Managed Care Program Annual Report (MCPAR) for Oklahoma: SoonerSelect Children's Specialty Program (CSP)

Due date	Last edited	Edited by	Status
12/27/2025	12/23/2025	Mavredes Stephanie	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If "No", please complete the following questions under	Plan to submit on 12/27/2025

Indicator	Response
each plan.	

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	Oklahoma
A2a	**Contact name** First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Stephanie Mavredes
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	stephanie.mavredes@okhca.org
A3a	**Submitter name** CMS receives this data upon submission of this MCPAR report.	Mavredes Stephanie
A3b	**Submitter email address** CMS receives this data upon submission of this MCPAR report.	stephanie.mavredes@okhca.org
A4	**Date of report submission** CMS receives this date upon submission of this MCPAR report.	12/23/2025

Reporting Period

Number	Indicator	Response
A5a	**Reporting period start date** Auto-populated from report dashboard.	04/01/2024
A5b	**Reporting period end date** Auto-populated from report dashboard.	06/30/2025
A6	**Program name** Auto-populated from report dashboard.	SoonerSelect Children's Specialty Program (CSP)

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Oklahoma Complete Health

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Oklahoma Health Care Authority Eligibility and Coverage Services Unit
	Maximus, Inc.

Add In Lieu of Services and Settings (A.9)

⚠️ **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on Medicaid.gov.

Indicator	Response
ILOS name	Intercept by Youth Villages
	Positive Development

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	**Statewide Medicaid enrollment**	1,046,756
	Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	
BI.2	**Statewide Medicaid managed care enrollment**	620,281
	Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	**Data validation entity** Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff

Topic X: Program Integrity

Number	Indicator	Response
BX.1	**Payment risks between the state and plans** Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.	The OHCA Program Integrity unit regularly conducts reviews of network providers to identify and address potential fraud, waste and abuse. The OHCA also reviews Contracted Entity (CE) operational reports to identify potential over- and under-utilization for further investigation.
BX.2	**Contract standard for overpayments** Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	State has established a hybrid system
BX.3	**Location of contract provision stating overpayment standard** Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	Section 1.20.11 of SoonerSelect CSP contract
BX.4	**Description of overpayment contract standard** Briefly describe the overpayment standard selected in indicator B.X.2.	The State allows Contracted Entities (CEs) to retain recovery of overpayments resulting from waste or abuse audits that originated with the CE. If a fraud referral originates from the CE, the State first retains its costs of pursuing the action and actual documented loss; the State pays the remainder to the CE, up to its documented loss. If the State identifies an overpayment to a provider, it may recover the funds from the CE, which in turn may then recover from the provider.

BX.5	**State overpayment reporting monitoring**	Contracted Entities (CEs) must report overpayments due to fraud within three business days of identification or recovery. CEs must report overpayments due to abuse within 30 calendar days of identification or recovery. CEs must report monthly on all payment errors and recoveries. The State monitors compliance as part of regular oversight activities.
	Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	
BX.6	**Changes in beneficiary circumstances**	The Contracted Entity (CE) is responsible for performing a monthly reconciliation of enrollment roster data against Capitation Payments and notifying OHCA of discrepancies in accordance with 42 C.F.R. § 438.608(c)(3). In addition, the CE must promptly notify OHCA when the CE or a Subcontractor receives information about changes in an Enrollee's circumstances that may affect the Enrollee's eligibility to participate in the program. The information is provided on a weekly basis.
	Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	
BX.7a	**Changes in provider circumstances: Monitoring plans**	Yes
	Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	
BX.7b	**Changes in provider circumstances: Metrics**	Yes
	Does the state use a metric or indicator to assess plan reporting performance? Select one.	
BX.7c	**Changes in provider circumstances: Describe metric**	Contracted Entities (CEs) must report monthly on provider terminations using a State-developed reporting template. The template does not currently classify by termination type. However, the State is adding a column for this purpose. The State will be monitoring timeliness using the revised template and by documenting the date the termination is
	Describe the metric or indicator that the state uses.	

reported through the SoonerSelect dashboard tool. Terminations must be reported within 10 days of their occurrence.

