SoonerCare

Comprehensive Quality Strategy

Draft 4.0

April 23, 2022

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Draft OHCA Comprehensive Quality Strategy 4/23/22

Introduction and Overview

The Oklahoma Health Care Authority (OHCA), founded in 1993, administers Oklahoma's Medicaid program, commonly known as SoonerCare. Medicaid gives access to health care for those who are uninsured or underinsured. SoonerCare works to ensure that health care benefits and services are available to qualifying Oklahomans, primarily based on income eligibility requirements. The categories of eligibility include the aged, blind, and disabled ("ABD"); families qualifying under federal Temporary Assistance to Needy Families ("TANF") guidelines; qualified Medicare beneficiaries; children qualified under the Tax Equity and Fiscal Responsibility Act ("TEFRA"); women with breast and cervical cancer; and certain children and pregnant women. State Medicaid programs are funded with both federal and state dollars, in accordance with a federally approved State Plan; and beginning July 1, 2021, a new adult expansion group was added to Oklahoma's Medicaid program.[1]

Oklahoma's Medicaid program is administered under a fee-for-service delivery system by a large array of providers to a diverse member population. There are currently approximately 1,175,000 members with diverse backgrounds and care needs. This represents approximately 30% of the Oklahoma population; after the Public Health Emergency draw down SoonerCare is expected to cover approximately 25% of the state. As of December 2021, there were 64,873 contracted providers, 8,039 of which are primary care providers. Approximately 40% of members identify as a non-white race/ethnicity.

OHCA is committed as an organization to improving the health and quality of life of SoonerCare members in a cost-effective manner, as noted in its Vision and Mission:

Vision: Our vision is for Oklahomans to be healthy and to have access to quality health care services regardless of their ability to pay.

Mission: Our mission is to responsibly purchase state and federally funded health care in the most efficient and comprehensive manner possible; to analyze and recommend strategies for optimizing the accessibility and quality of health care; and to cultivate relationships to improve the health outcomes of Oklahomans.

Since the beginning of the agency, OHCA has undertaken many activities for the purpose of improving the quality of care for its members. An early example starting in 1996, SoonerCare Choice began as part of the section 1115(a) Research and Demonstration waiver. SoonerCare Choice is the managed care part of the delivery system for Oklahoma Medicaid, using the evidence-based Patient Centered Medical Home (PCMH) model. PCMH providers are paid a per member per month (PMPM) fee, on top of fee-for-service (FFS), with the requirement for care coordination and

multiple structural practice elements related to best practices for providing quality primary care. Later in 2018, the agency developed the Performance and Health Improvement Plan (PHIP) to internally organize around quality improvement.[2] In 2019, as part of reorganization under new leadership, the Performance and Health Improvement team was redistributed to contribute to the formation of two departments: the Strategy and Health Improvement team (under Strategic Innovation) and the Quality Improvement team (under Medical). Recent years have seen a clarification of that commitment to quality into a focus on becoming a Top 25 state in Medicaid member health outcomes by 2026. The Quality Improvement (QI) Department was created in January 2021 under the leadership of a new position, the Chief Quality Officer. The purpose of this new department is to align and facilitate QI-related efforts while adding activities where necessary to fill gaps in key QI areas. The QI Department has undertaken a concerted effort to create a roadmap for the agency on the way to improved health outcomes. This document sets forth the strategy and high-level tactics necessary over the next few years to improve the lives of SoonerCare members and make significant progress toward a Top 25 ranking in health outcomes.

Comprehensive Quality Strategy Development

It is OHCA's intent to build upon our solid foundation of healthcare quality, to address the needs and opportunities in the current healthcare environment. As with the 2019 Performance and Health Improvement Plan,[2] a wide array of stakeholder feedback has been considered while developing the Comprehensive Quality Strategy (CQS). OHCA and its subcontractor hosted virtual sessions to obtain feedback, on the preliminary Comprehensive Quality Strategy (CQS) plan, with the following four targeted stakeholder groups:

- Member Advisory Task Force (MATF), October 30, 2021
- Tribal Consultation, December 9, 2021
- Providers, including Medical Advisory Council members, December 10, 2021
- Other State Agencies, December 16, 2021

All stakeholder sessions included gathering information and suggestions about Social Determinants of Health (e.g., areas of stress or unmet needs) and three focus areas (smoking and other tobacco use, obesity, and teen pregnancy). The Tribal Consultation, Provider, and Other State Agency groups were also asked about their related existing programs and were asked for feedback about measures selected to evaluate the Quadruple Aim goals and the three focus areas. See Appendix A for a summary of the feedback session agendas and information obtained.

As development of the CQS progressed, OHCA sought further information through the following avenues:

- An electronic member survey with the same questions as in the October 30, 2021, MATF meeting targeted members with the least amount of claims history, trying to obtain feedback from those not already engaged.
- A member Town Hall meeting, with all SoonerCare members invited, was held on February 18, 2022. This meeting was initially set up for in-person format in three towns, and offered three times each, along with a virtual option. Due to the COVID-19 Public Health Emergency, the Member Town Hall meeting was

made virtual only with three time-offerings. In addition to information obtained during the Town Hall meetings, members were given a link to an electronic survey asking questions using the Getting Ahead Stability Scale.[3] The Stability Scale is an assessment of individuals' levels of stress or unmet needs regarding 15 indicators on Social Determinants of Health (SDOH).

- A six-hour Provider Town Hall meeting, with all SoonerCare providers invited, was held virtually on April 14, 2022.

OHCA Executive Staff, the Medical Advisory Committee, and the OHCA Board also reviewed and provided input, with final approval determined by the Executive Staff under the oversight of the Board.

OHCA Strategic Plan

OHCA seeks to effect cultural and behavioral changes resulting in healthier Oklahomans, a stable and coordinated provider network, and improved outcomes achieved through a focus on preventive care and care coordination.
In addition to improving health outcomes, OHCA's core focus areas include being fiscally responsible with taxpayer dollars, increasing operational excellence and building high performing teams. With these focus areas in mind and building upon lessons learned and successes from the 2018 Strategic Plan,[4] OHCA leadership completed strategic planning in December 2021 through January 2022.[5] Strategic direction for the next five years was determined, including three five-year goals and eight one-year goals directly impacting quality. These goals, along with OHCA's proposed tactics for achieving them, are presented in Table 1 below.

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Table 1. Quality Related Components of the OHCA Strategic Plan			
Focus Area	5-Year Goals	1-Year Goals	OHCA Tactics
Improve health outcomes	Improve health outcomes for SoonerCare member by 1) increasing primary care services, 2) reducing health disparities and improving health equity, and 3) decreasing emergency department visits. These efforts should be instrumental in improving the state health ranking to be in the top 25 by CY2026.	Complete development of the Comprehensive Quality Strategy	Contract KFMC Health Improvement Partners as consultants to develop the comprehensive quality strategy. Rule change to permit payment on same day for both a well child visit and sick visit, increasing access to wellness visits. Utilization Management Program.
		Meaningfully incorporate Statewide Health Information Exchange into quality reporting, care management, and agency decision making	Onboard MyHealth hospitals and other providers onto new technology solution; Continuously onboard providers. Integrate data tools and reports into key Medicaid programmatic areas.
		Develop strategies to evaluate and address health equity across the Title 19 population while improving health outcomes	Add coverage of doula services to address maternal health disparities Implement Unite Us, CHESS, and other care coordination platforms throughout the agency to increase appropriate outpatient utilization and decrease utilization of higher levels of care when possible. Consider value-based methodologies for implementation.
Increase operational excellence	Increase operational excellence by instituting monthly management processes for key operational metrics to drive improvement. This management framework will include unit-specific dashboards, robust data management tools, and continuous oversight	Improve member satisfaction through agency staff encounters by 5%	Direct communication through targeted messaging using digital media (text, newsletters, social, website). Redesign member letters.
		Achieve 80% 3-day prior	Implement emergency vendor contract for processing backlog of dental PAs.

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Table 1. Quality Related Components of the OHCA Strategic Plan			
Focus Area	5-Year Goals	1-Year Goals	OHCA Tactics
	processes for monitoring data trends against baselines.	authorization response time.	Contract with vendor to process dental and therapy PAs. Streamline process (including automation where possible).
Promote fiscal responsibility	Promote fiscal responsibility by maintaining administrative costs at or below 5% of total annual costs; monitoring and controlling costs through program integrity activities & utilization management such as medical authorization and other cost control and cost avoidance initiatives.	Maintain administrative cost at or below 5% of total cost.	Recruit and hire internal audit staff. Conduct Internal Audit Risk Assessments. Evaluate existing contracts for cancellation or re-negotiation.
		Maintain Medicaid program cost growth at or below national benchmarks.	Create Pharmacy Audit Function. Develop Utilization Management Committee/Governance Structure.
		Increase identification of program integrity overpayments.	Implement Pre-Pay Software.

Comprehensive Quality Strategy Framework

The CQS outlines OHCA's priorities in terms of population health and quality improvement. The CQS will also articulate the agency vision for health delivery reform, conducting surveillance on a broad set of measures, continuously improving the Indicators of Focus, and conducting performance improvement efforts in focused priority areas. There are five priority areas over four core domains. Those focus areas are SDOH, health equity, tobacco use, teen pregnancy, and obesity. The four core domains together make up the Quadruple Aim. OHCA will adapt guidance like the Medicaid and CHIP Managed Care Quality Strategy Toolkit[6] to the Oklahoma Medicaid setting, adhering to the applicable best practices in the development and implementation of the OHCA Comprehensive Quality Strategy.

Quadruple Aim

OHCA's overarching goal is to improve the health outcomes of our members so that the agency does its part to lift Oklahoma to a Top 25 state in health by 2026. To optimize success, OHCA will use a balanced framework to operationalize its QI goals from the agency strategic plan. That balanced framework is the Quadruple Aim. The Institute for Healthcare Improvement (IHI) described the Triple Aim[7] as the goal of

population health activities in general; the Triple Aim refers to the three goals of improving health outcomes for the population, improving patient experience, and decreasing the cost of care per capita. OHCA is embracing the addition of the fourth aim—improving provider experience—considering the key role providers play in the agency reaching its goals.[8] Together, this creates the Quadruple Aim, four core domains within which OHCA QI goals are structured. While the agency is setting out to improve its capability to know, engage and manage the population through more robust analytics, there are several activities currently in operation that work toward health improvement for SoonerCare members.

Comprehensive Quality Strategy

Quadruple Aim: Improve Health Outcomes

The agency has historically undertaken multiple activities to improve the health of its members. As OHCA moves forward, it will be important to systematically align these initiatives for optimal impact. The effectiveness of many of these initiatives has been evaluated and, moving forward, more will need to be deliberately and routinely evaluated to ensure our activities are consistent with our value of Stewardship while measurably moving us toward improved health outcomes. In turn, the projects leading to measurable improvement for our members will be expanded when feasible. Additionally, the QI Department will work with other agency leaders to ensure we close any gaps in the project portfolio that impact our ability to improve health outcomes, by facilitating or starting initiatives to address the need. OHCA will also continue seeking opportunities to participate in CMS quality initiatives. For example, OHCA currently participates in the CMS Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group. Through this group, OHCA engages in collaborative learning with teams from 13 other states, CMS staff, QI advisors, and subject matter experts, with the goal of improving the oral health of SoonerCare members.

At the macro level, delivery system reform and risk stratification are being addressed at the time of this writing. The OHCA leadership is engaged in meetings with stakeholders to explore viable options for moving the delivery system from volume to value. Future updates to the CQS will include the latest on these efforts. The Patient Centered Medical Home and SoonerExcel pay for performance models are the current tools available to OHCA for increasing the proportion of value-based care available to members. See “Strategies and Programs” for more on PCMH.

OHCA is evolving its risk stratification approach. The agency has used various methods for targeted purposes to identify the highest need members, to be fair to providers in assessing the Emergency Department utilization SoonerExcel measure, and to select those who can benefit the most from the available interventions. These methods have included reviewing annual costs, health history, other parts of utilization history, the Johns Hopkins Adjusted Clinical Group (ACG) system, and focused health assessments. These methods have often been program focused. As the agency evolves its approach, a comprehensive risk stratification method will be applied to all members to facilitate effective value-based management of the

SoonerCare population's health. The current iteration of this over-arching risk stratification approach is described in Appendix B along with a table cross-referencing each risk-level category with the current QI-related agency activities, showing which activities target which risk category. Programs may be viewed in terms of which groups of members are expected to benefit from the services as designed. Those groups of members can then be cross-referenced with the criteria for each risk category. In this way it becomes clear which program designs apply to which risk categories. The range of program design applicability to risk category is 53%–88%, with the predominant categories having corresponding programs being the Moderate Risk and Rising Risk (see Table 2 below). Future updates to the CQS will include further evolutions of this approach. For example, the agency is initiating the use of various groupers (risk stratification software tools) to better understand utilization patterns in terms of potentially preventable and other events. Additionally, while Appendix B shows the relationship between program design and risk category, the agency will need to look at the actual members served in these programs to confirm their characteristics are consistent with our current risk categories. These and other analyses have the potential to prompt changes to the risk stratification approach.

Table 2. Risk Category Criteria

Risk Level	Definition	Percent of Programs that By Design Should Address Needs of Members	Percent of Programs by Participant
Catastrophic	>$300,000/member/year. High complexity care coordination. Emphasis: better quality of life and lower cost of care while reimbursing medically necessary care.	53%	analysis needed
High Risk	$100,000-299,000/member/year. Based on predictive risk modeling and/or utilization criteria. Long term, individualized care coordination. Emphasis: reimburse and encourage standard of care for high-cost interventions, appropriate care setting.	69%	analysis needed
Moderate Risk	<$100,000/member/year. Based on predictive risk modeling and/or utilization criteria. Coaching or short-term management. Emphasis: reimburse and encourage standard of care in chronic conditions, appropriate care setting.	86%	analysis needed

Table 2. Risk Category Criteria			
Risk Level	Definition	Percent of Programs that By Design Should Address Needs of Members	Percent of Programs by Participant
Rising Risk	<$100,000/member/year AND cost of care doubling (or worse) from first half of the year to the 2nd half of the year. Emphasis: recovery from acute conditions, stabilize chronic conditions; connect to resources; make it easier to close care gaps.	88%	analysis needed
Well	<$5,000/member/year. Intermittent/preventive Rx if any. Emphasis: preventive care, education, and appropriate level of care.	61%	analysis needed

In terms of conditions or behaviors to focus upon, as we work to improve health outcomes, the primary focus will be on areas for which the improvement activities will influence multiple quality measures and health outcomes. These primary areas of focus will be to decrease tobacco and other nicotine use, teen pregnancy, and obesity (see Appendix C for further information). Because health outcomes are difficult to measure directly at a frequency that would facilitate frequent improvement cycles, intermediate process and utilization measures have been selected as Indicators of Focus (see Appendix D). In addition, the QI department will monitor performance across a large set of Surveillance Measures (see Appendix D), including Centers for Medicare and Medicaid Services (CMS) Core Set measures[9] and others (see Appendix E), to detect trends that require more focused attention.

There are two areas that are vital to all QI efforts for SoonerCare—SDOH and health equity. The Robert Wood Johnson Foundation definition of health equity is "that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."[10] Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.[11]

While these are challenging to address, OHCA remains committed to every member reaching their best health possible. The first step in fostering equity is making the status readily visible; reporting will increase in frequency and action-orientation. OHCA will also add data views of race, ethnicity, gender, and social determinants of health (SDOH) to reports—one example is the Chronic Condition Executive Summaries. These useful reports, while including race category (level of identification with the following heritages: Black or African American, American Indian, Caucasian, Asian or Pacific Islander, Two or More, or Decline to Answer) have not historically included ethnicity (level of identification with Hispanic heritage). This is related to the challenges of pulling reports from OHCA data systems, and the agency remains

committed to improving health outcomes for all regardless of background. OHCA is working to change this in future versions of these routine reports that help multiple consumers better understand the SoonerCare population.

The next step in fostering health equity is to plan improvement activities with a first look for potential disparities. Quality Improvement science encourages one to look at performance that is well outside the standard, or average, and when appropriate, begin improvement efforts there. Thus, QI methods blend well with this health equity priority, and OHCA will look first at trends in the data that may indicate disparities, beginning Plan-Do-Study-Act (PDSA) cycles there. Examples include projects currently in the planning stage: COVID Vaccination rate improvement, comprehensive pain therapy, etc. The QI Department will work closely with the CEO's Council for Diversity and Inclusion and the Member Advisory Task Force (MATF) to ensure this theme reverberates through all improvement cycles in a way that is meaningful for members and providers.

Social determinants are a related, yet distinct aspect of the agency's QI activities. Otherwise known as health-related social needs (HRSN), these include needs in the five core domains of the Accountable Health Communities[12](AHC) screening tool:

- Housing Insecurity
- Food Instability
- Transportation Problems
- Utility Help Needs
- Interpersonal Safety

These areas account for 80% of the preventable causes of death, while clinical care accounts for only 20%. Thus, it is vital that OHCA continue to evolve its approach to these needs. OHCA members are being screened and having needs navigated in several ways. One is the CMS AHC grant-funded statewide effort by MyHealth Access Network, Inc.[13] to address the gap between clinical health care and community services by increasing screening for HRSN and access to services addressing those needs, and through community partner alignment. This is an extremely useful method and, given the extension granted by CMS, this should continue screening members until July 1, 2022, and navigating needs until October 2022. Another procedure is the screening that takes place when members are referred or selected into the various care management and care coordination groups available within the agency and its contracted partners. SoonerRide is a key example of the agency's efforts to meet HRSN for members. It continues to meet the non-emergent transportation needs for many members. These are examples of all-important work that must continue and, when possible, be optimized based on measured results that inform progress to specific health outcomes.

In addition to this impactful work, there remains an opportunity to increase access for OHCA members to the means to develop their own capacities and capabilities to meet their needs on a continuing basis. This has been done in the non-profit sector for years through various courses and programs; however, access for SoonerCare members can be inconsistent due to the current funding mechanisms. OHCA is

exploring the best way to improve access to these programs for members—considering any CMS flexibilities as well as collaborating efforts of other state agencies. Going forward, at a minimum OHCA will measure and report on the members completion these courses in aggregate to learn over time how best to improve utilization trends and health outcomes through member capacity building.

Quadruple Aim: Improve Member Experience

Historically, the Agency has measured member experience with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Child survey[14] yearly, the CAHPS Adult survey[15] every other year, the National Core Indicators-Intellectual Developmental Disabilities (NCI-IDD) survey[16] annually, and ad hoc targeted surveys (e.g., enrollment experience). Beginning with MY 2022, the Agency has significantly increased the breadth of CAHPS surveys by adding three surveys or modules, CAHPS Experience of Care and Health Outcomes (ECHO®), CAHPS survey for Children with Chronic Conditions (CCC) module, and CAHPS Dental survey. OHCA is also in the process of adding the National Core Indicators-Aging and Disability (NCI-AD) to capture the experience of more members receiving Money Follows the Person (MFP) aid. These are examples of ways we are more completely assessing our current member experience from diverse perspectives, and they are the foundation for deliberate experience improvement campaigns (e.g., PDSAs) in the future. The Eligibility and Coverage Determinations Department is leading an initiative to improve member experience. The tools described here will provide actionable knowledge of our members to facilitate and empower that initiative.
Another strategy for continuously improving member experience is providing members opportunities to develop skills and capabilities necessary for more effective engagement with OHCA and other state agencies. The Getting Ahead[17] Performance Improvement Project (PIP) will serve this function, as well as other functions (more detail provided later in this document). Getting Ahead graduates have gained the confidence and abilities that make them quite effective as member representatives in committees and boards. For example, a current member of the MATF is a graduate of—and now a facilitator for—the Getting Ahead class in Muskogee.

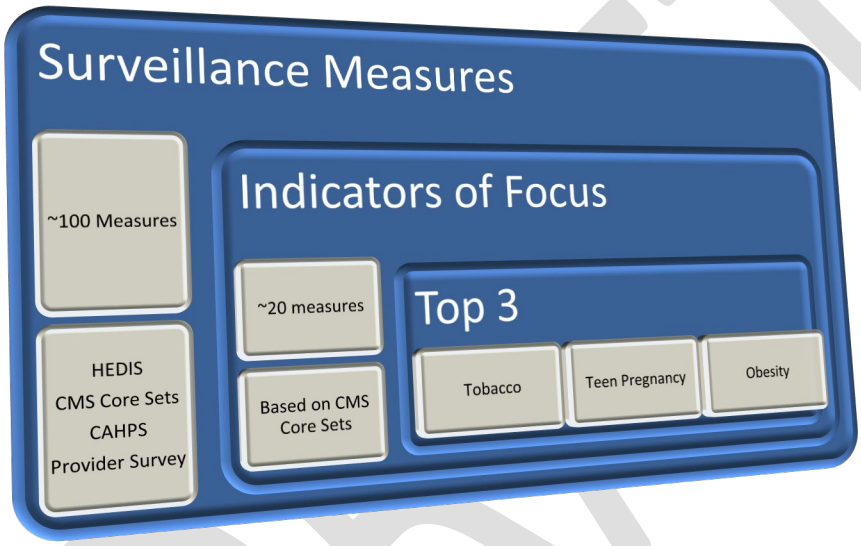
Quadruple Aim: Decrease the Per Capita Cost of Care

Currently, the CMS Medicaid and CHIP Scorecard for Medicaid Per Capita Expenditures estimated OHCA's average annual expenditure was $7,671 per Medicaid enrollee in 2019.[18] OHCA ranked 19th in cost of care. Within the United States, South Carolina came in as the top cost of care state (at $5,028), and North Dakota was last at $13,811 per capita. Oklahoma Medicaid dips below the median cost of care for children and stays above the median for the other Scorecard categories. These costs will be monitored and explored on a regular basis to ensure an ongoing balance between cost per capita and health outcomes. Currently, SoonerCare has a host of significant opportunities for improving health outcomes, and, in the short term, cost per capita may need to rise with more preventive care so that it can lower in the long term with less hospital stays and ED visits.

Quadruple Aim: Improve Provider Experience

OHCA maintains frequent and open communications with providers who care for its members. Moving forward, the QI Department will build the capacity for an annual state-wide provider survey with national comparisons and systematic quarterly measurements of provider experience. This information will be used to design and execute PDSA cycles aimed at improving the provider experience within regulatory frameworks, where possible. Responding to the needs of Oklahoma's Medicaid providers is not new to OHCA; the difference moving forward will be the application of systematic survey and QI techniques to facilitate an aligned and continuous effort to improve provider experience.

Figure 1: Quality Measures for OHCA



Quality Assessment and Performance Improvement

Based on the 2020 America's Health Rankings[19], Oklahoma is ranked 48th in the country in overall health. With OHCA reimbursing healthcare services for approximately one in every four Oklahomans, there is significant potential for improving the health of Oklahomans through improving the health of SoonerCare members. To this end, the primary objective of OHCA's quality improvement activities is to improve the health outcomes for SoonerCare members.

Quality Improvement Infrastructure

For SoonerCare to make targeted improvement in health outcomes, the Agency has taken several steps to build the requisite quality improvement infrastructure. The position of Chief Quality Officer was created and filled in January 2021. Various Quality Improvement Managers and staff have been hired or transferred from within the agency to support a concerted push to improve multiple areas simultaneously (see QI Department Organizational Chart, Appendix F). Data gathering, analysis, and

reporting capabilities are being evaluated to determine the most efficient way to meet the QI reporting needs in terms of frequency, responsiveness, and volume. In the shorter term, the QI team conducts monthly QI facilitation meetings with most department leaders. It is through these meetings that the agency QI Initiatives Inventory was completed from July through November of 2021 (see Appendix B). By the end of calendar year 2022, a Quality Improvement Committee (QIC) will be created to facilitate coordination of quality improvement activities across the agency, ensure continued compliance with CMS quality improvement requirements and guidance, regularly review progress of current initiatives, and otherwise support the sustained effort toward improved health outcomes for OHCA members. The QIC will be chaired by the Chief Quality Officer and standing members will include leaders from across the agency. This committee will work in conjunction with the standing Utilization Management Workgroup to ensure that quality and cost are balanced in the effort to bring value to the agency's members.

Assessment

On a continuing basis, the OHCA QI Department will conduct performance surveillance, transparent reporting, and data-driven, targeted interventions to work toward the performance targets. Based on 2019 performance data (*2021 - Quality of Care in the SoonerCare Program Report - Quality Measures [2020]*)[20], the majority of SoonerCare quality metrics are below the national average. However, there are a few measures showing better performance than the national average: Use of Opioids at a High Dosage, Follow-Up for Children with ADHD Medication (ADD-CH), and Asthma Medication Ratio (AMR-CH).

The QI Department has selected three conditions as the key overarching QI goals that foster improvement on multiple fronts that feed the agency's goals—improving tobacco use, obesity, and teen pregnancy. Twenty Indicators of Focus have been identified so that efforts can be measured regularly and carried out in a synergistic manner. These measures were selected with several principles in mind: available claims data, minimization of reporting burden for OHCA providers, probability of improvement in the metric(s) leading to improvement in health outcomes, available comparisons (e.g., other-payer state benchmarks and national Medicaid benchmarks), alignment with state priorities, alignment with OHCA strategic goals, and the prioritization of standardized metrics. In addition to these Measures of Focus, the OHCA QI Committee will review SoonerCare performance on a host of measures annually to surveil for new trends, ascertain progress on currently emphasized metrics, and update areas of focus as appropriate. See Appendix D for the list of Surveillance Measures, Indicators of Focus, and Focus Area Process Measures.

Monitoring and Reporting

Quality improvement is guided by the overarching aims of better health, better care, lower cost, and increased member and provider satisfaction. First, a baseline will be established by gathering data to determine current program performance. While

holding programs accountable, evaluations will help ensure that the most effective approaches are maintained and that limited resources are spent efficiently. Measures from the Child and Adult Core Sets will be reviewed to develop and prioritize goals so that quality improvement at the health plan level will drive results. Annual review of performance will be based on frequently reported health care quality measures. Monitoring and reporting results for small markers and milestones of program progress will be one type of evaluation. Additionally, provider surveys will monitor progress towards meeting goals and objectives. OHCA will track rates over time. Early detection of an adverse trend allows for prompt corrective action and may lead to improvements in performance overall. Through program evaluation, it can be determined whether activities are implemented as planned, strengths, weaknesses, or areas for improvement. The key purpose of program evaluation and monitoring is to improve practices.

As previously noted, provider satisfaction surveys will be done annually or more often to monitor and track quality improvement. OHCA will publish the survey results, how they will be used, and any actions taken based on the annual findings. The annual cover letter to providers will cite scores from the prior year and offer possibilities for improvement. Examples of improvement initiatives with an overview of the provider community responses will be available. As providers and members give their time to provide feedback, OHCA will listen and act to improve the provider and member experience. Email will be used for communication because it allows more flexibility in completing the surveys. Surveys will be concise enough to be completed in a short time but include open ended questions encouraging ideas and comments from the respondents.

Performance Improvement

Multiple OHCA departments are carrying out projects with the potential to improve the lives of SoonerCare members. See Appendix B for a list of OHCA initiatives; some examples are described in the earlier Quadruple Aim sections. The Quality Improvement Department is developing the procedures and capacity to support these efforts in a few ways. The priority will be to inform later improvement cycles for established and new projects so that progress toward improved health outcomes is optimized.

Improvement strategies are designed to advance the quality of care for SoonerCare members through ongoing measurement and intervention. OHCA obtains input from members, providers, other state agencies, and subject matter experts through various advisory committees, focus groups, forums (see Appendix A for details) and collaborative workgroups to ensure these stakeholders have opportunities to advise, share best practices, and contribute to the development of improvement projects and program services.

Quality improvement interventions are varied and based on the ongoing review and analyses of results from monitoring activities by the OHCA QI Department. As results from assessment activities are produced, the QI Unit will more clearly define quality improvement interventions for progress toward goals. To maximize the potential for

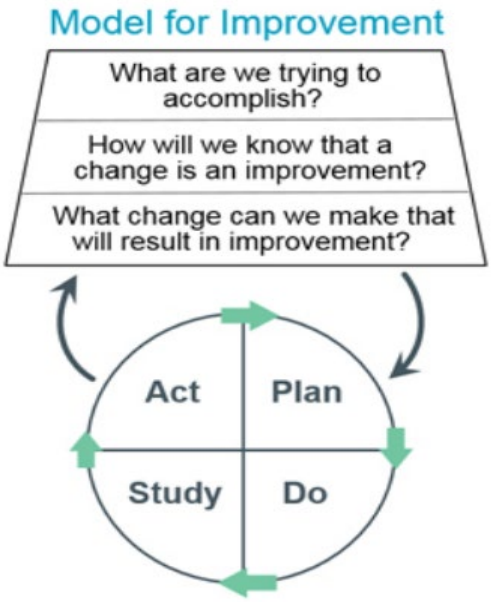
improvement, OHCA will seek and prioritize implementation of evidence-based interventions when possible.

Improvement activities are central to any quality strategy and must include:

- Identifying current levels of quality,
- Identifying areas for improvement,
- Designing interventions to achieve improvement, and
- Charting progress toward quality goals.

As previously noted, the QI Department will employ action-oriented learning using the Institute for Healthcare Improvement's (IHI) Model for Improvement, Plan-Do-Study-Act (PDSA) Cycles[21] (see Figure 2). The CMS External Quality Review Protocol[22] (October 2019) for performance improvement projects will also be referenced as a guide to help ensure statistically sound PIPs.

