SOONERCARE DEMONSTRATION
11-W-00048/6
§1115(a) ANNUAL REPORT

2019

DEMONSTRATION YEAR: 24 (1/1/2019 – 12/31/19)

SUBMITTED
March 31, 2020

Oklahoma Health Care Authority

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I. INTRODUCTION

The Oklahoma Health Care Authority is the single state Agency that administers the SoonerCare Choice and Insure Oklahoma programs under Section 1115(a) demonstration waiver. The waiver was originally approved in January 1996. In August 2018, the waiver was approved for the period of Aug. 31, 2018 through Dec. 31, 2023 (below is a timeline of waiver approvals beginning with the 2013 demonstration period).

Demonstration Period	Approved by CMS
Jan. 1, 2013 – Dec. 31, 2015	Dec. 31, 2012
Jan. 1, 2016 – Dec. 31, 2016	July 9, 2015
Jan. 1, 2017 – Dec. 31, 2017	Nov. 30, 2016
Jan. 1, 2018 – Dec. 31, 2018	Dec. 29, 2017
Aug. 31, 2018 – Dec. 31, 2023	Aug. 31, 2018

Oklahoma's SoonerCare Choice program operates statewide under an enhanced primary care case management delivery system to serve qualified populations statewide. OHCA contracts directly with primary care providers to serve as patient centered medical homes. The SoonerCare Choice program promotes the goals of providing accessible, high quality and cost-effective care to SoonerCare Choice members. In addition, the 1115(a) research and demonstration waiver provides the authority for the Insure Oklahoma program, which provides premium assistance to qualifying Oklahomans.

In accordance with the Special Terms and Conditions of the waiver, OHCA is required to submit an annual progress report to the Centers for Medicare and Medicaid Services. Under Section XI. MONITORING, STC 56. Monitoring Reports, annual reports are due no later than 90 calendar days following the end of each demonstration period. The reports will include all required elements as per 42 CFR 431.428. The monitoring reports must follow the framework provided by CMS, which is subject to change as monitoring systems are developed or evolve, and be provided in a structured manner that supports federal tracking and analysis.

OHCA has revised the approach to producing this annual report since the 2019 semi-annual report submission. The state is open to feedback regarding reporting elements and reporting format.

II. OPERATIONAL UPDATES

Policy or Administrative Difficulties

OHCA has not experienced policy or administrative difficulties in operating the demonstration throughout the calendar year period of the demonstration. Instead, the agency has experienced a positive budget outcome with the legislature that will keep the agency on even footing throughout State Fiscal Year 2020, which ends in June 2020. The agency has welcomed the appointment by Governor J. Kevin Stitt of a new CEO, Kevin Corbett, with Corbett assuming the leadership of the agency effective August 15. Ellen Buettner was also named Chief of Staff, while Melody Anthony was named State Medicaid Director. In addition, provider rate increases were implemented October 1 and will have a positive impact on continuity of provider participation.

Key Challenges

OHCA staff are engaged in a project to meet with stakeholders in order to determine how to best redesign the Patient-Centered Medical Home requirements that apply to the SoonerCare Choice program. Interest has also been expressed in updating the requirements that apply to the Insure Oklahoma Primary Care Provider/Case Manager and Indian Health Service/Tribal and Urban Indian Clinics structures into the patient-centered medical home approach. Stakeholders have participated in meetings about the redesign work by sending written comments and in person as they attended the following meetings and webinars:

Oklahoma City – OHCA Boardroom (with concurrent webinar)
Date/Time: Sept. 17, 2019 at 9:30 a.m.

Tulsa – OU Schusterman Center Administrative Building
Date/Time: Sept. 17, 2019 at 2:30 p.m.

Tulsa – OSU CHS A.R. and Marylouise Tandy Medical Building
Date/Time: Oct. 22, 2019 at 2 p.m.

Oklahoma City – OHCA Boardroom (with concurrent webinar)
Date/Time: Oct. 23, 2019 at 2 p.m.

OHCA has advised the waiver project officer and other attendees on the monthly monitoring calls of this ongoing work in anticipation of potentially filing a waiver amendment to make changes to SoonerCare Choice provider requirements.

Key Achievements
OHCA was able to extend its virtual pharmacist program across the state this fall. The pilot program seeks to improve the health of SoonerCare members with chronic conditions by optimizing their medication benefits. Also, OHCA hosted the 13th annual dental event at Riverside Indian Boarding School in September. Staff members are also working on implementing a diabetes self-management training benefit and expanding the applied behavior analysis benefit for individuals with autism spectrum disorder to include registered behavior technicians.

Issues or Complaints
Members have identified issues with the real-time, online application that is found at MySoonerCare.org for the MAGI populations. OHCA has taken steps to address these concerns that relate to uploading documents and document size limits in eligibility and enrollment system enhancements set for early 2020.

Lawsuits or Legal Actions
Four lawsuits were filed against OHCA in 2019. Two lawsuits were filed by members and two filed by providers.

Unusual or Unanticipated Trends
Neither SoonerCare nor Insure Oklahoma experienced any unanticipated trends for 2019.

Legislative Updates
Oklahoma's first regular session of the 57th legislature began on Monday, Feb. 4, 2019 at noon with the newly elected Governor J. Kevin Stitt, presenting his goals and budget proposal. The Oklahoma House welcomed 45 new members of their 101 total seats and the Senate began with 11 new members of their 48 seats. Bill filing began Nov. 15, 2018, with a filing deadline of Jan. 17, 2019. More than 2,800 bills were filed in January 2019 and OHCA began tracking 193 pieces of legislation. By the end of session, Governor Stitt vetoed four of OHCA's tracked bills and signed 36, of which some are listed below.

Signed Legislation	Budget Impact Bills	Anticipated Interim Discussions
SB 1 – Creates the Legislative Office of Fiscal Transparency	HB 2765 – General Appropriations	Out-of-State Expenditures
SB 280 – Nursing facility pay-for-performance program that changes quality measures, modifies staffing ratios and increases personal needs allowance for nursing home residents	HB 2767 – Rate preservation fund ($29 million) creates a fund for the sole purpose of maintaining reimbursement rates to providers	Comprehensive healthcare reform from Governor Stitt
SB 316 – All memorandum of understanding and memorandum of agreement to be published online	HB 2771 – Employee pay raise ranging from $600 to $1,500 based on current pay	Psychiatric resident treatment facility audit
SB 456 – Gives the governor authority to appoint OHCA CEO, restructuring the agency's board of directors		Criminal Justice Reform's impact on Behavioral Health
SB 509 – Step-therapy reform		Treatment options for adults with Treatment Brain Injuries
SB 575 – Telemedicine bill		
SB 773 – Mental health loan repayment program		
HB 2591 – Defunding statutory rape cover-up act		
HB 2632 – An anti-pharmacy benefit manager bill		

Health care related interim studies were not approved by the Speaker of the House due to the development of a bipartisan health care working group in August 2019. The 20-member group includes nine members from each chamber and two members of the administration appointed by Governor Stitt. OHCA presented information to the working group on current Medicaid programs, services, enrollment and federal and state funding.

In late 2019, OHCA participated in discussions with the legislature related to medication assisted treatment, mental health coverage, rural health care, pediatric neuropsychiatric disorders and type 1 diabetes.

A ballot initiative was filed, state question 802, to expand Medicaid via constitutional amendment. A date has yet to be set for a vote.

Public Forums

Tribal Consultation

Tribal consultation serves as a venue for discussion between OHCA and tribal governments on proposed SoonerCare policy changes, State Plan Amendments, waiver amendments and updates that may impact the agency or tribal partners.

Tribal consultations are held the first Tuesday of odd-numbered months. All tribal clinics, hospitals, Urban Indian health facilities, Indian Health Services agencies, stakeholders, and tribal leaders are invited to attend. For those who are not able to attend physically, OHCA provides online and teleconference technology. During 2019, OHCA staff presented 73 proposed policy changes inclusive of state rules, SPAs and waiver amendments at the tribal consultation meetings including, but not limited to:

- Retroactive eligibility for pregnant women and persons under 19;
- Changes to Insure Oklahoma student age limit and out of pocket maximum;
- Coverage for mobile dental preventative services;
- Clarification of coverage and reimbursement for providers located out-of-state;
- Diabetes Self-Management Training coverage and reimbursement;
- 1115(a) demonstration waiver amendments for the Health Access Network and Health Management Program ;
- Cost sharing policy revisions for American Indian/Alaskan Native members;
- Telehealth services policy revisions regarding parental consent;
- Removal of barriers for Medication Assisted Treatment ;
- Provider rate increases;
- Patient-Centered Medical Home Redesign including a revised payment care coordination payment structure;
- Expanded organ transplant procedures; and
- Oklahoma Office of Juvenile Affairs Targeted Case Management services age limit increased from 18 to 20.

Member Advisory Task Force

The Member Advisory Task Force provides a structured process focused on consumer engagement, dialogue, and leadership in the identification of program issues and solutions. MATF is used to inform stakeholders of agency policy and program decisions and allows opportunities for ongoing feedback on program improvements from the members' prospective.

MATF met four times in 2019 where the following items were discussed:

- PCMH overview;
- Care coordination and care transitions;
- School-based services.
- Various rules and policy updates.

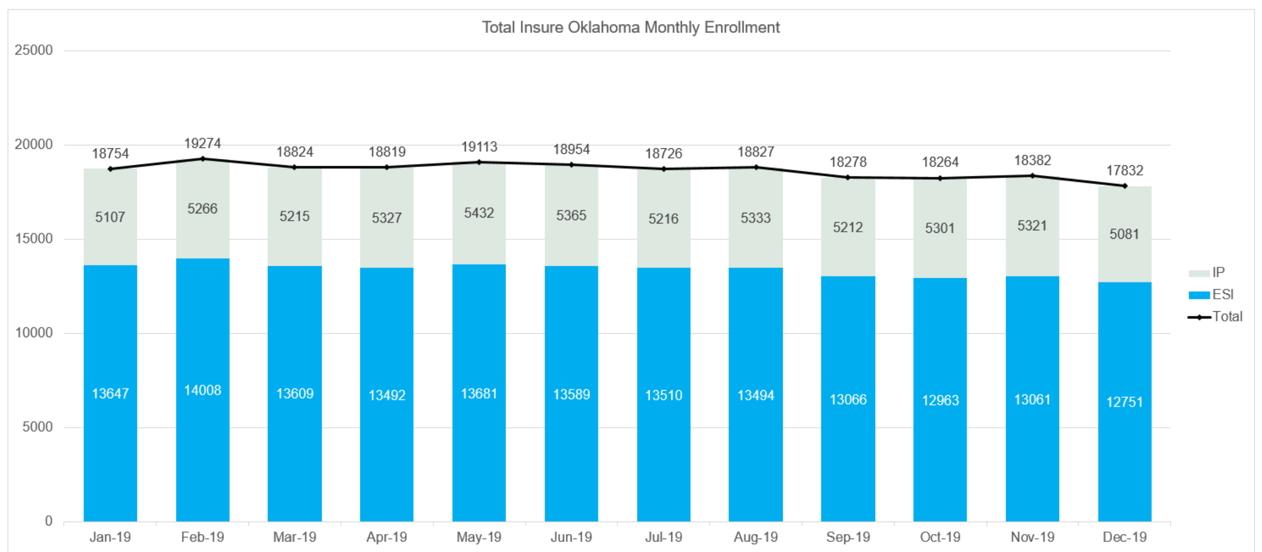
Public Comments Received in Post-Award Forum

The post-award forum was held on Tuesday, Oct. 10, 2019 at 5 p.m. during The Children's Health Group quarterly meeting. There were no comments received.

III. PERFORMANCE METRICS

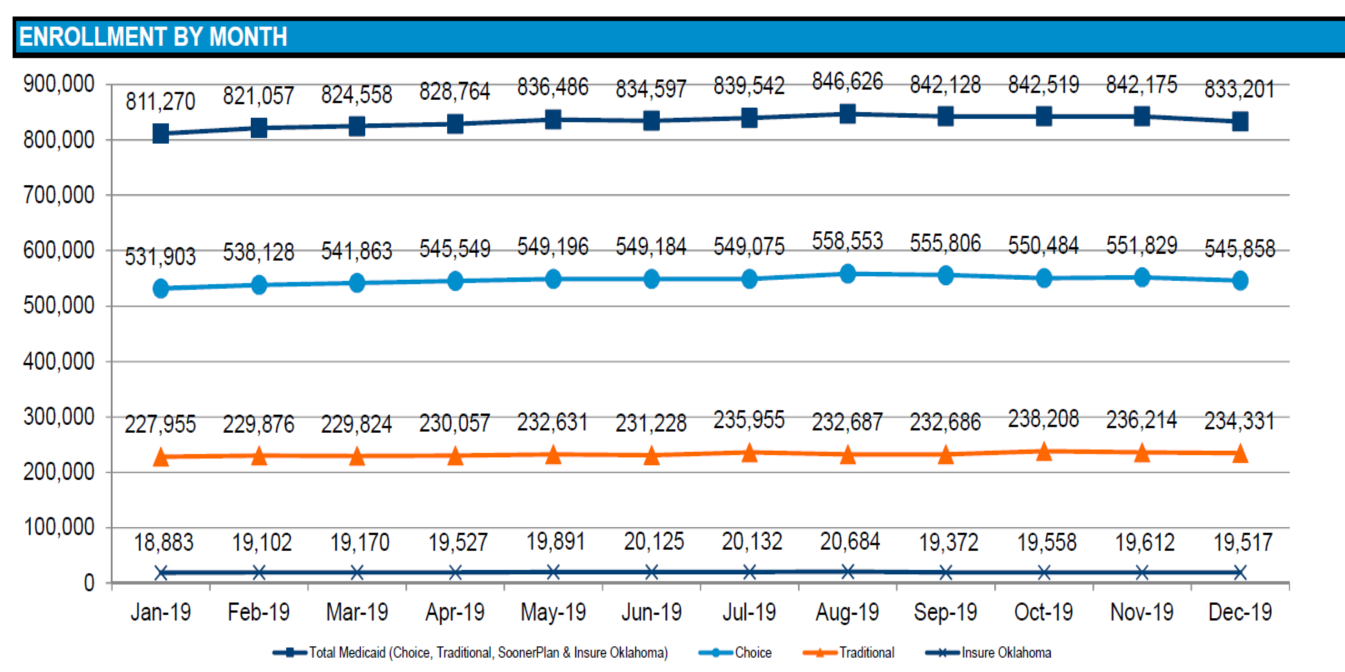
Impact of Coverage

The Insure Oklahoma program authorized under the waiver to provide premium assistance since 2005 has proven to be a successful means of covering individuals who are not otherwise eligible for Medicaid. The program has two avenues, an employer sponsored insurance option and a public program for those who do not have access to employer sponsored coverage. The program was relatively flat in 2019, reaching a high of 19,274 covered lives in February.



Eligibility and Coverage

Enrollment at OHCA has stayed relatively consistent, with SoonerCare Choice and its patient-centered medical home managed care delivery system covering the majority of eligible members. OHCA continues its work to add retroactive eligibility as required in the waiver for pregnant women and children. Implementation is set for April 2020.

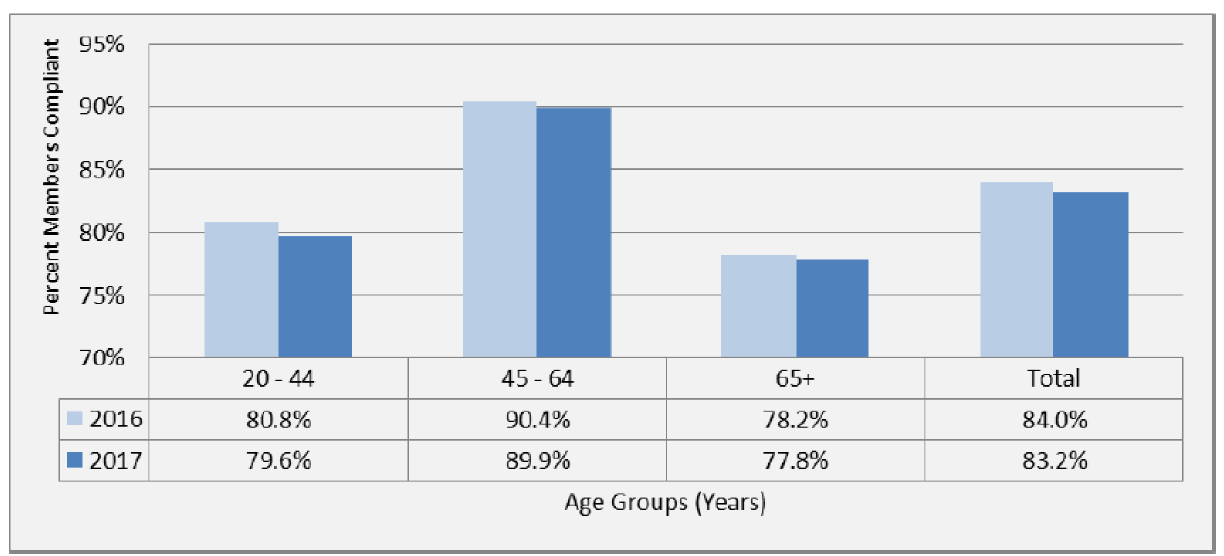


Access, Quality and Outcomes

Quantitative Data

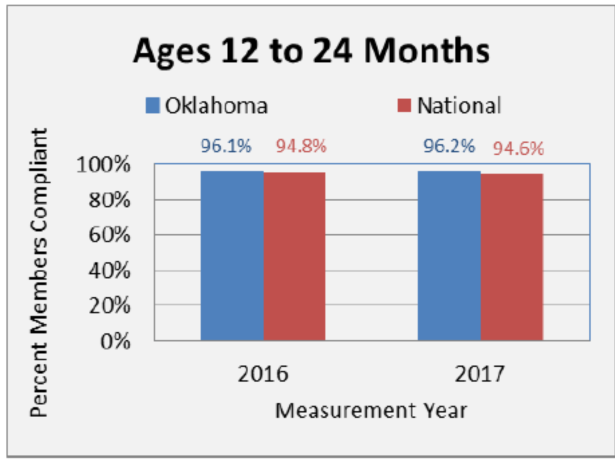
OHCA is required to report on quality of care measures annually. The following results are from the quality of care in the SoonerCare program report compiled by the Pacific Health Policy Group for reporting year 2018, measurement year 2017.

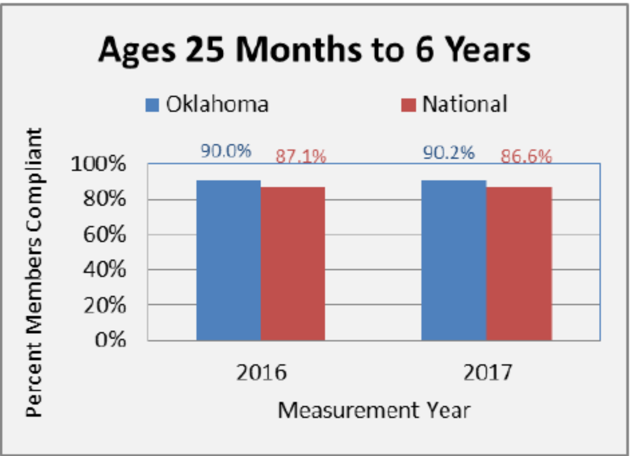
The overall compliance rate in 2017 for adult members 20 years and older who had at least one ambulatory or preventive care visit is 83.2%, down eight tenths of a percent from 2016.

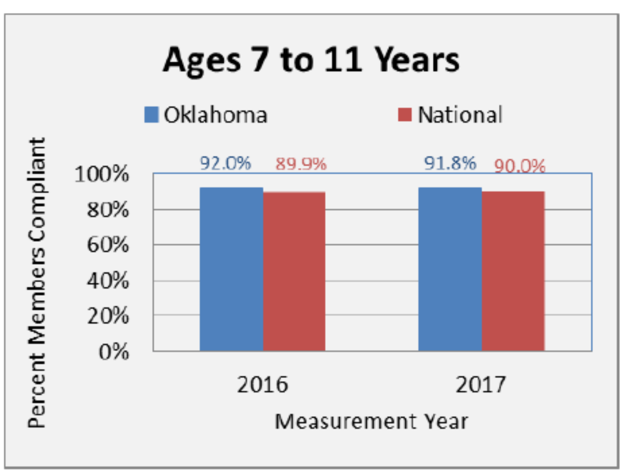


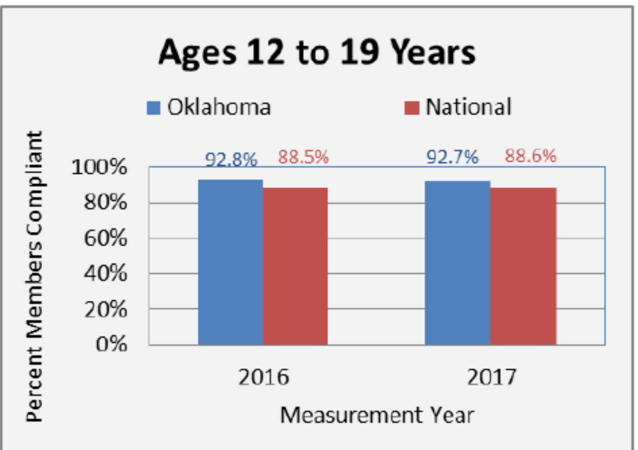
	20 - 44	45 - 64	65+	Total
2016	80.8%	90.4%	78.2%	84.0%
2017	79.6%	89.9%	77.8%	83.2%

Across all age cohorts, the rate of children and adolescents who visited a primary care practitioner during the specified timeframe was equal to or greater than 90%. Oklahoma rates were above the national average in each cohort.









In the 2019 analysis of the Health Access Networks, members with asthma receiving care management services experienced a 51% decrease in hospital admissions and a 36% decrease in emergency room visits.

Within the population of very high utilizers of the emergency room, the number of members with 10 or more ER visits in a 12 month period declined from 48 to 24, while the number with zero ER visits rose from three to 83.

The SFY 2018 Health Management Program annual evaluation demonstrated that compliance rates for members participating in health coaching exceeded the comparison group rate on 12 of 17 clinical measures. The difference was statistically significant for 10 of the 12 measures. The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

Case Studies

The case studies included were obtained via survey and feedback from HMP and HAN members and staff.

A child was referred to HAN care management for asthma. English is not the primary language spoken in the household and upon meeting with the family, the nurse quickly realized there was a misunderstanding in how to use the prescribed medications. The nurse educated the family on asthma, the different medications and how to use a peak flow meter. The nurse contacted the pharmacy to ensure the child had refills on the appropriate medications.

Severe weather in the spring brought many challenges to HAN members and providers. There was widespread flooding in communities served by the OU Sooner HAN and the OSU Network and an EF-3 tornado ripped through a community served by the Central Communities HAN. Each HAN provided an extensive list of resources including shelters, hotels, laundry services, availability of tetanus shots, supply pick-up locations, transportation, food bank hours, evacuation updates, pet assistance, etc. and performed outreach to members and providers that were in the impact zone.

The OSU network HAN assisted with relocating a member and his mother following a mandatory evacuation due to flooding. They were able to take medications and few personal belongings. Placement was challenging due to the member's recent inpatient psychiatric treatment and aggressive behavior. The HAN care manager assisted in finding temporary placement; however, the member's medications were scheduled to be delivered to the home address and the member had multiple appointments as part of the post-discharge follow-up plan. The HAN care manager worked with the pharmacy to stop the deliveries until the member and his mother were able to return home. The HAN manger also arranged transportation to and from each of the follow-up appointments.

Upon enrolling in the HMP in July 2018, a member had a hemoglobin A1c of 14.0. The provider started the member on diabetic medications and the health coach provided diabetic education as well as a blood sugar log to record readings for the provider. In November 2018, the member reported that they were told they needed knee replacement surgery, but was not able to have this done until his blood sugar was under control and the A1c was down to 7.0. As a result of working with the health coach, taking medications as prescribed, eating healthier and walking as much as possible despite a deteriorating knee, the member's A1c is 8.0 and continues to improve.

Member Satisfaction Surveys, Grievances and Appeals

Member Satisfaction

The 2019 access monitoring review plan was submitted by the OHCA on Sept. 24, 2019. No comments were received from CMS.

OHCA's contracted External Quality Review Organization, SPH Analytics, conducted the Consumer Assessment of Healthcare Providers & Systems survey for children during this reporting period. CAHPS® measures health care consumers' satisfaction with the quality of care and customer service provided. Outcomes remain relatively steady as indicated in the table below.

Composite Measures	2016	2017	2018	2019	2018 Quality Compass
Getting Care Quickly	93%	92%	94%	92%	89%
Shared Decision Making	78%	80%	79%	79%	78%
How Well Doctors Communicate	97%	96%	97%	97%	94%
Getting Needed Care	89%	81% ↓	89% ↑	87%	85%
Customer Service	86%	91%	87%	92%	89%
Overall Rating Measures					
Health Care	88%	84%	85%	87%	87%
Personal Doctor	89%	88%	86%	89%	89%
Specialist	83%	81%	80%	90%	87%
Health Plan	86%	87%	85%	87%	86%
Health Promotion & Education	70%	67%	70%	68%	73%
Care Coordination	89%	86%	86%	83%	83%
Sample Size	*2,073*	*2,063*	*2,063*	*2,145*	
# of Completes	*441*	*496*	*419*	*428*	
Response Rate	*22%*	*24%*	*21%*	*20%*	

The HMP annual evaluation captures member satisfaction rates and in SFY 2018, 90 percent of health coached members reported a satisfaction rating of very satisfied with the care coordination services they received.

A survey was conducted for members enrolled in the Central Communities HAN who received assistance related to social determinants of health. 87% stated the help was very important to them and 97% stated they were very satisfied with the help they received.

OHCA implemented a member satisfaction survey in October 2019. November, December and January are being used to establish a baseline and establish priorities for opportunities to improve the member experience.

Grievances and Appeals

The tables below provide the number of grievances (appeals) by category for the SoonerCare and Insure Oklahoma programs during 2019. Eight cases filed in 2019 remain open, all others have been granted, denied or closed for reasons other than a decision (settled, withdrawn, not filed timely, etc.). All cases are heard and at minimum, provided an initial decision within 90 days, absent agreement of the parties to continue the case.

2019 SoonerCare Grievances	Filed	Granted	Denied
SoonerCare Eligibility	54	1	6
Dental	20	3	11
Prior Authorization	87	4	14
Private Duty Nursing	2	0	1
Misc. (unpaid claims, etc.)	133	4	3
All Other	8	0	1
Total:	304	12	36

2019 Insure Oklahoma Grievances	Filed	Granted	Denied
SoonerCare Eligibility	7	0	7

IV. BUDGET NEUTRALITY AND FINANCIAL REPORTING

Budget Neutrality Model

Pursuant to STC 54. Monitoring Reports, item iii. and according to 42 CFR 431.428, the state's monitoring reports must document the financial performance of the demonstration. The state must provide an updated budget neutrality workbook with every monitoring report that meets all the reporting requirements for monitoring budget neutrality set forth in the General Financial Requirements section of the State's STCs, including the submission of corrected budget neutrality data upon request.

Section 1115(a) Medicaid demonstration waivers must be budget neutral; the programs under the demonstration shall not cost the federal government more than what would have otherwise been spent absent the demonstration.

There were no significant developments, issues, or problems with budget neutrality in 2019. Of note, Oklahoma's budget neutrality was rebased in June 2019, in accordance with CMS guidance. The state will completed its next submission of the budget neutrality workbook through the PMDA portal by March 31, 2020, which will include information through Dec. 31, 2019.

V. EVALUATION ACTIVITIES AND INTERIM FINDINGS

On Sept. 26, 2019, CMS approved the state's evaluation design and per 42 CFR 431.428, 1115(a) monitoring reports must document any results of the demonstration to date per the evaluation hypotheses and include a summary of the progress of evaluation activities, including key milestones accomplished, as well as challenges encountered and how they were addressed.

SoonerCare 1115 Evaluation Activities

Hypothesis	Activities
Evaluation of Health Access Networks	
a) **Impact on Costs** – The implementation and expansion of the HANs will reduce costs associated with the provision of health care services to SoonerCare beneficiaries served by the HANs.	The independent evaluator is collaborating with the OHCA to produce an eligibility/paid claims extract for calendar year 2019. The extract will be generated in March 2020, to allow sufficient time for claims runout. (CY 2020 data will be used for HEDIS® calculations described below. Data for January – June 2020 will be combined with July 2019 – December 2019 data already in the evaluator's possession for analysis of non-HEDIS measures on a state fiscal year basis.) Once the extract has been created, the evaluator will calculate ER visit rates, hospital admission rates and PMPM expenditures for HAN beneficiaries and a comparison group of beneficiaries not enrolled in a HAN or the SoonerCare Health Management Program. The comparison group will be selected using Propensity Score Matching.
b) **Impact on Access** – The implementation and expansion of the HANs will improve access to and the availability of health care services to SoonerCare beneficiaries served by the HANs.	The evaluator will be using claims extract described above in 1.a to evaluate access using HEDIS® preventive care measures. The evaluator will calculate compliance rates for HAN beneficiaries and a comparison group of beneficiaries not enrolled in a HAN or the SoonerCare Health Management Program. The comparison group will be selected using Propensity Score Matching. The evaluator also will be analyzing SoonerCare Choice CAHPS survey data, using a file to be provided by the OHCA's CAHPS contractor. The contractor will be preparing a file with de-identified member-level data, with HAN-affiliated respondents flagged within the database. The evaluator will document HAN member responses to access-to-care questions, as well as responses from a comparison group consisting of the non-HAN population. The comparison group will be selected using Propensity Score Matching, subject to data limitations.
c) **Impact on Quality of Care** – The implementation and expansion of the HANs will improve the quality and coordination of health care services to SoonerCare beneficiaries served by the HANs, including specifically populations at greatest risk (e.g., those with multiple chronic illnesses	The evaluator will be using claims extract described above in 1.a to evaluate quality using HEDIS chronic care measures for asthma, CAD, COPD, diabetes, hypertension and mental health. The evaluator will calculate compliance rates for HAN beneficiaries and a comparison group of beneficiaries not enrolled in a HAN or the SoonerCare Health

Hypothesis	Activities
	Management Program. The comparison group will be selected using Propensity Score Matching. The evaluator also is conducting surveys of HAN-affiliated PCMH providers and HAN-affiliated members who have been enrolled in care management, to document satisfaction with HAN practice support activities (provider surveys) and HAN quality-of-care management, including assistance with social determinants of health (member surveys). The evaluator has completed development and testing of the member survey and is in the process of developing the provider survey. Both surveys are scheduled to be fielded in the third quarter and to be conducted on a continuous basis.
Evaluation of Health Management Program	
a) **Impact on Enrollment Figures** – The implementation of the third generation HMP, including health coaches and practice facilitation, will result in an increase in enrollment, as compared to baseline.	The HMP contractor routinely provides updated rosters to the independent evaluator. The evaluator uses the rosters to track new enrollments, disenrollments and continuing participants on a monthly basis.
b) **Impact on Access to Care** – Incorporating health coaches into primary care practices will result in increased contact with HMP beneficiaries by the PCP (measured through claims encounter data), as compared to baseline, when care management occurred (exclusively) via telephonic or face-to-face contact with a nurse care manager.	The evaluator will use the paid claims extract described above in 1.a to document the average number of PCMH visits incurred by HMP participants. The analysis will be performed by health coaching mode.
c) **Impact on Identifying Appropriate Target Population** – The implementation of the third generation HMP, including geographic expansion and introduction of additional health coaching modalities, will result in an increase in the average risk profile of newly-enrolled members (based on the average number of chronic conditions) as the program becomes available to qualified members who do not currently have access to the HMP.	The evaluator will use the paid claims extract described above in 1.a to document the average number of chronic conditions among HMP participants and percentage of participants with a physical/behavioral health co-morbidity. Findings for the first year of the third generation HMP will be compared to findings for the final year of the second generation HMP.
d) **Impact on Health Outcomes** – Use of disease registry functions by the health coach will improve the quality of care delivered to beneficiaries, as measured by changes in performance on the initial set of Health Care Quality Measures for Medicaid-Eligible Adults or CHIPRA Core Set of Children's Healthcare Quality Measures.	The evaluator will be using claims extract described above in 1.a to evaluate health outcomes using HEDIS chronic care measures for Asthma, CAD, COPD, Diabetes, Hypertension, Mental Health and pain management. The evaluator will calculate compliance rates for HMP beneficiaries and a comparison group of beneficiaries not enrolled in the HMP or a HAN. The comparison group will be selected using Propensity Score Matching.

Hypothesis	Activities
	The evaluator also is conducting surveys of HMP-participating PCMH providers and members, to document satisfaction with HMP practice support activities (provider surveys) and HMP quality-of-care management, including assistance with social determinants of health (member surveys). Both surveys are being conducted on a continuous basis. In January 2020, the evaluator completed five provider and 88 member surveys.
e) **Impact on Cost/Utilization of Care - ER** – Beneficiaries using HMP services will have fewer ER visits, compared to beneficiaries not receiving HMP services (as measured through claims data).	The evaluator will be applying the same methodology for HMP participants as described above in I.a for HAN-affiliated beneficiaries.
f) **Impact on Cost/Utilization of Care – Hospital** – Beneficiaries using HMP services will have fewer admissions and readmissions to hospitals, compared to beneficiaries not receiving HMP services (as measured through claims data).	The evaluator will be applying the same methodology for HMP participants as described above in I.a for HAN-affiliated beneficiaries.
g) **Impact on Satisfaction/Experience with Care** – Beneficiaries using HMP services will have higher satisfaction, compared to beneficiaries not receiving HMP services (as measured through survey data employing CAHPS questions).	The evaluator revised the existing HMP participant survey in February 2020 to incorporate CAHPS survey questions. Survey data entry templates are now being updated to include the CAHPS questions. Data collection using the revised survey will begin in March 2020.
h) **Impact on Effectiveness of Care** – Total and per member per month expenditures for members enrolled in HMP will be lower than would have occurred absent their participation in nurse care management.	The evaluator will be applying the same methodology for HMP participants as described above in I.a for HAN-affiliated beneficiaries.
Evaluation of Insure Oklahoma	
a) The evaluation will support the hypothesis that Insure Oklahoma is improving access to care for low-income Oklahomans not eligible for Medicaid, as measured by the number of individuals enrolled in Insure Oklahoma.	OHCA produces monthly reports of Insure Oklahoma member enrollment. The evaluator is using the reports to document program enrollment trends.
b) The evaluation will support the hypothesis that Insure Oklahoma is improving access to care for low-income Oklahomans not eligible for Medicaid, as measured by the number of employers participating in the ESI portion of Insure Oklahoma.	OHCA produces monthly reports of Insure Oklahoma employer counts. The evaluator is using the reports to document employer participation trends.
c) The evaluation will support the hypothesis that Insure Oklahoma is improving access to care for low-income Oklahomans not eligible for Medicaid, as measured by the number of primary care providers	OHCA produces monthly reports of Insure Oklahoma primary care provider counts. The evaluator is using the reports to document PCP participation trends.

Hypothesis	Activities
participating in the Individual Plan portion of Insure Oklahoma.	
Evaluation of Retroactive Eligibility Waiver	
a) **Impact on Access to Care** – Eliminating retroactive eligibility will increase the likelihood of enrollment and enrollment continuity.	The evaluator will use the eligibility extract described above in 1.a to calculate quarterly enrollment of members subject to the waiver and a comparison group of members not subject to the waiver. The comparison group will be selected using Propensity Score Matching.
b) **Impact on Quality of Care – Health Status at Enrollment** – Eliminating retroactive eligibility will increase enrollment of eligible people when they are healthy relative to those eligible people who have the option of retroactive eligibility.	The evaluator is developing a health status survey to be conducted on members subject to the waiver and a comparison group of members not subject to the waiver. The survey is scheduled to be fielded in the third quarter and to be conducted on a continuous basis.
c) **Impact on Quality of Care – Health Outcomes** – Through greater continuity of coverage, health outcomes will be better for those subject to retroactive eligibility waivers compared to other Medicaid beneficiaries who have access to retroactive eligibility.	The evaluator is developing a health status survey to be conducted on members subject to the waiver and a comparison group of members not subject to the waiver. The survey is scheduled to be fielded in the third quarter and to be conducted on a continuous basis. (Members will be measured at baseline and at 12, 18 and 24 months.)

VI. ATTACHMENTS

1. 2019 Child CAHPS Medicaid Summary Report
2. SoonerCare Chronic Care Unit Evaluation SFY 2018
3. SoonerCare Health Management Program Evaluation SFY 2018
4. SoonerCare Health Access Network Targeted Evaluation SFY 2019

VII. STATE CONTACT

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VIII. DATE SUBMITTED TO CMS

March 31, 2020

2019 CAHPS® Child Medicaid 5.0H Summary Report

July 2019

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Detailed exhibits and data tables available in online reporting portal.

Study Overview

Background

CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS survey among their eligible populations.

Sample

The 2019 sample for Oklahoma Health Care Authority:

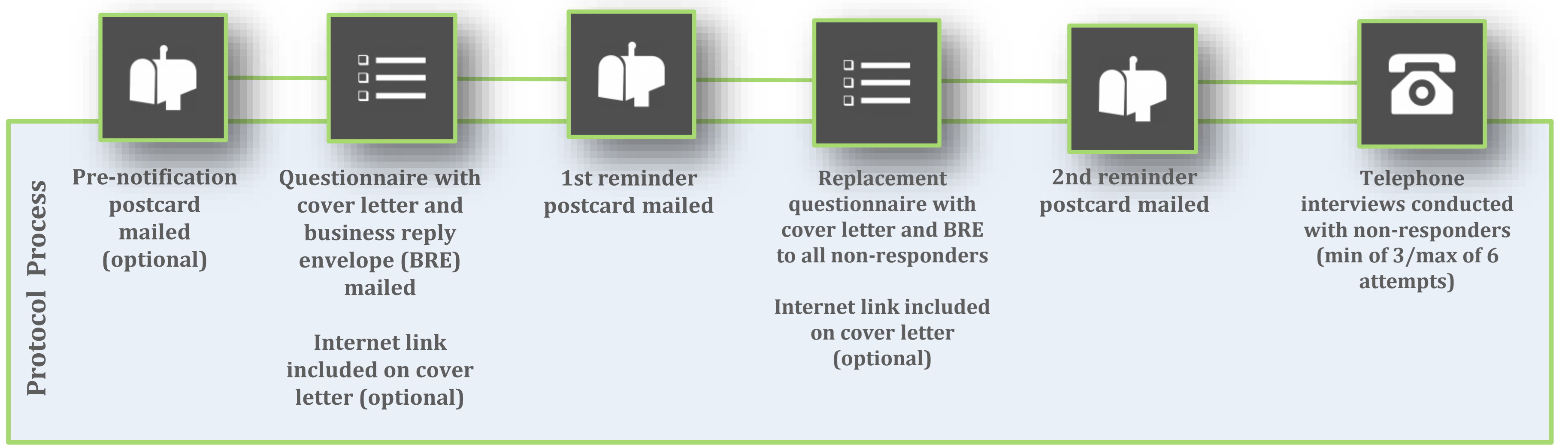
Sample Size	Total Completes	English Completes	Spanish Completes	Mail Completes	Phone Completes	Internet Completes
2145	428	402	26	254	130	44

Protocol

For CAHPS results to be considered in HEDIS results, the CAHPS 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)–certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across health plans.