BX.8a	**Federal database checks: Excluded person or entities**	No
	During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	
BX.9a	**Website posting of 5 percent or more ownership control**	No
	Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	
BX.10	**Periodic audits**	No such audits were conducted during the reporting year (year 1). The State and EQRO will conduct audits in future contract years.
	If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.	

Topic XIII. Prior Authorization

⚠️ **Beginning June 2026, Indicators B.XIII.1a-b–2a-b must be completed. Submission of this data before June 2026 is optional.**

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?**	Not reporting data

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	**Program contract** Enter the title of the contract between the state and plans participating in the managed care program.	"State of Oklahoma Contract with Oklahoma Complete Health, Inc."
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	08/02/2023
C1I.2	**Contract URL** Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://oklahoma.gov/ohca/soonerselect/contracts.html
C1I.3	**Program type** What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	**Special program benefits** Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Transportation
C1I.4b	**Variation in special benefits** What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	N/A
C1I.5	**Program enrollment** Enter the average number of individuals enrolled in this managed care program per	18,239

month during the reporting year (i.e., average member months).

| C1I.6 | **Changes to enrollment or benefits** | There were no major changes to the population or benefits during the reporting year. |
| | Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response. | |

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	**Uses of encounter data** For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Quality/performance measurement Monitoring and reporting Program integrity
C1III.2	**Criteria/measures to evaluate MCP performance** What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data corrections Timeliness of data certifications Use of correct file formats Provider ID field complete Overall data accuracy (as determined through data validation)
C1III.3	**Encounter data performance criteria contract language** Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	Section 1.21.7 - Enrollee Encounter Data

C1III.4	**Financial penalties contract language**	Appendix 1E - Consequential and Liquidated Damages
	Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	
C1III.5	**Incentives for encounter data quality**	N/A
	Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	
C1III.6	**Barriers to collecting/validating encounter data**	During the initial months of the program, the Contracted Entity (CE) had difficulties getting all encounters to pass OHCA edits, particularly those related to provider identification. Performance is improving.
	Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.	

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	**State's definition of "critical incident", as used for reporting purposes in its MLTSS program** If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.	N/A
C1IV.2	**State definition of "timely" resolution for standard appeals** Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.	Timely resolution is defined as no longer than 30 calendar days from the day the Contracted Entity (CE) receives the appeal (see Model Contract section 1.18.7.3).
C1IV.3	**State definition of "timely" resolution for expedited appeals** Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	Timely resolution is defined as no longer than 72 hours after the Contracted Entity (CE) receives the expedited appeal (see Model Contract section 1.18.7.4).

C1IV.4	**State definition of "timely" resolution for grievances**	Timely resolution is defined as no longer than 30 calendar days from the day the Contracted Entity (CE) receives the grievance (see Model Contract section 1.18.6.11).
	Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.	

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	**Gaps/challenges in network adequacy**	Under fee-for-service, the Medicaid program historically faced challenges with provider participation, as well the limited number of providers (particularly specialists) in rural parts of the State. The SoonerSelect Children's Specialty Program Contracted Entity (CE) at the start of the program faced the same challenges, which they are working to address. In addition, some tribal providers have elected not to participate in CE networks but to continue to see tribal members exclusively through fee-for-service.
	What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter "No challenges were encountered" as your response. "N/A" is not an acceptable response.	
C1V.2	**State response to gaps in network adequacy**	The Contracted Entity (CE) must submit semi-annual network adequacy reports that identify gaps and steps being taken to address. The OHCA reviews these reports and follows-up as appropriate.
	How does the state work with MCPs to address gaps in network adequacy?	

