



SOONEREXCEL PERFORMANCE MEASURES AND PAYMENT CRITERIA

SoonerCare Choice Patient-Centered Medical Home Program

June 21, 2022

OKLAHOMA HEALTH CARE AUTHORITY

4345 N. LINCOLN BLVD. | [OKLAHOMA.GOV/OHCA](https://oklahoma.gov/ohca) |   

Document Revision Log

Status	Document Revision	Effective Date	Description
Initial	1.0	11/15/2021	Initial publication of manual
Update	1.1	1/7/2022	Diabetic Control: Corrected CMS Core Set measure references. Behavioral Health Screening: Clarified language within the Criteria for Performance Payment.
Update	1.2	2/7/2022	Obesity: Clarified language within the Criteria for Performance Payment. Emergency Department Utilization: Updated example contained in the Criteria for Performance Payment.
Update	1.3	5/9/2022	Diabetic Control: Added footnote regarding CMS core set measure specifications. Scorecard: Updated scorecard examples and added example of payment summary details. Manual: Clarified language to specify SoonerExcel eligible PCMH providers.
Update	1.4	6/21/2022	Introduction: Clarified language to specify SoonerExcel is a bonus payment.

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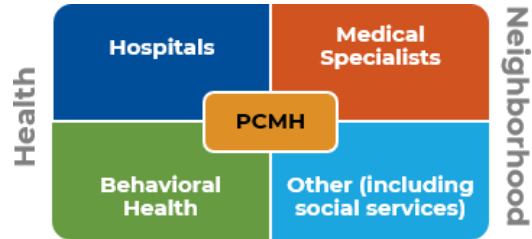
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INTRODUCTION

The Oklahoma Health Care Authority (OHCA) is committed to improving the health of SoonerCare members. Program-wide, this requires:

- Measuring how well we are doing in offering high quality, accessible care.
- Recognizing and rewarding high achievement among our providers.
- Recognizing and rewarding significant improvement in quality of care.
- Working with our providers to address gaps in care.

Patient Centered Medical Home (PCMH) providers are the heart of the SoonerCare delivery system. OHCA's goal is to revise and introduce an enhanced PCMH program in partnership with providers, beginning in January 2022, with a redesign of the SoonerExcel program.



SoonerExcel is the performance-based bonus component of the SoonerCare Choice program that recognizes achievement of excellence in providing effective care and improving quality of care. The redesign will target measures that will ensure healthier outcomes for SoonerCare members. The SoonerExcel quarterly bonus payments are made to qualifying providers who meet or exceed various quality-of-care targets within an area of clinical focus selected by OHCA. The total allotment for SoonerExcel measures is as follows:

SoonerExcel Incentive Measure	Annual Cap	Quarterly Cap
Emergency Department (ED) Utilization	\$1,000,000.00	\$250,000.00
Behavioral Health (BH) Screening	\$750,000.00	\$187,500.00
Diabetic Control	\$750,000.00	\$187,500.00
Obesity	\$500,000.00	\$125,000.00
Totals	\$3,000,000	\$750,000

With this redesign of SoonerExcel quality measures, OHCA's intent is to take a significant step toward meaningful, outcome-linked, standardized measures while adjusting the incentive payments to particularly reward significant improvement and high achievement relative to all PCMH providers. During the redesign process, every effort was made to ensure the selected measures are consistent with the Centers for Medicare and Medicaid Services (CMS) Core Set measures, while being sensitive to the reporting burden of the providers and the applicability to OHCA SoonerCare Choice members.

With this redesign, the incentive structure is being updated to emphasize excellence and significant improvement. Specifically, a rule of thirds will be used for the following measures: BH screening, diabetic control, and obesity. Whereas for the ED utilization measure, performance will be assessed relative to the median for all SoonerExcel eligible PCMH providers.

Additionally, an improver bonus will be applied to acknowledge the effort required to significantly improve performance. OHCA will share results with providers on a quarterly basis through posting of [Scorecards](#) through the provider portal on the OHCA website.

RULE OF THIRDS

- This standard is used for the BH screening, obesity, and diabetic control measures. **A higher rate** relative to all providers is better.
- If performance is in the top third compared to all SoonerExcel eligible PCMH providers with available data¹, the provider will receive 100% of available incentive.
- If performance is in the middle third compared to all SoonerExcel eligible PCMH providers with available data¹, the provider will receive 66% of available incentive.
- If performance is in the lower third compared to all SoonerExcel eligible PCMH providers with available data¹, the provider will not receive the available incentive.