Standard NCQA protocols for administering CAHPS 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. NCQA allows enhanced methodology options that do not significantly alter the standard methodology, such as Internet or Spanish.

» **Oklahoma Health Care Authority chose the mail/telephone/Internet protocol.**



Response Rate Summary

Response Rate Calculation

A response rate is calculated for those members who were eligible and able to respond.

20%

Is the Final 2019 Response Rate

Using the final figures from Oklahoma Health Care Authority's survey, the 2019 response rate is calculated using the equation below:

Mail (254) + Phone (130) + Internet (44) = 428 completes

÷

Total Sample (2145) - Total Ineligible (31) = 2114

Disposition Summary

A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3, 15, 27, 31, 36).

Ineligible	Count
Deceased	0
Does not meet eligible population criteria	24
Language barrier	7
Total Ineligible	**31**

According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, or have a language barrier.

Non-response	Count
Partial complete	10
Refusal	7
Maximum attempts made	1661
Do Not Call list	8
Total Non-response	**1686**

Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.

CAHPS Measures Defined

Key Measures

For purposes of reporting the CAHPS results in HEDIS and for scoring for health plan accreditation, NCQA uses composite measures and rating questions from the survey.

- Getting Care Quickly
- Shared Decision Making*
- How Well Doctors Communicate*
- Getting Needed Care
- Customer Service
- Care Coordination (Q25)
- Rating of Health Care
- Rating of Personal Doctor
- Rating of Specialist
- Rating of Health Plan

Each of the composite measures is the average of 2 – 4 questions, depending on the measure, while each rating score is based on a single question. CAHPS scores are most commonly shown using Summary Rate scores.

** Measure not included in scoring for accreditation.*

Summary Rate Scores

Summary Rate Scores indicate the proportion of members who rate the health plan **favorably** on a measure. The Summary Rate scores are calculated using % Always/Usually or %Yes for composite measures and %8,9,10 for rating questions – with 100% the highest possible score. Comparing the health plan's percentages for the current year versus last year will provide an understanding where the health plan improved or declined.

Quality Compass Percentiles

Quality Compass is NCQA's comprehensive national database of health plans' HEDIS and CAHPS results. The Quality Compass percentiles provide an indication of how the health plan fared against last year's national average – 100th is the highest percentile.

Percentiles displayed in this report are those provided in Quality Compass. A percentile is a value on a scale of one hundred that indicates the percent of the distribution that is equal to or below it. For example, if a plan's score falls in the 75th percentile compared to the Quality Compass that means 75% of plans represented in the Quality Compass have a score that is equal to or lower than it. Conversely, 25% of the plans in the Quality Compass have a higher score.

NCQA Accreditation CAHPS Points

NCQA awards CAHPS points based on the percentile in which the health plan places for each measure. The maximum total points for all measures is 13 points.

By measure, the health plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.

Executive Highlights

Summary Rate Scores (% Positive Response)				2019 NCQA Accreditation CAHPS Points			
COMPOSITE SCORES	**2019**	**2018**	**2019 Score versus 2018 Quality Compass**	***Approx.* 2019 Percentile Threshold**	***2019 Approx. Points***	***2018 Approx. Points***	**Difference from 2018**
Getting Care Quickly	**92%**	94%	67th	90th	**1.625**	1.430	0.195
Shared Decision Making	**79%**	79%	47th	NA	**NA**	NA	NA
How Well Doctors Communicate	**97%**	97%	91st	NA	**NA**	NA	NA
Getting Needed Care	**87%**	89%	67th	50th	**1.105**	0.650	0.455
Customer Service	**92%**	87%	89th	75th	**1.430**	0.325	1.105
Care Coordination	**83%**	86%	50th	50th	**1.105**	1.105	0.000
OVERALL RATING SCORES							
Health Care	**87%**	85%	47th	90th	**1.625**	1.105	0.520
Personal Doctor	**89%**	86%	37th	90th	**1.625**	1.430	0.195
Specialist	**90%**	80%	75th	NA	**NA**	NA	NA
Health Plan	**87%**	85%	55th	90th	**3.250**	2.210	1.040
					11.765	8.255	3.510

Green (light) **= relative strength** *Red (dark)* **= relative weakness**

Total Possible CAHPS Points = 13.000

Summary Rate Scores:

- Colored arrows denote significant changes from last year, and likely play a role in changes to the health plan's overall CAHPS accreditation points.
- The Quality Compass percentiles provide an indication of how the health plan fared against *last year's* national average - 100th is the highest.

Accreditation Points:

- The NCQA Accreditation CAHPS Points are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the health plan's Total CAHPS Points.
- Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size.

Summary of Key Measures

Composite Measures	2016	2017	2018	2019	2018 Quality Compass
Getting Care Quickly	93%	92%	94%	92%	89%
Shared Decision Making	78%	80%	79%	79%	78%
How Well Doctors Communicate	97%	96%	97%	97%	94%
Getting Needed Care	89%	81% ↓	89% ↑	87%	85%
Customer Service	86%	91%	87%	92%	89%
Overall Rating Measures					
Health Care	88%	84%	85%	87%	87%
Personal Doctor	89%	88%	86%	89%	89%
Specialist	83%	81%	80%	90%	87%
Health Plan	86%	87%	85%	87%	86%
Health Promotion & Education	70%	67%	70%	68%	73%
Care Coordination	89%	86%	86%	83%	83%
Sample Size	*2,073*	*2,063*	*2,063*	*2,145*	
# of Completes	*441*	*496*	*419*	*428*	
Response Rate	*22%*	*24%*	*21%*	*20%*	

↑/↓ Statistically higher/lower compared to prior year results.
NA=Data not available

Comparison to Quality Compass

Child Medicaid Survey Questions	2019	Percentile	2018 Child Medicaid Quality Compass							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly *(% Always/Usually)*	91.79	67th	89.47	82.18	83.90	86.81	89.96	92.56	94.52	95.06
Shared Decision Making *(% Yes)*	78.87	47th	78.27	69.87	72.18	75.81	79.31	80.95	83.06	83.56
How Well Doctors Communicate *(% Always/Usually)*	96.52	91st	93.72	89.39	91.10	92.46	94.05	95.40	96.36	96.81
Getting Needed Care *(% Always/Usually)*	87.22	67th	84.68	78.11	79.28	81.67	84.41	87.94	90.26	91.35
Customer Service *(% Always/Usually)*	91.69	89th	88.72	84.60	85.48	87.22	88.50	90.58	92.01	93.07
Q25 **Care Coordination** *(% Always/Usually)*	82.98	50th	82.94	75.00	76.85	80.21	82.94	86.54	88.24	89.29
Q13 **Rating of Health Care** *(% 8, 9, 10)*	86.97	47th	87.02	82.31	83.20	85.23	87.27	89.25	90.64	91.54
Q26 **Rating of Personal Doctor** *(% 8, 9, 10)*	88.83	37th	89.47	84.52	86.14	88.01	89.64	91.28	92.59	93.26
Q30 **Rating of Specialist** *(% 8, 9, 10)*	89.61	75th	87.03	81.46	82.26	84.75	86.94	89.30	91.87	92.25
Q36 **Rating of Health Plan** *(% 8, 9, 10)*	86.99	55th	86.32	80.58	82.08	84.10	86.63	89.06	90.77	91.49

The 2018 Child Medicaid Quality Compass consists of 114 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

Legend:
95th = Plan score falls on or above 95th percentile
90th = Plan score falls on 90th or below 95th percentile
75th = Plan score falls on 75th or below 90th percentile
50th = Plan score falls on 50th or below 75th percentile
25th = Plan score falls on 25th or below 50th percentile
10th = Plan score falls on 10th or below 25th percentile
5th = Plan score falls below 10th percentile

Accreditation Details

Scoring for NCQA Accreditation

Composite Scores	Sample Size	Mean	Approximate Percentile Threshold		Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l	Approximate Score
					2019 NCQA National Accreditation Comparisons*					
				Accreditation Points	*0.325*	*0.650*	*1.105*	*1.430*	*1.625*	
Getting Care Quickly	243	**2.699**	90th		Below 2.54	2.54	2.61	2.66	2.69	***1.625***
Getting Needed Care	208	**2.506**	50th		Below 2.40	2.40	2.47	2.55	2.60	***1.105***
Customer Service	102	**2.609**	75th		Below 2.50	2.50	2.53	2.58	2.63	***1.430***
Care Coordination	141	**2.447**	50th		Below 2.36	2.36	2.43	2.49	2.55	***1.105***
Overall Rating Scores										
Health Care	330	**2.636**	90th		Below 2.49	2.49	2.52	2.57	2.59	***1.625***
Personal Doctor	367	**2.703**	90th		Below 2.58	2.58	2.62	2.65	2.69	***1.625***
Specialist***	77	**2.714**	90th		Below 2.53	2.53	2.59	2.62	2.66	***NA***
				Accreditation Points	*0.650*	*1.300*	*2.210*	*2.860*	*3.250*	
Health Plan	415	**2.672**	90th		Below 2.51	2.51	2.57	2.62	2.67	***3.250***
									Estimated Overall CAHPS Score:	**11.765**

Estimated accreditation points cannot be calculated if too many measures (5 or more) are unreportable due to low sample size (less than 100).

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS measures account for 13 points towards accreditation.

*Data Source: 2019 Accreditation Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

Key Driver Summary

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

- » The relative importance of the individual issues (Correlation to overall measures)
- » The current levels of performance on each issue (Percentile group in Quality Compass)

Plans should take action to improve items that are both highly correlated to the overall measure and currently rated low when compared to national averages (Quality Compass).

Overall Rating of Health Plan

Call to Action

High Correlation with Rating of Health Plan and Lower Quality Compass Percentile:

Q33 - Treated You with Courtesy and Respect

Promote

High Correlation with Rating of Health Plan and Higher Quality Compass Percentile:

Q14 - Easy to Get Care Believed Necessary for Child

Q17 - Explain Things in a Way You Could Understand

Overall Rating of Health Care

Call to Action

High Correlation with Rating of Health Care and Lower Quality Compass Percentile:

Q28 - Easy to Get Appointment for Child with Specialist

Q19 - Show Respect for What You Had to Say

Promote

High Correlation with Rating of Health Care and Higher Quality Compass Percentile:

Q14 - Easy to Get Care Believed Necessary for Child

Q32 - Got Information or Help Needed

Q17 - Explain Things in a Way You Could Understand

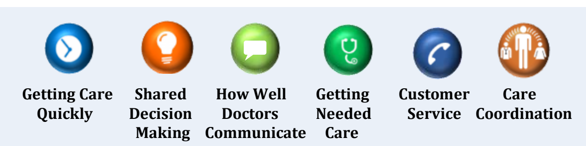
Q18 - Listen Carefully to You

Key Driver Analysis

Rating of Health Plan

	Correlation to Rating of Health Plan	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q33. Treated you with courtesy and respect	0.39	Customer Service	101	94.06%	55th
Q14. Easy to get care believed necessary for child	0.38	Getting Needed Care	331	93.05%	81st
Q17. Explain things in a way you could understand	0.36	How Well Doctors Communicate	287	96.86%	87th
Q32. Got information or help needed	0.34	Customer Service	103	89.32%	93rd
Q18. Listen carefully to you	0.32	How Well Doctors Communicate	288	96.53%	76th
Q19. Show respect for what you had to say	0.31	How Well Doctors Communicate	288	97.22%	72nd
Q22. Spend enough time with child	0.29	How Well Doctors Communicate	287	95.47%	98th
Q6. Getting appointment for child as soon as needed	0.29	Getting Care Quickly	309	88.67%	47th
Q12. Asked preference for medicine	0.27	Shared Decision Making	142	77.46%	40th
Q28. Easy to get appointment for child with specialist	0.20	Getting Needed Care	86	81.40%	52nd

Above are the 10 key measures with the highest correlation to Rating of Health Plan
Use caution when reviewing scores with sample sizes less than 25
"Health Plan's Score" is the percent of respondents that answered “Always”, “Usually”; “Yes”
Red Text indicates measure is 25th percentile or lower



Key Driver Analysis

Rating of Health Care

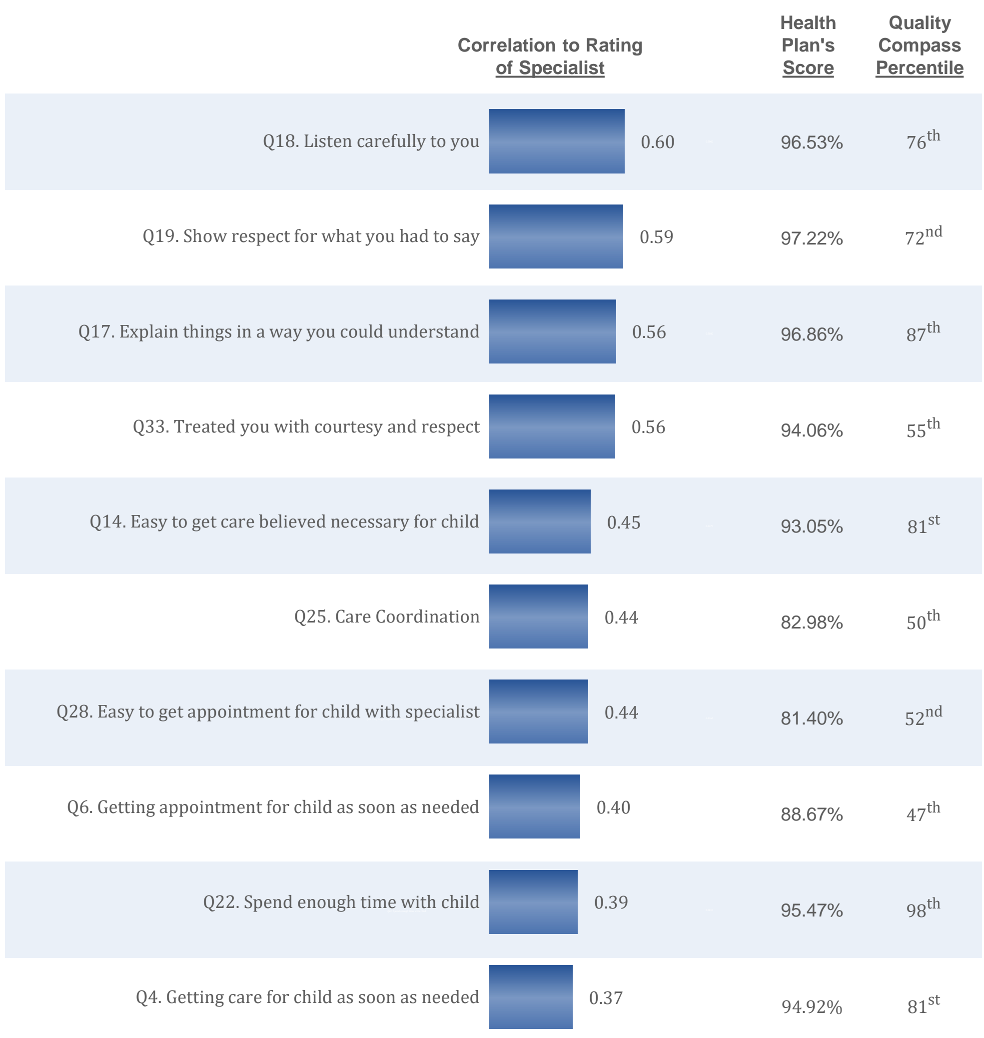
	Correlation to Rating of Health Care	Composite	Sample Size	Health Plan's Score	Quality Compass Percentile
Q14. Easy to get care believed necessary for child	0.48	Getting Needed Care	331	93.05%	81st
Q32. Got information or help needed	0.44	Customer Service	103	89.32%	93rd
Q17. Explain things in a way you could understand	0.41	How Well Doctors Communicate	287	96.86%	87th
Q28. Easy to get appointment for child with specialist	0.41	Getting Needed Care	86	81.40%	52nd
Q19. Show respect for what you had to say	0.40	How Well Doctors Communicate	288	97.22%	72nd
Q18. Listen carefully to you	0.39	How Well Doctors Communicate	288	96.53%	76th
Q22. Spend enough time with child	0.36	How Well Doctors Communicate	287	95.47%	98th
Q6. Getting appointment for child as soon as needed	0.30	Getting Care Quickly	309	88.67%	47th
Q33. Treated you with courtesy and respect	0.28	Customer Service	101	94.06%	55th
Q4. Getting care for child as soon as needed	0.28	Getting Care Quickly	177	94.92%	81st

Above are the 10 key measures with the highest correlation to Rating of Health Care
Use caution when reviewing scores with sample sizes less than 25
"Health Plan's Score" is the percent of respondents that answered “Always”, “Usually”; “Yes”
Red Text indicates measure is 25th percentile or lower

Key Driver Analysis

Rating of Doctor and Specialist

Measure	Correlation to Rating of Personal Doctor	Health Plan's Score	Quality Compass Percentile
Q18. Listen carefully to you	0.57	96.53%	76th
Q19. Show respect for what you had to say	0.54	97.22%	72nd
Q17. Explain things in a way you could understand	0.47	96.86%	87th
Q33. Treated you with courtesy and respect	0.43	94.06%	55th
Q14. Easy to get care believed necessary for child	0.42	93.05%	81st
Q22. Spend enough time with child	0.39	95.47%	98th
Q32. Got information or help needed	0.38	89.32%	93rd
Q28. Easy to get appointment for child with specialist	0.30	81.40%	52nd
Q6. Getting appointment for child as soon as needed	0.26	88.67%	47th
Q25. Care Coordination	0.25	82.98%	50th



Measure	Correlation to Rating of Specialist	Health Plan's Score	Quality Compass Percentile
Q18. Listen carefully to you	0.60	96.53%	76th
Q19. Show respect for what you had to say	0.59	97.22%	72nd
Q17. Explain things in a way you could understand	0.56	96.86%	87th
Q33. Treated you with courtesy and respect	0.56	94.06%	55th
Q14. Easy to get care believed necessary for child	0.45	93.05%	81st
Q25. Care Coordination	0.44	82.98%	50th
Q28. Easy to get appointment for child with specialist	0.44	81.40%	52nd
Q6. Getting appointment for child as soon as needed	0.40	88.67%	47th
Q22. Spend enough time with child	0.39	95.47%	98th
Q4. Getting care for child as soon as needed	0.37	94.92%	81st

Above are the 10 key measures with the highest correlation to Rating of Doctor or Specialist
"Health Plan's Score" is the percent of respondents that answered “Always”, “Usually”; “Yes”
Red Text indicates measure is 25th percentile or lower

Improving CAHPS Scores

SPH Analytics has consulted with numerous clients on ways to improve CAHPS scores. Even though each health plan is unique and faces different challenges, many of the improvement strategies discussed on the next few pages can be applied by most plans with appropriate modifications.

In addition to the strategies suggested below, we suggest reviewing AHRQ's CAHPS Improvement Guide, an online resource located on the Agency for Healthcare Research and Quality website at:

http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html

GETTING CARE QUICKLY

Getting care as soon as you needed

- Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

Getting appointment as soon as needed

- Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

Additional recommendations

- Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- Encourage PCP offices to make annual appointments 12 months in advance
- Conduct an Access to Care Study
  - Calls to physician office - unblinded
  - Calls to members with recent claims
  - Desk audit by provider relations staff
- Conduct a CG-CAHPS survey to identify offices with scheduling issues

Improving CAHPS Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

» Develop patient education materials about common medicines prescribed for your members explaining pros of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Asked preference for medicine

» Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

Discussed reasons not to take medicine

» Develop patient education materials about common medicines prescribed for your members explaining cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.

Additional recommendations

» Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common medications. Distribute to provider panel via podcast or other method.

Improving CAHPS Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

- Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

Listen carefully to you

- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

Show respect for what you had to say

- Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

Spend enough time with you

- Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

Additional recommendations

- Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.

Improving CAHPS Scores

GETTING NEEDED CARE *(1 of 2)*

Easy to get appointment with specialist

- Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get an appointment.
- Include supplemental questions on the CAHPS survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
- Include a supplemental question on the CAHPS survey to determine with which type of specialist members have difficulty making an appointment.
- Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.

Improving CAHPS Scores

GETTING NEEDED CARE *(2 of 2)*

Easy to get care believed necessary

- Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

Additional recommendations

- Include a supplemental question on the CAHPS survey to identify the type of care, test or treatment which the member has a problem obtaining.
- Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.

Improving CAHPS Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

- On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

Treated you with courtesy and respect

- Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

Additional recommendations

- Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.

Improving CAHPS Scores

CARE COORDINATION

Personal doctor informed and up-to-date about the care you got from other doctors or other health providers

- Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.
- Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.
  - Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
  - Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
  - Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
  - Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
  - Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
  - Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.

Demographic Differences

*The commentary below is **based on the SPH Analytics (formerly Morpace) Child Medicaid Book of Business**:*

Child's Age	• Parents/Guardians of older children rate Shared Decision Making higher than parents/guardians of younger children. • Parents/Guardians of teens ages 15 to 18 rate their teen's Health Care, Personal Doctor, and Health Plan significantly lower than respondents with younger children.
Child's Health Status	• Parents/Guardians of children with 'Excellent' or 'Very good' health status tend to be more satisfied than those who rate their child's health status lower. Significant differences are noted in all areas except for Shared Decision Making.
Respondent's Education	• More educated respondents rate most composite measures higher than those less educated, whereas the opposite is true for overall rating measures – those less educated rate all overall rating measures similarly or higher than those with a higher education.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Child's Race	• Parents/Guardians of White children give equal or higher ratings in all composite and overall rating areas with exception of Customer Service, in which respondents with children who are African American give the highest rating. SPH Analytics Book of Business: White - 61%; African American - 23%; All other - 22% • Lower satisfaction ratings from Asian Americans may be partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.
Child's Ethnicity	• Parents/Guardians of Hispanic children rate most composite measures significantly lower than those of non-Hispanic children, although, parents/guardians of Hispanic children rate all overall rating measures (Rating of Health Care, Personal Doctor, Specialist, and Health Plan) higher than non-Hispanics. SPH Analytics Book of Business: Hispanic - 26%

Demographic Profile

Child Demographics

	2016	2017	2018	2019	2018 Quality Compass
Q37. Child's Health Status					
Excellent/Very Good	79%	81%	78%	79%	75%
Good	17%	17%	19%	18%	20%
Fair/Poor	5%	3%	3%	3%	5%
Q38. Child's Mental/Emotional Health Status					
Excellent/Very Good	79%	77%	73%	79%	73%
Good	16%	18%	20%	16%	18%
Fair/Poor	6%	5%	7%	5%	9%
Q39. Child's Age					
1 year and under	1%	3%	2%	3%	NA
2 - 5 years	14%	11%	9%	11%	NA
6 - 9 years	28%	19%	20%	20%	NA
10 - 14 years	34%	29%	30%	27%	NA
15 - 18 years	24%	39%	39%	39%	NA
Q40. Child's Gender					
Male	51%	49%	49%	50%	52%
Female	49%	51%	51%	50%	48%
Q41/42. Child's Race/Ethnicity					
Hispanic or Latino	26%	30%	27%	31%	34%
White	73%	66%	66%	68%	56%
African American	12%	8%	12%	8%	23%
Asian	3%	4%	5%	5%	6%
Native Hawaiian or other Pacific Islander	0%	0%	1%	2%	2%
American Indian or Alaska Native	17%	20%	20%	16%	3%
Other	10%	13%	8%	17%	16%

Data shown are self reported.
NA = Data not available.

Demographic Profile

Respondent Demographics

	2016	2017	2018	2019	2018 Quality Compass
Q7. Number of Times Going to Doctor's Office/Clinic for Care					
None	21%	22%	25%	20%	24%
1 time	29%	29%	29%	29%	27%
2 times	23%	24%	22%	24%	23%
3 times	13%	14%	12%	13%	13%
4 times	7%	5%	4%	6%	6%
5-9 times	7%	5%	5%	6%	6%
10 or more times	0%	1%	3%	1%	2%
Q16. Number of Times Visited Personal Doctor to Get Care					
None	21%	23%	26%	21%	20%
1 time	36%	36%	35%	35%	33%
2 times	21%	21%	20%	23%	23%
3 times	12%	10%	10%	11%	12%
4 times	4%	3%	5%	4%	6%
5-9 times	5%	5%	3%	4%	5%
10 or more times	1%	1%	1%	1%	1%
Q43. Respondent's Age					
Under 18	4%	3%	7%	6%	7%
18 to 24	2%	3%	1%	3%	6%
25 to 34	32%	26%	25%	22%	30%
35 to 44	43%	42%	41%	44%	32%
45 to 54	14%	16%	20%	18%	16%
55 to 64	3%	5%	4%	6%	7%
65 or older	2%	3%	1%	1%	3%
Q44. Respondent's Gender					
Male	15%	15%	14%	15%	13%
Female	85%	85%	86%	85%	87%
Q45. Respondent's Education					
Did not graduate high school	17%	17%	15%	20%	20%
High school graduate or GED	32%	37%	31%	35%	34%
Some college or 2-year degree	34%	32%	34%	32%	31%
4-year college graduate	11%	9%	15%	9%	9%
More than 4-year college degree	6%	4%	5%	4%	6%

Data shown are self reported.

Measures by Demographics

Demographic	Child's Age					Child's Race			Child's Ethnicity		Respondent's Education		Child's Health Status		
	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/ Very Good	Good	Fair/ Poor
Sample size	(n=12)	(n=44)	(n=83)	(n=113)	(n=162)	(n=291)	(n=36)	(n=164)	(n=131)	(n=288)	(n=228)	(n=192)	(n=329)	(n=75)	(n=12)
Composites *(% Always/Usually)*															
Getting Care Quickly	100	99	91	92	89	95	87	89	83	95	89	95	93	89	85
Shared Decision Making *(% Yes)*	73	84	80	86	74	80	78	77	77	79	77	80	80	75	80
How Well Doctors Communicate	100	98	96	98	95	97	96	96	96	97	95	98	97	94	94
Getting Needed Care	95	92	84	97	84	91	59	87	83	90	86	89	88	84	100
Customer Service	88	96	92	90	93	93	82	94	96	89	92	90	93	85	100
Overall Ratings *(% 8,9,10)*															
Health Care	90	97	86	94	80	88	84	88	90	87	86	88	90	80	60
Personal Doctor	100	90	88	94	84	91	88	86	91	88	87	91	90	88	78
Specialist	100	75	83	96	93	89	67	96	89	91	91	89	91	88	100
Health Plan	100	95	89	87	83	87	89	89	91	85	87	86	90	80	45

State Fiscal Year 2018

ANNUAL REPORT

SoonerCare Chronic Care Unit Evaluation

Prepared for:

State of Oklahoma
Oklahoma Health Care Authority

SEPTEMBER 2019

READER NOTE

The Pacific Health Policy Group (PHPG) has been retained to conduct a multi-year independent evaluation of the SoonerCare Health Management Program (HMP) and SoonerCare Chronic Care Unit (CCU). This report contains SFY 2018 evaluation findings for the SoonerCare CCU evaluation; HMP evaluation findings have been issued in a companion report.

PHPG wishes to acknowledge the cooperation of the Oklahoma Health Care Authority (OHCA) in providing the information necessary for the evaluation.

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EXECUTIVE SUMMARY

Introduction

Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, about half of all adults have one or more chronic health conditions such as diabetes or heart disease. More than one in four Americans has multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living.

The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. In 2015, 1,442 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 32.4 persons per 100,000 residents, versus the national rate of 21.3. The mortality rate for other chronic conditions, such as heart disease and hypertension, is similarly higher in Oklahoma than in the nation overall.

Under the Oklahoma Medicaid Reform Act of 2006 (HB2842), the Legislature directed the Oklahoma Health Care Authority (OHCA) to develop and implement a management program for chronic diseases, including, but not limited to, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure and diabetes. The program would address the health needs of chronically ill SoonerCare members while reducing unnecessary medical expenditures at a time of significant fiscal constraints.

In response, the OHCA developed the SoonerCare Health Management Program (HMP), which offered nurse care management to qualifying members with one or more chronic conditions. The program also offered practice facilitation and education to primary care providers treating the chronically ill.

First Generation SoonerCare HMP

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated primary care providers.

Medical Artificial Intelligence (MEDai) was already serving as a subcontractor to DXC, the OHCA's Medicaid fiscal agent, at the time of the SoonerCare HMP's development. The OHCA capitalized on this existing relationship by utilizing MEDai to assist in identifying candidates for

enrollment in the SoonerCare HMP based on historical and predicted service utilization, as well as their potential for improvement through care management[1].

The first generation model of the SoonerCare HMP operated from February 2008 through June 2013. PHPG conducted a five-year evaluation of the first generation program, focusing on the program's impact on member behavior (e.g., self-management of chronic conditions), quality of care, service utilization and cost. PHPG documented significant positive outcomes attributable to both program components.

Second Generation SoonerCare HMP

As the contractual period for the first generation SoonerCare HMP was nearing its end, the OHCA began the process of examining how the program could be enhanced for the benefit of both members and providers. To improve member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with health coaches embedded at primary care practice sites.

The health coaches would work closely with practice staff and provide coaching services to participating members. Practice facilitation would continue in the second generation HMP but would become more diverse, encompassing both traditional full practice facilitation and more targeted services such as academic detailing focused on specific topics and preparing practices for health coaches. In order to participate in the second SoonerCare HMP at its outset, members would have to be receiving primary care from a practice with an embedded health coach.

Chronic Care Unit

The OHCA also recognized that there were SoonerCare members who would benefit from care management, but who did not have access to the SoonerCare HMP (including members previously enrolled in the Health Management Program whose provider did not have an embedded health coach), or had medical conditions that required highly-specialized interventions. The OHCA responded by establishing the Chronic Care Unit to expand access to telephonic care management.

SoonerCare Choice and SoonerCare Traditional members both are eligible for participation in the SoonerCare CCU. The SoonerCare CCU works with members who self-refer or are referred by a provider or another area within the OHCA, such as care management, member services or provider services.

[1] MEDai calculates "chronic impact" scores that quantify the likelihood that a member's projected utilization/expenditures can be influenced through care management, based on his/her profile.

The CCU also is responsible for:

- Members with hemophilia or sickle cell anemia, even if the member otherwise would be enrolled in the SoonerCare HMP.
- Members identified as high utilizers of the emergency department.
- Members undergoing bariatric surgery.
- Members with hepatitis-C receiving treatment and whose treating provider has referred them for case management.
- Members identified through a Health Risk Assessment (HRA), which SoonerCare applicants are given the option of completing as part of the online enrollment process. Based on responses to the HRA, members can be referred to different programs for assistance or case management, including the SoonerCare CCU.

Under the SoonerCare CCU, OHCA registered nurses provide telephonic case management to participating members. CCU RNs use motivational interviewing with program participants to assess their needs and develop an action plan for improving self-management skills and health.

The RNs work to address the health status, health literacy, behavioral health and prescription drug utilization of participants through care coordination, self-management principles and behavior modification techniques. The ongoing case management typically includes one or two monthly telephone contacts, depending on the member's level of need.

The CCU consists of six full time employees. Four front-line nurses (Exceptional Needs Coordinators, or ENCs) provide telephonic case management. The unit also includes a supervisor and a senior ENC. The senior ENC is responsible for training new staff, assisting other ENCs with complex cases and managing a partial caseload. The unit manages 575 – 600 members at any given time.

SoonerCare CCU Independent Evaluation

The OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the SoonerCare CCU. PHPG is evaluating the program's impact on participants and the health care system as a whole with respect to:

1. Participant satisfaction and perceived health status;

2. Participant self-management of chronic conditions;

3. Quality of care, as measured by participant utilization of preventive and chronic care management services and adherence to national, evidence-based disease management practice guidelines; and

4. Cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs.

PHPG is presenting evaluation findings in a series of annual reports. This is the fifth Annual Evaluation report addressing progress toward achievement of program objectives. (PHPG also is evaluating the second generation SoonerCare HMP; findings have been issued in a separate report[2].)

Evaluation Findings

Participant Satisfaction and Perceived Health Status

Member satisfaction is a key component of SoonerCare CCU performance. If members are satisfied with their experience and value its worth, they are likely to remain engaged and focused on improving their self-management skills and adopting a healthier lifestyle. Conversely, if members do not see a lasting value to the experience, they are likely to lose interest and lack the necessary motivation to follow their CCU nurse's recommendations.

PHPG completed 1,171 initial surveys with CCU participants, as well as 568 six-month follow-up surveys with participants who previously completed an initial survey. The purpose of the follow-up survey was to identify changes in attitudes and health status over time.

CCU nurses are expected to help participants build their self-management skills and improve their health through a variety of activities. Respondents were read a list of activities and asked, for each, whether it had occurred and, if so, how satisfied they were with the interaction or help they received.

"(My nurse) has been wonderful. Since I've been talking to her, she has told me about a lot of resources for problems I've had." – SoonerCare CCU member

Nearly all of the initial survey respondents (99 percent) indicated that their nurse asked questions about health problems or concerns, and the great majority also stated their nurse also provided answers and instructions for taking care of their health problems or concerns (92 percent); answered questions about their health (88 percent); and reviewed and helped with management of medications (87 percent). Nearly 40 percent stated that their nurse helped to identify changes in health that might be an early sign of a problem and helped them to talk to and work with their regular provider and his/her staff.

[2] See SoonerCare HMP SFY 2018 Evaluation Report, June 2019.

Respondents were asked to rate their satisfaction with each "yes" activity. Except for one activity[3], the overwhelming majority reported being very satisfied with the help they received, with the portion ranging from 93 to 97 percent, depending on the item. This attitude carried over to the members' overall satisfaction with their nurses; 91 percent reported being very satisfied. Results for the follow-up survey were closely aligned to the initial survey.

Members also were asked whether the CCU nurse had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change. Respondents were asked whether their nurse discussed behavior changes with respect to: smoking, exercise, diet, medication management, water intake and alcohol/substance consumption. If yes, respondents were asked about the impact of the nurse's intervention on their behavior (no change, temporary change or continuing change).

"Please tell her boss that (my nurse) is doing a great job. I give her an 11 out of 10. She always listens to me and waits for me to finish talking. I don't have that many people who check on me." – SoonerCare CCU member

A majority of respondents reported discussing each of the activities with their CCU nurse. A significant percentage also reported continuing to make changes with respect to exercise, diet, water intake and medication management. A smaller percentage reported working to reduce tobacco use.

Survey respondents reported very high levels of satisfaction with the SoonerCare CCU overall, consistent with their opinion of the CCU nurse. Ninety-two percent of initial survey respondents and 94 percent of follow-up survey respondents described themselves as very satisfied.

The ultimate objectives of the CCU are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of initial survey respondents (50 percent) said "fair", while 32 percent said "good" and 18 percent said "poor".

When next asked if their health status had changed since enrolling in the SoonerCare CCU, 48 percent said it was "better" and 42 percent said it was "about the same"; only 10 percent said it was "worse". Among those members who reported a positive change, nearly all (94 percent) credited the SoonerCare CCU with contributing to their improved health.

"I feel comfortable enough to talk to my SoonerCare nurse about anything. And that is important to me." – SoonerCare CCU member

The results were even more encouraging among follow-up survey respondents. Fifty-six percent of respondents reported that their health

[3] The outlier activity was helping to make and keep health care appointments for mental health or substance abuse problems. Sixty-nine percent of "yes" respondents reported they were very satisfied with the help they received; the other 31 percent reported they were somewhat satisfied.

had improved, with 95 percent crediting this improvement to the program.

Quality of Care

SoonerCare CCU nurses devote much of their time to improving the quality of care for program participants. This includes educating participants about adherence to clinical guidelines for preventive care and for treatment of chronic conditions.

PHPG evaluated the impact of the SoonerCare CCU on quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare CCU population. The evaluation included 19 diagnosis-specific measures and three population-wide preventive measures (22 in total). For example, the quality of care for participants with asthma was analyzed with respect to their use of appropriate medications and their overall medication management.

PHPG determined the total number of participants in each measurement category, the number meeting the clinical standard and the resultant "percent compliant". The findings were evaluated against two comparison data sets. The first data set contained compliance rates for the general SoonerCare population. The second data set contained national compliance rates for Medicaid MCOs. The national rates were used when data for the general SoonerCare population was not available but a national rate was.

The CCU participant compliance rate exceeded the comparison group rate on 11 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for seven of the 11 measures, suggesting that the program is having a positive effect on quality of care, although there is room for continued improvement.

"My health has gotten better because my nurse explains everything to me. I don't speak English that good and she help(s) me to understand what is going on." – SoonerCare CCU member

The most impressive results, relative to the comparison group, were observed for participants with diabetes and with respect to access to preventive care.

The SFY 2018 results were consistent with findings for earlier fiscal years, indicating that the SoonerCare CCU is having a positive, and sustained, impact on quality of care for health coaching participants.

The long-term benefits to participants will continue to be measured through the quality of care longitudinal analysis and through the utilization and expenditure analysis presented in the next chapter.

Utilization, Expenditures and Cost Effectiveness

CCU nurse care management, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits, fewer hospitalizations and lower acute care costs.

PHPG obtained MEDai data for SoonerCare CCU participants, excluding a small number of Medicare/Medicaid dual eligible members; the data includes a twelve-month forecast of emergency department visits, hospitalizations and total expenditures. MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience.

PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts absent nurse care management. PHPG performed the analysis for selected chronic conditions[4] and for the participant population as a whole.

MEDai forecasted that SoonerCare CCU participants, as a group, would incur 10,386 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 5,224, or 50 percent of forecast.

MEDai forecasted that SoonerCare CCU participants, as a group, would incur 5,099 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 3,824, or 75 percent of forecast.

PHPG documented total per member per month (PMPM) medical expenditures for all SoonerCare CCU participants, as a group, and compared actual medical expenditures to forecast for the first 60 months of engagement. MEDai forecasts for the first 12 months were trended in months 13 to 60 based on the PMPM trend rate of a comparison group comprised of SoonerCare members found eligible for the SoonerCare HMP who declined to enroll ("eligible but not engaged population")[5].

The trended MEDai forecast projected that the participant population would incur an average of $1,826 in PMPM expenditures in the first 60 months of engagement. The actual amount was $1,152, or 63 percent of forecast.

PHPG calculated an aggregate dollar impact for all SoonerCare CCU participants by multiplying total months of engagement through SFY 2018 by average PMPM savings. The resultant medical savings were approximately $14.3 million.

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[4] The conditions evaluated were asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, heart failure and hypertension. Condition-specific findings are presented in chapter four.

[5] MEDai forecasts extend only 12 months. The SoonerCare HMP "eligible but not engaged" population served as a proxy for the SoonerCare CCU, which has no equivalent cohort. The methodology is described in more detail in chapter 4.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs through SFY 2018, inclusive of SoonerCare CCU administrative expenses. SoonerCare CCU administrative expenses include salary, benefit and overhead costs for persons working in the SoonerCare CCU unit. Aggregate administrative expenses for the SoonerCare CCU were approximately $3.0 million.

The SoonerCare CCU registered net savings of approximately $11.8 million through SFY 2018, up from $7.5 million at the end of SFY 2017. The SoonerCare CCU achieved a positive ROI through SFY 2018 of 387.5 percent. Put another way, **the SoonerCare CCU generated nearly $4.00 in net medical savings for every dollar in administrative expenditures**.