Figure 2. IHI Model for Improvement



Mechanisms to assess and address health disparities and SDOH are fundamental to the CQS. As CMS noted in their State Health Official letter (SHO# 21-001)[23], January 7, 2021, "Many Medicaid and CHIP beneficiaries may face challenges related to SDOH, including but not limited to access to nutritious food, affordable and accessible housing, convenient and efficient transportation, safe neighborhoods, strong social connections, quality education, and opportunities for meaningful employment. There is a growing body of evidence that indicates that these challenges can lead to poorer health outcomes for beneficiaries and higher health care costs for Medicaid and CHIP programs and can exacerbate health disparities for a broad range of populations." OHCA's implementation of the Getting Ahead PIP, testing for change, and identifying lessons learned and successes will help inform the development of future mechanisms to assess and address SDOH. Getting Ahead is an evidence-based program that addresses social isolation, helps people reduce chaos and increase

stability by connecting positive support systems, strengthening problem-solving skills, and using stabilizing resources.[24, 25]

Mechanisms to obtain complete and valid data are also essential for evaluation purposes. Historically, claims data have been the primary available data source for many performance measures; since claims data is based on diagnoses and procedure codes, this can result in artificially low performance rates for measures that typically rely on medical record reviews to obtain certain measurement values (e.g., obesity rates, high blood pressure rates) or evidence of certain procedures that may not have a separate claim submitted (e.g., bundled billing for pregnancy care). The state Health Information Exchange (HIE) will help facilitate access to complete data; this is currently being formed with OHCA leading that process. OHCA still anticipates needing to conduct medical record reviews for some measures. As such, the QI Department is developing a limited hybrid reporting capability with an assessment planned in CY2023 as to whether this function is best met internally or through contracted agency partners.

QI staff will meet regularly with most departments within the agency to facilitate discussions on QI topics, clarification of goals, effective measurement of success, and impactful analysis in the assessment stage.

Strategies and Programs

Delivery System Reform

- The SoonerCare Choice program links each member to a primary care provider who serves as their patient centered medical home (PCMH). Primary care providers (PCPs) manage the basic health care needs, including after-hours care and specialty referrals, of the members on their panel. In exchange for this service, each PCP is prepaid a fixed monthly capitated payment for care coordination, in addition to fee-for-service claims payment. SoonerCare Choice has more than 500,000 members enrolled statewide and more than 2,000 PCPs. SoonerExcel is the value-based performance reimbursement program that recognizes achievement of excellence in improving quality and providing effective care based on meeting or exceeding various quality-of-care targets. The current SoonerExcel Measures are emergency department utilization, behavioral health screening, obesity, and diabetic control. Quarterly scorecards show the provider how they compare to other PCMH providers across the state, as well as areas for improvement.
- OHCA's Long Term Care Pay for Performance (PFP) program is designed to measure and ensure the integrity, quality and overall wellness of consumers and Long-Term Care (LTC) Medicaid facilities. The value-based program centers around paying providers for quality and value of services provided to SoonerCare members. Program measures include excessive weight loss, high risk pressure ulcers, urinary tract infections, and use of antipsychotics (see Appendix E).

Transitions of care

- For members in the SoonerCare Traditional plan (those that have not selected a PCMH and are considered Fee for Service), the member is free to see any contracted SoonerCare provider they choose, including specialists (with no referral needed). OHCA provides a Provider Directory that is updated when internal systems update to aid the member with finding providers. They may also call the SoonerCare Help Line at 800-987-7767 for help with finding a provider/specialist.
- Members in the SoonerCare Choice plan (those who have selected a PCMH) are encouraged to log in and change their PCMH through MySoonerCare.org. They may also call the SoonerCare Help Line at 800-987-7767 or visit one of the Agency Partners to change their PCMH. The change takes effect the next day. For example, if the member calls or logs in today to change their PCMH, the current PCMH will end today and the new PCMH will become effective tomorrow.
- SoonerCare PCMH contracts require providers to release records to appropriate parties under proper circumstances, including transfer of care and agency needs. Therefore, new providers have access to records of transferring patients. Some records are available through the currently operational MyHealth HIE upon query by the receiving clinician. Within the coming year, the state HIE will merge with the MyHealth HIE with the express goal of expanding the network across Oklahoma. The possibility of requiring provider participation in the HIE is being explored during this process.

  The PCMH agreement also includes several requirements related to transitions of care, including the following:
  - To not refer the member to emergency services for non-emergent conditions.
  - To notify OHCA and receive an updated PCP assignment for the member before stopping their care, regardless of which party starts a transfer of care, providing medically necessary care during this process until the member is established with the new clinician.
  - To allow a 30-day period of transitional care if a member is transferring to another provider, whether that transfer is started by the current provider or by the member.
  - To receive members into panel based upon their request without restriction for any reason, if the panel limit has not been reached (2,500 for physicians, 875 for resident physicians and 1,250 for nurse practitioners and physician assistants).
  - Provide access to care through another SoonerCare contracted provider if unable to maintain access for a period of three or more consecutive business days.
- Transition of adults into the SoonerCare expansion Healthy Adult Population, (HAP).

- Behavioral Health transitions for inpatient behavioral health discharges; a transition plan is required of the inpatient facility at the time of discharge.
- Eligibility transitions also affect the delivery of care for individuals who qualify for SoonerCare programs at one time or another. A recent example is the expected transition related to the end of the Public Health Emergency[26] (PHE). As of January 2022, OHCA expects approximately 200,000 members to lose coverage because of the PHE ending. The Families First Coronavirus Response Act[27] requires the following until the end of the month in which the PHE ends:
    - Medicaid eligibility levels and enrollment procedures that were in effect on January 1, 2020, must remain in effect.
    - Individuals covered as of March 18, 2020, or who enrolled after that date, must maintain continuous coverage.

  To minimize the potential negative effects of these expected eligibility changes, OHCA will take the following steps, as much as feasible, per applicable regulations at the time of PHE conclusion:
    - Members with zero claims will be considered first for disenrollment.
    - Members with open prior authorizations (PAs) will be considered for later disenrollment.
    - OHCA is exploring analytic capabilities through current partners that could add the ability to risk stratify members according to risk of destabilization, further adding protections to the process for the health of transitioning members. Those at lower risk would transition sooner than those at highest risk. Examples of characteristics that may meet criteria for high risk are current residential substance abuse therapy, indications of unstable housing, and other factors.
- From nursing home to private residence setting: Money Follows the Person is a CMS grant-funded program facilitating the voluntary movement of members from the nursing home setting to the home. Various supports are provided during the first year to ensure a smooth and successful transition. After the first year, the member typically transitions to the Advantage Waiver, which provides the continued necessary supports for safely living at home.
- From inpatient to nursing home setting: Payment for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) in Nursing Facilities (NFs) is enhanced to avoid any difficulty of transitioning from inpatient to nursing facility care. The eligible facilities will be identified by Level of Care code S03; there are currently four facilities (see State Plan[28]).
- From inpatient setting to any environment:
    - The OHCA internal departments, Population Care Management (PCM) and the Chronic Care Unit (CCU) receive Care Fragmentation Reports from the MyHealth HIE. These reports include ED visits, inpatient admissions, and inpatient discharges. This report is reconciled with the current case lists of the care managers in these departments. The care managers follow up with the matched members to assess current needs and coordinate after-care as

necessary. Over the course of CY2021, approximately 160 complex, high-need members received follow-up care coordination/management in this manner.

- The Health Management Program (HMP), carried out by an agency contractor (Telligen), identifies qualifying members from the inpatient setting and the Emergency Department for transitional care management. Registered Nurse Care Managers assess member needs and help address the identified needs in efforts to avoid rehospitalization or unnecessary repeat ED visits. This program focuses on high need individuals with chronic conditions who could benefit from behavior modification interventions. Qualifying members are followed for up to six weeks and then, if needed, handed off for long term coaching. As of November 2021, 86 members were enrolled in this transitional care program.

Mobile Crisis Management

Oklahoma has covered qualifying mobile crisis services through its state plan since 2013 and has made great strides at recruiting and developing mobile crisis teams in areas of the state, but more work needs to be done to take the model statewide. Oklahoma has estimated that the cost of implementing a statewide mobile crisis team is $12.5 million, of which $3 million was appropriated by the Oklahoma Legislature this year. The additional funding provided through a planning grant would assist Oklahoma in recruiting qualified mobile crisis in additional areas of the state, provide training and technical assistance on relevant evidence-based practices, and build linkages between mobile crisis teams and local law enforcement. Specifically, Oklahoma is requesting planning grant dollars to engage consultants to:

- Examine the needs of the expanded population served under mobile crisis response teams to identify gaps in timely Medicaid eligibility and enrollment, identifying co-occurring or primary needs, other than behavioral health, necessary for collaboration to ensure holistic care navigation, and exploration of current Medicaid policy for opportunities to better address these identified needs; and
- Develop standardized crisis services training curriculum. Curriculum will minimally address de-escalation strategies, suicide prevention, safety, working with law enforcement and 911 systems, the Oklahoma Child Care Resource, and applicable state and federal laws including emergency detention statutes.

Disparities Plan

OHCA has established the CEO Diversity and Inclusion Council to ensure that equity remains a top priority for the organization in terms of member and staff experiences. The Council's Mission is "To create an environment that supports diverse talent, life experiences and perspectives, while continuing to inspire innovation. The OHCA culture must be one where all employees and members are treated with absolute equality. We are committed to establishing an environment that welcomes all people and is a safe space to express your concerns, criticisms and experience." The Council

will focus on "messaging and metrics, attraction and recruitment, inclusions and retention, and community partnerships."[29]

The QI Department will work closely with the Council to interpret data on disparities and plan meaningful PDSAs to address the identified inequities. Two current efforts by a standing Disparities Workgroup are described below:

- Comprehensive pain management: Analysis of SoonerCare PAs indicates African American members are less likely to receive physical therapy and opioid prescriptions than their Caucasian counterparts. African American members are significantly more likely to have a urine drug request than other races and ethnicities. The workgroup continues to plan a PDSA to try to address this. Potential interventions include education of providers and members to ensure appropriate multi-modal treatment is equally accessible to all members with chronic pain. As of January 1, 2022, chiropractor services are covered for spinal pain; this will be added to the ongoing monitoring and PDSA planning for this disparity.
- Maternal Mortality: National and statewide data indicate African American mothers are far more likely to die in the postpartum period than any other race or ethnicity. This standing workgroup has embarked on an effort to decipher whether this trend is also true for OHCA members. It is a multi-step process of vetting data sources, establishing a sound procedure for prompt identification of maternal deaths, routine reporting, and subsequent PDSA planning to address any detected disparity.

  Additionally, at a fundamental process level, the QI Department considers potential inequities during the planning process for all PDSAs. During the planning phase, it is critical to analyze and understand the current situation. For example, in January 2022, the QI Team planned a PDSA to address the low COVID vaccination rate among OHCA members compared to the rest of the state. During the planning phase, the first step was to ascertain the current performance, in this case, the overall OHCA member vaccination rate. In the second step, OHCA will consistently examine the possibility of a disparity along the lines of race, ethnicity, and gender; additionally, comorbid conditions, ZIP code, or other characteristics will be examined to help inform the PDSA process. In so doing, QI best practices and the OHCA priority of health equity are merged into an approach that will be effective for improving health outcomes for the whole OHCA population. While there is simplicity in this approach, the impact comes from the standardization of the second step across all PDSAs.

Evidence based clinical practice guidelines

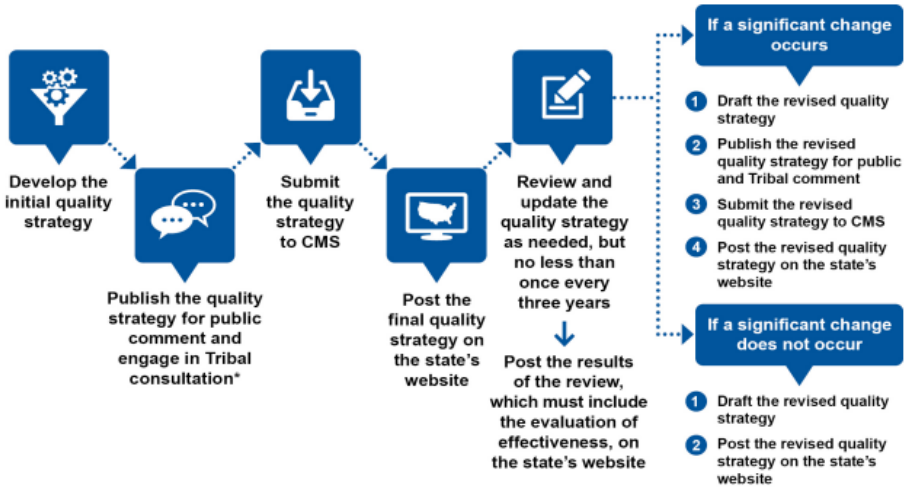
The OHCA MASS (Medical Administrative Support Services) nurses and Medical Directors work together to ensure that prior authorization criteria and coverage decisions are based on the most recent available clinical evidence, expert guidelines, and needs of SoonerCare members. Multiple resources are used in this effort

including utilization data, practices of other state Medicaid agencies, and decision support tools (e.g., InterQual, UpToDate, Hayes, the guidelines of specialty organizations, etc.).

Plan for updating Quality Strategy

OHCA will update its Quality Strategy according to two schedules. For minor updates, the schedule will be every year in December. For significant updates, the schedule will be every three years. These updates will be made to ensure continual alignment with environmental factors and agency priorities as well as to regularly renew the ongoing effort to improve member health outcomes. As previously noted, OHCA will adapt guidance like the Medicaid and CHIP Managed Care Quality Strategy Toolkit to the Oklahoma Medicaid setting, adhering to the applicable best practices in the development and implementation of the OHCA Comprehensive Quality Strategy. The process the OHCA will follow for updates is included here in the figure below (from the Toolkit):

Figure 3. Quality strategy lifecycle



Significant updates will include the following:

- The scheduled update that occurs every three years and includes input from the Medical Advisory Committee, beneficiaries, Tribal Consultation, and other stakeholders,
- Addition or removal of prioritized areas (i.e., changes to the list of five focus areas or the list of four core domains),
- An evaluation of the effectiveness of the quality strategy conducted within the previous three years, and
- Any major changes to the delivery system model. (i.e., payment model changes expected to affect more than 20% of enrollees or more than 20% of spending, new waivers with similar impact).

Minor updates could include the following:

- Routine updates to quality indicator definitions based upon changes by the measure steward, and
- Changes in PCMH measures and/or PCMH payment structures that do not require a waiver amendment.

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Appendix A

Comprehensive Quality Strategy - Draft

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Stakeholder Feedback

Stakeholder Feedback

KFMC, on behalf of OHCA, facilitated five stakeholder feedback sessions in late 2021 and early 2022 to gather input on the Comprehensive Quality Strategy priority areas. The stakeholder groups were Member Advisory Task Force (MATF) members, Tribal Consultation, SoonerCare providers, other Oklahoma State agencies, and SoonerCare members.

Prior to each feedback session, pre-meeting materials were made available to participants and are included below. Summaries of the feedback sessions are provided below, as well.

Member Advisory Task Force

The Member Advisory Task Force (MATF) feedback session was held October 30, 2021, via the Zoom virtual platform. Ten current and past MATF members attended. The members who attended were predominately white, with Black or African American attendees as well. Most of the attendees were also of non-Hispanic origin, with some representation from members of Hispanic origin. Most of the members who attended lived in a suburban region, followed in number by rural and urban.

Pre-Meeting Materials

The following pre-meeting materials were sent to MATF members registered for the meeting.

OHCA and our subcontractor, KFMC Health Improvement Partners, are interested in your input during the MATF Quality Assurance meeting on Saturday, October 30, from 10 a.m. to 12 p.m., as we develop an overall plan for improving the quality of care for SoonerCare members. We hope to better understand the experiences and needs of SoonerCare members, so we can help Oklahomans thrive and be healthy.

MATF Quality Assurance Meeting Agenda	
9:45 a.m.—10:00 a.m.	*Sign-on to Zoom meeting. Example of polling feature, menti.com, to be used during meeting.*
10:00 a.m.—10:10 a.m.	*Welcome and Introductions*
10:10 a.m.—10:15 a.m.	*Background information for Social Determinants of Health discussion*
10:15 a.m.—10:55 a.m.	*Question 1: How do you see the following areas affect the health of your community?* • *Food* • *Housing* • *Utilities* • *Finances* • *Transportation* • *Interpersonal Safety* • *Socio-Demographic Information* • *Childcare* • *Education*

MATF Quality Assurance Meeting Agenda	
	• *Employment* • *Health Behaviors* • *Health Care Access/Support* • *Social Isolation and Supports* • *Behavioral/Mental Health*
10:55 a.m.—11:05 a.m.	*Question 2: Is there anything missing from the list you would like to add?*
11:05 a.m.—11:10 a.m.	*Background information for the Focus Area discussion*
11:10 a.m.—11:25 a.m.	*Question 3: What does OHCA need to know as we work on decreasing smoking and other tobacco use?*
11:25 a.m.—11:40 a.m.	*Question 4: What does OHCA need to know as we work to decrease obesity?*
11:40 a.m.—11:55 a.m.	*Question 5: What does OHCA need to know as we work to address issues related to teen pregnancy?*
11:55 a.m.—12:00 p.m.	*Wrap-up/Next Steps*
12:00 p.m.	*Adjourn*

Social Determinants of Health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. We will ask about sources of stress and unmet needs, as well as your input on OHCA's efforts to decrease smoking, obesity, and teen pregnancy.

Below are the questions we plan to ask. Please review these questions so you are prepared to give feedback during the meeting.

1. *How do you see the following areas affecting the health of your community?*

Areas of stress or unmet needs	*Examples*
Food	*Limited or uncertain access to enough food, unable to get or pay for fresh foods (such as fruits and vegetables)*
Housing	*Homelessness, unsafe or unhealthy housing conditions, inability to pay mortgage/rent, frequent housing changes, eviction*
Utilities	*Difficulty paying utility bills, getting shut off notices, issues with access to a phone*
Finances	*Inability to pay for essential needs, medication underused due to cost, benefits denial, need to understand finances*
Transportation	*Difficulty getting or paying for transportation (medical or public)*
Interpersonal Safety	*Partner violence, elder abuse, community violence*
Socio-Demographic Information	*Race and ethnicity, education level, family income level, languages spoken*
Childcare	*Childcare, preschool, after-school programs, prenatal support services, kids clothing and supplies, summer programs*
Education	*English as a Second Language (ESL/ESOL), high school equivalency (GED), college training programs, need help understanding health care providers or paperwork*
Employment	*Under-employment, unemployment, job training*
Health Behaviors	*Smoking or other tobacco use, alcohol or other substance use, physical activity, diet, don't get health check-ups, don't use a primary care doctor*

Areas of stress or unmet needs	*Examples*
Health Care Access/Support	*Can't find or get into a primary care doctor, can't find, or get into a specialist, need help managing multiple health conditions and services*
Social Isolation and Supports	*Lack of family and/or friend networks(s), minimal community contacts, lack of other social interactions*
Behavioral/Mental Health	*Stress, anxiety, depression, trauma, lack of help for behavioral/mental health needs*

2. *Is there anything missing from the list you would like to add?*
3. *Smoking and tobacco use affects the health of smokers and their families. What does OHCA need to know as we work to decrease smoking and other tobacco use?*
4. *Being overweight or obese can impact one's health. What does OHCA need to know as we work to decrease obesity?*
5. *Teenage pregnancy can have a profound impact on a teen's life. What does OHCA need to know as we work to address issues related to teen pregnancy?*

Thank you for your willingness to participate in the extra MATF meeting. We will use your input and information we obtain from other groups to develop our quality plan.

MATF Feedback Summary

SDOH priorities

- Top four factors/stressors noted by the members were:
  - Housing
  - Employment or lack of employment
  - Behavioral and mental health; and
  - Health care.

Housing

Members' Comments:

- Concerns and stress are related to difficulty finding decent, maintained, safe, affordable housing, including:
  - Concerns of lead poisoning associated with the housing quality.
  - Available housing may not be well maintained, and can have pest infestations (e.g., bedbugs).
  - High cost of rent and utilities.
  - Unsafe neighborhoods limit ability for children to play outside and can't afford to move to areas with safe housing. Cannot address issues about safety, due to concerns of getting in trouble with neighbors and community.
  - Difficulty finding a landlord that accepts Section 8 housing, and rural areas have limited availability for Section 8 or HUD housing.
  - When a family lacks secure housing, they begin and end each day feeling insecure. Children go to school unfocused, and parents go to work stressed. It is a domino effect.

- Need better housing opportunities in the areas of good school districts (e.g., Edmond, other areas), as most people cannot afford housing in the areas with good school districts.
- Help is needed to understand social programs/supports available (rent assistance, utilities assistance, help with no air conditioning, etc.).

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Ensure lead screening is occurring as required on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).
- Partner with the Oklahoma Childhood Lead Poisoning Prevention Program, to identify SoonerCare members' lead screening results and ensure those with lead poisoning are treated.
- Ensure SoonerCare members have information about housing-related social programs/supports (e.g., help with rent, utilities, air conditioning, landlords accepting Section 8).

Employment

Members' Comments:

- There is a lack of good paying jobs, and jobs that offer insurance.
- If a job does offer insurance, it is unaffordable and has a huge deductible.
- It is hard to get better jobs due to cost and lack of transportation (e.g., limited to areas along bus routes and rural areas without public transportation).
- African Americans are not getting jobs they are educated/qualified for; help is needed in the employment process to reduce stereotyping.
- There is a lack of employment support and coaching.
- There is a need for employment support for persons with special health care needs:
    - Persons with disabilities have the lowest employment rate and have no job support or supervision. They may take unsafe jobs, as they cannot obtain skills needed for better and more stable jobs.
    - Members with special health care needs, or mental/behavioral health conditions need jobs that are sensitive to these needs or have benefits that support workers or workers' families with these needs.
    - Benefits are restrictive – need a way to have supports like a support advocate or a case manager.
- Support is needed for caregivers of persons with special health care needs:
    - Persons with disabilities have limited or no long-term supports and it is the responsibility of the parents to support them; therefore, parents must leave their jobs to take care of their children with disabilities. Leave using the Family Medical Leave Act (FMLA) may be available but continuous support is needed.
    - All the issues and continuous stress faced by the caregiver leads to their own health concerns. Doctors should understand caregivers need community supports and that different programs can help factors faced by caregivers; caregivers need community supports.

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Partner with Oklahoma Rehabilitation Services' various employment programs, ensuring SoonerCare members are informed of available resources.
- Ensure doctors and other providers have access to contact information to a few key resources that can help members learn about and access a variety of community supports.

Behavioral health, mental health, and physical health

Members' Comments:

- More providers from the community are needed who look like the community members.
- Availability of community support groups may be helpful.
- Concerns about mental health care include:
  - Need member education, understanding, and acceptance of mental health help – the services/benefits may be available, but people aren't using them because of stigma/shame. In African American communities they expect people to tough it out or rely only on religion to help them.
  - Mental health for males should not be overlooked; it could help prevent crime/violence. Mental health treatment is needed instead of jail.
  - Mental health care needs should be identified and addressed at an early age, to help reduce problems in school and with the law.
- Lack of mental health services:
  - Mental health services are not available, and/or quality of services needs to improve.
  - Sending kids out of state for care makes it hard for families to partner in the child's recovery.
  - Need providers skilled at working with people who are non-verbal and with complex medical conditions.
  - Transition support from inpatient to home does not happen for adults or children. This leads to readmissions and/or increased family stress.
  - True care/case management is not available, except for specific programs and those don't address the needs of the whole family.
  - Very few providers serve children and persons with developmental disabilities in Oklahoma.
  - Caretakers' mental health needs should be addressed.
  - With mental health services in Oklahoma, level of care is lacking. In crises, they go to the ER, then are sent to a facility to get stabilized; after 24 hours, person is still getting moved from one facility to other; transferring is done from one facility to other.
- Concerns about health care in general:
  - Cannot find primary care providers on weekends or after hours; timing of availability of the provider is an issue. It is difficult to make appointments during the weekday due to jobs and taking care of family member's health.
  - Dependence on emergency care and not getting the needed care in the ER – lack of evening/weekend PCP and specialist hours.
  - Use of medical marijuana for pain management is problematic; can have issues at employment. System is not setup for this type of pain management.

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Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Campaigns/education about mental health (MH) services are needed.
- Provide incentives for PCPs to offer evening and weekend hours.
- Ensure help is available to members in finding a PCP, or specialist as needed.
- Evaluate MH and PCP provider network availability.
- Evaluate member satisfaction survey results (ECHO, CAHPS) to identify targeted areas for improvement.

SDOH Additional Factors to Address

Members' Comments:

- Dental care
- Current events causing isolation
- Limited number of providers (dentists and personal care attendants for persons with disabilities)
- Men's health
- Education should be the priority as it affects the whole family
- It is important to have healthcare providers who are from the community to whom members belong. This will make healthcare providers more effective.

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Evaluate member satisfaction survey results (ECHO, CAHPS [Health Plan, HCBS and Dental]) to identify targeted areas for improvement.

Focus Areas

Focus Area: Smoking and Other Tobacco Use

Members' Comments:

- Concerns about vaping:
  - Youth vaping is an issue in schools. Youth believe it is a healthy alternative to smoking cigarettes. Need education at early age of ill effects of vaping and all tobacco products.
  - All anti-smoking ads say "Tobacco," and do not mention "Vaping," therefore people think there is no tobacco in vaping.
- Provider education is needed. It is important that options are available to a person to quit smoking. (An example was given of a provider not prescribing cessation medication when asked.)
- The cost of tobacco products does not reduce smoking.
- Parental support is needed. Programs for the whole family should be provided – teach parents how to communicate with children; and teach children how to communicate with parents. This is necessary for mental and social behaviors.

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Partner with the Oklahoma tobacco program to address community and school education.

- Monitor smoking cessation CAHPS survey results and evaluate for targeted improvement.
- Conduct provider education about smoking cessation/tobacco options and SoonerCare benefits.
- Conduct member education about available SoonerCare smoking/tobacco cessation benefits.

Focus Area: Obesity

Members' Comments:

- Concerns about obesity:
  - Lacking access to affordable gyms/workout facilities, personal trainers, and counselors.
  - Don't have safe places for children to play.
  - Limited sidewalks and parks.
  - Food that is affordable is not healthy.
  - Free school lunches are not healthy.
  - Weight loss programs provided only one time in a year – do BMI measurements, check BP, give good information. This program should be provided more times in a year.
  - Lack of knowledge about available resources.
  - There is a relationship between ACEs (Adverse Childhood Experiences) and obesity.
- Ideas for what would help:
  - Incentive for buying vegetables at grocery stores. There are three stores in Oklahoma, where each dollar shoppers use for buying vegetables, the stores match the amount. Information about this program should go out – media should provide this information. More programs like this should be available.
  - List of free resources should be sent by OHCA.
  - Farmers markets should accept SNAP (Supplemental Nutrition Assistance Program).
  - Share shopping ideas and healthy cooking skills for low-income budget. Include focus on recipes children will eat.
  - Micro farming education; maybe farming classes; neighborhood farming plots.

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Distribute a list of free resources.
- Provide lists of farmers markets that accept SNAP, and grocery stores giving store matches for purchase of vegetables. Explore partnerships and methods to incentivize more groceries and farmers markets to offer these.
- Provide education and ideas for healthy cooking, exercise, growing vegetables, etc.

Focus Area: Teen Pregnancy

Members' Comments:

- Teenagers should have access to (and information on how to access) contraceptive medications and free condoms.
- Should privately have access to sex ed and birth control information.
- Need to change the law to allow a teen to manage their own family planning.

- More education is needed for the parents.
- Need education for teenagers – pregnancy is a responsibility, and education on what it takes to be a parent. Abortion billboards promote an "easy out."
- More "Why Wait" Programs – teens who are parents should go to schools to describe how difficult their life is and how it affects their whole life. Listening from teens who are parents is more effective for teenagers.
- Talk to males and females separately as there are different issues that need to be discussed.
- Work with those who have access to teenagers.
- Need resources for teen moms to continue their education and to get skills to improve their lives and to support their kids.

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Collaborate with the Oklahoma State Department of Health Teen Pregnancy & Prevention, Sexual Health program.
- Monitor HEDIS contraceptive measures and identify areas for targeted improvement.
- Educate providers and members on related SoonerCare benefits.

Tribal Consultation, SoonerCare Providers, and Other State Agencies

The Tribal Consultation feedback session was held December 9, 2021, via the Microsoft Teams virtual platform. There were 19 attendees at the meeting. Nine Native American tribes were represented. The meeting was also attended by representatives of Indian Health Services, the Oklahoma Indian Clinic, and the Trial Health System.

The SoonerCare Provider feedback session was held December 10, 2021, via the Microsoft Teams virtual platform. Twenty providers or provider representatives attended the feedback session. Multiple specialties and provider types were represented, including behavioral health, durable medical equipment, dental, family medicine, home care, hospice, speech-language pathology, optometry, pediatrics, pharmacy, primary care, intermediate care facilities for individuals with intellectual disabilities, and the retirement community. The Oklahoma Hospital Association was also represented.

The feedback session for other Oklahoma State agencies was held December 16, 2021, via the Microsoft Teams virtual platform. A total of 29 agency representatives attended the feedback session, with 16 agencies represented.

Pre-Meeting Materials

The following pre-meeting materials for the Tribal Consultation, SoonerCare Providers, and other Oklahoma State Agency feedback sessions included the same content, with minor language changes and discussion questions adapted to the audience.

OHCA and our subcontractor, KFMC Health Improvement Partners, are holding a [stakeholder group] quality strategy feedback meeting on [date and time]. We are

interested in your input during this meeting as we develop an overall plan for improving the quality of care for SoonerCare members. We hope to better understand [stakeholder group] experiences and needs so we can help Oklahomans thrive and be healthy. Where applicable, questions asked of each stakeholder group are listed.

*Tribal Consultation Quality Strategy Feedback Meeting Agenda**
Sign-on to meeting. Enter your name, role and [stakeholder group] affiliation (as applicable) into the chat. Example will be provided of polling feature, menti.com, to be used during meeting.
Welcome
Background information for Quality Strategy Comprehensive Measures and Priority Focus Areas
Goal 1, Population Health – Better Outcomes
Goal 2, Improve the Member Experience of Care – Better Care (Quality and Satisfaction) *Goal 3, Provider Experience – Satisfaction*
Goal 4, Per Capita Costs – Lower Costs
Performance Improvement Focus Area – Smoking and Other Tobacco Use
Stretch Break
Performance Improvement Focus Area – Obesity
Performance Improvement Focus Area – Teen Pregnancy
Performance Improvement Focus Area – Social Determinants of Health
Wrap-up/Next Steps
Adjourn

The structure of OHCA's quality strategy will include a comprehensive set of measures categorized by four goals. The four goals are based upon the Institute for HealthCare Improvement Triple Aim (population health, member experience, healthcare costs) and the more recent fourth aim of provider satisfaction. The quality strategy will also include priority performance improvement focus areas which include added process performance measures.