RELATIVE TO MEDIAN

- This standard is used for the ED utilization measure. **A lower rate** relative to all providers is better.
- If performance is below the median compared to all SoonerExcel eligible PCMH providers, the provider will receive 100% of the available incentive.
- If performance is at or above the median compared to all SoonerExcel eligible PCMH providers, the provider will receive none of the available incentive.

IMPROVER BONUS

- This is an additional incentive pool created by the funds that were not earned by the lower third and the remaining 34% of the middle third or those from providers at or above the median for the ED Measure. It is intended to reward the effort required to move to the next level of performance for SoonerCare Choice members.
- If performance increased in the last quarter from one category to the category above it this quarter, the provider will receive a share of the improver bonus. The specific circumstances below will meet criteria for this incentive:
 - For the BH, diabetic control and obesity measures:
 - Moving from lower third to middle third, or
 - Moving from middle third to top third.
 - For the ED measure:
 - Moving from at or above the median to below the median.
- All providers meeting criteria for the improver bonus will receive an equal share of the improver bonus.

¹ Providers may not have data for a particular time period being analyzed and reported (e.g., if the provider was not yet enrolled in Medicaid). In such cases, the provider's scorecard will say "No Available Data" for that time period.

SOONEREXCEL MEASURES

This section offers a general overview of each SoonerExcel measure associated with the value-based performance payment, including:

- ED utilization for members of all ages;
- BH Screenings for members ages 5 and older;
- Obesity, looking at body mass index (BMI), counseling for nutrition, and counseling for physical activity for members ages 3 to 64; and
- Diabetic control for members ages 10 to 64.

Please refer to the [OHCA Provider Billing and Procedures Manual](#) on the OHCA website for more detailed information on proper billing procedures.

Provider education specialists are available for telephonic or virtual training with providers. Education specialists can answer questions about OHCA policy, programs and procedures, claims issues, and navigating the secure SoonerCare provider portal. Providers may contact the SoonerCare coordinator to request technical assistance from a provider education specialist by sending an email to SoonerCareEducation@okhca.org.

For immediate assistance with claim research or resolution of other Oklahoma SoonerCare issues, contact OHCA at 405-522-6205 or 800-522-0114.

EMERGENCY DEPARTMENT UTILIZATION

Purpose and Description

The ED utilization incentive's purpose is to support OHCA's efforts to ensure members receive the right care at the right time in the right place. This will incentivize Primary Care Providers (PCPs) to make the necessary changes in care processes that result in more appropriate ED utilization by their panel, including education of panel members about proper ED usage and better coordination of care. This measure is largely based upon the CMS Core Set measure AMB-CH with modification to include all ages and risk adjustment to take into account the underlying complexity of each provider's panel.

Allotment

The total allotment related to this measure for all SoonerExcel eligible PCMH providers is \$1,000,000 annually. The corresponding amount available per quarter is \$250,000. Every dollar will be dispensed to qualifying providers who meet the criteria in accordance with the SoonerExcel guidelines in this manual.

Criteria for Performance Payment

Using the Johns Hopkins Adjusted Clinical Group Case-Mix System, provider panels will be risk adjusted. This will lead to an expected ED visit rate per 1000 beneficiary months. The observed ED visit rate per 1000 beneficiary months will be calculated based upon the actual number of ED visits per 1000 beneficiary months for each provider's entire PCMH panel. Then, the observed to expected ratios (O/E ratio) will be compared across all PCMH providers. SoonerExcel eligible providers that have an O/E ratio below the median will receive a payment while those at or above the O/E median will receive no payment.

Each service location is considered a unique provider.

The [Improver Bonus](#) potential will apply to this measure.

Emergency Department Measure Example			
*Lower Observed/Expected Ratios Indicate Better Performance			
Observed Rate of ED visits	Expected Rate of ED visits	Observed/Expected Ratio	
.20747	.22614	.9174	
Ranking This Quarter		Ranking Last Quarter	Improver Bonus
Below Median		Above Median	Yes

In this example, the PCMH provider will aim for a **lower** observed to expected ratio. Therefore, below the median is the desired ranking. Landing below the median when compared to other PCMH providers earns the PCMH provider 100% of the allotted

funds. In addition, this PCMH provider improved from above median to below median, earning the PCMH provider a portion of the improver bonus.

Panel Eligibility

The provider's whole panel will be considered based on the number of months each beneficiary is enrolled during the measurement period. The measurement period will be trailing 12 months. To be included in the measure, the member must have been in the provider's panel for at least 11 of the 12 months being considered.

Claims

ED claims are SoonerCare Choice physician fee-for-service claims with procedure codes between 99281 and 99285.