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	**BSS website** List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	SoonerSelect member portal of OHCA website is located at: https://oklahoma.gov/ohca/soonerselect/choice-counseling.html
C1IX.2	**BSS auxiliary aids and services** How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	Beneficiary Support Services are available through the internet, by telephone and in-person. All services are offered in English and Spanish; the BSS uses a third-party language line to accommodate individuals with other language needs. Hearing impaired persons can receive telephone assistance via the state's 711 line. The BSS website meets ADA/WCAG requirements. In-person assistance is available through state agency, tribal and community partners with access to the OHCA electronic eligibility application.
C1IX.3	**BSS LTSS program data** How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	N/A
C1IX.4	**State evaluation of BSS entity performance** What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	The BSS conducts ongoing supervisory audits of customer service representative performance. The BSS provides the OHCA with a monthly Key Performance Indicators report that includes a quality score based on audit findings. The quality score is based, among other factors, on whether the caller is provided appropriate information about programs relevant programs to their circumstances. The BSS also provides data on call center performance, including volume and average time to answer. The data is stratified to break-out Choice Counseling activities from other components.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	**Prohibited affiliation disclosure** Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	**Does this program include MCOs?** If "Yes", please complete the following questions.	Yes
C1XII.5	**Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?** (i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)	Yes
C1XII.6	**Did the State or MCOs complete the most recent parity analysis(es)?**	State
C1XII.7a	**Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?** (e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)	No
C1XII.8	**When was the last parity analysis(es) for this program completed?** States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).	12/19/2025
C1XII.9	**When was the last parity analysis(es) for this program**	04/16/2024

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

C1XII.10a	**In the last analysis(es) conducted, were any deficiencies identified?**	No

C1XII.12a	**Has the state posted the current parity analysis(es) covering this program on its website?**	No

The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report.States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.

C1XII.12c	**When will the state post the current parity analysis(es) on its State Medicaid website in accordance with 42 CFR § 438.920(b)(1)?**	01/15/2026

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	**Plan enrollment** Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	**Oklahoma Complete Health** 18,239
D1I.2	**Plan share of Medicaid** What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)	**Oklahoma Complete Health** 1.7%
D1I.3	**Plan share of any Medicaid managed care** What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid managed care enrollment (B.I.2)	**Oklahoma Complete Health** 2.9%
D1I.4: Parent	**Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.** If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.	**Oklahoma Complete Health** Centene Corporation

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	**Medical Loss Ratio (MLR)** What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	**Oklahoma Complete Health** 100.4%
D1II.1b	**Level of aggregation** What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	**Oklahoma Complete Health** Statewide all programs & populations
D1II.2	**Population specific MLR description** Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.	**Oklahoma Complete Health** Foster Care Children Certain Children in the Custody of the Office of Juvenile Affairs Former Foster Care Children Children Receiving Adoption Assistance
D1II.3	**MLR reporting period discrepancies** Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?	**Oklahoma Complete Health** Yes

N/A	Enter the start date.		
		Oklahoma Complete Health	
		07/01/2024	
N/A	Enter the end date.		
		Oklahoma Complete Health	
		06/30/2025	

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	**Definition of timely encounter data submissions** Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	**Oklahoma Complete Health** The Contracted Entity (CE) shall collect and submit Encounter Data to the OHCA MMIS in accordance with the following standards: within 14 days of adjudication for pharmacy claims and within 30 days of adjudication for medical claims. (Refer to Contract Section 1.21.7.3 Timeliness) Within 30 days of receipt of notice by OHCA of encounters being denied or rejected, the CE must accurately resubmit 100 percent of all encounters. (Refer to Contract Section 1.21.7.4 Timeliness Remediation)
D1III.2	**Share of encounter data submissions that met state's timely submission requirements** What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.	**Oklahoma Complete Health** 96.9%

D1III.3	**Share of encounter data submissions that were HIPAA compliant**	**Oklahoma Complete Health**
		100%

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance?
If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	**Appeals resolved (at the plan level)** Enter the total number of appeals resolved during the reporting year.An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	**Oklahoma Complete Health** 115
D1IV.1a	**Appeals denied** Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.	**Oklahoma Complete Health** 48
D1IV.1b	**Appeals resolved in partial favor of enrollee** Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.	**Oklahoma Complete Health** N/A
D1IV.1c	**Appeals resolved in favor of enrollee** Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.	**Oklahoma Complete Health** 27
D1IV.2	**Active appeals** Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	**Oklahoma Complete Health** 0
D1IV.3	**Appeals filed on behalf of LTSS users** Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year	**Oklahoma Complete Health** N/A

(regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

Oklahoma Complete Health

N/A

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

D1IV.5a

Standard appeals for which timely resolution was provided

Oklahoma Complete Health

105

Enter the total number of standard appeals for which timely resolution was provided

by plan within the reporting year.See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

D1IV.5b	**Expedited appeals for which timely resolution was provided** Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	**Oklahoma Complete Health** 25
D1IV.6a	**Resolved appeals related to denial of authorization or limited authorization of a service** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	**Oklahoma Complete Health** 126
D1IV.6b	**Resolved appeals related to reduction, suspension, or termination of a previously authorized service** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	**Oklahoma Complete Health** 1
D1IV.6c	**Resolved appeals related to payment denial** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	**Oklahoma Complete Health** 0

D1IV.6d	**Resolved appeals related to service timeliness**	**Oklahoma Complete Health**
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	0
D1IV.6e	**Resolved appeals related to lack of timely plan response to an appeal or grievance**	**Oklahoma Complete Health** 0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	
D1IV.6f	**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care**	**Oklahoma Complete Health** 0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).	
D1IV.6g	**Resolved appeals related to denial of an enrollee's request to dispute financial liability**	**Oklahoma Complete Health** 0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.	

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	**Resolved appeals related to general inpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A".	**Oklahoma Complete Health** 0
D1IV.7b	**Resolved appeals related to general outpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".	**Oklahoma Complete Health** 0
D1IV.7c	**Resolved appeals related to inpatient behavioral health services** Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".	**Oklahoma Complete Health** 0
D1IV.7d	**Resolved appeals related to outpatient behavioral health services** Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or	**Oklahoma Complete Health** 0

substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

D1IV.7e	**Resolved appeals related to covered outpatient prescription drugs** Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".	**Oklahoma Complete Health** 3
D1IV.7f	**Resolved appeals related to skilled nursing facility (SNF) services** Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	**Oklahoma Complete Health** 0
D1IV.7g	**Resolved appeals related to long-term services and supports (LTSS)** Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	**Oklahoma Complete Health** N/A
D1IV.7h	**Resolved appeals related to dental services** Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	**Oklahoma Complete Health** N/A

D1IV.7i	**Resolved appeals related to non-emergency medical transportation (NEMT)**	**Oklahoma Complete Health**
	Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	0
D1IV.7k:	**Resolved appeals related to durable medical equipment (DME) & supplies**	**Oklahoma Complete Health**
	Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".	0
D1IV.7l:	**Resolved appeals related to home health / hospice**	**Oklahoma Complete Health**
	Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".	0
D1IV.7m:	**Resolved appeals related to emergency services / emergency department**	**Oklahoma Complete Health**
	Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter "N/A".	0
D1IV.7n:	**Resolved appeals related to therapies**	**Oklahoma Complete Health**
	Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If	0

the managed care plan does not cover this type of service, enter "N/A".

| D1IV.7o | **Resolved appeals related to other service types** | **Oklahoma Complete Health** |
| | Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter "N/A". | 0 |

State Fair Hearings

Number	Indicator	Response
D1IV.8a	**State Fair Hearing requests** Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.	**Oklahoma Complete Health** N/A
D1IV.8b	**State Fair Hearings resulting in a favorable decision for the enrollee** Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	**Oklahoma Complete Health** N/A
D1IV.8c	**State Fair Hearings resulting in an adverse decision for the enrollee** Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	**Oklahoma Complete Health** N/A
D1IV.8d	**State Fair Hearings retracted prior to reaching a decision** Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.	**Oklahoma Complete Health** N/A
D1IV.9a	**External Medical Reviews resulting in a favorable decision for the enrollee** If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A".External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	**Oklahoma Complete Health** N/A

D1IV.9b   **External Medical Reviews
resulting in an adverse
decision for the enrollee**

Oklahoma Complete Health

N/A

If your state does offer an
external medical review
process, enter the total number
of external medical review
decisions rendered during the
reporting year that were
adverse to the enrollee. If your
state does not offer an external
medical review process, enter
"N/A".External medical review is
defined and described at 42
CFR §438.402(c)(i)(B).

