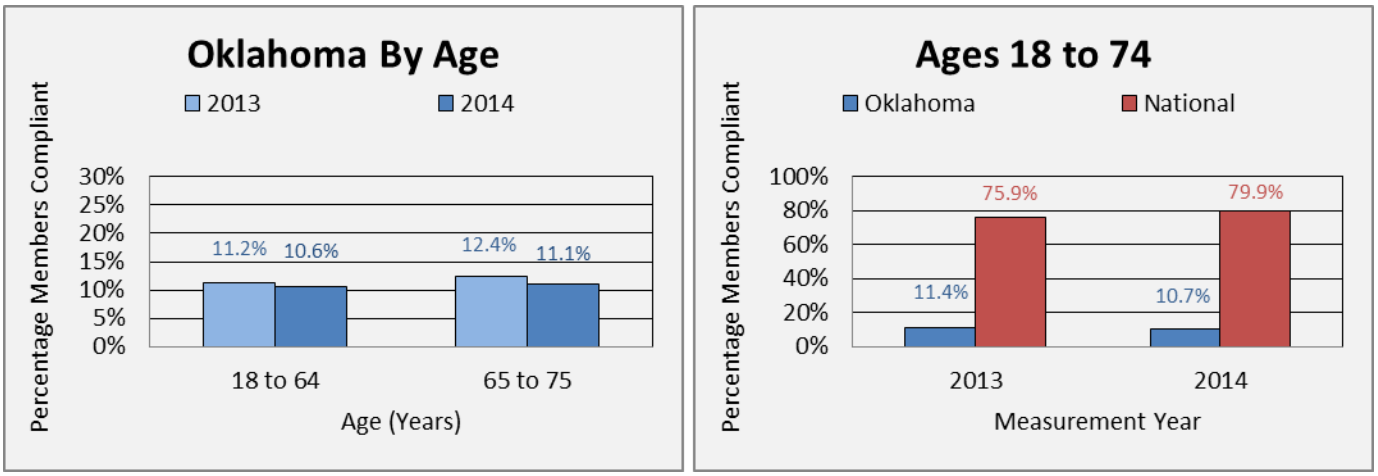
ADULT BODY MASS INDEX (BMI) ASSESSMENT

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 2014, 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. The data shows a slight decline in assessments in the Oklahoma population while the national average shows increase.

Exhibit 3 displays compliance rates for 2013 and 2014, both by age groups (see left) and for all ages 18 to 74 years (see right). The data is presented separately, as national averages were not available separately by age group.

Exhibit 3 – Adults BMI Documented



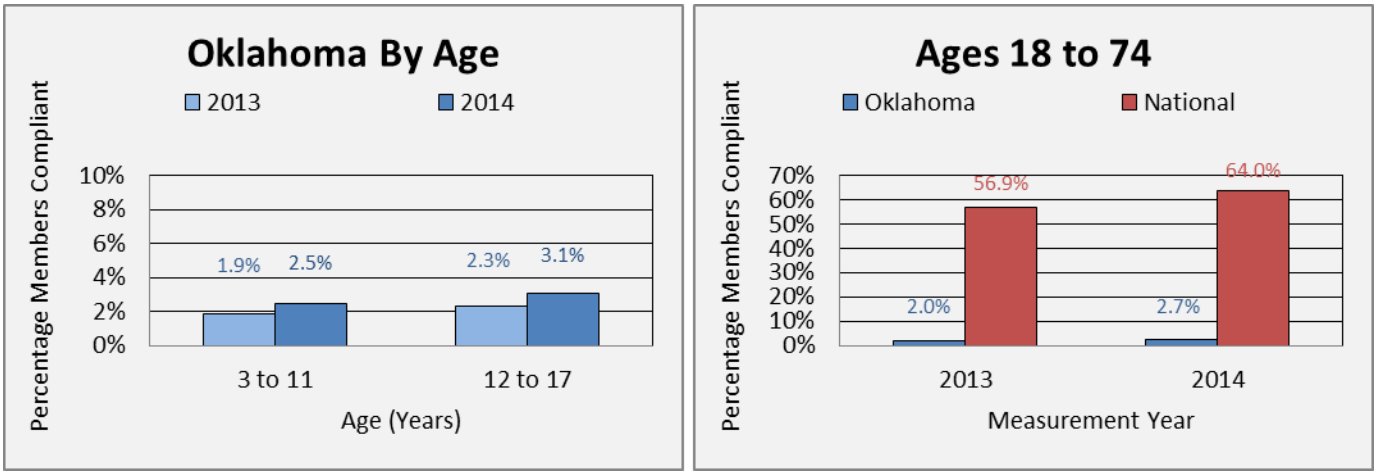
BODY MASS INDEX (BMI) ASSESSMENT FOR CHILDREN & ADOLESCENTS

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 2013 to 2014 by more than 0.5%. Despite the increase the rates were still well below the national average.

Exhibit 4 displays compliance rates for 2013 and 2014 by age group, and compared to the national average overall.

Exhibit 4 – Children and Adolescents Receiving a BMI Assessment



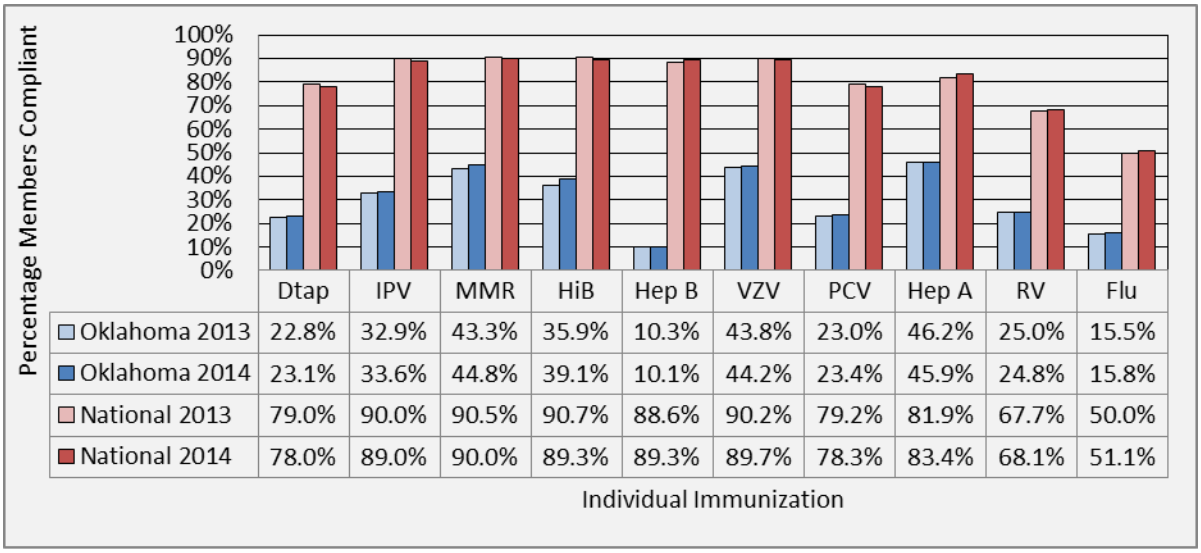
CHILDHOOD IMMUNIZATION STATUS

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.

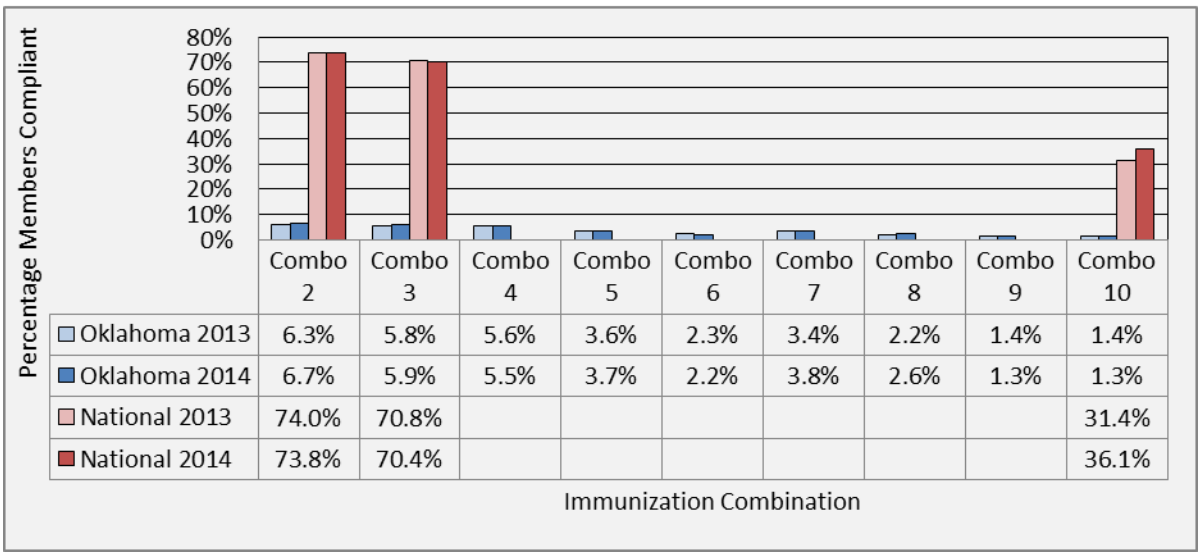
Compliance rates increased in 2014 from 2013 but remained below national averages.

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 2013	22.8%	32.9%	43.3%	35.9%	10.3%	43.8%	23.0%	46.2%	25.0%	15.5%
Oklahoma 2014	23.1%	33.6%	44.8%	39.1%	10.1%	44.2%	23.4%	45.9%	24.8%	15.8%
National 2013	79.0%	90.0%	90.5%	90.7%	88.6%	90.2%	79.2%	81.9%	67.7%	50.0%
National 2014	78.0%	89.0%	90.0%	89.3%	89.3%	89.7%	78.3%	83.4%	68.1%	51.1%



	Combo 2	Combo 3	Combo 4	Combo 5	Combo 6	Combo 7	Combo 8	Combo 9	Combo 10
Oklahoma 2013	6.3%	5.8%	5.6%	3.6%	2.3%	3.4%	2.2%	1.4%	1.4%
Oklahoma 2014	6.7%	5.9%	5.5%	3.7%	2.2%	3.8%	2.6%	1.3%	1.3%
National 2013	74.0%	70.8%							31.4%
National 2014	73.8%	70.4%							36.1%

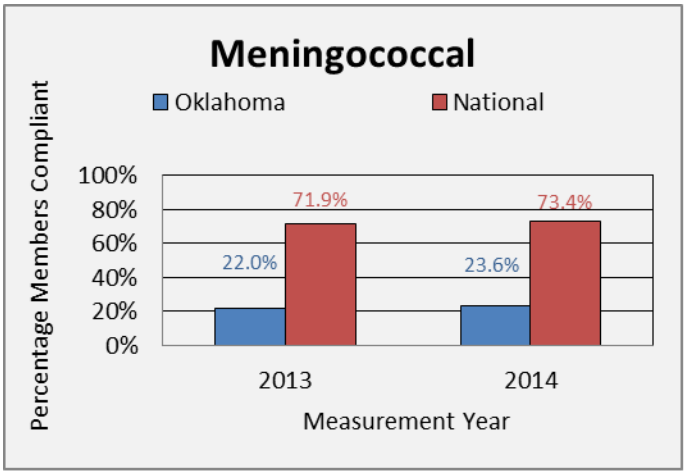
IMMUNIZATIONS FOR ADOLESCENTS

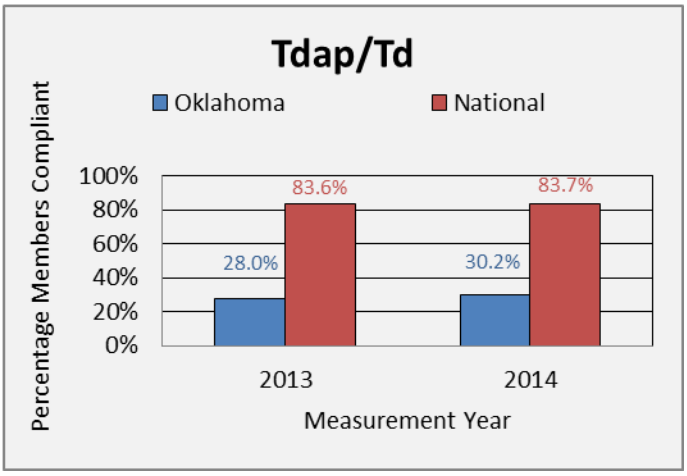
This measure calculates the percentage of adolescents turning 13 years old during the measurement year who had specific vaccines by their thirteenth birthday. Adolescents were excluded from the measure if their claims history indicated an adverse reaction or contraindication to a vaccine prior to their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

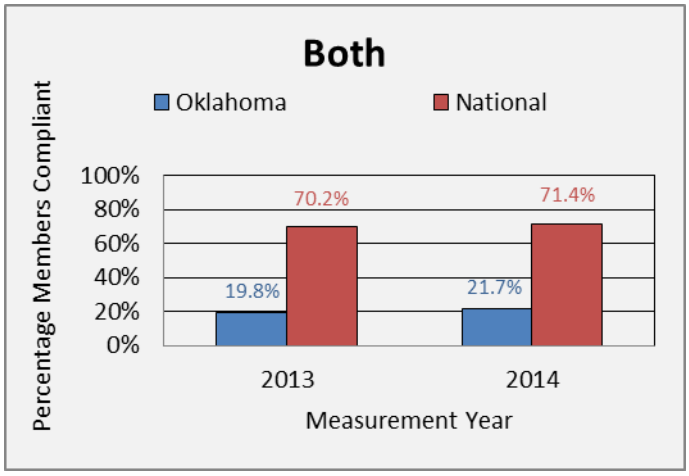
In 2014 compliance rates increased over the 2013 rates by approximately 2%. Oklahoma rates are still below national averages.

Exhibit 6 displays compliance rates for Meningococcal and Tdap/Td vaccines separately, as well as adolescents receiving the combination of both.

Exhibit 6 – Adolescents Receiving Immunizations before Thirteenth Birthday







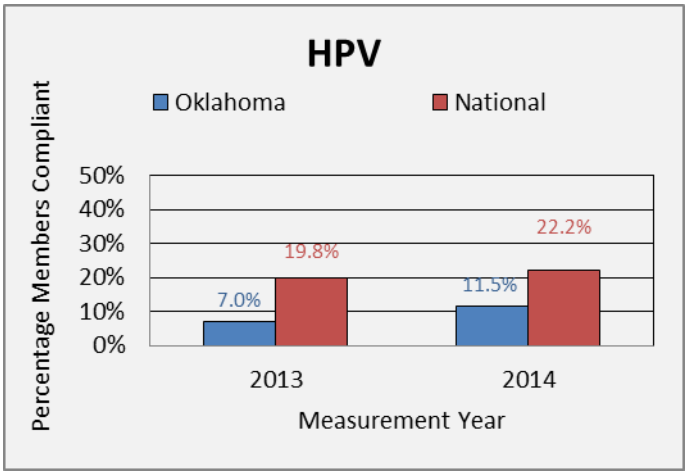
HPV FOR FEMALE ADOLESCENTS

This measure calculates the percentage of females 13 years old who received at least three doses of the HPV vaccine prior to their thirteenth birthday. Members were excluded if their claims history indicated an adverse reaction or contraindication for the HPV vaccine prior to their thirteenth birthday.