Below are the questions we plan to ask specific to the four goals and the priority focus areas. Please refer to the corresponding table when reviewing each question. Please review these questions so you are prepared to give feedback during the meeting.

Goal 1: Population Health – Better Outcomes

a. Identify three measures you think are the most important to include in the comprehensive quality strategy.

b. Identify additional population health measures not on the list that you think are important to add.

Goal 1: Improve the Health of the Overall Population – Better Outcomes			
	Indicator	*Indicator Description*	
		Denominator	*Numerator*
1.	*Childhood Obesity*	*Children, age 10-17 years*	*Children ages 10-17 years in the Body Mass Index (BMI) for age category of 95th percentile or above*

Goal 1: Improve the Health of the Overall Population – Better Outcomes			
	Indicator	*Indicator Description*	
		Denominator	*Numerator*
2.	*Current Cigarette Smoking or Tobacco Use*	*Adult members, 18 years and older (as of December 31 of the Measurement Year (MY) who had been continuously enrolled in the plan for at least five of the six months of the MY)*	*Adult members who reported smoking cigarettes or using tobacco every day or some days*
3.	*Teen Deliveries*	*Total deliveries among female SoonerCare members with paid delivery (birth) claims (in the SFY)*	*Deliveries among female SoonerCare members ages 19 years and younger with paid delivery (birth) claims (in the SFY)*
4.	*Child and Adolescent Well Care Visits (WCV-CH). [CMS 2021 Updated]*	*Members, age 3 to 21 years*	*Members, 3 to 21 years, who had at least one comprehensive well-care visit with a PCP or an OB/ GYN practitioner during the measurement year*
5.	*Composite Preventive Visits*	*Planning in progress to finalize the measure definition and calculation method.*	*E.g., Members who received all selected preventive services for which they were eligible within the specified time interval*
6.	*Preventive Dental Visit, 1 to 20 years*	*Members, ages 1 to 20 years*	*Members, ages 1 to 20 years, who had one or more dental visits with a dental practitioner during the measurement year*
7.	*Sealant Receipt on Permanent First Molars (All Four)*	*Medicaid members who turn age 10 in the measurement year*	*Enrolled children who have received a sealant on all four permanent first molar teeth in the 48 months prior to the 10th birthdate*
8.	*Concurrent Use of Opioids and Benzodiazepines (COB-AD)*	*Number of members ages 18 years and older without cancer. Note: Excludes patients in hospice care and those with cancer*	*Number of members ages 18 years and older with concurrent use of prescription opioids and benzodiazepines for at least 30 days*
9a.	*Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)*	*Initiation: Members, 13 years and older who were diagnosed with a new episode of alcohol or drug dependency during the first 10½ months of the measurement year.*	*Initiation: Members who began initiation of treatment through an inpatient admission, residential, outpatient visits, intensive outpatient encounter, or partial hospitalization within 14 days of the index episode start date*
9b.	*Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)*	*Engagement: Members, 13 years and older, who were diagnosed with a new episode of alcohol or drug dependency during the first 10½ months of the measurement year.*	*Engagement: Initiation of treatment and two or more engagement events (inpatient admissions, residential, outpatient visits, intensive outpatient encounters or partial hospitalizations) with any alcohol or drug diagnosis within 34 days after the initiation visit.*
10.	*Suicide Death Rate*	*Mid-interval Oklahoma State population*	*Number of deaths that meet the definition of suicide as defined by the National Violent Death Reporting System (NVDRS)*
11.	*Opioid-related Drug Overdose Death Rate*	*Mid-interval Oklahoma State population*	*Number of Opioid-related drug overdose deaths including unintentional and undetermined manner involving at least one opioid, either isolated or in combination of other substances, as a cause of death as determined by the medical examiner and reported by Oklahoma State Department of Health.*

Goal 2: Improve the Member Experience of Care – Better Care (Quality and Satisfaction)
Standardized surveys, ratings and composite measures will be used. No specific questions will be asked during the feedback meeting.

Goal 2: Improve the Patient Experience of Care – Better Care (Quality and Satisfaction)	
	Survey
1.	*Consumer Assessment of Healthcare Providers and Systems (CAHPS) – Health Plan*
2.	*CAHPS Dental Plan Survey*
3.	*CAHPS Home & Community Based Services (HCBS) Survey*
4.	*Experience of Care and Health Outcomes (ECHO) Behavioral Health Survey*

Goal 3: Improve the Provider Experience (Satisfaction)
An annual provider survey will be conducted, to include the survey items in the table below. Providers may be invited to complete smaller surveys throughout the year on specific focus areas.

Goal 3: Improve the Provider Experience (Satisfaction) – Selected Providers Statewide		
	Survey Items	*Potential Questions*
1.	*Prior Authorizations*	***Satisfaction with Prior Authorization process.*** *Scale 1-5, Composite score* *Was the application & communication for a Prior Authorization easily understandable?* *Was the authorization request responded to in a timely manner?* *Did the Prior Authorization process meet the expectations of the provider?* ***How can the PA process be improved?*** *open ended question*
2.	*Care Management/Care Coordination*	***Satisfaction with Care Coordination.*** *Scale 1-5, Composite score* *Has the provider referred a patient to SoonerCare Case Management?* *Was the CM referral process accessible?* *Did the Case Manager communicate with the provider and or clinic staff in a timely manner?* *Did a referral to Case Management improve access to care?* *Was the referral to Case Management beneficial?* ***How can Case Management and Care Coordination be improved?*** *open ended question*
3.	*Appeals process*	***Satisfaction with the Appeals process.*** *Scale 1-5, Composite score* *Was the Appeals submission accessible?* *Was communication regarding the appeal helpful and timely?* ***What was the providers expectations of the appeals process?*** *open ended question*

Following are additional survey items for consideration. Please identify:
a. The top three areas to include for evaluation of provider satisfaction.
b. Identify additional topics not on the list you think are important to ask providers.

	Potential Provider Survey Items
1.	*Provider Services (Provider Relations)*
2.	*Claims Processing*
3.	*Provider Network*
4.	*Communication Preferences*
5.	*Website & Portal access*

Goal 4: Reduce the Per Capita Cost of Care – Lower Costs
a. Identify the top three important measures for reducing costs.
b. Are there additional cost measures, not on the list, that are important to add?

Goal 4: Reduce the Per Capita Cost of Care – Lower Costs			
	Indicator	*Indicator Description*	
		Denominator	*Numerator*
1.	*Preventable Hospital Admissions – [Prevention Quality Indicator (PQI)]: Heart Failure Admission Rate (PQI08-AD)*	*Members, age 18 years and older*	*Members 18 years and older admitted with a primary diagnosis of heart failure, excluding admissions where certain cardiac procedures were performed (excluding transfers and obstetric discharges).*
2.	*Preventable Hospital Admissions – PQI: Asthma in Younger Adults Admission Rate (PQI15-AD).*	*Members, age 18 years and older*	*Members 18 years and older admitted with a primary diagnosis of asthma, excluding admissions with diagnoses of cystic fibrosis or other respiratory anomalies (excluding transfers and obstetric discharges).*
3.	*Preventable Hospital Admissions – PQI: Diabetes Short-Term Complications Admission Rate (PQI01-AD).*	*Members, age 18 years and older*	*Members 18 years and older admitted with a primary diagnosis of diabetes (excluding transfers and obstetric discharges).*
4.	*Preventable Hospital Admissions – PQI: Chronic Obstructive Pulmonary disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD).*	*Members, age 18 years and older*	*Members, age 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 (excluding transfers and obstetric discharges).*
5.	*All-Cause Hospital Admissions*	*To be determined*	*To be determined*
6.	*Emergency Department (ED) Visits (AMB-CH)*	*Members, 0 to 19 years measurement period*	*Number of ED visits among members 0 to 19 years during the measurement period.*
7.	*Plan All-Cause Hospital Readmissions (Predicted probability of an acute readmission)*	*Members, age 18 to 64 years*	*Members ages 18 to 64 with an acute inpatient or observation stay during the measurement year that was followed by an unplanned acute readmission for any diagnosis with 30 days.*
8.	*Total Per Capita Cost*	*To be determined*	*To be determined*

Performance Improvement Focus Area: Smoking and Other Tobacco Use
Tribal

- *Are there Tribal initiatives occurring to decrease smoking and other tobacco use? If yes, please describe.*

Provider

- *Describe any efforts you are involved with to decrease smoking and other tobacco use.*

Other State Agency

- *Does your agency have current initiatives to decrease smoking and other tobacco use? If yes, please describe.*

All

- *What does OHCA need to know as we work to decrease smoking and other tobacco use?*

Performance Improvement Goal: Reduce Smoking and Other Tobacco Use			
	Indicator	*Indicator Description*	
		Denominator	*Numerator*
1.	*Medical Assistance with Smoking and Tobacco Use Cessation among 18 years and older – Advice to quit smoking or using tobacco by a doctor or other health provider*	*SoonerCare Members' CAHPS Survey Respondents who currently smoke cigarettes or use tobacco every day or some days.*	*Current smokers or tobacco users who always/ usually/sometimes receive the advice to quit smoking or using tobacco by a doctor or health provider in member's plan.*
2.	*Medical Assistance with Smoking and Tobacco Use Cessation among 18 years and older – Cessation Medications recommended or discussed by a doctor or other health provider to assist with quitting smoking or using tobacco*	*SoonerCare Members' CAHPS Survey Respondents who currently smoke cigarettes or use tobacco every day or some days.*	*Current smokers or tobacco users with whom a doctor or other health provider always/usually/ sometimes recommended or discussed cessation medication to assist with quitting smoking or using tobacco*
3.	*Medical Assistance with Smoking and Tobacco Use Cessation among 18 years and older – Cessation Strategies Other than Medications provided or discussed by a doctor or other health provider to assist with quitting smoking or using tobacco*	*SoonerCare Members' CAHPS Survey Respondents who currently smoke cigarettes or use tobacco every day or some days.*	*Current smokers or tobacco users with whom a doctor or other health provider always/usually/ sometimes provided or discussed cessation strategies other than medication to assist with quitting smoking or using tobacco*

Performance Improvement Focus Area: Obesity

Tribal

- *Are there Tribal initiatives occurring to decrease obesity? If yes, please describe.*

Provider

- *Describe any efforts you are involved with to decrease obesity.*

Other State Agency

- *Does your agency have current initiatives to decrease obesity? If yes, please describe.*

All

- *What does OHCA need to know as we work to decrease obesity?*

Performance Improvement Goal: Reduce Obesity			
	Indicator	*Indicator Description*	
		Denominator	*Numerator*
1.	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents 3 to 17 years (WCC) – Body Mass Index (BMI) Percentile Assessment.*	*Members, age 3 to 17 years*	*Members aged 3 to 17 years who had an outpatient visit with a primary care provider or obstetrician/gynecologist and who had evidence of the BMI percentile documentation during the Measurement Year (MY)*
2.	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents 3 to 17 years (WCC) – Counseling for Nutrition.*	*Members, age 3 to 17 years*	*Members aged 3 to 17 years who had an outpatient visit with a primary care provider or obstetrician/gynecologist and who had evidence of the nutrition counseling during the MY*
3.	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents 3 to 17 years (WCC) – Counseling for Physical Activity.*	*Members, age 3 to 17 years*	*Members aged 3 to 17 years who had an outpatient visit with a primary care provider or obstetrician/gynecologist and who had evidence of the physical activity counseling during the MY*

Performance Improvement Focus Area: Teen Pregnancy

Tribal

- *Are there Tribal initiatives occurring to address issues related to teen pregnancy? If yes, please describe.*

Provider

- *Describe any efforts you are involved with to address issues related to teen pregnancy.*

Other State Agency

- *Does your agency have current initiatives to address the issues related to teen pregnancy? If yes, please describe.*

All

- *What does OHCA need to know as we work to address issues related to teen pregnancy?*

Performance Improvement Goal: Address Issues related to Teen Pregnancy			
	Indicator	*Indicator Description*	
		Denominator	*Numerator*
1a.	*Contraceptive Care - All women 15 to 20 years (CCW-CH) (Most effective or moderately effective FDA Approved method of contraception).*	*Women ages 15 to 20 at risk of unintended pregnancy (defined as those that have ever had sex, are not pregnant or seeking pregnancy, and are fecund)*	*Women ages 15 to 20 at risk of unintended pregnancy who were provided a most effective or moderately effective method of contraception.*
1b.	*Contraceptive Care - All women 15 to 20 years (CCW-CH) (Long-acting reversible method of contraception (LARC)).*	*Women ages 15 to 20 at risk of unintended pregnancy (defined as those that have ever had sex, are not pregnant or seeking pregnancy, and are fecund)*	*Women ages 15 to 20 at risk of unintended pregnancy who were provided a long-acting reversible method of contraception (LARC)*
2a.	*Contraceptive Care –*	*Women ages 15 to 20 who had*	*Women ages 15 to 20 who had a*

	Postpartum Women Ages 15 to 20 (CCP-CH) (most effective or moderately effective FDA Approved method of contraception).	*a live birth*	*live birth who were provided within 3 and 60 days of delivery a most effective or moderately effective method of contraception.*
2b.	*Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) (Long-acting reversible method of contraception [LARC]).*	*Women ages 15 to 20 who had a live birth*	*Women ages 15 to 20 who had a live birth who were provided within 3 and 60 days of delivery a long-acting reversible method of contraception (LARC).*

Performance Improvement Focus Area: Social Determinants of Health

Tribal

- *Identify the top three Tribal needs that are unmet or cause stress.*
- *Are there Tribal initiatives occurring to address Social Determinants of Health? If yes, please describe.*

Provider

- *Identify the top three patient/client areas of stress or unmet needs that impact their health and healthcare.*
- *Describe any efforts you are involved with to address your patients'/clients' areas of stress or unmet needs (i.e., Social Determinants of Health).*

Other State Agency

- *Identify the top three needs of the Oklahomans your agency serves that are unmet or cause stress.*
- *Does your agency have any initiatives occurring to address social determinants of health? If yes, please describe.*

Areas of stress or unmet needs	*Examples*
Food	*Limited or uncertain access to enough food, unable to get or pay for fresh foods (such as fruits and vegetables)*
Housing	*Homelessness, unsafe or unhealthy housing conditions, inability to pay mortgage/rent, frequent housing changes, eviction*
Utilities	*Difficulty paying utility bills, getting shut off notices, phone access issues*
Finances	*Inability to pay for essential needs, medication underused due to cost, benefits denial, need to understand finances*
Transportation	*Difficulty getting or paying for transportation (medical or public)*
Interpersonal Safety	*Partner violence, elder abuse, community violence*
Socio-Demographic	*Race and ethnicity, education level, family income level, languages spoken*
Childcare	*Childcare, preschool, after-school programs, prenatal support services, kids clothing and supplies, summer programs*
Education	*English as a Second Language (ESL/ESOL), high school equivalency (GED), college training programs, need help understanding health care providers or paperwork*
Employment	*Under-employment, unemployment, job training*
Health Behaviors	*Smoking or other tobacco use, alcohol or other substance use, physical activity, diet, don't get health check-ups, don't use a primary care doctor*
Health Care Access/Support	*Can't find or get into a primary care doctor, can't find, or get into a specialist, need help managing multiple health conditions and services*

Social Isolation and Supports	*Lack of family and/or friend networks(s), minimal community contacts, lack of other social interactions*
Behavioral/Mental Health	*Stress, anxiety, depression, trauma, lack of help for behavioral/mental health needs*

Thank you for your willingness to participate in the [stakeholder group] feedback meeting. We will use your input and information we obtain from other groups to develop our quality plan.

Tribal Consultation Feedback Summary

Goal 1: Population Health-Better Outcomes

- Top Measures per Menti Poll:
  - Preventive visits (6)
  - Substance abuse treatment (5)
  - Preventive dental visits (4)
  - Childhood obesity (4)
  - Well child visits (2)
  - Tobacco use (1)
  - Dental sealants (1)
  - Suicide death rate (1)
- Other items to include:
  - Adult/lifespan obesity (4)
  - Diabetes (3)
  - BH services (3)
  - HTN (1)
  - Family planning (1)
  - Chronic health management (1)
  - Medication Assisted Treatment (MAT) for Substance Abuse
- Questions/other comments from attendees:
  - How were these measures selected?
  - Obesity is often not considered a disease and treatment is inadequately funded/covered.
  - "Prior to the Medicaid expansion, we had a very small window for adult eligibility, so that's the reason why you don't have a lot of national standards. Because if people did not expand Medicaid, your population, that adult population that would have had eligibility would have been limited like family planning, which was the limited scope of services under those things."
  - Change tobacco cessation to substance abuse, which would encompass tobacco, alcohol, opioids, and benzos.

Goal 2: Improve the Member Experience of Care – Better Care

- OHCA using standardized satisfaction surveys. No feedback needed at this time.

Goal 3: Provider Experience-Satisfaction

- Most important to include in the provider survey per Menti poll:
  - Provider Services (Provider Relations) (9)
  - Claims processing (7)

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  - Website and portal access (5)
  - Provider Network (3)
  - Communication preferences (3)
- Other items to include:
  - "It is important for provider portal eligibility descriptions to align with the agency view eligibility descriptions." Example: SoonerCare Adult versus Healthy Adult Population Expansion. Confusing for providers. Need continuity between what the individual, benefit staff and provider billing staff see.

Goal 4: Per Capita Costs-Lower Costs

- Top Measures per Menti poll:
  - Diabetes Short-Term Complications Readmissions (5)
  - Emergency Department Visits (5)
  - Total per Capita Cost (4)
  - Heart Failure Readmissions (3)
  - COPD or Asthma in Older Adults Readmissions (2)
  - All Cause Hospital Readmissions (2)-*Note that this was changed in future Menti polls to Inpatient Hospital Utilization*
- Other items to include:
  - Behavioral Health/BH ER (2)
  - Substance Abuse (2)
  - Dialysis (1)
- Questions/other comments from attendees:
  - What is the difference between All-Cause hospital readmissions and planned all-cause readmission? (*Note that this is a moot question since the All-Cause was replaced in the CQS and remaining meetings.*)
  - Tribal services have 100% Federal Medical Assistance Percentage.
  - Focusing on cost has not been a priority for this group.

Focus Area-Smoking and Other Tobacco Use

- Are there Tribal initiatives occurring to decrease smoking and other tobacco use?
  - Grants (2)
  - Tobacco Settlement Endowment Trust (TSET) awards (2)
  - No smoking on premises (2)
  - Smoking cessation products/programs (2)
  - Indian Health Services health education
- What else does OHCA need to know:
  - *Very important to make a distinction between ceremonial and commercial tobacco*
- Questions/other comments from attendees:
  - Quitline is helpful for members. (2)
  - Focus on tobacco use prevention efforts.

Focus Area-Obesity

- Are there Tribal initiatives occurring to decrease obesity?
  - Exercise classes/walking club/walking app/5Ks (4)
  - Wellness centers/resource centers (4)
  - Healthy cooking classes/nutrition education (2)

  - Employee incentives (2)
  - Diabetes education
  - Provider counseling during office visits
  - Good Health and Wellness grants
  - Individual tribal initiatives
  - Limited bariatric surgery when necessary
  - Blue Zone certification of cities (tribe working with the communities on the certification)
  - Partnering with USDA to distribute commodities
- What else does OHCA need to know:
  - Healthier food choices are more expensive.
  - Not all Tribal members live near Tribal facilities, so might not have access to the wellness centers and education.
  - Would be great to have initiatives for members to get a gym membership for those that don't live near Tribal facilities.
  - SNAP and Blue Stamps programs should focus on healthy food options, like USDA commodities program.

Focus Area-Teen Pregnancy

- Are there Tribal initiatives occurring to address issues related to teen pregnancy?
  - Community baby shower
  - Lactation training
  - Baby care training
  - Family planning
- What else does OHCA need to know:
  - Not all teen pregnancies are unintentional.
  - Need easy access to contraceptives/sterilization if desired.

Focus Area-Social Determinants of Health

- Top needs of Tribal members per Menti:
  - Transportation (4)
  - Housing (3)
  - Childcare (2)
  - Employment (2)
  - Food (1)
- Are there Tribal initiatives occurring to address issues related to SDOH?
  - Elder meals/Meals on Wheels (2)
  - Food pantry
  - Cooking with commodities/microwave only classes
  - WIC (Women, Infants & Children supplemental nutrition program)
  - Provider network for adult dental services
- What else does OHCA need to know:
  - Tribes have initiatives but Tribal members not close to a Tribal facility.
  - Many Tribal members live in very rural areas. Everything from transportation to stable broadband for telehealth is unavailable.
  - When Tribal members use their government issued phones, it is for telehealth.
  - Iowa Nation has a very strong Peer Recovery Support Specialist program. The current requirement is to be a recovered alcoholic or substance abuse person.

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However, if the requirements included family members of those recovered members, it would allow more to participate/help.
  - The Native family unit may have multi-generational members living in a single unit and is a close-knit group. Younger people can help elders and vice versa.
  - Health behaviors are important.
  - There is a lot of education, and robust programs, but people have to own their health.
  - Blue Zone Certification could be explored.

Other discussion points:

- The best way to contact SoonerCare members is via phone or text.
- It is not uncommon for SoonerCare members to move often or must use an alternative mailing address for confidentiality issues, so snail mail is not the best way to communicate with them.

SoonerCare Provider Feedback Summary

Goal 1: Population Health-Better Outcomes

- Top Measures per Menti poll:
  - Preventive visits (11)
  - Tobacco use (10)
  - Substance abuse treatment (6)
  - Suicide death rate (6)
  - Childhood obesity (5)
  - Well child visits (5)
  - Teen deliveries (2)
  - Concurrent use of opioids and benzodiazepines (2)
  - Preventive dental visits (1)
- Other items to include:
  - Aging issues (3)
  - Exposure to violence/trauma/ACES (3)
  - Chronic disease management (3)
  - Depression/Mental/BH (2)
  - Comprehensive eye exams
  - Preventable hospitalizations
  - Health literacy
  - Medication reviews
  - Alzheimer's and dementia
  - Consistent access to healthcare
  - Wellness initiatives

Goal 2: Member Experience-Satisfaction

- Other comments (these were shared during provider experience question, but relevant to member experience):
  - Please add a survey for patients to respond about their pharmacy experience and pharmacist care.
  - Time it takes to get an appointment.

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Goal 3: Provider Experience-Satisfaction

- Most important to include in the provider survey per Menti poll:
  - Provider Services (Provider Relations) (16)
  - Claims Processing (16)
  - Website and Portal Access (10)
  - Provider Network (8)
  - Communication Preferences (5)
- Other items to include:
  - Pharmacy:
    - Communication between providers and pharmacy help desk
    - Provider pharmacy/PA experience
  - No show appointments
  - Access to specialty care, especially BH
  - Advance notice of process changes

Goal 4: Per Capita Costs-Lower Costs

- Top Measures per Menti poll:
  - Emergency Department Visits (14)
  - Diabetes Short Term Complications Readmissions (11)
  - Plan All-Cause Hospital Readmissions (7)
  - Total Cost Per Capita (5)
  - COPD or Asthma in Older Adults Readmissions (4)
  - In-Patient Acute Hospitalization (3)
  - Heart Failure Readmissions (1)
  - Asthma in Younger Adults Readmissions
- Other items to include:
  - Patient education (4)
    - Education on use of primary care versus ED care (2)
    - Improving health literacy
    - Medication use education
  - Behavioral health (3)
    - Hospital/ED costs related to BH
    - Geri-psych services
    - MH outpatient access
  - Wellness initiatives/preventive services (3)
  - Long term effects of trauma/ACEs (2)
  - More resources in pediatrics (2)
  - Reassigning long-term care costs
- Questions/other comments from attendees:
  - "Reducing cost…so many critical options are missing such as wellness initiatives…that is the primary way to reduce costs."
  - Improving patients' understanding of their medications and their use - community pharmacies can play a key role in this.
  - Teach people how to use insurance.

Focus Area-Smoking and Other Tobacco Use

- Are there initiatives occurring to decrease smoking and other tobacco use?
  - Pharmacy

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        - Tobacco cessation coaching/behavioral interventions (3)
        - Over the counter product selection
        - Accountability sessions
        - Not a covered benefit, so patients pay out of pocket
        - Screening for tobacco use
        - Referring to HELPLINE
    - Screening, Brief Intervention, and Referral to Treatment to include tobacco use (2)
    - Smoking cessation benefit
    - Discuss smoking with patients whose ocular health has been affected by smoking
    - Referral to HELPLINE
    - Tobacco Settlement Endowment Trust (TSET) grants
- What else does OHCA need to know/suggestions for OHCA:
    - Pharmacist comments
        - Community pharmacists have frequent touch points with patients and are highly accessible.
        - In a unique position to offer cessation services and ongoing support.
        - Not recognized as providers, so cannot bill those services.
        - Advocating to get tobacco products from pharmacies.
    - Put vaping products in the regulatory arena to reduce access by minors.
    - Focus on workplace programs that would include employee groups.

Focus Area-Obesity

- Are there initiatives occurring to decrease obesity?
    - Diabetes Prevention Program (DPP)/educate providers on DPP (2)
    - Weight loss support/education on how obesity impacts other health disorders (2)
    - Weighing every patient at every visit and providing support
    - Diabetes Self-Management Education (DSME)
    - Health insurance discount for employees participating in biometric screening
    - WorkHealthy Hospitals (OK Hospital Association project) that assists hospitals in assessing their wellness infrastructure. Provide resources and recognition.
- What else does OHCA need to know/suggestions for OHCA:
    - Pharmacy
        - Pharmacists have frequent contact with patients and can participate in longitudinal care and follow up.
        - Pharmacy technicians trained as community health workers can be part of the community pharmacy touchpoint
    - Impact of ACEs/trauma on obesity (3)
    - Promoting physical activity/developing safe places to exercise (3)
    - There is a Project ECHO for childhood obesity

Focus Area-Teen Pregnancy

- Are there initiatives occurring to address issues related to teen pregnancy?
    - Community partnerships that allow for hearing screenings in schools where teens have their babies during the day
    - Teaching clinicians how to implement long-acting reversible contraceptives in

their practice
    - Open communication with patients regarding lifestyle
    - Integration of education on contraception during/as an adjunct to psychotherapy
- What else does OHCA need to know/suggestions for OHCA:
    - Pharmacy
        - Other states allow pharmacists to prescribe contraceptives
        - Pharmacists are trained in adherence monitoring/coaching and would be a resource to provide support on contraceptive use
        - Cannot bill for these services; would need to compensate the additional level of care
    - Education
        - Provide evidence-based reproductive health education
        - Contraception education to all OK children
        - Sex education, developmentally appropriate for different ages
        - Self-worth
        - PR on how/where to get contraceptives for teens
        - Social media campaign
    - Access to all contraception options
- Other comments:
    - Regarding self-worth training: "The training is a three-part series facilitated by The Halo Project. The project is called "Impact Collaboration." Two of the trainings have already taken place--Trust-based Relational Intervention (TBRI) and Making Sense of Your Worth. Internal Family Systems will take place in February."

Focus Area-SDOH

- Top needs of members per Menti poll:
    - Transportation (9)
    - BH/MH (9)
    - Health care access/support (8)
    - Health behaviors (6)
    - Employment (6)
    - Socio-demographic information (4)
    - Social isolation and supports (4)
    - Housing (3)
    - Childcare (3)
    - Utilities (2)
    - Education (2)
    - Interpersonal safety (1)
- Are there initiatives occurring to address issues related to SDOH?
    - Try to get patients on SoonerCare (2)
    - Pharmacy
        - Offer free home delivery
        - Community pharmacy SDOH toolkit which includes various social needs screenings which can lead to referrals
    - Collaboration
        - Multiple contracts with state agencies to expand BH services for children

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and families due to low reimbursement
    - Families feeding families
    - Agreements with Uber
    - Hotel discounts if patients must travel for care
  - Free delivery of medical equipment and supplies
  - Volunteer at free medical clinic and discuss needs
  - HIE (MyHealthAccess) works with CMS to survey patients on SDOH https://myhealthaccess.net/ahc/
- What else does OHCA need to know/suggestions for OHCA:
  - Communication
    - Need access to translated educational materials/form and bilingual/multilingual providers, especially beyond just Spanish
    - Improved access/options for visit interpreters
    - Ensure deaf interpreting is readily accessible
  - Behavioral Health
    - Losing mental health professionals (LPCs, psychologists, physicians) due to low MH reimbursement rates
    - Inpatient psychiatric care for people with intellectual disabilities is almost nonexistent in Oklahoma
    - No adequate options in OK for children with autism spectrum disorder/intellectual disability (ASD/ID) needing inpatient or high-intensity support
  - Pharmacy
    - Consider incorporating the SDOH toolkit into medication delivery
  - Staffing and turnover of staff is a considerable stress for care recipients, the fear of staffing shortages in the future
  - Understanding the profound importance of employment opportunities as well as social engagement and involvement with others
  - Trauma/trauma informed care
  - Supporting vocational programs and trauma informed care
  - Providers mentioned they have patients who need help to apply for SoonerCare, either due to unavailability of computer, language barrier or educational level
  - Sooner SUCCESS program is helpful in assisting families directly with applying for SoonerCare, Developmental Disabilities Services Division (DDSD), SSI, TEFRA. Otherwise very overwhelming for families
  - OHCA could involve diverse providers, patients, and caregivers in stakeholder meetings to identify best options for addressing SDOH issues
  - Additional education on engagement strategies and adaptation of evidence-based intervention to be culturally congruent

What do you see as the provider's role in addressing health disparities? What supports do providers need?