CHAPTER 1 – INTRODUCTION

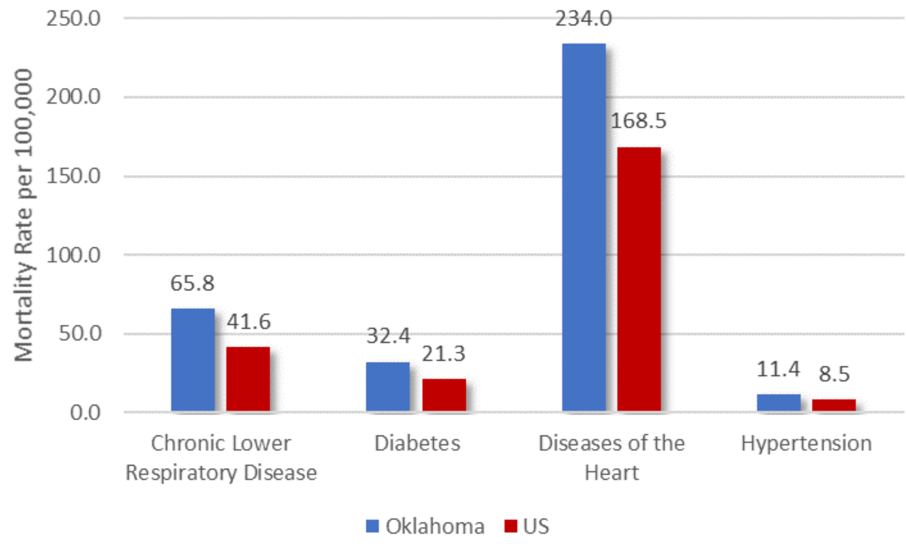
Chronic Disease Management

Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, about half of all adults have one or more chronic health conditions such as diabetes or heart disease. More than one in four Americans has multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living[6].

Ninety percent of the nation's $3.3 trillion in annual health expenditures are for persons with chronic physical and mental health conditions[7]. The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. In 2015, 1,442 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 32.4 persons per 100,000 residents, versus the national rate of 21.3[8].

The mortality rate for other chronic conditions, such as heart disease and hypertension, is similarly higher in Oklahoma than in the nation overall (Exhibit 1-1).

***Exhibit 1-1* – Chronic Disease Mortality Rates, 2015 – OK and US (Selected Conditions)**[9]



[6] https://www.cdc.gov/chronicdisease/about/multiple-chronic.htm
[7] https://www.cdc.gov/chronicdisease/about/costs/index.htm#ref1
[8] https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06_tables.pdf. Age adjusted rates. 2015 is the most recent year available.
[9] Ibid. Rate for chronic lower respiratory disease, also known as chronic obstructive pulmonary disease, includes asthma, chronic bronchitis and emphysema. Hypertension rate includes essential hypertension and hypertensive renal disease.

Chronic diseases also are among the costliest of all health problems. Persons with multiple chronic conditions account for over 70 percent of health spending nationally[10]. Providing care to individuals with chronic diseases, many of whom meet the federal disability standard, has placed a significant burden on state Medicaid budgets.

In Oklahoma, the CDC estimates that total expenditures related to treating selected major chronic conditions will approach $10 billion in 2019 and nearly $10.5 billion in 2020. The estimated portion attributable to SoonerCare members will equal $1.2 billion (state and federal) in 2019 and $1.26 billion in 2020[11] (Exhibit 1-2).

***Exhibit 1-2* – Estimated/Projected Chronic Disease Expenditures (Millions)**

Chronic Condition	OK All Payers		SoonerCare	
	2019	2020	2019	2020
Asthma	$515	$538	$174	$182
Cardiovascular Diseases (heart diseases, stroke and hypertension)	$6,722	$7,076	$722	$760
Diabetes	$2,729	$2,869	$304	$319
TOTAL FOR SELECTED CONDITIONS	**$9,966**	**$10,483**	**$1,200**	**$1,260**

The costs associated with chronic conditions typically are calculated by individual disease, as shown in the above exhibit. Traditional case and disease management programs similarly target single episodes of care or disease systems, but do not take into account the entire social, educational, behavioral and physical health needs of persons with chronic conditions. Research into holistic models has shown that sustained improvement requires the engagement of the member, provider, the member's support system and community resources to address total needs.

Holistic programs seek to address proactively the individual needs of patients through planned, ongoing follow-up, assessment and education.[12] Under the Chronic Care Model, as first developed by Dr. Edward H. Wagner, community providers collaborate to effect positive changes for health care recipients with chronic diseases.

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[10] http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf

[11] Expenditure estimates developed using CDC Chronic Disease Cost Calculator.

[12] Wagner, E.H., "Chronic Disease Management: What Will It Take to Improve Care for Chronic Illness?," *Effective Clinical Practice*, 1:2-4 (1998).

These interactions include systematic assessments, attention to treatment guidelines and support to empower patients to become self-managers of their own care. Continuous follow-up care and the establishment of clinical information systems to track patient care are also components vital to improving chronic illness management.

Exhibit 1-3 illustrates the basic components and interrelationships of the Chronic Care Model.

***Exhibit 1-3* – The Chronic Care Model**

Development of a Strategy for Holistic Chronic Care

Under the Oklahoma Medicaid Reform Act of 2006 (HB2842), the Oklahoma Legislature directed the Oklahoma Health Care Authority (OHCA) to develop and implement a management program for persons with chronic diseases, including, but not limited to, asthma, chronic obstructive pulmonary disease, congestive heart failure and diabetes. The program would address the health needs of chronically ill SoonerCare members while reducing unnecessary medical expenditures at a time of significant fiscal constraints.

In response, the OHCA developed the SoonerCare Health Management Program, with the stated goals of:

- Evaluating and managing participants with chronic conditions;
- Improving participants' health status and medical adherence;
- Increasing participant disease literacy and self-management skills;
- Coordinating and reducing unnecessary or inappropriate medication usage by participants;
- Reducing hospital admissions and emergency department use by participants;
- Improving primary care provider adherence to evidence-based guidelines and best practices measures;
- Coordinating participant care, including the establishment of coordination between providers, participants and community resources;
- Regularly reporting clinical performance and outcome measures;
- Regularly reporting SoonerCare health care expenditures of participants; and
- Measuring provider and participant satisfaction with the program.

"First Generation" SoonerCare HMP

The OHCA moved from concept to reality by creating a program that offered nurse care management to qualifying members with one or more chronic conditions. The program also offered practice facilitation and education to primary care providers treating the chronically ill.

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen[13] was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated primary care providers.

Medical Artificial Intelligence (MEDai), was already serving as a subcontractor to DXC, the OHCA's Medicaid fiscal agent, at the time of the SoonerCare HMP's development. The OHCA capitalized on this existing relationship by utilizing MEDai to assist in identifying candidates for enrollment in the SoonerCare HMP based on historical and predicted service utilization, as well as their potential for improvement through care management.

[13] Prior to August 2011, Telligen was known as the Iowa Foundation for Medical Care.

Nurse Care Management

Nurse care management targeted SoonerCare members with chronic conditions identified as being at high risk for both adverse outcomes and significant future medical costs. The members were stratified into two levels of care, with the highest-risk segment placed in "Tier 1" and the remainder in "Tier 2."

Prospective participants were contacted and "enrolled" in their appropriate tier. After enrollment, participants were "engaged" through initiation of care management activities.

Tier 1 participants received face-to-face nurse care management while Tier 2 participants received telephonic nurse care management. The OHCA sought to provide services at any given time to about 1,000 members in Tier 1 and about 4,000 members in Tier 2.

Practice Facilitation and Provider Education

Selected participating providers received practice facilitation through the SoonerCare HMP. Practice facilitators collaborated with providers and office staff to improve the quality of care through implementation of enhanced disease management and improved patient tracking and reporting systems.

The provider education component targeted primary care providers throughout the state who were treating patients with chronic illnesses. The program incorporated elements of the Chronic Care Model by inviting primary care practices to engage in collaboratives focused on health management and evidence-based guidelines.

Program Performance

The first generation model of the SoonerCare HMP operated from February 2008 through June 2013. PHPG conducted a five-year evaluation of the first generation program, focusing on the program's impact on member behavior (e.g., self-management of chronic conditions), quality of care, service utilization and cost. PHPG documented significant positive outcomes attributable to both program components.

In the final evaluation report issued in 2014, PHPG concluded that the program had achieved high levels of satisfaction among participants, both members and providers; had improved quality of care; reduced inpatient and emergency department utilization versus what would have occurred absent the program; and saved $182 million over five years, even after accounting for program administrative costs. PHPG also concluded that, "the OHCA has laid a strong foundation for the program's second generation model, which is designed to further enhance care for members with complex/chronic conditions and to generate additional savings in the form of avoided inpatient stays, emergency department visits and other chronic care service costs."

"Second Generation" SoonerCare HMP & OHCA Chronic Care Unit (CCU)

As the contractual period for the first generation SoonerCare HMP was nearing its end, the OHCA began the process of examining how the program could be enhanced for the benefit of both members and providers. The OHCA and Telligen observed that a significant amount of the nurse care managers' time was being spent on outreach and scheduling activities, particularly for Tier 1 participants. The OHCA also observed that nurse care managers tended to work in isolation from primary care providers, although coordination did improve somewhat in the program's later years, as documented in provider survey results.

In addition, the OHCA recognized that there were SoonerCare members who would benefit from care management, but who did not have access to the SoonerCare HMP, or had medical conditions that required highly-specialized interventions. The OHCA took a series of actions to enhance the SoonerCare HMP (in collaboration with Telligen), while establishing the Chronic Care Unit to expand access to care management.

SoonerCare HMP Second Generation Health Coaching Model

To enhance member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with registered nurse health coaches embedded at primary care practice sites. The health coaches would work closely with practice staff and provide coaching services to participating members. Health coaches could either be dedicated to a single practice with one or more providers or shared between multiple practice sites within a geographic area[14].

Health coaches would use evidence-based concepts such as motivational interviewing and member-driven action planning principles to impart changes in behaviors that impact chronic disease care.

Practice facilitation would continue in the second generation HMP but would become more diverse, encompassing both traditional full practice facilitation and more targeted services such as academic detailing focused on specific topics and preparing practices for health coaches.

Transition from First Generation HMP

At the time of the transition from the first to second generation HMP, participants in nurse care management receiving care in a qualifying practice were offered the opportunity to transition to a health coach. Participants not aligned with a qualifying practice were given the opportunity to work with a new telephonic Chronic Care Unit (CCU) operated directly by the OHCA.

[14] The description of Health Coaching and second generation Practice Facilitation are taken from the OHCA's October 2012 RFP for a second generation Health Management Program contractor.

Post-Transition HMP and CCU Enrollment

Post-transition, Telligen continues to identify HMP candidates from the SoonerCare Choice population through analysis of MEDai data. Providers also refer patients to Telligen for review and possible enrollment into the SoonerCare HMP.

<u>SoonerCare Chronic Care Unit</u>

Overview

The SoonerCare CCU was created to expand care management opportunities to members not served through the SoonerCare HMP. SoonerCare Choice and SoonerCare Traditional members both are eligible for participation in the SoonerCare CCU. The SoonerCare CCU works with members who self-refer or are referred by a provider or another area within the OHCA, such as care management, member services or provider services.

The CCU also is responsible for:

- Members with hemophilia or sickle cell anemia, even if the member otherwise would be enrolled in the SoonerCare HMP[15].
- Members identified as high utilizers of the emergency department[16].
- Members undergoing bariatric surgery[17].
- Members with hepatitis-C receiving treatment and whose treating provider has referred them for case management.
- Members identified through a Health Risk Assessment (HRA), which SoonerCare applicants are given the option of completing as part of the online enrollment process. Based on responses to the HRA, members can be referred to different programs for assistance or case management, including the SoonerCare CCU.

The OHCA sends weekly updates of newly-opened CCU cases to Telligen. This ensures that there is no duplication in enrollment.

Under the SoonerCare CCU, OHCA registered nurses provide telephonic case management to participating members. Similar to the health coaching model, CCU RNs use motivational interviewing with program participants to assess their needs and develop an action plan for improving self-management skills and health.

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[15] Although small in numbers, the health needs and costs of these populations are substantial. For example, in SFY 2014, CCU participants with hemophilia incurred average PMPM costs of $16,700, primarily to cover the cost of anti-coagulant drugs.
[16] The CCU evaluation includes ED visit rate data across all participants.
[17] The average CCU caseload for this population is approximately 10 patients.

The RNs work to address the health status, health literacy, behavioral health and prescription drug utilization of participants through care coordination, self-management principles and behavior modification techniques. The ongoing case management typically includes one or two monthly telephone contacts, depending on the member's level of need.

SoonerCare CCU Operations

The CCU in SFY 2018 consisted of six employees. Four front-line nurses (Exceptional Needs Coordinators, or ENCs) provide telephonic case management. The unit also includes a supervisor and a senior ENC responsible for training new staff, assisting other ENCs with complex cases and managing a partial caseload. The unit manages 575 - 600 members at any given time.

Characteristics of CCU Participants

During SFY 2018, a total of 1,114 members were enrolled in the SoonerCare CCU for at least part of one month, down from 1,832 in SFY 2017 but closer to the 1,274 enrolled in SFY 2016. PHPG, in consultation with the OHCA, removed certain groups from the utilization, expenditure and quality of care portions of the evaluation to improve the integrity of the results. Specifically:

- Members who were enrolled for fewer than three months in SFY 2018.
- Members who were enrolled for three months or longer, but who also were enrolled in the SoonerCare HMP for a portion of SFY 2018, if their HMP tenure exceeded their CCU tenure.
- Members receiving disease management through Oklahoma University's Harold Hamm Diabetes Center, to isolate the impact of the SoonerCare CCU from activities occurring at the center [18].
- Members enrolled in a Health Access Network for three months or longer, to isolate the impact of the SoonerCare CCU from HAN care management activities[19].

The revised evaluation dataset included 523 SoonerCare CCU participants, which actually was up from 330 in the SFY 2017 evaluation and nearly equal to the 529 in the SFY 2016 evaluation. The dip in SFY 2017 was driven by a commensurate increase in the number of members co-enrolled in a Health Access Network that year. (The co-enrollment number has since stabilized.)

[18] There were 11 members who received services from the center and who also were enrolled in either the SoonerCare HMP or CCU.

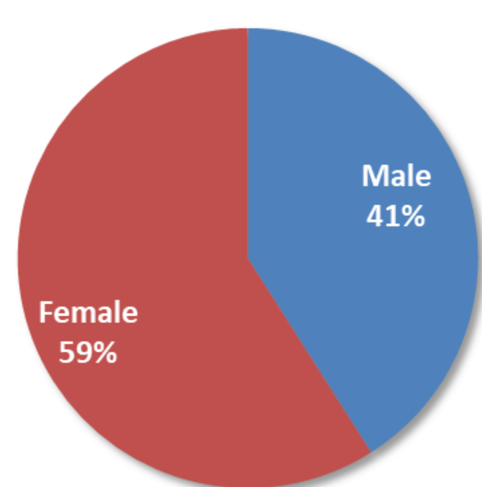
[19] There were 482 members aligned with a HAN PCMH provider for three months or longer who also were enrolled in either the SoonerCare HMP or CCU at some point during the year. The corresponding figure in SFY 2017 was 506.

The average tenure in the program was 14.1 months, down slightly from 14.8 months in the prior year's evaluation. Demographic and health data for CCU members is presented starting on the next page.

Participants by Gender and Age

Most CCU participants are women, with females outnumbering males by 18 percentage points (Exhibit 1-4).

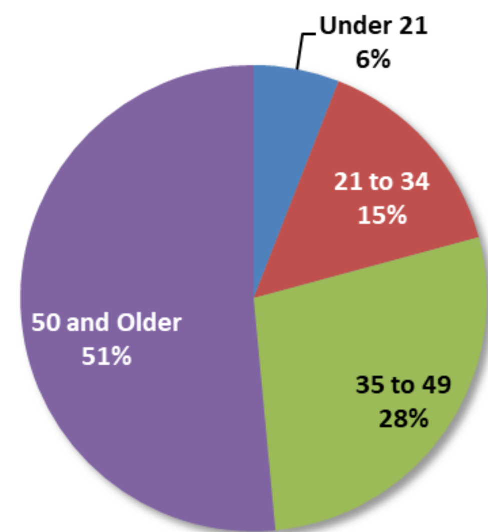
Exhibit 1-4 – Gender Mix for SoonerCare CCU Participants



Not surprisingly, SoonerCare CCU participants are older than the general Medicaid population. Only six percent of SoonerCare CCU participants in SFY 2018 were under the age of 21, compared to approximately 65 percent of the general SoonerCare population (Exhibit 1-5 on the following page).[20]

[20] Source for total SoonerCare percentage: OHCA March 2018 Enrollment Report.

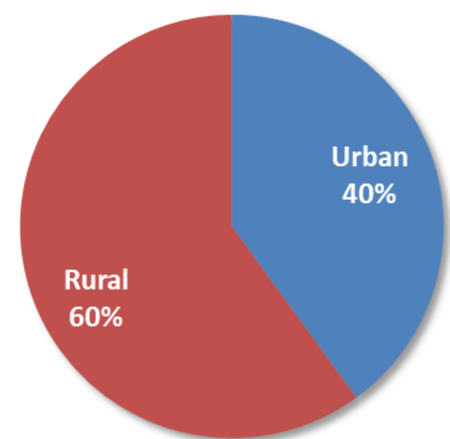
Exhibit 1-5 – Age Distribution for SoonerCare CCU Participants



Participants by Place of Residence

Sixty percent of SoonerCare CCU participants resided in rural Oklahoma in SFY 2018, while 40 percent resided in urban counties comprising the greater Oklahoma City, Tulsa and Lawton metropolitan areas (Exhibit 1-6). By contrast, 42 percent of the general SoonerCare population resides in rural counties and 58 percent in urban counties[21].

Exhibit 1-6 – SoonerCare CCU Participants by Location: Urban/Rural Mix



[21] Source: SoonerCare Fast Facts. Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

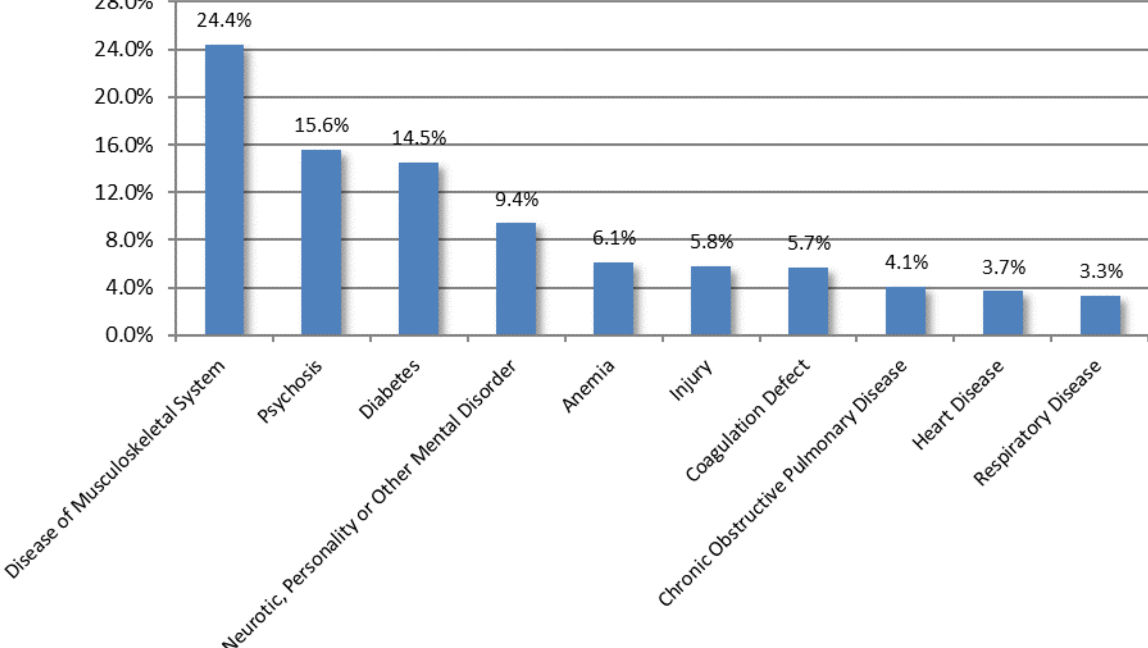
Participants by Most Common Diagnostic Categories[22]

CCU participants are treated for numerous chronic and acute physical conditions. The most common diagnostic category among participants in SFY 2018 was disease of the musculoskeletal system, which includes osteoarthritis, other types of arthritis, backbone disease, rheumatism and other bone and cartilage diseases and deformities (Exhibit 1-7).

Two behavioral health categories also were included among the top five, along with diabetes and anemia. Coagulation defect was the seventh most common diagnostic category (after injury), reflecting the enrollment of members with hemophilia into the CCU. The remaining three categories included prevalent chronic conditions. The top ten categories accounted for 93 percent of the SoonerCare CCU population.

The composition of the top 10 categories was unchanged from prior years. The percentages also were nearly identical, with conditions shifting in most cases by less than one percentage point.

Exhibit 1-7 – Most Common Diagnostic Categories for CCU Participants

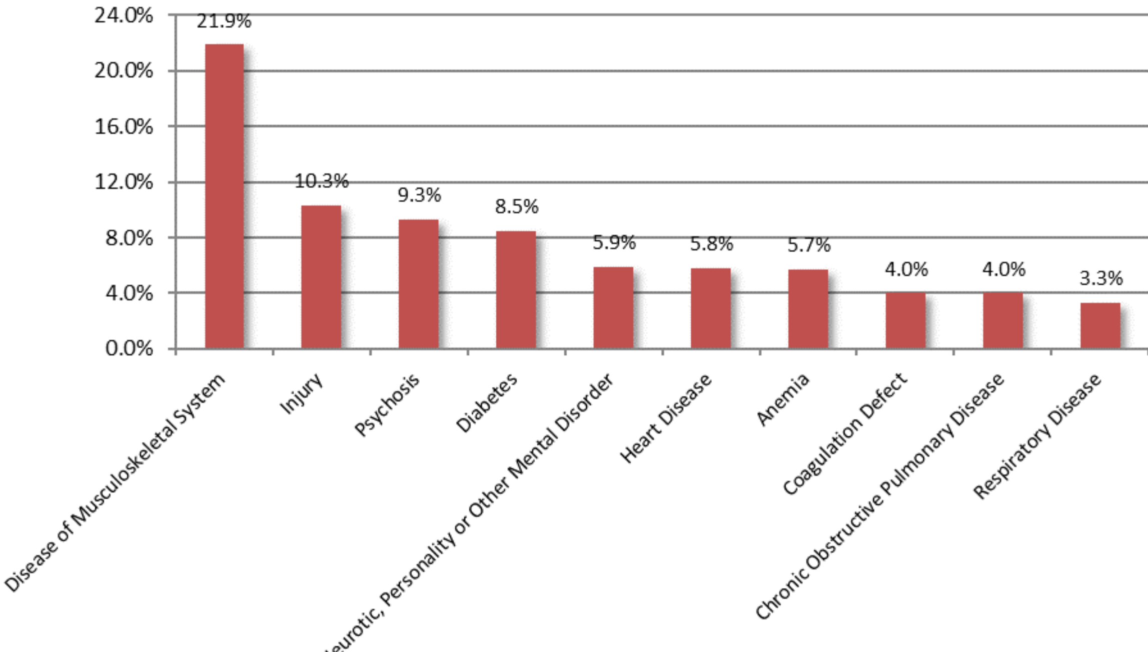


[22] Ranking of most common diagnoses calculated using primary diagnosis code from paid claims.

Participants by Most Expensive Diagnostic Categories[23]

Disease of the musculoskeletal system also was the most expensive diagnostic category in SFY 2018 based on paid claim amounts, followed by the same remaining nine categories from the prior exhibit, although in slightly different order (Exhibit 1-8). The top ten most expensive disease categories accounted for 79 percent of the population. The ranking and percentages were again nearly identical to those reported in prior years.

Exhibit 1-8 – Most Expensive Diagnostic Categories for CCU Participants



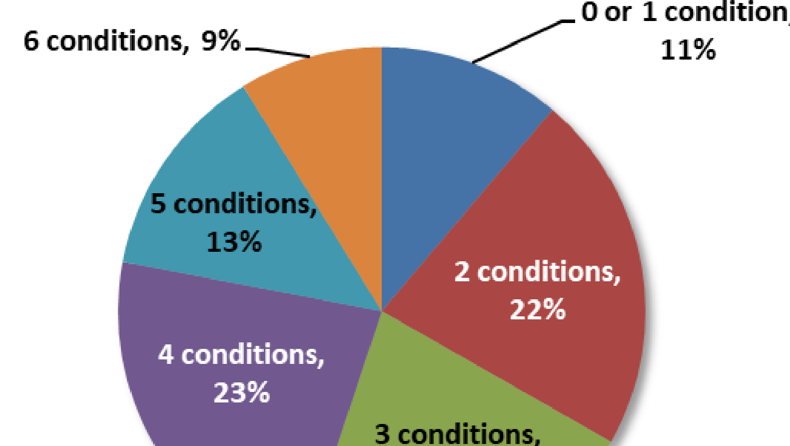
[23] Ranking of most costly diagnoses calculated using primary diagnosis code from paid claims.

Co-morbidities among Participants

The SoonerCare CCU's focus on holistic care rather than management of a single disease is appropriate given the prevalence of co-morbidities in the participating population.

PHPG examined the number of physical chronic conditions per participant and found that 89 percent in SFY 2018 had at least two of six high priority chronic physical conditions[24] (asthma, COPD, coronary artery disease, diabetes, heart failure and hypertension) (Exhibit 1-9). The SFY 2017 distribution was very similar to the distribution in prior years.

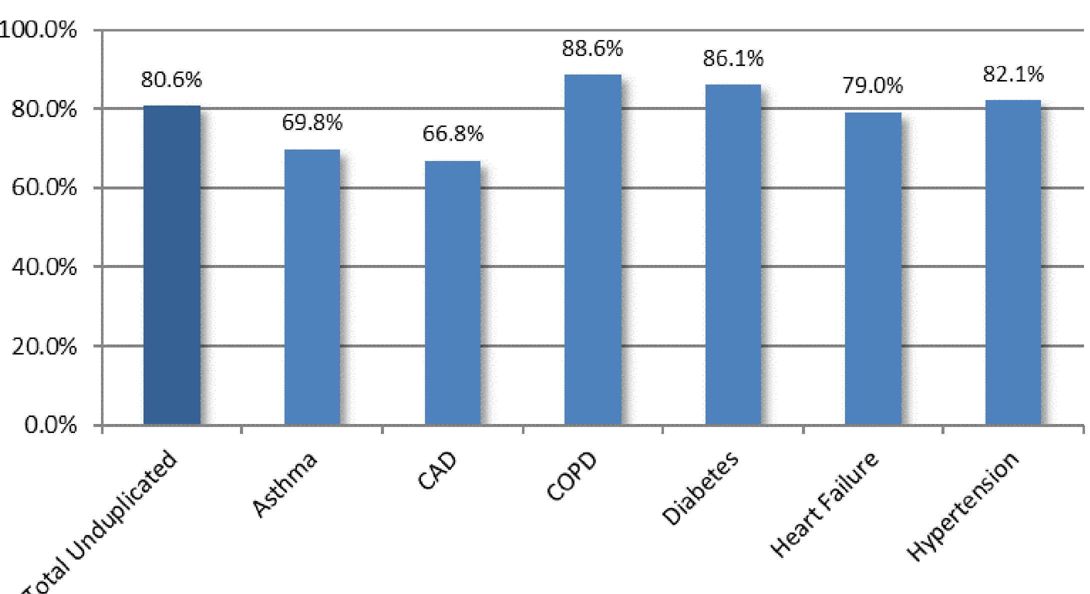
Exhibit 1-9 – Number of Physical Health Chronic Conditions (Six Priority Conditions)



[24] These conditions are used by MEDai as part of its calculation of chronic impact scores.

Eighty-one percent of the participant population in SFY 2018 also had both a physical and behavioral health condition. Among the six priority physical health conditions, the co-morbidity prevalence ranged from approximately 89 percent in the case of persons with COPD to 67 percent among persons with coronary artery disease (Exhibit 1-10).[25] The percentages once again were almost unchanged from prior years.

Exhibit 1-10 – Behavioral Health Co-morbidity Rate



Conclusion

Overall, CCU participants demonstrate the characteristics expected of a population that could benefit from care management. Most have two or more chronic physical health conditions, often coupled with serious acute conditions. The population also has significant behavioral health needs that can complicate adherence to guidelines for self-management of physical health conditions and maintaining a healthy lifestyle.

[25] Behavioral health comorbidity defined as diagnosis codes 290-319 being one of the participant's top three most common or most expensive diagnosis, by claim count and paid amount, respectively.

SoonerCare CCU Independent Evaluation

The OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the SoonerCare CCU. PHPG is evaluating the program's impact on participants and the health care system as a whole with respect to:

1. Participant satisfaction and perceived health status;

2. Participant self-management of chronic conditions;

3. Quality of care, as measured by participant utilization of preventive and chronic care management services and adherence to national, evidence-based disease management practice guidelines; and

4. Cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs.

PHPG is presenting evaluation findings in a series of annual reports to be issued over a six-year period[26]. This is the fifth Annual Evaluation report addressing progress toward achievement of program objectives.

The specific methodologies employed and time periods addressed are described within each chapter of the evaluation. In general, utilization and expenditure findings are for program years one through five, covering July 2013 to June 2018 (SFY 2014 through 2018).

Member and provider survey data is being collected on a continuous basis. Findings in this report are for surveys conducted from March 2018 to February 2019.

[26] The HMP and CCU evaluations initially were for a five-year period, to align with Telligen's HMP contract. However, Telligen's contract was extended to six years and PHPG's evaluation of both programs likewise was extended.

CHAPTER 2 – SOONERCARE CCU PARTICIPANT SATISFACTION

Introduction

Participant satisfaction is a key component of SoonerCare CCU performance. If participants are satisfied with their experience and value its worth, they are likely to remain engaged and focused on improving their self-management skills and adopting a healthier lifestyle. Conversely, if participants do not see a lasting value to the experience, they are likely to lose interest and lack the necessary motivation to follow coaching recommendations.

Satisfaction is measured through participant telephone surveys. PHPG attempts to conduct an initial survey with all SoonerCare CCU participants and attempts to re-survey all participants who complete an initial survey after an additional six months in the program to identify any changes in perceptions over time.

Initial Survey

Initial survey data collection began in late February 2015. At that time, the OHCA provided a roster of all participants dating back to the start of the program in July 2013. The OHCA periodically updates the roster and, as of February 2019 has provided contact information for 4,285 individuals.

PHPG mails introductory letters to all CCU participants, informing them that they will be contacted by telephone to complete a survey asking their opinions of the CCU program. Surveyors make multiple call attempts at different times of the day and different days of the week before closing a case.

The survey is written at a sixth-grade reading level and includes questions designed to garner meaningful information on member perceptions and satisfaction. The areas explored include:

- Program awareness and engagement status
- Decision to enroll in the SoonerCare CCU
- Experience with CCU nurse and satisfaction
- Overall satisfaction with the SoonerCare CCU
- Health status and lifestyle

Six-month Follow-up Survey

Six-month follow-up survey data collection activities began in early September 2015. The follow-up survey covers the same areas as the initial survey, to allow for comparison of participant responses across the two surveys.

The survey also includes questions for respondents who report having voluntarily disenrolled from the SoonerCare CCU since their initial survey. Respondents are asked to discuss the reason(s) for their decision to disenroll.

Survey Population Size, Margin of Error and Confidence Levels

The SFY 2014 evaluation report included data from 130 initial surveys conducted during a ten-week period, from late February 2015 through April 2015. The SFY 2015 evaluation included data from an additional 387 initial surveys conducted from May 2015 through April 2016, as well as data from 112 six-month follow-up surveys.

The SFY 2016 evaluation included data from 264 initial surveys conducted from May 2016 through April 2017. The SFY 2016 evaluation also included data from 181 six-month follow-up surveys.

The SFY 2017 evaluation included data from 253 initial surveys conducted from May 2017 through February 2018. The SFY 2017 evaluation also included data from 158 six-month follow-up surveys. (These survey counts are prior to the exclusions described below.)

The SFY 2018 evaluation includes data from 137 initial surveys conducted from March 2018 through February 2019. The SFY 2018 evaluation also included data from 117 six-month follow-up surveys. (These survey counts are prior to the exclusions described below.)

The survey results are based on a subset of the total SoonerCare CCU population and therefore contain a margin of error. The margin of error (or confidence interval), is usually expressed as a "plus or minus" percentage range (e.g., "+/- 10 percent"). The margin of error for any survey is a factor of the absolute sample size, its relationship to the total population and the desired confidence level for survey results.

The confidence level for the survey was set at 95 percent, the most commonly used standard. The confidence level represents the degree of certainty that a statistical prediction (i.e., survey result) is accurate. That is, it quantifies the probability that a confidence interval (margin of error) will include the true population value.

The 95 percent confidence level means that, if repeated 100 times, the survey results will fall within the margin of error 95 out of 100 times. The other five times the results will be outside of the range.

Exhibit 2-1 below presents the sample size and margin of error for each of the surveys. (Sample size represents all surveys conducted since the start of the evaluation in February 2015.) The margin of error is for the total survey population based on the average distribution of responses to individual questions. The margin can vary by question to some degree, upward or downward, depending on the number of respondents and distribution of responses.

Exhibit 2-1 – Survey Sample Size and Margin of Error

Survey	Sample Size	Confidence Level	Margin of Error
Initial	1,171	95%	+/- 2.51%
Six-month Follow-up	568	95%	+/- 3.90%

SoonerCare CCU Participant Survey Findings

Respondent Demographics

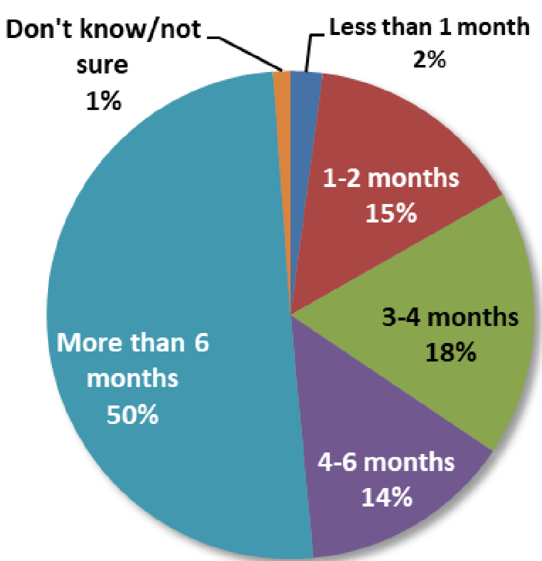
Initial Survey Respondents

The gender split among SoonerCare CCU initial survey respondents in aggregate was 61 percent female and 39 percent male. The great majority of surveys (88 percent) were conducted with the actual SoonerCare CCU participant. The remaining surveys were conducted with a relative of the participant, primarily parents/guardians of minors, but also a small number of spouses, siblings and adult children of members.

The initial survey targeted members who were still active participants in the SoonerCare CCU. After screening out persons no longer participating in the program, the initial survey respondent sample included 1,037 persons (across all years).

Respondent tenure in the program among the 1,037 active participants ranged from less than one month to more than six months (Exhibit 2-2 on the following page).

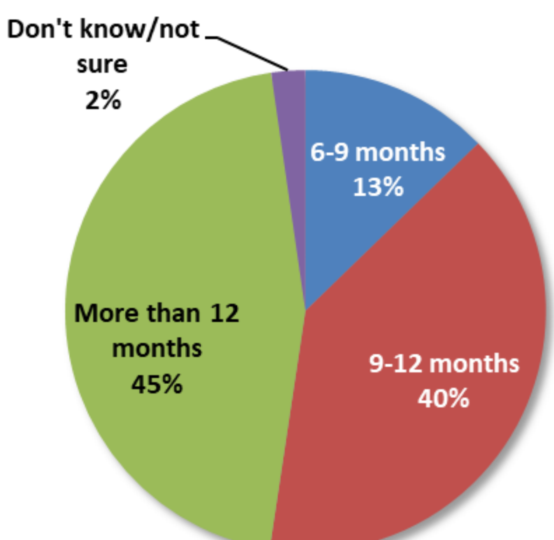
Exhibit 2-2 – Respondent Tenure in SoonerCare CCU – Initial Survey



Follow-up Survey Respondents

The gender split among follow-up survey respondents was very similar to the initial survey group; 59 percent were female and 41 percent were male. The average tenure of follow-up respondents was significantly greater, with the largest segment (45 percent) reporting tenure of more than 12 months (Exhibit 2-3).

Exhibit 2-3 – Respondent Tenure in SoonerCare CCU – Follow-up Survey



Key findings for the initial and follow-up surveys are discussed below. Findings are presented in aggregate for all initial survey respondents interviewed since February 2015. The aggregate initial survey results also are broken-out into annual report subgroups. This segmentation allows for identification of any emerging trends with respect to new participant perceptions.

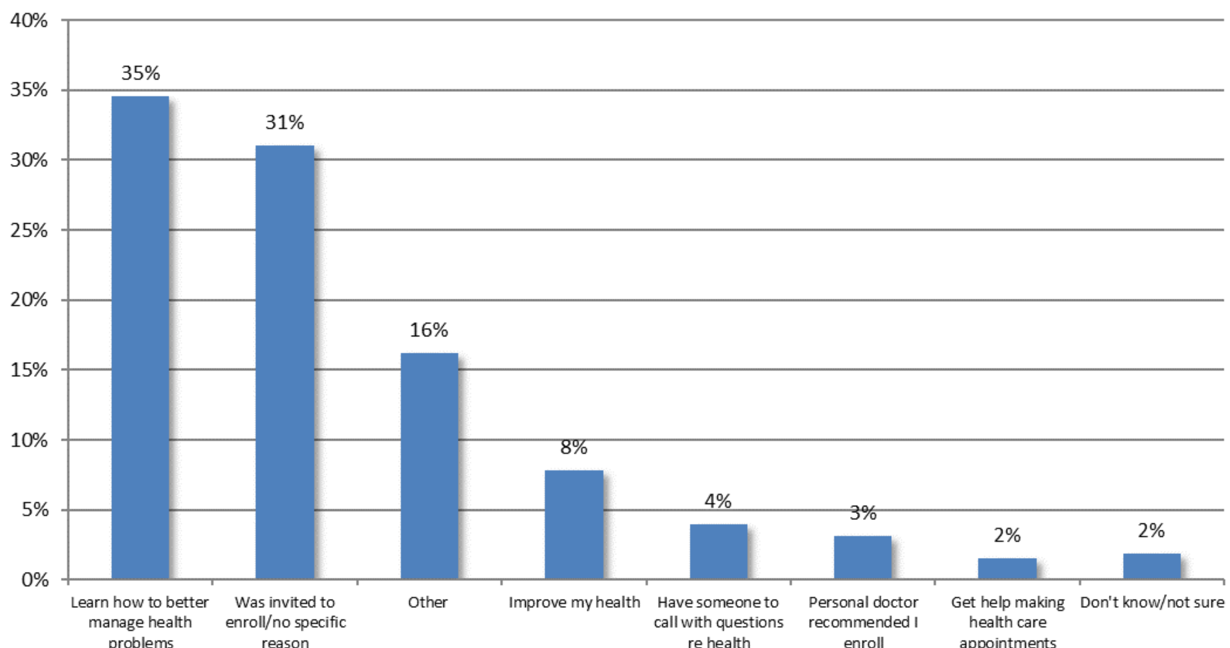
Follow-up survey data is presented alongside initial survey data as applicable. This allows for comparison of program perceptions between participants based on their tenure.