Claim status is different from denied.

Only claims with a first date of service in the period of interest are included in the calculations.

Risk Adjustment

Provider panels are risk adjusted using the John Hopkins University Adjusted Clinical Group (ACG) Case-Mix System. SoonerCare Choice members are designated a categorical ACG score by the John Hopkins University ACG Case-Mix System based on the claim history and characteristics of the members. Although there are over 100 categories available, members will only fall into one category. Hence, qualifying members on the PCP panel are categorized by the ACG score. ACG values are updated semi-annually. An expected ED visit rate is then calculated for each ACG value.

BEHAVIORAL HEALTH SCREENING

Purpose and Description

The BH screening incentive's purpose is to promote the integration of behavioral health into the physical health delivery system. To achieve this integration, all contracted PCPs are required to perform an annual behavioral health screening for SoonerCare Choice members ages 5 and older who are assigned to their panel. For members with a positive screening result, PCPs are expected to provide an appropriate intervention for behavioral health services.

Additional information about BH screening tools and other PCMH BH services is available at [Patient-Centered Medical Home Behavioral Health Screening](#). SoonerCare Choice members do not need a referral for BH services and may self-refer to any participating provider. Contact information for BH providers is available by calling the BH helpline at 800-652-2010.

Allotment

The total allotment related to this measure for all SoonerExcel eligible PCMH providers is \$750,000 annually. The corresponding amount available per quarter is \$187,500. Every dollar will be dispensed to qualifying providers who meet the criteria in accordance with OHCA's rules and procedures.

Criteria for Performance Payment

For BH screening utilization, the payment will be based on screens performed on members from ages 5 to 64 in the provider's panel. OHCA will pull claims data looking back 12 months using the members on the providers panel on the last day of the quarter. The panel size will be the denominator and the number of members with at least one screen in the 12 months prior to the end of the reporting period will be the numerator. Based on the percent of a provider's panel receiving screens, the SoonerExcel eligible PCMH providers will be ranked. Incentive payments will be based upon this rank.

The [Rule of Thirds](#) and [Improver Bonus](#) potential will apply to this measure.

Behavioral Health Measure Example			
Members in Panel	Members with Screening	Percent of Members with Screening	
2,016	727	36.06%	
Ranking This Quarter		Ranking Last Quarter	Improver Bonus
Middle Third		Bottom Third	Yes

In this example, the PCMH provider will aim for higher rates of BH screenings. As placing in the middle third this quarter, the PCMH provider will receive 66% of the

allotted funds. In addition, an improvement from the bottom third to the middle third will earn the PCMH provider a portion of the improver bonus.

Panel Eligibility

Members must be enrolled with the provider during the quarter of interest.

Claims

BH screening claims are physician fee-for-service claims billed with a 96160 procedure code. This code is non-compensable on the claim. The 96160 procedure code is in addition to any other procedure code that is billed for the visit.

Code Set(s)

Behavioral Health Screening	
Code Set	Codes
CPT	96160

OBESITY

Purpose and Description

Obesity is a chronic disease with complex causes and detrimental consequences. It is one of the areas the state has chosen to focus on to work toward a healthier Oklahoma. This measure reflects that intent to improve obesity rates for all SoonerCare Choice members, and, consequently, to improve the associated rates of obesity-linked health outcomes. This measure will be largely based upon the CMS Core Set measure WCC-CH (NQF* #0024) with an adjustment to include the age groups from 3 to 64 years old. (*NQF = National Quality Forum)

Allotment

The total allotment related to this measure for all SoonerExcel eligible PCMH providers is \$500,000 annually. The corresponding amount available per quarter is \$125,000. Every dollar will be dispensed to qualifying providers who meet the criteria in accordance with the SoonerExcel guidelines in this manual.

Criteria for Performance Payment

A provider's score on this measure will be based on three different components as represented in the claims submitted:

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

Claims for each member in the provider's panel will be evaluated to determine if they satisfy components during the year of the evaluation period. Each member will only count once for each component.

Providers are expected to report BMI for all assigned panel members. Counseling for nutrition and/or physical activity only applies to members that meet the criteria for overweight or obesity. There is no penalty for providing counseling to a member that is not overweight, however, it is a requirement for members who are overweight or obese.

The range of possible raw scores on this measure is 0-300%; 0% if no members in the panel have received any of the components during the evaluation period, to 300% if each member in the panel has received all three components. The raw score will be compared to all SoonerExcel eligible PCMH providers to determine relative performance rank. The present incentive payout will be determined by relative performance this quarter and last quarter.