The 2014 compliance rate was 4.5% higher than 2013, drawing Oklahoma closer to the national average.

Exhibit 7 displays the compliance rate in 2013 and 2014.

Exhibit 7 – Females Receiving Three Doses of HPV Vaccine Prior to Thirteenth Birthday



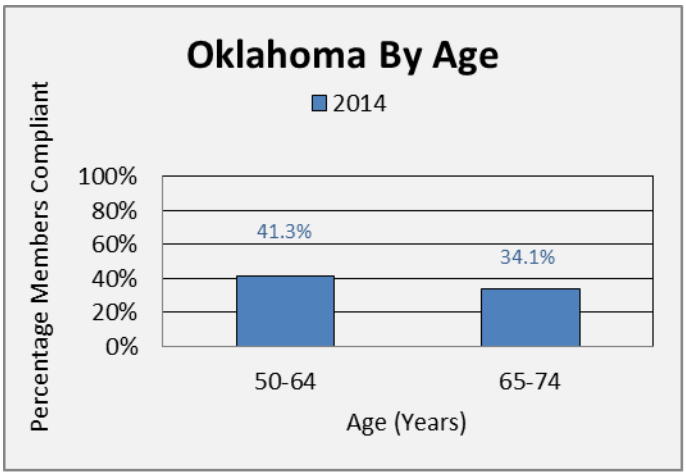
BREAST CANCER SCREENING

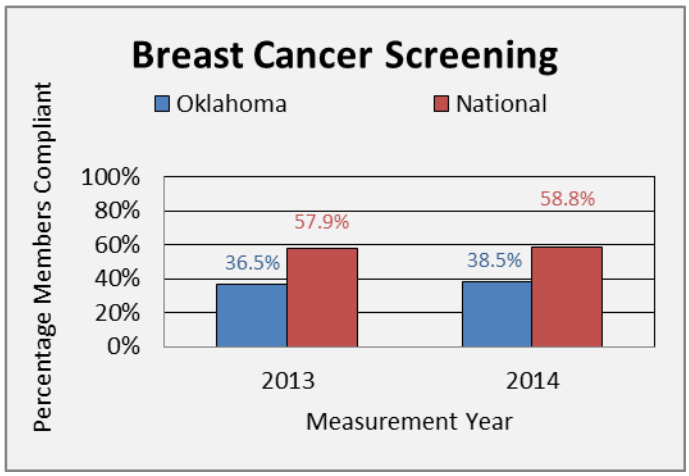
This measure calculates the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer during the measurement year. Women were excluded from this measure if they had a bilateral mastectomy performed previously.

The compliance rate in 2014 was 2% higher than 2013, which was a greater increase than the national average. Oklahoma compliance rates were below national averages.

Exhibit 8 displays compliance rates for 2013 and 2014. Also included is a new breakout of compliance by age grouping that was not done in 2013.

Exhibit 8 – Women Receiving Breast Cancer Screening





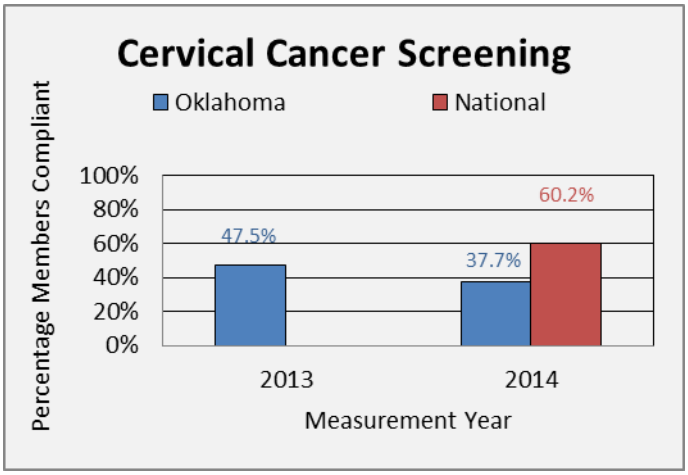
CERVICAL CANCER SCREENING

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 2014 dropped nearly 10% from the 2013 rate. This is due to a change in the exclusion parameters detailed for this measure which resulted in twice as many women excluded in 2014 compared to 2013.

Exhibit 9 displays compliance rates for 2013 and 2014. National averages were not available for 2013.

Exhibit 9 – Women Receiving a Cervical Cancer Screening



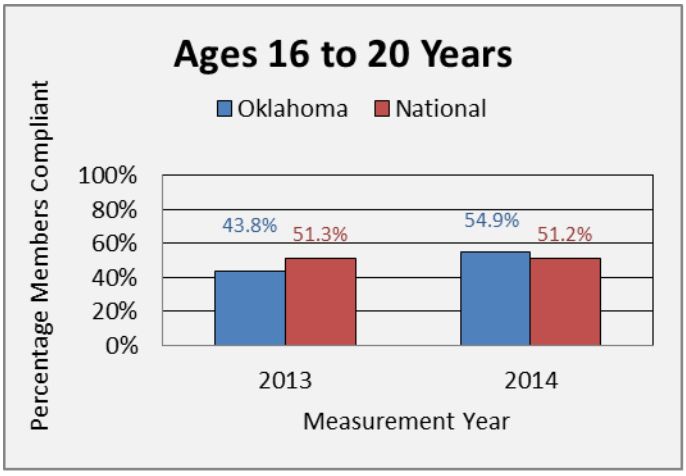
CHLAMYDIA SCREENING IN WOMEN

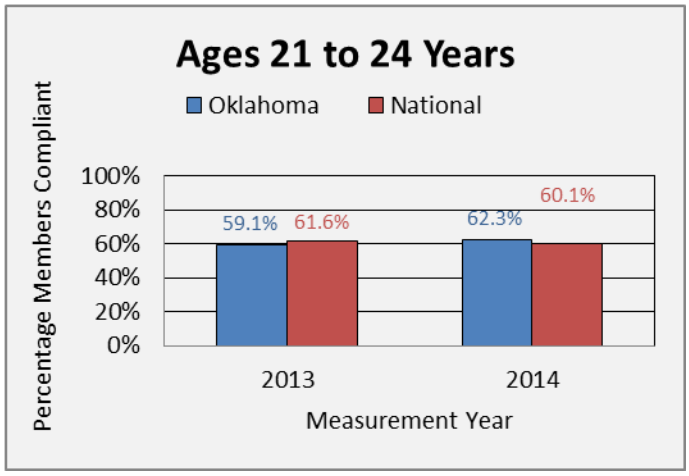
This measure calculates the percentage of women ages 16 to 24 years old who were sexually active (e.g., received a contraceptive prescription or pregnancy test) and had at least one test for Chlamydia during the measurement year. There were changes to the parameters used to quantify this measure to allow for more accurate data retrieval.

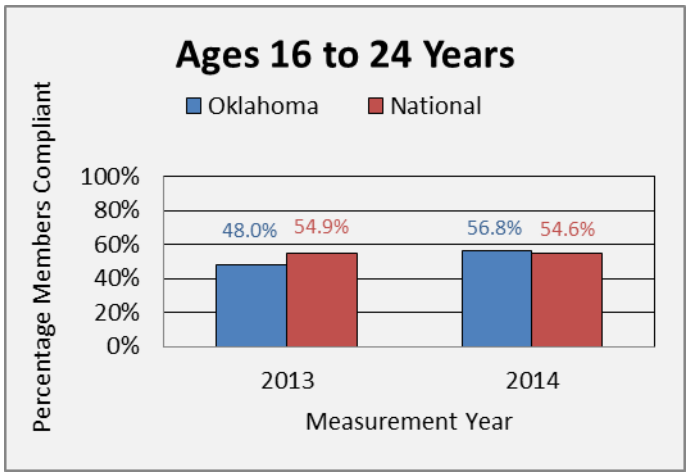
The compliance rate in 2014 increased from 2013 especially in the age grouping 16 to 20 years. The increase in Oklahoma population compliance placed Oklahoma ahead of national averages for this measure.

Exhibit 10 displays compliance rates for 2013 and 2014 by age group.

Exhibit 10 – Women Receiving a Chlamydia Test







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:

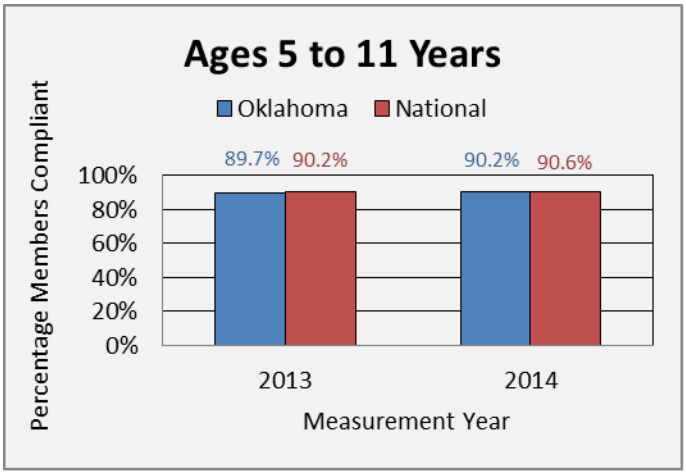
- An inpatient or emergency department visit with a primary diagnosis of asthma;
- At least four outpatient visits with a diagnosis of asthma *and* at least two asthma controller prescriptions; or
- At least four asthma controller prescriptions *and* at least one asthma diagnosis (any claim type).

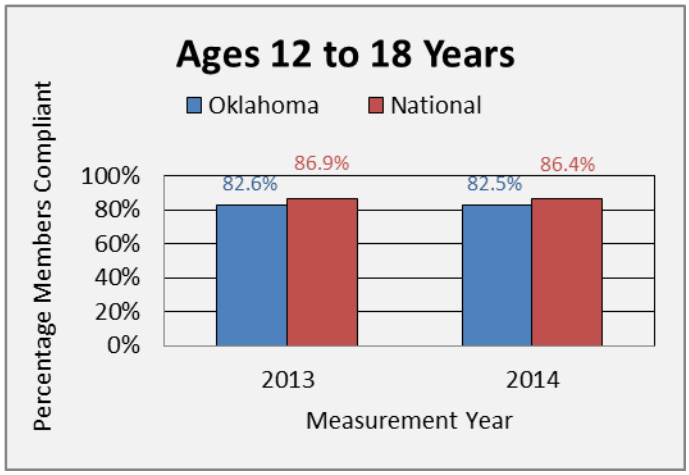
Members were excluded from the analysis if their claims history showed a diagnosis of chronic obstructive pulmonary disease (COPD), emphysema, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure.

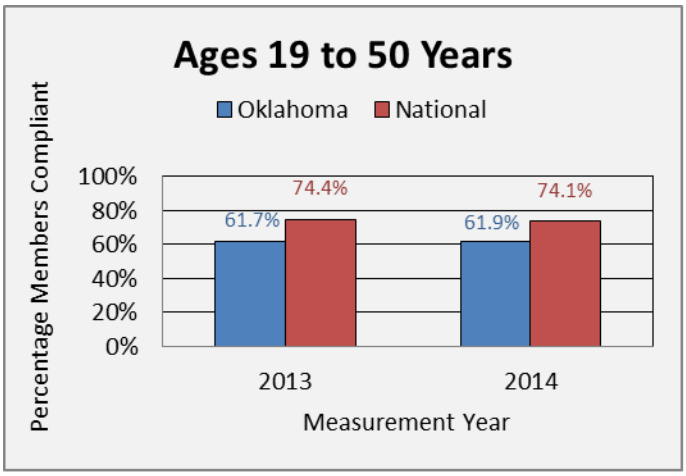
Overall, the population saw a slight decrease in compliance rates from 2013 to 2014 matching national averages. The 5-11 age grouping continued to show the highest compliance rate. Compliance rates diminish for the older age groupings.

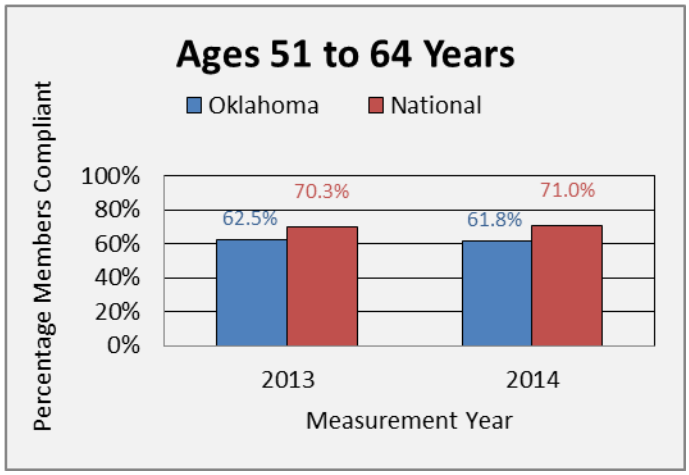
Exhibit 11 displays compliance rates compared to national averages for 2013 and 2014 measurement years.