Copies of the survey instruments are included in Appendix A. The full set of responses is presented in Appendix B.

Primary Reason for Enrolling

The SoonerCare CCU seeks to teach participants how to better manage their chronic conditions and improve their health. These were two of the primary reasons cited by participants who had a goal in mind when enrolling; another reason was to have someone to call regarding health-related questions. However, 31 percent of the respondents enrolled simply because they were asked (Exhibit 2-4).

Exhibit 2-4 – Primary Reason for Enrolling in SoonerCare CCU – Initial Survey (Aggregate)[27]



The top reasons cited shifted across survey time periods. The most significant change occurred within the "other" category, which accounted for fewer than one percent of responses in the first survey time period but rose to nearly 38 percent in the most recent period.

Most of the increase was attributable to persons who stated they enrolled to get help managing hepatitis C medication; this function was added to the CCU subsequent to the program's implementation[28] (Exhibit 2-5 on the following page).

[27] This question was not asked on the follow-up survey.
[28] The "other" category also included persons preparing for gastric bypass surgery and persons getting assistance in managing mental health needs.

Exhibit 2-5 – Primary Reason for Enrolling in SoonerCare CCU – Initial Survey (Longitudinal)

Reason	Primary Reason for Enrolling (Percent Naming) (February 2015 – February 2019)					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Aggregate
1. Learn how to better manage health problems	34.9%	39.4%	41.3%	25.7%	28.1%	***34.4%***
2. Was invited to enroll/no specific reason	34.9%	38.2%	28.9%	25.7%	24.4%	***31.0%***
3. Other	0.9%	3.7%	10.1%	32.4%	37.8%	***16.1%***
4. Improve my health	3.8%	5.8%	11.5%	10.3%	5.2%	***7.8%***
5. Have someone to call with questions regarding health	9.4%	5.2%	2.3%	2.4%	2.2%	***3.8%***
6. Personal doctor recommended I enroll	12.3%	2.2%	2.3%	2.4%	0.7%	***3.2%***
7. Don't know/not sure	1.9%	3.7%	1.4%	0.0%	1.5%	***2.1%***
8. Get help making personal health care appointments	1.9%	1.8%	2.3%	1.2%	0.0%	***1.6%***

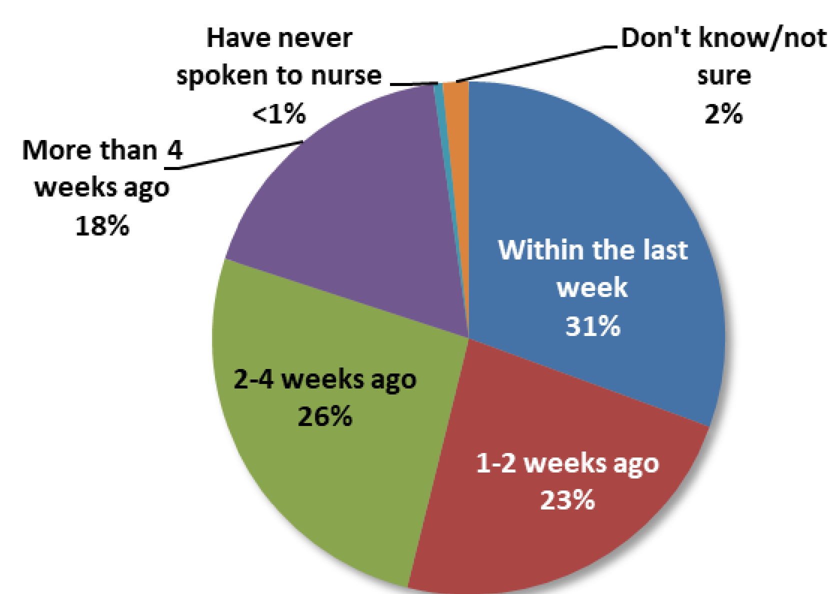
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

CCU Nurse Contact

The CCU nurse is synonymous with the SoonerCare CCU for most participants. Survey respondents were asked a series of questions about their interaction with the CCU nurse, starting with their most recent contact.

Fifty-four percent of initial survey respondents reported speaking to their CCU nurse within the previous two weeks (Exhibit 2-6).

Exhibit 2-6 – Most Recent Contact with CCU Nurse – Initial Survey (Aggregate)



The percentage reporting contact within the past two weeks was consistent across time periods for the initial survey. However, follow-up survey respondents were more likely to report that their most recent contact occurred more than four weeks ago. The longer interval may reflect a reduced need for very frequent contacts with participants who have been enrolled for a significant period of time (Exhibit 2-7).

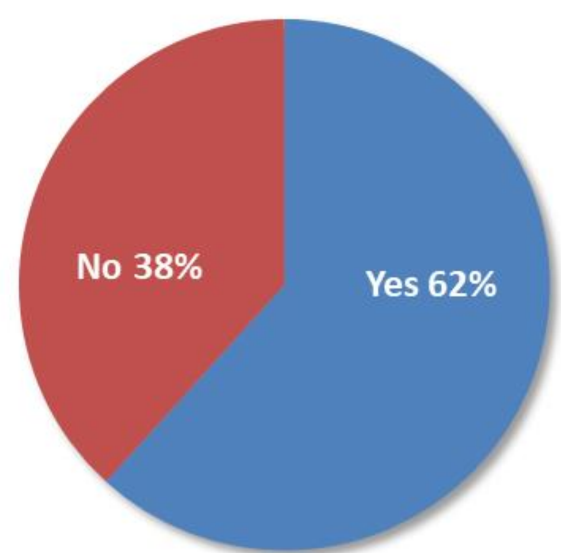
Exhibit 2-7 – Most Recent Contact with CCU Nurse – Initial Survey (Longitudinal) & Follow-up

	Last Time Spoke with CCU Nurse										
	Initial Survey						Follow-up Survey				
Time Elapsed	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Within last week	33.7%	31.5%	28.6%	30.4%	29.6%	***30.6%***	29.1%	20.0%	17.3%	17.1%	***20.3%***
1 to 2 weeks ago	28.7%	28.5%	21.2%	21.3%	13.3%	***23.3%***	8.7%	24.7%	10.9%	14.5%	***15.2%***
2 to 4 weeks ago	23.8%	20.9%	26.3%	29.6%	34.1%	***26.2%***	18.4%	23.3%	28.2%	30.8%	***25.5%***
More than 4 weeks ago	12.9%	15.8%	23.0%	17.0%	19.3	***17.8%***	39.8%	31.3%	42.3%	37.6%	***37.6%***
Have never spoken to CCU nurse	0.0%	0.3%	0.5%	1.2%	0.7%	***0.6%***	1.0%	0.0%	0.0%	0.0%	***0.2%***
Don't know/not sure/no response	1.0%	3.0%	0.5%	0.4%	3.0%	***1.6%***	2.9%	0.7%	1.3%	0.0%	***1.1%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Over 60 percent of respondents were able to name their CCU nurse, suggesting that participants have formed a strong connection with the program[29] (Exhibit 2-8).

Exhibit 2-8 – Able to Name CCU Nurse – Initial Survey (Aggregate)



The portion able to name their CCU declined among initial survey respondents in the most recent survey time period and has declined among follow-up survey respondents for several time periods (Exhibit 2-9).

Exhibit 2-9 – Able to Name CCU Nurse – Initial Survey (Longitudinal) & Follow-up

	Able to Name CCU Nurse										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Yes	61.5%	62.4%	58.3%	68.4%	53.3%	***61.7%***	67.0%	66.0%	59.0%	53.0%	***61.2%***
No	38.5%	37.6%	41.7%	31.6%	46.7%	***38.3%***	33.0%	34.0%	41.0%	47.0%	***38.8%***

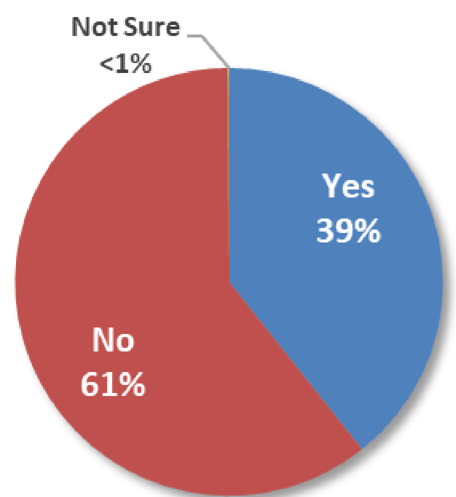
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

[29] Respondents were asked for a name but PHPG did not verify the accuracy of the information.

CCU nurses are required to provide a contact telephone number to their members. Approximately 95 percent of respondents, both initial and follow-up, confirmed that they were given a number.

Thirty-nine percent of the initial survey respondents who remembered being given a number stated they had tried to call their CCU nurse at least once (Exhibit 2-10). (Three respondents were not sure.)

Exhibit 2-10 – Tried to Call CCU Nurse – Initial Survey (Aggregate)



The percentage declined among initial survey respondents in the most recent survey time period but increased among follow-up survey respondents (Exhibit 2-11).

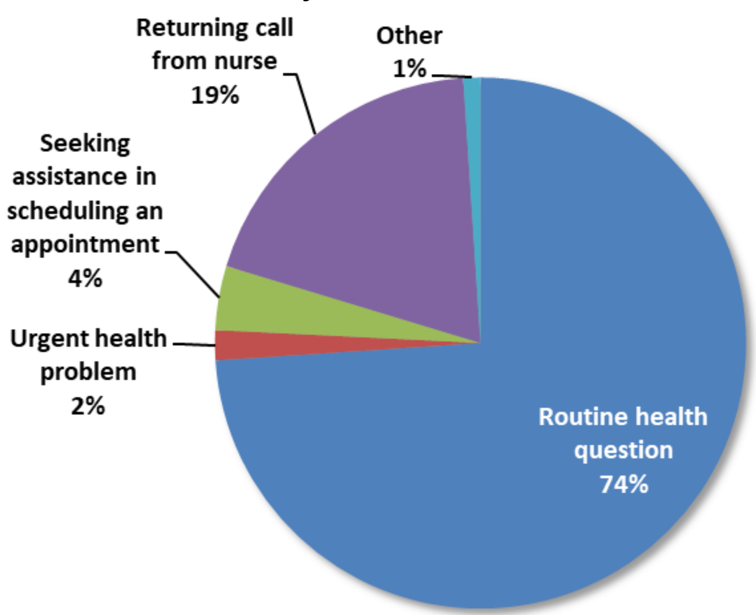
Exhibit 2-11 – Tried to Call CCU Nurse –
Initial Survey (Longitudinal) & Follow-up

	Tried to Call CCU Nurse										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Yes	38.5%	43.9%	36.6%	41.7%	27.6%	***39.2%***	41.2%	41.3%	41.1%	50.5%	***43.3%***
No	61.5%	56.1%	62.9%	58.3%	70.9%	***60.5%***	58.8%	58.7%	57.5%	48.6%	***56.1%***
Don't know/Not sure	0.0%	0.0%	0.5%	0.0%	1.6%	***0.3%***	0.0%	0.0%	1.4%	0.9%	***0.6%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Among those who had tried calling, a majority (74 percent of initial survey respondents) reported their most recent call concerned a routine health question (Exhibit 2-12).

Exhibit 2-12 – Reason for Most Recent Call – Initial Survey (Aggregate)



A nearly identical percentage of follow-up survey respondents also called with a routine health question (Exhibit 2-13).

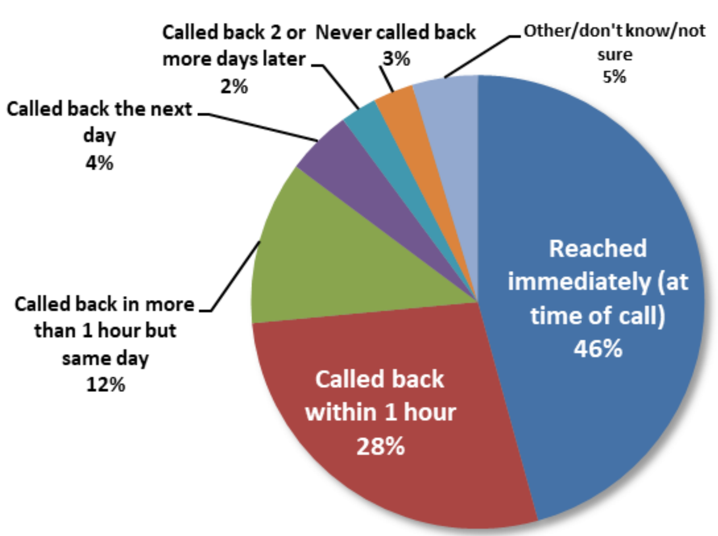
Exhibit 2-13 – Reason for Most Recent Call – Initial Survey (Longitudinal) & Follow-up

Response	Reason for Most Recent Call										
	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Routine question	73.0%	70.8%	64.9%	81.2%	85.7%	***74.0%***	67.5%	76.3%	73.3%	80.4%	***74.9%***
Urgent problem	2.7%	2.2%	2.7%	0.0	2.9%	***1.8%***	2.5%	6.8%	6.7%	1.8%	***4.7%***
Assistance in scheduling appointment	5.4%	3.6%	6.8%	2.0%	2.9%	***3.9%***	10.0%	5.1%	1.7%	3.6%	***4.7%***
Returning call from CCU Nurse	16.2%	22.6%	23.0%	16.8%	8.6%	***19.3%***	20.0%	10.2%	18.3%	14.3%	***15.3%***
Other	2.7%	0.7%	2.7%	0.0%	0.0%	***1.0%***	0.0%	1.7%	0.0%	0.0%	***0.5%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Eighty-six percent of initial survey respondents who called the number reached their coach immediately or heard back later the same day. Nearly all of those who could recall reported eventually getting a call back (Exhibit 2-14).

Exhibit 2-14 – CCU Nurse Call-Back Time – Initial Survey (Aggregate)



The same-day call back rate was consistent across surveys and survey time periods (Exhibit 2-15).

Exhibit 2-15 – CCU Nurse Call-Back Time – Initial Survey (Longitudinal) & Follow-up

	CCU Nurse Call-Back Time										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Reached immediately (time of call)	45.9%	51.8%	42.7%	41.6%	40.0%	***45.7%***	45.0%	47.5%	31.7%	44.6%	***41.9%***
Called back within 1 hour	35.1%	21.9%	25.3%	33.7%	31.4%	***27.8%***	22.5%	22.0%	21.7%	30.4%	***24.2%***
Called back > 1 hour-same day	8.1%	9.5%	13.3%	12.9%	17.1%	***11.7%***	7.5%	11.9%	26.7%	10.7%	***14.9%***
Called back the next day	0.0%	7.3%	5.3%	3.0%	2.9%	***4.7%***	7.5%	1.7%	5.0%	3.6%	***4.2%***
Called back 2+ days later	2.7%	3.6%	1.3%	3.0%	0.0%	***2.6%***	0.0%	0.0%	1.7%	0.0%	***0.5%***
Never called back	2.7%	2.2%	5.3%	2.0%	2.9%	***2.9%***	7.5%	6.8%	6.7%	1.8%	***5.6%***
Other/don't know/not sure	5.4%	3.6%	6.7%	4.0%	5.7%	***4.7%***	10.0%	10.2%	6.7%	8.9%	***8.9%***

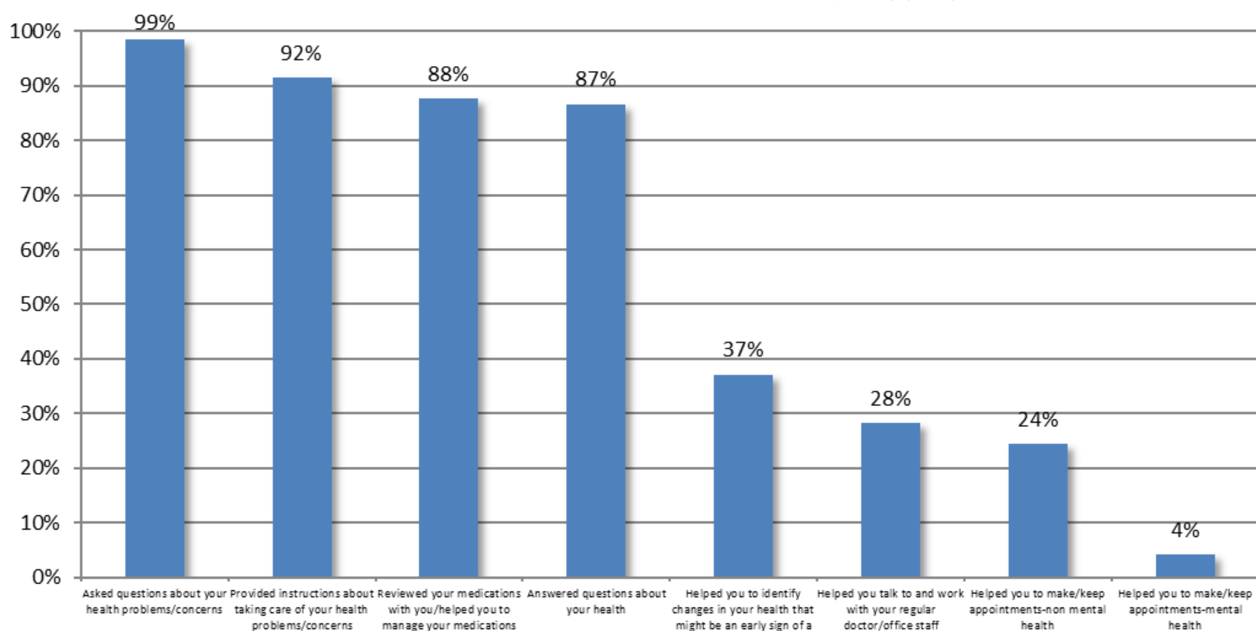
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

CCU Nurse Activities

CCU nurses are expected to help participants build their self-management skills and improve their health through a variety of activities. Respondents were read a list of activities and asked, for each, whether it had occurred and, if so, how satisfied they were with the interaction or help they received.

Nearly all of the initial survey respondents stated that their CCU nurse asked questions about health problems or concerns, and the great majority stated their nurse also provided answers and instructions for taking care of their health problems or concerns. Large majorities also reported that their nurse assisted with medications and answered questions about their health (Exhibit 2-16). Respondents reported that other activities occurred with less frequency.

Exhibit 2-16 – CCU Nurse Activity – Initial Survey (Aggregate)



The rate at which activities occurred was generally consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-17 on the following page). However, there were several notable changes.

The portion of respondents in the initial survey group stating they received help talking to and working with their regular doctor and their regular doctor's staff decreased 38 percentage points from the first to fifth survey time periods. The portion of respondents stating they received help in making and keeping medical appointments declined by 32 percentage points over the same period.

Conversely, the portion of respondents in the initial survey group stating that their nurse reviewed and helped to manage medications increased by over 16 percentage points from the first to fifth survey time periods.

Exhibit 2-17 – CCU Nurse Activity – Initial Survey (Longitudinal) & Follow-up

Response	CCU Nurse Activity										
	Initial Survey (% "yes")						Follow-up Survey (% "yes")				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
1. Asked questions about your health problems/ concerns	99.1%	99.1%	98.2%	98.0%	98.5%	***98.6%***	98.0%	100.0%	99.4%	99.1%	***99.2%***
2. Provided instructions about taking care of your health problems/ concerns	89.6%	91.4%	89.4%	94.5%	91.1%	***91.5%***	93.1%	94.0%	97.4%	96.6%	***95.4%***
3. Helped you to identify changes in health that might be an early sign of a problem	34.9%	42.5%	34.9%	38.3%	27.4%	***37.1%***	42.2%	47.3%	39.7%	31.6%	***40.6%***
4. Answered questions about your health	88.7%	86.5%	85.5%	90.5%	80.0%	***86.7%***	89.2%	93.3%	92.9%	90.6%	***91.8%***
5. Helped you talk to and work with your regular doctor/staff	45.3%	39.1%	21.6%	24.1%	7.4%	***28.3%***	26.5%	34.0%	20.6%	29.1%	***27.5%***
6. Helped you make/ keep appoint-ments with other doctors, such as specialists	44.3%	31.1%	17.4%	20.6%	11.9%	***24.5%***	25.5%	27.3%	19.4%	22.2%	***23.5%***
7. Helped you to make/ keep appointments for MH/SA problems	7.5%	4.9%	4.6%	3.2%	0.7%	***4.1%***	6.9%	5.3%	3.2%	1.7%	***4.2%***
8. Reviewed your medi-cations and helped you manage	73.6%	88.6%	89.0%	90.1%	90.4%	***87.8%***	90.2%	93.3%	89.7%	88.9%	***90.6%***

Respondents were asked to rate their satisfaction with each "yes" activity. The overwhelming majority across all survey groups reported being very satisfied with the help they received (Exhibit 2-18 on the following page).

The only activity registering somewhat lower "very satisfied" ratings was assistance with mental health/substance abuse problems. However, relatively few respondents reported receiving help with this activity and nearly all who did receive help reported being either very or somewhat satisfied.

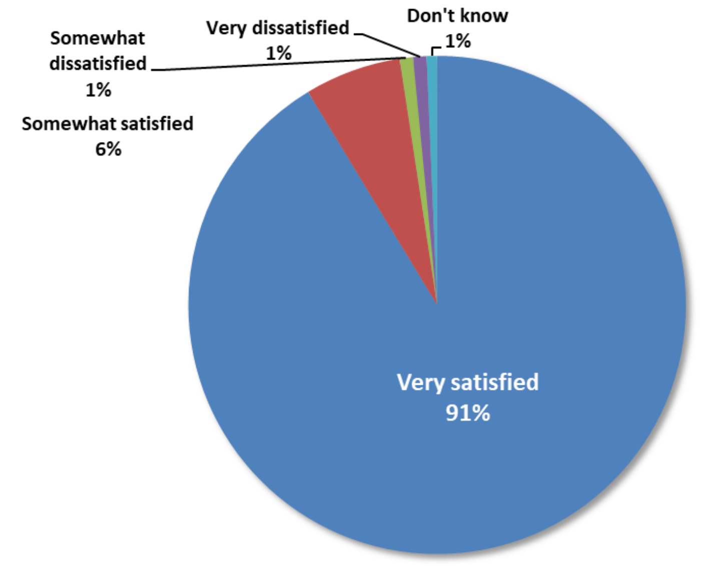
Exhibit 2-18 – Satisfaction with CCU Nurse Activity ("Very Satisfied")[30] – Initial Survey (Longitudinal) & Follow-up

Response	Satisfaction with CCU Nurse Activity										
	Initial Survey (% "very satisfied")						Follow-up Survey (% "very satisfied")				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
1. Asked questions about your health problems/ concerns	91.4%	92.2%	92.5%	94.8%	90.2%	***92.5%***	91.9%	95.3%	92.9%	96.6%	***94.2%***
2. Provided instructions about taking care of your health problems/ concerns	93.6%	97.0%	94.9%	96.6%	90.8%	***95.3%***	93.6%	97.9%	94.6%	97.3%	***96.0%***
3. Helped you to identify changes in health that might be an early sign of a problem	97.4%	93.7%	97.5%	100.0%	91.9%	***96.2%***	97.7%	97.1%	100.0%	100.0%	***98.6%***
4. Answered questions about your health	97.9%	96.8%	95.7%	96.9%	95.3%	***96.6%***	95.5%	97.8%	97.2%	98.1%	***97.3%***
5. Helped you talk to and work with your regular doctor/staff	97.8%	94.0%	88.0%	98.3%	100.0%	***94.6%***	100.0%	96.0%	94.4%	97.1%	***96.6%***
6. Helped you make/ keep appoint-ments with other doctors, such as specialists	95.7%	94.3%	93.2%	96.1%	81.3%	***93.9%***	92.6%	95.2%	93.8%	100.0%	***95.3%***
7. Helped you to make/ keep appointments for MH/SA problems	90.9%	60.0%	62.5%	88.9%	0.0%	***69.4%***	85.7%	63.6%	62.5%	66.7%	***69.0%***
8. Reviewed your medi-cations and helped you manage	96.2%	95.9%	94.3%	96.5%	96.1%	***94.4%***	93.3%	97.1%	95.6%	95.9%	***95.6%***

[30] Satisfaction percentages shown in Appendix B for this and later tables are for all survey respondents, rather than the subset answering "yes" to an activity. The two data sets therefore do not match for these questions.

This positive attitude carried over to the members' overall satisfaction with their CCU nurses. Ninety-one percent of initial survey respondents stated they were "very satisfied" with their nurse (Exhibit 2-19).

Exhibit 2-19 – Satisfaction with CCU Nurse – Initial Survey (Aggregate)



The high level of satisfaction was consistent across both surveys and all survey time periods. (Exhibit 2-20).

Exhibit 2-20– Satisfaction with CCU Nurse –
Initial Survey (Longitudinal) & Follow-up

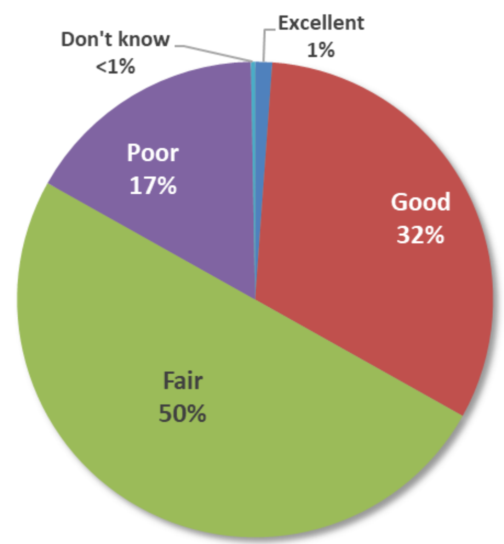
	Satisfaction with CCU Nurse										
Response	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Very satisfied	91.5%	90.8%	91.7%	93.3%	88.1%	***91.3%***	91.2%	94.6%	92.3%	95.7%	***93.5%***
Somewhat satisfied	6.6%	6.2%	6.0%	5.5%	8.1%	***6.3%***	4.9%	3.4%	6.5%	1.7%	***4.2%***
Somewhat dissatisfied	0.9%	1.2%	1.4%	0.0%	0.7%	***0.9%***	3.9%	0.7%	0.6%	0.9%	***1.3%***
Very dissatisfied	0.9%	1.5%	0.5%	0.4%	0.7%	***0.9%***	0.0%	1.4%	0.6%	1.7%	***1.0%***
Don't know/not sure/no response	0.0%	0.3%	0.5%	0.8%	2.2%	***0.7%***	0.0%	0.0%	0.0%	0.0%	***0.0%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Health Status and Lifestyle

The ultimate objectives of the CCU are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of initial survey respondents said "fair" (Exhibit 2-21).

Exhibit 2-21 – Current Health Status – Initial Survey (Aggregate)



The self-reported health status profile was generally consistent across initial survey time periods. The percentage of follow-up respondents rating their health as "good" increased in the most recent survey time period, while the percentage rating their health as "fair" decreased (Exhibit 2-22).

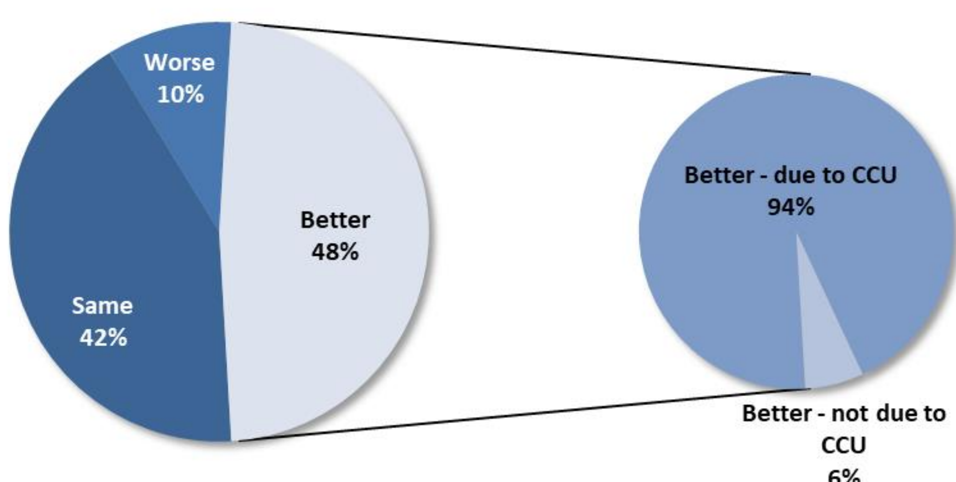
Exhibit 2-22 – Current Health Status – Initial Survey (Longitudinal) & Follow-up

	Current Health Status										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Excellent	1.0%	1.8%	1.4%	0.4%	0.7%	***1.2%***	1.0%	0.0%	0.0%	0.0%	***0.2%***
Good	41.0%	31.3%	29.7%	30.8%	32.6%	***32.0%***	40.2%	31.3%	28.4%	46.2%	***35.5%***
Fair	39.0%	44.2%	54.3%	55.3%	55.6%	***50.0%***	41.2%	53.3%	61.3%	45.3%	***51.5%***
Poor	19.0%	22.4%	14.6%	13.4%	9.6%	***16.6%***	17.6%	15.3%	10.3%	8.5%	***12.8%***
Don't know/not sure/no response	0.0%	0.3%	0.0%	0.0%	1.5%	***0.3%***	0.0%	0.0%	0.0%	0.0%	***0.0%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

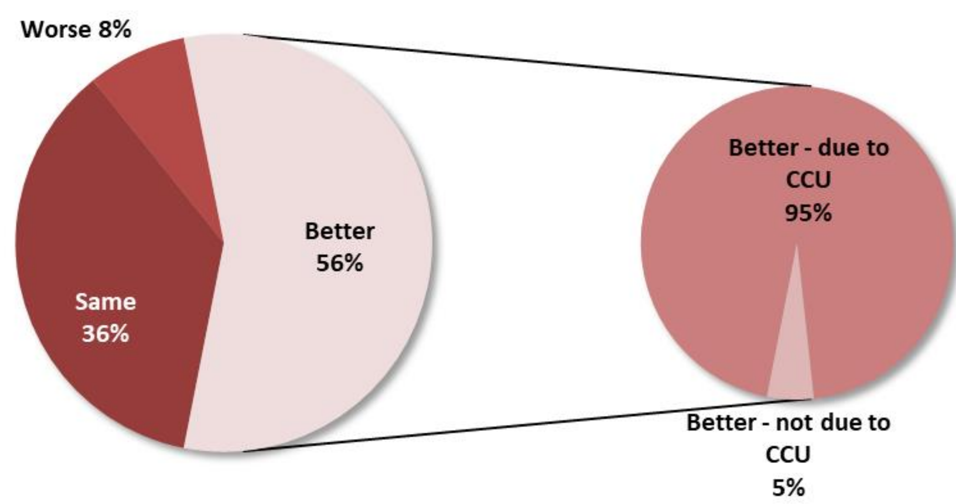
When next asked if their health status had changed since enrolling in the SoonerCare CCU, the largest segment of initial survey respondents (48 percent) said it was "better" while only 10 percent said it was "worse". Among those respondents who reported a positive change, nearly all (94 percent) credited the SoonerCare CCU with contributing to their improved health (Exhibit 2-23).

Exhibit 2-23 – Health Status as Compared to Pre-CCU Enrollment – Initial Survey (Aggregate)



The results were even more encouraging among follow-up survey respondents. Fifty-six percent reported improved health, with 95 percent crediting this improvement to the program (Exhibit 2-24).

Exhibit 2-24 – Health Status as Compared to Pre-CCU Enrollment – Follow-up Survey



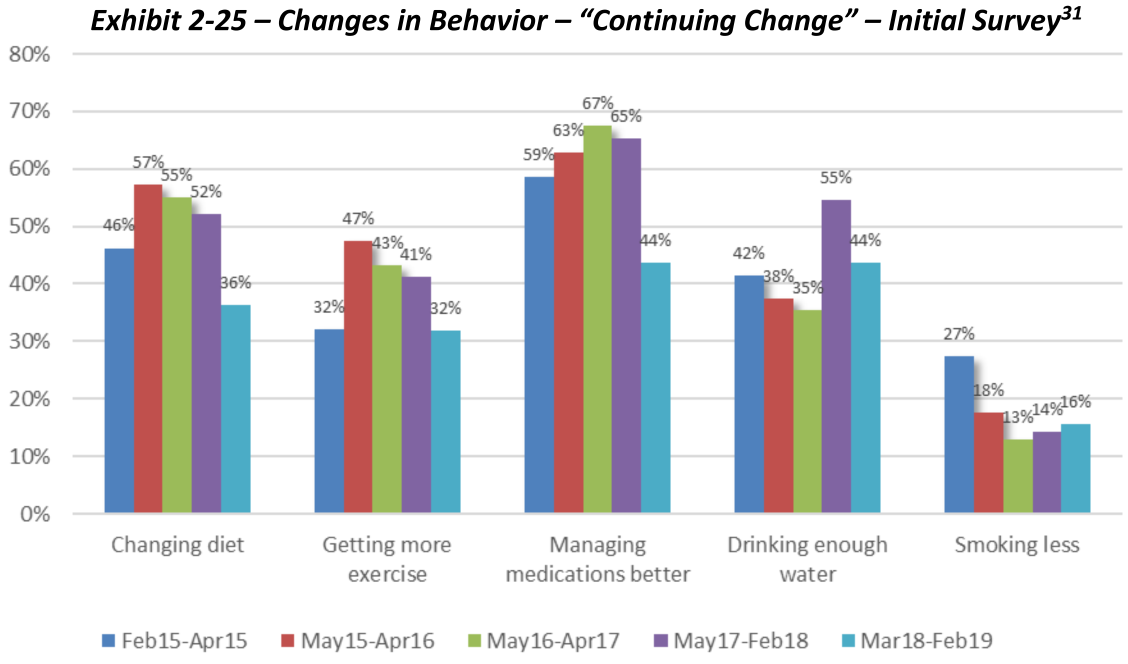
Respondents in the follow-up survey who stated that the SoonerCare CCU contributed to their improvement in health were asked to provide examples of the program's impact. The answers generally referred back to the activities shown in Exhibits 2-17 and 2-18. However, many respondents also simply were grateful to have someone to talk to who they viewed as compassionate and interested in their health.

Respondents also were asked whether their CCU nurse had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change. Respondents were asked whether their nurse discussed behavior changes with respect to: smoking, exercise, diet, medication management, water intake and alcohol/substance consumption. If yes, respondents were asked about the impact of the nurse's intervention on their behavior (no change, temporary change or continuing change).

A majority of respondents in both the initial and follow-up survey groups reported discussing each of the activities with their CCU nurse. A significant percentage also reported continuing to make changes with respect to exercise, diet, water intake and medication management. Smaller percentages reported working to reduce tobacco, alcohol or other substance use.

The percentage that reported continuing change has fluctuated by activity, although the rate declined from the fourth to fifth reporting periods for most activities (Exhibit 2 – 25).

Exhibit 2-25 – Changes in Behavior – "Continuing Change" – Initial Survey[31]



[31] The sixth behavior, drinking or using other substances less, was identified as an area of continuing change by 1.8 percent of the initial survey group and 1.7 percent of the follow-up survey group. It is omitted from the exhibit due to the difference in scale versus the other behavior items.

The results for the initial survey, in aggregate, and the follow-up survey were very similar across the six behaviors (Exhibit 2-26 on the following page).

Exhibit 2-26– Changes in Behavior – Initial Survey (Aggregate) & Follow-up

Behavior	Survey	Discussion and Change in Behavior					
		N/A – Not Discussed[32]	Discussed – No Change	Discussed – Temporary Change	Discussed – Continuing Change	Discussed – But Not Applicable	Unsure/ No Response
1. Smoking less or using other tobacco products less	Initial	20.9%	5.0%	1.6%	16.5%	53.8%	2.1%
	Follow-up	16.3%	3.6%	0.8%	13.2%	63.5%	2.7%
2. Moving around more or getting more exercise	Initial	22.0%	7.4%	1.4%	41.4%	24.9%	3.0%
	Follow-up	21.3%	6.1%	1.9%	45.2%	23.0%	2.5%
3. Changing your diet	Initial	20.0%	6.1%	1.4%	51.7%	18.0%	2.8%
	Follow-up	14.4%	8.2%	2.9%	56.5%	15.7%	2.3%
4. Managing and taking your medications better	Initial	12.4%	0.8%	0.6%	61.4%	21.9%	2.9%
	Follow-up	7.7%	0.4%	0.2%	59.2%	29.7%	2.9%
5. Making sure to drink enough water throughout the day	Initial	27.7%	6.1%	0.7%	42.4%	18.7%	4.4%
	Follow-up	21.6%	8.6%	1.5%	42.5%	20.7%	5.0%
6. Drinking or using other substances less	Initial	28.9%	0.1%	0.0%	1.8%	66.3%	2.9%
	Follow-up	32.8%	0.0%	0.2%	1.7%	62.0%	3.3%

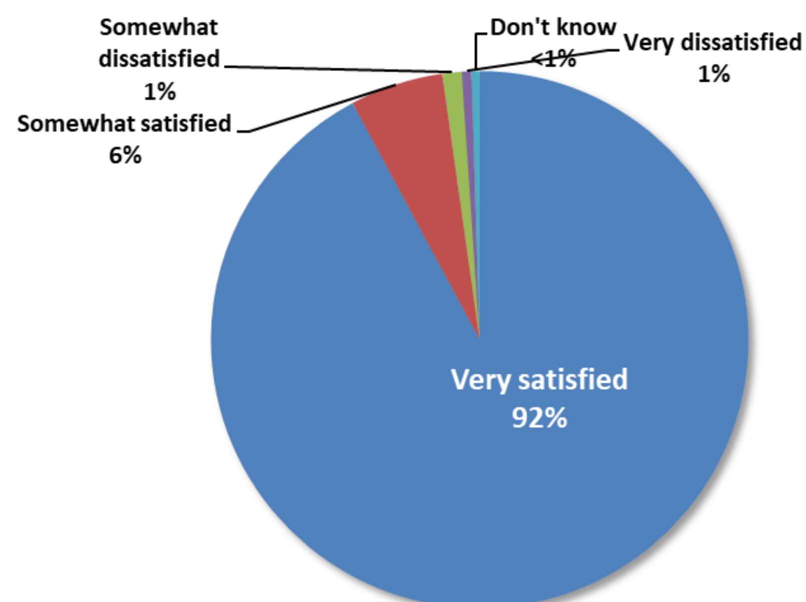
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

[32] "N/A – not discussed" includes members for whom no inquiry was made. "Discussed but not applicable" column refers to members for whom an inquiry was made but the category did not apply (e.g., non-tobacco users).

Overall Satisfaction

Survey respondents reported very high levels of satisfaction with the SoonerCare CCU overall, consistent with their opinion of the CCU nurse, who serves as their point of contact with the program (Exhibit 2-27). Ninety-two percent of initial survey respondents reported being “very satisfied”. An even higher percentage (96 percent) of initial survey respondents said they would recommend the program to a friend with health care needs like theirs.