The [Rule of Thirds](#) and [Improver Bonus](#) potential will apply to this measure.

*Obesity Measure Example			
Members in Panel	Members with BMI	Counseling for Nutrition	Counseling for Exercise
256	250	50	26
Raw Score (BMI + Nutrition + Exercise)/Members in Panel	Ranking This Quarter	Ranking Last Quarter	Improver Bonus
127%	Middle Third	Middle Third	No

In this example, the PCMH provider aims to have a **higher** percentage of counseling for nutrition and exercise for the members of their panel with a high BMI diagnosis. This PCMH provider ranked in the middle third of the PCMH providers, therefore earning 66% of the allotted funds. However, the PCMH provider stayed in the middle third for both quarters, therefore not earning a portion of the improver bonus.

Panel Eligibility

For this measure a provider's panel consists of members from ages 3 to 64, who are eligible on the last day of the evaluation period, and who have been on the provider's panel for at least 320 days in the year prior, ending on the last day of the evaluation period.

Code Set(s)

BMI Percentile	
Code Set	Codes
ICD-10	Depends upon child/adult and measured BMI: Z68.51, Z68.52, Z68.53, Z68.54, Z68.1-Z68.45

Nutritional Counseling	
Code Set	Codes
HCPCS	G0447
WITH	
ICD-10	Z71.3

Physical Activity Counseling	
Code Set	Codes
HCPCS	G0447
WITH	
ICD-10	Z71.82

DIABETIC CONTROL

Purpose and Description

Diabetes is a major health concern due to the negative health outcomes when poorly controlled and the large number of intersecting comorbidities. It can be appropriately monitored and managed, reducing short-term complications that may need to be addressed in an inpatient setting. This measure will assess monitoring and control of diabetes in SoonerCare Choice members. In year one, this measure is largely based upon CMS Core Set measure PQI01-AD (NQF #0272) with noted adjustments.

Allotment

The total allotment related to this measure for all SoonerExcel eligible PCMH providers is \$750,000 annually. The corresponding amount available per quarter is \$187,500. Every dollar will be dispensed to qualifying providers who meet the criteria in accordance with the SoonerExcel guidelines in this manual.

Criteria for Performance Payment

This measure will address appropriate monitoring of diabetes and the short-term complications admission rate as described by the CMS core set measure *PQI01-AD: Diabetes Short-Term Complications Admission Rate*. The short-term complications referred to here are ketoacidosis, hyperosmolarity or coma.

To assist providers with the transitions in this measure, OHCA is requiring different criteria in year one (2022) compared to subsequent years. In year one, we will combine A1c testing presence with the short-term complication rate to calculate provider performance. For A1c testing presence, a higher rate indicates better performance. For the short-term complication rate, a lower rate indicates better performance.

- **A1c:** If an A1c was tested in the past six months, this condition is met. This is a necessary but not sufficient condition for payment related to this OHCA diabetes measure.
- **Short-term complications admission rate:** Calculated as described here and determines the level of payment for this OHCA diabetes measure.

Please see the following modifications to the PQI01-AD measure that OHCA is making for the sake of relevance to SoonerCare members:

- Age range is 10-64.
- Only diabetic members in a provider's panel will be considered. This is defined below. (The CMS Core Set uses all panel members regardless of diagnosis.)
- Measure will be reported per 1,000 beneficiary months.
- Transfers from skilled nursing facilities, intermediate care facilities, assisted living facilities, and other nursing facilities will not be excluded.
 - In keeping with the CMS Core Set measure specifications, received transfers from other acute hospitals will be excluded.

The [Rule of Thirds](#) and [Improver Bonus](#) will apply to this measure.

*Diabetic Control Measure Example				
Component 1 (20%): Diabetic Complications, Inpatient				
*Lower Rates Indicate Better Performance				
Member Months, Diabetic Panel Members	Inpatient Claims with Primary Diagnosis, Short-Term Complications of Diabetes	Rate per 1,000 Diabetic Member Months	Ranking This Quarter	Component 1 Score Top Third, 20% = .2 Middle Third, 10% = .1 Bottom Third = 0
256	5	$(5 * 1,000) / 256 = 19.53$	Middle Third	.1
Component 2 (80%): A1c Compliance				
Diabetic Members in Panel	Members with A1c Compliance	Component 2 Score		
21	16	$.80 * (16/21) = .6095$		
Composite				
Component 1 + Component 2		Composite Ranking This Quarter	Improver Bonus	
.1 + .6095 = .7095		Middle Third	No	

* In this example, the short-term complication rate is first examined, which would mean that a **lower** rate indicates better performance. When compared to other PCMH providers, this provider stayed in the Middle Third (Component 1 Score). Next, we are looking for **higher** rates of A1c testing compliance (Component 2 Score). The Component 1 and Component 2 scores are then added together which gives a Composite Score and Ranking. This PCMH provider would receive the Middle Third payment, 66% of available funds. However, this provider would not receive the Improver Bonus as the composite ranking remained in the Middle Third, the same as the previous quarter (not displayed).