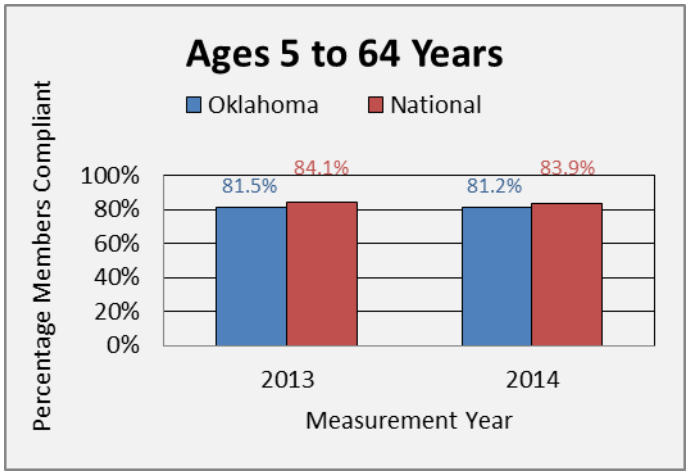
Exhibit 11 – Members with Asthma Receiving Medication






Ages 19 to 50 Years
Oklahoma
National
Percentage Members Compliant
100%
80%
60%
40%
20%
0%
61.7%
74.4%
61.9%
74.1%
2013
2014
Measurement Year


Ages 51 to 64 Years
Oklahoma
National
Percentage Members Compliant
100%
80%
60%
40%
20%
0%
62.5%
70.3%
61.8%
71.0%
2013
2014
Measurement Year


Ages 5 to 64 Years
Oklahoma
National
Percentage Members Compliant
100%
80%
60%
40%
20%
0%
81.5%
84.1%
81.2%
83.9%
2013
2014
Measurement Year

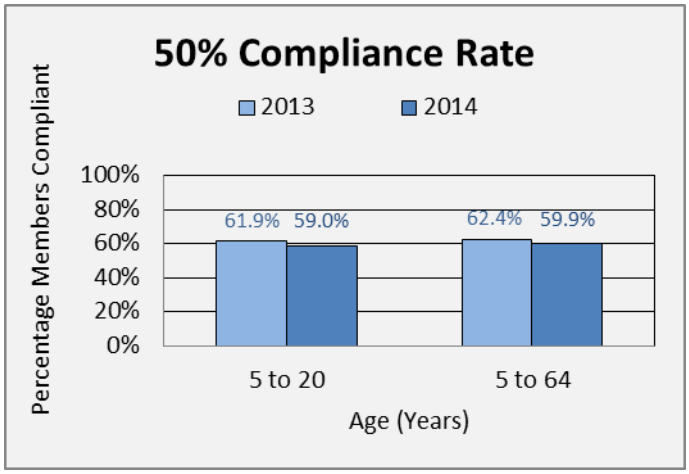
MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA

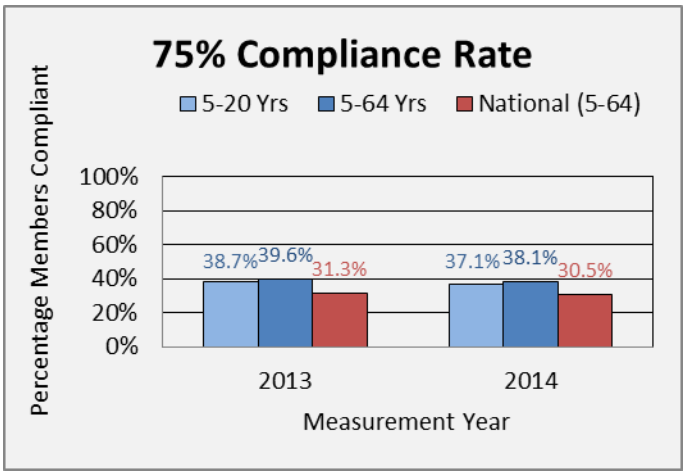
This measure calculates the percentage of members receiving at least one asthma medication (see previous measure) who had an active prescription for an asthma controller medication for at least 50 percent (50 percent compliance rate) or at least 75 percent (75 percent compliance rate) of the year, starting with the first date of receiving such a prescription.

2014 has a slight decrease in the 50% compliance rate from 2013 in both age groupings. The 75% compliance rate showed slight increases in both age groupings while national averages declined marginally.

Exhibit 12 displays compliance rates by age group and compared to national averages. National averages were available only for the overall group and not separately for five to 20 year-olds.

Exhibit 12 - Members with Persistent Asthma Remaining on an Asthma Controller





COMPREHENSIVE DIABETES CARE

This measures calculates the percentage of members with diabetes who, during the measurement year, received an HbA1c test (Exhibit 13), retinal eye exam (Exhibit 14), LDL-C screening (Exhibit 15), and medical attention for nephropathy (Exhibit 16). Members with diabetes were identified in one of the following two ways:

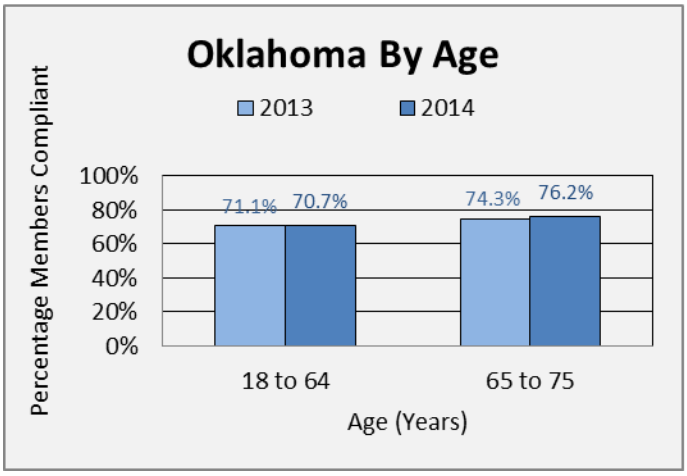
- Medical claims data – Members who, during either the measurement year or year prior, had at least two outpatient or non-acute encounters, one inpatient encounter, or one emergency department encounter with a diagnosis of diabetes.
- Pharmacy claims data – Members who were given an insulin or hypoglycemic/antihyperglycemic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

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

All diabetes measures in 2014 increased compliance from 2013 except nephropathy testing. The largest increase was in the HbA1c testing (3-6% by age group respectively). Nephropathy decreased 1% from 2013. Changes were behind national average changes in compliance

Exhibits 13 through 16 displays 2013 and 2014 compliance rates, including by age group where applicable, compared to national averages where available.

Exhibit 13 – Members with Diabetes, HbA1c Testing



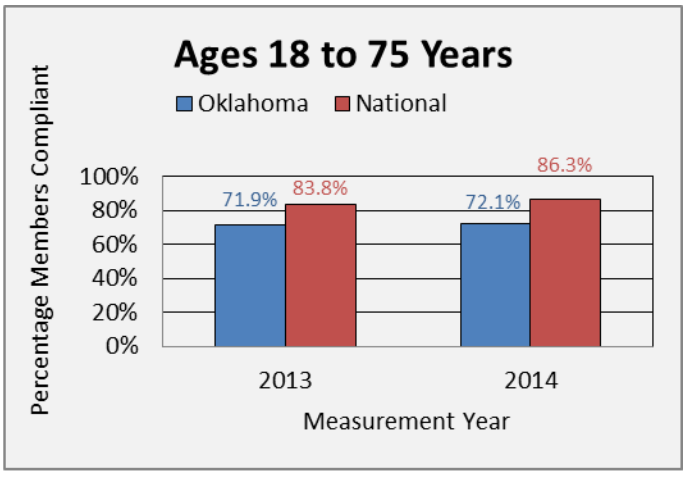


Exhibit 14 – Members with Diabetes, Eye Exams (Retinal)

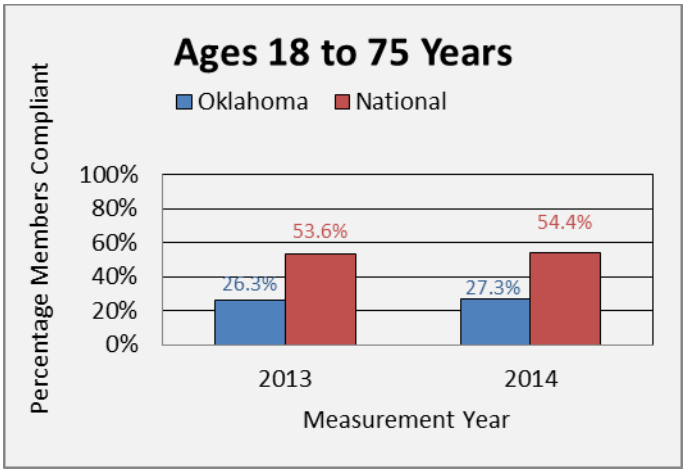
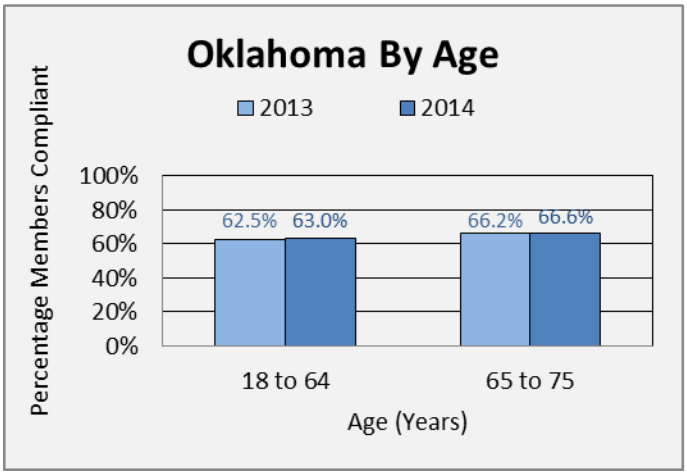


Exhibit 15 – Members with Diabetes, LDL-C Screening



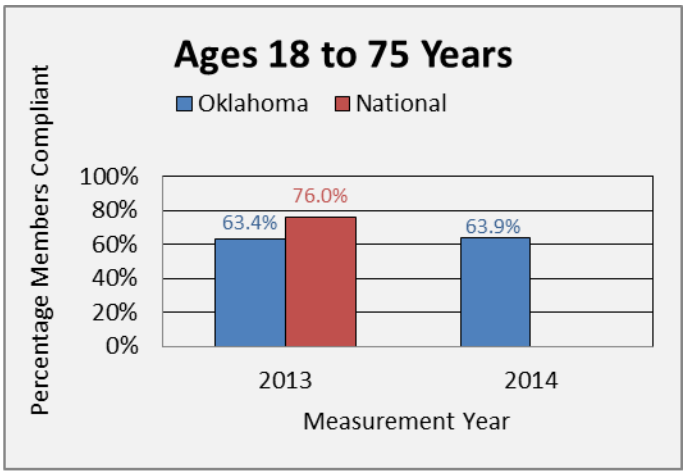
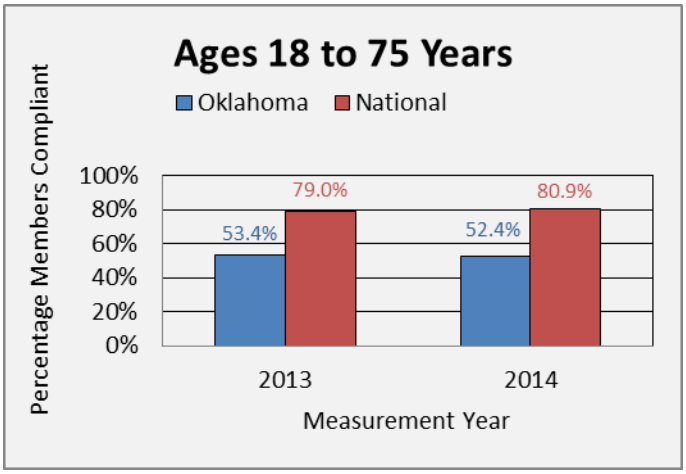


Exhibit 16 - Members with Diabetes, Medical Attention for Nephropathy



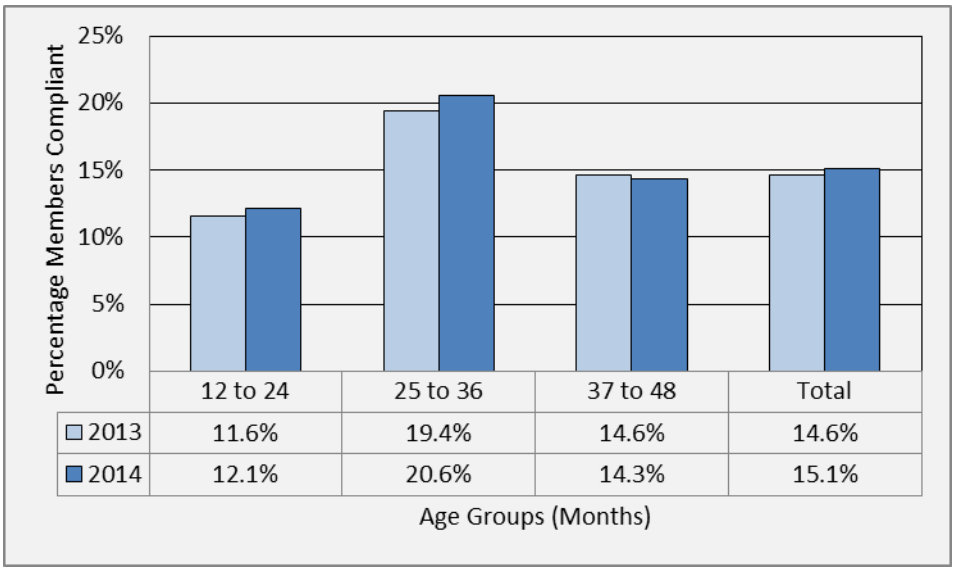
DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE

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 2014 compliance rates slightly increased in the 12 to 24 month and 25 to 36 month age range but had a slight decrease in the 37 to 48 month age range.

Exhibit 17 displays compliance rates for 2013 and 2014. National benchmark data was not available for this measure.

Exhibit 17 – Children Receiving a Development Screening in the First Three Years of Life



	12 to 24	25 to 36	37 to 48	Total
2013	11.6%	19.4%	14.6%	14.6%
2014	12.1%	20.6%	14.3%	15.1%

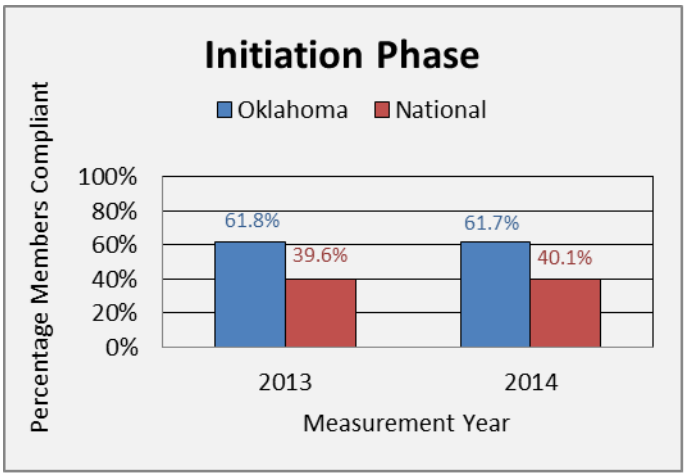
FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

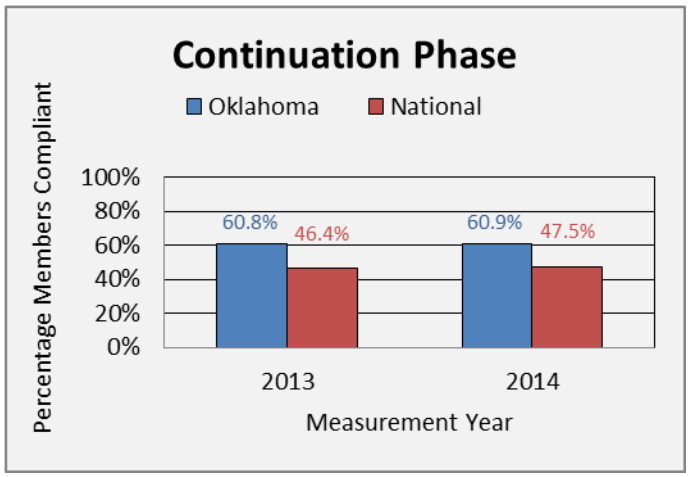
This measure calculates the percentage of children six to 12 years old given a prescription for attention deficit and hyperactivity disorder (ADHD) who had a follow up visit with a practitioner within 30 days (Initiation Phase), and at least two visits with a practitioner during days 31 through 300 (Continuation 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 2014 compliance rate remains similar to 2013 rates. The Oklahoma rates are still considerably above national averages.

Exhibit 18 below presents compliance rates by phase compared to national averages for 2013 and 2014 measurement years.