Exhibit 2-27 – Overall Satisfaction with SoonerCare CCU – Initial Survey (Aggregate)



The “very satisfied” percentage was consistent across the two surveys and across survey time periods (Exhibit 2-28 on the following page).

Exhibit 2-28 – Overall Satisfaction with SoonerCare CCU – Initial Survey (Longitudinal) & Follow-up

	Satisfaction with SoonerCare HMP										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Very satisfied	91.5%	92.0%	92.2%	93.3%	88.1%	***91.8%***	91.2%	95.3%	92.9%	95.7%	***93.9%***
Somewhat satisfied	6.6%	4.3%	5.5%	5.5%	8.1%	***5.6%***	6.9%	2.7%	5.8%	1.7%	***4.2%***
Somewhat dissatisfied	1.9%	1.8%	1.4%	0.0%	0.7%	***1.2%***	2.0%	0.7%	0.6%	0.9%	***1.0%***
Very dissatisfied	0.0%	1.2%	0.5%	0.4%	0.7%	***0.7%***	0.0%	1.4%	0.6%	1.7%	***1.0%***
Don't know/not sure/no response	0.0%	0.6%	0.5%	0.8%	2.2%	***0.8%***	0.0%	0.0%	0.0%	0.0%	***0.0%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Participant appreciation of the CCU nurse and CCU program overall is further reflected in the types of comments made during the survey. While not all of the comments were positive, the great majority were. example[33]:

> *"(My nurse) has been wonderful. Since I've been talking to her, she has told me about a lot of resources for problems I've had."*

> *"Please tell her boss that she is doing a great job. I give her an 11 out of 10. She always listens to me and waits for me to finish talking. I love having someone who I know is going to call me every month. I don't have that many people who check on me."*

> *"My health has gotten better because my nurse explains everything to me. I don't speak English that good and she help(s) me to understand what is going on."*

> *"I feel comfortable enough to talk to my SoonerCare nurse about anything. And, that is important to me."*

[33] First four comments are from most recent survey period. Subsequent comments are from earlier survey periods.

------- (Earlier Survey Periods) -------

"(My nurse) is my lifeline. I don't know what I would do without her. She explains things in layman's terms so I can understand. She has sent me valuable information on how to manage my diabetes and is a shoulder to cry on too. I am bi-polar and sometimes when she calls, I am in a bad way. She listens to me and makes me feel so much better. I hope the program is not ending!"

"My SoonerCare nurse is the only medical person I trust anymore. I can never get into my doctor for an appointment and she can get me in the same day usually. She has helped me get into see a specialist for breast reduction. This program is the best thing SoonerCare ever did! I love my SoonerCare nurse."

Parent of four children: "(My nurse) has been a lifesaver! I do not have internet and she looks up information for me and does homework on any questions I have. She is very encouraging too. I get down over all the health problems my kids have but she encourages me. They all have a rare connective tissue disorder and sometimes I don't understand what the doctor tells me. I will ask her and she will look it up and call me back right away with the answers. I always have a lot of questions and she is very kind and patient with me."

"(My nurse) helped me quite a lot. Because of her I have been able to make all of my doctor appointments by giving me the information on getting rides. I used to have to ask friends for rides. I would miss a lot of appointments then. She also helped me get dentures which didn't cost me anything. She also called St. John's and got me set up for food and supplements to help me gain weight. She also helped me get treatment for the Hep. C which I didn't think there was anything that could be done. She is a God send!"

"(My nurse) has been very helpful. I am on Hep. C medicine and did not know what other medications I could take with it. He sent me information on my medicine and it had a list of over the counter pill that I could take for headaches. That was very helpful. I am ecstatic over him!"

"(My nurse) is a great help. She stays on top of everything and goes out of her way to make sure everything goes smoothly. She made sure that I got my Hep. C medication on time and helped me with the side effects. She calls and checks on me all the time. If I needed to take a medication I could call her to make sure it didn't interact with my Hep. C meds."

"(My nurse) is really nice. She does not rush through our phone calls. It's nice to have someone check up on you and help keep track of your meds and appointments."

"(My nurse) helped me get an MRI done on my shoulder. SoonerCare kept denying it until he called them. Then all of a sudden, they approved it!"

"(My nurse) is wonderful. She takes her time and makes sure that we understand everything she is telling us. She helps us with our doctor too, if we're having any problems."

"(My nurse) is excellent. I give him A+ in my book! He calls me every week to do a pill count on my Hep. C medications. He is very supportive and has a very positive outlook on life."

"I thank God every day for bringing (my nurse) into my life. She has helped by working with my primary care doctor to find a specialist that can help figure out what the tumors are that are growing on my spine. My family has had a lot of health problems and bad luck this year and (my nurse) has given me the support and help I have needed to go on each day. She has also helped me to lose 80 pounds which has taken some of the pressure off my back. She is very dependable; if she promises to do, or send, something, she does. If she says she is going to call on a certain day, she does. I just wish that I could meet her in person. I feel like she is a dear friend. I tell people how great the program is and how wonderful she is."

In one rare case of a negative comment being registered, the dissatisfaction appears related to the nurses' role performing utilization management activities, rather than care management:

"SoonerCare should do away with the program. I had two separate terrible experiences with two different nurses a year apart. My doctor put me in the program so that I could get gastric bypass surgery. Both nurses (names redacted) interfered with the process and I never did get approved for the surgery…SoonerCare should just let my doctor refer me for surgery and let that be it."

In another instance, the parents appeared not to want help for a child whose condition is not going to improve. In such cases, it may be advisable to ensure the parents know the CCU is available as a resource but otherwise suspend care management until such time as the member (or member's caregiver) requests help[34].

[34] Conversely, an HMP member with a similar situation expressed gratitude in the most recent survey period for having a care manager's support: *"My daughter has a very debilitating disease which she won't get better. Having the support of her nurse coach has helped so much."*

> *"I keep telling them not to call me anymore, but they still call every month asking the same questions…He has a congenital condition that will never go away. We don't need any help taking care of him."*

Summary of Key Findings

SoonerCare CCU members report being very satisfied with their experience in the program and value highly their relationship with the CCU nurse. This was true both at the time of the initial survey and when participants were re-contacted six months later for the follow-up survey.

CHAPTER 3 – SOONERCARE CCU QUALITY OF CARE ANALYSIS

Introduction

SoonerCare CCU nurses devote much of their time to improving the quality of care for program participants. This includes educating participants about adherence to clinical guidelines for preventive care and for treatment of chronic conditions.

PHPG evaluated the impact of SoonerCare CCU on quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare CCU population. The evaluation included 19 diagnosis-specific measures and three population-wide preventive measures:

- Asthma measures
  - Use of appropriate medications for people with asthma
  - Medication management for people with asthma – 50 percent[35]
  - Medication management for people with asthma – 75 percent

- Cardiovascular (CAD and heart failure) measures
  - Persistence of beta-blocker treatment after a heart attack
  - Cholesterol management for patients with cardiovascular conditions – LDL-C screening

- COPD measures
  - Use of spirometry testing in the assessment and diagnosis of COPD
  - Pharmacotherapy management of COPD exacerbation – 14 days
  - Pharmacotherapy management of COPD exacerbation – 30 days

- Diabetes measures
  - Percentage of members who had LDL-C screening
  - Percentage of members who had retinal eye exam performed
  - Percentage of members who had Hemoglobin A1c (HbA1c) testing
  - Percentage of members who received medical attention for nephropathy
  - Percentage of members prescribed angiotensin converting enzyme inhibitors or angiotensin receptor blockers (ACE/ARB therapy)

- Hypertension measures
  - Percentage of members who had LDL-C screening
  - Percentage of members prescribed ACE/ARB therapy
  - Percentage of members prescribed diuretics

[35] The 50 percent measure has been discontinued by NCQA/HEDIS but is being reported here as part of the longitudinal analysis of quality measures.

    - Percentage of members prescribed ACE/ARB therapy or diuretics with annual medication monitoring

- Mental Health measures
    - Follow-up after hospitalization for mental illness – 7 days
    - Follow-up after hospitalization for mental illness – 30 days

- Preventive health measures
    - Adult access to preventive/ambulatory health services
    - Children and adolescents' access to PCPs
    - Adult body mass index (BMI) assessment

The specifications for each measure are presented in the applicable section.

Methodology

The quality of care analysis targeted SoonerCare CCU participants meeting the criteria outlined in chapter one. The analysis was performed in accordance with HEDIS specifications. PHPG used administrative (claims) data to develop findings for the measures.

PHPG determined the total number of members to be evaluated for each measure (denominator), the number meeting the clinical standard (numerator) and the resultant "percent compliant". The results were compared to compliance rates for the general SoonerCare population (SFY 2018 reporting year), where available, and to national Medicaid MCO benchmarks where SoonerCare data was not available. (SoonerCare rates are shown in black font; national rates, when used, are shown in blue font. In a few instances, neither source was available, as denoted by dash lines.)

PHPG also compared SFY 2018 SoonerCare CCU population compliance rates to SFY 2015 through SFY 2017 compliance rates to examine year-over-year trends.

For each measure, the first exhibit displayed presents SoonerCare CCU participants and a comparison group (general SoonerCare population or national Medicaid MCO benchmark). The second exhibit presents SoonerCare CCU participant year-over-year compliance percentages.

Statistically significant differences between CCU participants and the comparison group at a 95 percent confidence level are noted in the exhibits through bold face type of the value shown in the "% point difference" column. However, all results should be interpreted with caution given the small size of the care managed population.

Asthma

The quality of care for CCU participants with asthma (ages 5 to 64) was evaluated through three clinical measures:

- *Use of Appropriate Medications for People with Asthma*: Percent with persistent asthma who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolun sodium, leukotriene modifiers or methylaxanthines.
- *Medication Management for People with Asthma – 50 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription for an asthma controller medication for at least 50 percent (50 percent compliance rate) of the year, starting with the first date of receiving such a prescription.
- *Medication Management for People with Asthma – 75 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription at least 75 percent (75 percent compliance rate) of the year, starting with the first date of receiving such a prescription.

The compliance rate for the CCU population exceeded the comparison group rate on two of three measures (Exhibit 3-1[36]). The difference was statistically significant for one measure, although this result should be viewed with caution given the small CCU population.

Exhibit 3-1– Asthma Clinical Measures - CCU Participants vs. Comparison Group

Measure	CCU Participants			CCU Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	CCU - Comparison: % Point Difference
1. Use of Appropriate Medications for People with Asthma	7	7	100.0%	81.1%	**18.9%**
2. Medication Management for People with Asthma – 50 Percent	7	4	57.1%	59.8%	(2.7%)
3. Medication Management for People with Asthma – 75 Percent	7	3	42.9%	39.3%	3.6%

[36] In the interest of space, the population size for the comparison group is not presented in the tables. However, in all instances, it was many multiples of the CCU population, as would be expected for a total program number. For example, the denominator for asthma measures was 15,824.

There was improvement in two of the medication management measures from SFY 2015 to SFY 2018. There was 100 percent compliance in all years for individuals with asthma who were appropriately prescribed medications (Exhibit 3-2).

Exhibit 3-2 – Asthma Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Appropriate Medications for People with Asthma	100.0%	100.0%	100.0%	100.0%	---
2. Medication Management for People with Asthma – 50 Percent	42.9%	40.0%	50.0%	57.1%	14.2%
3. Medication Management for People with Asthma – 75 Percent	28.6%	40.0%	40.0%	42.9%	14.3%

Cardiovascular Disease

The quality of care for CCU with cardiovascular disease (coronary artery disease, heart failure) was evaluated through two clinical measures:

- *Persistence of Beta Blocker Treatment after Heart Attack*: Percentage of members 18 and older with prior MI prescribed beta-blocker therapy.
- *LDL-C Screening*: Percentage of members 18 to 75 who received at least one LDL-C screen.

The compliance rate for the comparison group exceeded the CCU population rate on the one measure (Exhibit 3-3). The difference could not be calculated for statistically significant.

Exhibit 3-3 – Cardiovascular Disease Clinical Measures – CCU Participants vs. Comparison Group

Measure	CCU Participants			CCU Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	CCU - Comparison: % Point Difference
1. Persistence of Beta Blocker Treatment after Heart Attack	1	1	100.0%	78.5%	21.5%[37]
2. LDL-C Screening	61	45	73.8%	--	--

[37] Statistical significance cannot be calculated on a sample of 1.

There was a small sample size (n=1) for beta blocker treatment after a heart attack. There was a modest increase in LDL-C screening from SFY 2015 to SFY 2018 (Exhibit 3-4).

Exhibit 3-4 – Cardiovascular Disease Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	0.0%	0.0%	0.0%	100.0%	100.0%
2. LDL-C Screening	70.5%	72.9%	72.6%	73.8%	3.3%

COPD

The quality of care for CCU participants with COPD (ages 40 and older) was evaluated through three clinical measures:

- *Use of Spirometry Testing in the Assessment/Diagnosis of COPD*: Percentage of members who received spirometry screening.
- *Pharmacotherapy Management of COPD Exacerbation – 14 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed systemic corticosteroid within 14 days.
- *Pharmacotherapy Management of COPD Exacerbation – 30 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed a bronchodilator within 30 days.

The compliance rate for the comparison group exceeded the CCU population rate on all three measures (Exhibit 3-5). The difference was statistically significant for one measure, although this result should be viewed with caution given the small CCU population.

Exhibit 3-5 – COPD Clinical Measures – CCU Participants vs. Comparison Group

Measure	CCU Participants			CCU Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	CCU - Comparison: % Point Difference
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	30	6	20.0%	31.6%	(11.6%)
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	30	14	46.7%	68.2%	**(21.5%)**
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	30	21	70.0%	81.4%	(11.4%)

The compliance rate for the CCU population increased for all three COPD clinical measures from SFY 2015 to SFY 2018 (Exhibit 3-6).

Exhibit 3-6 – COPD Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	12.9%	12.5%	14.0%	20.0%	7.1%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	35.3%	37.5%	37.8%	46.7%	11.4%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	61.8%	66.7%	64.4%	70.0%	8.2%

Diabetes

The quality of care for CCU participants (ages 18 to 75) with diabetes was evaluated through five clinical measures:

- *LDL-C Screening*: Percentage of members who received LDL-C in previous twelve months.
- *Retinal Eye Exam*: Percentage of members who received at least one dilated retinal eye exam in previous twelve months.
- *HbA1c Test*: Percentage of members who received at least one HbA1C test in previous twelve months.
- *Medical Attention for Nephropathy*: Percentage of members who received medical attention for nephropathy in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.

The compliance rate for the CCU population exceeded the comparison group rate on the four measures having a comparison group percentage (Exhibit 3-7). The difference was statistically significant for three measures.

Exhibit 3-7 – Diabetes Clinical Measures – CCU Participants vs. Comparison Group

Measure	CCU Participants			CCU Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	CCU - Comparison: % Point Difference
1. LDL-C Screening	143	105	73.4%	65.8%	7.6%
2. Retinal Eye Exam	143	56	39.2%	30.1%	**9.1%**
3. HbA1c Test	143	119	83.2%	74.2%	**9.0%**
4. Medical Attention for Nephropathy	143	114	79.7%	52.9%	**26.8%**
5. ACE/ARB Therapy	143	99	69.2%	---	---

The compliance rate for diabetes clinical measures increased slightly for all five measures from SFY 2015 to SFY 2018 (Exhibit 3-8).

Exhibit 3-8 – Diabetes Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	71.6%	70.9%	71.1%	73.4%	1.8%
2. Retinal Eye Exam	37.6%	38.1%	38.6%	39.2%	1.6%
3. HbA1c Test	80.9%	80.9%	81.7%	83.2%	2.3%
4. Medical Attention for Nephropathy	78.7%	80.0%	80.2%	79.7%	1.0%
5. ACE/ARB Therapy	66.0%	66.4%	67.0%	69.2%	3.2%

Hypertension

The quality of care for CCU participants with hypertension (ages 18 and older) was evaluated through four clinical measures:

- *LDL-C Screening*: Percentage of members who received LDL-C in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.
- *Diuretics*: Percentage of members who received diuretic in previous twelve months.
- *Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics*: Percentage of members prescribed ACE/ARB therapy or diuretic who received annual medication monitoring.

The compliance rate for the comparison group exceeded the CCU population rate on one measure having a comparison group percentage (Exhibit 3-9). The difference was not statistically significant.

Exhibit 3-9 – Hypertension Clinical Measures – CCU Participants vs. Comparison Group

Measure	CCU Participants			CCU Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	CCU - Comparison: % Point Difference
1. LDL-C Screening	235	160	68.1%	---	---
2. ACE/ARB Therapy	235	157	66.8%	---	---
3. Diuretics	235	115	48.9%	---	---
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics[38]	100	86	86.0%	88.2%	(2.2%)

[38] Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

The compliance rate for all four hypertension clinical measures increased slightly from SFY 2015 to SFY 2018 (Exhibit 3-10).

Exhibit 3-10 – Hypertension Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	66.4%	66.3%	66.7%	68.1%	1.7%
2. ACE/ARB Therapy	62.6%	65.0%	65.4%	66.8%	4.2%
3. Diuretics	46.6%	47.5%	48.0%	48.9%	2.3%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	83.8%	84.4%	84.5%	86.0%	2.2%

Mental Health

The quality of care for CCU participants with mental illness (ages six and older) was evaluated through two clinical measures:

- *Follow-up after Hospitalization for Mental Illness – Seven Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within seven days.
- *Follow-up after Hospitalization for Mental Illness – 30 Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within 30 days.

The compliance rate for the CCU population exceeded the comparison group rate on one of two measures (Exhibit 3-11). The difference was not statistically significant for either measure.

Exhibit 3-11 – Mental Health Measures – CCU Participants vs. Comparison Group

Measure	CCU Participants			CCU Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	CCU - Comparison: % Point Difference
1. Follow-up after Hospitalization for Mental Illness – Seven Days	13	6	46.2%	24.1%	22.1%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	13	6	46.2%	46.9%	(0.7%)

The compliance rate increased moderately for one mental health measure and was unchanged for the other from SFY 2015 to SFY 2018 (Exhibit 3-12).

Exhibit 3-12 – Mental Health Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	38.5%	40.0%	44.4%	46.2%	7.7%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	46.2%	40.0%	44.4%	46.2%	---

Prevention

The quality of preventive care for CCU participants was evaluated through three clinical measures:

- *Adult Access to Preventive/Ambulatory Care*: Percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.
- *Child Access to PCP*: Percentage of children 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior.
- *Adult BMI*: Percentage of adults 18 to 75 years old who had an outpatient visit where his/her BMI was documented, either during the measurement year or year prior to the measurement year.

The compliance rate for the CCU population exceeded the comparison group rate by a statistically significant amount on all three measures (Exhibit 3-13).

Exhibit 3-13 – Preventive Measures – CCU Participants vs. Comparison Group

Measure	CCU Participants			CCU Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	CCU - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	334	322	96.4%	83.2%	**13.2%**
2. Child Access to PCP	93	93	100.0%	92.1%	**8.9%**
3. Adult BMI	329	72	21.9%	10.6%	**11.3%**

There was 100 percent compliance for the measure of child access to PCP (Exhibit 3-14). There was statistically significant improvement in the compliance rate for adult BMI (versus 2015) and a slight decline (but still near universal compliance) for adult access to preventive/ambulatory care from SFY 2015 to SFY 2018.

Exhibit 3-14 – Preventive Measures – 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Adult Access to Preventive/Ambulatory Care	97.7%	97.3%	97.0%	96.4%	(1.3%)
2. Child Access to PCP	100.0%	100.0%	100.0%	100.0%	---
3. Adult BMI	14.2%	13.8%	21.1%	21.9%	**7.7%**

Summary of Key Findings

The CCU participant compliance rate exceeded the comparison group rate on 11 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for seven of the 11, suggesting that the program is having a positive effect on quality of care, although there is room for continued improvement.

The most impressive results, relative to the comparison group, were observed for participants with diabetes and with respect to access to preventive care.

The SFY 2018 results were consistent with findings for earlier fiscal years, indicating that the SoonerCare CCU is having a positive, and sustained, impact on quality of care for health coaching participants.

The long-term benefits to participants will continue to be measured through the quality of care longitudinal analysis and through the utilization and expenditure analysis presented in the next chapter.

CHAPTER 4 – SOONERCARE CCU UTILIZATION, EXPENDITURE & COST EFFECTIVENESS ANALYSIS

Introduction

CCU nurse care management, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits, fewer hospitalizations and lower acute care costs.

PHPG obtained MEDai data for SoonerCare CCU participants, excluding a small number of Medicare/Medicaid dual eligible members; the data includes a twelve-month forecast of emergency department visits, hospitalizations and total expenditures. MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience.

The resulting forecasts serve as an accurate depiction of what participant utilization would have been like in the absence of the program. They serve as benchmarks against which each member's actual utilization and expenditures, post CCU enrollment, can be compared.

At the program level, the expenditure test also must take into account SoonerCare CCU administrative expenses. To be cost effective, actual expenditures must be sufficiently below forecast to cover administrative expenses and yield some level of net savings.

The CCU also is responsible for:

- Members with hemophilia or sickle cell anemia, even if the member otherwise would be enrolled in the SoonerCare HMP.
- Members identified as high utilizers of the emergency department.
- Members undergoing bariatric surgery.
- Members with hepatitis-C receiving treatment and whose treating provider has referred for case management.
- Members identified through a Health Risk Assessment (HRA), which SoonerCare applicants are given the option of completing as part of the online enrollment process. Based on responses to the HRA, members can be referred to different programs for assistance or case management, including the SoonerCare CCU.

These members are enrolled regardless of their MEDai score.

Methodology

PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts for the period following the start date of engagement up to 60 months. Data includes both active participants and persons who have disenrolled from the program.

MEDai forecasts only extend to the first 12 months of engagement. For months 13 to 60, PHPG applied a trend rate to the MEDai data to calculate an estimated PMPM absent SoonerCare CCU enrollment. The trend rate was set equal to the actual PMPM trend for a comparison group comprised of SoonerCare members who were determined to be eligible for the SoonerCare HMP but who declined the opportunity to enroll ("eligible but not engaged")[39].

The trend rate was calculated using a roster of "eligible but not engaged" members dating back to the start of the second generation SoonerCare HMP in SFY 2014. Before calculating the trend, PHPG analyzed the roster data and removed members without at least one chronic condition, as well as members with no or very low claims activity. This was done to ensure the comparison group accurately reflected the engaged population.

The evaluation examined participants in six priority diagnostic categories used by MEDai as part of its calculation of the chronic impact score for potential SoonerCare CCU participants: asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), heart failure, diabetes mellitus and hypertension[40]. The evaluation also examined members with hepatitis C and the CCU population as a whole, with one exception.

Participants with hemophilia were excluded based on their extraordinarily high PMPM costs, which averaged $16,700[41]. Although few in number, including these participants in the analysis would distort the findings by significantly raising average CCU participant costs. It also is unclear that CCU nurses have the ability to affect these costs, a good portion of which are pharmaceutical in nature, making for an unfair test of the program's effectiveness. (This does not argue against enrolling members with hemophilia in the CCU; these members benefit from assistance in obtaining needed drugs and services, and the OHCA benefits from maintaining current information on their service needs.)

Participants in each of the six diagnostic categories were included in the analysis only if it was their most expensive at the time of engagement. A member's most expensive diagnostic category at the time of engagement was defined as the diagnostic category associated with the

[39] The SoonerCare HMP was used as a proxy for the SoonerCare CCU, as there is no equivalent "eligible but not engaged" CCU cohort. The HMP and CCU populations share similar profiles, in terms of chronic conditions. See chapter 1 of the SoonerCare HMP SFY 2015 Evaluation Report and chapter 1 of this report for diagnostic information on the two populations.
[40] MEDai examines diagnoses beyond the six listed, but these six are among the most common found among SoonerCare HMP and CCU participants and are significant contributors to member utilization and expenditures.
[41] SFY 2014 costs.

greatest medical expenditures during the pre-engaged (1-12 months) and engaged periods. As participants have significant rates of physical co-morbidities, categorizing them in this manner allows for a targeted analysis of both the absolute and relative impact of the CCU on the various chronic impact conditions driving participant utilization.

PHPG developed utilization/expenditure rates using claims with dates of service from SFY 2013 through SFY 2018. (The SFY 2013 data was used for calculation of pre-engagement activity.) The OHCA and HPE (the state's Medicaid fiscal agent) prepared a claims file employing the same extraction methodology used by the OHCA on a monthly basis to provide updated claims files to MEDai.

The initial file contained individual eligibility records and complete claims for Medicaid eligibles. PHPG created a dataset that identified each individual's eligibility and claims experience during the evaluation period.

Participants were included in the analysis only if they had three months or more of engagement experience as of June 30, 2018 and had MEDai forecast data available at the time of engagement.[42]

The following data is provided for each of the six diagnoses:

1. Number of participants having the diagnosis and portion for which the diagnosis is their most expensive condition;
2. Comorbidity rates with other targeted conditions;
3. Inpatient days – forecast versus actual;
4. Emergency department visits – forecast versus actual;
5. PMPM medical expenditures – forecast versus actual;
6. Medical expenditures by category of service – pre- and post-engagement; and
7. Aggregate medical expenditure impact of SoonerCare CCU participation.

Items 3 through 7 also are presented for the SoonerCare CCU population as a whole. Appendix C contains detailed expenditure exhibits.

<u>CCU utilization and expenditure findings should be interpreted with caution, due to the small number of participants within the individual diagnosis categories.</u>

[42] See chapter one for information on other exclusions made prior to the utilization/expenditure analysis.

Asthma Population Utilization and Expenditure Evaluation

The SoonerCare CCU in SFY 2018 included 116 participants with an asthma diagnosis[43]. Asthma was the most expensive diagnosis at the time of engagement for 40 percent of participants with this diagnosis (Exhibit 4-1).

Exhibit 4-1 – Participants with Asthma as Most Expensive Diagnosis

Participants w/Asthma	Number Most Expensive	Percent Most Expensive
116	46	40%

A significant portion of participants with asthma also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-2).

Exhibit 4-2 – Participants with Asthma
Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	---
Coronary Artery Disease	31%
COPD	58%
Diabetes	53%
Heart Failure	20%
Hypertension	74%

[43] All participation and expenditure data in the chapter is for the portion of the SoonerCare CCU population remaining after application of the exclusions described in chapter one.

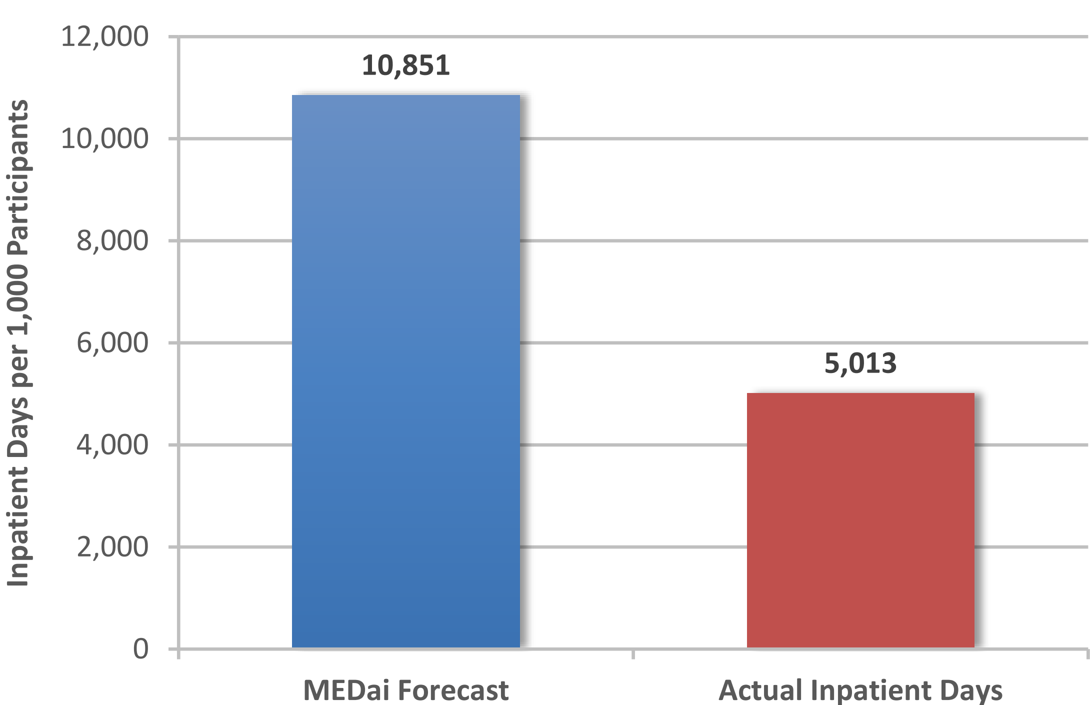
Utilization

PHPG analyzed inpatient hospital and emergency department utilization rates by comparing MEDai forecasts to actual utilization. Hospital utilization was measured by number of inpatient days and emergency department utilization by number of visits per 1,000 participants with asthma as their most expensive diagnosis at the time of engagement.

The purpose of this analysis was to determine if enrollment in the SoonerCare CCU had an impact on avoidable and expensive acute care episodes. All hospitalizations and emergency department visits for a participant were included in the calculations, regardless of the primary admitting/presenting diagnosis. The SoonerCare CCU is intended to be holistic and not limited in its impact to a member's particular chronic condition.

MEDai forecasted that participants with asthma would incur 10,851 inpatient days per 1,000 participants in the first 12 months of engagement[44]. The actual rate was 5,013, or 46 percent of forecast (Exhibit 4-3). (As a point of comparison, the rate for all Oklahomans in 2017 was 584 days per 1,000.[45])

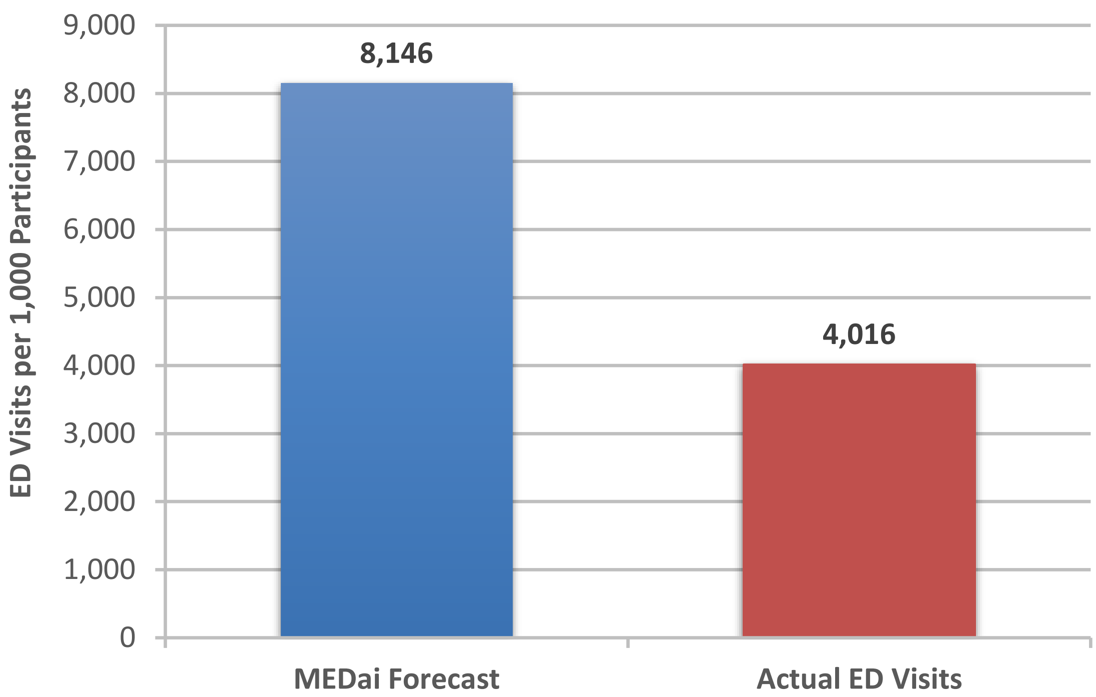
Exhibit 4-3 – Participants with Asthma as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



[44] All MEDai forecasts assume no intervention in terms of care management. Rate calculated for portion of year that each participant was engaged in program.
[45] Source: http://kff.org/other/state-indicator/inpatient-days-by-ownership/ 2017 is the most recent year available.

MEDai forecasted that participants with asthma would incur 8,146 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 4,016, or 49 percent of forecast (Exhibit 4-4). (As a point of comparison, the rate for all Oklahomans in 2017 was 492 visits per 1,000.[46])

Exhibit 4-4 – Participants with Asthma as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



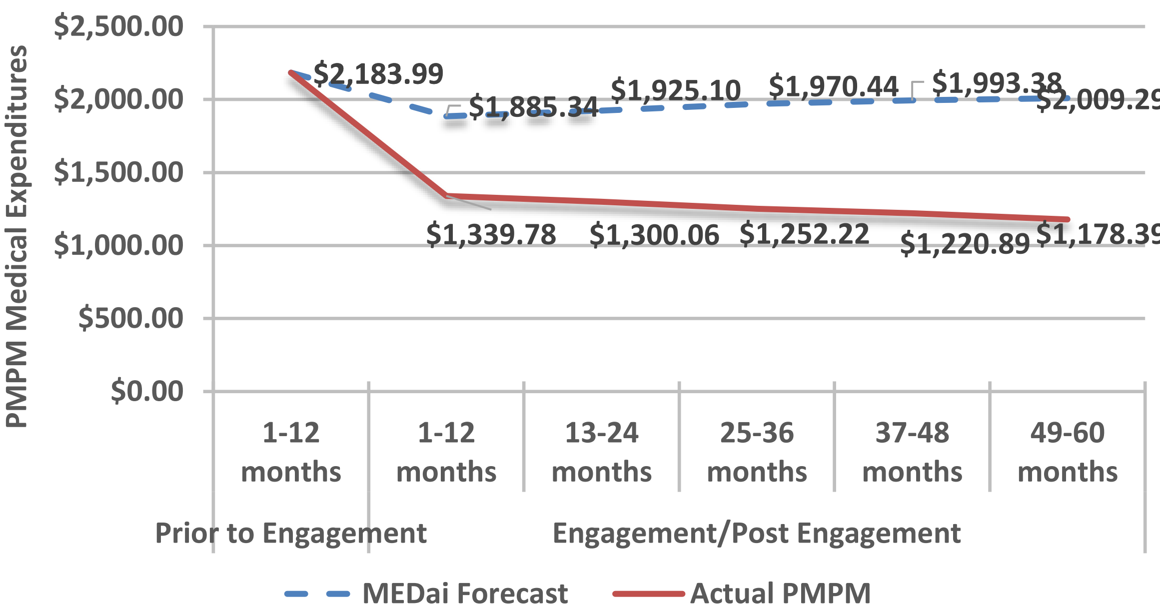
[46] Source: http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/ 2017 is the most recent year available.

Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with asthma during the twelve months prior to engagement and compared actual medical expenditures to forecast for the first twelve months of engagement[47]. MEDai forecasted that participants with asthma would incur an average of $1,885 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,340, or 71% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,925 in PMPM expenditures. The actual amount was $1,300, or 68% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,970 in PMPM expenditures. The actual amount was $1,252, or 64% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,993 in PMPM expenditures. The actual amount was $1,221, or 61% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $2,009 in PMPM expenditures. The actual amount was $1,178, or 59% of forecast (Exhibit 4-5).

Exhibit 4-5 – Participants with Asthma as Most Expensive Diagnosis Total PMPM Expenditures



[47] PMPM rate calculated for portion of year that each participant was engaged in program.

At the category-of-service level in the first 12 months of engagement, all expenditures declined, with hospital costs experiencing the greatest drop (Exhibit 4-6).

Exhibit 4-6 – Participants with Asthma as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$654.38	$342.73	($311.65)	-48%
Outpatient Hospital	$464.13	$243.89	($220.24)	-47%
Physician	$417.15	$298.36	($118.79)	-28%
Pharmacy	$219.87	$179.46	($40.41)	-18%
Behavioral Health	$170.89	$137.18	($33.71)	-20%
All Other	$257.56	$138.16	($119.41)	-46%
Total	**$2,183.99**	**$1,339.78**	**($844.21)**	**-39%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare CCU participants with asthma as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $1.2 million (Exhibit 4-7).

Exhibit 4-7 – Participants with Asthma as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	1,378	$545.56	$751,787
Months 13 - 24	396	$625.04	$247,516
Months 25 - 36	177	$718.22	$127,124
Months 37 - 48	78	$772.49	$60,254
Months 49 -60	37	$830.90	$30,743
Total	**2,066**	**$589.27**	**$1,217,424**

Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare CCU in SFY 2018 included 83 participants with a coronary artery disease diagnosis (CAD) . Coronary artery disease was the most expensive diagnosis at the time of engagement for 24 percent of participants with this diagnosis (Exhibit 4-8).

Exhibit 4-8 – Participants with CAD as Most Expensive Diagnosis

Participant w/CAD	Number Most Expensive	Percent Most Expensive
83	20	24%

The majority of participants with coronary artery disease also were diagnosed with another chronic impact condition, the most common being hypertension and diabetes (Exhibit 4-9).