Grievances Overview

Number	Indicator	Response
D1IV.10	**Grievances resolved** Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.A grievance is "resolved" when it has reached completion and been closed by the plan.	**Oklahoma Complete Health** 139
D1IV.11	**Active grievances** Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	**Oklahoma Complete Health** 0
D1IV.12	**Grievances filed on behalf of LTSS users** Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.	**Oklahoma Complete Health** N/A
D1IV.13	**Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance** For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.If the managed care plan does not cover LTSS,	**Oklahoma Complete Health** N/A

the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

D1IV.14 | **Number of grievances for which timely resolution was provided**

Oklahoma Complete Health

139

Enter the number of grievances for which timely resolution was provided by plan during the reporting year.See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	**Resolved grievances related to general inpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	**Oklahoma Complete Health** 0
D1IV.15b	**Resolved grievances related to general outpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	**Oklahoma Complete Health** 0
D1IV.15c	**Resolved grievances related to inpatient behavioral health services** Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	**Oklahoma Complete Health** 0
D1IV.15d	**Resolved grievances related to outpatient behavioral health services** Enter the total number of grievances resolved by the plan during the reporting year that	**Oklahoma Complete Health** 0

were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

D1IV.15e	**Resolved grievances related to coverage of outpatient prescription drugs**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".	3

D1IV.15f	**Resolved grievances related to skilled nursing facility (SNF) services**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".	0

D1IV.15g	**Resolved grievances related to long-term services and supports (LTSS)**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	N/A

D1IV.15h	**Resolved grievances related to dental services**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	N/A

D1IV.15i	**Resolved grievances related to non-emergency medical transportation (NEMT)**	**Oklahoma Complete Health** 2
	Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	
D1IV.15k	**Resolved grievances related to durable medical equipment (DME) & supplies**	**Oklahoma Complete Health** 0
	Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".	
D1IV.15l	**Resolved grievances related to home health / hospice**	**Oklahoma Complete Health** 0
	Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".	
D1IV.15m	**Resolved grievances related to emergency services / emergency department**	**Oklahoma Complete Health** 0
	Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	
D1IV.15n	**Resolved grievances related to therapies**	**Oklahoma Complete Health** 0
	Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or	

respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

D1IV.15o | **Resolved grievances related to other service types** | **Oklahoma Complete Health**

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter "N/A".

1

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	**Resolved grievances related to plan or provider customer service** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service.Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	**Oklahoma Complete Health** 4
D1IV.16b	**Resolved grievances related to plan or provider care management/case management** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management.Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	**Oklahoma Complete Health** 0
D1IV.16c	**Resolved grievances related to network adequacy or access to care/services from plan or provider** Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care.Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	**Oklahoma Complete Health** 5
D1IV.16d	**Resolved grievances related to quality of care** Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care.Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.	**Oklahoma Complete Health** 0
D1IV.16e	**Resolved grievances related to plan communications** Enter the total number of grievances resolved by the plan during the	**Oklahoma Complete Health** 14

reporting year that were related to plan communications.Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

D1IV.16f	**Resolved grievances related to payment or billing issues**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.	57

D1IV.16g	**Resolved grievances related to suspected fraud**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	0

D1IV.16h	**Resolved grievances related to abuse, neglect or exploitation**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	0

D1IV.16i	**Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).	1

D1IV.16j	**Resolved grievances related to plan denial of expedited appeal**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal.Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.	0
D1IV.16k	**Resolved grievances filed for other reasons**	**Oklahoma Complete Health**
	Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.	61

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.

Quality & performance measure total count: 75

✓ **Complete**

D2.VII.1 Measure Name: AAB - Avoidance of antibiotic treatment for acute bronchitis/bronchiolitis

1 / 75

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0058

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ **Complete**

D2.VII.1 Measure Name: ADD - Follow-up care for children prescribed ADHD Medication

2 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2605

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: AMR - Asthma medication ratio - ages 5 to 18 3 / 75

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: APM - Metabolic monitoring for children and adolescents on anti-psychotics 4 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0448

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: APP - Use of first-line psychosocial care for children and adolescents on anti-psychotics

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0743

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: CCP - Contraceptive care - post partum women - most or moderate - 3 days - ages 15 - 20