Exhibit 18 – Children Receiving Follow Up Visits after Being Prescribed ADHD Medication





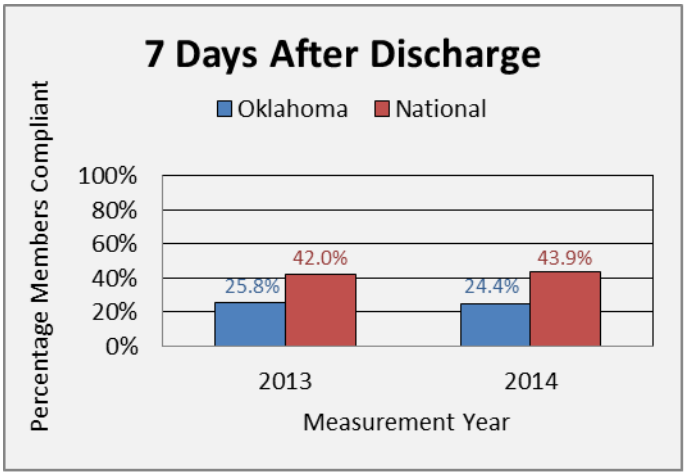
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

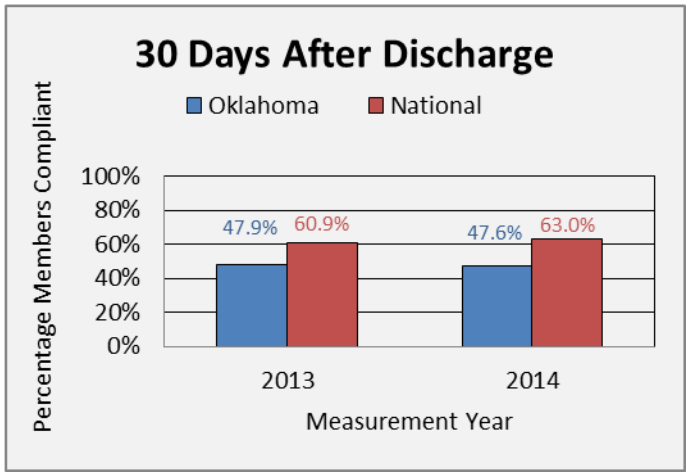
This measure calculates the percentage of members ages six years and older who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within either seven days (7 Days After Discharge) or 30 days (30 Days After Discharge) after discharge from an acute inpatient setting. (Note: OHCA reports results only for this measure for member's ages six to 20 years old.) The hospital admission must have had a principal diagnosis of mental illness, and the member must not have been transferred from another setting and must not have been readmitted with 30 days of the discharge in question. Follow up visits were defined generally as an office visit with a mental health practitioner, a visit to a mental health facility, or visit to a non-mental health facility with a mental health diagnosis.

The 2014 compliance rates were slightly lower than the rates for 2013. National rates had a small increase during this time frame.

Exhibit 19 displays compliance rates by discharge time to national averages for 2013 and 2014 measurement years.

Exhibit 19 – Members Receiving a Follow Up Visit after Hospitalization for Mental Illness (Ages 6 to 20 Years Old)





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:

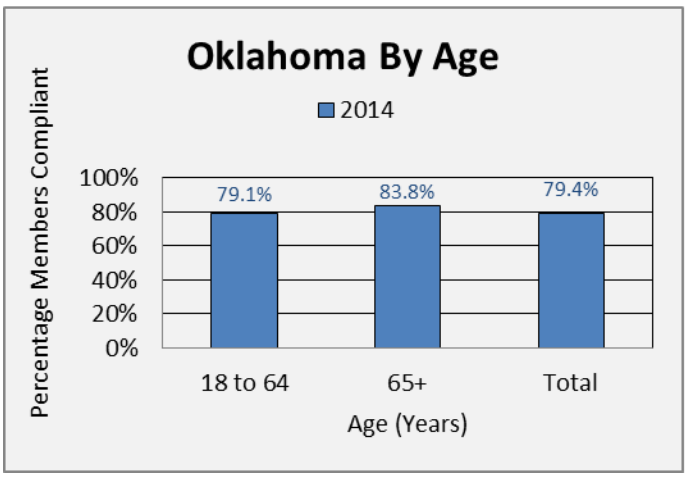
- ACE inhibitors/ARB receptor blockers
- Digoxin
- Diuretics

This is the first year this measure is being reported by Oklahoma.

The 2014 compliance rates are slightly lower across all medications compared to the national averages for 2014.

Exhibits 20-23 display compliance rates by medication group for the age groupings and total compared to national averages for the 2014 measurement year.

Exhibit 20 – Members 18+ on ACE/ARB Medication



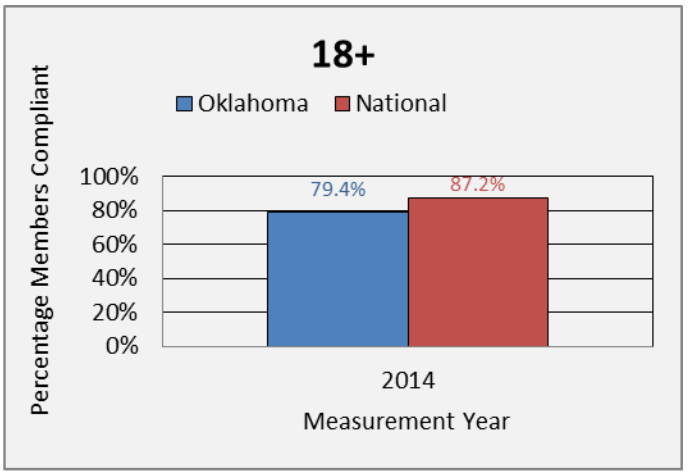
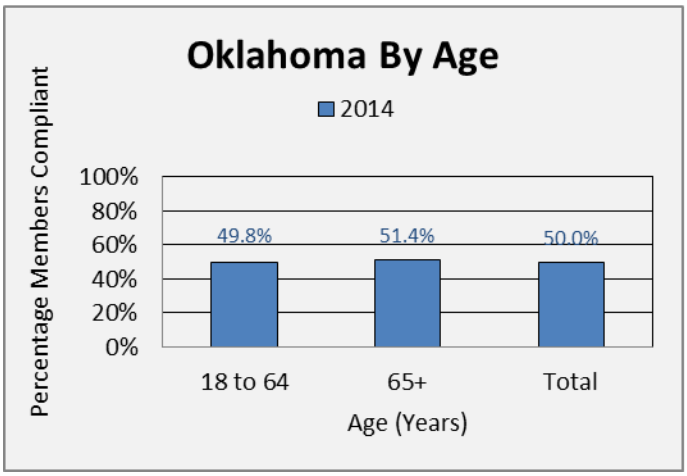


Exhibit 21 – Members 18+ on Digoxin Medication



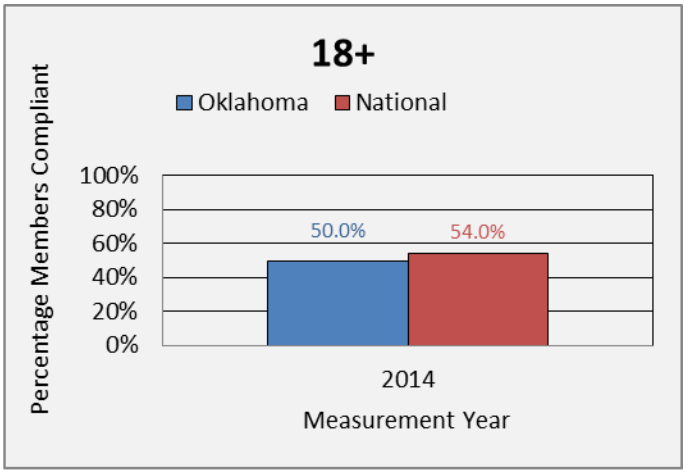
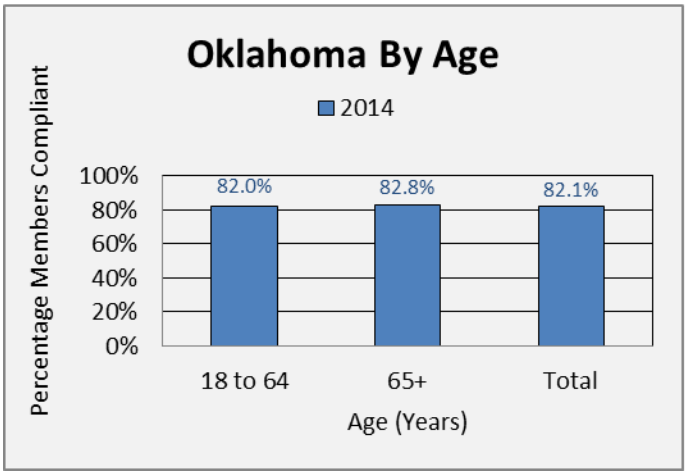


Exhibit 22 – Members 18+ on Diuretic Medication



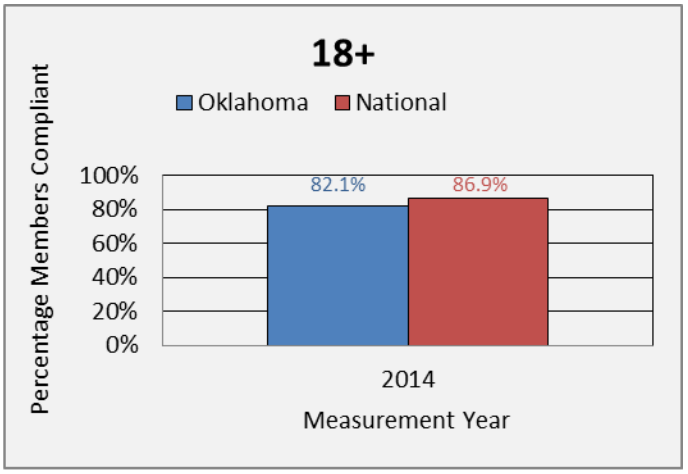
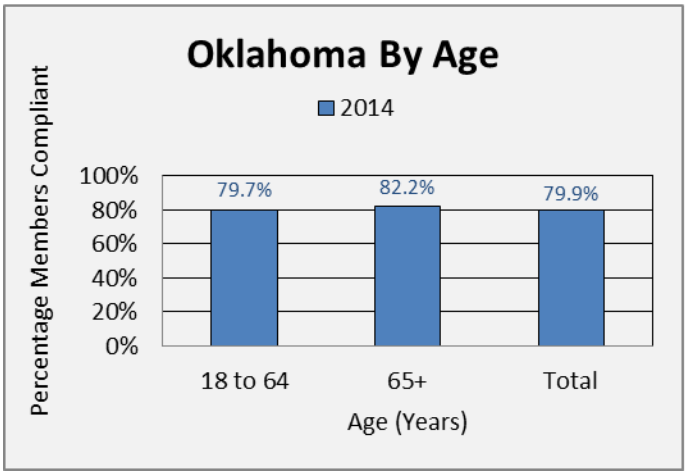
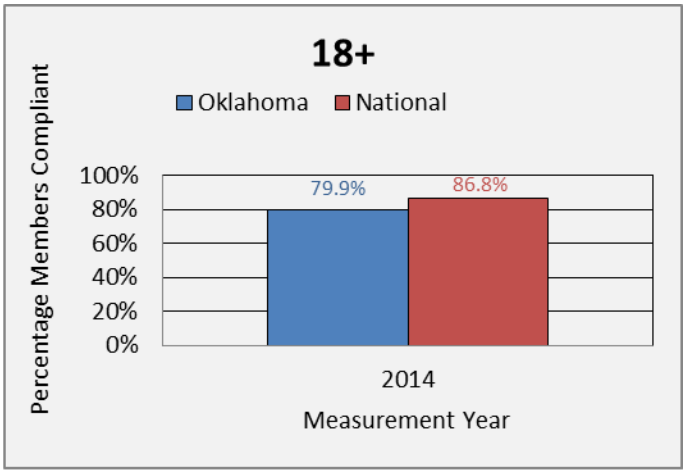


Exhibit 23 – Members 18+ Combined Medication Results





CHAPTER FOUR: UTILIZATION

For 2015, 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			
Frequency of Ongoing Prenatal Care	✓	✓	
Postpartum Care Rate			✓
Prenatal & Postpartum Care: Timeliness of Prenatal Care		✓	
Well-Child Visits			
Well-Child Visits in the First 15 Months of Life	✓	✓	
Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life	✓	✓	
Adolescent Well-Care Visits	✓	✓	
Hospital Utilization			
Ambulatory Care	✓	✓	
PQI - Diabetes Short-term Complications Admission Rate			✓
PQI - Chronic Obstructive Pulmonary Disease (COPD) Admission Rate			✓
PQI - Congestive Heart Failure (CHF) Admission Rate			✓
PQI - Asthma in Younger Adults Admission Rate			✓
Plan All-Cause Readmissions Rate	✓		✓

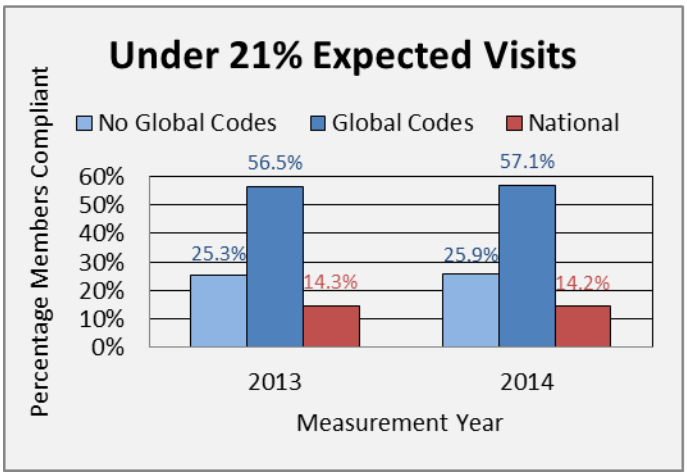
FREQUENCY OF ONGOING PRENATAL CARE

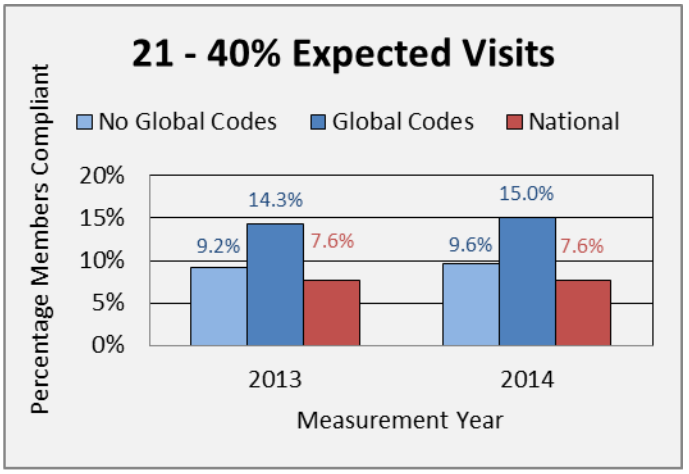
This measure calculates the percentage of live births funded by SoonerCare where the mother received the expected number of prenatal visits, adjusted for month of pregnancy and gestational age at the time of enrollment. Mothers with multiple births during the measurement year can be counted more than once. Also, mothers must have been continuously enrolled at least 43 days prior through 56 days after delivery, with no gaps.