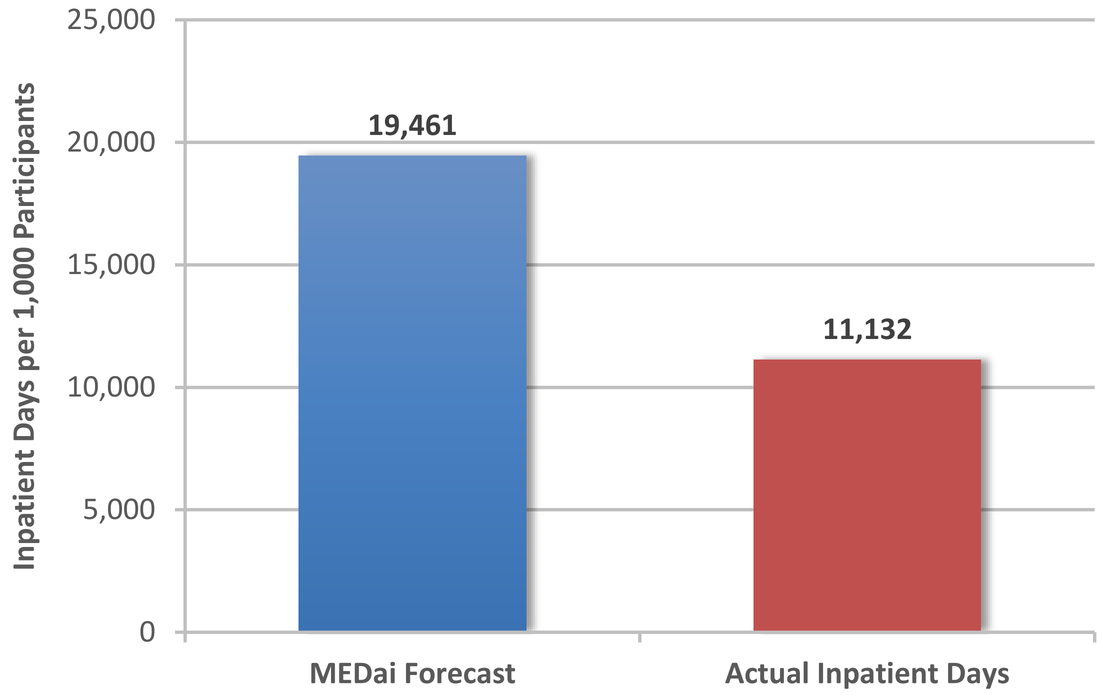
Exhibit 4-9 – Participants with CAD Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	38%
Coronary Artery Disease	---
COPD	68%
Diabetes	77%
Heart Failure	36%
Hypertension	95%

Utilization

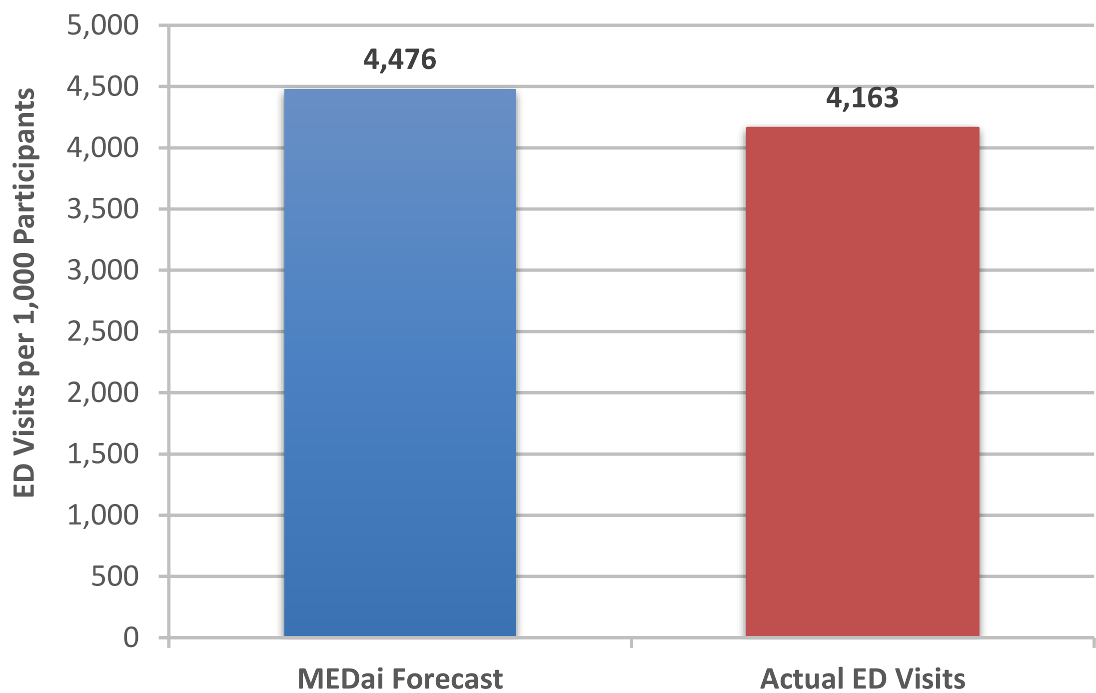
MEDai forecasted that participants with coronary artery disease would incur 19,461 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 11,132, or 57 percent of forecast (Exhibit 4-10).

Exhibit 4-10 – Participants with CAD as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with coronary artery disease would incur 4,476 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 4,163, or 93 percent of forecast (Exhibit 4-11).

Exhibit 4-11 – Participants with CAD as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

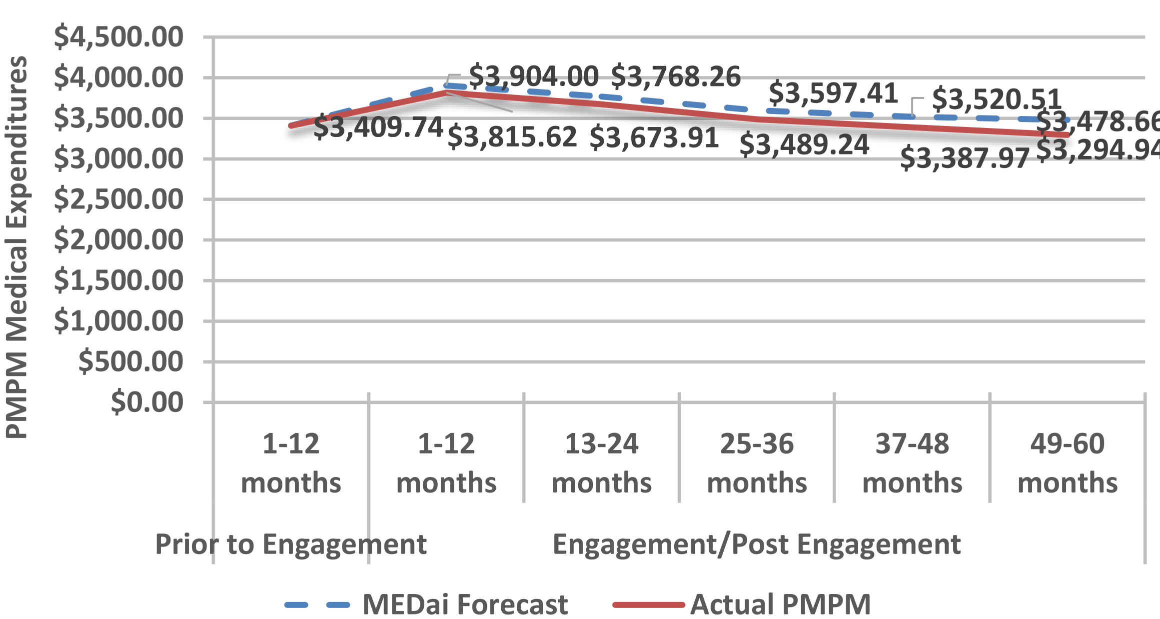


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with coronary artery disease during the twelve months prior to engagement and compared actual medical expenditures to forecast for the first twelve months of engagement. MEDai forecasted that participants with coronary artery disease would incur an average of $3,904 in PMPM expenditures in the first 12 months of engagement. The actual amount was $3,816, or 98% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $3,768 in PMPM expenditures. The actual amount was $3,674, or 98% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $3,597 in PMPM expenditures. The actual amount was $3,489, or 97% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $3,521 in PMPM expenditures. The actual amount was $3,388, or 96% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $3,479 in PMPM expenditures. The actual amount was $3,295, or 95% of forecast (Exhibit 4-12).

Exhibit 4-12 – Participants with CAD as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level in the first 12 months of engagement, outpatient hospital expenditures declined, while all other service costs increased (Exhibit 4-13).

Exhibit 4-13 – Participants with CAD as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$1,492.03	$1,728.66	$236.63	16%
Outpatient Hospital	$612.96	$345.04	($267.92)	-44%
Physician	$590.53	$665.80	$75.27	13%
Pharmacy	$294.25	$540.40	$246.15	84%
Behavioral Health	$113.77	$137.45	$23.69	21%
All Other	$306.19	$398.27	$92.08	30%
Total	**$3,409.74**	**$3,815.62**	**$405.88**	**12%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare CCU participants with coronary artery disease as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $95,000 (Exhibit 4-14).

Exhibit 4-14 – Participants with CAD as Most Expensive Diagnosis
Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	677	$88.38	$59,834
Months 13 - 24	196	$94.35	$18,493
Months 25 - 36	89	$108.17	$9,627
Months 37 - 48	33	$132.54	$4,374
Months 49 -60	17	$183.72	$3,123
Total	**1,012**	**$94.32**	**$95,451**

COPD Population Utilization and Expenditure Evaluation

The SoonerCare CCU in SFY 2018 included 135 participants with a chronic obstructive pulmonary disease (COPD) diagnosis. COPD was the most expensive diagnosis at the time of engagement for 25 percent of participants with this diagnosis (Exhibit 4-15).

Exhibit 4-15 – Participants with COPD as Most Expensive Diagnosis

Participants w/COPD	Number Most Expensive	Percent Most Expensive
135	34	25%

The majority of participants with COPD also were diagnosed with another chronic impact condition, the most common being hypertension and diabetes (Exhibit 4-16).

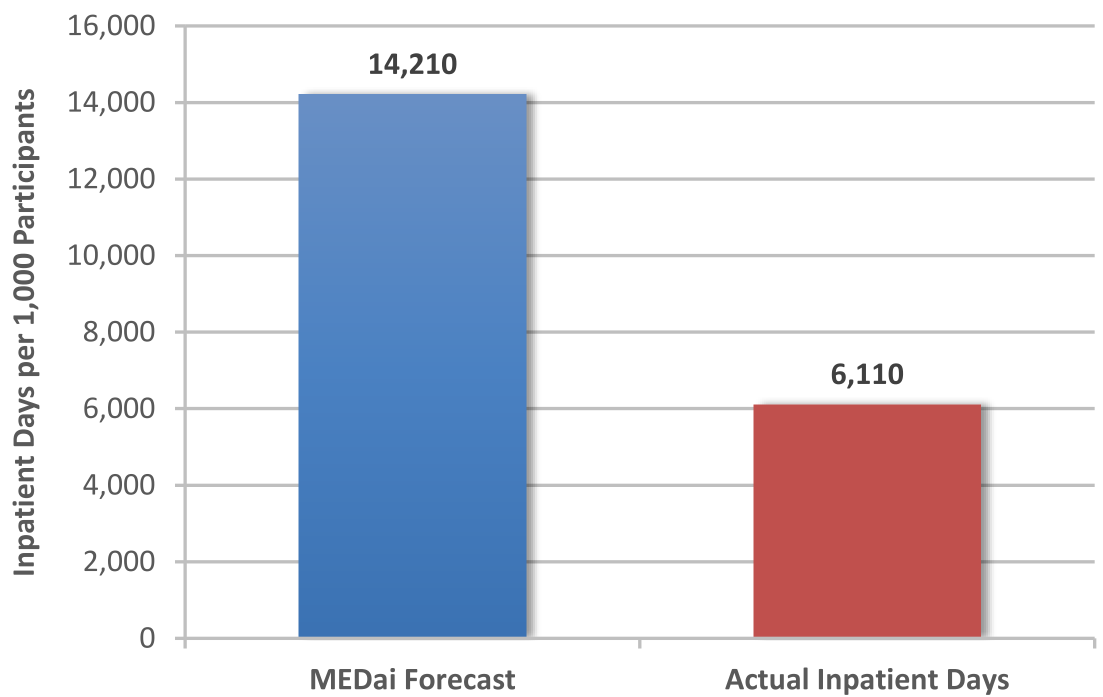
Exhibit 4-16 – Participants with COPD
Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	41%
Coronary Artery Disease	41%
COPD	---
Diabetes	57%
Heart Failure	29%
Hypertension	92%

Utilization

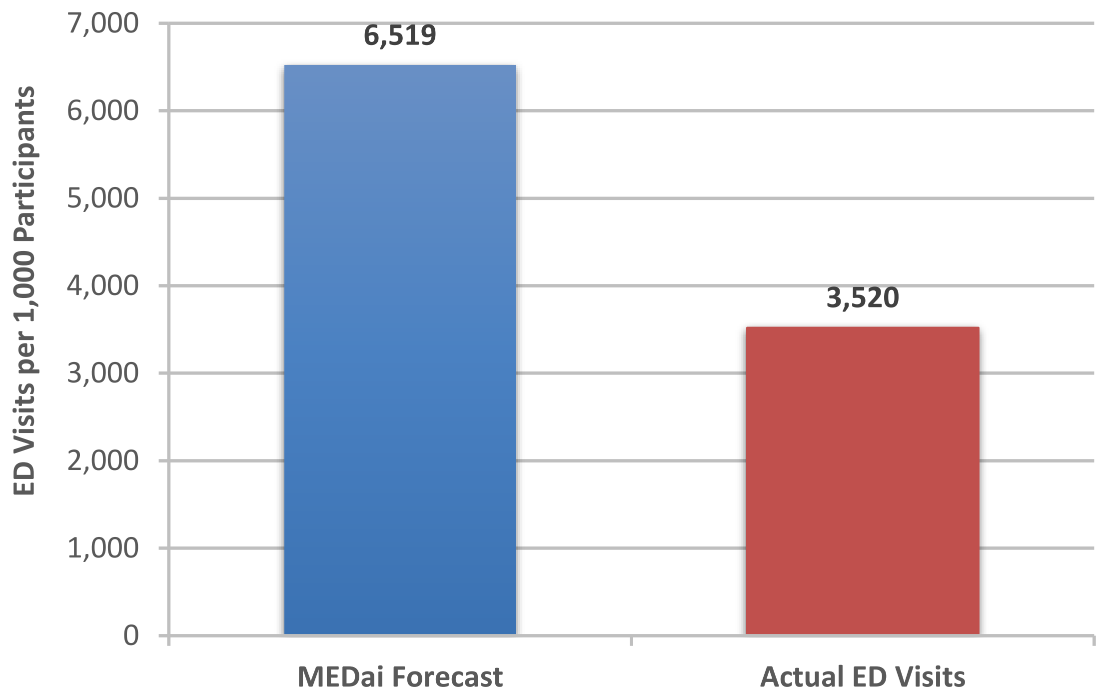
MEDai forecasted that participants with COPD would incur 14,210 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 6,110, or 43 percent of forecast (Exhibit 4-17).

Exhibit 4-17 – Participants with COPD as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with COPD would incur 6,519 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 3,520, or 54 percent of forecast (Exhibit 4-18).

Exhibit 4-18 – Participants with COPD as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

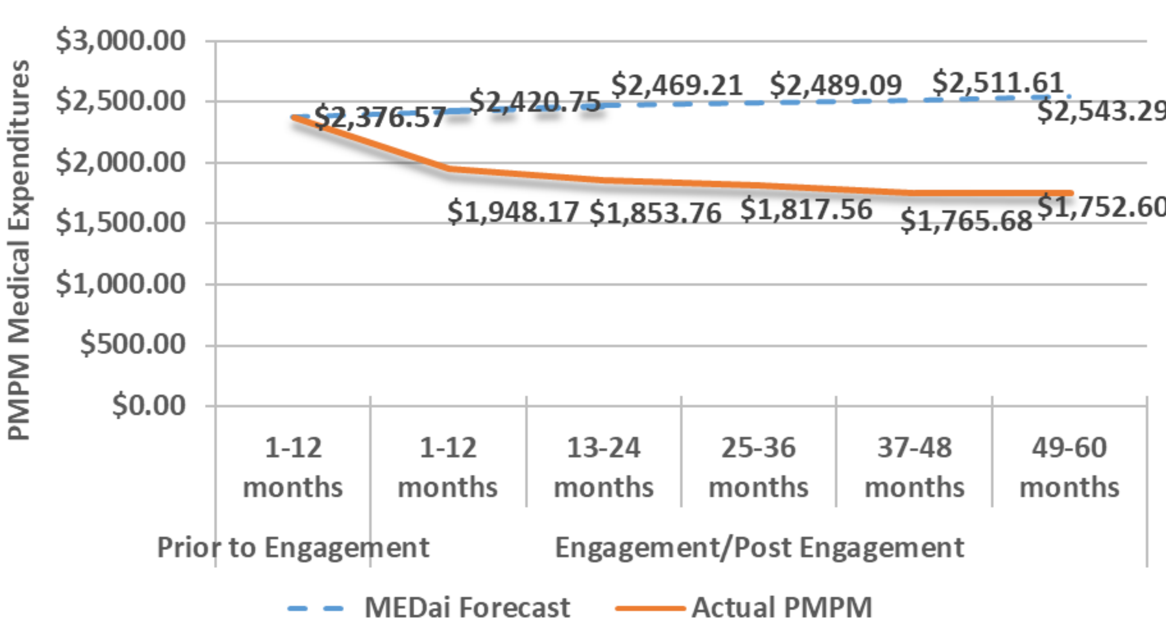


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with COPD during the twelve months prior to engagement and compared actual medical expenditures to forecast for the first twelve months of engagement. MEDai forecasted that participants with COPD would incur an average of $2,421 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,948, or 81% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $2,469 in PMPM expenditures. The actual amount was $1,854, or 75% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $2,489 in PMPM expenditures. The actual amount was $1,818, or 73% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $2,512 in PMPM expenditures. The actual amount was $1,766, or 70% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $2,543 in PMPM expenditures. The actual amount was $1,753, or 69% of forecast (Exhibit 4-19).

Exhibit 4-19 – Participants with COPD as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level in the first 12 months of engagement, expenditures for all service types declined, with the exception of pharmacy, which was nearly flat (Exhibit 4-20).

Exhibit 4-20 – Participants with COPD as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$932.55	$789.54	($143.00)	-15%
Outpatient Hospital	$272.86	$188.34	($84.53)	-31%
Physician	$441.36	$364.75	($76.61)	-17%
Pharmacy	$236.11	$239.21	$3.10	1%
Behavioral Health	$87.94	$71.32	($16.61)	-19%
All Other	$405.75	$295.00	($110.74)	-27%
Total	**$2,376.57**	**$1,948.17**	**($428.40)**	**-18%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare CCU participants with COPD as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $1 million (Exhibit 4-21).

Exhibit 4-21 – Participants with COPD as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	1,254	$472.39	$592,374
Months 13 - 24	364	$615.55	$224,060
Months 25 - 36	153	$671.31	$102,710
Months 37 - 48	58	$746.49	$43,296
Months 49 -60	19	$790.80	$15,025
Total	**1,848**	**$528.93**	**$977,465**

Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare CCU in SFY 2018 included 150 participants with a diabetes diagnosis. Diabetes was the most expensive diagnosis at the time of engagement for 60 percent of participants with this diagnosis (Exhibit 4-22).

Exhibit 4-22 – Participants with Diabetes as Most Expensive Diagnosis

Participants w/Diabetes	Number Most Expensive	Percent Most Expensive
150	90	60%

The majority of participants with diabetes also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-23).

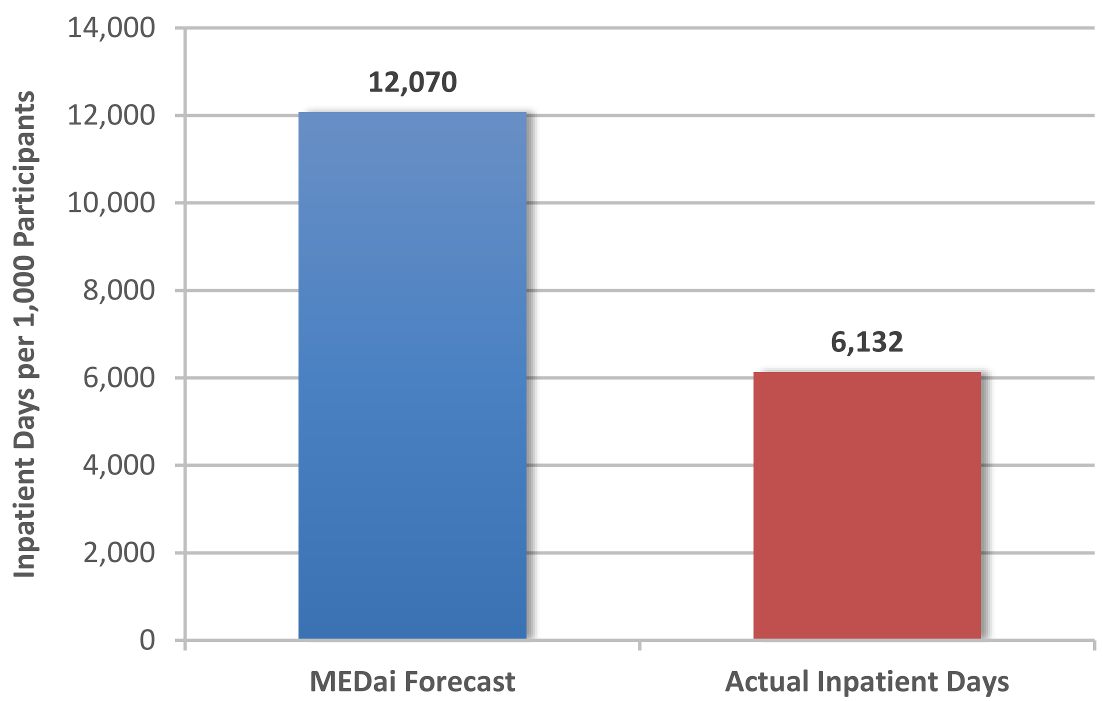
Exhibit 4-23 – Participants with Diabetes Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	33%
Coronary Artery Disease	40%
COPD	50%
Diabetes	---
Heart Failure	24%
Hypertension	89%

Utilization

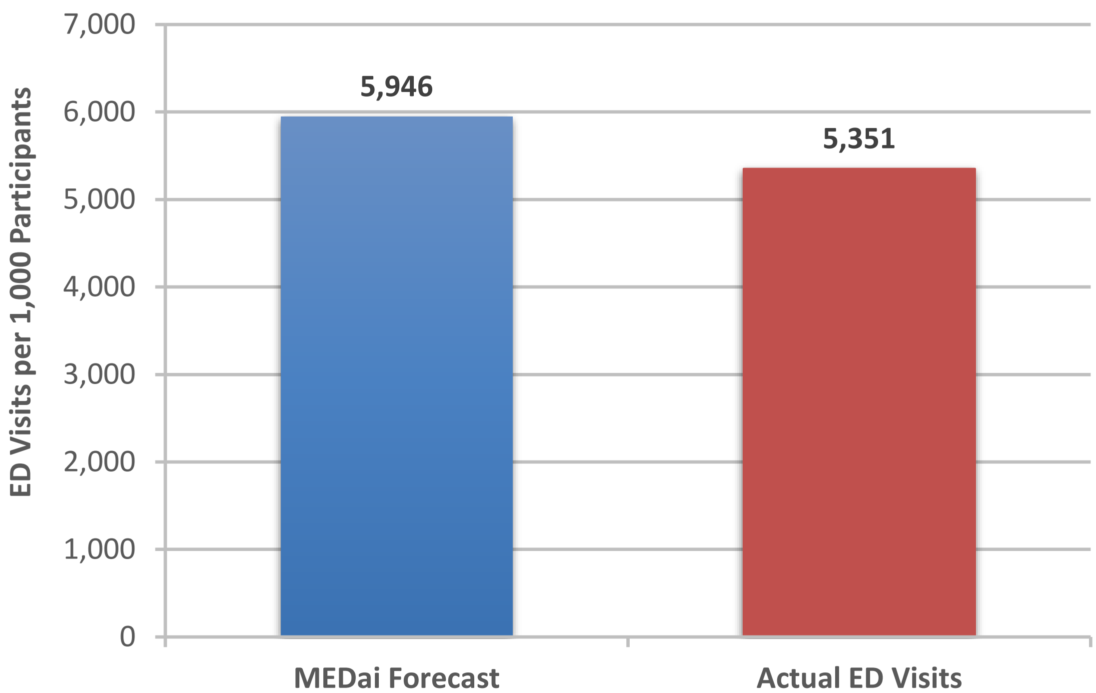
MEDai forecasted that participants with diabetes would incur 12,070 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 6,132, or 51 percent of forecast (Exhibit 4-24).

Exhibit 4-24 – Participants with Diabetes as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with diabetes would incur 5,946 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 5,351, or 90 percent of forecast (Exhibit 4-25).

Exhibit 4-25 – Participants with Diabetes as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

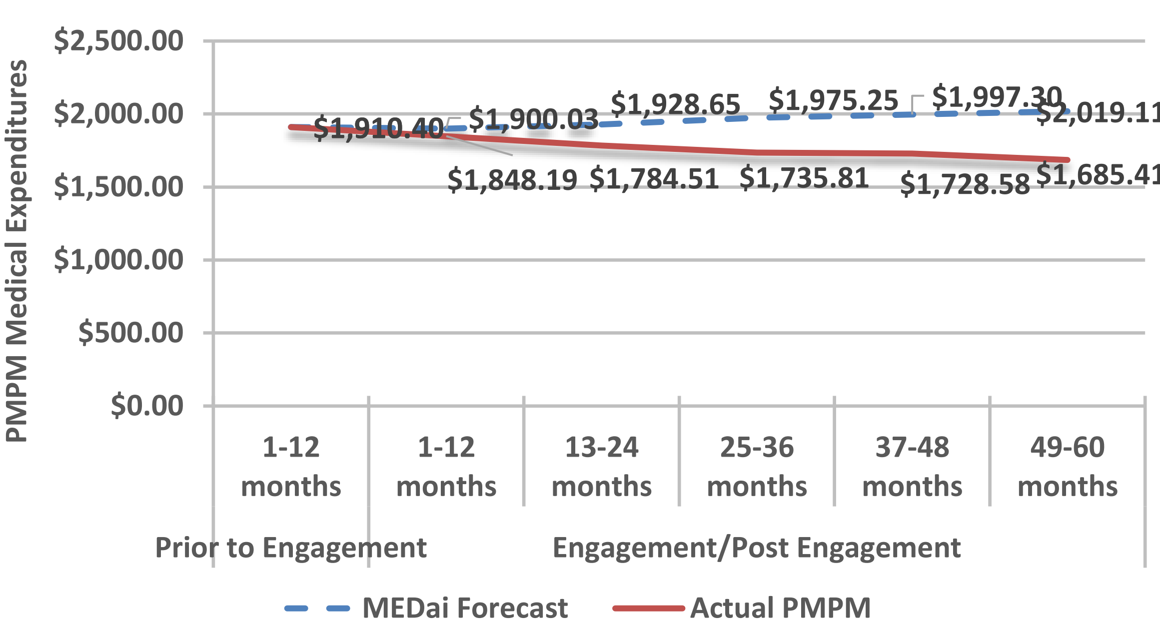


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with diabetes during the twelve months prior to engagement and compared actual medical expenditures to forecast for the first twelve months of engagement. MEDai forecasted that participants with diabetes would incur an average of $1,900 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,848, or 97% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,929 in PMPM expenditures. The actual amount was $1,785, or 93% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,975 in PMPM expenditures. The actual amount was $1,736, or 88% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,997 in PMPM expenditures. The actual amount was $1,729, or 87% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $2,019 in PMPM expenditures. The actual amount was $1,685, or 83% of forecast (Exhibit 4-26).

Exhibit 4-26 – Participants with Diabetes as Most Expensive Diagnosis Total PMPM Expenditures



At the category-of-service level in the first 12 months of engagement, inpatient hospital, physician and behavioral health service expenditures declined, offsetting increases in other service categories (Exhibit 4-27).

Exhibit 4-27 – Participants with Diabetes as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$694.50	$593.40	($101.10)	-15%
Outpatient Hospital	$270.28	$278.82	$8.54	3%
Physician	$348.19	$307.59	($40.60)	-12%
Pharmacy	$318.09	$367.87	$49.78	16%
Behavioral Health	$74.80	$53.54	($21.27)	-28%
All Other	$204.54	$246.98	$42.43	21%
Total	$1,910.40	$1,848.19	($62.21)	-3%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare CCU participants with diabetes as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $416,000 (Exhibit 4-28).

Exhibit 4-28 – Participants with Diabetes as Most Expensive Diagnosis Aggregate Deficit

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	2,948	$51.84	$152,811
Months 13 - 24	864	$144.14	$124,534
Months 25 - 36	370	$239.44	$88,593
Months 37 - 48	143	$268.72	$38,427
Months 49 -60	34	$333.70	$11,346
Total	**4,359**	**$95.37**	**$415,711**

Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare CCU in SFY 2018 included 51 participants with a heart failure diagnosis. Heart failure was the most expensive diagnosis at the time of engagement for eight percent of participants with this diagnosis (Exhibit 4-29). All results for this diagnosis should be treated as informational only and not assigned any statistical significance given the small size of the population.

Exhibit 4-29 – Participants with Heart Failure as Most Expensive Diagnosis

Participants w/Heart Failure	Number Most Expensive	Percent Most Expensive
51	3	6%

The majority of participants with heart failure also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-30).

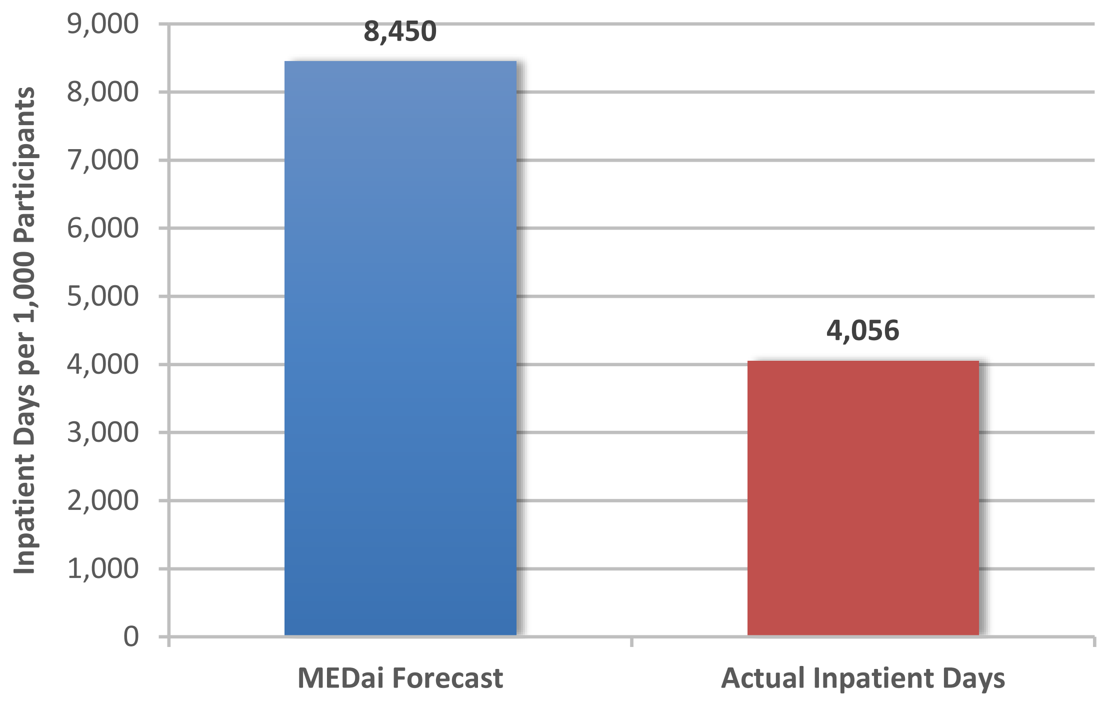
Exhibit 4-30 – Participants with Heart Failure Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	45%
Coronary Artery Disease	58%
COPD	79%
Diabetes	67%
Heart Failure	---
Hypertension	93%

Utilization

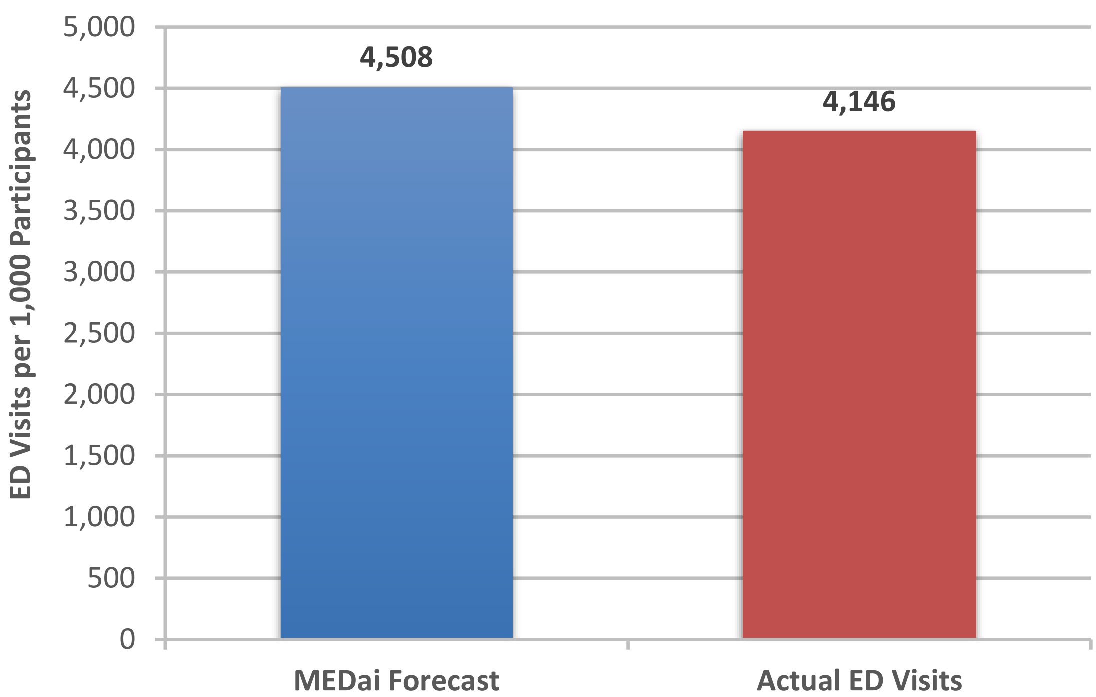
MEDai forecasted that participants with heart failure would incur 8,450 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 4,056, or 48 percent of forecast (Exhibit 4-31).

Exhibit 4-31 – Participants with Heart Failure as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with heart failure would incur 4,508 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 4,146, or 92 percent of forecast (Exhibit 4-32).

Exhibit 4-32 – Participants with Heart Failure as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with heart failure during the twelve months prior to engagement and compared actual medical expenditures to forecast for the first twelve months of engagement. MEDai forecasted that participants with heart failure would incur an average of $3,606 in PMPM expenditures in the first 12 months of engagement. The actual amount was $2,170, or 60% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $3,640 in PMPM expenditures. The actual amount was $1,710, or 47% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $3,679 in PMPM expenditures. The actual amount was $1,671, or 45% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $3,691 in PMPM expenditures. The actual amount was $1,217, or 33% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $3,704 in PMPM expenditures. The actual amount was $1,066, or 29% of forecast (Exhibit 4-33). As noted, results for this diagnosis should be interpreted with caution given the small size of the population.

Exhibit 4-33 – Participants with Heart Failure as Most Expensive Diagnosis
Total PMPM Expenditures

PMPM Medical Expenditures
$4,000.00
$3,500.00
$3,000.00
$2,500.00
$2,000.00
$1,500.00
$1,000.00
$500.00
$0.00
$3,390.21
$3,606.33
$3,639.71
$3,678.55
$3,691.28
$3,704.21
$2,170.49
$1,709.59
$1,670.86
$1,216.88
$1,066.24
1-12 months
1-12 months
13-24 months
25-36 months
37-48 months
49-60 months
Prior to Engagement
Engagement/Post Engagement
MEDai Forecast
Actual PMPM

At the category-of-service level in the first 12 months of engagement, expenditures declined substantially across most service types (Exhibit 4-34).

Exhibit 4-34 – Participants with Heart Failure as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$228.79	$176.90	($51.89)	-23%
Outpatient Hospital	$700.62	$96.64	($603.98)	-86%
Physician	$368.89	$329.18	($39.71)	-11%
Pharmacy	$1,751.57	$1,058.25	($693.32)	-40%
Behavioral Health	$36.96	$39.99	$3.03	8%
All Other	$303.38	$469.53	$166.15	55%
Total	$3,390.21	$2,170.49	($1,219.73)	-36%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare CCU participants with heart failure as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $211,000 (Exhibit 4-35).

Exhibit 4-35 – Participants with Heart Failure as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	52	$1,435.84	$74,664
Months 13 - 24	30	$1,930.12	$57,904
Months 25 - 36	15	$2,007.69	$30,115
Months 37 - 48	9	$2,474.40	$22,270
Months 49 -60	10	$2,637.97	$26,380
Total	**116**	**$1,821.83**	**$211,333**

Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare CCU in SFY 2018 included 215 participants with a hypertension diagnosis. Hypertension was the most expensive diagnosis at the time of engagement for 41 percent of participants with this diagnosis (Exhibit 4-36).

Exhibit 4-36– Participants with Hypertension as Most Expensive Diagnosis

Participants w/Hypertension	Number Most Expensive	Percent Most Expensive
215	88	41%

A majority of participants with hypertension also were diagnosed with another chronic impact condition, although the comorbidity rate was lower than for other diagnosis groups (Exhibit 4-37).

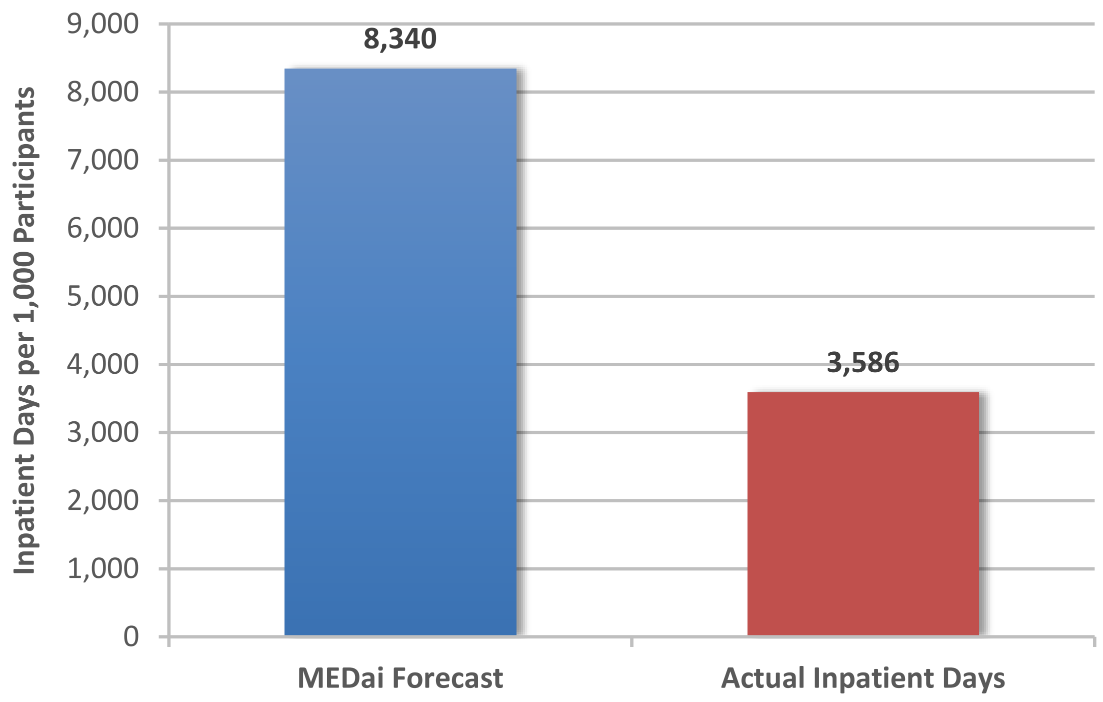
Exhibit 4-37 – Participants with Hypertension Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	37%
Coronary Artery Disease	42%
COPD	56%
Diabetes	69%
Heart Failure	23%
Hypertension	---

Utilization

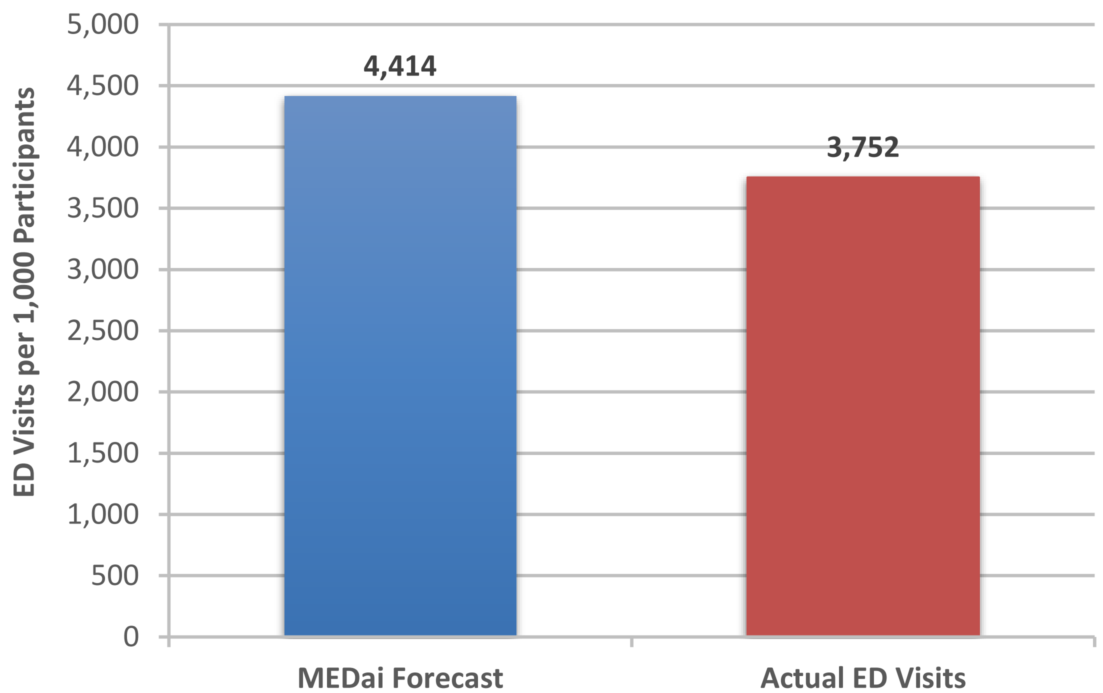
MEDai forecasted that participants with hypertension would incur 8,340 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 3,586, or 43 percent of forecast (Exhibit 4-38).