Panel Eligibility

For this measure, a provider's panel consists of members from ages 10 to 64, who are eligible on the last day of the evaluation period and have been on the providers panel for at least 320 days in the year prior, ending on the last day of the evaluation period. Members must also satisfy the definition of a diabetic through claims as defined by the denominator of the CMS Core Set measure, *HPC-AD: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*.

Code Set(s)

Code sets for this measure are maintained by CMS and can be found by accessing this link: [Medicaid.gov/Keeping America Healthy](https://www.Medicaid.gov/Keeping America Healthy).²

² Provider is responsible for ensuring the most up to date CMS core set measure specifications are being utilized.

SCORECARDS

SoonerExcel eligible PCMH providers will receive new provider scorecards beginning in November 2021 and quarterly throughout 2022. The November scorecards will highlight baseline data for the existing SoonerExcel measures that will continue into 2022 (ED utilization and BH screening). The new 2022 quarterly scorecards will include the ED and BH measures as well as the two new SoonerExcel measures (obesity and diabetic control). PCMH providers will be able to see how they compare to other PCMH providers across the state, as well as see what areas they can improve in. Figures 1 – 6 show scorecard examples along with details on how to read and interpret them.

Scorecard Overview

The scorecard uses green, yellow and red to give a quick picture of the statewide and provider-specific performance. The scorecard shows the quarter being reported on and the three previous quarters. This allows providers to see the changes in their own, as well as statewide, trends across a full 12-month period. Specific details on how to read the scorecards are discussed below with figures 4-7.

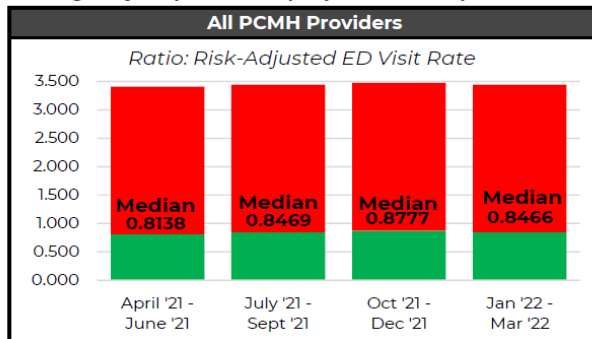
Figure 1: Example Scorecard, Page 1

Patient-Centered Medical Home (PCMH) Performance Summary

Provider Name **TRAPPER JOHN**

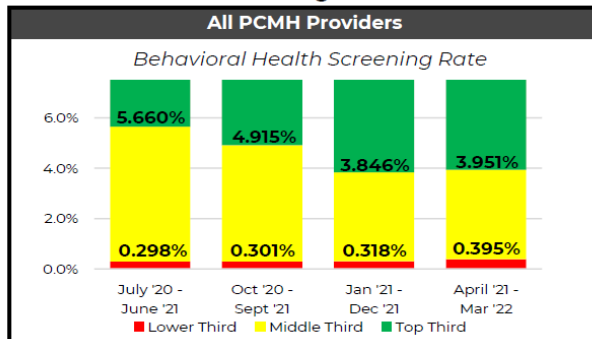
999999999 A

Emergency Department (ED) Utilization (Lower Score is Better)



Your Practice				
Reporting Period (Quarterly)	April '21 - June '21	July '21 - Sept '21	Oct '21 - Dec '21	Jan '22 - Mar '22
Results	0.8340	0.6111	0.9195	0.5792
Performance	Does Not Meet	Meets	Does Not Meet	Meets
Improvement to Next Cohort?	No	Yes	No	Yes

Behavioral Health Screening



Your Practice				
Reporting Period (Rolling Average)	July '20 - June '21	Oct '20 - Sept '21	Jan '21 - Dec '21	April '21 - Mar '22
Results	18.667%	10.983%	15.882%	24.590%
Performance	Top Performer	Top Performer	Top Performer	Top Performer
Improvement to Next Cohort?	No Data Available	No	No	No

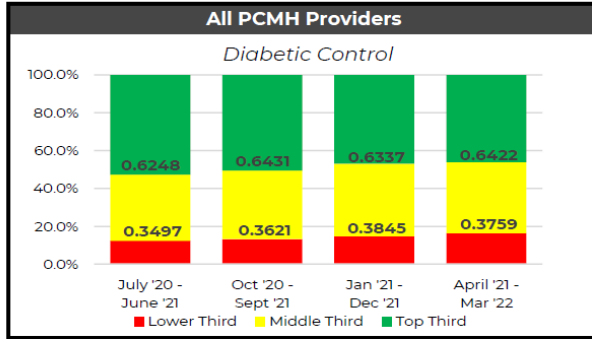
The baseline scorecards will not include data for the diabetic control and obesity measures. However, this data will be included on scorecards moving forward.