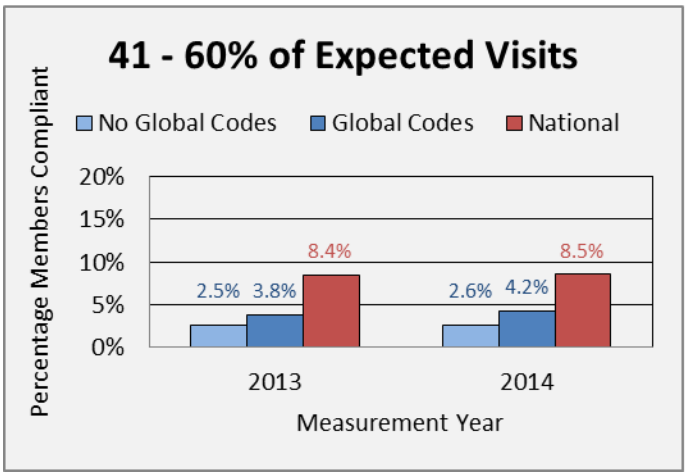
SoonerCare utilizes "global codes" where, in general, the mother's obstetrician/gynecologist (OB/GYN) submits a single claim and receives a bundled payment upon delivery that is intended to fund all prenatal, delivery, and postpartum services. Different codes can be used depending on who provides the prenatal, delivery, and postpartum services, if not the same provider.

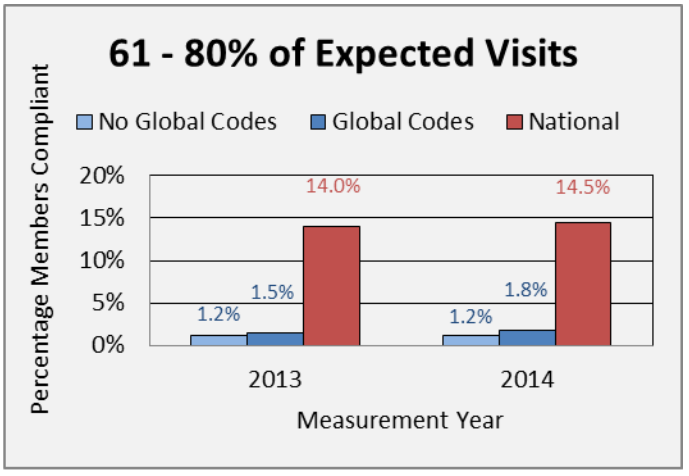
Exhibit 24 displays compliance rates, compared to national averages, both excluding global codes (i.e., based solely on standard measure specifications) and including global codes. As the exhibit demonstrates, including global codes results in a higher percentage of expected visits.

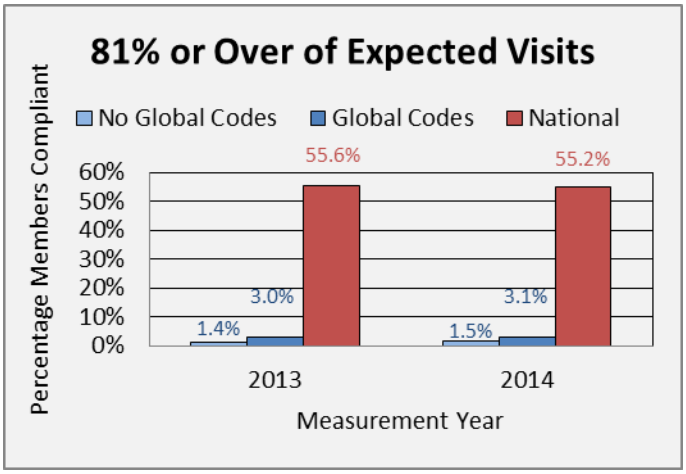
Exhibit 24 – Percent of Expected Prenatal Visits Received by Mothers










81% or Over of Expected Visits
No Global Codes
Global Codes
National
Percentage Members Compliant
60%
50%
40%
30%
20%
10%
0%
55.6%
55.2%
3.0%
3.1%
1.4%
1.5%
2013
2014
Measurement Year

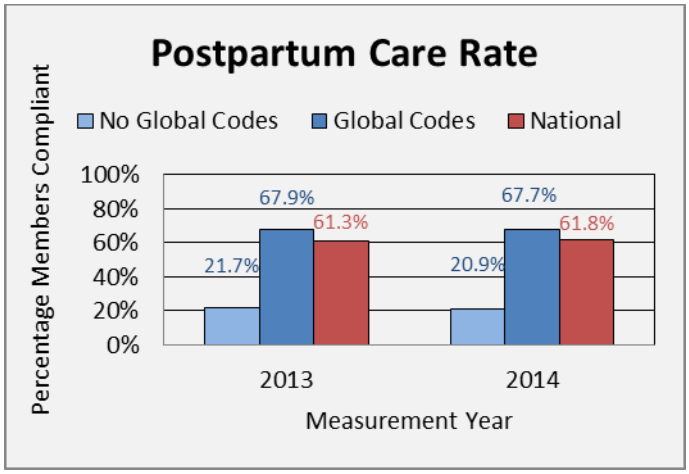
POSTPARTUM CARE RATE

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 2014 compliance rates decreased slightly but remained above national averages.

Exhibit 25 displays compliance rates for 2013 and 2014.

Exhibit 25 –Mothers Receiving a Postpartum Care Visit



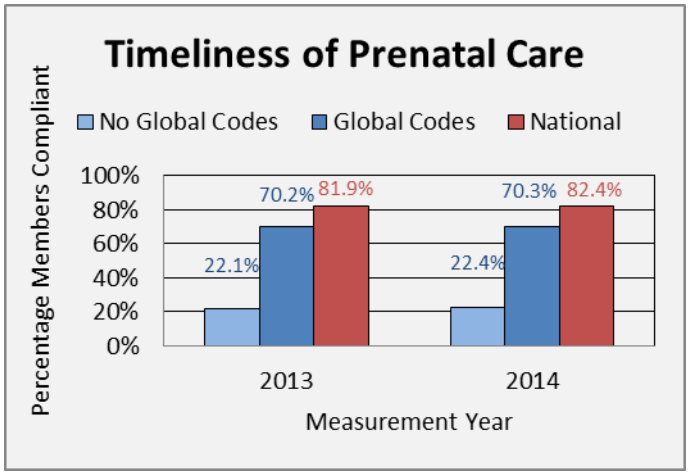
PRENATAL & POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE

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 2014 compliance rates slightly increased over 2013 but remained behind national averages.

Exhibit 26 displays compliance rates, with and without global codes, compared to national averages for measurement years 2013 and 2014.

Exhibit 26 –Mothers Receiving Timely Prenatal Care



WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE
WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH & 6TH YEARS OF LIFE
ADOLESCENT WELL-CARE VISITS

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

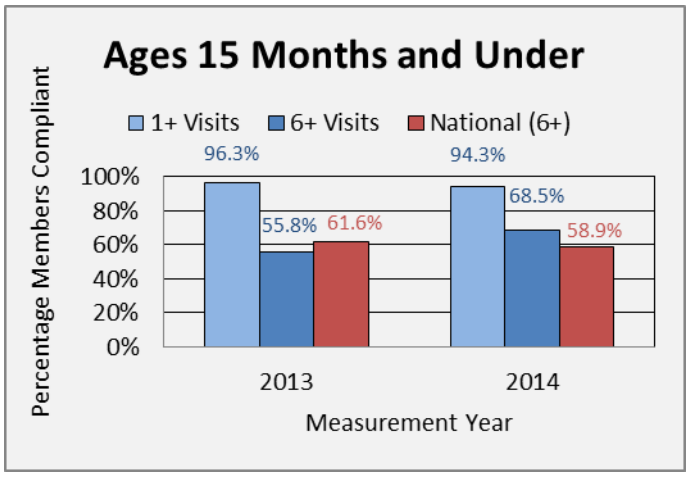
The 2014 compliance rates for 15 month olds and under show an overall slight decrease consistent with the national average trend. The six or move visits for this category though had a 12.7% increase over 2013 rates.

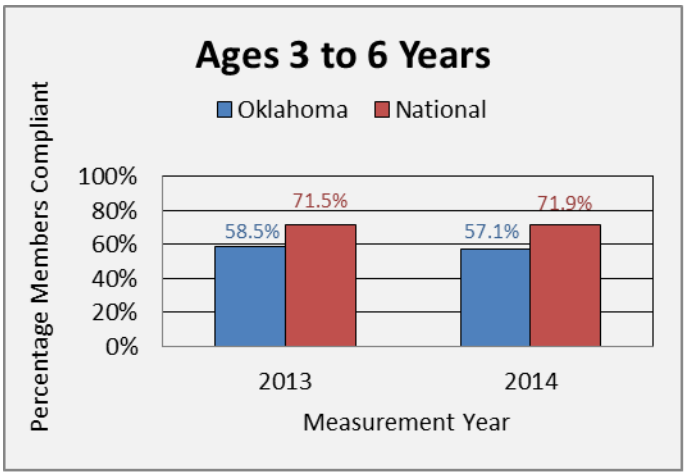
The 3 to 6 age category in 2014 had a slight decrease in compliance rates while national average was a slight increase for 2014.

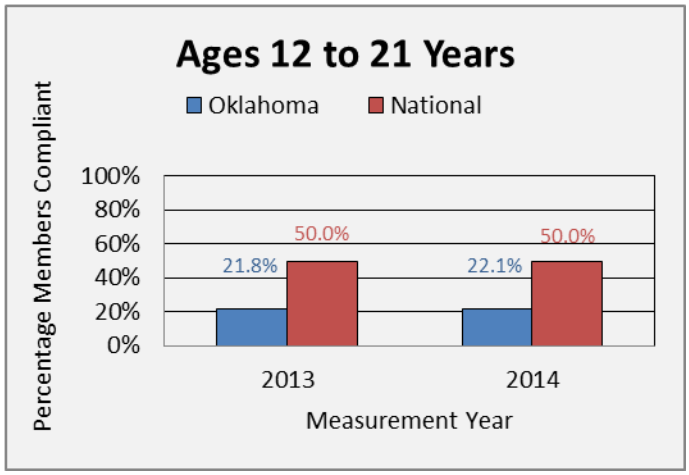
The 12 to 21 age category had a marginal decrease in compliance while national averages remained constant.

Exhibit 27 displays the compliance rates for the three age categories for well-child visits for 2013 and 2014.

Exhibit 27 – Well-Child Visits for Children and Adolescents




Ages 3 to 6 Years
Oklahoma
National
Percentage Members Compliant
100%
80%
60%
40%
20%
0%
58.5%
71.5%
57.1%
71.9%
2013
2014
Measurement Year


Ages 12 to 21 Years
Oklahoma
National
Percentage Members Compliant
100%
80%
60%
40%
20%
0%
21.8%
50.0%
22.1%
50.0%
2013
2014
Measurement Year

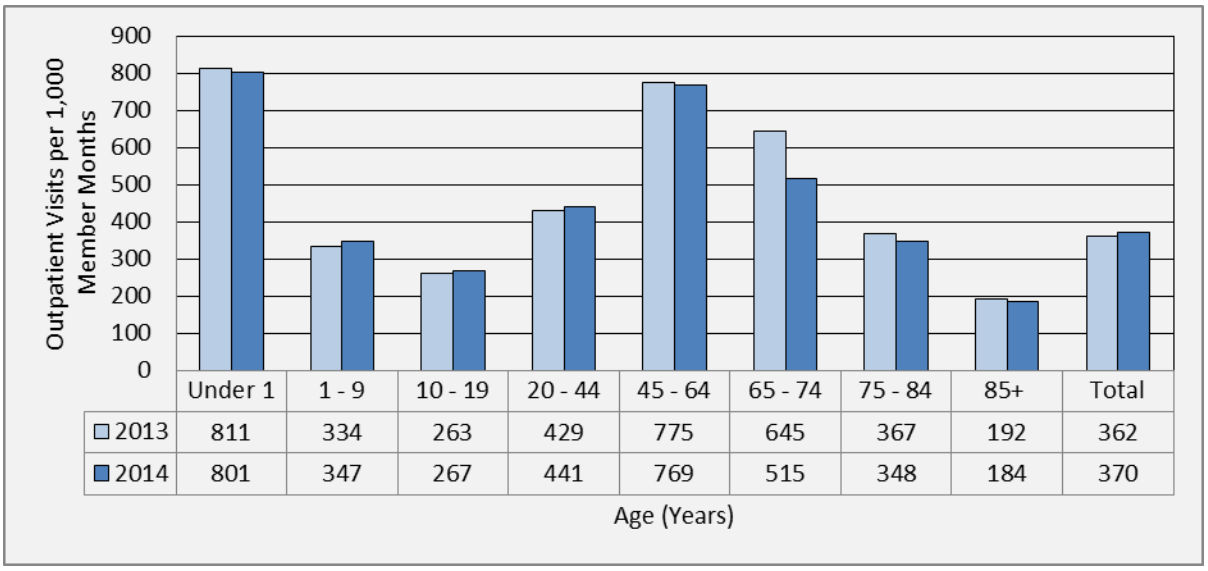
AMBULATORY CARE

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 2014 there was an increase in the total outpatient visits per 1,000 member months from 362 to 370. The greatest increase was in the 1–9 age range while the largest decrease was in the 65-74 age range. The ED visits per 1,000 member months for 2014 also saw an increase from 69 to 81. The largest increase was once again in the 1-9 age range and largest decrease was in the 45-64 age range.

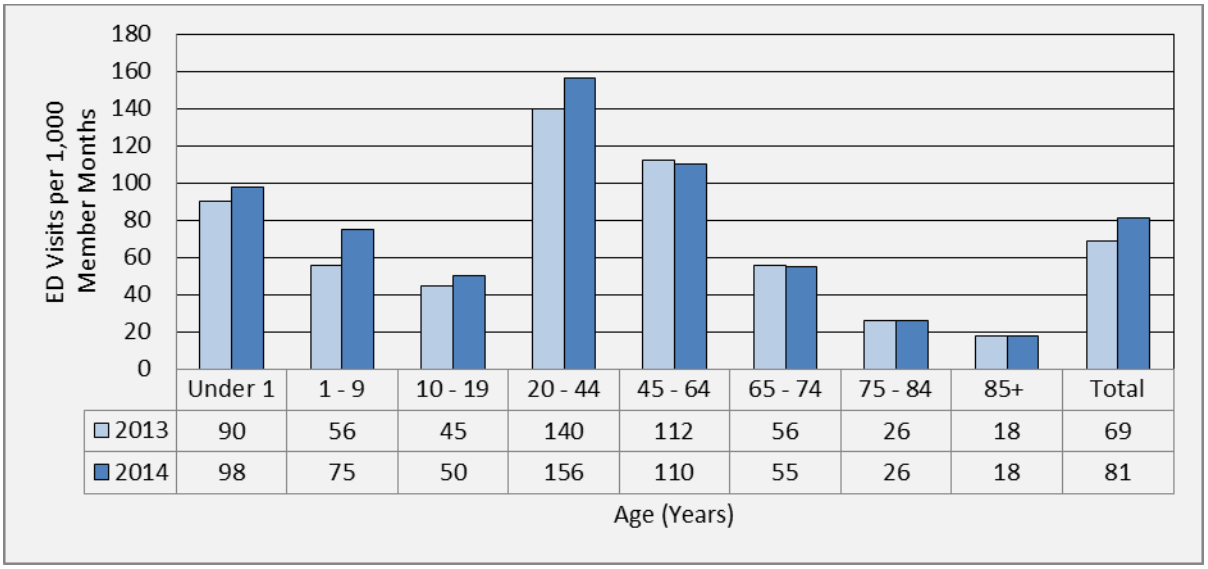
Exhibit 28 and Exhibit 29 display the outpatient and ED visits rates for 2013 and 2014.