- Provider resources
  - Providers need easy access to screening and referral sources, such as the accountable health communities
  - Awareness of provider networks and seamless connectivity to available services
  - We know that reimbursement is low, which often keeps providers from taking

on SoonerCare patients. What if there was a loan-repayment program like for Indian Health providers for committing to be a SoonerCare provider?
    - Increased focus on provider wellness to be able to sustain in this work and prevent burnout, e.g., implementation of skills-based approaches like the CE-CERT model (Components for Enhancing Clinician Experience and Reducing Trauma)
- Member resources
    - Connecting patients with social services
    - More community health workers
    - Reimburse/support patient resource navigators/family partners in clinics
    - More support for families-providers often serve as social workers--assisting with completing applications, collaboration with other professionals, getting enrolled in school, etc. This is unreimbursed time albeit necessary for the family.
    - Health literacy has a significant impact here. More than just being able to read a medication label, patients need to understand their conditions and their medications so that they are more likely to use medications properly and consistently.
- Pharmacy
    - Role of pharmacy providers is to screen for needs and refer to resources when it is not within the pharmacists' scope. When it is within scope, pharmacists need to be paid for their services beyond dispensing a prescription.
- With the growing older adult population and the decline in family caregivers, workforce is a critical issue. There is an inability to compete in today's wages, and we need a plan to address how providers can serve their clients today and beyond.

Other State Agencies Feedback Summary

Goal 1: Population Health-Better Outcomes

- Top Measures per Menti poll:
    - Substance Abuse Treatment (16)
    - Suicide Death Rate (8)
    - Childhood Obesity (8)
    - Preventive Visits (7)
    - Tobacco Use (6)
    - Well Child Visits (6)
    - Teen Deliveries (4)
    - Concurrent Use of Opioids and Benzos (4)
    - Opioid-Related Drug Overdose Death Rate (4)
    - Preventive Dental Visits (2)
    - Dental Sealants (1)
- Other items to include:
    - ACEs/Trauma/Victimization/Domestic Violence (9)
    - Poverty/SDOH (7)
    - Maternal and Infant Morbidity and Mortality (5)
    - Vaccination Rates (2)
    - Chronic Disease Management (2)

- Emergency Department Visits (1)

Goal 3: Provider Experience-Satisfaction

- Most important to include in the provider survey per Menti poll:
  - Website and Portal Access (20)
  - Provider Services (Provider Relations) (16)
  - Claims Processing (14)
  - Provider Network (13)
  - Communication Preferences (8)
- Other items to include:
  - Referral Management/Follow-up (5)
  - Training and Communication (4)
  - Coverage/Provided Services (4)
  - EMR/EHR Utilization (1)

Goal 4: Per Capita Costs-Lower Costs

- Top Measures per Menti Poll:
  - Emergency Department Visits (19)
  - Diabetes Short Term Complications Readmissions (16)
  - In-Patient Acute Hospitalization (9)
  - Plan All-Cause Hospital Readmissions (5)
  - Total Cost Per Capita (5)
  - Heart Failure Readmissions (5)
  - Asthma in Younger Adults Readmissions (5)
  - COPD or Asthma in Older Adults Readmissions (4)
- Other items to include:
  - Reduce substance exposure NICU stays
  - Reducing substance use disorders (SUD) ED
  - Reducing churn
  - Tracking tobacco cessation claims data
  - Mental health crisis presenting to ED
  - Reducing BH inpatient readmissions
  - Severe maternal morbidity
  - Expanding use of telehealth

Focus Area-Smoking and Other Tobacco Use

- Describe any efforts your organization is involved with to decrease smoking and other tobacco use.
  - Youth education (5)
  - Ad campaigns (4)
  - Addressing vaping (3)
  - Helpline/Quitline (4)
  - 5 A's (2)
  - Community partnerships/consulting to address policy and ordinances (3)
  - Statewide Comprehensive Cancer Program and Take Charge!
  - Education before during and after pregnancy
  - Peer support groups
  - Community Health Workers (CHW)

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  - Clean air, smoke free policy development
  - Tobacco retailer education
  - Tobacco free health plan incentives for employees
  - Preparing for a Lifetime: infant mortality reduction initiative. Reducing tobacco use in women who are pregnant and helping them to remain tobacco free.
  - Oklahoma Office of Management and Enterprise Services Program
- Suggestions for OHCA:
  - More involvement with Certified Health Oklahoma Program/Employee Policy (3)
  - Incentivize/educate providers about cessation/billing/motivational interviewing (3)
  - Focus on teens/schools (2)
  - Eliminate cost sharing for cessation aids
  - Encourage providers to work on employee policy for a tobacco free workplace
  - Focus more on pregnant and post-partum women who smoke
  - Use evidence-based interventions to further efforts
  - Increase work with dental providers
  - In addition to the TSET media campaign, conduct an additional comprehensive media campaign to newly enrolled SoonerCare members who smoke and now have access to the services.
  - Identify "rising-risk" members that are smoking and have other negative social determinants of health; implement peer support groups to improve all health outcomes
- Other comments:
  - SoonerCare-OHCA participation would be welcome in supporting family resource centers/community schools to implement peer support groups to address social determinants of health and improve health outcomes
  - Tobacco Cessation https://oklahoma.gov/odmhsas/recovery/wellness/tobacco-cessation.html
  - Wellness Coaches https://oklahoma.gov/odmhsas/recovery/wellness/wellness-coaches.html
  - DMH has a data dashboard to measure tobacco use reduction in behavioral health agencies.
  - OHCA and TSET have had a contractual relationship for several years that provides administrative Medicaid matching dollars to support the Helpline for SoonerCare members.
  - Part of the OHCA and TSET relationship consists of communications efforts. OHCA's communication team meets regularly with TSET to receive updated information for communication materials such as member/provider newsletters and social media.
  - Contingency management programs for individuals. This is an evidenced base practice for SUDs. There is a fishbowl method for a prize. If they come in for testing and show they didn't use as much they receive a non-monetary prize. https://www.hazeldenbettyford.org/articles/contingency-management

Focus Area-Obesity

- Describe any efforts your organization is involved with to decrease obesity.

- Working to improve the socioeconomic factors that cause obesity at a policy level
  - Policy systems and environmental changes
  - Legislative, business, city ordinance, planning policy, so people can engage in active living
  - Nutrition policy to impact food and health
  - Economic security in families, enhanced tax credits, earned income tax credits, ability to pay for food etc.
  - When families have this support, they spend on good food
  - Create an environment for them to engage
- Registered dietician access in rural OK via Telemedicine with coordination through provider
- OSDH: Leading stakeholders group comprised of over 150 partners. Currently finalizing draft of 5-year Obesity State Plan
- Total Wellness education. 8-week program runs in a continuous cycle throughout the year.
- The Oklahoma Comprehensive Cancer Program has a couple of items related to obesity-GoNapSac, School Garden, Whole School, Whole Community, Whole Child model training school administrators
- ODMHSAS has a wellness initiative with wellness coaches in behavioral health settings.
- Educate providers and parents on the link between trauma and obesity
- TSET has a media campaign, Shape Your Future, which focuses on healthy eating and improving physical activity. The Healthy Living Programs at TSET also works with local communities with this focus.
- Working to increase funds for the Double Up Oklahoma program
- Help lead state focus away from just the person and to the policy needs for the population
- Family resource centers provide safe places in priority zip codes to be active and connect to coordinated resources, hence reducing obesity and toxic stress
- OSDH is working with Oklahoma State Department of Education on developing the curriculum for SB 89 Health Education bill which requires health education in schools
- ODMHSAS has state funded billing codes to pay for wellness services. I believe it is a requirement in the Certified Community Behavioral Health Centers.

- Suggestions for OHCA:
  - Reimbursement/access (5)
    - Improve SNAP/WIC Access
    - Increase reimbursement for treatment options for obesity including the whole spectrum of care: nutrition counseling, pharma, bariatric surgery, etc.
    - Covered dietician visits for children.
    - Reimbursement for BH services that impact obesity (stress, for example).
    - OK offers a program. Have apps, wellness coach, nutritionists. People don't have time to think about, preparing and be cost efficient. Have a site showing recipe and where to purchase them for less $.
  - Coordination of care/referral management (3)
    - Work with HealthChoice for care coordination
    - Connecting employees to pharmacists to discuss diabetes control

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        - Referral services to connect children with dieticians
    - Wellness incentives for organization wellness programs (2)
    - Educate providers and parents on the link between trauma and obesity
    - How to have a garden in small spaces (community gardens)
    - Partner and join forces on similar activities. Let's all have one voice saying the same thing.
    - Identify members with "rising-risk" and with obesity, AND have other social determinants of health. offer peer support groups with a trained facilitator and curriculum, offer family meal, childcare, transportation assistance, and stipend.
- Other Comments:
    - https://oklahoma.gov/odmhsas/recovery/wellness/wellness-coaches.html
    - If you are interested in partnering and joining forces with the State Obesity Plan Stakeholders group, please fill out this survey and we will get you added to the group: https://app.smartsheet.com/b/form/15c1c0c3bcfb4c0688adc38d19b1c4a9
    - Home - Double Up Oklahoma matches the value (up to $20 per day) of Supplemental Nutrition Assistance Program (SNAP or food stamps) dollars spent at participating farmers markets and grocery stores
    - With the suggestion of making food affordable and ideas for easy healthy meals, the Shape Your Future initiative has some of these things through their newsletter.
    - https://thriveokc.org/
    - Shape Your Future initiative has some ideas for making food affordable in their newsletter.

Focus Area-Teen Pregnancy

- Describe any efforts your organization is involved with to address issues related to teen pregnancy.
    - Youth development programs (3)
    - Pre-exposure prophylaxis (2)
    - Ensure access to contraceptives (2)
    - Evidence-Based Practices (EBP) in schools (2)
    - Multi-agency collaboration called Safely Advocating for Families. 5 points to reduce SUD and pregnancy. Want to ensure people don't become pregnant if not choosing. Partnering with grass roots about contraception for both men and women. Will be able to educate treatment providers to help connect members to local resources.
    - Tier 1 grant
    - Healthy Oklahoma
    - OK County Collaboration
    - https://thriveokc.org/. Thrive coordinates and leads a Collaboration of partners and individuals who work toward the same common agenda: to reduce Oklahoma County's teen birth rate by 25% by 2025.
    - https://www.parentpro.org/content/resources. ParentPRO is a free service that connects families to parenting programs that take place in your home.
    - https://oklahoma.gov/health/family-health/maternal-and-child-health-service/child-and-adolescent-health/adolescent-health/teen-pregnancy-prevention-and-sexual-health.html

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- Suggestions for OHCA:
  - Teen/provider education (6)
    - Let's talk about sex more public ways to make the discussion more normalized about empowering choices
    - Using texting programs to send educational messaging
    - There are ways to discuss the ways teen pregnancy negatively affects a child's future without shaming
    - Don't shy away from the media campaigns
    - Comprehensive discussions beyond abstinence
    - Working with and educating health care providers on how to better communicate with teens
    - Work with OSDH on ways to publicly discuss benefits of planned pregnancy at all stages of life
  - Empower teens (6)
    - Girls on the Run is a great young girl empowerment program across the state
    - Making Proud Choices! is an evidence-based program designed to provide youth with the knowledge, confidence, and skills to reduce their risk for STIs, HIV, and unplanned pregnancy
    - Love Notes is an evidence-based, comprehensive healthy relationship education program that places heavy focus on healthy communication, decision-making, setting and respecting boundaries, planning, and pacing relationships, and the impact of family
    - Positive Prevention PLUS is an evidence-based, comprehensive sexual health education program designed to build young peoples' skills for reducing their risk for STIs and unplanned pregnancy, developing healthy relationships, and goal setting
    - Young girl empowerment curriculums work early in the process. With healthcare, things are FFS based, so makes it more difficult to operate because not funding to support these
    - Talk about sex in more public ways to make the discussion more normalized about empowering choices
  - OHCA can allow health educators with OSDH and local health departments to bill Medicaid for evidence-based practices in schools for youth with "rising risk."

Focus Area-SDOH

- Top needs of members per Menti:
  - Transportation (12)
  - BH/MH (11)
  - Childcare (7)
  - Health care access/support (5)
  - Health behaviors (4)
  - Food (4)
  - Housing (3)
  - Employment (2)
  - Socio-demographic information (2)
  - Social isolation and supports (2)
  - Education (2)

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  - Interpersonal safety (2)
- Describe any efforts your organization is involved with to address issues related to SDOH.
  - Community initiatives/partnerships (5)
    - Community focused learning and local problem solving
    - Linking medical providers, banks, schools, and mental health teams for discussion around solving current issues
    - Family resource centers/community schools implementing peer support groups among individuals/youth identified as "rising risk" to address social determinants of health and improve health outcomes (provide family meal, childcare, transportation, and stipend)
    - Working through community health workers to take an individualized approach to meeting the needs most critical to the patient and leading them to the next goal
    - OSDH has a disparities grant that is focused on health equity and SDOH using Health Equity Fellows and distributing grants to local organizations to reduce disparities
    - Leading conversations and helping to organize projects
  - Address childhood trauma (2)
    - Provide assessment and intervention services for children and adolescents who have experienced trauma, exhibit behavioral concerns, or have developmental delays
    - Handle With Care - If a law enforcement officer encounters a child during a call, that child's information is forwarded to the school before the school bell rings the next day. The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are "Handled with Care." If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.
  - The Physicians Manpower Training Commission places physicians in rural communities so folks have access to health care
  - Division of Housing program
    - Supportive housing funds for individuals going into recovery and need rent assistance
    - Staff to assist individuals who are homeless and unable to get housing. Each provider is to identify a housing specialist or housing contact so member can have safe and appropriate housing
    - Transportation project that ODMHSAS is funded to do. Transportation company provides transportation outside 30 miles to hospital
    - Employment – have program IPS (Individual Placement & Services) Identify competitive employment for individuals
  - T-Health app.
    - Has analytics to see if an individual went to the resource
    - Treatment component, on-line classes
    - Recovery support component to chat with peers also in recovery
    - Partnering with DHS & birthing hospitals
- Suggestions for OHCA:
  - Reimbursement/Coverage/Access (6)

        - OHCA could allow billing from "family engagement specialists" (CHW, Peer Recovery Supports and Services, Parents as Teachers, Behavioral Health Aides, etc.) to co-facilitate peer support groups for members identified as “rising risk” in priority zip codes (health inequity hot spots) that addresses all social determinants of health
        - OHCA could work with partners that can refer families with "rising-risk"
        - OHCA could provide a "voucher" for approved list of services
        - Provide more promotion for members to understand the services they have
        - Continuous coverage for women who are pregnant on SoonerCare/Soon to be Sooners
        - More promotion for accessing services. Help them feel safe enough to get the care they need prior to delivery (if addiction issues).
    - Data (3)
        - Data at the local level for planning
        - Provide a list of broad data elements that OHCA collects to be used in planning at a broader level with the various SDOH
        - Granular data at the local level is imperative
    - Get to the root issues at enrollment and make connections through referral app or agency programs
- Other comments:
    - Charity Tracker is used to track social determinants
    - OSDH has a well-functioning disparities and racial discussion team of stakeholders during the vaccine planning efforts. We are continuing this platform as we merge away from vaccine and into all areas of public health. All are welcome to join.

What is your organization doing to address health disparities and achieve health equity?

- There is a great amount of research that is being conducted through the Health Promotion Research Center on health disparities. We are lucky to have such in-state research expertise.
- Universal screen, assessment and provide culturally and identified individualized, developmentally age-appropriate treatment
- Handle With Care - connecting to resources/support right after a crisis. https://handlewithcareok.org/
- https://www.muskogeebridgesoutofpoverty.org/getting-ahead-class.html
- OSDH health equity meeting is very active after vaccine efforts. All are welcome to attend. Stakeholders from all over
- Getting Ahead Classes. Meal and Educational Childcare Provided. Small Class Sizes. Guest Speakers. Graduation Ceremony. Spanish Classes too.
- YMCA of Greater OKC is planning to start Getting Ahead classes in fall of 2022
- Talking about SDOH, here at OSDH we have identified high-risk inequity hot spot census tracts using life expectancy data as well as social and economic deprivation data. We feel these inequity hot spots need to become front and center for any SDOH Initiative or an SDOH accelerator program to bridge the inequity divide in Oklahoma and it needs a multi-sector approach to address the ‘whole needs’ of individuals within these high-risk inequity hotspots. In turn, this can provide an opportunity to guide conversations about what might be causing health

disparities and how to spur change within these inequity hotspot census tracts by informing policy, program planning, investment of resources and health delivery at the local level. Would be happy to share the inequity hot spot map.
- https://www.chess.health/
- https://okimready.org/
- https://oklahoma.gov/odmhsas/treatment/comprehensive-crisis-response/transportation.html

SoonerCare Member Town Hall

Three SoonerCare Member Town Hall meetings were held on February 18, 2022, via the Zoom virtual platform. The Town Halls were planned as in-person and virtual meetings but were changed to exclusively virtual due to the case rates of COVID-19 in the state. The meetings were attended by a total of 40 members or member representatives, from at least 14 counties across Oklahoma, with the majority residing in Oklahoma or Tulsa counties. The members represented ranged in age from 1–62 years, with the majority being members under the age of 21. Races represented included White, American Indian or Alaskan Native, Black, or African American, and Asian. A minority of attendees identified as of Hispanic or Latino origin.

Pre-Meeting Materials

OHCA and our subcontractor, KFMC Health Improvement Partners, are interested in your input during the SoonerCare member town hall meetings scheduled for Friday, February 18. This is our ongoing effort to improve the quality of care for SoonerCare members.

The topics we plan to address and the questions we will ask can be found in the agenda below. Please review these questions and topics so you are prepared to give feedback during the meeting.

SoonerCare Member Town Hall Agenda	
Join the meeting	*Members may join the virtual meeting via the Zoom link 15 minutes prior to the start of the meeting.*
Welcome and Introductions	*Dr. Nathan Valentine from OHCA will explain the goals of this meeting.*
Social Determinants of Health	*Member feedback on how the social determinants of health affect them, their family, and their community. Please see below for more information on social determinants of health and the discussion questions.*
Smoking, Other Tobacco Use and Vaping	*Smoking and tobacco use, as well as vaping, affect the health of members and their families. What can OHCA do to decrease smoking, other tobacco use and vaping among SoonerCare members?*
Obesity	*Being overweight or obese can impact one's health. What can OHCA do to decrease obesity among SoonerCare members?*
Teen Pregnancy	*Teenage pregnancy can have a profound impact on a teen's life. What can OHCA do to address issues related to teen pregnancy?*
Closing	

Social Determinants of Health:
Social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. We will ask about sources of stress and unmet needs,

1. *Of the following areas, which are the top three affecting the health of you, your family, and your community?*
2. *Are there any areas of stress or unmet needs not addressed in this table?*

Areas of stress or unmet need	*Examples*
Food	*Limited or uncertain access to enough food, unable to get or pay for fresh foods (such as fruits and vegetables)*
Housing	*Homelessness, unsafe or unhealthy housing conditions, inability to pay mortgage/rent, frequent housing changes, eviction*
Utilities	*Difficulty paying utility bills, getting shut off notices, issues with access to a phone*
Finances	*Inability to pay for essential needs, medication underused due to cost, benefits denial, need to understand finances*
Transportation	*Difficulty getting or paying for transportation (medical or public)*
Interpersonal Safety	*Partner violence, elder abuse, community violence*
Socio-Demographic Information	*Race and ethnicity, education level, family income level, languages spoken*
Childcare	*Childcare, preschool, after-school programs, prenatal support services, kids clothing and supplies, summer programs*
Education	*English as a second language (ESL/ESOL), high school equivalency (GED), college training programs, need help understanding health care providers or paperwork*
Employment	*Under-employment, unemployment, job training, lack of good paying jobs*
Health Behaviors	*Smoking or other tobacco use, alcohol or other substance use, physical activity, diet, don't get health check-ups, don't use a primary care doctor*
Health Care Access/Support	*Can't find or get into a primary care doctor, can't find, or get into a specialist, need help managing multiple health conditions and services*
Social Isolation and Supports	*Lack of family and/or friend network(s), minimal community contacts, lack of other social interactions*
Behavioral/Mental Health	*Stress, anxiety, depression, trauma, lack of help for behavioral/mental health needs*

Member Town Hall Feedback Summary

SDOH priorities

- The top seven factors/stressors identified across all the meetings by the members were:
  - Behavioral/Mental Health (20)
  - Housing (14)
  - Food (7)
  - Employment or lack of employment (7)
  - Health Care Access and Support (6)
  - Transportation (5)

- Education (5)
- Utilities (4)

Behavioral/Mental Health

Members' Comments:

- There is a lack of access to mental health providers (12)
  - Inpatient facilities don't meet needs of members (3)
- There is a need to focus on BH needs of children (5)
- COVID has had a negative impact on mental health (4)
- Other SDOH impact mental health (3)
- Members have a lack of family or community support (2)
- Members need educated on BH support offered by SoonerCare (2)

Housing and Utilities

Members' Comments:

- There is a lack of housing resources, especially in safe areas and good school districts (9)
- The lack of suitable housing leads to increased stress of members (9)
- It is hard for homeless members to navigate SoonerCare (6)
- Housing costs are rising faster than wages (4)
- When members live in temporary housing, it impacts their ability to receive communications from OHCA

Food (more feedback in Focus Area-Obesity)

Members' Comments:

- Processed and "unhealthy" foods are more accessible and less expensive (2)
- It is hard to manage chronic conditions if you can't access healthy food (2)
- Kids need to eat well to be able to focus on school

Employment

Members' Comments:

- Members worry about making too much money to qualify for SoonerCare coverage (4)
- There is a lack of jobs that pay a living wage or provide benefits (4)
- Members are unable to access higher paying jobs due to lack of training or education (3)
- Job insecurity or loss can lead to homelessness (2)
- Lack of transportation impacts one's ability to be employed (2)
- It is difficult to attend medical appointments if working a 9-5 job (2)
- Jobs do not offer flexibility to attend to needs of school-aged children
- Good paying jobs allow members to access other coverage, which improves their access to healthcare providers

Transportation

Members' Comments:

- In single car households, if the car is driven to work, other family members can't access healthcare while other family member is working
- Public transportation is hard to access in rural areas

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- SoonerCare is good for advanced-scheduled appointments, but can't be utilized for acute or urgent needs, as 3 days' notice is required
- Members who have cars often can't afford to maintain them

Education

Members' Comments:

- Discrimination exists related to ability to receive education (3)
- Better education leads to better paying jobs and more job opportunities (2)
- Schooling during COVID has had a negative impact on children (2)
- Quality of education can be impacted by where the member lives
- Advanced education and training are too expensive for members to access

Access

Members' Comments:

- There is a lack of clarity about coverage and lack of communication between SoonerCare and provider
- Oklahoma trains specialized providers, but they don't stay in Oklahoma. Members must travel out of state to see some specialists.
- There is a lack of access to providers representing diverse races and ethnicity
- The SoonerCare Helpline is only open 9-5, so hard for working members to access it. The website does not provide the level of detail needed to identify certain specialists, such as dentists.

SDOH Additional Factors to Address

Members' Comments:

- Access to dental providers (5)
- Access to vision providers (2)
- Lack of technology (2)
- Taxes
- Vehicle maintenance
- Treatment by law enforcement
- DME
- Access to more specialists
- End of life planning
- Sexual health
- Access to national SDOH resources

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Evaluate member satisfaction survey results (ECHO, CAHPS [Health Plan, HCBS and Dental]) to identify targeted areas for improvement.

Focus Area: Smoking and Other Tobacco Use

Members' Comments:

- Members attending the meetings indicated they were aware of SoonerCare benefits to stop using tobacco or nicotine products
- What makes it hard to quit using tobacco or nicotine?

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  - Hard to break a habit or routine (5)
  - Too stressful (3)
  - Withdrawal symptoms (2)
  - No desire to quit
  - It's an addiction
  - Weight gain
  - It is part of their social life
- What would help you quit using tobacco or nicotine?
  - Education on health benefits and cost savings (4)
  - Support system/mentor (4)
  - Replacement activity (2)
  - Removal of stressors and other SDOH (2)
  - Quit hotline
  - Lozenges
- What help is needed to reduce or prevent vaping among youth?
  - Communication and education (5)
  - Healthy activities/sleep/food (4)
  - Legislation/regulation/higher taxes (2)
  - Mentor/support
- Who would you choose to help you stop using tobacco or nicotine?
  - Family practice provider (10)
  - Behavioral health provider (9)
  - Health Department (5)
  - Pharmacist (4)
  - OB/GYN (1)

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Partner with the Oklahoma tobacco program to address community and school education
- Monitor smoking cessation CAHPS survey results and evaluate for targeted improvement
- Conduct provider education regarding smoking cessation/tobacco options and SoonerCare benefits
- Conduct member education regarding available SoonerCare smoking/tobacco cessation benefits

Focus Area: Obesity

Members' Comments:

- What does living a healthy life mean to you?
  - Mind/body connection (5)
  - Access to good healthcare (5)
  - Work/life/family balance (4)
  - Access to healthy affordable food
  - Not having to choose between food, shelter, and medications
- What does healthy eating mean to you?
  - Variety of foods, including fruits and vegetables (7)
  - Limiting processed foods (4)

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  - Portion control (4)
- What makes it hard to eat healthy food?
  - Cost (15)
  - Lack of time or energy to prepare/cook meals (6)
  - Lack of access to healthy food (5)
  - Easy access to fast food or junk food (4)
  - Lack of knowledge of healthy food (2)
  - Lack of trust in the FDA
  - Physical limitations to cooking
- What would help you to eat healthy foods?
  - Cooking classes/recipes/education (8)
  - Lower cost healthy foods (3)
  - Closer grocery stores/access to community gardens (3)
  - Family activity/involve kids/be less stressed (3)
  - Meal kits (2)
  - Nutritionists (2)
- What do you consider physical activity?
  - Walking (6)
  - Anything that puts the body in motion (6)
  - Cleaning (3)
  - Stretching (3)
  - Sports (3)
  - Playing (2)
  - Working
  - Gardening
- What makes it hard to be physically active?
  - Disabilities (7)
  - Lack of time (6)
  - Exhaustion (6)
  - Internal dialogue/lack of motivation (5)
  - Access to safe location to be active (5)
- What would help you to increase physical activity?
  - Gym subsidy/other incentives (8)
  - Mentor/support group (5)
  - Address issues that lead to inactivity (3)
  - Family educational resources (2)
  - Trainer/Physical Therapist/ Nutritionist (2)
  - Time during the workday
  - Respite care
- What help is needed to reduce childhood obesity?
  - More activity/camps or recreation leagues (7)
  - Families setting an example (4)
  - Education (3)
  - Access to healthy foods/less junk food (3)
  - PCP/nutritionist/MH provider relationship (3)
- What would help you to lose weight?
  - Education/counseling (7)
  - Mentor/support (5)

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  - Behavior changes (4)
  - Gym membership/moving more (3)

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Distribute a list of free resources
- Provide lists of farmers markets that accept SNAP, and grocery stores providing store matches for purchase of vegetables. Explore partnerships and methods to incentivize more groceries and farmers markets to offer these.
- Provide education and ideas for healthy cooking, exercise, growing vegetables, etc.
- Offer discounted gym memberships or other incentives to encourage SoonerCare members to be more active

Focus Area: Teen Pregnancy

Members' Comments:

- What help is needed to prevent teen pregnancies?
  - Access to contraceptives
  - Family support (5)
  - Sex ed/consequences of having a child (4)
  - Wellness checks/provider support (4)
  - Mental health support (3)
  - Keep kids from getting bored (2)
- What help do teen parents need?
  - Education (7)
  - Family/community support (6)
  - Counseling (3)
  - Flexibility in completing their education (2)
  - List of resources/help accessing resources (2)
  - Childcare
- How could pregnancy prevention be communicated to teens?
  - Social media/games (5)
  - Parents (5)
  - School (3)
  - Providers (3)
- Members were asked if they were aware of teen sexual health programs. Most members were unaware of any programs. The following are programs that were familiar to members.
  - County teen prevention programs (3)
  - Choctaw Nation: SMART Program (2)
  - OKC: Thrive OKC (2)
  - OKC: Variety Care's Teen Clinic (2)
  - Tulsa: Take Control Initiative (2)
  - Making a Difference!
  - Making Proud Choices!
  - Tulsa: Amplify-Youth Health Collective
- Other programs that address teen pregnancy provided by members:
  - George Kaiser program in Tulsa
  - Planned Parenthood

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  - Hope Pregnancy Center
  - TV shows like “This is Us”

Based on member feedback, initial thoughts on potential opportunities for OHCA include:

- Collaborate with the Oklahoma State Department of Health Teen Pregnancy & Prevention, Sexual Health program
- Monitor HEDIS contraceptive measures and identify areas for targeted improvement
- Educate providers and members on related SoonerCare benefits
- Provide links to teen sexual health resources on the SoonerCare webpage
- Leverage social media to communicate pregnancy prevention to teens

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Appendix B

Comprehensive Quality Strategy - Draft

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Risk Stratification Approach With Activities

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Draft OHCA Population Health Management Model With Current Activities

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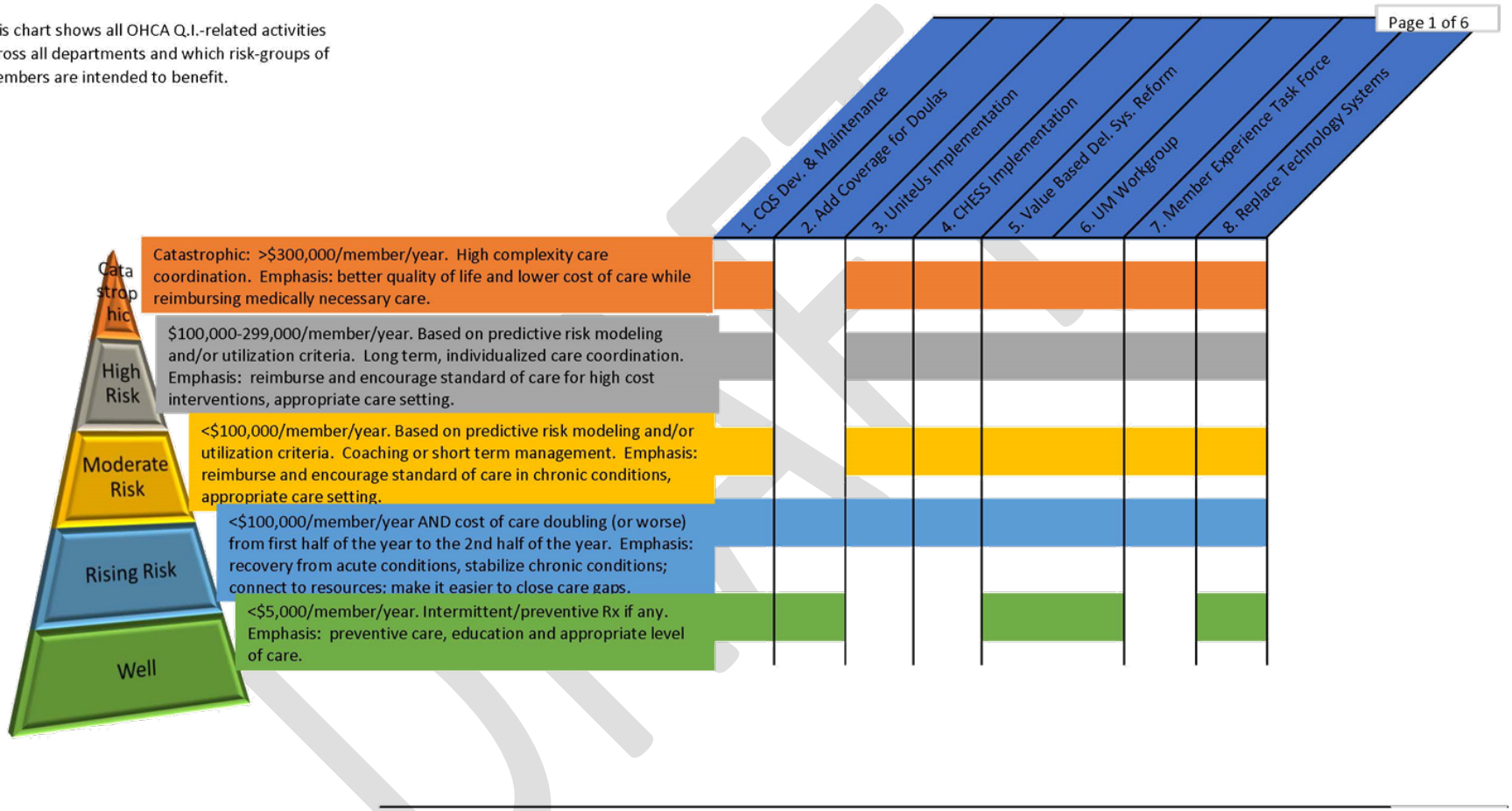
This chart shows all OHCA Q.I.-related activities across all departments and which risk-groups of members are intended to benefit.