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✅ Complete

D2.VII.1 Measure Name: CCP - Contraceptive care - post partum women - most or moderate - 3 days - ages 21 - 44 7 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✅ Complete

D2.VII.1 Measure Name: CCP - Contraceptive care - post partum women - most or moderate - 90 days - ages 15 - 20 8 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

60.00%

✓ Complete

D2.VII.1 Measure Name: CCP - Contraceptive care - post partum women - most or moderate - 90 days - ages 21 - 44 9 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✓ Complete

D2.VII.1 Measure Name: CCP - Contraceptive care - post partum women - LARC - 3 days - ages 15 - 20 10 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✓ Complete

D2.VII.1 Measure Name: CCP - Contraceptive care - post partum women - LARC - 3 days - ages 21 - 44

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✓ Complete

D2.VII.1 Measure Name: CCP - Contraceptive care - post partum women - LARC - 90 days - ages 15 - 20

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

30.00%

✅ Complete

D2.VII.1 Measure Name: CCP - Contraceptive care - post partum women - LARC - 90 days - ages 21 - 44 13 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✅ Complete

D2.VII.1 Measure Name: CCW - Contraceptive care - most or moderate - all women ages 15 - 20 -14 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1002

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: CCW - Contraceptive care - most or moderate - **all women ages 21 - 44**   15 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1002

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: CCW - Contraceptive care - LARC - all women ages 15 - 20   16 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1002

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: CCW - Contraceptive care - LARC - all women ages 21 - 44   17 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1002

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: CDF - Screening for depression and follow-up plan - ages 12 - 17   18 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0672

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

2.17%

✓ Complete

D2.VII.1 Measure Name: CDF - Screening for depression and follow-up plan - ages 18+

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0672

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

1.15%

✓ Complete

D2.VII.1 Measure Name: CHL - Chlamydia screening

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0033

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

Complete

D2.VII.1 Measure Name: CHL - Chlamydia screening

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0033

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

Complete

D2.VII.1 Measure Name: CIS - Childhood immunization status - Dtap

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: CIS - Childhood immunization status - IPV   23 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: CIS - Childhood immunization status - MMR   24 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

D2.VII.1 Measure Name: CIS - Childhood immunization status - HiB

✓ Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0038	Program-specific rate

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
Medicaid Child Core Set	No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

D2.VII.1 Measure Name: CIS - Childhood immunization status - HepB

✓ Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0038	Program-specific rate

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
Medicaid Child Core Set	No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: CIS - Childhood immunization status - VZV

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0038	Program-specific rate

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
Medicaid Child Core Set	No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: CIS - Childhood immunization status - PCV

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number	**D2.VII.4 Measure Reporting and D2.VII.5 Programs**
0038	Program-specific rate

D2.VII.6 Measure Set	**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**
Medicaid Child Core Set	No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: CIS - Childhood immunization status - HepA   29 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: CIS - Childhood immunization status - RV   30 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

D2.VII.1 Measure Name: CIS - Childhood immunization status - Flu   31 / 75

✓ Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

D2.VII.1 Measure Name: CIS - Childhood immunization status - Combo 3   32 / 75

✓ Complete

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: CIS - Childhood immunization status - Combo 7 73 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: CIS - Childhood immunization status - Combo 10 34 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: DEV - Developmental screening in the first three years of life

35 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1399

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: EDU - Emergency department utilization

36 / 75

D2.VII.2 Measure Domain

Utilization of health care services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: FUA - Follow-up after ED visit for alcohol and other drug abuse or dependence - 7 day - ages 13 - 17   37 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

26.09%

✓ Complete

D2.VII.1 Measure Name: FUA - Follow-up after ED visit for alcohol and other drug abuse or dependence - 7 day - ages 18+   38 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✓ Complete

D2.VII.1 Measure Name: FUA - Follow-up after ED visit for alcohol and other drug abuse or dependence - 30 day - ages 13 - 17   39 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

39.13%

✓ Complete

D2.VII.1 Measure Name: FUA - Follow-up after ED visit for alcohol and other drug abuse or dependence - 30 day - ages 18+   40 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✓ Complete