Figure 2: Example Scorecard, Page 2

Patient-Centered Medical Home (PCMH) Performance Summary

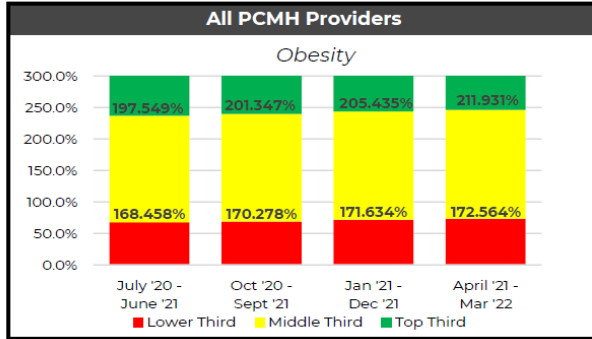
Provider Name **TRAPPER JOHN**

Diabetic Control



Reporting Period (Rolling Average)	July '20 - June '21	Oct '20 - Sept '21	Jan '21 - Dec '21	April '21 - Mar '22
Results	0.6844	0.6239	0.6643	0.6982
Performance	Top Performer	Middle Performer	Top Performer	Top Performer
Improvement to Next Cohort?	No Data Available	No	Yes	No

Obesity



Reporting Period (Rolling Average)	July '20 - June '21	Oct '20 - Sept '21	Jan '21 - Dec '21	April '21 - Mar '22
Results	156.483%	174.799%	184.855%	196.127%
Performance	Low Performer	Middle Performer	Middle Performer	Middle Performer
Improvement to Next Cohort?	No Data Available	Yes	No	No

The baseline scorecards will not include payment summary data. However, the payment summary details will be included on scorecards moving forward and will replace the previously distributed SoonerExcel letters.

Figure 3: Example Scorecard, Page 3

Patient-Centered Medical Home (PCMH) Payment Summary

Provider Name TRAPPER JOHN

Please look for incentive payments on your *<insert date>* remit. This payment is not patient specific and will be found on the financial transaction page under non-claim specific payouts.

Performance Payment				
Reporting Period:	April '21 - June '21	July '21 - Sept '21	Oct '21 - Dec '21	Jan '22 - Mar '22
ED Utilization:				\$2,500.00
Behavioral Health:				\$1,000.00
Obesity:				\$225.00
Diabetic Control:				\$550.00
Quarterly Total:				\$4,275.00

Improver Bonus Payment				
Reporting Period:	April '21 - June '21	July '21 - Sept '21	Oct '21 - Dec '21	Jan '22 - Mar '22
ED Utilization:				\$1,500.00
Behavioral Health:				\$0.00
Obesity:				\$0.00
Diabetic Control:				\$0.00
Quarterly Total:				\$1,500.00