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Draft OHCA Population Health Management Model With Current Activities

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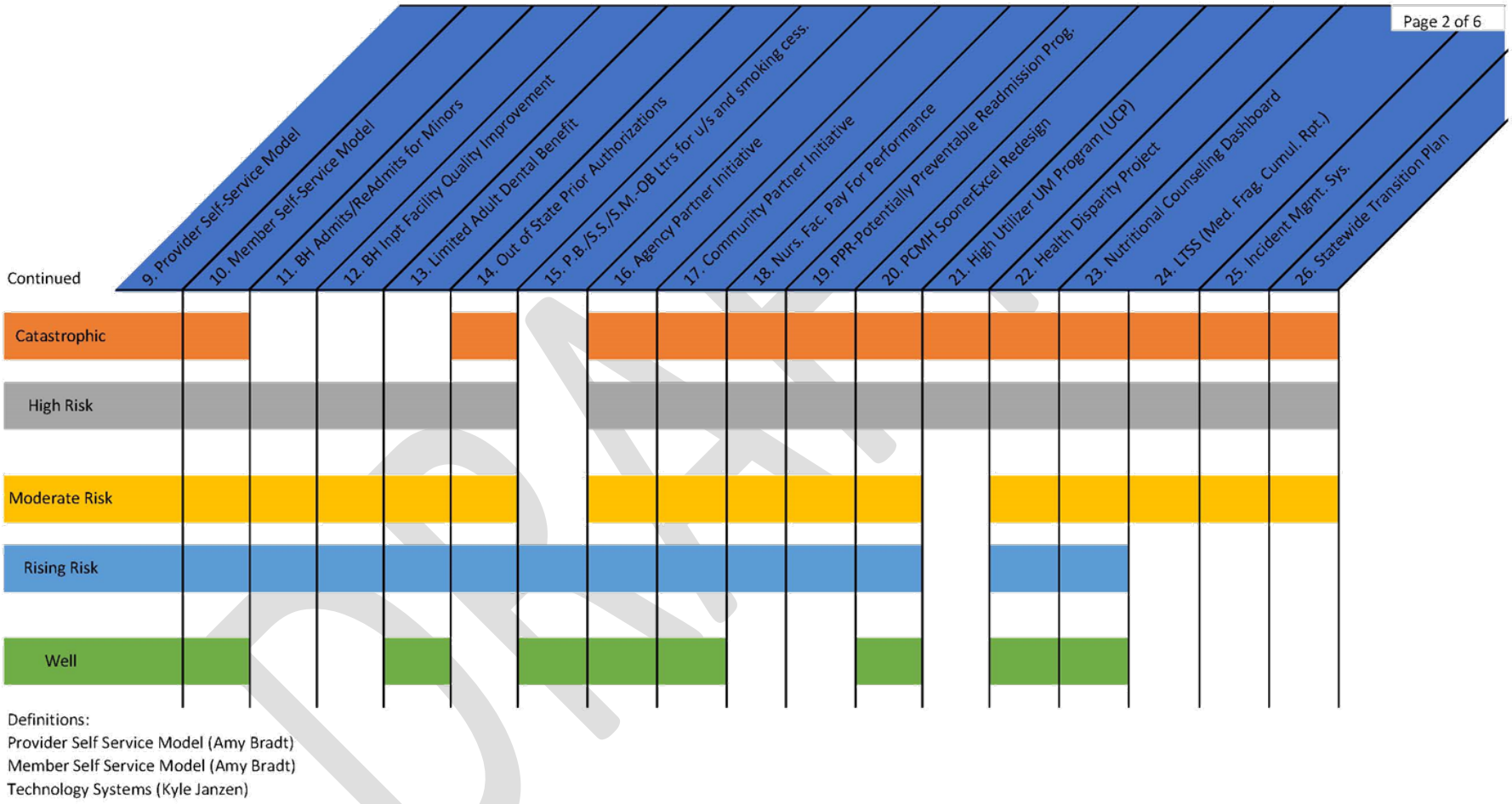

Definitions:
Provider Self Service Model (Amy Bradt)
Member Self Service Model (Amy Bradt)
Technology Systems (Kyle Janzen)

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Draft OHCA Population Health Management Model With Current Activities

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Draft OHCA Population Health Management Model With Current Activities

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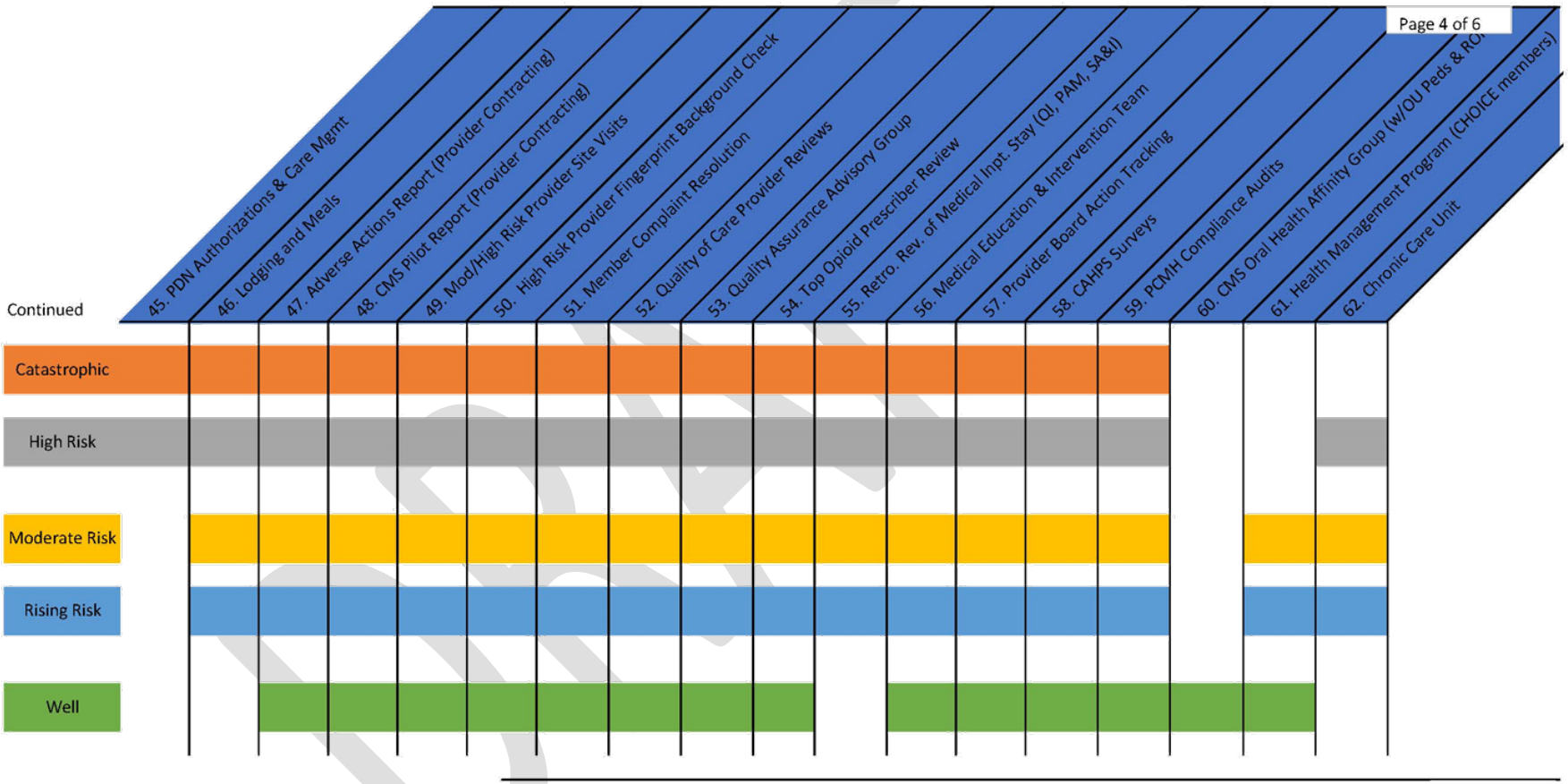

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Draft OHCA Population Health Management Model With Current Activities

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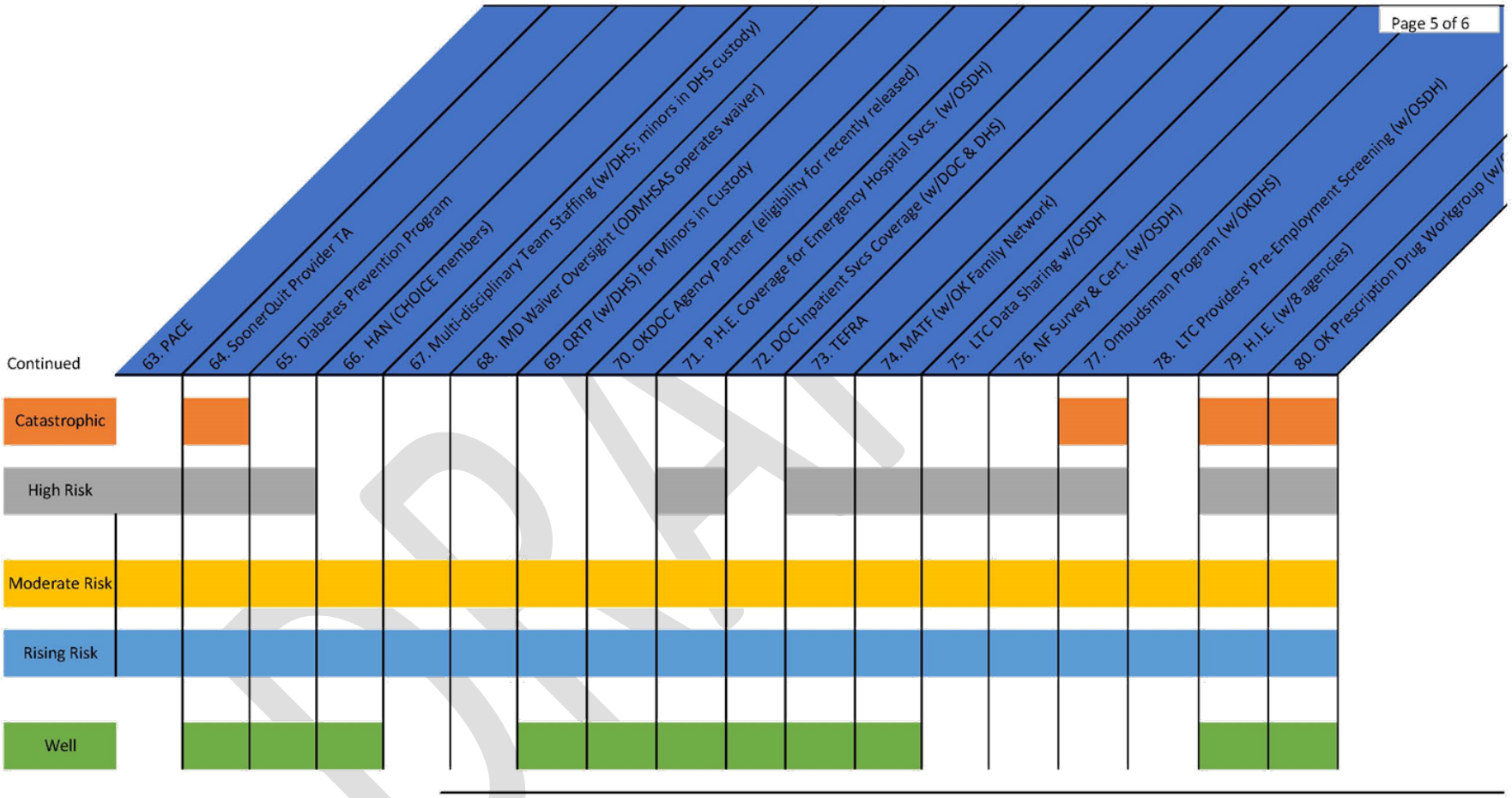

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Draft OHCA Population Health Management Model With Current Activities

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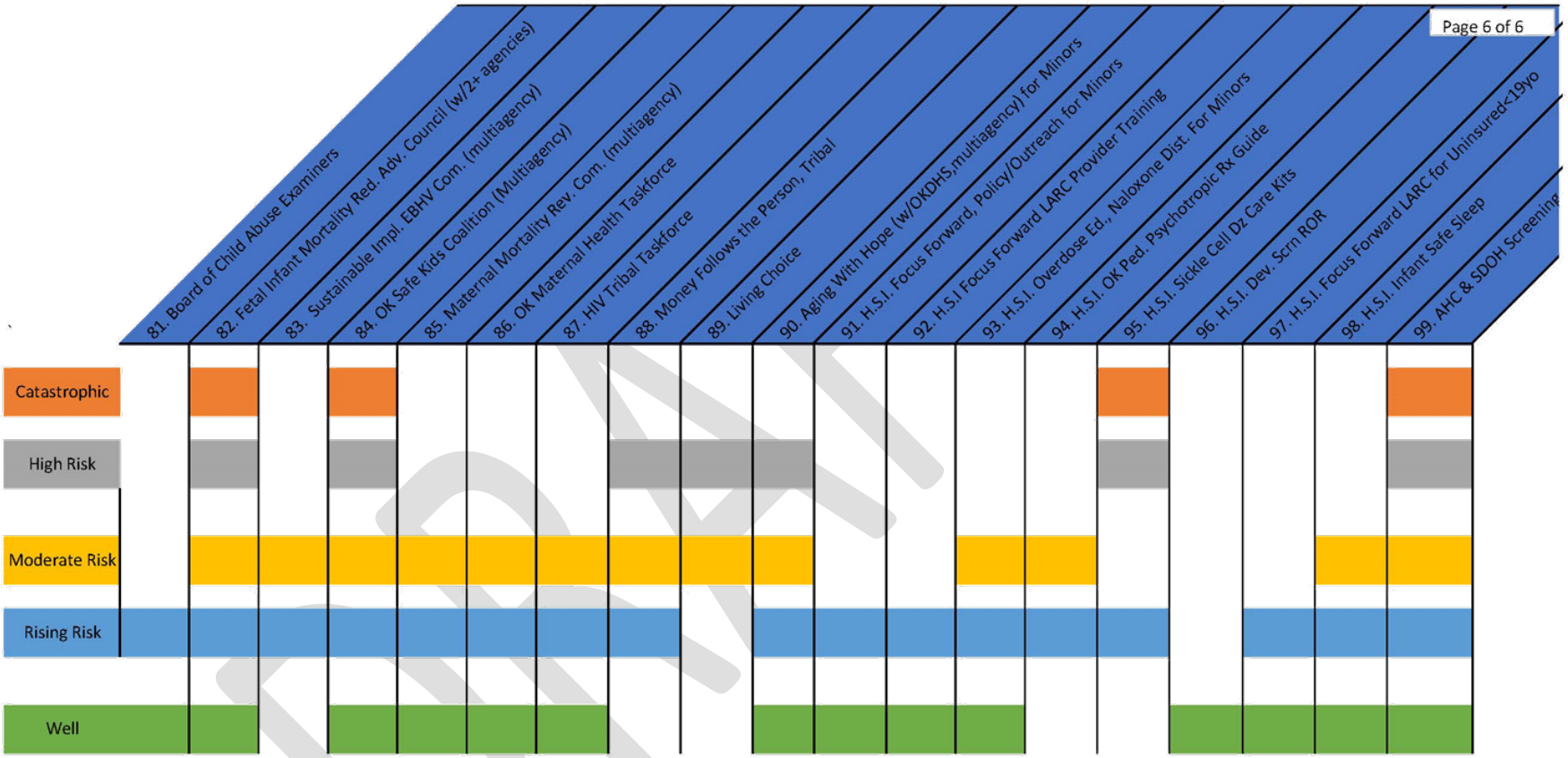

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Draft OHCA Population Health Management Model With Current Activities

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Process for Identifying Agency Activities:

Started with "NVeditsOHCA Strategic Goals Key Initiatives IDS 1.18.22 Valentine" excel file, all tabs from left to right. (CQO files--Strategic Considerations--TractionKickoffAndMaintenance)
Next to "updated011022_QI Initiatives--Agency July 2021_081621versionWnvComments082521" excel file. (CQO files--Strategic Considerations--QI Project Inventory)

DRAFT

#	Activity Title	Description
1	CQS Dev. & Maintenance	Comprehensive Quality Strategy development and maintenance.
2	Add Coverage for Doulas	Adding benefit coverage for a doula. A doula is a professional labor assistant who provides physical and emotional support to you and your partner during pregnancy, childbirth, and the postpartum period.
3	Unite Us Implementation	Unite Us is a technology platform for building coordinated care networks of health and social service providers — enabling partners to use data-driven insights. The Unite Us platform supports meaningful collaboration, and the network contains partners who provide a broad range of services such as housing, employment, food assistance, behavioral health, utilities, and more.
4	CHESS Implementation	An addiction management platform.
5	Value Based Del. Sys. Reform	Value-based payment and care delivery system reform is intended to help ensure that the right medical care gets to the right person at the right time and at the right price. Value-based care ties payments to the quality of care provided and patient outcomes, as the health care system recognizes this shift from volume to value.
6	UM Workgroup	Utilization Management workgroup
7	Member Experience Task Force	Engagement with SC members-meeting bimonthly to discuss new SC initiatives, policies, and promotions to obtain feedback, suggestions and help with promotion.
8	Replace Technology Systems	
9	Provider Self-Service Model	
10	Member Self-Service Model	
11	BH Admits/ReAdmits for Minors	1. Decrease inappropriate inpatient psychiatric admissions 2. Decrease number/frequency of inpatient psychiatric readmissions 3. Increase community involvement & utilization of community resources to decrease need for readmission to inpatient level of care
12	BH Inpatient Facility Quality Improvement	Improve quality of care provided by inpatient psych providers AEB decreased requests for Corrective Action Plans following audits by OHCA Service Quality Review (SQR) staff.
13	Limited Adult Dental Benefit	Decrease ER visits, improve quality of life, decrease opioid prescription rate.
14	Out of State Prior Authorizations	Increase automated approvals for standardly approved services (reduce manual process).
15	P.B./S.S./S.M.-OB Ltrs for u/s and smoking cess.	To include another ultrasound to script and education of household members to stop smoking.

#	Activity Title	Description
16	Agency Partner Initiative	Revamp the AP program to include multiple training opportunities and rebuilding the network.
17	Community Partner Initiative	Revamp the CP program to include multiple training opportunities and building the network.
18	Nurs. Fac. Pay for Performance	Nursing Facility Pay for Performance (PFP) was designed to measure and ensure the integrity, quality, and overall wellness of consumers and LTC Medicaid facilities. The PFP program began October 1, 2019, through the passage of Senate Bill 280. The program is driven by 4 equally weighted quality measures derived from the Centers for Medicaid and Medicare Nursing Home Compare website.
19	PPR-Potentially Preventable Readmission Prog.	The Oklahoma Health Care Authority (OHCA) will use 3M's Potentially Preventable Readmissions (PPR) methodology for the evaluation and comparison of readmission rates by hospital. OHCA will reduce payment rates to hospitals determined to have higher rates of readmissions, after applying the PPR method's risk adjustment.
20	PCMH SoonerExcel Redesign	SoonerExcel is the performance-based reimbursement component that recognizes achievement of excellence in improving quality and providing effective care. The SoonerExcel "bonus" payments are made to qualifying providers that meet or exceed various quality-of-care targets within an area of clinical focus selected by OHCA.
21	High Utilizer UM Program (UCP)	Dashboards with multiple dimensions designed to provide additional insight and outliers into SoonerCare members that utilize services over $100,000 in a 12-month period.
22	Health Disparity Project	Analyses to identify where disparities might exist looking at areas' components like enrollment, service, prior authorizations, call center utilization etc. To identify tangible next steps to close gaps and improve health outcomes.
23	Nutritional Counseling Dashboard	Dashboard provides information on trends in nutrition and physical counseling activity for SoonerCare members aged 2-17.
24	LTSS (Med. Frag. Cumul. Rpt.)	The Quarterly Cumulative Report is an operational report designed to determine whether the LTSS unit is operating the waiver program in accordance with the approved waiver, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

#	Activity Title	Description
25	Incident Mgmt. Sys.	CMS requires OHCA to design and implement an electronic system to report, trend, and analyze critical and non-critical incidents. The current manual system does not adequately demonstrate that OHCA effectively meet the assurances of providing necessary safeguards to protect the health and welfare of members receiving 1915c home and community-based services. To become fully compliant, it is necessary to identify and select a system OHCA can implement to meet these federal requirements. LTSS is currently looking into utilizing the new care management vendor to help design and implement this new system.
26	Statewide Transition Plan	CMS published its final rule related to Home and Community Based Services (HCBS) for Medicaid funded long-term services and supports provided in residential and non-residential home and community-based settings. The final rule took effect March 17, 2014. States are required to submit transition plans to CMS within a year of the effective date indicating how they intend to comply with the new requirement within a reasonable time period. CMS extended the timeframe several time and the post recent date for compliance is Jan. 2023. OK obtained approval of their STP in Aug. 2017.
27	EVV-Electronic Visit Verification	Section 12006 of the CURES Act requires states to implement an EVV system for Personal Care Services PCS and for Home Health Care Services. Electronic Visit Verification (EVV) is a technology used to verify visit information, ensuring that services are delivered to people needing those services. Provisions are made to strengthen quality improvement; increase financial accountability of provider agencies; deter and reduce fraud, waste, and abuse; strengthen insufficient controls for monitoring and improve patient and provider safety.
28	Monthly Provider Calls (LTSS)	Provider trainings are conducted quarterly to address any deficiencies identified through the performance review process. Suggestions may be made for quality improvement activities and if necessary, a correction action plan may be requested for providers who score below the percentage requirement to ensure waiver compliance is being met.
29	Quarterly Member Sat. Survey (LTSS)	The Member Experience Survey is conducted quarterly during the performance review process. Information gathered from the survey is evaluated and used to determine if members had an overall positive experience of the program and if any unmet needs were indicated by the member.
30	LC Member Transition Survey	The purpose of the survey is to get feedback on how satisfied you are with the community transition process and services provided by the Transition Coordinator.
31	C-Section Quality Initiative	Suspended claims nurses medically review primary C-sections
32	Med. Ther. Mgmt.	There are two MTM programs operating in pharmacy. One with OU College of Pharmacy and one with Arine/PPOK (CPESN) group. Both are moving along well and showing a good return on investment, so I am just listing these for completeness and not for any intervention.

#	Activity Title	Description
33	HSI Academic Detailing antipsychotic rx in youth	Initiative performed by the OU College of Pharmacy and the program uses motivational interviewing to work with providers on improving prescribing and monitoring guidelines for pediatric SoonerCare members.
34	Drug Rebates & 340b	Collect current and historical rebates from drug labelers, as well as Prior Quarter Adjustments and Reconciliation of State Invoices. Also includes managing the 340B rebates.
35	Family Planning Dx Code for Contraception	Ensure prescriptions for contraception have diagnosis code to accurately identify appropriate matching dollars.
36	Postpartum CMS Affinity Group	The Improving Postpartum Care Affinity Group will engage nine teams from states in collaborative learning with staff from CMS, quality improvement (QI) advisors, and subject matter experts in improving postpartum care. The goal of this effort is to improve postpartum care visits and the quality of visits among Medicaid and CHIP beneficiaries.
37	Covid Outreach (historical)	This was an effort we made during early and mid-stages of PHE. Using Johns Hopkins Covid grouper, we identified members at highest risk for poor outcome if they were to contract COVID. We successfully reached 3000K to educate on COVID risk etc. I put this here because while we threw this together quickly and were able to basically capture only process data, followed by some assumptions we could make from claims post-education regarding eventual covid diagnosis), this is good example of on-the-fly project that can be done to assist with an ad hoc issue.
38	OB Outreach, HROB, Hx Preterm Labor Care Mgmt	Pat Brown process with Eligibility and Coverage services (Member receives letter, calls in, is screened by ECS, referred to PCM if screened +) temporarily suspended since October 2020 due to staffing shortages and anticipated MCO implementation; we will regroup on this once we have some hiring done and direction from Governor on future of MCO.
39	Postpartum Depression Screening	Screening is used to find out if a new mother has postpartum depression.
40	Provider Newsletter	OHCA newsletter to SoonerCare provider.
41	Member Newsletter	OHCA newsletter to SoonerCare members.
42	Interconception Care Program	This program provides care management to teens who are pregnant in the above listed high-risk counties, prenatal to one-year post-partum. Mom and baby are both followed.
43	Care4Kids: Care Mgmt for Children in Custody	This program provides care management to children in custody. We choose the children with the highest risk categories and cost and assist DHS in coordinating care as needed.

#	Activity Title	Description
44	Oklahoma Cares BCC Program	This program performs the clinical criteria review for eligibility and subsequently provides care management for women admitted onto the program.
45	PDN Authorizations & Care Mgmt	This program does assessments for PDN benefit and provides care management support.
46	Lodging and Meals	This program does clinical review for Lodging and Meals requests and provides care management support.
47	Adverse Actions Report (Provider Contracting)	Report pulled from DEX (CMS Report) monthly to verify we have no actively enrolled providers who have been terminated for cause by Medicare and other Medicaid states.
48	CMS Pilot Report (Providing Contracting)	Pilot program: agreed to participate with CMS- they review all active providers to look for criminal charges.
49	Mod/High Risk Provider Site Visits	Site visits on all providers identified as moderate/high risk.
50	High Risk Provider Fingerprint Background Check	FCBC - OSBI fingerprinting on providers identified as high-risk.
51	Member Complaint Resolution	Identify and address quality of care medical concerns found through investigation and review of member complaints. Goal to mitigate quality concerns and improve overall quality of care provided to SoonerCare members.
52	Quality of Care Provider Reviews	Review provider and member specific claims data and medical record documentation to evaluate and address potential quality concerns. Goal to mitigate quality concerns and improve overall quality of care provided to SoonerCare members.
53	Quality Assurance Advisory Group	Quality committee to assess and recommend further agency actions regarding providers with unresolved quality of care concerns.
54	Top Opioid Prescriber Review	Quality committee to identify providers with concerning prescribing patterns and practices.
55	Retro. Rev. of Medical Inpt. Stay (QI, PAM, SA&I)	QIO external retrospective review of SoonerCare members medical records. Goal to 1. Determine whether healthcare services were medically necessary, delivered in the most appropriate setting, and met professionally recognized standards of care 2. Identify areas where care can be improved 3. Provide feedback to providers
56	Medical Education & Intervention Team	Address provider specific potential quality of care concerns; provide provider education and intervention; improve quality of healthcare services to SoonerCare members.

#	Activity Title	Description
57	Provider Board Action Tracking	Track disciplinary actions of providers via Oklahoma State Board of Medical Licensure and Supervision (OSBMLS) email notifications and website. Be aware of provider disciplinary actions by the medical board and take appropriate action as warranted to ensure our members continue to receive quality care.
58	CAHPS Surveys	Assess Sooner Care member satisfaction.
59	PCMH Compliance Audits	PCMH audits to identify and address provider noncompliance with SoonerCare PCMH contract. (i.e., Administrative - written policies/procedures, Medical Record Review - chief complaint, subjective, objective, assessment, plan, preventive measures, etc.) Goal: To ensure provider compliance with PCMH contract.
60	CMS Oral Health Affinity Group (w/OU Peds & ROR)	The Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group (oral health affinity group, or OH AG) engages 14 state teams in collaborative learning with staff from CMS, quality improvement (QI) advisors, and subject matter experts (SMEs) in oral health. The goal of this effort is to improve oral health among beneficiaries of Medicaid and CHIP.
61	Health Management Program (CHOICE members)	The HMP is an initiative developed to offer face-to-face and telephonic care coordination to SoonerCare Choice members most at-risk for chronic disease and other adverse health outcomes and increased health care expenditures (health coaching). The HMP offers practice facilitation to provide education and academic detailing appropriate to the office's needs to improve the effectiveness of providers caring for members with chronic disease. The HMP vendor is required to identify and implement a performance improvement plan annually. The vendor places 5% of their monthly invoice at risk, which can be earned back by meeting/exceeding performance targets. Goals: Improve care and reduce cost of care for SoonerCare Choice members with chronic conditions.
62	Chronic Care Unit	The Chronic Care Unit is an internal unit at OHCA that provides telephonic care coordination to SoonerCare members (not limited to Choice) at-risk for chronic disease and other adverse health outcomes and increased health care expenditures. The CCU also serves specialized populations such as members with hepatitis C, sickle cell disease, hemophilia, etc. Goals: Improve care and reduce cost of care for SoonerCare members with chronic conditions.