D2.VII.1 Measure Name: FUH - Follow-up after hospitalization for mental illness - 7 day - ages 6 - 17

41 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

28.81%

✓ Complete

D2.VII.1 Measure Name: FUH - Follow-up after hospitalization for mental illness - 7 day - ages 18 - 64

42 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

42.11%

✅ Complete

D2.VII.1 Measure Name: FUH - Follow-up after hospitalization for mental illness - 30 day - ages 6 - 17

43 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

59.81%

✅ Complete

D2.VII.1 Measure Name: FUH - Follow-up after hospitalization for mental illness - 30 day - ages 18 - 64

44 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

63.16%

✅ Complete

D2.VII.1 Measure Name: FUM - Follow-up after ED visit for mental illness - 7 day - ages 6 - 17

45 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

42.71%

✅ Complete

D2.VII.1 Measure Name: FUM - Follow-up after ED visit for mental illness - 7 day - ages 18 - 64

46 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✓ Complete

D2.VII.1 Measure Name: FUM - Follow-up after ED visit for mental illness - 30 day - ages 6 - 17

47 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

54.17%

✓ Complete

D2.VII.1 Measure Name: FUM - Follow-up after ED visit for mental illness - 30 day - ages 18 - 64

48 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.00%

✓ Complete

D2.VII.1 Measure Name: IET - Initiation and engagement of alcohol and 49 / 75 **other drug abuse or dependence treatment - initiation - age 13 - 17**

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: IET - Initiation and engagement of alcohol and 50 / 75 **other drug abuse or dependence treatment - initiation - age 18 - 64**

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: IET - Initiation and engagement of alcohol and other drug abuse or dependence treatment - engagement - age 13 - 17 51 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: IET - Initiation and engagement of alcohol and other drug abuse or dependence treatment - engagement - age 18 - 64 52 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: IMA - Immunizations for adolescents - Menengitis

53 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: IMA - Immunizations for adolescents - Tdap/Td 54 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: IMA - Immunizations for adolescents - HPV   55 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: IMA - Immunizations for adolescents - Combo 1   56 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: IMA - Immunizations for adolescents - Combo 2   57 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: LSC - Lead screening in children   58 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1775

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: PPC2 - Prenatal and postpartum care - prenatal care - under age 21

59 / 75

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

0581

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: PPC2 - Prenatal and postpartum care - prenatal care - 21+

60 / 75

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

0581

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: PPC2 - Prenatal and postpartum care - postpartum care - under age 21

61 / 75

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

0581

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: PPC2 - Prenatal and postpartum care - postpartum care - age 21+

62 / 75

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

0581

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: PQI-01 - Diabetes short term complications admission rate   63 / 75

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0272

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

60.3100

✓ Complete

D2.VII.1 Measure Name: PQI-15 - Asthma in younger adults admission rate   64 / 75

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0283

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

0.0000

✅ Complete

D2.VII.1 Measure Name: PRS - Prenatal immunization status

65 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

3484

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: PRS - Prenatal immunization status

66 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

3484

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: SAA- Adherence to antipsychotic medications for individuals with schizophrenia 67 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0018

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✅ Complete

D2.VII.1 Measure Name: SSD - Diabetic screening for people with schizophrenia or bipolar disorder 68 / 75

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0202

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

○ Complete

D2.VII.1 Measure Name: TFL - Topical flouride - Oral Health Services 69 / 75

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

1672

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

There are three metrics for this standardized measure set: (1) dental or oral health services, (2) dental services, and (3) oral health services. Only metric 3 is applicable for the SoonerSelect Children's Specialty Program.