Exhibit 4-38 – Participants with Hypertension as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with hypertension would incur 4,414 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 3,752, or 85 percent of forecast (Exhibit 4-39).

Exhibit 4-39 – Participants with Hypertension as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

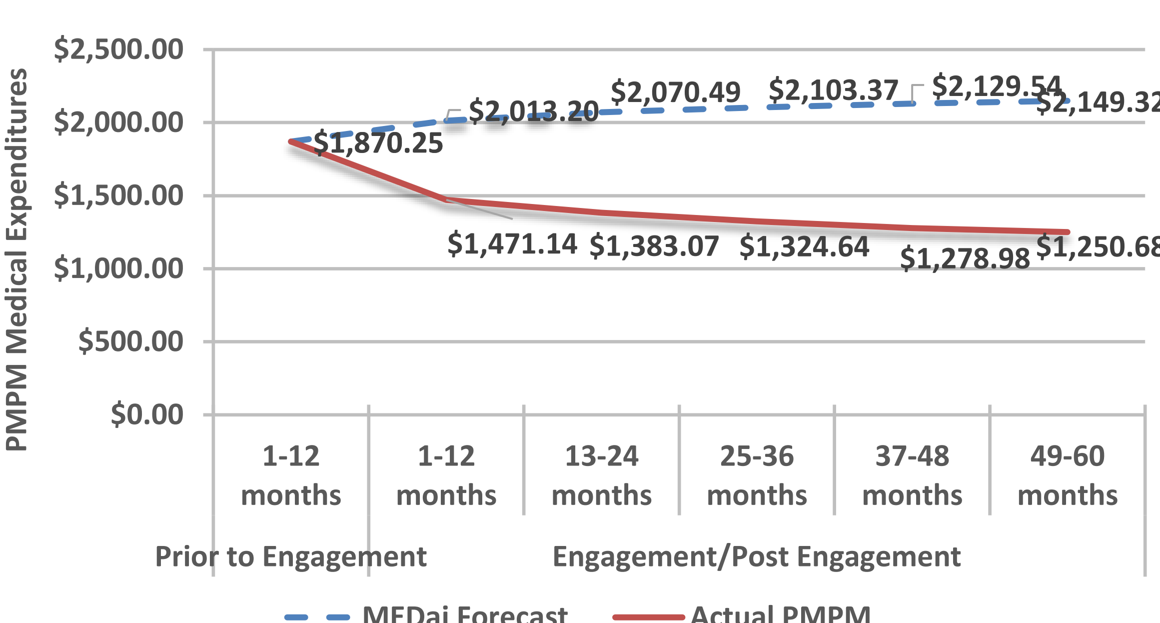


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with hypertension during the twelve months prior to engagement and compared actual medical expenditures to forecast for the first twelve months of engagement. MEDai forecasted that participants with hypertension would incur an average of $2,013 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,471, or 73% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $2,070 in PMPM expenditures. The actual amount was $1,383, or 67% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $2,103 in PMPM expenditures. The actual amount was $1,325, or 63% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $2,130 in PMPM expenditures. The actual amount was $1,279, or 60% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $2,149 in PMPM expenditures. The actual amount was $1,251, or 58% of forecast (Exhibit 4-40).

Exhibit 4-40 – Participants with Hypertension as Most Expensive Diagnosis Total PMPM Expenditures



At the category-of-service level during the first 12 months of engagement, inpatient hospital and pharmacy experienced the most significant declines (Exhibit 4-41).

Exhibit 4-41 – Participants with Hypertension as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$708.68	$334.35	($374.34)	-53%
Outpatient Hospital	$191.45	$180.42	($11.03)	-6%
Physician	$330.33	$354.09	$23.76	7%
Pharmacy	$364.86	$275.66	($89.21)	-24%
Behavioral Health	$64.15	$104.14	$39.99	62%
All Other	$210.77	$222.48	$11.71	6%
Total	**$1,870.25**	**$1,471.14**	**($399.11)**	**-21%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare CCU participants with hypertension as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $2.7 million (Exhibit 4-42).

Exhibit 4-42 – Participants with Hypertension as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	2,967	$542.06	$1,608,298
Months 13 - 24	884	$687.42	$607,679
Months 25 - 36	385	$778.73	$299,809
Months 37 - 48	131	$850.56	$111,423
Months 49 -60	30	$898.64	$26,959
Total	**4,397**	**$603.63**	**$2,654,168**

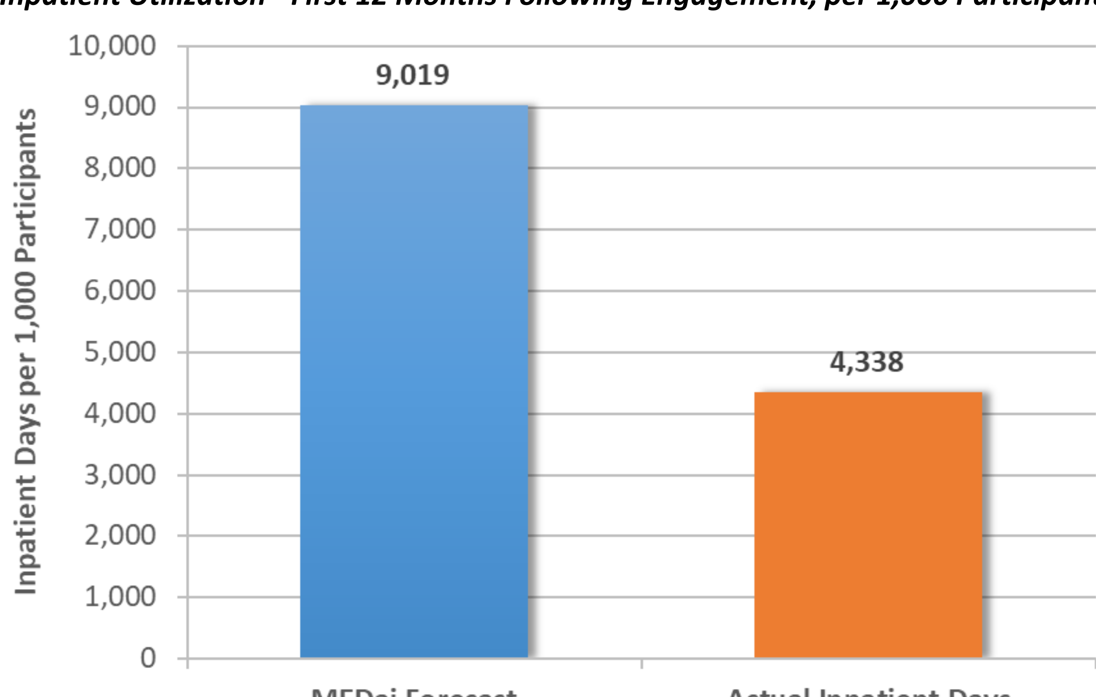
Hepatitis C Population Utilization and Expenditure Evaluation

Members with hepatitis C are enrolled in the SoonerCare CCU primarily so that they can be managed for adherence to the medication regimen that constitutes the basis for treating this disease. If a member misses even a single dose of medication, she or he can suffer a relapse.

Utilization

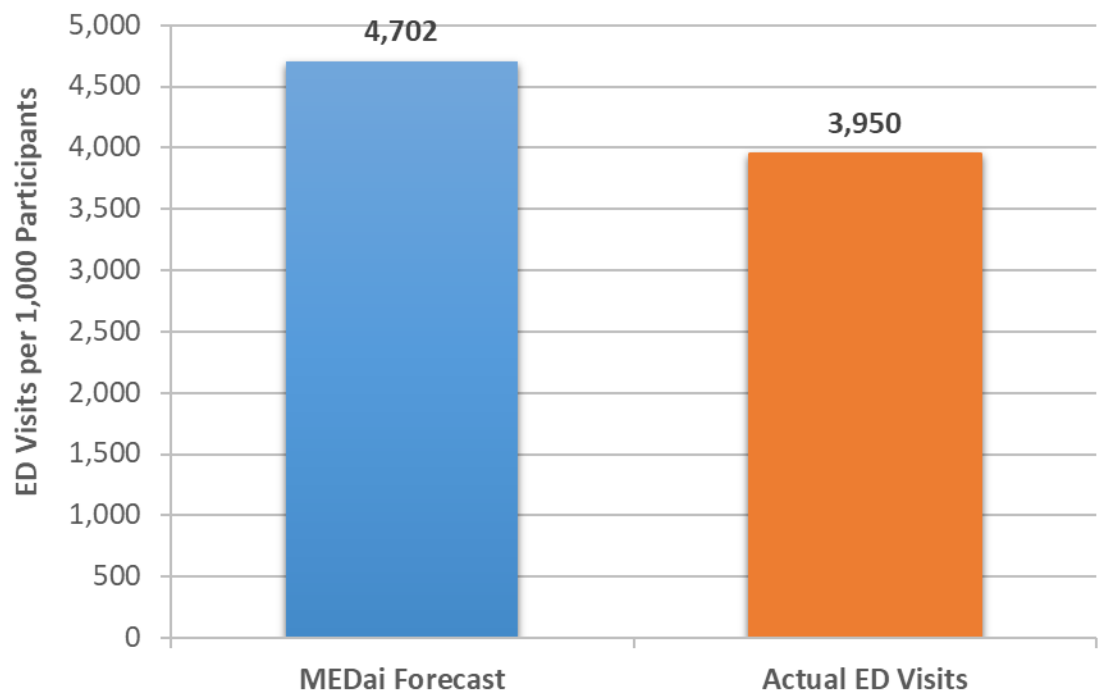
MEDai forecasted that participants with hepatitis C would incur 9,019 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 4,338, or 48 percent of forecast (Exhibit 4-43).

Exhibit 4-43 – Participants with Hepatitis C as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with hepatitis C would incur 4,702 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 3,950, or 84 percent of forecast (Exhibit 4-44).

Exhibit 4-44 – Participants with Hepatitis C as Most Expensive Diagnosis Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

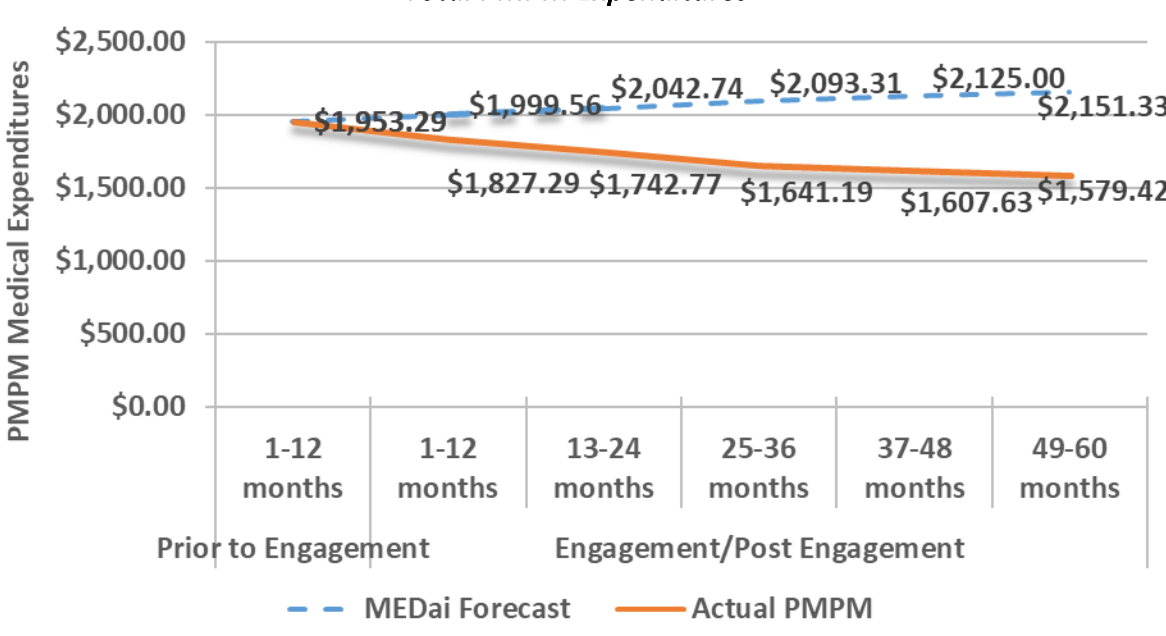


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with hepatitis C during the twelve months prior to engagement and compared actual medical expenditures to forecast for the first twelve months of engagement. MEDai forecasted that participants with hepatitis C would incur an average of $2,000 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,827, or 91% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $2,043 in PMPM expenditures. The actual amount was $1,743, or 85% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $2,093 in PMPM expenditures. The actual amount was $1,641, or 78% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $2,125 in PMPM expenditures. The actual amount was $1,608, or 76% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $2,151 in PMPM expenditures. The actual amount was $1,579, or 73% of forecast (Exhibit 4-45).

Exhibit 4-45 – Participants with Hepatitis C as Most Expensive Diagnosis Total PMPM Expenditures



At the category-of-service level in the first 12 months of engagement, all expenditures declined, except for those within the "all other" category (Exhibit 4-46).

Exhibit 4-46 – Participants with Hepatitis C as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$694.37	$599.02	($95.36)	-14%
Outpatient Hospital	$253.06	$248.07	($4.99)	-2%
Physician	$319.41	$306.62	($12.79)	-4%
Pharmacy	$419.67	$407.51	($12.15)	-3%
Behavioral Health	$56.87	$54.86	($2.00)	-4%
All Other	$209.91	$211.20	$1.29	1%
Total	**$1,953.29**	**$1,827.29**	**($126.00)**	**-7%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare CCU participants with hepatitis C as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $394,000 (Exhibit 4-47).

Exhibit 4-47 – Participants with Hepatitis C as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	1,055	$172.27	$181,745
Months 13 - 24	335	$299.97	$100,488
Months 25 - 36	146	$452.12	$66,009
Months 37 - 48	59	$517.37	$30,525
Months 49 - 60	27	$571.91	$15,442
Total	**1,622**	**$243.04**	**$394,209**

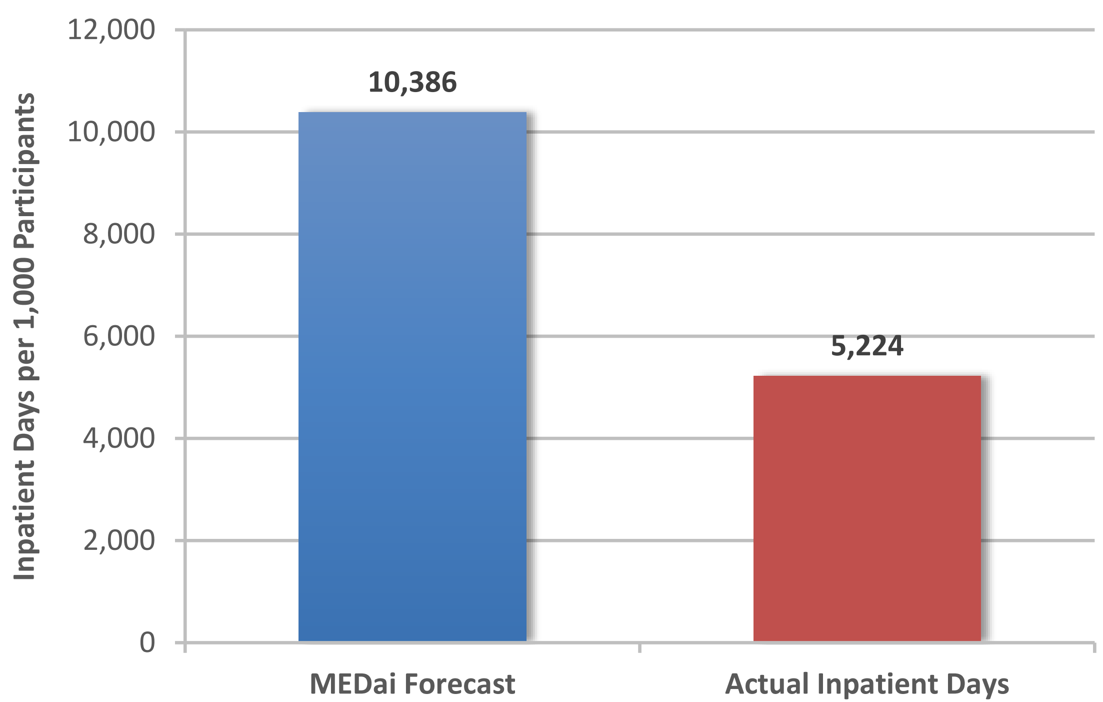
Utilization and Expenditure Evaluation – All Participants

This section presents consolidated trend data across all 523 SoonerCare CCU participants, regardless of diagnosis. For approximately 79 percent of participants, the most expensive diagnosis at the time of engagement was one of the six target chronic impact conditions.

Utilization

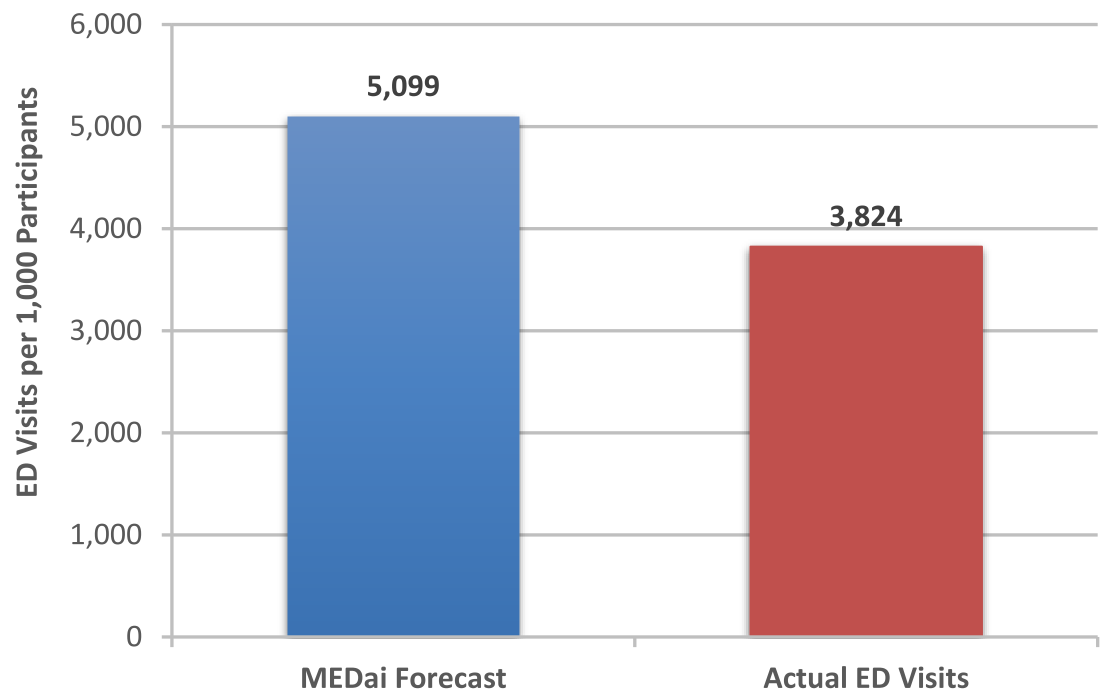
MEDai forecasted that SoonerCare CCU participants as a group would incur 10,386 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 5,224, or 50 percent of forecast (Exhibit 4-48).

Exhibit 4-48 – All SoonerCare CCU Participants
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that SoonerCare CCU participants as a group would incur 5,099 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 3,824, or 75 percent of forecast (Exhibit 4-49).

Exhibit 4-49 – All SoonerCare CCU Participants
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

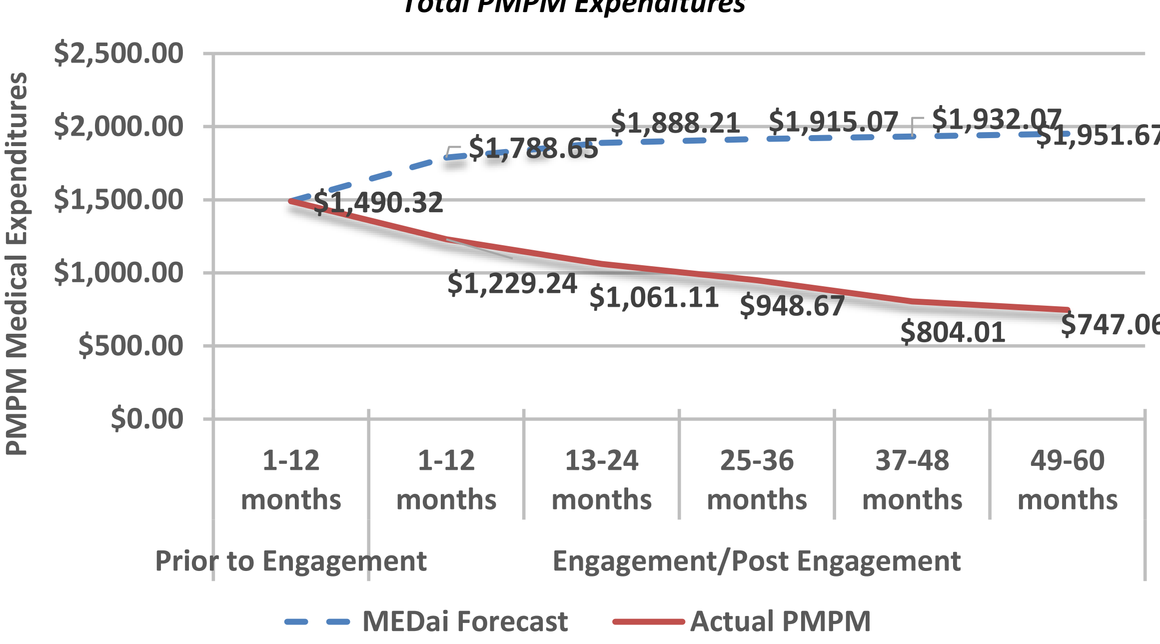


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for all SoonerCare CCU participants as a group and compared actual medical expenditures to forecast for the first twelve months of engagement. MEDai forecasted that the participant population would incur an average of $1,789 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,229, or 69% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,888 in PMPM expenditures. The actual amount was $1061, or 56% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,915 in PMPM expenditures. The actual amount was $949, or 50% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,932 in PMPM expenditures. The actual amount was $804, or 42% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $1,952 in PMPM expenditures. The actual amount was $747, or 38% of forecast (Exhibit 4-50).

Exhibit 4-50 – All SoonerCare CCU Participants
Total PMPM Expenditures



At the category-of-service level in the first 12 months of engagement, all services types experienced declines, with hospital costs registering the greatest drop (Exhibit 4-51).

Exhibit 4-51 – All SoonerCare CCU Participants
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$520.65	$420.72	($99.92)	-19%
Outpatient Hospital	$200.76	$146.64	($54.12)	-27%
Physician	$260.24	$229.12	($31.12)	-12%
Pharmacy	$255.59	$216.72	($38.87)	-15%
Behavioral Health	$74.30	$56.41	($17.89)	-24%
All Other	$178.79	$159.63	($19.16)	-11%
Total	**$1,490.32**	**$1,229.24**	**($261.08)**	**-18%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for all SoonerCare CCU participants by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $15 million (Exhibit 4-52).

Exhibit 4-52 – All SoonerCare CCU Participants
Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	14,748	$559.41	$8,250,183
Months 13 - 24	4,435	$827.10	$3,668,196
Months 25 - 36	1,700	$966.40	$1,642,883
Months 37 - 48	916	$1,128.06	$1,033,304
Months 49 -60	192	$1,204.61	$231,286
Total	**21,991**	**$674.18**	**$14,825,852**

SoonerCare CCU Cost Effectiveness Analysis

Over time, the SoonerCare CCU should demonstrate its efficacy through a reduction in the relative PMPM and aggregate costs of engaged members versus what would have occurred absent participation. PHPG performed a cost effectiveness analysis by carrying forward and expanding the medical expenditure impact findings from the previous section and adding program administrative expenses to the analysis. To be cost effective, the SoonerCare CCU must demonstrate lower expenditures even after factoring-in the program's administrative component.[48]

Administrative Expenses

SoonerCare CCU administrative expenses include salary, benefits and overhead costs for persons working in the SoonerCare CCU unit. The OHCA provided PHPG with detailed information on administrative expenditures during SFY 2014 through SFY 2018 for use in performing the cost effectiveness test.

OHCA salary and benefit costs were included for staff assigned to the SoonerCare CCU unit. Costs were prorated for employees working less than full time on the SoonerCare CCU.

Overhead expenses (rent, travel, etc.) were allocated based on the unit's share of total OHCA salary/benefit expenses in each fiscal year[49]. No specific allocation was made for MEDai activities, as these are occurring under a pre-existing contract.

SFY 2014 through SFY 2018 aggregate administrative expenses for the SoonerCare CCU were approximately $3.0 million (Exhibit 4-53 on the following page). This equated to $138.29 on a PMPM basis. The PMPM calculation was performed using total member months (21,991) for CCU participants meeting the criteria outlined in chapter one (e.g., enrolled for at least three months)[50].

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[48] For the purposes of the cost effectiveness analysis only, PHPG altered MEDai forecasts for members whose cost for the year prior to engagement exceeded $144,000, as MEDai forecasts have an upper limit of $144,000. To ensure they would not skew the cost effectiveness test results, PHPG set the forecasts for these members equal to prior year costs, assuming no increase or decrease in medical costs.

[49] Allocated share of total was 1.5 percent in SFY 2014, 1.1 percent in SFY 2015, 1.1 percent in SFY 2016, 1.1 percent in SFY 2017 and 1.2 percent in SFY 2018.

[50] This methodology overstates the PMPM amount, in that it excludes member months for participants who did not meet the analysis criteria. However, it is the appropriate for determining cost effectiveness, as it accounts for all administrative expenses.

Exhibit 4-53 – SoonerCare CCU Administrative Expense

Cost Component	SFY 2014 - 2018 Aggregate Dollars	PMPM
OHCA SoonerCare CCU unit salaries and benefits	$2,578,261	$117.24
OHCA SoonerCare CCU overhead	$462,845	$21.05
Total Administrative Expense	**$3,041,106**	**$138.29**

Cost Effectiveness Calculation[51]

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2018, inclusive of SoonerCare CCU administrative expenses.

SoonerCare CCU participants as a group were forecasted to incur average medical costs of $1,825.90[52]. Their actual average PMPM medical costs were $1,151.72. With the addition of $138.29 in average PMPM administrative expenses, total actual costs were $1,290.01. Medical expenses accounted for 89 percent of the total and administrative expenses for the other 11 percent. Overall, net SoonerCare CCU participant PMPM expenses, inclusive of administrative costs, were 70.7 percent of forecast (Exhibit 4-54).

Exhibit 4-54 – SoonerCare CCU PMPM Savings

[51] PMPM and aggregate values differ slightly due to rounding.

[52] This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24, months 25 – 36, months 37 – 48 and months 49 – 60, as shown in exhibit 4-57.

On an aggregate basis, the SoonerCare CCU achieved cumulative net savings during its initial 60 months of operation (July 2013 through June 2018) of approximately $11.8 million (Exhibit 4-55). This represented an increase of $4.3 million over the cumulative net savings of $7.5 million incurred through June 2017, as documented in the prior year's evaluation.

Exhibit 4-55 – All SoonerCare CCU Participants
Aggregate Savings – Net of Administrative Expenses

Medical Savings	Administrative Costs	Net Savings
$14,825,852	($3,041,106)	**$11,784,746**

CHAPTER 5 – SOONERCARE CCU RETURN ON INVESTMENT

Introduction

The value of the SoonerCare CCU is measurable on multiple axes, including participant satisfaction and change in behavior, quality of care, improvement in service utilization and overall impact on medical expenditures. The last criterion is arguably the most important, as progress in other areas should ultimately result in medical expenditures remaining below the level that would have occurred absent the program.

ROI Results

PHPG examined the program's return on investment (ROI) through SFY 2018, by comparing administrative expenditures to medical savings. The results are presented in Exhibit 5-1 below.

As the exhibit illustrates, the SoonerCare CCU achieved a positive ROI, with the program as a whole generating a return on investment of 387.5 percent, up from 304.5 percent in the prior year. Put another way, the ***SoonerCare CCU generated nearly $4.00 in net medical savings for every dollar in administrative expenditures.***

Exhibit 5-1 – SoonerCare CCU ROI (State and Federal Dollars)

Medical Savings	Administrative Costs	Net Savings	Return on Investment
$14,825,852	($3,041,106)	$11,784,746	**387.5%**

APPENDIX A – PARTICIPANT SURVEY INSTRUMENT

Appendix A includes the advance letter sent to SoonerCare CCU participants and survey instrument. The instrument is annotated to flag questions that have been discontinued or are asked of follow-up survey respondents only.

Kevin S. Corbett
CHIEF EXECUTIVE OFFICER

J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

The Oklahoma Health Care Authority is conducting a survey of SoonerCare Choice members. You were selected for the survey because you may have received help from one of our nurse care management programs. We are interested in learning about your experience and how we can make this program better.

The survey will be over the phone and should take about 15 minutes of your time. In the next few days, someone will be calling you to conduct the survey.

THE SURVEY IS VOLUNTARY. If you decide not to complete the survey, it will NOT affect your SoonerCare enrollment or the enrollment of anyone else in your family.

However, we want to hear from you and hope you will agree to help. The survey will be conducted by the Pacific Health Policy Group (PHPG), an outside company. All of your answers will be kept confidential.

If you have any questions about the survey, you can reach PHPG toll-free at 1-888-941-9358. If you would like to take the survey right away, you may call the same number any time between the hours of 9 a.m. and 4 p.m. If you have any questions for the Oklahoma Health Care Authority, please call the toll-free number 1-877-252-6002.

We look forward to speaking with you soon.

SOONERCARE CHRONIC CARE PROGRAM MEMBER SURVEY

INTRODUCTION & CONSENT

Hello, my name is _______ and I am calling on behalf of the Oklahoma SoonerCare program. May I please speak to {RESPONDENT NAME}?

INTRO1. **We are conducting a short survey to find out about where SoonerCare members get their health care. The survey takes about 10 minutes.**

[ANSWER ANY QUESTIONS AND PROCEED TO QUESTION 1]

INTRO2. **[If need to leave a message] We are conducting a short survey to find out about where SoonerCare members get their health care. We can be reached toll-free at 1-888-941-9358.**

1. The SoonerCare program is a health insurance program offered by the state. Are you currently participating in SoonerCare?[53]
   a. Yes
   b. No → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]
   c. Don't Know/Not Sure → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]

2. Some SoonerCare members with health needs receive help from the Chronic Care Program. Have you heard of this? [IF RESPONDENT SAYS 'NO' OR 'NOT SURE'] The program includes nurses who call you to discuss your health care needs and partner with you and your doctor to help manage your needs. Does that sound familiar?
   a. Yes
   b. No
   c. Don't Know/Not Sure

3. Were you contacted and offered a chance to participate in the Chronic Care Program?
   a. Yes
   b. No → [END CALL]
   c. Don't Know/Not Sure → [END CALL]

4. Did you decide to participate?
   a. Yes
   b. No → [GO TO Q34]
   c. Not yet, but still considering → [INFORM THAT WE MAY CALL BACK AT A LATER DATE AND END CALL]
   d. Don't Know/Not Sure → [END CALL]

[53] All questions include a "don't know/not sure" or similar option which is unprompted by the surveyor; this response is listed on the instrument to allow surveyors to document such a response. Questions are reworded for parents/guardians completing the survey on behalf of program participants.

5. Are you still participating today in the Chronic Care Program?
    a. Yes
    b. No → [GO TO Q32]
    c. Don't Know/Not Sure → [END CALL]

6. How long have you been participating in the Chronic Care Program?
    a. Less than 1 month
    b. One to two months
    c. Three to four months
    d. Four to six months
    e. More than six months
    f. Don't Know/Not Sure

Now I want to ask about your decision to participate and partner with a Nurse Care Manager.

7. How did you learn about the Chronic Care Program?
    a. Received information in the mail
    b. Received a call from my Nurse Care Manager
    c. Received a call from someone else SPECIFY ______________________________
    d. Doctor referred me while I was in his/her office
    e. Other. SPECIFY: ____
    f. Don't Know/Not Sure

8. What were your reasons for deciding to participate in the Chronic Care Program? [CHECK ALL THAT APPLY]
    a. Learn how to better manage health problems
    b. Learn how to identify changes in health
    c. Have someone to call with questions about health
    d. Get help making health care appointments
    e. Personal doctor recommended I enroll
    f. Improve my health
    g. Was invited to enroll/no specific reason
    h. Other. SPECIFY: ____
    i. Don't Know/Not Sure

9. Among the reasons you gave, what was your most important reason for deciding to participate?
   a. Learn how to better manage health problems
   b. Learn how to identify changes in health
   c. Have someone to call with questions about health
   d. Get help making health care appointments
   e. Personal doctor recommended I enroll
   f. Improve my health
   g. Was invited to enroll/no specific reason
   h. Other. SPECIFY: ______________________________
   i. Don't Know/Not Sure

Now I'm going to ask you a few questions about your experience in the Chronic Care Program, starting with your Nurse Care Manager.