Exhibit 28 – Outpatient Visit Rate for SoonerCare Members



	Under 1	1 - 9	10 - 19	20 - 44	45 - 64	65 - 74	75 - 84	85+	Total
2013	811	334	263	429	775	645	367	192	362
2014	801	347	267	441	769	515	348	184	370

Exhibit 29 – Emergency Department Visit Rate for SoonerCare Members



	Under 1	1 - 9	10 - 19	20 - 44	45 - 64	65 - 74	75 - 84	85+	Total
2013	90	56	45	140	112	56	26	18	69
2014	98	75	50	156	110	55	26	18	81

HOSPITAL ADMISSION RATES FOR PREVENTION QUALITY INDICATORS (PQI)

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

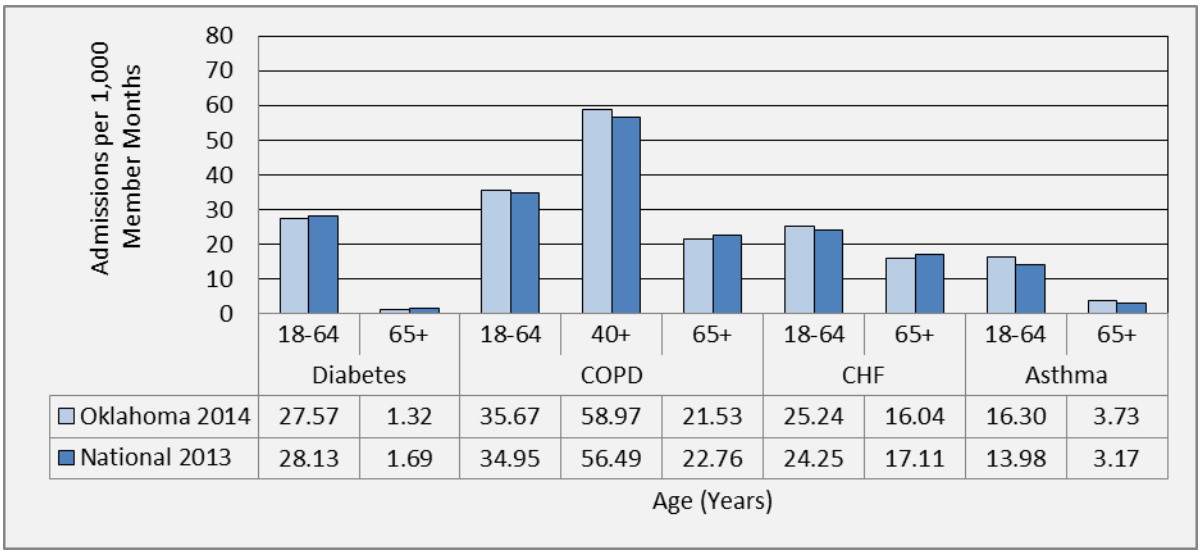
- Diabetes short-term complications (Diabetes) – Includes members 18 years and older admitted with a primary diagnosis of diabetes.
- COPD or asthma in older adults (COPD) – Includes members 40 years and older admitted with a primary diagnosis of COPD (including secondary diagnoses), asthma, or acute bronchitis. Admissions are excluded that include diagnosis codes for cystic fibrosis and other respiratory anomalies.
- Congestive heart failure (CHF) – Includes members 18 years and older admitted with a primary diagnosis of heart failure, excluding admissions where certain cardiac procedures were performed.
- Asthma in younger adults (Asthma) – Includes members 18 to 39 years older admitted with a primary diagnosis of asthma, excluding admissions with diagnoses of cystic fibrosis or other respiratory anomalies.

All admission rates exclude transfers and obstetric discharges.

Rates in 2014 generally were lower with the exception of all diabetes ages, COPD 65+, and CHF 65+ age range. The COPD 40+ age range saw the largest decrease.

Exhibit 30 displays hospital admission per 1,000 member months in 2013 and 2014 for each of the indicators.

Exhibit 30 – Hospital Admission Rates for PQI Measures



	18-64	65+	18-64	40+	65+	18-64	65+	18-64	65+
	Diabetes		COPD			CHF		Asthma	
Oklahoma 2014	27.57	1.32	35.67	58.97	21.53	25.24	16.04	16.30	3.73
National 2013	28.13	1.69	34.95	56.49	22.76	24.25	17.11	13.98	3.17

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

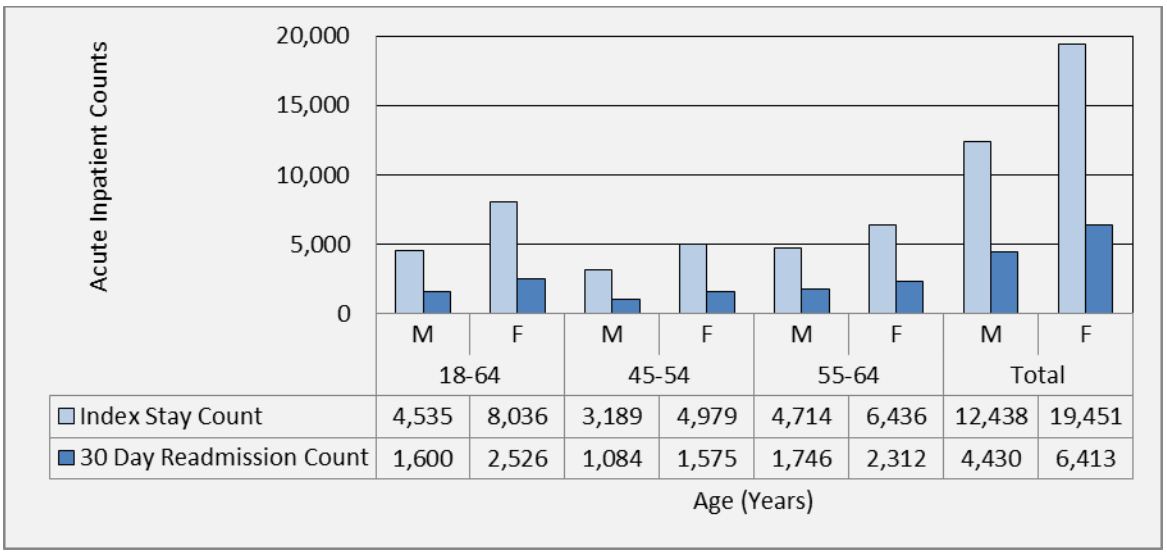
The results are broken down by various age groups, gender, and Commercial or Medicare coverage. Medicare coverage is dual coverage for patients ages 18 and older while Commercial is non-dual coverage for patients ages 18-64.

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.

This is the first year this measure is being reported.

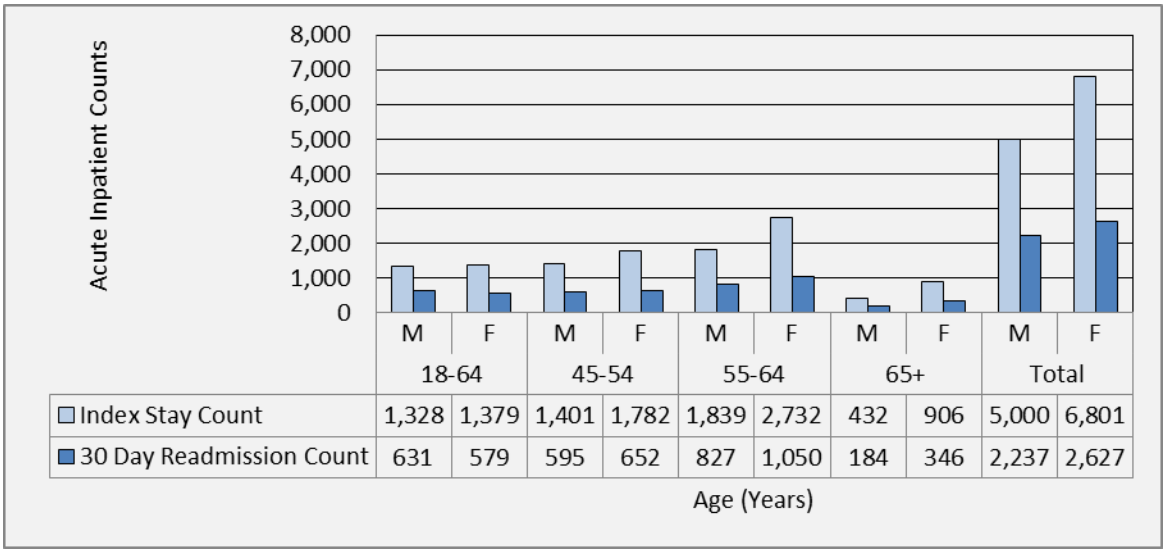
Exhibit 31 and 32 display the acute inpatient counts for Commercial and Medicare respectively. Exhibit 33 displays the O/E Ratio for Commercial and Medicare. That ratio is determined by dividing the observed readmissions by an average adjusted probability. That probability scale is provided by NCQA.

Exhibit 31 – Acute Inpatient Commercial Coverage Stay Counts



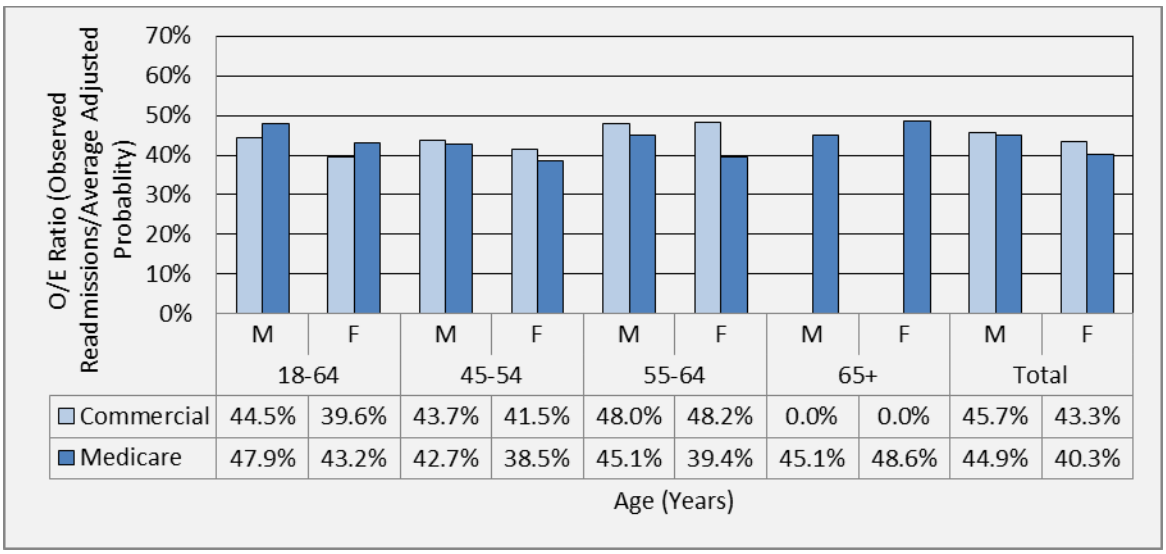
	18-64		45-54		55-64		Total	
	M	F	M	F	M	F	M	F
Index Stay Count	4,535	8,036	3,189	4,979	4,714	6,436	12,438	19,451
30 Day Readmission Count	1,600	2,526	1,084	1,575	1,746	2,312	4,430	6,413

Exhibit 32 – Acute Inpatient Medicare Coverage Stay Counts



	18-64		45-54		55-64		65+		Total	
	M	F	M	F	M	F	M	F	M	F
Index Stay Count	1,328	1,379	1,401	1,782	1,839	2,732	432	906	5,000	6,801
30 Day Readmission Count	631	579	595	652	827	1,050	184	346	2,237	2,627

Exhibit 33 – O/E Ratio for Commercial and Medicare



CHAPTER FIVE: DEVELOPMENTAL MEASURES

For 2015, Oklahoma selected two new measures to report that are not officially part of the NCQA HEDIS list of measures. The Dental Sealants measure criterion was provided by the American Dental Association on behalf of the Dental Quality Alliance. The Contraceptive measure criterion was provided by the Office of Population Affairs/Centers for Disease Control and Prevention.

Measure	HEDIS	CMS Child Core	CMS Adult Core
Dental Sealants for Children Ages 6-9 at Elevated Caries Risk		✓	
Use of Contraceptive Methods by Women Ages 15-44			

These measures have preliminary criteria and methods that will over time be refined to provide accurate reporting.

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 are 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 2014, there were 32,405 children that met the criteria of elevated dental risk. 25% (8,105) of that group had a sealant during the measurement year.

USE OF CONTRACEPTIVE METHODS BY WOMEN AGES 15-44

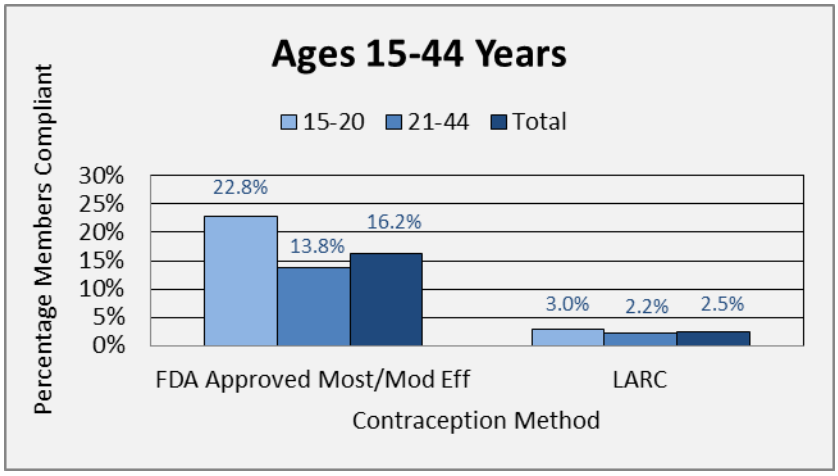
This measure calculates the percentage of women 15-44 that adopted or continued use of the most effective or moderately effective FDA-approved methods of contraception, or adopted or continued use of a long-acting reversible method of contraception (LARC).

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. For this iteration of the report, continuous enrollment guidelines were not used.

Exhibit 34 displays the compliance rates for 2014.