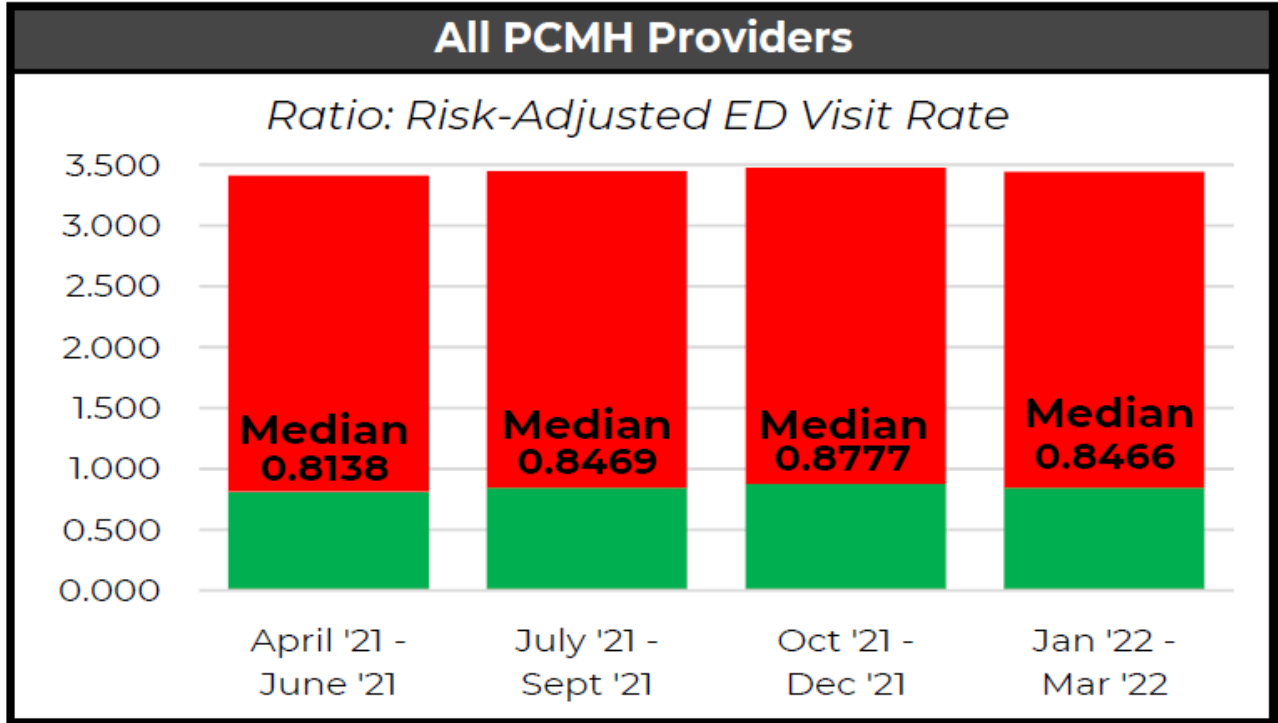
Combined Total Performance and Improver Bonus Payment for Current Reporting Period:				\$5,775.00
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SoonerExcel incentive payments are dependent on the types of members you see and services provided. They are calculated on a quarterly basis; please look for your next communication in *<insert date>* . The incentive payment methodology can be found on our public website at <https://oklahoma.gov/ohca> under the "Provider" section by selecting the Patient-Centered Medical Home link. If you have questions or require additional information please contact scorecards@okhca.org.

ED Utilization Scorecard

The ED Utilization - All PCMH Providers table shows the exact median threshold used to determine rankings and demonstrates the number of providers in the state falling above and below the threshold. For the ED utilization measure, SoonerExcel eligible providers with scores below the median number will receive SoonerExcel payments.

Figure 4: ED Utilization - All PCMH Providers (Statewide)



The ED Utilization – Specific Provider (Your Practice) table shows the scores for a specific provider (results row) that can be compared to the statewide numbers in the All PCMH Providers table. This table also demonstrates whether this provider’s score met the threshold for SoonerExcel payment on this measure (performance row) and whether this score is an improvement to the provider’s ranking from previous quarters (improvement to next cohort row), qualifying them for an [Improver Bonus](#) payment.