#	Activity Title	Description
63	PACE	The Program for All-inclusive Care for the Elderly (PACE) is a managed care model of acute and long-term care that integrates the provision and financing of medical and long-term care services. The PACE model is centered on the belief it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible. The goal is to maximize the participant's autonomy and ability to reside in their community while receiving quality care at lower cost relative to the Medicare, Medicaid, and private-pay traditional payment systems.
64	SoonerQuit Provider TA	The SoonerQuit program was developed through a grant with the Oklahoma Tobacco Settlement Endowment Trust (TSET) and focuses on promoting and increasing access to tobacco cessation benefits and the Oklahoma Tobacco Helpline (1-800-QUIT-NOW). SoonerQuit staff assist providers with integrating best practices and offer technical assistance related to tobacco cessation.
65	Diabetes Prevention Program	Prevent diabetes in those at risk.
66	HAN (CHOICE members)	Health Access Networks are non-profit, administrative entities that work with affiliated providers to coordinate and improve the quality of care provided to SoonerCare Choice members. The HANs offer care coordination to members with complex health care needs who are enrolled with affiliated PCMH providers. The HANs also work to establish new initiatives to address complex medical, social, and behavioral health issues.
67	Multi-Disciplinary Team Staffing (w/DHS; minors in DHS custody)	Complex case staffing to identify appropriate clinical resources for members in DHS custody.
68	IMD Waiver Oversight (ODMHSAS operates waiver)	Waiver oversight, monitoring and reporting. Authority provides for inpatient psychiatric hospital services for adults 21-64 as well as residential substance use disorder treatment for adults and adolescents.
69	QRTP (w/DHS) for Minors in Custody	Development of identified group homes to become Qualified Residential Treatment Providers who meet the requirements of the Family First Prevention Services Act among others.
70	OKDOC Agency Partner (eligibility for recently released)	Support Department of Corrections efforts to help people exiting DOC custody gain SoonerCare eligibility through Expansion
71	PHE Coverage for Emergency Hospital Svcs. (w/OSDH)	Coverage for Emergency Hospital services
72	DOC Inpatient Svcs Coverage (w/DOC & DHS)	Grant eligibility to people in DOC custody to be able to draw down federal funds, which maximizes DOC's medical budget

#	Activity Title	Description
73	TEFRA	TEFRA uses the DHS system as these individuals are considered a non- MAGI population. DHS worker determines financial and OHCA staff determine medical eligibility.
74	MATF (w/OK Family Network)	Engagement with SC members-meeting bimonthly to discuss new SC initiatives, policies, and promotions to obtain feedback, suggestions and help with promotion.
75	LTC Data Sharing w/OSDH	Information shared monthly with OSDH is used to ensure LTC facilities are in compliance with staffing ratios. Data is also used for OSDH specific reporting-occupancy and census reports, etc.
76	NF Survey & Cert. (w/OSDH)	OSDH conduct surveys in accordance with 42 C.F.R. §483 and 42 C.F.R. §488 et seq as required by CMS to determine provider eligibility and facility certification for SoonerCare
77	Ombudsman Program (w/OKDHS)	In accordance with 56 O.S. § 2002(H)(3)(e) DHS may hire up to fifteen (15) additional Ombudsmen to increase services to the older adult population; OHCA shall reimburse DHS quarterly for the actual costs of an FTE up to the maximum of fifteen (15) FTE.
78	LTC Provider's Pre-Employment Screening (w/OSDH)	Purpose is to enhance the ability of both the OHCA and OSDH to protect vulnerable populations serviced by Medicaid Providers. This program enhances that protection through expanded pre-employment state and national offender registry screening and fingerprint based national criminal history record searches. This enhanced program is in accordance with Long Term Care Security Act 60 O.S. § 1-1944 et. seq.
79	HIE (w/8 agencies)	To collaborate on state data sharing initiatives leveraging current and upcoming infrastructure for maximum efficiency and enhanced effectiveness.
80	OK Prescription Drug Workgroup	
81	Board of Abuse Examiners	Board of Child Abuse Examiners - we are CEO designee for this board. Meets quarterly
82	Fetal Infant Mortality Red. Adv. Council (w/2+ agencies)	Fetal Infant Mortality Reduction Advisory Council and case review. Quarterly, there is a case review meeting that looks for system changes for preventable deaths. FIMR council works to try to implement those changes.
83	Sustainable Impl. EBHV Com. (multiagency)	Sustainable Implementation of EBHV (Evidence Based Home Visitation) Committee; collaboration around various home visitation programs, and other work around adverse childhood events, child abuse prevention strategies.
84	OK Safe Kids Coalition (multiagency)	Oklahoma Safe Kids Coalition - child safety/car seat awareness. Community, state, private partnership.
85	Maternal Mortality Rev. Com. (multiagency)	State review of maternal mortality cases to inform and drive QI efforts to reduce maternal mortality.

#	Activity Title	Description
86	OK Maternal Health Taskforce	Taskforce to decrease state maternal mortality. Dedicated workgroups to improve access to care, implement innovative technology, expand behavioral health/SA services, and improve health equity for women who are pregnant/ women of child-bearing age.
87	HIV Tribal Taskforce	HIV tribal taskforce: the goal of the taskforce is to bring awareness and address the increasing rates of HIV within the AI/AN Oklahoma population. The current focus is provider education about the need for testing, and the reimbursement of medication including pre-exposure prophylaxis (PrEP). An information one-pager was created early this year and sent to all SoonerCare ITU providers.
88	Money Follows the Person, Tribal	OHCA collaborates with tribal partners to provide planning grant funding to develop a strategic plan for a comprehensive HCBS program tailored to the needs of their tribal community. The overarching goal is to successfully transition tribal elders from the nursing home back to their home and community.
89	Living Choice	The Living Choice Project is Oklahoma's name for the Money Follows the Person grant and is administered by the Oklahoma Health Care Authority (OHCA). The program promotes community-based services instead of institutional services.
90	Aging with Hope (w/OKDHS, multiagency) for Minors	Ultimate goal: master plan for aging with independence, health, and quality of life. Resources Subcommittee: addressing need for central go-to "wizard" for connecting seniors to resources.
91	HSI Focus Forward, Policy/Outreach for Minors	Teen birth rate
92	HSI Focus Forward LARC Provider Training	Teen birth rates and Targeted Providers: Increase in LARC claims
93	HSI Overdose Ed., Naloxone Dist. For Minors	Decrease in opioid overdose deaths and adverse outcomes among youth
94	HSI OK Ped. Psychotropic Rx Guide	Reviewing pediatric claims for antipsychotics for polypharmacy, metabolic monitoring, adherence, and appropriate diagnosis. Education is provided to prescribers who are outliers. Claims reviews will be done on a semi-annual basis.
95	HSI Sickle Cell Dz Care Kits	246 care kits total to be created/distributed in SFY2020
96	HSI Dev. Scrn ROR	Metric 1—The percentage of SoonerCare members 9-36 months of age with a paid developmental screening performed by a ROR provider compared to those performed by a non-ROR provider. Metric 2—The percentage of SoonerCare members 6-59 months of age with paid well-child visit(s) performed by a ROR provider compared to those performed by a nonROR provider.

#	Activity Title	Description
97	HSI Focus Forward LARC for Uninsured < 19yo	a. Teen birth rates b. # of uninsured under 19 choosing LARC
98	HSI Infant Safe Sleep	Change in infant safe sleep practices. Metric 1--Percent of participants reporting use of crib when infant sleeps. Metric 2-- Frequency of how often participant's infant always or almost always sleeps in a crib/portable crib
99	AHC & SDOH Screening	Accountable Health Communities and Social Determinants of Health screening.

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Appendix C

Comprehensive Quality Strategy - Draft

Priority Focus Areas

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Priority Focus Areas

Focus Area 1: Reduce Cigarette Smoking and Nicotine Use among SoonerCare Members:

Rationale

As indicated by the Centers for Disease Control and Prevention (CDC), smoking is the leading cause of preventable disease and death in the United States. On average, compared to people who have never smoked, people who smoke suffer for years with more health problems due to their smoking and ultimately die by a decade or more earlier than people who do not smoke. Some of the health problems associated with, or made worse by, smoking and secondhand smoke include multiple cancers, heart disease, stroke, chronic obstructive pulmonary disease, type 2 diabetes, rheumatoid arthritis, asthma, gum disease, preterm birth, and vision loss.[30]

The prevalence of cigarette smoking is especially high among certain groups of adults, particularly persons of lower socioeconomic status[31] and persons with mental illness or substance use disorders.[32] In Measurement Year (MY) 2019, 35.2% of adult SoonerCare CAHPS respondents, 18 years of age or older, reported smoking or using tobacco. Whereas 19.7% of Oklahoman adults overall reported smoking in 2018 (CDC, Behavioral Risk Factor Surveillance System (BRFSS) survey).[33] During the stakeholder feedback sessions, vaping was raised as a concern due to increased use by youth. The difference between smoking and vaping is that smoking delivers nicotine by burning tobacco, which can cause smoking-related illnesses, and vaping can deliver nicotine by inhalation of a heated liquid. While nationally standardized measures are not currently available. Based on stakeholder input, OHCA will include vaping (included in definition of nicotine) with smoking and nicotine use reduction and prevention quality improvement efforts.

OHCA's Current Approach to Improvement

Research indicates that no other clinical intervention can reduce illness, prevent death, or increase quality of life more effectively than tobacco cessation. OHCA has encouraged tobacco cessation for many years.

- The SoonerQuit program[34] was developed through a grant with the Oklahoma Tobacco Settlement Endowment Trust (TSET) and focuses on promoting and increasing access to tobacco cessation benefits and the Oklahoma Tobacco Helpline (1-800-QUIT-NOW). SoonerQuit staff assist providers with integrating best practices and offer technical assistance related to tobacco cessation. (Health Care Systems Innovation [OPS], QI Initiative)
  - OHCA and TSET have had a contractual relationship for several years that provides administrative Medicaid matching dollars to support the Helpline for SoonerCare members.
  - Part of the OHCA and TSET relationship consists of communications efforts. OHCA's communication team meets regularly with TSET to receive updated

information for communication materials such as member/provider newsletters and social media.

- Since 2006, SoonerCare has reimbursed providers who have used the "5 A's" approach to tobacco cessation developed by the Agency for Healthcare Research and Quality and endorsed by the U.S. Public Health Service.[35]

  What are the "5 A's"?
  - Ask every patient every time if the patient smokes or uses other tobacco products
  - Advise all tobacco users of the consequences, discussing benefits of quitting, harms of continuing, and recognize the difficulty of quitting
  - Assess willingness to make a quit attempt. If not ready to quit, document. Motivational interviewing techniques may assist with patient readiness.
  - Assist with treatment referrals. Ask if others are smoking in the home. Explore options – provide materials, refer to 1-800-QUIT-NOW, and pharmacotherapy. Identify Quit Date if applicable.
  - Arrange follow-up, setting an appointment.

  Who is Qualified to Receive This Benefit?
  SoonerCare members ages 12 and over who use tobacco. OHCA's nicotine replacement therapy benefit is available to members using electronic nicotine (i.e., vaping).

  Who Can Perform the "5 A's"?
  - Physicians
  - Physician Assistants
  - Nurse Practitioners
  - Nurse Midwives
  - OSDH Nurse Practitioners and Registered Nurses
  - Federally Qualified Health Center Nurse Practitioners and Registered Nurses
  - Dentists
  - Maternal/Child Health Licensed Clinical Social Workers (LCSW) with certification as a tobacco treatment specialist

  Benefits
  - Patches
  - Gum
  - Lozenges
  - Nasal Spray
  - Inhaler
  - Zyban or available generic
  - Chantix or available generic (180 days per 12 months)
  - Smoking cessation treatments are not counted against the monthly prescriptions benefit

- SoonerCare members are qualified for a total of eight counseling sessions per rolling calendar year

Within SoonerCare, there has been an overall average of 10,233 tobacco cessation related prescriptions per year since SFY 2017. Of these, Chantix (average of 4700 prescriptions per year) and Nicotine Patch (average 3990 prescriptions per year) have been the most common prescriptions.

Considerations for Future Improvement Activities

The following stakeholder input was obtained during the feedback sessions from October 2021 through February 2022. Stakeholders were asked about potential opportunities, existing programs external to OHCA, and points OHCA should consider going forward.

Key Considerations:

- Although members and providers may be aware of SoonerCare benefits to stop using tobacco or nicotine products, more education would be valuable to ensure they are aware of all cessation options and SoonerCare benefits.
- Dental and vision providers should be included in provider cessation education.
- Community pharmacists have frequent touch points with patients and are highly accessible. However, they are not recognized as providers and cannot bill for cessation counseling.
- There are multiple tobacco and nicotine cessation campaigns among Tribal entities and State agencies.
- Vaping products need to be in the same regulatory arena as tobacco products.
- With any tobacco cessation messaging, ceremonial tobacco use should be excluded.
- It is important to target youth and pregnant members in tobacco cessation messaging.
- Peer support groups and mentors could improve cessation success rates.
- OHCA should consider eliminating cost sharing for cessation aids.
- An emphasis should be placed on cessation counseling as an adjunct to cessation medications.
- **OHCA should monitor smoking cessation CAHPS survey results and evaluate for targeted improvement.**

Potential Collaboration Opportunities:

- **Oklahoma tobacco program to address community and school education.**
- Certified Health Oklahoma Program/Employee Policy
- Advocate for legislation that reduces use of tobacco and nicotine products.
- Support family resource centers that address SDOH and work to improve health outcomes.
- The CMS tobacco cessation QI initiative identifies additional opportunities, including efforts for members who are pregnant (https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/tobacco-cessation/technical-assistance/index.html)

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Examples of Evidence Based Practices for Consideration

Smoking Cessation Evidence Based Practices (EVP)			
#	EVP Name	Reference citation/link	Description
1	Mobile Phone Text Messaging Cessation Interventions	https://www.thecommunityguide.org/content/tffrs-tobacco-use-mobile-phone-based-cessation-interventions	Mobile phone text messaging interventions deliver evidence-based information, strategies, and behavioral support directly to people who want to quit smoking or using tobacco.
2	Web-Based Committed Quitters Stop Smoking Plan	https://pubmed.ncbi.nlm.nih.gov/15847626/	The Web-Based Committed Quitters Stop Smoking Plan – or CQ PLAN for short – is an online, tailored smoking cessation program to be used in conjunction with the NiQuitin CQ 21mg patch.
3	A.S.S.I.S.T. A Stop Smoking in Schools program	https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)60692-3/fulltext	The goal is to develop an influential group consisting of young people trained to encourage other peers to follow a healthy lifestyle.
4	Not-On-Tobacco (N–O–T)	https://www.lung.org/quit-smoking/helping-teens-quit/not-on-tobacco	Not On Tobacco (N-O-T) is a smoking cessation program designed for 14- to 19-year-olds. It is based on social cognitive theory and incorporates training in self-management and stimulus control, social skills and social influence, stress management, relapse prevention, and techniques to manage nicotine withdrawal, weight management, and family and peer pressure.
5	ASPIRE	http://www.ncbi.nlm.nih.gov/pubmed/20397881	A.S.P.I.R.E. (A Smoking Prevention Interactive Experience) is a multimedia Web-based teen tobacco prevention and cessation program. ASPIRE uses a multimedia approach which includes interactive activities, videos, animation, and visually appealing graphics, to capture the interest of adolescents, and to educate them on the health risks of smoking and using tobacco.

Vaping Prevention and Cessation Evidence Based Practices (EVP)			
#	EVP Name	Reference citation/link	Description
1	N.O.T. Not on Tobacco	https://www.lung.org/quit-smoking/helping-	E-cigarettes have escalated this problem, with over 5,700 kids

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		teens-quit/not-on-tobacco	starting to vape every day, according to the CDC. Not On Tobacco® (N-O-T) seeks to address this growing problem by giving all teens the resources they need to break nicotine dependency and find healthier outlets.
2	CATCH My Breath	https://catch.org/program/vaping-prevention/	CATCH My Breath's peer-led teaching approach empowers students with the knowledge and skills needed to make informed decisions about e-cigarettes and resist social pressures to vape.
3	Effectiveness of a Quit Vaping Text Message Program in Promoting Abstinence Among Young Adult E-Cigarette Users	https://www.researchprotocols.org/2020/5/e18327/	Text messaging is a promising, scalable intervention strategy for delivering vaping cessation treatment.

Measures

Table 1. describes the process measures for the assessment of Focus Area 2. See Appendix D for the complete indicator descriptions.

Table 1. Smoking and Tobacco Use Process Measures			
#	Indicator	Baseline Data	Comparison
1.	Medical Assistance with Smoking and Tobacco Use Cessation (MSC) – Advising Smokers and Tobacco Users to Quit (Percent of members 18 years and older who were current smokers or tobacco users and who received advice to quit)	2019 Adult CAHPS Summary Rolling Average: 74.2%	SPH Analytics (SPH) Benchmark [2020 Benchmark: Summary Rate: 77.8%; Percentile rank: 28th]. NCQA Quality Compass Percentile (QC) Benchmark. [2019 Summary Rate: 76.7%; Percentile Rank: 25th]
2.	MSC – Discussing Cessation Medications (Percent of members 18 years old and older who were current smokers or tobacco users and who discussed or were recommended cessation medications)	2019 Adult CAHPS Summary Rolling Average: 44.1%	SPH Benchmark [2020 Benchmark: Summary Rate: 56.1%; Percentile rank: 14th]. NCQA Quality Compass Percentile (QC) Benchmark. [2019 Summary Rate: 52.9%; Percentile Rank: 13th]
3.	MSC – Discussing Cessation Strategies (Percent of members 18 years old and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies)	2019 Adult CAHPS Summary Rolling Average: 38.8%	SPH Benchmark [2020 Benchmark: Summary Rate: 50.2%; Percentile rank: 11th]. NCQA Quality Compass Percentile (QC) Benchmark [2019 Summary Rate: 46.4%; Percentile Rank: 13th]

Focus Area 2: Reduce Obesity among SoonerCare Members:

Rationale

In the State Fiscal Year 2019, OHCA reported 7.4% of adult and 1.5% of child SoonerCare members had a diagnosis of obesity, totaling 38,566 members. These rates were based on claims data and were prior to Medicaid expansion. National survey data indicate the rate of obesity among all Oklahomans is substantially higher, suggesting the rate of obesity among SoonerCare members may be higher than rates reported through claims.

In 2020, America's Health Rankings[36] analysis indicated 36.4% of adult Oklahomans were obese, based on reported height and weight in the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) survey. The highest rates were among American Indian/Alaska Native (42.7%), Black (41.8%), and Multi-Racial (41.8%) populations. Oklahomans ages 45—64 had the highest rate, 43.2%. In 2018—2019, 18.8% of Oklahoman children ages 10—17 were obese for their age based upon reported height and weight in the National Survey of Children's Health.

People with obesity, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including the following:[37]

- High blood pressure
- High cholesterol
- Type 2 diabetes
- Heart disease
- Stroke
- Gallbladder disease
- Arthritis
- Sleep apnea
- Many types of cancers
- Depression and anxiety
- Body pain and difficulty with physical functioning

Obesity during childhood can harm the body in many of the same ways, including high blood pressure, high cholesterol, insulin resistance, type 2 diabetes, breathing problems, joint problems, fatty liver disease, gallstones and heartburn, anxiety, and depression. Childhood obesity is also related to low self-esteem and social problems such as bullying and stigma.[38]

Social and environmental factors that can increase the risk for being overweight include a low socioeconomic status, an unhealthy social or unsafe environment, easy access to fast foods, and limited access to recreational facilities or parks.[39]

It can be difficult to make healthy food choices and get enough physical activity in environments that do not support healthy habits. Places such as childcare centers,

schools, and communities can affect diet and activity through the foods and drinks they offer and the opportunities for physical activity they provide. Other community factors include the affordability of healthy food options, peer and social supports, marketing and promotion, and policies that determine how a community is designed.[39]

Healthy People 2030 focuses on helping people eat healthy and get enough physical activity to reach and maintain a healthy weight. In 2019, only 5.1% of adult Oklahomans reported daily consumption of two or more fruits and three or more vegetables, compared to 8% nationally.

In 2020, 28.6% of adults in Oklahoma reported doing no physical activity or exercise other than their regular job in the past 30 days, compared to 22.4% nationally. The Hispanic and Black populations reported the highest percentages of inactivity, 34.3% and 33.6% respectively. Adults with incomes less than $25,000 per year had the highest rate of inactivity, 42%. Ages 44–64 reported rates of inactivity of 32.8%, and ages 65 and older reported 36.7%.

In 2019—2020, 23% of Oklahoman children ages 6 –17 were physically active at least 60 minutes every day.

Currently, annual SoonerCare data related to obesity is comprised of NCQA process measures focused on providers assessing patients' BMI percentiles, nutrition and physical activity for children and adolescents ages 3 to 17 years. SoonerCare's rates are likely underreported since the data source is only claims data and not also medical record data. OHCA is exploring methods of obtaining more complete data.

OHCA's Current Approach to Improvement

OHCA's SoonerExcel program provides value-based financial incentives to PCMH providers for meeting targets regarding three different components represented in the claims submitted:

- Coding for Body Mass Index (BMI)
- Counseling for Nutrition
- Counseling for Physical Activity

Considerations for Future Improvement Activities

The following stakeholder input was obtained during the feedback sessions from October 2021 through December 2021. Stakeholders were asked about potential opportunities, existing programs external to OHCA, and points OHCA should consider going forward.

Key Considerations:

- Members lack access to affordable gyms/workout facilities, personal trainers, and counselors.
- Members with disabilities find it hard to be physically active.
- Members may live in areas with limited sidewalks and parks or safe areas for children to play.

- Children need access to more group activities, such as camps or recreational leagues.
- Members would benefit from education, support groups and mentors to increase physical activity and eat more healthfully.
- Members have more ready access to "unhealthy" foods, as they are lower cost and available outside of grocery stores.
- "Healthy" food is more expensive than "unhealthy" foods.
- Free school lunches are not healthy.
- Members lack knowledge about available resources for healthy food and how to prepare healthy meals.
- Members would eat more healthy foods if it was less expensive and more accessible.
- Members would benefit from access to dieticians and nutritionists, as well as providers to address root causes of obesity and barriers to physical activity.
- It is important to acknowledge the relationship between ACEs (Adverse Childhood Experiences) and obesity.
- State agencies and Tribal entities have existing initiatives to reduce obesity.
- Providers are engaged in the Diabetes Prevention Program (DPP) and Diabetes Self-Management Education (DSME).
- Pharmacists have frequent contact with patients and can participate in longitudinal care and follow up.

Potential Collaboration Opportunities:

- Collaborate with agencies that offer low-cost fresh food to ensure SoonerCare members are aware of these resources.
- Partner with gyms to offer subsidized memberships for SoonerCare members
- Support DPP and DSME programs.
- Provide cooking classes or easy food preparation education.
- Utilize pharmacy technicians trained as community health workers to provide longitudinal follow-up for members.
- Support policy to increase safe places to be active and access to healthy food.
- Partner with communities to develop community gardens.
- Join the State Obesity Plan Stakeholders group.

Examples of Evidence Based Practices for Consideration

Obesity Prevention/Reduction Evidence Based Practices (EVP)			
#	EVP Name	Reference citation/link	Description
1	Obesity Prevention and Control: Technology-Supported Multicomponent Coaching or Counseling Interventions to Reduce Weight and Maintain Weight Loss	https://www.thecommunityguide.org/findings/obesity-technology-supported-multicomponent-coaching-or-counseling-interventions-maintain	Technology-supported multicomponent coaching or counseling interventions use technology to facilitate or mediate interactions between a coach or counselor and an individual or group, with a goal of influencing weight-related behaviors or weight-related outcomes. These interventions often also include other components, which may be technological or non-technological.

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2	Text4Diet	https://pubmed.ncbi.nlm.nih.gov/22944150/	Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.
3	Eat Smart, Move More, Weigh Less	https://www.cdc.gov/pcd/issues/2011/jul/10_0160.htm	In 2001, the North Carolina Division of Public Health launched its Eat Smart, Move More North Carolina campaign. In 2006, the Eat Smart, Move More, Weigh Less (ESMMWL) program was developed to provide accessible weight management interventions to underserved populations. Local instructors design their own courses, but all programs across the state focus on evidence-based eating and physical activity behaviors for managing weight.
4	Head To Toe	https://www.stlouischildrens.org/health-resources/advocacy-outreach/head-toe	St. Louis Children's Hospital Head to Toe weight management program helps children, teens and their parents learn to make healthier lifestyle choices. Setting goals, regular exercise, and healthy eating all make a positive impact on a child's self-esteem. Each 90-minute class is led by an exercise specialist, registered dietitian, and a social worker.

Measures

Table 2. describes the process measures for the assessment of Focus Area 2. See Appendix D for complete indicator description.

Table 2. Obesity-related Process Measures

#	Indicator	Baseline Data	Comparison
1.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents 3 to 17 years (WCC) – Body Mass Index (BMI) Percentile Assessment [Administrative data]	2019 WCC – BMI Percentile Assessment Rate: 7.6%	N/A (Annual comparison only)
2.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents 3 to 17 years (WCC) – Counseling for Nutrition [Administrative data]	2019 WCC – Counseling for Nutrition Rate: 3.2%	N/A (Annual comparison only)
3.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents 3 to 17 years (WCC) – Counseling for Physical Activity [Administrative data]	2019 WCC – Counseling for Nutrition Rate: 3.2%	NA (Annual comparison only)

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Focus Area 3: Addressing Issues Related to Teen Pregnancy:

Rationale

The total number of SoonerCare deliveries has decreased each year from SFY2013 (32,915) to SFY2020 (27,828). In SFY2020, 11.3% (3,155) of all SoonerCare deliveries were to teens less than 20 years of age. In 2020, the total Oklahoma rate of teen births (ages 15 through 19) was 25.0 per 1000 live births, with 10.1 per 1000 births for teens ages 15—17 and 48.1 per 1000 births for teens ages 18—19. The total rate of teen births (ages 15—19) in Oklahoma has consistently decreased since 2007 (58.3 per 1000 live births).

Pregnant teenagers are at greater risk for preeclampsia, anemia, sexually transmitted diseases, premature delivery, and delivering a low birthweight baby.[40] According to a study published in the Maternal Child Health Journal, teenage mothers had the poorest physical health of all categories of women studied. Teenage mothers may neglect their physical health while caring for their babies. They may also not have access to or know about healthy foods and eating. They are also more likely to be obese.[41] Also, teen mothers and fathers are less likely to graduate from high school, obtain a General Education Development (GED) certificate, or attend college.[42]

If born prematurely, with low birth weight, or with other medical complications, children born to teen parents face greater challenges throughout their lives, including getting less education and having worse behavioral and physical health outcomes.[40] This has the potential to lead to multi-generational cycles of lower education, low-income, and behavioral or health challenges.

OHCA's Current Approach to Improvement

The Focus Forward Oklahoma program was developed as a way for the Oklahoma Health Care Authority to aid in the efforts to address the issue of unintended pregnancy in Oklahoma. The mission of Focus Forward Oklahoma is to decrease unintended pregnancies in Oklahoma by increasing access to and utilization of contraception. In particular, the program is focused on increasing access to long-acting reversible contraceptives (LARC) because of the significant access issues in Oklahoma. The Focus Forward Oklahoma program is using three primary strategies to increase access and utilization of LARC in Oklahoma: 1) policy change, 2) communication, and 3) education. Each of these strategies has multiple activities that have been identified as ways the Oklahoma Health Care Authority can increase access and utilization of LARC.

Considerations for Future Improvement Activities

The following stakeholder input was obtained during the feedback sessions from October 2021 through December 2021. Stakeholders were asked about potential opportunities, existing programs external to OHCA, and points OHCA should consider going forward.

Key Considerations:

- Teenagers should have access to (and information on how to access)

contraceptive medications and free condoms.
- Communication about preventing teen pregnancy should be a multi-pronged approach, with information provided by parents/guardians, healthcare providers, schools and via public service announcement on social media platforms.
- Parents need education on how to discuss teen pregnancy and sexual responsibility with their children.
- Teens should have the opportunity to learn the challenges of being a teen from other teen parents.
- Teens should not be stigmatized for having sex or seeking contraceptives.
- Teens would benefit from programs to empower them to take charge of their bodies.
- There are several programs across the State that provide teen sexual health education and empowerment skills. However, there is limited knowledge of these programs among members.
- Teen parents need family and community support, as well as education, to develop successfully parenting skills.
- Continuing and completing their education should be a priority for teen parents.
- Providers should be given the tools and training to communicate pregnancy prevention with teens.
- Providers should be educated on how to implement long-acting reversible contraceptives in their practice.

Potential Collaboration Opportunities:

- Collaborate with the Oklahoma State Department of Health (OSDH) Teen Pregnancy & Prevention, Sexual Health program.
- OHCA could allow health educators with OSDH and local health departments to bill Medicaid to implement Evidence Based Practices in schools for youth with "rising risk."
- Ensure sexual health program resources are available on the SoonerCare member website.
- Work with health care providers on how to better communicate with teens.
- Work with pharmacists to provide support on contraceptive use.
- Support sexual education curriculum in schools across the State.