Measure results

Oklahoma Complete Health

Not Yet Reportable

○ Complete

D2.VII.1 Measure Name: W30 - Well-child visits in the first 30 months of life - first 15 months 70 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0761

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Rate is based on three months of FFS and nine months of SoonerSelect

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

80.00%

✅ Complete

D2.VII.1 Measure Name: W30 - Well-child visits in the first 30 months of life - 15 - 30 months 71 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0761

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Rate is based on three months of FFS and nine months of SoonerSelect

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

45.80%

✅ Complete

D2.VII.1 Measure Name: WCC - Weight assessment and counseling for nutrition and physical activity - BMI assessment 72 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

72.70%

✓ Complete

D2.VII.1 Measure Name: WCC - Weight assessment and counseling for nutrition and physical activity - counseling for nutrition 73 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: WCC - Weight assessment and counseling for nutrition and physical activity - counseling for physical activity 74 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 04/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

Not Yet Reportable

✓ Complete

D2.VII.1 Measure Name: WCV - Child and adolescent well-care visits   75 / 75

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Rate is based on three months of FFS and nine months of SoonerSelect

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

This is part of a standardized national measure set.

Measure results

Oklahoma Complete Health

39.30%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count: 1

✅ Complete

D3.VIII.1 Intervention type: Liquidated damages

1 / 1

D3.VIII.2 Plan performance issue

Reporting (timeliness, completeness, accuracy)

D3.VIII.3 Plan name

Oklahoma Complete Health

D3.VIII.4 Reason for intervention

Failure to meet reporting requirements for timeliness and notification of submission.

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

$13,500

D3.VIII.7 Date assessed

06/06/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	**Dedicated program integrity staff** Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	**Oklahoma Complete Health** 4
D1X.2	**Count of opened program integrity investigations** How many program integrity investigations were opened by the plan during the reporting year?	**Oklahoma Complete Health** 15
D1X.4	**Count of resolved program integrity investigations** How many program integrity investigations were resolved by the plan during the reporting year?	**Oklahoma Complete Health** 3
D1X.6	**Referral path for program integrity referrals to the state** What is the referral path that the plan uses to make program integrity referrals to the state? Select one.	**Oklahoma Complete Health** Makes some referrals to the SMA and others directly to the MFCU
D1X.7	**Count of program integrity referrals to the state** Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made to the SMA and the MFCU in aggregate.	**Oklahoma Complete Health** 1
D1X.9a:	**Plan overpayment reporting to the state: Start Date** What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	**Oklahoma Complete Health** 07/01/2024
D1X.9b:	**Plan overpayment reporting to the state: End Date** What is the end date of the reporting period covered by the	**Oklahoma Complete Health** 06/30/2025

plan's latest overpayment
recovery report submitted to
the state?

D1X.9c: **Plan overpayment reporting to the state: Dollar amount**

Oklahoma Complete Health

$5,204.16

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

D1X.9d: **Plan overpayment reporting to the state: Corresponding premium revenue**

Oklahoma Complete Health

$214,886,123

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

D1X.10 **Changes in beneficiary circumstances**

Oklahoma Complete Health

Weekly

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Topic XI: ILOS

⚠ **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if "Yes", which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter "0" for utilization.

Number	Indicator	Response
D4XI.1	**ILOSs offered by plan** Indicate whether this plan offered any ILOS to their enrollees.	**Oklahoma Complete Health** Yes, at least 1 ILOS is offered by this plan
D4XI.2a	**ILOSs utilization by plan** Select all ILOSs offered by this plan during the contract rating period. For each ILOS offered by the plan, enter the deduplicated number of enrollees that utilized this ILOS during the contract rating period. If the plan offered this ILOS during the contract rating period but there was no utilization, enter "0".	**Oklahoma Complete Health** Intercept by Youth Villages: Positive Developments:

Topic XIII. Prior Authorization

⚠️ **Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select "Not reporting data".**

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?** If "Yes", please complete the following questions under each plan.	Not reporting data

Topic XIV. Patient Access API Usage

⚠️ **Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select "Not reporting data".**

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?** If "Yes", please complete the following questions under each plan.	Not reporting data

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	**BSS entity type** What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	**Oklahoma Health Care Authority Eligibility and Coverage Services Unit** State Government Entity **Maximus, Inc.** Enrollment Broker
EIX.2	**BSS entity role** What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	**Oklahoma Health Care Authority Eligibility and Coverage Services Unit** Beneficiary Outreach Other, specify – Operation of state enrollment web portal **Maximus, Inc.** Enrollment Broker/Choice Counseling

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to "Review & submit."

Number	Indicator	Response
F1	**Notes (optional)**	Not answered