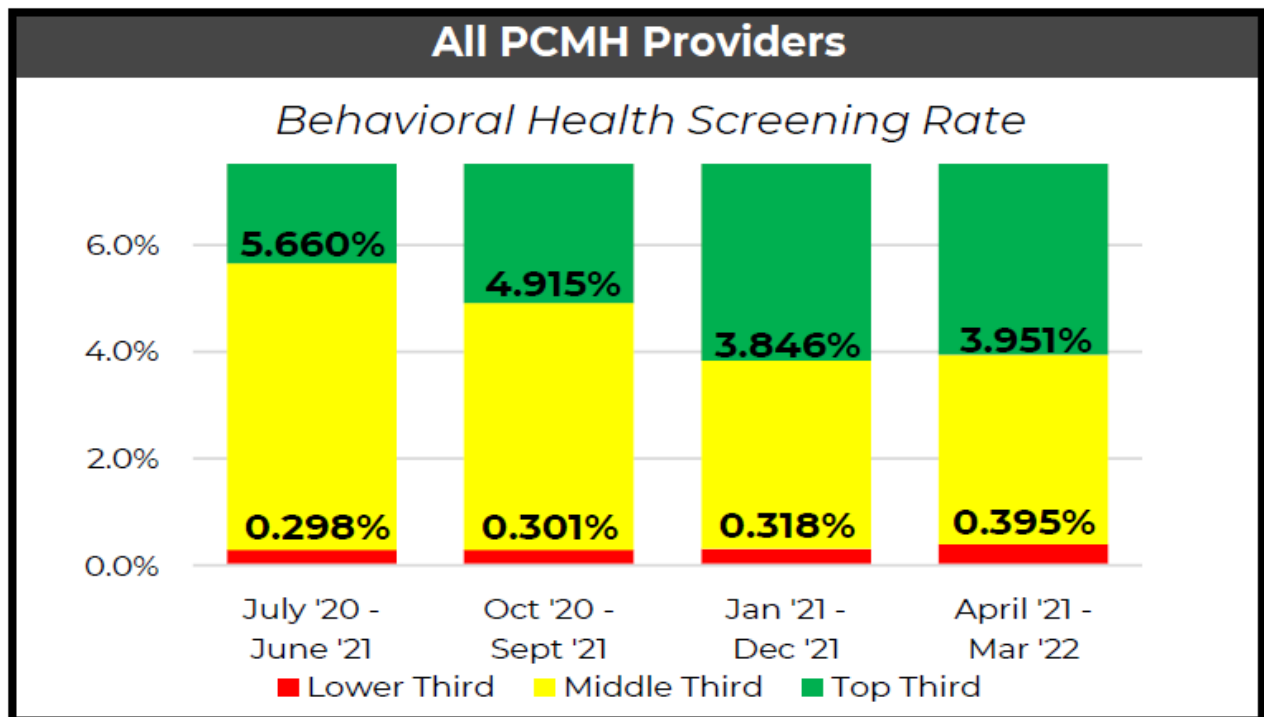
Figure 5: ED Utilization - Specific Provider (Your Practice)

Your Practice				
Reporting Period (Quarterly)	April '21 - June '21	July '21 - Sept '21	Oct '21 - Dec '21	Jan '22 - Mar '22
Results	0.8340	0.6111	0.9195	0.5792
Performance	Does Not Meet	Meets	Does Not Meet	Meets
Improvement to Next Cohort?	No	Yes	No	Yes

Other Measures Scorecards

All measures other than ED utilization will use the [Rule of Thirds](#) to determine SoonerExcel payments. The All PCMH Providers table for these measures shows the thresholds for SoonerExcel payments. All SoonerExcel eligible providers with scores above the threshold number shown in green are eligible for the full payment. Providers with scores at or below the number shown in red are not eligible for SoonerExcel payments. SoonerExcel eligible providers with scores at or below the number in the green area but above the number in the red area are eligible for the 66% SoonerExcel payment.

Figure 6: Other Measures - All PCMH Providers (Statewide)



The Other Measures, Specific Provider (Your Practice) scorecard for all measures other than ED utilization will appear in this format. This table shows the score for the specific provider (results row) for each of four quarters as well as whether that score is in the top, middle or bottom cohort (performance row). Finally, it indicates whether the specific provider's score improved to a higher cohort during each quarter (improvement to next cohort row), qualifying them for an [Improver Bonus](#) payment.

Figure 7: Other Measures, Specific Provider (Your Practice)

Your Practice				
Reporting Period (Rolling Average)	July '20 - June '21	Oct '20 - Sept '21	Jan '21 - Dec '21	April '21 - Mar '22
Results	18.667%	10.983%	15.882%	24.590%
Performance	Top Performer	Top Performer	Top Performer	Top Performer
Improvement to Next Cohort?	<i>No Data Available</i>	No	No	No

Accessing the Scorecard

To access your Scorecards, sign into the OHCA Provider Portal, select “Letters” and then in the “Letter Type” drop-down list select “Sooner Excel Scorecard.”

Provider Portal

Provider Letters

* Indicates a required field.

Enter your search criteria and click the

*Letter Type

*Available From Date

Search

Reset

- ALL
- Change in Provider Information
- C-section Annual Rate Letter-Hospital
- C-section Annual Rate Letter-ProviderV1
- C-section Annual Rate Letter-ProviderV2
- C-section Quarter Rate Letter-Hospital
- C-section Quarter Rate Letter-Provider
- C-section Semi-annual Rate Hospital
- C-section Semi-annual Rate Provider
- DRG Rate Letter
- EHR Denial Letter
- ER Utilization Letter
- New Hospital Level of Care Rate Letter
- PCP Notification of Inpatient Admission
- PCP Notification of Inpatient Discharge
- Provider Contract Expiration Notification
- Provider EFT Error Letter
- Provider Patient Dismissal Letter
- Provider PIN Letter
- Provider Renewal Letter
- Provider Welcome Letter
- Sooner Excel Letter
- Sooner Excel Scorecard
- SoonerCare Coordination of Care Letter

12/2021