Examples of Evidence Based Practices for Consideration

Teen Pregnancy Prevention Evidence Based Practices (EVP)			
#	EVP Name	Reference citation/link	Description
1	Carrera Adolescent Pregnancy Prevention Program	https://www.childrensaidnyc.org/programs/carrera-adolescent-pregnancy-prevention	Carrera Adolescent Pregnancy Prevention program is a comprehensive youth development program with the goal of reducing teen pregnancy among economically disadvantaged youth.
2	TOPP-Teen Options to Prevent Pregnancy	https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=277&mid=1 https://opa.hhs.gov/sites/default/files/2020-	The Teen Options to Prevent Rapid Repeat Pregnancy (T.O.P.P.) program provides motivational interviewing, contraceptive access, and social service support over an 18-month period to help at-risk teen mothers develop and

		07/ppa-topp-finalimpact.pdf	adhere to a birth control plan and to prevent rapid repeat pregnancies. The program is delivered by trained nurse educators through home and telephone-based care coordination.
3	Reach for Health Community Youth Service	https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.89.2.176	Educators are trained specifically in the curriculum prior to delivering it to students. These educators also receive assistance throughout implementation and have their classrooms observed to ensure adherence to the lesson plans. This health curriculum has 40 core lessons that teach students about human sexuality while also focusing on three health risks that urban youth often face: drug and alcohol use, violence, and risky sexual behavior that may lead to pregnancy or STD infection.
4	GIPAP-Girls Inc Preventing Adolescent Pregnancy	https://cdc.thehcn.net/promisepractice/index/view?pid=909	Girls Inc. Preventing Adolescent Pregnancy® (GIPAP) is an abstinence-based program aimed at decreasing pregnancy in adolescent and teenage girls. GIPAP is based on the idea that there are four components to preventing teen pregnancy: family communication about sexuality, skills in resisting pressure to be sexually active, motivation and resources to postpone pregnancy, and overcoming barriers to effective contraception for sexually active teens.
5	Aligning Value-Based Payment with the CenteringPregnancy Group Prenatal Care Model: Strategies to Sustain a Successful Model of Prenatal Care	https://www.centeringhealthcare.org/uploads/files/Aligning-Value-Based-Payment-with-CenteringPregnancy_210722_121345.pdf	Evidence suggests CenteringPregnancy reduces costs, improves outcomes, and leads to high satisfaction. This holistic model can be sustainably financed along the continuum of value-based payment using a variety of approaches. Policy makers, payers and providers can work together to integrate group prenatal care and value-based payment within maternity care. In Medicaid, the largest payer for maternity care, States have an opportunity to offer the CenteringPregnancy model of care to more women as part of their emerging payment and delivery system reforms.

Measures

US Office of Population Affairs measures regarding contraceptive care are currently available standardized process measures. Table 3. describes the process measures for the assessment of Focus Area 3.

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Table 3. Teen Pregnancy-related Process Measures			
#	Indicator	Baseline Data	Comparison
1a.	Contraceptive Care - All women 15 to 20 years (CCW-CH) (Most effective or moderately effective FDA Approved method of contraception) [Administrative data]	2019 CCW-CH Rate (Most effective or moderately effective FDA Approved method of contraception): 15 to 20 years: 32.6%	NA (Annual comparison only)
1b.	Contraceptive Care - All women 15 to 20 years (CCW-CH) (Long-acting reversible method of contraception [LARC]) [Administrative data]	2019 CCW-CH Rate (LARC): 15 to 20 years: 4.3%	NA (Annual comparison only)
2a.	Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) (Most effective or moderately effective FDA Approved method of contraception) [Administrative data]	2019 CCP-CH Rate (Most effective or moderately effective FDA Approved method of contraception): 15 to 20 years: 46.1%	NA (Annual comparison only)
2b.	Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) (Long-acting reversible method of contraception [LARC]) [Administrative data]	2019 CCP-CH Rate (LARC): 15 to 20 years: 15.3%	NA (Annual comparison only)

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Appendix D

Comprehensive Quality Strategy - Draft

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Surveillance Measures and Indicators of Focus

Surveillance Measures and Indicators of Focus

1. Surveillance Measures:

The following comprehensive measures will be examined to assess progress toward the four goals of the SoonerCare Comprehensive Quality Strategy (Tables 1–4).

Green Shading: Indicators of Focus

Goal 1: Improve the Health of the Overall Population – Better Outcomes:

Table 1 describes the measures for the assessment of Goal 1.

Table 1. Measures for Goal 1 of the Comprehensive Quality Strategy								
Goal 1: Improve the Health of the Overall Population – Better Outcomes								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	Numerator			
1.a.	**Childhood Obesity** (Prevalence)	National Survey of Children's Health (NSCH)	State	Children, ages 10-17 years	Children ages 10-17 years with Body Mass Index (BMI) at or above the 95th percentile for their age category		2018-2019 Oklahoma NSCH Rate: 18.8%	National Average Rate Reported by the NSCH (2018-2019 National Childhood Obesity Rate: 15.5%)
1b.	**Obesity Rate**	Chart review according to CMS hybrid methodology	SoonerCare members 3 to 64 years old with BMI >=30 (adults) and BMI Percentile	Child and Adolescent: Number of SoonerCare members 3 to 17 years old meeting continuous enrollment criteria.	Child and Adolescent: Number of SoonerCare members 3 to 17 years who have a BMI Percentile >=95th percentile for age and gender.	Improve from baseline rate by 2%.	SoonerCare member chart review according to hybrid methodology.	N/A. (Annual comparison only)

			>=95th and no more than a 45-day gap in continuous enrollment for the measurement year	Adult: Number of SoonerCare members 18 years or older meeting continuous enrollment criteria.	Adult: Number of SoonerCare members 18 years and over who have a BMI of 30 or greater.			
2.	**Current Cigarette Smoking or Tobacco Use** (Prevalence)	Oklahoma Medicaid CAHPS Health Plan Survey 5.1	SoonerCare members, 18 years and older	SoonerCare members 18 years and older (as of December 31 of the Measurement Year (MY) who had been continuously enrolled as specified by the measure,	SoonerCare members, 18 years and older who reported smoking cigarettes or using tobacco every day or some days		Oklahoma CAHPS MY 2019 Rate: 35.2%	NCQA Quality Compass (QC) Percentiles. (Annual comparison of the Oklahoma CAHPS Survey rates will also be done)
3.	**Teen Deliveries**	Claims data SoonerCare delivery Fast Facts. State Fiscal Year Report (SFY) http://www.okhca.org/research/data	Female SoonerCare members	Total deliveries among female SoonerCare members with paid delivery (birth) claims (in the SFY)	Deliveries among female SoonerCare members ages 19 years and younger with paid delivery (birth) claims (in the SFY)		SFY2019 SoonerCare Rate: 11.2%	NA (Annual comparison (SFY) only)
4a	**Child and Adolescent Well Care Visits (WCV-CH)** [CMS 2021 Updated measure – Administrative data]	Child Core Set Quality of Care. SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare members, ages 3 to 21 years [Rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate]	SoonerCare members, ages 3 to 21 years	SoonerCare members, 3 to 21 years, who had at least one comprehensive well-care visit with a PCP or an OB/ GYN practitioner during the measurement year		MY 2020 Rate: Data will be available in 2022	NA (Annual comparison only)

4b	**Early and Periodic Screening, Diagnostic and Treatment (EPSDT)** [Administrative data]	CMS Form 416 Early and Periodic Screening, Diagnostic, and Treatment | Medicaid	SoonerCare Members ages 0 to 20. [Rates for Ages <1,1 to 2, 3 to 5, 6 to 9, 10-14, 15-18, 19-20 and overall rate] continuously enrolled as specified by the measure	**Screening Ratio** This ratio indicates the extent to which EPSDT eligibles received the number of initial and periodic screening services required by the state's periodicity schedule, prorated by the proportion of the year for which they were EPSDT eligible. **Participant Ratio** This ratio indicates the extent to which eligibles are receiving any initial and periodic screening services during the year.		FFY2019 SoonerCare Screening Ratio:.60 Participation Ratio .47	National Average rate, CMS 416: Screening Ratio: .79 Participation Ratio: .60
5a.	**Composite Preventive Visits** [Administrative data]	Child Core Set	SoonerCare members	**Composite Preventive Visits:** Following items may be used to calculate the Composite measure: • NCQA 0033: Chlamydia Screening in Women Ages 16 to 20 (CHL-CH) • NCQA 0038: Childhood Immunization Status (CHL-CH) • CMS 0418*/0418e: Screening for Depression and Follow-Up Plan: Ages 12 to 17 years (CDF-CH) • NCQA 1392: Well-Child Visits in the First 30 Months of Life (W30-CH) o Six or more well-child visits in the first 15 months o Two or more well-child visits from 15 to 30 months • OHSU 1448: Developmental Screening in the First Three Years of Life (DEV-CH) • NCQA 1517: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) • NCQA 1516: Child and Adolescent Well-Care Visits (ages 3 to 21 years) (WCV-CH)		*Planning and discussion in progress to finalize the measure definition and calculation method.*	NA (Annual comparison only)
5b.	**Composite Preventive Visits** [Administrative data]	Adult Core Set	SoonerCare members	**Composite Preventive Visits:** Following items may be used to calculate the Composite measure: • NCQA 0033: Chlamydia Screening in Women Ages 21 to 24 (CHL-AD) • CMS 0418/0418e: Screening for Depression and Follow-up Plan: Age 18 and Older (CDF-AD) • NCQA 2372: Breast Cancer Screening (BCS-AD) • OPA 2903/2904: Contraceptive Care — All Women Ages 21 to 44 (CCW-AD) • NCQA 0059: Comprehensive diabetes Care: HbA1c Poor Control (>9.0%) (HPC-AD) • NCQA 0018: Controlling High Blood Pressure (CBP-AD) • HRSA 2082/3210e: HIV Viral Load Suppression (HVL-AD)		*Planning and discussion in progress to finalize the measure definition and calculation method.*	NA (Annual comparison only)

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				• NCQA 0034: Colorectal Cancer Screening (Col-AD) • 2023 Core Set Workgroup Recommendation – NCQA: Adult Immunization Status (AIS-E)				
6.	**Oral Evaluation, Dental Services** [CMS 2022 Updated measure Administrative data]	Child Core Set https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf	SoonerCare members, under 21 years	Unduplicated number of children, under age 21, enrolled in SoonerCare	Unduplicated number of children, under age 21 years, enrolled in SoonerCare who received a comprehensive or periodic oral evaluation as a dental service during the Measurement Year		2022 MY Rate: Data will be available at later date :	NA (Annual comparison only)
7.	**Topical Fluoride for Children** [CMS 2022 Updated measure – Administrative data]	Child Core Set https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf		Children aged 1 through 20 years enrolled in SoonerCare	Children aged 1 through 20 years enrolled in SoonerCare who received at least 2 topical fluoride applications as (a) dental OR oral health services, (b) dental services, and (c) oral health services within the reporting year		2022 MY Rate: Data will be available at later date	NA (Annual comparison only)
8.	**Sealant Receipt on Permanent First (SFM-CH) Molars** [CMS 2021 Updated measure – Administrative data]	Child Core Set Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.htm	SoonerCare members, age 10	**All Four Molars Sealed:** SoonerCare members who turn age 10 in the measurement year. Note: Excludes children who received treatment on all four molars in the 48 months prior	**All Four Molars Sealed:** Enrolled children who have received a sealant on all four permanent first molar tooth in the 48 months prior to the 10th birthdate.		MY 2020 Rate: Data will be available in 2022	NA (Annual comparison only)

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9.	**Concurrent Use of Opioids and Benzodiazepines (COB-AD)** [Administrative data]	Adult Core Set Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare members, ages 18 years and older	SoonerCare members ages 18 years and older without cancer. Note: Excludes patients in hospice care and those with cancer.	SoonerCare members ages 18 years and older with concurrent use of prescription opioids and benzodiazepines for at least 30 days		MY 2019 Rate: 22.1%	NA (Annual comparison only)
10.	**Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)** [Administrative data]	HEDIS Adult Core Set Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare members, ages 13 years and older	**Initiation:** SoonerCare members 13 years and older who were diagnosed with a new episode of alcohol or drug dependency during the first 10½ months of the measurement year.	**Initiation:** SoonerCare members who began initiation of treatment through an inpatient admission, residential, outpatient visits, intensive outpatient encounter, or partial hospitalization within 14 days of the index episode start date		MY 2019 Initiation Rate: Total (Alcohol, Opioid and Other Drugs): 38.4%	NA (Annual comparison only)
				Engagement: SoonerCare members 13 years and older who were diagnosed with a new episode of alcohol or drug dependency during the first 10½ months of the measurement year.	Engagement: Initiation of treatment and two or more engagement events (inpatient admissions, residential, outpatient visits, intensive outpatient encounters or partial hospitalizations) with any alcohol or drug diagnosis within 34 days after the initiation visit.		MY 2019 Engagement Rate: Total (Alcohol, Opioid and Other Drugs): 10.4%	NA (Annual comparison only)
11.	**Suicide Death Rate**	Centers for Disease control and Prevention (CDC) CDC WONDER https://wonder.cdc.gov	State	Mid-interval Oklahoma State population	Number of deaths that meet the definition of suicide as defined by the National Violent Death Reporting System (NVDRS)		2019 Oklahoma Rate: 20.5 deaths per 100,000 population (Age Adjusted Rate)	National Suicide Death Rate. [2019 National Suicide Rate: 14.5 per 100,000 population (Age Adjusted Rate)]
12.	**Opioid-related Drug Overdose Death Rate**	Oklahoma Governor's Dashboard of Metrics https://govdashboard.ok.gov/	State	Mid-interval Oklahoma State population	Number of Opioid-related drug overdose deaths including unintentional and undetermined manner involving at least one opioid, either isolated or in combination of other substances, as a cause of death as determined by the medical		2019 Oklahoma Rate: 7.5 per 100,000 population	National Opioid-related Drug Overdose Death Rate. [2019 National Opioid-related Drug Overdose Death Rate: 14.6 per 100,000 population]

					examiner and reported by Oklahoma State Department of Health.			
13 a.	**Antidepressant Medication Management (AMM) – Effective Acute Phase:** [Administrative data]	CMS Adult Core Set Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare members, ages 18 years and older	**Effective Acute Phase:** SoonerCare members 18 years and older who had a diagnosis of major depression and were treated with antidepressant medication.	**Effective Acute Phase:** SoonerCare members 18 years and older who had a diagnosis of major depression, were treated with antidepressant medication, and remained on antidepressant medication for at least 84 days.		MY 2019 Effective Acute Phase Rate: 46.6%	NA (Annual comparison only)
13 b.	**Antidepressant Medication Management (AMM) – Effective Continuation Phase:** [Administrative data]	CMS Adult Core Set Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare members, ages 18 years and older	**Effective Continuation Phase:** SoonerCare members 18 years and older who had a diagnosis of major depression and were treated with antidepressant medication.	**Effective Continuation Phase:** SoonerCare members 18 years and older who had a diagnosis of major depression, were treated with antidepressant medication, and remained on antidepressant medication for at least 180 days		MY 2019 Effective Continuation Phase Rate: 28.1%	NA (Annual comparison only)

Goal 2: Improve the Patient Experience of Care – Better Care (Quality and Satisfaction):

Table 2 describes the measures for the assessment of Goal 2.

Table 2. Assessment Indicators for Goal 2 of the Comprehensive Quality Strategy								
Goal 2: Improve the Patient Experience of Care – Better Care (Quality and Satisfaction)								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
Member Satisfaction with Health Care – CAHPS Adult and Child Survey Measures								
1	**Rating of the Health Care Received**	CAHPS Survey (Adult and Child)	SoonerCare members	Number of survey respondents who responded to the question to rate health care received	Number of respondents giving a favorable rating for the health care received (8, 9, or 10 on a scale of 0 to 10)		2019 Adult Summary Rate: 75.3% 2020 Child	SHP Book of Business Benchmark [2020 Adult Summary Rate: 76.9%; Percentile Rank: 33rd. 2021 Child Summary Rate: 88.7%; Percentile Rank: 173rd]. NCQA Quality Compass Percentile

Table 2. Assessment Indicators for Goal 2 of the Comprehensive Quality Strategy								
Goal 2: Improve the Patient Experience of Care – Better Care (Quality and Satisfaction)								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
							(CHIP) Summary Rate: 90.7%	(QC) Benchmark (2019 Adult Summary Rate: 75.4%; Percentile Rank: 49th. 2020 Child Summary Rate: 88.0%; Percentile Rank: 77th).
2	**Rating of the Health Plan**	CAHPS Survey (Adult and Child)	SoonerCare members	Number of survey respondents who responded to the "Rating of Health Plan" question.	Number of respondents giving a favorable rating for the health plan (8, 9, or 10 on a scale of 0 to 10)		2019 Adult Summary Rate: 80.5% 2020 Child (CHIP) Summary Rate: 88.2%	SHP Book of Business Benchmark [2020 Adult Summary Rate: 88%; Percentile Rank: 11th. 2021 Child Summary Rate: 87.3%; Percentile Rank: 52nd]. NCQA Quality Compass Percentile (QC) Benchmark [2019 Adult Summary Rate: 82.1%; Percentile Rank: 31st. 2020 Child Summary Rate: 86.5%; Percentile Rank: 60th].
3	**Rating of the Personal Doctor**	CAHPS Survey (Adult and Child)	SoonerCare members	Number of survey respondents who have a personal doctor and visited their personal doctor in the last six months	Number of respondents giving a favorable rating for the personal doctor (8, 9, or 10 on a scale of 0 to 10)		2019 Adult Summary Rate: 80.5% 2020 Child (CHIP) Summary Rate: 92.2%	SHP Analytic (SHP) Book of Business Benchmark [2020 Adult Summary Rate: 84.2%; Percentile Rank: 11th. 2021 Child Summary Rate: 90.8%; Percentile Rank: 69th]. NCQA Quality Compass Percentile (QC) Benchmark [2019 Adult Summary Rate: 82.1%; Percentile Rank: 31st. 2020 Child Summary Rate: 90.9%; Percentile Rank: 70th].
4	**Rating of the Specialist**	CAHPS Survey (Adult and Child)	SoonerCare members	Number of survey respondents who have seen at least one specialist in last six months	Number of respondents giving a favorable rating for the specialist they saw most (8, 9, or 10 on a scale of 0 to 10)		2019 Adult Summary Rate: 79.8% 2020 Child (CHIP) Summary	SHP Book of Business Benchmark [2020 Adult Summary Rate: 84.7%; Percentile Rank: 12th. 2021 Child Summary Rate: 88.2%; Percentile Rank: 16th]. NCQA Quality Compass Percentile (QC) Benchmark

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Table 2. Assessment Indicators for Goal 2 of the Comprehensive Quality Strategy								
Goal 2: Improve the Patient Experience of Care – Better Care (Quality and Satisfaction)								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
							Rate: 83.1%	(2019 Adult Summary Rate: 82.3%; Percentile Rank: 25th. 2020 Child Summary Rate: 87.0%; Percentile Rank: 7th).
Member Satisfaction with Health Care – CAHPS Adult and Child Survey Measures								
5.	**Getting Needed Care** (Composite Score)	CAHPS Survey (Adult and Child)	SoonerCare members	**Getting Needed Care Composite Score:** Calculated by taking the average of the rates of two questions (% Always or Usually): • In the last 6 months, how often was it easy to get the care, tests, or treatment you/your child needed? • In the last 6 months, how often did you get an appointment to see a specialist as soon as you/your needed?			2019 Adult Composite Summary Score: 85.3% 2020 Child (CHIP)Summary Score: 90.2%	SHP Book of Business Benchmark [2020 Adult Composite Summary Score: 83.5%. 2021 Child Composite Summary Score: 86.6%]. NCQA Quality Compass Percentile (QC) Benchmark (2019 Adult Composite Summary Score: 82.5%. 2020 Child Composite Summary Score: 86.0%).
6.	**Getting Care Quickly** (Composite Score)	CAHPS Survey (Adult and Child)	SoonerCare members	**Getting Care Quickly Composite Score:** Calculated by taking the average of the rates of two questions (% Always or Usually): • Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? • Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?			2019 Adult Composite Summary Score: 85.4% 2020 Child (CHIP) Summary Score: 91.0%	[2020 Adult Composite Summary Score: 82.7%. 2021 Child Composite Summary Score: 87.8%]. NCQA Quality Compass Percentile (QC) Benchmark [2019 Adult Composite Summary Score: 82.0%. 2020 Child Composite Summary Score: 90.5%].
Member Satisfaction with Dental Care – CAHPS Dental Plan Survey Measures								
7.	**Patients' Rating for All Dental Care**	CAHPS Dental Plan Survey	SoonerCare members receiving dental services.	**Denominator:** Number of survey respondents who responded to the question to rate all the dental care you personally received in the last 12 months	**Numerator:** Number of respondents giving a favorable rating for all dental care personally received in the last 12 months (8, 9, or 10 on a scale of 0 to 10)		**Rate:** *Planning of survey in progress.*	To be Determined (TBD)

Table 2. Assessment Indicators for Goal 2 of the Comprehensive Quality Strategy								
Goal 2: Improve the Patient Experience of Care – Better Care (Quality and Satisfaction)								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
8.	**Patients' Rating for Dental Plan**	CAHPS Dental Plan Survey	SoonerCare members receiving dental services.	Number of survey respondents who responded to the question to rate dental plan	Number of respondents giving a favorable rating for the dental plan (8, 9, or 10 on a scale of 0 to 10)		**Rate:** *Planning of survey in progress.*	TBD
9.	**Patients' Rating for Ease of Finding a Dentist**	CAHPS Dental Plan Survey	SoonerCare members receiving dental services.	**Denominator:** Number of survey respondents who responded to the question to rate ease of finding a dentist	**Numerator:** Number of respondents giving a favorable rating for the ease of finding a dentist (8, 9, or 10 on a scale of 0 to 10)		Rate: *Planning of survey in progress.*	TBD
10.	**Patients' Rating for Regular Dentist**	CAHPS Dental Plan Survey	SoonerCare members receiving dental services.	**Denominator:** Number of survey respondents who responded to the question to rate regular dentist	**Numerator:** Number of respondents giving a favorable rating for the regular dentist (8, 9, or 10 on a scale of 0 to 10)		Rate: *Planning of survey in progress.*	TBD
11.	**Access to Dental Care** (Composite Score)	CAHPS Dental Plan Survey	SoonerCare members	**Access to Dental Care Composite Score:** Composite of the following five items: • How often were your dental appointments as soon as you wanted? • If you tried to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 12 months, how often did you get an appointment as soon as you wanted? • How often did you have to spend more than 15 minutes in the waiting room before you saw someone for your appointment? • If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay would be? • If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?			Composite Summary Score: *Planning of survey in progress.*	To be Determined (TBD)

Table 2. Assessment Indicators for Goal 2 of the Comprehensive Quality Strategy							
Goal 2: Improve the Patient Experience of Care – Better Care (Quality and Satisfaction)							
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**	**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator / **Numerator**			
12.	**Care from Dentist and Staff** (Composite Score)	CAHPS Dental Plan Survey	SoonerCare members	**Care from Dentist and Staff Composite Score:** Composite of following six items: • How often did your regular dentist explain things in a way that was easy to understand? • How often did your regular dentist listen carefully to you? • How often did your regular dentist treat you with courtesy and respect? • How often did your regular dentist spend enough time with you? • How often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work? • How often did the dentists or dental staff explain what they were doing while treating you?		Com-posite Summary Score: *Planning of survey in progress.*	TBD
13.	**Dental Plan Services** (Composite Score)	CAHPS Dental Plan Survey	SoonerCare members receiving dental services.	**Dental Plan Costs and Services Composite Score:** Composite of following six items: • How often did your dental plan cover all the services you thought were covered? • How often did the 800 number, written materials, or website provide the information you wanted? • How often did your dental plan's customer service give you the information or help you needed? • How often did your dental plan's customer service staff treat you with courtesy and respect? • Did your dental plan cover what you and your family needed to get done? • Did this information (from your dental plan) help you find a dentist you were happy with?		Composite Summary Score: *Planning of survey in progress.*	TBD
Member Experience/Satisfaction with IDD Services – National Core Indicator Survey Measures							
14.	**Service Coordina-tion**	National Core Indicator (NCI) Survey	SoonerCare members receiving Intellectual/ Developmen-al Disability Services	• Service coordinators are accessible, responsive, and support the person's participation in service planning. Including the following indicators: • Can reach their case manager when needed. • Know whom to contact to make a complaint. • Support staff comes and leave when supposed to. • Have a backup plan if staff don't show.			NCI Average

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Table 2. Assessment Indicators for Goal 2 of the Comprehensive Quality Strategy								
Goal 2: Improve the Patient Experience of Care – Better Care (Quality and Satisfaction)								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
				• Have an emergency plan. • Services meet their needs and goals • Case manager has discussed services that may help with unmet needs.				
15.	**Safety**	NCI Survey	SoonerCare members receiving IDD Services	• People are safe from abuse, neglect, and injury. Including the following indicators: • Has concerns about falling • Feel safe around paid support staff • Worried about the security of personal belongings. • Able to get to safety quickly in case of an emergency. • Has had money taken without their permission. • Know whom to talk to if being mistreated or neglected.				NCI Average
16.	**Satisfact-ion**	National Core Indicator Survey	SoonerCare members receiving IDD Services	• People are satisfied with the services and supports they receive. • Families/family members with disabilities receive adequate and satisfactory supports. • Services are delivered in a way respectful of family culture. • Recipient or family member helped make the service plan. • Services and supports change when family needs change.				NCI Average
Member Experience/Satisfaction with Behavioral Health Care– CAHPS ECHO® Survey Measures								
17.	**Global Rating of Counseling and Treatment**	CAHPS ECHO® Survey	SoonerCare members receiving behavioral health services	**Denominator:** Number of respondents who responded to the question for overall rating of counseling and treatment	**Numerator:** Number of respondents giving a favorable overall rating of counseling and treatment (9, or 10 on a scale of 0 to 10)		**Rate:** *Planning of survey in progress.*	TBD

Table 2. Assessment Indicators for Goal 2 of the Comprehensive Quality Strategy							
Goal 2: Improve the Patient Experience of Care – Better Care (Quality and Satisfaction)							
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
18.	**Getting Treatment Quickly** (Composite Score)	CAHPS ECHO® Survey	SoonerCare members receiving behavioral health services	**Getting Care Quickly Composite Score:** Composite of following three items: • Get help by telephone • Get urgent treatment as soon as needed • Get appointment as soon as wanted			**Composite Summary Score:** *Planning of survey in progress.*	TBD
19.	**How Well Clinicians Communicate** (Composite Score)	CAHPS ECHO® Survey	SoonerCare members receiving behavioral health services	**How Well Clinicians Communicate Composite Score:** Composite of following six items: • Clinicians listen carefully • Clinicians explain things • Clinicians show respect • Clinicians spend enough time • Feel safe with clinicians • Involved as much as you wanted in treatment			**Composite Summary Score:** *Planning of survey in progress.*	TBD
20.	**Perceived Improve-ment** (Composite Score)	CAHPS ECHO® Survey	SoonerCare members receiving behavioral health services	**Perceived Improvement Composite Score:** Composite of following four items: • Compare ability to deal with daily problems to 1 year ago • Compare ability to deal with social situations to 1 year ago • Compare ability to accomplish things to 1 year ago • Compare ability to deal with symptoms or problems to 1 year ago •			**Composite Summary Score:** *Planning of survey in progress.*	TBD
21	**Information about Treatment Options** (Composite Score)	CAHPS ECHO® Survey	SoonerCare members receiving behavioral health services	**Information about Treatment Options Composite Score:** Composite of following two items: • Told about self-help or consumer run programs • Q21. Told about different treatments that are available for condition			**Composite Summary Score:** *Planning of survey in progress.*	TBD

Goal 3: Improve the Clinician Experience (Satisfaction):

Table 3 describes the measures for the assessment of Goal 3.

Table 3. Assessment Indicators for Goal 3 of the Comprehensive Quality Strategy								
Goal 3: Improve the Clinician Experience (Satisfaction)								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
1.	Prior Authorizations	Provider Survey		Questions TBD; to include asking about timeliness, communication, and expectations for the PA process			*Planning of survey in progress.*	TBD
2.	Care Management/ Care Coordination	Provider Survey		Questions TBD; to include asking about referrals, communication, access, and benefits			*Planning of survey in progress.*	TBD
3.	Appeals Process	Provider Survey		Questions TBD; to include asking about access, communications, timeliness, and expectations of the appeals process.			*Planning of survey in progress.*	TBD
4.	*TBD*			*Additional questions to be determined.*			TBD	TBD

Goal 4: Reduce the Per Capita Cost of Care – Lower Costs:

Table 4 describes the measures for the assessment of the Goal 4.