Exhibit 34 – FDA Approved Most/Moderate Effective and LARC contraception



APPENDIX A: 2014 COMPLIANCE RATE DEMOGRAPHICS

Key

- - = not applicable (denominator = 0)
- Program of Eligibility: SCHC = SoonerCare Choice, FFS: TXIX
- Gender: M = Male, F = Female
- Urban: Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa, Wagoner. Rural is the remaining 66 counties.
- Race: C = Caucasian, B/AA = Black or African American, AI = American Indian, A/PI = Asian or Pacific Islander, Multi. = Multiple Races, Dec. = Declined to Answer
- "Other" for county geography refers to members with a county code defined as "Out of State" or "State Office"

Measure/Age Group	Total	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.
Adults' Access to Preventive/Ambulatory Health Services	**84.1%**	**89.6%**	**81.2%**	**77.3%**	**87.2%**	**83.8%**	**84.5%**	**70.9%**	**80.3%**	**84.3%**	**84.9%**	**81.1%**	**83.2%**	**80.1%**	**84.8%**	**83.9%**
20 to 44	81.0%	85.7%	78.9%	70.9%	84.7%	81.3%	80.8%	70.8%	77.5%	81.3%	81.8%	77.7%	80.0%	74.5%	82.5%	82.8%
45 to 64	90.1%	95.0%	87.0%	85.2%	93.2%	88.8%	91.5%	71.4%	90.5%	90.1%	90.5%	87.5%	91.8%	85.4%	90.9%	90.8%
65 and Over	77.4%	89.1%	62.8%	75.1%	78.7%	78.9%	74.9%	100.0%	79.8%	77.0%	76.9%	71.6%	81.8%	86.7%	85.4%	-
Children and Adolescents' Access to Primary Care Practitioners	**91.7%**	**92.2%**	**90.9%**	**91.4%**	**92.0%**	**90.4%**	**93.4%**	**84.5%**	**91.6%**	**91.7%**	**92.3%**	**86.3%**	**92.8%**	**90.4%**	**93.0%**	**92.8%**
12 to 24 months	96.1%	97.6%	89.7%	96.3%	96.0%	95.9%	96.4%	96.2%	97.0%	95.9%	96.7%	92.9%	96.3%	95.7%	95.9%	98.5%

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.
25 months to 6 years	89.6%	89.7%	89.1%	89.8%	89.4%	88.1%	91.6%	84.3%	90.0%	89.5%	90.3%	82.4%	90.9%	88.7%	92.5%	90.3%
7 to 11 years	91.8%	92.0%	91.9%	91.6%	92.0%	90.1%	94.2%	84.1%	91.1%	92.0%	92.8%	86.4%	92.6%	89.7%	91.4%	93.5%
12 to 19 years	92.9%	93.1%	92.7%	91.6%	94.2%	92.3%	94.0%	83.8%	92.7%	92.9%	93.3%	89.0%	94.1%	91.7%	94.6%	94.0%
Adult Body Mass Index (BMI) Assessment	**10.7%**	**11.0%**	**10.5%**	**8.3%**	**11.9%**	**10.4%**	**10.9%**	**13.9%**	**8.4%**	**10.8%**	**10.9%**	**10.1%**	**11.9%**	**4.8%**	**11.2%**	**6.5%**
18 to 64	10.6%	10.9%	10.5%	8.1%	12.0%	10.4%	10.8%	11.3%	8.1%	10.7%	10.8%	10.0%	11.8%	4.1%	11.1%	6.5%
65 to 75	11.1%	11.3%	10.9%	9.7%	11.7%	10.6%	11.4%	30.0%	9.3%	11.2%	11.4%	10.7%	12.3%	5.6%	11.6%	-
BMI Assessment for Children & Adolescents	**2.7%**	**2.8%**	**2.3%**	**2.6%**	**2.7%**	**4.0%**	**1.0%**	**1.6%**	**6.1%**	**1.7%**	**2.8%**	**2.7%**	**2.6%**	**1.6%**	**1.9%**	**2.1%**
3 to 11	2.5%	2.6%	2.2%	2.5%	2.5%	3.8%	0.9%	1.5%	5.8%	1.4%	2.8%	2.3%	2.3%	1.5%	1.9%	1.7%
12 to 17	3.1%	3.3%	2.6%	2.9%	3.2%	4.6%	1.4%	1.7%	7.0%	2.2%	3.0%	3.4%	3.4%	2.0%	3.0%	3.1%
Childhood Immunization Status																
Dtap	23.1%	23.6%	22.1%	23.1%	23.1%	28.0%	16.4%	22.6%	32.0%	20.3%	25.0%	24.8%	14.1%	22.9%	18.3%	27.4%
IPV	33.6%	33.9%	33.0%	34.0%	33.2%	39.5%	25.6%	29.4%	41.0%	31.3%	36.0%	36.1%	22.5%	32.9%	27.4%	39.4%
MMR	44.8%	45.2%	44.0%	44.2%	45.5%	52.5%	34.5%	44.1%	53.1%	42.2%	47.6%	49.9%	29.8%	45.7%	37.2%	50.4%
HiB	39.1%	39.5%	38.3%	38.8%	39.5%	46.0%	29.9%	33.3%	44.4%	37.4%	43.4%	38.5%	24.2%	34.3%	30.6%	41.4%

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.
Hep B	10.1%	10.3%	9.7%	10.7%	9.5%	12.1%	7.4%	10.7%	12.3%	9.4%	10.8%	11.7%	5.9%	9.7%	7.9%	14.2%
VZV	44.2%	44.3%	44.0%	44.3%	44.1%	52.3%	33.3%	41.8%	54.4%	41.0%	46.3%	49.9%	31.9%	45.3%	37.2%	50.9%
PCV	23.4%	23.8%	22.6%	23.4%	23.4%	28.1%	17.1%	20.9%	32.1%	20.6%	25.4%	25.2%	13.7%	25.2%	18.2%	28.9%
Hep A	45.9%	50.3%	36.9%	47.0%	44.8%	53.4%	35.9%	43.5%	55.5%	42.9%	47.8%	52.4%	32.1%	48.6%	40.2%	51.1%
RV	24.8%	25.1%	24.2%	25.1%	24.5%	28.5%	19.9%	22.0%	28.9%	23.5%	26.0%	26.9%	18.0%	21.9%	22.0%	30.0%
Flu	15.8%	16.0%	15.4%	15.9%	15.7%	20.7%	9.2%	18.1%	24.0%	13.2%	18.0%	11.4%	10.7%	15.5%	12.6%	16.2%
Combo 2	6.7%	6.8%	6.5%	6.8%	6.6%	8.0%	4.9%	7.9%	8.8%	6.0%	7.6%	6.9%	3.0%	7.2%	4.3%	9.0%
Combo 3	5.9%	6.0%	5.7%	6.0%	5.8%	7.1%	4.3%	8.5%	8.0%	5.2%	6.6%	6.1%	2.7%	7.2%	4.0%	8.4%
Combo 4	5.5%	5.6%	5.3%	5.8%	5.1%	6.7%	3.9%	7.3%	7.6%	4.8%	6.1%	6.0%	2.5%	7.0%	3.9%	8.0%
Combo 5	3.7%	3.8%	3.5%	3.7%	3.7%	4.4%	2.8%	4.0%	4.6%	3.4%	4.1%	4.3%	1.5%	5.2%	2.6%	5.2%
Combo 6	2.2%	2.3%	2.0%	2.5%	1.9%	2.9%	1.2%	3.4%	3.6%	1.7%	2.6%	1.2%	1.4%	2.9%	1.7%	2.8%
Combo 7	3.8%	3.9%	3.7%	3.8%	3.8%	4.3%	3.1%	4.0%	4.7%	3.5%	4.3%	4.1%	1.4%	5.0%	2.5%	5.0%
Combo 8	2.6%	2.7%	2.5%	2.6%	2.6%	3.2%	1.8%	3.4%	3.7%	2.2%	3.3%	1.1%	1.2%	2.5%	1.6%	2.4%
Combo 9	1.3%	1.3%	1.3%	1.6%	1.0%	1.7%	0.8%	1.7%	2.4%	1.0%	1.5%	0.7%	0.9%	2.1%	1.1%	1.7%
Combo 10	1.3%	1.3%	1.2%	1.5%	1.0%	1.7%	0.7%	1.7%	2.4%	0.9%	1.5%	0.7%	0.8%	2.1%	1.1%	1.7%
Immunizations for Adolescents																
Meningococcal	23.6%	24.1%	22.8%	24.0%	23.2%	31.7%	14.3%	19.4%	34.3%	21.2%	25.6%	30.3%	13.5%	20.1%	16.7%	21.9%
Tdap/Td	30.2%	31.0%	28.8%	29.3%	31.2%	38.9%	20.1%	24.8%	39.1%	28.2%	32.8%	36.7%	17.2%	27.0%	21.9%	33.9%
Both	21.7%	22.1%	20.9%	21.9%	21.4%	30.0%	12.1%	17.8%	30.2%	19.7%	23.5%	27.6%	11.6%	16.8%	15.6%	23.5%

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.
HPV for Female Adolescents	**11.5%**	**13.4%**	**7.9%**	**-**	**11.5%**	**14.4%**	**8.5%**	**6.4%**	**18.9%**	**9.6%**	**13.0%**	**11.3%**	**6.4%**	**15.4%**	**8.0%**	**12.7%**
Breast Cancer Screening	**38.5%**	**41.2%**	**37.2%**	**-**	**38.5%**	**40.5%**	**36.0%**	**46.2%**	**39.8%**	**38.4%**	**39.5%**	**44.8%**	**17.6%**	**34.9%**	**24.1%**	**46.2%**
50 to 64	41.3%	44.0%	40.0%	-	41.3%	42.9%	39.6%	46.2%	41.7%	41.2%	43.9%	46.9%	18.5%	33.8%	23.3%	46.2%
65 and Over	34.1%	36.8%	33.0%	-	34.1%	37.6%	28.6%	-	37.0%	34.0%	34.6%	31.6%	9.8%	36.2%	31.7%	-
Cervical Cancer Screening	**37.7%**	**48.2%**	**27.3%**	**-**	**37.7%**	**41.0%**	**34.3%**	**53.1%**	**46.4%**	**37.3%**	**37.3%**	**44.5%**	**25.4%**	**36.5%**	**32.2%**	**62.2%**
Chlamydia Screening in Women	**56.8%**	**63.6%**	**49.0%**	**-**	**56.8%**	**59.1%**	**54.6%**	**53.4%**	**63.2%**	**56.0%**	**57.0%**	**68.7%**	**43.7%**	**57.4%**	**55.8%**	**58.4%**
16 to 20	54.9%	61.5%	46.7%	-	54.9%	56.7%	53.2%	54.0%	61.2%	54.1%	55.5%	66.8%	41.8%	52.9%	53.1%	57.2%
21 to 24	62.3%	70.8%	54.7%	-	62.3%	66.1%	58.7%	51.4%	70.3%	61.5%	61.0%	73.5%	51.4%	73.9%	64.0%	62.4%
Use of Appropriate Medications for the Treatment of Asthma	**81.2%**	**84.3%**	**75.9%**	**84.3%**	**77.6%**	**82.1%**	**79.9%**	**89.2%**	**87.6%**	**80.3%**	**80.1%**	**81.8%**	**84.4%**	**85.0%**	**84.3%**	**82.9%**
5 to 11	90.2%	93.1%	84.7%	90.2%	90.1%	89.1%	91.7%	90.0%	91.1%	90.0%	90.7%	88.1%	92.3%	93.7%	91.4%	86.9%
12 to 18	82.5%	86.0%	76.5%	84.8%	78.9%	84.3%	79.9%	90.5%	85.9%	82.0%	81.8%	83.5%	85.4%	78.0%	82.9%	80.9%
19 to 50	61.9%	63.3%	59.7%	62.4%	61.7%	62.6%	61.1%	60.0%	65.6%	61.7%	60.5%	66.7%	62.0%	66.7%	62.4%	66.7%
51 to 64	61.8%	62.4%	61.0%	59.3%	63.3%	61.3%	62.3%	-	57.9%	62.0%	63.7%	54.2%	59.3%	40.0%	64.4%	-

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.
Appropriate Medications for the Treatment of Asthma: 50% Compliance Rate	**59.9%**	**61.3%**	**57.5%**	**62.3%**	**57.6%**	**59.1%**	**60.7%**	**70.8%**	**56.4%**	**60.5%**	**59.9%**	**57.3%**	**61.1%**	**70.5%**	**64.3%**	**59.0%**
5 to 11	61.4%	62.9%	58.5%	63.2%	59.3%	60.1%	62.6%	75.0%	57.1%	62.4%	62.7%	57.0%	60.6%	72.2%	64.8%	57.3%
12 to 18	55.6%	57.0%	53.4%	58.8%	51.6%	55.4%	55.6%	66.7%	55.0%	55.7%	53.0%	56.9%	60.4%	64.3%	61.7%	61.8%
19 to 20	61.0%	63.2%	57.5%	64.7%	57.8%	61.5%	60.2%	66.7%	60.0%	61.0%	60.6%	65.9%	50.0%	-	58.3%	64.3%
21 to 50	59.5%	60.6%	58.0%	67.4%	57.3%	58.5%	62.4%	33.3%	54.8%	59.8%	61.0%	55.0%	55.6%	80.0%	64.9%	50.0%
51 to 64	74.7%	75.8%	73.3%	79.3%	72.6%	77.0%	72.7%	-	54.5%	75.3%	74.0%	70.6%	82.4%	100.0%	78.2%	-
Appropriate Medications for the Treatment of Asthma: 75% Compliance Rate	**38.1%**	**40.1%**	**34.8%**	**40.0%**	**36.3%**	**37.7%**	**38.4%**	**50.4%**	**33.2%**	**39.0%**	**39.7%**	**33.0%**	**37.2%**	**40.3%**	**40.8%**	**39.1%**
5 to 11	38.5%	40.2%	35.3%	39.5%	37.3%	37.8%	39.1%	48.8%	32.3%	40.0%	40.2%	33.5%	36.8%	42.2%	42.1%	36.9%
12 to 18	35.0%	37.2%	31.4%	38.5%	30.7%	35.7%	33.7%	54.9%	33.6%	35.2%	36.1%	30.5%	35.2%	40.5%	35.5%	44.3%
19 to 20	41.7%	44.7%	37.0%	44.7%	39.2%	41.7%	42.0%	33.3%	46.7%	41.3%	41.4%	43.2%	38.9%	-	41.7%	42.9%
21 to 50	38.1%	41.0%	34.1%	45.3%	36.0%	36.3%	42.6%	33.3%	41.9%	37.9%	39.5%	35.7%	35.4%	20.0%	39.2%	20.0%
51 to 64	54.5%	57.1%	50.9%	55.8%	53.9%	55.2%	53.9%	-	40.9%	54.9%	55.6%	40.2%	59.5%	0.0%	65.5%	-