Table 4. Measures for Goal 4 of the Comprehensive Quality Strategy								
Goal 4: Reduce the Per Capita Cost of Care – Lower Costs								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
1.	**Prevention Quality Indicator (PQI): Preventable Hospital Admissions – Heart Failure Admission Rate (PQI08-AD)** [Administrative data]	CMS Adult Core Set (PQI). Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.htm	SoonerCare members	Members, ages 18 years and older	Members 18 years and older admitted with a primary diagnosis of heart failure, excluding admissions where certain cardiac procedures were performed (excluding transfers and obstetric discharges)		2019 Heart Failure Admission Rate: 18 to 64 years: 23.6 admissions per 100,000 member months. 65 and older years: 16.2 admissions per 100,000 member months.	NA (Annual comparison only)
2.	**PQI: Preventable**	CMS Adult	SoonerCare	Members, ages 18	Members 18 years an		2019 Asthma in	NA

Table 4. Measures for Goal 4 of the Comprehensive Quality Strategy								
Goal 4: Reduce the Per Capita Cost of Care – Lower Costs								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
	Hospital Admissions – Asthma in Younger Adults Admission Rate (PQI15-AD) [Administrative data]	Core Set (PQI). Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	members	years and older	older admitted with a primary diagnosis of asthma, excluding admissions with diagnoses of cystic fibrosis or other respiratory anomalies (excluding transfers and obstetric discharges)		Younger Adults Admission Rate: 18 to 39 years: 15.0 admissions per 100,000 member months. 40 to 64 years: 13.7 admissions per 100,000 member months. 65 and older years: 2.7 admissions per 100,000 member months.	(Annual comparison only)
3.	**PQI: Preventable Hospital Admissions – Diabetes Short-Term Complications Admission Rate (PQI01-AD)** [Administrative data]	CMS Adult Core Measure (PQI). Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare members	Members, ages 18 years and older	Members 18 years and older admitted with a primary diagnosis of diabetes (excluding transfers and obstetric discharges).		2019 Diabetes Short-Term Complications Admission Rate: 18 to 64 years: 33.3 admissions per 100,000 member months. 65 and older years: 4.8 admissions per 100,000 member months.	NA (Annual comparison only)
4.	**PQI: Chronic Obstructive Pulmonary disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)** [Administrative data]	CMS Adult Core Set (PQI). Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare members	Members, ages 18 years and older	Members ages 18 years and older admitted with a primary diagnosis of COPD (including secondary diagnoses), asthma, or acute bronchitis. Excludes admissions that include diagnosis codes for cystic fibrosis and other respiratory anomalies		2019 COPD or Asthma in Older Adults Admission Rate: 18 to 64 years: 34.0 admissions per 100,000 member months. 65 and older years: 22.1 admissions per 100,000	NA (Annual comparison only)

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Table 4. Measures for Goal 4 of the Comprehensive Quality Strategy								
Goal 4: Reduce the Per Capita Cost of Care – Lower Costs								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
					(excluding transfers and obstetric discharges).		member months.	
5.	**All-Cause Hospital Admissions** [Administrative data]	Claims Data	SoonerCare members	TBD	TBD		*Planning and discussion in progress to finalize the measure definition and calculation method.*	NA (Annual comparison only)
6a.	**Emergency Department (ED) Visits, minors (AMB-CH)** [Administrative data]	Claims data. Child Core Set. Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research/data-and-reports.html	SoonerCare members, ages 0 to 19 years	Members 0 to 19 years enrolled in Medicaid for at least one month (30 consecutive days) during the measurement period	Number of ED visits among members 0 to 19 years during the measurement period		2019 ED Visit Rate: 0 to 19 years: 65 ED Visits per 1,000 Member Months	NA (Annual comparison only)
6b.	**Emergency Department Visits, Adult** [Administrative data]	Claims Data	SoonerCare members,	Members >19 years enrolled in Medicaid for at least one month (30 consecutive days) during the measurement period	Number of ED visits among members >19 years old during the measurement period.		**OHCA to calculate in manner consistent with AMB-CH, changing only the age.**	NA (Annual comparison only)
6c.	**Emergency Department Utilization** (PCMH SoonerExcel metric)	Claims Data	SoonerCare PCMH members by provider panel	Expected ED visits per PCP	Observed (actual) ED visits per PCP	Below the median for PCMH providers	**OHCA to calculate**	NA (Annual comparison only)

Table 4. Measures for Goal 4 of the Comprehensive Quality Strategy								
Goal 4: Reduce the Per Capita Cost of Care – Lower Costs								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
7.	**Plan All-Cause Hospital Readmissions** (Predicted probability of an acute readmission) [Administrative data]	HEDIS Adult Core Set. Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare members	Members, ages 18 to 64 years	Members ages 18 to 64 with an acute inpatient or observation stay during the measurement year that was followed by an unplanned acute readmission for any diagnosis with 30 days		2019 Observed Readmission Rate: 13.9% 2019 Expected Readmission Rate: 11.7% 2019 Observed-to-Expected Readmission Ratio: 1.18	N/A (Annual comparison only)
8.	**Total Cost Per Capita** (Annualized measure)	Claims data	SoonerCare members	Average number of SoonerCare members per month [Method of calculation: Divide the sum of number of members at the mid-point of each month by twelve]	Total cost for the measurement period		Measure will be calculated	NA (Annual comparison only)

Process Measures for the Comprehensive Quality Strategy's Focus Areas:

The following process measures will be examined to assess the progress made towards the four focus areas of SoonerCare's Comprehensive Quality Strategy (Tables 5–8).

Focus Area 1: Reduce Obesity among SoonerCare Members:

Table 5 describes the process measures for the assessment of Focus Area 1.

Table 5. Process Measures for Focus Area 1 of the Comprehensive Quality Strategy								
Focus Area 1: Reduce Obesity among SoonerCare Members								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
1.	**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents 3 to 17 years (WCC-CH) –** [baseline: Administrative data | for 2022: hybrid method]	Child Core Set. Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare members, ages 3 to 17 years	Members, ages 3 to 17 years	Members ages 3 to 17 years who had an outpatient visit with a primary care provider or obstetrician/gynecologist and had evidence of the BMI percentile documentation during the Measurement Year (MY)	Improve from baseline hybrid rate by 3 percentage points.	2019 – BMI Percentile Assessment Rate: 7.6% Counseling for Nutrition: 3.2% Counseling for Physical Activity: 3.2%	N/A (Annual comparison only)
2.	**Weight Assessment and Counseling for Nutrition and Physical Activity for Adults, 18 years and older**	Claims data	SoonerCare Members, ages 18 years and older	Members, ages >=18	Members ages 3 to 17 years who had an outpatient visit with a primary care provider or obstetrician/gynecologist and had evidence of the BMI percentile documentation during the MY.		**OHCA to calculate in manner consistent with WCC-CH, changing only the age.**	N/A (Annual comparison only)

Focus Area 2: Reduce Cigarette Smoking and Tobacco Use among SoonerCare Members:

Table 6 describes the process measures for the assessment of Focus Area 2.

Table 6. Process Measures for Focus Area 2 of the Comprehensive Quality Strategy								
Focus Area 2: Reduce Cigarette Smoking and Tobacco Use among SoonerCare Members								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	Numerator			
1.	**Medical Assistance with Smoking and Tobacco Use Cessation among 18 years and older – Advice to quit smoking or using tobacco by a doctor or other health provider**	Adult Core Set. Adult CAHPS Survey. CAHPS Medicaid adult 5.0 Final Report	SoonerCare Members	SoonerCare Members CAHPS Survey Respondents who currently smoke cigarettes or use tobacco every day or some days.	Current smokers or tobacco users who always/ usually/sometimes receive the advice to quit smoking or using tobacco by a doctor or health provider in member's plan.		2019 Adult CAHPS Summary Rolling Average: 74.2%	SPH Analytics (SPH) Benchmark [2020 Benchmark: Summary Rate: 77.8%; Percentile rank: 28th]. NCQA Quality Compass (QC) Percentile Benchmark. [2019 Summary Rate: 76.7%; Percentile Rank: 25th]
2.	**Medical Assistance with Smoking and Tobacco Use Cessation among 18 years and older – Cessation Medications recommended or discussed by a doctor or other health provider to assist with quitting smoking or using tobacco**	Adult Core Set. Adult CAHPS Survey. CAHPS Medicaid adult 5.0 Final Report	SoonerCare Members	SoonerCare Members CAHPS Survey Respondents who currently smoke cigarettes or use tobacco every day or some days.	Current smokers or tobacco users with whom a doctor or other health provider always/usually/ sometimes recommended or discussed cessation medication to assist with quitting smoking or using tobacco		2019 Adult CAHPS Summary Rolling Average: 44.1%	SPH Benchmark [2020 Benchmark: Summary Rate: 56.1%; Percentile rank: 14th]. NCQA Quality Compass (QC) Percentile Benchmark. [2019 Summary Rate: 52.9%; Percentile Rank: 13th]

Table 6. Process Measures for Focus Area 2 of the Comprehensive Quality Strategy								
Focus Area 2: Reduce Cigarette Smoking and Tobacco Use among SoonerCare Members								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	Numerator			
3.	**Medical Assistance with Smoking and Tobacco Use Cessation among 18 years and older – Cessation Strategies Other than Medications provided or discussed by a doctor or other health provider to assist with quitting smoking or using tobacco**	Adult Core Set. Adult CAHPS Survey. CAHPS Medicaid adult 5.0 Final Report	SoonerCare Members	SoonerCare Members CAHPS Survey Respondents who currently smoke cigarettes or use tobacco every day or some days.	Current smokers or tobacco users with whom a doctor or other health provider always/usually/ sometimes provided or discussed cessation strategies other than medication to assist with quitting smoking or using tobacco		2019 Adult CAHPS Summary Rolling Average: 38.8%	SPH Benchmark [2020 Benchmark: Summary Rate: 50.2%; Percentile rank: 11th]. NCQA Quality Compass (QC) Percentile Benchmark [2019 Summary Rate: 46.4%; Percentile Rank: 13th]

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Focus Area 3: Addressing Issues Related to Teen Pregnancy:

Table 7 describes the process measures for the assessment of Focus Area 3.

Table 7. Process Measures for Focus Area 3 of the Comprehensive Quality Strategy

Focus Area 3: Address Issues related to Teen Pregnancy								
#	Indicator	Data Source	Measure Population/ Stratification Groups	Indicator Description		Performance Target	Baseline Data	Comparison with Benchmark or Selected Measure
				Denominator	Numerator			
1a.	**Contraceptive Care - All women 15 to 20 years (CCW-CH) (Most effective or moderately effective FDA Approved method of contraception) [Administrative data]**	Child Core Set. Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare Members	Women ages 15 to 20 at risk of unintended pregnancy (defined as those that have ever had sex, are not pregnant or seeking pregnancy, and are fecund)	Women ages 15 to 20 at risk of unintended pregnancy who were provided a most effective or moderately effective method of contraception.		2019 CCW-CH Rate (Most effective or moderately effective FDA Approved method of contraception): 15 to 20 years: 32.6%	NA (Annual comparison only)
1b.	**Contraceptive Care - All women 15 to 20 years (CCW-CH) (Long-acting reversible method of contraception (LARC))** [Administrative data]	Child Core Set. Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare Members	Women ages 15 to 20 at risk of unintended pregnancy (defined as those that have ever had sex, are not pregnant or seeking pregnancy, and are fecund)	Women ages 15 to 20 at risk of unintended pregnancy who were provided a long-acting reversible method of contraception (LARC)		2019 CCW-CH Rate (LARC): 15 to 20 years: 4.3%	NA (Annual comparison only)
2a.	**Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) (Most effective or moderately effective FDA Approved method of contraception)**	Child Core Set. Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare Members	Women ages 15 to 20 who had a live birth	Women ages 15 to 20 who had a live birth who were provided within 3 and 60 days of delivery a most effective or moderately effective method of		2019 CCP-CH Rate (Most effective or moderately effective FDA Approved method of contraception): 15 to 20 years:	NA (Annual comparison only)

Table 7. Process Measures for Focus Area 3 of the Comprehensive Quality Strategy								
Focus Area 3: Address Issues related to Teen Pregnancy								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
	[Administrative data]				contraception.		46.1%	
2b.	**Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) (Long-acting reversible method of contraception (LARC)) [Administrative data]**	Child Core Set. Quality of Care in the SoonerCare Program Report. https://oklahoma.gov/ohca/research.html	SoonerCare Members	Women ages 15 to 20 who had a live birth	Women ages 15 to 20 who had a live birth who were provided within 3 and 60 days of delivery a long-acting reversible method of contraception (LARC).		2019 CCP-CH Rate (LARC): 15 to 20 years: 15.3%	NA (Annual comparison only)

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Focus Area 4: Social Determinants of Health (SDOH):

Table 8 describes the process measures for the assessment of Focus Area 4.

Table 8. Process Measures for Focus Area 4 of the Comprehensive Quality Strategy								
Focus Area 4: Social Determinants of Health (SDOH)								
#	**Indicator**	**Data Source**	**Measure Population/ Stratification Groups**	**Indicator Description**		**Performance Target**	**Baseline Data**	**Comparison with Benchmark or Selected Measure**
				Denominator	**Numerator**			
1.	**Developmental Screening in the First Three Years of Life (DEV-CH).** [Administrative data] https://qqs.cms.gov/docs/QPP_quality_mesaure_specifications/CQM-Mesaures/2019_Measure_467_MIPSCQM.pdf	Child Core Set. Claims data.	SoonerCare Members	Children who turn 1, 2, or 3 years of age between January 1 and December 31 of the measurement year (Children who are enrolled continuously for 12 months prior to the child's 1st, 2nd, or 3rd birthday).	Children who were screened for risk of developmental, behavioral, and social delays using a standardized tool.		2019 DEV-CH Rate: Age 12 to 46 months: 26.5%	NA (Annual comparison only)
2.	**Lead Screening in Children (LSC)** [Administrative data] https://www.ncqa.org/hedis/measures/lead-screening-in-children/	Claims data.	SoonerCare Members	Members, age 2 years	Members 2 years of age who had one or more lead blood tests performed for lead poisoning by their second birthday.		2019 Lead Screening Rate: 52.1%	NA (Annual comparison only)

Measures Under Consideration or Development

The following measures are under consideration for assessing progress made toward the Comprehensive Quality Strategy goals and focus areas.

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Rate
- Lead Poisoning Rate among Children (SoonerCare members)
- Measure related to the prescription drugs
- Prescription Costs

Efforts are in progress to improve data systems, develop calculation methods (such as calculation of the Hybrid measurers) and establish technical specifications and definitions for measures that are not currently available.

Appendix E

Comprehensive Quality Strategy - Draft

Core Set and LTSS Measures

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2022 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)

NQF #	Measure Steward	Measure Name	Data Collection Method
Primary Care Access and Preventive Care			
0032	NCQA	Cervical Cancer Screening (CCS-AD)	Administrative, hybrid, or EHR
0033	NCQA	Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	Administrative or EHR
0034	NCQA	Colorectal Cancer Screening (COL-AD)*	Administrative or EHR[a]
0039**	NCQA	Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)	Survey
0418**/ 0418e**	CMS	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)^	Administrative or EHR
2372	NCQA	Breast Cancer Screening (BCS-AD)	Administrative or EHR[a]
Maternal and Perinatal Health			
1517**	NCQA	Prenatal and Postpartum Care: Postpartum Care (PPC-AD)	Administrative or hybrid
2902	OPA	Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	Administrative
2903/ 2904	OPA	Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	Administrative
Care of Acute and Chronic Conditions			
0018	NCQA	Controlling High Blood Pressure (CBP-AD)	Administrative, hybrid, or EHR
0058	NCQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB-AD)*	Administrative
0059	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)	Administrative, hybrid, or EHR
0272**	AHRQ	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	Administrative
0275**	AHRQ	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	Administrative
0277**	AHRQ	PQI 08: Heart Failure Admission Rate (PQI08-AD)	Administrative
0283**	AHRQ	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	Administrative
1768**	NCQA	Plan All-Cause Readmissions (PCR-AD)	Administrative
1800	NCQA	Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	Administrative
2082/ 3210e	HRSA	HIV Viral Load Suppression (HVL-AD)	Administrative or EHR
Behavioral Health Care			
0004	NCQA	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)^	Administrative or EHR
0027**	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)^	Survey
0105	NCQA	Antidepressant Medication Management (AMM-AD)^	Administrative or EHR
0576	NCQA	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)^	Administrative
1932	NCQA	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)^	Administrative
2607	NCQA	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)^	Administrative or hybrid
2940	PQA	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)^	Administrative
3389	PQA	Concurrent Use of Opioids and Benzodiazepines (COB-AD)^	Administrative
3400	CMS	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)^	Administrative

NQF #	Measure Steward	Measure Name	Data Collection Method
3488	NCQA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older (FUA-AD)^	Administrative
3489	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)^	Administrative
NA***	NCQA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)^	Administrative
Experience of Care			
0006****	AHRQ	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	Survey
Long-Term Services & Supports			
NA	NASDDDS/ HSRI	National Core Indicators Survey (NCIDDS-AD)	Survey

More information on 2022 Updates to the Child and Adult Core Health Care Quality Measurement Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-qualitymeasures/index.html. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf.
* This measure was added to the 2022 Adult Core Set.
** This measure is no longer endorsed by NQF.
*** The Adult Core Set includes the NCQA version of the measure, which is adapted from the CMS measure (NQF #1879).
**** AHRQ is the measure steward for the survey instrument in the Adult Core Set (NQF #0006) and NCQA is the developer of the survey administration protocol.
^ This measure is part of the Behavioral Health Core Set. The complete list of 2022 Behavioral Health Core Set measures is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-bh-core-set.pdf.
[a] The Colorectal Cancer Screening and Breast Cancer Screening measures are also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for Adult Core Set reporting.
AHRQ = Agency for Healthcare Research & Quality; CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; HRSA = Health Resources and Services Administration; HSRI = Human Services Research Institute; NA = Measure is not NQF endorsed; NASDDDS = National Association of State Directors of Developmental Disabilities Services; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; OPA = U.S. Office of Population Affairs; PQA = Pharmacy Quality Alliance.

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2022 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)

NQF #	Measure Steward	Measure Name	Data Collection Method
Primary Care Access and Preventive Care			
0024	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	Administrative, hybrid, or EHR
0033	NCQA	Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	Administrative or EHR
0038	NCQA	Childhood Immunization Status (CIS-CH)	Administrative, hybrid, or EHR
0418*/ 0418e*	CMS	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)^	Administrative or EHR
1392	NCQA	Well-Child Visits in the First 30 Months of Life (W30-CH)	Administrative
1407	NCQA	Immunizations for Adolescents (IMA-CH)	Administrative or hybrid
1448*	OHSU	Developmental Screening in the First Three Years of Life (DEV-CH)	Administrative or hybrid
1516	NCQA	Child and Adolescent Well-Care Visits (WCV-CH)	Administrative
Maternal and Perinatal Health			
1382	CDC	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	State vital records
1517*	NCQA	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)	Administrative or hybrid
2902	OPA	Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)	Administrative
2903/ 2904	OPA	Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)	Administrative
NA	CDC	Low-Risk Cesarean Delivery (LRCD-CH)	State vital records
Care of Acute and Chronic Conditions			
1800	NCQA	Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	Administrative
NA	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Administrative
Behavioral Health Care			
0108	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)^	Administrative or EHR[a]
0576	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)^	Administrative
2800	NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)^	Administrative
2801	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)^	Administrative
3488	NCQA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17 (FUA-CH)^**	Administrative
3489	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)^**	Administrative
Dental and Oral Health Services			
2517	DQA (ADA)	Oral Evaluation, Dental Services (OEV-CH)***	Administrative
2528****	DQA (ADA)	Topical Fluoride for Children (TFL-CH)***	Administrative
NA	DQA (ADA)	Sealant Receipt on Permanent First Molars (SFM-CH)	Administrative

NQF #	Measure Steward	Measure Name	Data Collection Method
Experience of Care			
0006*****	AHRQ	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	Survey

More information on 2022 Updates to the Child and Adult Core Health Care Quality Measurement Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-carequality-measures/index.html. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf.
* This measure is no longer endorsed by NQF.
** This measure was added to the 2022 Child Core Set.
*** This measure was added to the 2022 Child Core Set. It replaces the Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)
measure.
**** This measure has three rates corresponding to topical fluoride applications provided as (1) dental OR oral health services, (2) dental services, or (3)
oral health services. The NQF number corresponds to rate 2 (dental services).
***** AHRQ is the measure steward for the survey instrument in the Child Core Set (NQF #0006) and NCQA is the developer of the survey
administration protocol.
^ This measure is part of the Behavioral Health Core Set. The complete list of 2022 Behavioral Health Core Set measures is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-bh-core-set.pdf.
[a] The Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication measure is also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for Child Core Set reporting.
AHRQ = Agency for Healthcare Research & Quality; CDC = Centers for Disease Control and Prevention; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); EHR = Electronic Health Record; NA = Measure is not NQF endorsed; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; OHSU = Oregon Health and Science University; OPA = U.S. Office of Population Affairs.

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Pay For Performance in Long Term Care								
Indicator #	Indicator	Data Source	Measure population	Indicator Description	Annual Performance Goal	Annual Facility Baseline	Annual Facility Score	Annual Facility Improvement or Decline
1.	Pressure Ulcer	CASPER MDS 3.0 Facility Level Report	SoonerCare Nursing Home LOC	Members who had a decline in high risk/unstageable pressure ulcer	20% decline	7.58%	8.56%	12.9%
2.	Use of Anti-Psychotic Medication	CASPER MDS 3.0 Facility Level Report	SoonerCare Nursing Home LOC	Members who were not given an anti-psychotic medication	20% decline	19.14%	14.22%	-25.7%
3.	Urinary Tract Infection	CASPER MDS 3.0 Facility Level Report	SoonerCare Nursing Home LOC	Members who did not have a urinary tract infection	20% decline	4.53%	2.88%	-36.4%
4.	Excess Weight Loss	CASPER MDS 3.0 Facility Level Report	SoonerCare Nursing Home LOC	Members who did not lose too much weight	20% decline	5.63%	3.90%	-30.7%
5.	Member satisfaction	OHCA Satisfaction Survey	SoonerCare Nursing Home LOC	Members who participated in the program survey	100% participation	96%	97%	1.%

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Appendix F

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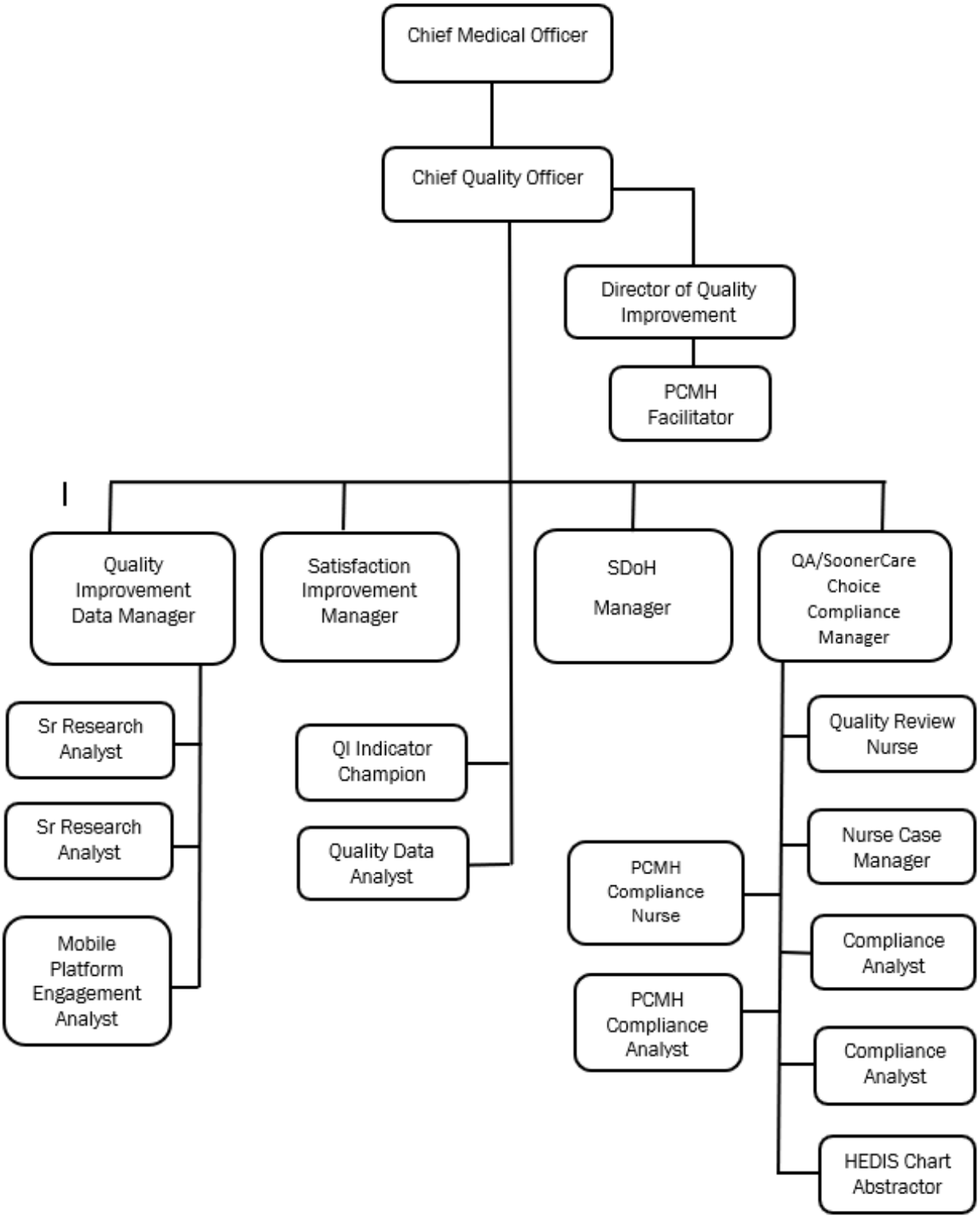
OHCA Quality Improvement Organizational Chart

Quality Improvement Organizational Chart



Appendix G

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Appendix H

Comprehensive Quality Strategy - Draft

List of Abbreviations and Acronyms

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List of Abbreviations and Acronyms	
Abbreviation/Acronym	***Description***
ABD	Aged, Blind, and Disabled
ACEs	Adverse Childhood Experiences
ACG	Johns Hopkins Adjusted Clinical Group
ADA	American Dental Association
ADD-CH	Follow-Up for Children with ADHD Medication
AHC	Accountable Health Communities
AHRQ	Agency for Healthcare Research & Quality
AMB-CH	Young Member ED visits
AMR-CH	Asthma Medication Ratio for Children
ASD	Autism Spectrum Disorder
BCC	Breast and Cervical Cancer Treatment Program
BCS	Breast Cancer Screening
BH	Behavioral Health
BHA	Behavioral Health Aide
BMI	Body Mass Index
BP	Blood Pressure
BRFSS	Behavioral Risk Factor Surveillance System
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CCC	Children with Chronic Conditions
CCP-CH	Contraceptive Care-Postpartum Women-All Women Ages 15-20
CCU	Chronic Care Unit
CCW	Contraceptive Care Women
CDC	Centers for Disease Control and Prevention
CDF	Screening for Depression and Follow-Up Plan
CE-CERT	Components for Enhancing Clinician Experience and Reducing Trauma
CEO	Chief Executive Officer
CHESS	Comprehensive Health Enhancement Support System
CHIP	Children's Health Improvement Program
CHOICE	SoonerCare Choice-Primary Care Case Management Program
CHW	Community Health Worker
CMS	Centers for Medicare & Medicaid Services
COB-AD	Concurrent Use of Opioids and Benzodiazepines
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus
CQO	Chief Quality Officer
CQS	Comprehensive Quality Strategy
CY	Calendar Year
DDSD	Developmental Disabilities Services Division
DEV-CH	Developmental Screening in the First Three Years of Life
DHS	Department of Human Services

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List of Abbreviations and Acronyms	
Abbreviation/Acronym	***Description***
DMEPOS	Durable Medicaid Equipment, Prosthetics, Orthotics, and Supplies
DPP	Diabetes Prevention Program
DSME	Diabetes Self-Management Education
EBP	Evidence-Based Practice
ECHO	Experience of Care and Health Outcomes
ED	Emergency Department
EHR	Electronic Health Record
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
EQRO	External Quality Review Organization
ER	Emergency Room
ESL/ESOL	English as a Second Language
FDA	Food & Drug Administration
FFS	Fee For Service
FFY	Federal Fiscal Year
FMLA	Family and Medical Leave Act
GED	General Education Development-High School Equivalency
HAN	Health Access Networks
HAP	Healthy Adult Population
HCBS	Home and Community Based Services
HEDIS	Healthcare Effectiveness Data and Information Set
HIE	Health Information Exchange
HMP	Health Management Program
HPC	Comprehensive Diabetes Care: HbA1c Poor Control
HRSN	Health-Related Social Needs
HSI	Health Services Initiative
HTN	Hypertension
HVL	HIV Viral Load
ID	Intellectual Disability
IET	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
IHI	Institute for Healthcare Improvement
IMD	Institutions for Mental Disease
IPS	Individual and Placement Services
KFMC	KFMC Health Improvement Partners
LARC	Long-acting reversible method of contraception

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List of Abbreviations and Acronyms	
Abbreviation/Acronym	***Description***
LC	Living Choice-Living Choice Project
LCSW	Licensed Clinical Social Worker
LPC	Licensed Professional Counselor
LSC	Lead Screening in Children
LTC	Long Term Care
LTSS	Long-Term Services and Supports
MASS	Medical Administrative Support Services
MAT	Medication Assisted Treatment
MATF	Member Advisory Task Force
MFP	Money Follows the Person
MH	Mental Health
MSC	Medical Assistance with Smoking and Tobacco Use Cessation
MY	Measurement Year
NCI	National Core Indicator
NCI-AD	National Core Indicators-Aging and Disability
NCI-IDD	National Core Indicators-Intellectual Developmental Disabilities
NCQA	National Committee for Quality Assurance
NF	Nursing Facility
NICU	Newborn Intensive Care Unit
NQF	National Quality Forum
NSCH	National Survey of Children's Health
NVDRS	National Violent Death Reporting System
OB/GYN	Obstetrician/Gynecologist
ODMHSAS	Oklahoma Department of Mental Health and Substance Abuse Services
OHCA	Oklahoma Health Care Authority
OHSU	Oregon Health and Science University
OKDOC	Oklahoma Department of Corrections
OPA	Office of Population Affairs
OSDH	Oklahoma State Department of Health
OTC	Over the Counter
OU	Oklahoma University
PA	Prior Authorization
PACE	Program of All-Inclusive Care for the Elderly
PAM	Payment Accuracy Measurement

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List of Abbreviations and Acronyms	
Abbreviation/Acronym	***Description***
PCM	Population Care Management
PCMH	Patient Centered Medical Home
PCP	Primary Care Provider
PDN	Private Duty Nursing
PDSA	Plan-Do-Study-Act
PFP	Pay-for-Performance
PHE	Public Health Emergency
PHIP	Performance and Health Improvement Plan
PIP	Performance Improvement Project
PMPM	Per Member Per Month
PPC-CH	Prenatal and Postpartum Care: Timeliness of Prenatal Care
PQI	Prevention Quality Indicator
QAPI	Quality Assurance and Performance Improvement
QC	Quality Compass
QI	Quality Improvement
QIC	Quality Improvement Committee
QID	Quality Improvement Department
QRTP	Qualified Residential Treatment Program
ROR	Reach Out and Read
SA&I	State Auditor and Inspector
SHO	State Health Official
SDOH	Social Determinants of Health
SFY	State Fiscal Year
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
SUD	Substance Use Disorders
TANF	Temporary Assistance to Needy Families
TBD	To Be Determined
TBRI	Trust based Relational Intervention
TEFRA	Tax Equity and Fiscal Responsibility Act
TSET	Tobacco Settlement Endowment Trust
UCP	High Utilizer UM Program
UM	Utilization Management
USDA	United States Department of Agriculture
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity

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List of Abbreviations and Acronyms	
Abbreviation/Acronym	***Description***
WIC	Women, Infants and Children
WCV-CHI	Child and Adolescent Well Care Visits

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