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.
Comprehensive Diabetes Care: HbA1c Testing	**72.1%**	**74.0%**	**69.3%**	**70.1%**	**73.2%**	**73.3%**	**71.2%**	**46.2%**	**78.3%**	**71.7%**	**77.0%**	**74.3%**	**44.8%**	**81.6%**	**48.3%**	**78.0%**
18 to 64	70.7%	72.3%	68.4%	69.2%	71.6%	72.4%	69.4%	40.0%	77.4%	70.4%	75.8%	72.8%	44.6%	80.6%	48.0%	78.0%
65 to 75	76.2%	79.1%	72.0%	73.4%	77.5%	75.8%	76.5%	66.7%	79.7%	75.9%	80.3%	79.7%	45.7%	82.3%	50.0%	-
Comprehensive Diabetes Care: Retinal Eye Exam	**27.3%**	**29.2%**	**24.5%**	**23.6%**	**29.3%**	**30.6%**	**24.5%**	**20.0%**	**33.7%**	**26.9%**	**28.3%**	**31.4%**	**16.6%**	**44.9%**	**18.4%**	**25.7%**
Comprehensive Diabetes Care: LDL-C Screening	**63.9%**	**67.3%**	**58.9%**	**61.4%**	**65.3%**	**65.0%**	**63.0%**	**69.2%**	**68.3%**	**63.6%**	**68.6%**	**65.2%**	**37.5%**	**76.8%**	**42.2%**	**78.0%**
18 to 64	63.0%	66.7%	57.6%	60.6%	64.4%	64.2%	62.1%	60.0%	65.0%	62.9%	68.1%	64.0%	37.0%	76.3%	42.0%	78.0%
65 to 75	66.6%	69.2%	62.8%	64.0%	67.8%	67.3%	66.0%	100.0%	73.6%	65.9%	70.0%	69.8%	39.3%	77.2%	43.1%	-
Comprehensive Diabetes Care: Medical Attention for Nephropathy	**52.4%**	**54.4%**	**49.5%**	**52.5%**	**52.4%**	**55.5%**	**49.8%**	**30.0%**	**58.7%**	**52.0%**	**51.4%**	**59.0%**	**52.0%**	**55.7%**	**45.6%**	**63.5%**

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.
Developmental Screening in the First Three Years of Life	**15.1%**	**17.8%**	**10.3%**	**14.9%**	**15.3%**	**16.1%**	**13.7%**	**18.8%**	**15.4%**	**15.0%**	**15.7%**	**16.3%**	**9.3%**	**16.8%**	**15.5%**	**17.0%**
0 to 12 Months	12.1%	13.7%	9.2%	11.9%	12.3%	13.1%	10.7%	16.3%	11.5%	12.3%	12.3%	14.4%	6.6%	15.4%	12.9%	14.3%
2 Years	20.6%	24.7%	13.3%	20.4%	20.9%	22.0%	18.7%	27.7%	20.3%	20.7%	21.3%	20.7%	14.4%	24.4%	20.6%	22.8%
3 Years	14.3%	17.4%	8.9%	14.0%	14.7%	15.0%	13.5%	15.2%	16.3%	13.7%	15.3%	15.0%	8.8%	10.7%	14.1%	15.5%
Follow-Up Care for Children Prescribed ADHD Medication																
Initiation Phase	61.7%	63.3%	59.0%	61.4%	62.3%	63.9%	59.0%	64.3%	61.0%	61.8%	61.5%	65.9%	57.7%	41.9%	61.4%	69.2%
Continuation Phase	60.9%	63.1%	57.0%	60.2%	62.5%	63.2%	58.1%	61.2%	59.7%	61.0%	60.7%	64.4%	57.4%	42.1%	61.2%	69.6%
Follow-Up After Hospitalization for Mental Illness: 7 Days After Discharge	**21.9%**	**0.0%**	**0.0%**	**21.6%**	**22.1%**	**22.7%**	**20.8%**	**23.8%**	**19.1%**	**22.2%**	**22.1%**	**19.6%**	**24.9%**	**24.4%**	**20.7%**	**24.3%**
6 to 20	24.4%	0.0%	0.0%	24.4%	24.5%	25.2%	23.3%	26.6%	21.4%	24.8%	24.4%	22.2%	28.8%	35.0%	22.6%	26.3%
21 to 64	17.2%	0.0%	0.0%	15.6%	18.3%	17.5%	17.0%	14.0%	11.3%	17.6%	18.1%	15.5%	16.5%	14.3%	14.2%	16.7%

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 and Over	10.5%	15.4%	0.0%	0.0%	16.7%	20.0%	0.0%	-	0.0%	11.8%	11.8%	0.0%	0.0%	-	-	-
Follow-Up After Hospitalization for Mental Illness: 30 Days After Discharge	**44.1%**	**48.1%**	**37.6%**	**43.3%**	**44.8%**	**44.6%**	**43.1%**	**52.9%**	**43.0%**	**44.2%**	**43.8%**	**42.7%**	**47.7%**	**43.9%**	**43.2%**	**50.7%**
6 to 20	47.6%	50.5%	42.4%	46.9%	48.2%	48.4%	45.8%	58.2%	45.1%	47.9%	47.7%	46.0%	50.0%	55.0%	45.7%	52.6%
21 to 64	37.7%	43.2%	29.8%	35.4%	39.3%	36.7%	38.9%	34.0%	36.0%	37.8%	37.2%	37.5%	42.6%	33.3%	34.6%	43.3%
65 and Over	21.1%	30.8%	0.0%	14.3%	25.0%	40.0%	0.0%	-	0.0%	23.5%	11.8%	100.0%	100.0%	-	-	-
Frequency of Prenatal Care: Without Global Codes																
<21%	25.9%	27.4%	23.7%	-	25.9%	26.5%	25.2%	27.3%	24.0%	26.2%	27.8%	26.0%	20.1%	26.4%	20.9%	17.7%
21-40%	9.6%	11.1%	7.4%	-	9.6%	11.6%	7.5%	7.5%	9.5%	9.6%	9.7%	12.8%	7.3%	9.8%	7.5%	9.6%
41-60%	2.6%	3.0%	2.0%	-	2.6%	3.0%	2.2%	1.6%	2.9%	2.6%	2.6%	3.4%	2.1%	1.3%	2.1%	3.9%
61-80%	1.2%	1.4%	1.0%	-	1.2%	1.2%	1.2%	1.1%	2.4%	1.1%	1.3%	1.5%	0.9%	0.6%	0.9%	1.5%
>80%	1.5%	1.8%	1.1%	-	1.5%	2.1%	0.9%	1.1%	2.9%	1.3%	1.5%	2.4%	0.8%	1.7%	0.8%	1.7%
Frequency of Prenatal Care: With Global Codes																

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.
<21%	57.1%	58.9%	54.6%	-	57.1%	58.6%	55.7%	42.8%	54.3%	57.5%	58.5%	58.5%	52.7%	58.9%	56.0%	28.7%
21-40%	15.0%	16.3%	13.0%	-	15.0%	17.1%	12.7%	15.0%	13.6%	15.2%	15.8%	17.3%	10.6%	16.8%	10.8%	19.9%
41-60%	4.2%	5.5%	2.5%	-	4.2%	5.1%	3.3%	7.0%	4.1%	4.3%	4.3%	5.9%	2.7%	3.2%	3.2%	6.6%
61-80%	1.8%	2.0%	1.5%	-	1.8%	2.0%	1.6%	1.6%	3.1%	1.6%	1.8%	2.4%	1.3%	0.9%	1.7%	2.7%
>80%	3.1%	3.5%	2.6%	-	3.1%	3.8%	2.3%	8.0%	4.3%	3.0%	3.1%	4.5%	2.2%	4.0%	2.3%	3.2%
Postpartum Care Rate: Without Global Codes	**20.9%**	**24.4%**	**15.9%**	**-**	**20.9%**	**18.7%**	**23.5%**	**24.1%**	**22.4%**	**20.7%**	**20.2%**	**17.6%**	**26.4%**	**16.2%**	**22.8%**	**24.8%**
Postpartum Care Rate: With Global Codes	**67.7%**	**71.5%**	**62.1%**	**-**	**67.7%**	**67.3%**	**68.0%**	**77.0%**	**68.7%**	**67.6%**	**68.5%**	**64.5%**	**65.7%**	**69.8%**	**65.3%**	**85.5%**
Timeliness of Prenatal Care: Without Global Codes	**22.4%**	**24.1%**	**19.9%**	**-**	**22.4%**	**24.1%**	**20.9%**	**21.4%**	**24.3%**	**22.1%**	**23.8%**	**24.1%**	**15.9%**	**1.7%**	**23.7%**	**21.4%**
Timeliness of Prenatal Care: With Global Codes	**70.3%**	**75.1%**	**63.4%**	**-**	**70.3%**	**73.2%**	**67.0%**	**78.6%**	**73.1%**	**69.9%**	**72.4%**	**74.3%**	**58.2%**	**75.7%**	**65.5%**	**70.5%**

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.
Well-Child Visits in the First 15 Months of Life																
0 Visits	5.7%	5.9%	5.5%	5.7%	5.7%	5.9%	5.6%	1.4%	2.8%	6.4%	5.3%	7.6%	6.2%	4.4%	6.6%	2.5%
1 Visit	3.5%	3.7%	3.1%	3.4%	3.6%	3.6%	3.3%	2.9%	2.5%	3.7%	3.1%	5.3%	4.3%	3.4%	3.6%	2.0%
2 Visits	3.9%	4.3%	3.3%	3.9%	4.0%	4.1%	3.7%	3.2%	2.7%	4.2%	3.2%	6.4%	6.3%	3.6%	4.2%	3.1%
3 Visits	4.9%	5.2%	4.4%	4.9%	4.9%	5.0%	4.7%	4.0%	4.0%	5.1%	4.4%	6.6%	6.7%	3.2%	5.6%	2.8%
4 Visits	6.0%	6.3%	5.4%	5.9%	6.0%	5.9%	6.0%	5.8%	6.8%	5.8%	4.8%	9.4%	10.2%	4.3%	7.1%	3.6%
5 Visits	7.5%	7.9%	6.9%	7.4%	7.6%	7.2%	7.7%	12.2%	13.6%	6.1%	6.8%	9.8%	9.5%	8.4%	8.1%	7.7%
6+ visits	68.5%	69.4%	67.1%	67.9%	69.3%	70.5%	66.4%	56.5%	68.2%	68.6%	68.7%	57.5%	62.8%	95.2%	76.8%	70.9%
1+ visits	94.3%	96.8%	90.1%	93.3%	95.3%	96.5%	92.0%	84.5%	97.8%	93.5%	91.0%	94.9%	99.7%	118.0%	105.4%	90.1%
Well-Child Visits in the 3rd to 6th Years of Life																
1+ visit	57.1%	59.6%	52.9%	57.4%	56.8%	58.1%	56.0%	49.7%	64.1%	55.1%	58.2%	55.5%	52.7%	64.6%	56.0%	59.0%
Adolescent Well-Care Visits	**22.1%**	**23.4%**	**19.9%**	**22.8%**	**21.4%**	**24.0%**	**20.0%**	**21.1%**	**26.8%**	**21.2%**	**22.7%**	**26.5%**	**14.5%**	**26.1%**	**21.0%**	**23.6%**
Annual Monitoring for Patients on Persistent Medications																
ACE/ARB	**79.4%**	**81.7%**	**76.8%**	**79.1%**	**79.6%**	**79.6%**	**79.4%**	**75.3%**	**80.0%**	**79.4%**	**79.3%**	**79.4%**	**80.1%**	**80.6%**	**80.3%**	**80.4%**

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	79.1%	81.4%	76.5%	78.8%	79.3%	79.2%	79.1%	75.3%	79.9%	79.1%	79.2%	79.4%	80.1%	80.5%	80.2%	80.0%
65+	83.3%	85.5%	81.1%	82.7%	83.7%	83.7%	83.2%	75.0%	81.6%	83.4%	80.1%	79.7%	81.1%	81.8%	82.4%	85.7%
Digoxin	**50.0%**	**53.8%**	**45.7%**	**48.7%**	**50.9%**	**50.8%**	**48.9%**	**66.7%**	**58.3%**	**49.6%**	**49.8%**	**50.0%**	**45.5%**	**100.0%**	**57.1%**	**50.0%**
18-64	49.8%	53.2%	45.9%	49.0%	50.4%	51.3%	47.9%	66.7%	54.5%	49.6%	49.5%	51.5%	50.0%	100.0%	50.0%	100.0%
65+	51.4%	57.9%	44.4%	47.1%	55.0%	47.4%	55.6%	-	100.0%	50.0%	51.7%	40.0%	0.0%	-	100.0%	0.0%
Diuretics	**82.1%**	**85.4%**	**78.4%**	**82.2%**	**82.0%**	**81.9%**	**82.3%**	**78.5%**	**79.9%**	**82.2%**	**82.2%**	**82.0%**	**82.6%**	**79.3%**	**81.2%**	**81.4%**
18-64	82.0%	85.6%	78.0%	82.2%	81.9%	81.8%	82.3%	80.6%	79.6%	82.1%	82.1%	82.1%	82.5%	81.1%	81.1%	82.5%
65+	82.8%	83.5%	81.9%	82.1%	83.3%	83.3%	82.9%	33.3%	84.2%	82.7%	83.2%	81.8%	84.0%	60.0%	83.3%	66.7%
Total	79.9%	82.5%	76.8%	79.7%	80.0%	79.9%	79.9%	76.4%	79.7%	79.9%	79.7%	80.2%	80.5%	80.3%	80.4%	80.3%
18-64	79.7%	82.4%	76.5%	79.5%	79.8%	79.7%	79.7%	77.3%	79.4%	79.7%	79.6%	80.2%	80.5%	80.7%	80.2%	80.9%
65+	82.2%	84.0%	80.3%	81.3%	82.8%	82.4%	82.3%	63.6%	82.8%	82.2%	80.2%	79.8%	81.0%	75.0%	82.9%	72.7%
Sealants for age 6-9 at Elevated Caries Risk	**25.0%**	**24.6%**	**25.8%**	**25.2%**	**24.8%**	**25.6%**	**24.4%**	**19.9%**	**25.0%**	**25.0%**	**24.5%**	**27.7%**	**24.2%**	**23.0%**	**26.2%**	**26.1%**
Use of Contraceptive Methods By Women Ages 15-44																
FDA Approved	**16.2%**	**17.3%**	**14.6%**	-	**16.2%**	**16.4%**	**16.0%**	**17.6%**	**16.2%**	**16.2%**	**16.3%**	**15.9%**	**16.3%**	**16.4%**	**16.2%**	**14.9%**
15-20	22.8%	24.1%	20.8%	-	22.8%	22.9%	22.6%	22.5%	22.9%	22.8%	22.8%	22.6%	22.9%	23.1%	22.7%	22.4%
21-44	13.8%	14.8%	12.4%	-	13.8%	13.8%	13.9%	13.1%	13.9%	13.8%	13.9%	13.2%	13.9%	14.0%	13.8%	13.3%
LARC	**2.5%**	**3.4%**	**1.1%**	-	**2.5%**	**2.5%**	**2.4%**	**2.5%**	**2.6%**	**2.4%**	**2.5%**	**2.4%**	**2.5%**	**2.6%**	**2.4%**	**2.2%**
15-20	3.0%	4.4%	0.8%	-	3.0%	3.1%	2.8%	2.8%	3.4%	2.9%	3.0%	2.8%	3.1%	3.3%	2.9%	2.9%
21-44	2.2%	3.0%	1.2%	-	2.3%	2.2%	2.3%	2.2%	2.4%	2.2%	2.3%	2.2%	2.3%	2.4%	2.2%	2.0%