CHRONIC CARE PROGRAM NURSE CARE MANAGER

10. How soon after you started participating in the Chronic Care Program were you contacted by your Nurse Care Manager?
    a. Contacted at time of enrollment to participate
    b. Less than one week
    c. One to two weeks
    d. More than two weeks
    e. Have not been contacted – enrolled two weeks ago or less
    f. Have not been contacted – enrolled two to four weeks ago
    g. Have not been contacted – enrolled more than four weeks ago
    h. Don't Know/Not Sure

11. Can you tell me the name of your Nurse Care Manager?
    a. Yes. RECORD: ______________________________
    b. No

12. About when was the last time you spoke to your Nurse Care Manager?
    a. Within the last week
    b. One to two weeks ago
    c. Two to four weeks ago
    d. More than four weeks ago
    e. Have never spoken to Nurse Care Manager
    f. Don't know/Not Sure

13. Did your Nurse Care Manager give you a telephone number to call if you needed help with your care?
    a. Yes
    b. No → [GO TO Q17]
    c. Don't Know/Not Sure → [GO TO Q17]

14. Have you tried to call your Nurse Care Manager at the number you were given?
    a. Yes
    b. No → [GO TO Q17]
    c. Don't Know/Not Sure → [GO TO Q17]

15. Thinking about the last time you called your Nurse Care Manager, what was the reason for your call?
    a. Routine health question
    b. Urgent health problem
    c. Seeking assistance in scheduling appointment
    d. Returning call from Nurse Care Manager
    e. Other. SPECIFY: ______________________________
    f. Don't Know/Not Sure

16. Did you reach your Nurse Care Manager immediately? [IF NO] How quickly did you get a call back?
    a. Reached immediately (at time of call)
    b. Called back within one hour
    c. Called back in more than one hour but same day
    d. Called back the next day
    e. Called back two or more days later
    f. Never called back
    g. Other. SPECIFY: ______________________________
    h. Don't Know/Not Sure

17. [ASK QUESTION EVEN IF RESPONDENT STATES S/HE HAS NOT SPOKEN TO THE NURSE CARE MANAGER. IF RESPONDENT REPEATS S/HE IS UNABLE TO ANSWER DUE TO LACK OF CONTACT, GO TO Q20 (OVERALL SATISFACTION)] I am going to mention some things your Nurse Care Manager may have done for you. Has your Nurse Care Manager:

	Yes	No	DK
a. Asked questions about your health problems or concerns			
b. Provided instructions about taking care of your health problems or concerns			
c. Helped you to identify changes in your health that might be an early sign of a problem			
d. Answered questions about your health			
e. Helped you talk to and work with your regular doctor and your regular doctor's office staff			
f. Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems			
g. Helped you to make and keep health care appointments for mental health or substance abuse problems			
h. Reviewed your medications with you and helped you to manage your medications			

18. [ASK FOR EACH "YES" ACTIVITY IN Q17] Thinking about what your Nurse Care Manager has done for you, please tell me how satisfied you are with the help you received. Tell me if you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	DK	N/A
a. Learning about you and your health care needs						
b. Getting easy to understand instructions about taking care of health problems or concerns						
c. Getting help identifying changes in your health that might be an early sign of a problem						
d. Answering questions about your health						
e. Helping you to talk to and work with your regular doctor and your regular doctor's staff						
f. Helping you make and keep health care appointments with other doctors, such as specialists, for medical problems						
g. Helping you make and keep health care appointments for mental health or substance abuse problems						
h. Reviewing your medications and helping you to manage your medications						

19. Overall, how satisfied are you with your Nurse Care Manager? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

OVERALL SATISFACTION

20. Overall, how satisfied are you with your whole experience in the Chronic Care Program?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

21. Would you recommend the Chronic Care Program to a friend who has health care needs like yours?
    a. Yes
    b. No
    c. Don't Know/Not Sure

22. Do you have any suggestions for improving the Chronic Care Program?

    ____

    ____

    ____

HEALTH STATUS & LIFESTYLE

23. Overall, how would you rate your health today? Would you say it is excellent, good, fair or poor?
    a. Excellent
    b. Good
    c. Fair
    d. Poor
    e. Don't Know/Not Sure

24. Compared to before you participated in the Chronic Care Program, how has your health changed? Would you say your health is better, worse or about the same?
    a. Better
    b. Worse → [GO TO Q27]
    c. About the same → [GO TO Q27]

25. Do you think the Chronic Care Program has contributed to your improvement in health?
    a. Yes
    b. No
    c. Don't know/not sure

26. I am going to mention a few areas where Nurse Care Managers sometimes try to help members to improve their health by changing behaviors. For each, please tell me if your Nurse Care Manager spoke to you, and if so, whether you changed your behavior as a result. [IF BEHAVIOR WAS CHANGED, ASK IF CHANGE WAS TEMPORARY OR IS CONTINUING]

	N/A – Not Discussed	**Discussed – No Change**	**Discussed – Temporary Change**	**Discussed – Continuing Change**	**DK**	**Not Applicable**
a. Smoking less or using other tobacco products less						
b. Moving around more or getting more exercise						
c. Changing your diet						
d. Managing and taking your medications better						
e. Making sure to drink enough water throughout the day						
f. Drinking or using other substances less						

Questions 27 to 31 have been discontinued

~~27. [IF RESPONDENT'S RECORD SHOWS ENROLLMENT DATE PRIOR TO JULY 2013, ASK THIS QUESTION] We're almost done. Before July 2013, the SoonerCare Health Management Program included Nurse Care Managers who visited members in their homes or called them each month on the phone. Did you have a Nurse Care Manager under this earlier program? [IF YES, ASK WHETHER NCM VISITED THEIR HOME OR CALLED ON PHONE. IF RESPONDENT SAYS "BOTH", RECORD AS VISITED IN THEIR HOME.]~~
    ~~a. Yes, visited in home~~
    ~~b. Yes, called on phone~~
    ~~c. No → [GO TO Q36]~~
    ~~d. Don't Know/Not Sure → [GO TO Q36]~~

~~28. Were you aware that the program changed in July 2013?~~

~~a. Yes~~

~~b. No~~

~~c. Don't Know/Not Sure~~

~~29. I am going to ask about different kinds of help that you may have received from your Nurse Care Manager under the previous program and that you may be receiving today from your current Nurse Care Manager. For each, please tell me who was more helpful, the Nurse Care Manager you had before July 2013 under the previous program or your current Nurse Care Manager [REVERSE ORDER FROM PREVIOUS SURVEY]. [RECORD "SAME" IF VOLUNTEERED BY RESPONDENT; DO NOT OFFER AS OPTION.]~~

	~~Telligen NCM More Helpful~~	~~CCP NCM More Helpful~~	~~About the Same Help~~	~~Don't Know/ Not Sure~~	~~N/A~~
~~a. Providing instructions about taking care of your health problems or concerns~~					
~~b. Helping you to identify changes in your health that might be an early sign of a problem~~					
~~c. Answering questions about your health~~					
~~d. Helping you talk to and work with your regular doctor and your regular doctor's office staff~~					
~~e. Helping you to make and keep health care appointments with other doctors, such as specialists, for medical problems~~					
~~f. Helping you to make and keep health care appointments for mental health or substance abuse problems~~					
~~g.Helping you manage your medications~~					

~~30. Overall, what do you prefer – the program as it was before July 2013 or the program as it is today? [REVERSE ORDER FROM PREVIOUS SURVEY.] [RECORD "NO PREFERENCE/SAME" IF VOLUNTEERED BY RESPONDENT; DO NOT OFFER AS OPTION.]~~

~~a. Program before, with Telligen Nurse Care Manager~~

~~b. Program today, with Chronic Care Program Nurse Care Manager~~

~~c. No preference/programs are about the same → [GO TO Q36]~~

~~d. Don't Know/Not Sure → [GO TO Q36]~~

~~31. Why do you prefer [MEMBER'S CHOICE]? [RECORD ANSWER AND GO TO Q36]~~

____

____

Questions 32 and 33 are asked of follow-up survey respondents only

32. [IF RESPONDENT ANSWERED “NO” TO Q5] About when did you decide to no longer participate?
    a. Month/Year [SPECIFY] ____
    b. Don’t Know/Not Sure

33. Why did you decide to no longer participate in the program [RECORD ANSWER & SKIP TO Q36]?
    a. Not aware of program/did not know was enrolled
    b. Did not understand purpose of the program
    c. Satisfied with doctor/current health care access without program
    d. Doctor recommended I not participate
    e. Do not wish to self-manage care/receive health education/receive health coaching
    f. Do not want to be evaluated by Nurse Care Manager/Health Coach
    g. Dislike Nurse Care Manager/Health Coach
    h. Have no health needs at this time
    i. Nurse Care Manager/Health Coach stopped calling or visiting
    j. Did not like change from Nurse Care Management to Health Coaching
    k. Other. SPECIFY: ____
    l. Not Sure/Don’t Know

Questions 34 and 35 have been discontinued

~~34. [IF RESPONDENT ANSWERED “NO” TO Q4] About when did you decide to not participate?~~
    ~~a. Month/Year [SPECIFY] ____~~
    ~~b. Don’t Know/Not Sure~~

~~35. Why did you decide not to participate in the program?~~
    ~~a. Not aware of program/did not know was enrolled~~
    ~~b. Did not understand purpose of the program~~
    ~~c. Satisfied with doctor/current health care access without program~~
    ~~d. Doctor recommended I not participate~~
    ~~e. Do not wish to self-manage care/receive health education/receive health coaching~~
    ~~f. Do not want to be evaluated by Nurse Care Manager/Health Coach~~
    ~~g. Dislike Nurse Care Manager/Health Coach~~
    ~~h. Have no health needs at this time~~
    ~~i. Nurse Care Manager/Health Coach stopped calling or visiting~~
    ~~j. Did not like change from Nurse Care Management to Health Coaching~~
    ~~k. Other. SPECIFY: ____~~
    ~~l. Not Sure/Don’t Know~~

DEMOGRAPHICS

36. I'm now going to ask about your race. I will read you a list of choices. You may choose 1 or more. This question is being used for demographic purposes only and you may also choose not to respond.
    a. White or Caucasian
    b. Black or African-American
    c. Asian
    d. Native Hawaiian or other Pacific Islander
    e. American Indian
    f. Hispanic or Latino
    g. Other. SPECIFY: ______________________________

Those are all the questions I have today. We may contact you again in the future to follow-up and learn if anything about your health care has changed. Thank you for your help.

APPENDIX B – DETAILED PARTICIPANT SURVEY RESULTS

Appendix B includes active participant responses to all survey questions. Data is presented for both the initial and follow-up surveys.

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
1) Are you currently enrolled in SoonerCare?											
A. Yes	**129** *99.20%*	**380** *98.20%*	**255** *96.59%*	**253** *100.00%*	**137** *100.0%*	**1154** *98.5%*	**109** *97.30%*	**176** *97.24%*	**157** *99.37%*	**117** *100.0%*	**559** *98.4%*
B. No	**1** *0.80%*	**7** *1.80%*	**9** *3.41%*	**0** *0.00%*	**0** *0.0%*	**17** *1.5%*	**3** *2.70%*	**5** *2.76%*	**1** *0.63%*	**0** *0.0%*	**9** *1.6%*
2) Have you heard of the Chronic Care Program (CCP)?											
A. Yes	**111** *86.00%*	**343** *90.30%*	**237** *93.31%*	**253** *100.00%*	**137** *100.0%*	**1081** *93.8%*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*
B. No	**18** *14.00%*	**36** *9.50%*	**17** *6.69%*	**0** *0.00%*	**0** *0.0%*	**71** *6.2%*					
C. Don't know/not sure	**0** *0.00%*	**1** *0.30%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**1** *0.1%*					
3) Were you contacted and offered a chance to participate in the CCP?											
A. Yes	**111** *86.00%*	**342** *90.20%*	**235** *92.52%*	**253** *100.00%*	**137** *100.0%*	**1078** *93.6%*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*
B. No	**18** *14.00%*	**37** *9.80%*	**19** *7.48%*	**0** *0.00%*	**0** *0.0%*	**74** *6.4%*					
C. Don't know/not sure	**0**	**0**	**0**	**0**	**0**	**0**					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*					
4) Did you decide to participate?											
A. Yes	**109** *98.20%*	**342** *100.00%*	**234** *99.15%*	**253** *100.00%*	**135** *98.5%*	**1073** *99.4%*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*
B. No	**2** *1.80%*	**0** *0.00%*	**2** *0.85%*	**0** *0.00%*	**2** *1.5%*	**6** *0.6%*					
5) Are you still participating today in the CCP?											
A. Yes	**106** *95.50%*	**325** *95.60%*	**218** *92.77%*	**253** *100.00%*	**135** *100.0%*	**1037** *96.6%*	**103** *94.50%*	**150** *85.23%*	**156** *99.36%*	**117** *100.0%*	**526** *94.1%*
B. No	**5** *4.50%*	**15** *4.40%*	**16** *6.81%*	**0** *0.00%*	**0** *0.0%*	**36** *3.4%*	**6** *5.50%*	**26** *14.77%*	**1** *0.64%*	**0** *0.0%*	**33** *5.9%*
C. Don't know/not sure	**0** *0.00%*	**0** *0.00%*	**1** *0.43%*	**0** *0.00%*	**0** *0.0%*	**1** *0.1%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*
6) How long have you been participating in the CCP?											
A. Less than 1 month	**2** *1.90%*	**6** *1.80%*	**8** *3.67%*	**2** *0.79%*	**4** *3.0%*	**22** *2.1%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
B. 1 to 2 months	**16** *15.10%*	**32** *9.80%*	**30** *13.76%*	**43** *17.00%*	**31** *23.0%*	**152** *14.7%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
C. 3 to 4 months	**18** *17.00%*	**32** *9.80%*	**34** *15.60%*	**68** *26.88%*	**31** *23.0%*	**183** *17.6%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
D. 5 to 6 months	**9**	**40**	**32**	**47**	**18**	**146**	**0**	**0**	**0**	**1**	**0**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	8.50%	*12.30%*	*14.68%*	*18.58%*	*13.3%*	*14.1%*	*0.00%*	*0.00%*	*0.00%*	*0.9%*	*0.00%*
E. More than 6 months	**61** *57.50%*	**212** *65.20%*	**111** *50.92%*	**91** *35.97%*	**47** *34.8%*	**522** *50.3%*	*See below*	*See below*	*See below*	*See below*	*See below*
F. 6 to 9 months		*For initial survey, tenures greater than six months are not further stratified*					**9** *8.70%*	**5** *3.33%*	**30** *19.23%*	**23** *19.7%*	**67** *12.8%*
G. 9 to 12 months							**68** *66.00%*	**37** *24.67%*	**59** *37.82%*	**44** *37.6%*	**208** *39.6%*
H. More than 12 months							**22** *21.40%*	**104** *69.33%*	**64** *41.03%*	**48** *41.0%*	**238** *45.3%*
F. Don't know/not sure	**0** *0.00%*	**3** *0.90%*	**3** *1.38%*	**2** *0.79%*	**4** *3.0%*	**12** *1.2%*	**4** *3.90%*	**4** *2.67%*	**3** *1.92%*	**1** *0.9%*	**12** *2.3%*
7) How did you learn about the CCP?											
A. Received information in the mail	**19** *17.90%*	**62** *19.10%*	**42** *19.27%*	**25** *9.88%*	**17** *12.6%*	**165** *15.9%*	*N/A - not asked*				
B. Received a call from my Nurse Care Manager	**35** *33.00%*	**186** *57.20%*	**128** *58.72%*	**161** *63.64%*	**100** *74.1%*	**610** *58.8%*					
C. Received a call from someone else	**0** *0.00%*	**1** *0.30%*	**0** *0.00%*	**0** *0.00%*	**1** *0.7%*	**2** *0.2%*					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
D. Doctor referred me while I was in his/her office	**31** *29.20%*	**20** *6.20%*	**18** *8.26%*	**33** *13.04%*	**6** *4.4%*	**108** *10.4%*					
E. Other	**2** *1.90%*	**12** *3.70%*	**9** *4.13%*	**19** *7.51%*	**5** *3.7%*	**47** *4.5%*					
F. Don't know/not sure	**19** *17.90%*	**44** *13.50%*	**21** *9.63%*	**15** *5.93%*	**6** *4.4%*	**105** *10.1%*					
8) What were your reasons for deciding to participate in the CCP? (Multiple answers allowed.)											
A. Learn how to better manage health problems	**37** *34.90%*	**128** *39.00%*	**91** *41.74%*	**64** *25.30%*	**38** *28.1%*	**358** *34.4%*	*N/A - not asked*				
B. Learn how to identify changes in health	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*					
C. Have someone to call with questions about health	**9** *8.50%*	**18** *5.50%*	**4** *1.83%*	**6** *2.37%*	**3** *2.2%*	**40** *3.8%*					
D. Get help making health care appointments	**2**	**7**	**5**	**3**	**0**	**17**					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	1.90%	*2.10%*	*2.29%*	*1.19%*	*0.0%*	*1.6%*					
E. Personal doctor recommended I enroll	**13** *12.30%*	**7** *2.10%*	**5** *2.3%*	**7** *2.8%*	**1** *0.7%*	**33** *3.2%*					
F. Improve my health	**4** *3.80%*	**19** *5.80%*	**25** *11.47%*	**26** *10.28%*	**7** *5.2%*	**81** *7.8%*					
G. Was invited to enroll/no specific reason	**37** *34.90%*	**124** *37.80%*	**62** *28.44%*	**66** *26.09%*	**33** *24.4%*	**322** *31.0%*					
H. Other	**1** *0.90%*	**12** *3.70%*	**22** *10.09%*	**81** *32.02%*	**51** *37.8%*	**167** *16.1%*					
I. Don't know/not sure	**3** *2.80%*	**13** *4.00%*	**4** *1.83%*	**0** *0.00%*	**2** *1.5%*	**22** *2.1%*					
9) Among the reasons you gave, what was your most important reason for deciding to participate?											
A. Learn how to better manage health problems	**37** *34.90%*	**128** *39.40%*	**90** *41.28%*	**65** *25.69%*	**38** *28.1%*	**358** *34.5%*	*N/A - not asked*				
B. Learn how to identify changes in health	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*					
C. Have someone to call with questions about health	**10** *9.40%*	**17** *5.20%*	**5** *2.29%*	**6** *2.37%*	**3** *2.2%*	**41** *4.0%*					
D. Get help making health care appointments	**2**	**6**	**5**	**3**	**0**	**16**					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	1.90%	*1.80%*	*2.29%*	*1.19%*	*0.0%*	*1.5%*					
E. Personal doctor recommended I enroll	**13** *12.30%*	**7** *2.20%*	**5** *2.29%*	**6** *2.37%*	**1** *0.7%*	**32** *3.1%*					
F. Improve my health	**4** *3.80%*	**19** *5.80%*	**25** *11.47%*	**26** *10.28%*	**7** *5.2%*	**81** *7.8%*					
G. Was invited to enroll/no specific reason	**37** *34.90%*	**124** *38.20%*	**63** *28.90%*	**65** *25.69%*	**33** *24.4%*	**322** *31.1%*					
H. Other	**1** *0.90%*	**12** *3.70%*	**22** *10.09%*	**82** *32.41%*	**51** *37.8%*	**168** *16.2%*					
I. Don't know/not sure	**2** *1.90%*	**12** *3.70%*	**3** *1.38%*	**0** *0.00%*	**2** *1.5%*	**19** *1.8%*					
10) How soon after you started participating in the CCP were you contacted by your Nurse Care Manager?											
A. Contacted at time of enrollment in the doctor's office	**32** *30.20%*	**196** *60.30%*	**135** *61.93%*	**172** *67.98%*	**103** *76.3%*	**638** *61.5%*	*N/A - not asked*				
B. Less than 1 week	**23** *21.70%*	**26** *8.00%*	**23** *10.55%*	**15** *5.93%*	**11** *8.1%*	**98** *9.5%*					
C. 1 to 2 weeks	**8** *7.50%*	**19** *5.80%*	**20** *9.17%*	**33** *13.04%*	**7** *5.2%*	**87** *8.4%*					
D. More than 2 weeks	**0**	**4**	**1**	**2**	**0**	**7**					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	*1.20%*	*0.46%*	*0.79%*	*0.0%*	*0.7%*					
E. Have not been contacted - enrolled 2 weeks ago or less	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*					
F. Have not been contacted - enrolled 2 to 4 weeks ago	**0** *0.00%*	**2** *0.60%*	**0** *0.00%*	**0** *0.00%*	**1** *0.7%*	**3** *0.3%*					
G. Have not been contacted - enrolled more than 4 weeks ago	**0** *0.00%*	**2** *0.60%*	**2** *0.92%*	**0** *0.00%*	**2** *1.5%*	**6** *0.5%*					
H. Don't know/not sure/other	**43** *40.60%*	**76** *23.40%*	**37** *16.97%*	**31** *12.25%*	**11** *8.1%*	**198** *19.1%*					
11) Can you tell me the name of your Nurse Care Manager?											
A. Yes	**64** *61.50%*	**204** *62.40%*	**127** *58.26%*	**173** *68.38%*	**72** *53.3%*	**640** *61.7%*	**69** *67.00%*	**99** *66.00%*	**92** *58.97%*	**62** *53.0%*	**322** *61.2%*
B. No	**40** *38.50%*	**123** *37.60%*	**91** *41.74%*	**80** *31.62%*	**63** *46.7%*	**397** *38.3%*	**34** *33.00%*	**51** *34.00%*	**64** *41.03%*	**55** *47.0%*	**204** *38.8%*
12) About when was the last time you spoke to your Nurse Care Manager?											
A. Within last week	**34** *33.70%*	**104** *31.50%*	**62** *28.57%*	**77** *30.43%*	**40** *29.6%*	**317** *30.6%*	**30** *29.10%*	**30** *20.00%*	**27** *17.31%*	**20** *17.1%*	**107** *20.3%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
B. 1 to 2 weeks ago	**29** *28.70%*	**94** *28.50%*	**46** *21.20%*	**54** *21.34%*	**18** *13.3%*	**241** *23.3%*	**9** *8.70%*	**37** *24.67%*	**17** *10.90%*	**17** *14.5%*	**80** *15.2%*
C. 2 to 4 weeks ago	**24** *23.80%*	**69** *20.90%*	**57** *26.27%*	**75** *29.64%*	**46** *34.1%*	**271** *26.2%*	**19** *18.40%*	**35** *23.33%*	**44** *28.21%*	**36** *30.8%*	**134** *25.5%*
D. More than 4 weeks ago	**13** *12.90%*	**52** *15.80%*	**50** *23.04%*	**43** *17.00%*	**26** *19.3%*	**184** *17.8%*	**41** *39.80%*	**47** *31.33%*	**66** *42.31%*	**44** *37.6%*	**198** *37.6%*
E. Have never spoken to Nurse Care Manager	**0** *0.00%*	**1** *0.30%*	**1** *0.46%*	**3** *1.19%*	**1** *0.7%*	**6** *0.6%*	**1** *1.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**1** *0.2%*
F. Don't know/not sure	**1** *1.00%*	**10** *3.00%*	**1** *0.46%*	**1** *0.40%*	**4** *3.0%*	**17** *1.6%*	**3** *2.90%*	**1** *0.67%*	**2** *1.28%*	**0** *0.0%*	**6** *1.1%*
13) Did your Nurse Care Manager give you a telephone number to call if you needed help with your care?											
A. Yes	**96** *93.20%*	**312** *96.30%*	**202** *93.09%*	**242** *95.65%*	**127** *94.1%*	**979** *94.9%*	**97** *94.20%*	**143** *95.33%*	**146** *93.59%*	**111** *94.9%*	**497** *94.5%*
B. No	**3** *2.90%*	**5** *1.50%*	**7** *3.23%*	**3** *1.19%*	**1** *0.7%*	**19** *1.8%*	**3** *2.90%*	**2** *1.33%*	**3** *1.92%*	**5** *4.3%*	**13** *2.5%*
C. Don't know/not sure	**4** *3.90%*	**7** *2.20%*	**8** *3.69%*	**8** *3.16%*	**7** *5.2%*	**34** *3.3%*	**3** *2.90%*	**5** *3.33%*	**7** *4.49%*	**1** *0.9%*	**16** *3.0%*
14) Have you tried to call your Nurse Care Manager at the number you were given?											
A. Yes	**37**	**137**	**74**	**101**	**35**	**384**	**40**	**59**	**60**	**56**	**215**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	38.50%	*43.90%*	*36.63%*	*41.74%*	*27.6%*	*39.2%*	*41.20%*	*41.26%*	*41.10%*	*50.5%*	*43.3%*
B. No	**59** *61.50%*	**175** *56.10%*	**127** *62.87%*	**141** *58.26%*	**90** *70.9%*	**592** *60.5%*	**57** *58.80%*	**84** *58.74%*	**84** *57.53%*	**54** *48.6%*	**279** *56.1%*
C. Don't know/not sure	**0** *0.00%*	**0** *0.00%*	**1** *0.50%*	**0** *0.00%*	**2** *1.6%*	**3** *0.3%*	**0** *0.00%*	**0** *0.00%*	**2** *1.37%*	**1** *0.9%*	**3** *0.6%*
15) Thinking about the last time you called your Nurse Care Manager, what was the reason for your call?											
A. Routine health question	**27** *73.00%*	**97** *70.80%*	**48** *64.86%*	**82** *81.19%*	**30** *85.7%*	**284** *74.0%*	**27** *67.50%*	**45** *76.27%*	**44** *73.33%*	**45** *80.4%*	**161** *74.9%*
B. Urgent health problem	**1** *2.70%*	**3** *2.20%*	**2** *2.70%*	**0** *0.00%*	**1** *2.9%*	**7** *1.8%*	**1** *2.50%*	**4** *6.78%*	**4** *6.67%*	**1** *1.8%*	**10** *4.7%*
C. Seeking assistance in scheduling an appointment	**2** *5.40%*	**5** *3.60%*	**5** *6.76%*	**2** *1.98%*	**1** *2.9%*	**15** *3.9%*	**4** *10.00%*	**3** *5.08%*	**1** *1.67%*	**2** *3.6%*	**10** *4.7%*
D. Returning call from Nurse Care Manager	**6** *16.20%*	**31** *22.60%*	**17** *22.97%*	**17** *16.83%*	**3** *8.6%*	**74** *19.3%*	**8** *20.00%*	**6** *10.17%*	**11** *18.33%*	**8** *14.3%*	**33** *15.3%*
E. Other	**1** *2.70%*	**1** *0.70%*	**2** *2.70%*	**0** *0.00%*	**0** *0.0%*	**4** *1.0%*	**0** *0.00%*	**1** *1.69%*	**0** *0.00%*	**0** *0.0%*	**1** *0.5%*
F. Don't know/not sure	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
16) Did you reach your Nurse Care Manager immediately? If no, how quickly did you get a call back?											
A. Reached immediately (at time of call)	17 *45.90%*	71 *51.80%*	32 *42.67%*	42 *41.58%*	14 *40.0%*	176 *45.7%*	18 *45.00%*	28 *47.46%*	19 *31.67%*	25 *44.6%*	90 *41.9%*
B. Called back within 1 hour	13 *35.10%*	30 *21.90%*	19 *25.33%*	34 *33.66%*	11 *31.4%*	107 *27.8%*	9 *22.50%*	13 *22.03%*	13 *21.67%*	17 *30.4%*	52 *24.2%*
C. Called back in more than 1 hour but same day	3 *8.10%*	13 *9.50%*	10 *13.33%*	13 *12.87%*	6 *17.1%*	45 *11.7%*	3 *7.50%*	7 *11.86%*	16 *26.67%*	6 *10.7%*	32 *14.9%*
D. Called back the next day	0 *0.00%*	10 *7.30%*	4 *5.33%*	3 *2.97%*	1 *2.9%*	18 *4.7%*	3 *7.50%*	1 *1.69%*	3 *5.00%*	2 *3.6%*	9 *4.2%*
E. Called back 2 or more days later	1 *2.70%*	5 *3.60%*	1 *1.33%*	3 *2.97%*	0 *0.0%*	10 *2.6%*	0 *0.00%*	0 *0.00%*	1 *1.67%*	0 *0.0%*	1 *0.5%*
F. Never called back	1 *2.70%*	3 *2.20%*	4 *5.33%*	2 *1.98%*	1 *2.9%*	11 *2.9%*	3 *7.50%*	4 *6.78%*	4 *6.67%*	1 *1.8%*	12 *5.6%*
G. Other	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.0%*	0 *0.0%*	1 *2.50%*	0 *0.00%*	0 *0.00%*	0 *0.0%*	1 *0.5%*
H. Don't know/not sure	2 *5.40%*	5 *3.60%*	5 *6.67%*	4 *3.96%*	2 *5.7%*	18 *4.7%*	3 *7.50%*	6 *10.17%*	4 *6.67%*	5 *8.9%*	18 *8.4%*
17) I'm going to mention some things your Nurse Care Manager may have											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
done for you. Has your Nurse Care Manager:											
(a) Asked questions about your health problems or concerns											
A. Yes	**105**	**322**	**215**	**248**	**133**	**1023**	**100**	**149**	**155**	**116**	**520**
	99.10%	*99.10%*	*98.17%*	*98.02%*	*98.5%*	*98.6%*	*98.00%*	*100.00%*	*99.36%*	*99.1%*	*99.2%*
B. No	**1**	**2**	**4**	**4**	**2**	**13**	**2**	**0**	**1**	**1**	**4**
	0.90%	*0.60%*	*1.83%*	*1.58%*	*1.5%*	*1.3%*	*2.00%*	*0.00%*	*0.64%*	*0.9%*	*0.8%*
C. Don't know/not sure	**0**	**1**	**0**	**1**	**0**	**2**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.30%*	*0.00%*	*0.40%*	*0.0%*	*0.2%*	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*
(b) Provided instructions about taking care of your health problems or concerns											
A. Yes	**95**	**297**	**195**	**239**	**123**	**949**	**95**	**141**	**152**	**113**	**501**
	89.60%	*91.40%*	*89.45%*	*94.47%*	*91.1%*	*91.5%*	*93.10%*	*94.00%*	*97.44%*	*96.6%*	*95.4%*
B. No	**8**	**24**	**23**	**13**	**9**	**77**	**7**	**9**	**4**	**4**	**24**
	7.50%	*7.40%*	*10.55%*	*5.14%*	*6.7%*	*7.4%*	*6.90%*	*6.00%*	*2.56%*	*3.4%*	*4.6%*
C. Don't know/not sure	**3**	**4**	**0**	**1**	**3**	**11**	**0**	**0**	**0**	**0**	**0**
	2.80%	*1.20%*	*0.00%*	*0.40%*	*2.2%*	*1.1%*	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*
(c) Helped you to identify changes in your health that might be an early sign of a problem											
A. Yes	**37**	**138**	**76**	**97**	**37**	**385**	**43**	**71**	**62**	**37**	**213**
	34.90%	*42.50%*	*34.86%*	*38.34%*	*27.4%*	*37.1%*	*42.20%*	*47.33%*	*39.74%*	*31.6%*	*40.6%*
B. No	**67**	**185**	**138**	**155**	**97**	**642**	**57**	**76**	**90**	**77**	**300**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	63.20%	*56.90%*	*63.3%*	*61.3%*	*71.9%*	*61.9%*	*55.90%*	*50.7%*	*57.7%*	*65.8%*	*57.1%*
C. Don't know/not sure	**2**	**2**	**4**	**1**	**1**	**10**	**2**	**3**	**4**	**3**	**12**
	1.90%	*0.60%*	*1.83%*	*0.40%*	*0.7%*	*1.0%*	*2.00%*	*2.00%*	*2.56%*	*2.6%*	*2.3%*
(d) Answered questions about your health											
A. Yes	**94**	**281**	**187**	**229**	**108**	**899**	**91**	**140**	**145**	**106**	**482**
	88.70%	*86.50%*	*85.78%*	*90.51%*	*80.0%*	*86.7%*	*89.20%*	*93.33%*	*92.95%*	*90.6%*	*91.8%*
B. No	**12**	**44**	**31**	**24**	**25**	**136**	**11**	**10**	**11**	**11**	**43**
	11.30%	*13.50%*	*14.22%*	*9.49%*	*18.5%*	*13.1%*	*10.80%*	*6.67%*	*7.05%*	*9.4%*	*8.2%*
C. Don't know/not sure	**0**	**0**	**0**	**0**	**2**	**2**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.00%*	*0.00%*	*0.00%*	*1.5%*	*0.2%*	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff											
A. Yes	**48**	**127**	**47**	**61**	**10**	**293**	**27**	**51**	**32**	**34**	**144**
	45.30%	*39.10%*	*21.56%*	*24.11%*	*7.4%*	*28.3%*	*26.50%*	*34.00%*	*20.65%*	*29.1%*	*27.5%*
B. No	**54**	**197**	**167**	**191**	**123**	**732**	**73**	**99**	**123**	**83**	**378**
	50.90%	*60.60%*	*76.61%*	*75.49%*	*91.1%*	*70.6%*	*71.60%*	*66.00%*	*79.35%*	*70.9%*	*72.1%*
C. Don't know/not sure	**4**	**1**	**4**	**1**	**2**	**12**	**2**	**0**	**0**	**0**	**2**
	3.80%	*0.30%*	*1.83%*	*0.40%*	*1.5%*	*1.2%*	*2.00%*	*0.00%*	*0.00%*	*0.0%*	*0.4%*
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?											
A. Yes	**47**	**101**	**38**	**52**	**16**	**254**	**26**	**41**	**30**	**26**	**123**
	44.30%	*31.10%*	*17.43%*	*20.55%*	*11.9%*	*24.5%*	*25.50%*	*27.33%*	*19.35%*	*22.2%*	*23.5%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
B. No	**58**	**223**	**179**	**200**	**118**	**778**	**75**	**109**	**125**	**91**	**400**
	54.70%	*68.60%*	*82.11%*	*79.05%*	*87.4%*	*75.0%*	*73.50%*	*72.67%*	*80.65%*	*77.8%*	*76.3%*
C. Don't know/not sure	**1**	**1**	**1**	**1**	**1**	**5**	**1**	**0**	**0**	**0**	**1**
	0.90%	*0.30%*	*0.46%*	*0.40%*	*0.7%*	*0.5%*	*1.00%*	*0.00%*	*0.00%*	*0.0%*	*0.2%*
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems											
A. Yes	**8**	**16**	**10**	**8**	**1**	**43**	**7**	**8**	**5**	**2**	**22**
	7.50%	*4.90%*	*4.59%*	*3.16%*	*0.7%*	*4.1%*	*6.90%*	*5.33%*	*3.23%*	*1.7%*	*4.2%*
B. No	**98**	**309**	**208**	**245**	**134**	**994**	**94**	**142**	**150**	**115**	**501**
	92.50%	*95.10%*	*95.41%*	*96.84%*	*99.3%*	*95.9%*	*92.20%*	*94.67%*	*96.77%*	*98.3%*	*95.6%*
C. Don't know/not sure	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**
	0.00%	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*	*1.00%*	*0.00%*	*0.00%*	*0.0%*	*0.2%*
(h) Reviewed your medications with you and helped you to manage your medications											
A. Yes	**78**	**288**	**194**	**228**	**122**	**910**	**92**	**140**	**139**	**104**	**475**
	73.60%	*88.60%*	*88.99%*	*90.12%*	*90.4%*	*87.8%*	*90.20%*	*93.33%*	*89.68%*	*88.9%*	*90.6%*
B. No	**26**	**32**	**19**	**19**	**11**	**107**	**9**	**7**	**8**	**8**	**32**
	24.50%	*9.80%*	*8.72%*	*7.51%*	*8.1%*	*10.3%*	*8.80%*	*4.67%*	*5.16%*	*6.8%*	*6.1%*
C. Don't know/not sure	**2**	**5**	**5**	**6**	**2**	**20**	**1**	**3**	**8**	**5**	**17**
	1.90%	*1.50%*	*2.29%*	*2.37%*	*1.5%*	*1.9%*	*1.00%*	*2.00%*	*5.16%*	*4.3%*	*3.2%*
18) (For each activity performed) How satisfied are you with the help you received?											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
(a) Asked questions about your health problems or concerns											
A. Very satisfied	**96**	**297**	**197**	**235**	**119**	**944**	**91**	**142**	**143**	**112**	**488**
	90.60%	*91.40%*	*90.37%*	*92.89%*	*88.1%*	*91.0%*	*89.20%*	*94.67%*	*92.26%*	*95.7%*	*93.1%*
B. Somewhat satisfied	**7**	**19**	**14**	**12**	**11**	**63**	**4**	**5**	**9**	**2**	**20**
	6.60%	*5.80%*	*6.42%*	*4.74%*	*8.1%*	*6.1%*	*3.90%*	*3.33%*	*5.81%*	*1.7%*	*3.8%*
C. Somewhat dissatisfied	**1**	**2**	**2**	**0**	**1**	**6**	**3**	**0**	**0**	**1**	**4**
	0.90%	*0.60%*	*0.92%*	*0.00%*	*0.7%*	*0.6%*	*2.90%*	*0.00%*	*0.00%*	*0.9%*	*0.8%*
D. Very dissatisfied	**1**	**4**	**0**	**1**	**1**	**7**	**1**	**2**	**2**	**1**	**6**
	0.90%	*1.20%*	*0.00%*	*0.40%*	*0.7%*	*0.7%*	*1.00%*	*1.33%*	*1.29%*	*0.9%*	*1.1%*
E. Don't know/Not Applicable	**1**	**3**	**5**	**5**	**3**	**17**	**3**	**1**	**1**	**1**	**6**
	0.90%	*0.90%*	*2.29%*	*1.98%*	*2.2%*	*1.6%*	*2.90%*	*0.67%*	*0.65%*	*0.9%*	*1.1%*
(b) Provided instructions about taking care of your health problems or concerns											
A. Very satisfied	**88**	**288**	**187**	**226**	**109**	**898**	**88**	**137**	**141**	**110**	**476**
	83.00%	*88.60%*	*85.78%*	*89.33%*	*80.7%*	*86.6%*	*86.30%*	*91.33%*	*90.97%*	*94.0%*	*90.8%*
B. Somewhat satisfied	**5**	**8**	**10**	**7**	**9**	**39**	**3**	**2**	**7**	**1**	**13**
	4.70%	*2.50%*	*4.59%*	*2.77%*	*6.7%*	*3.8%*	*2.90%*	*1.33%*	*4.52%*	*0.9%*	*2.5%*
C. Somewhat dissatisfied	**1**	**0**	**0**	**0**	**1**	**2**	**2**	**0**	**0**	**1**	**3**
	0.90%	*0.00%*	*0.00%*	*0.00%*	*0.7%*	*0.2%*	*2.00%*	*0.00%*	*0.00%*	*0.9%*	*0.6%*
D. Very dissatisfied	**0**	**1**	**0**	**1**	**1**	**3**	**1**	**1**	**1**	**1**	**4**
	0.00%	*0.30%*	*0.00%*	*0.40%*	*0.7%*	*0.3%*	*1.00%*	*0.67%*	*0.65%*	*0.9%*	*0.8%*
E. Don't know/Not Applicable	**12**	**28**	**21**	**19**	**15**	**95**	**8**	**10**	**6**	**4**	**28**
	11.30%	*8.60%*	*9.63%*	*7.51%*	*11.1%*	*9.2%*	*7.80%*	*6.67%*	*3.87%*	*3.4%*	*5.3%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
(c) Helped you to identify changes in your health that might be an early sign of a problem											
A. Very satisfied	**38**	**133**	**77**	**99**	**34**	**381**	**42**	**67**	**63**	**33**	**205**
	35.80%	*40.90%*	*35.32%*	*39.13%*	*25.2%*	*36.7%*	*41.20%*	*44.67%*	*40.65%*	*28.2%*	*39.1%*
B. Somewhat satisfied	**1**	**9**	**2**	**0**	**2**	**14**	**1**	**2**	**0**	**0**	**3**
	0.90%	*2.80%*	*0.92%*	*0.00%*	*1.5%*	*1.4%*	*1.00%*	*1.33%*	*0.00%*	*0.0%*	*0.6%*
C. Somewhat dissatisfied	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.00%*	*0.00%*	*0.00%*	*0.7%*	*0.1%*	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*
D. Very dissatisfied	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*
E. Don't know/Not Applicable	**67**	**183**	**139**	**154**	**98**	**641**	**59**	**81**	**92**	**84**	**316**
	63.20%	*56.30%*	*63.76%*	*60.87%*	*72.6%*	*61.8%*	*57.80%*	*54.00%*	*59.35%*	*71.8%*	*60.3%*
(d) Answered questions about your health											
A. Very satisfied	**93**	**272**	**180**	**222**	**102**	**869**	**84**	**136**	**137**	**105**	**462**
	87.70%	*83.70%*	*82.57%*	*87.75%*	*75.6%*	*83.8%*	*82.40%*	*90.67%*	*88.39%*	*89.7%*	*88.2%*
B. Somewhat satisfied	**2**	**8**	**8**	**6**	**4**	**28**	**3**	**3**	**4**	**0**	**10**
	1.90%	*2.50%*	*3.67%*	*2.37%*	*3.0%*	*2.7%*	*2.90%*	*2.00%*	*2.58%*	*0.0%*	*1.9%*
C. Somewhat dissatisfied	**0**	**1**	**0**	**0**	**1**	**2**	**1**	**0**	**0**	**1**	**2**
	0.00%	*0.30%*	*0.00%*	*0.00%*	*0.7%*	*0.2%*	*1.00%*	*0.00%*	*0.00%*	*0.9%*	*0.4%*
D. Very dissatisfied	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**1**	**1**
	0.00%	*0.00%*	*0.00%*	*0.40%*	*0.0%*	*0.1%*	*0.00%*	*0.00%*	*0.00%*	*0.9%*	*0.2%*
E. Don't know/Not Applicable	**11**	**44**	**30**	**24**	**28**	**137**	**14**	**11**	**14**	**10**	**49**
	10.40%	*13.50%*	*13.76%*	*9.49%*	*20.7%*	*13.2%*	*13.70%*	*7.33%*	*9.03%*	*8.5%*	*9.4%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff											
A. Very satisfied	**45**	**125**	**44**	**56**	**8**	**278**	**28**	**48**	**34**	**33**	**143**
	42.50%	*38.50%*	*20.18%*	*22.13%*	*5.9%*	*26.8%*	*27.50%*	*32.00%*	*21.94%*	*28.2%*	*27.3%*
B. Somewhat satisfied	**1**	**8**	**5**	**0**	**0**	**14**	**0**	**2**	**2**	**0**	**4**
	0.90%	*2.50%*	*2.29%*	*0.00%*	*0.0%*	*1.4%*	*0.00%*	*1.33%*	*1.29%*	*0.0%*	*0.8%*
C. Somewhat dissatisfied	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.00%*	*0.46%*	*0.00%*	*0.0%*	*0.1%*	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*
D. Very dissatisfied	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**1**	**1**
	0.00%	*0.00%*	*0.00%*	*0.40%*	*0.0%*	*0.1%*	*0.00%*	*0.00%*	*0.00%*	*0.9%*	*0.2%*
E. Don't know/Not Applicable	**60**	**192**	**168**	**196**	**127**	**743**	**74**	**100**	**119**	**83**	**376**
	56.60%	*59.10%*	*77.06%*	*77.47%*	*94.1%*	*71.6%*	*72.50%*	*66.67%*	*76.77%*	*70.9%*	*71.8%*
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?											
A. Very satisfied	**45**	**100**	**41**	**49**	**13**	**248**	**25**	**40**	**30**	**27**	**122**
	42.50%	*30.80%*	*18.81%*	*19.37%*	*9.6%*	*23.9%*	*24.50%*	*26.67%*	*19.35%*	*23.1%*	*23.3%*
B. Somewhat satisfied	**1**	**6**	**3**	**1**	**2**	**13**	**2**	**2**	**2**	**0**	**6**
	0.90%	*1.80%*	*1.38%*	*0.40%*	*1.5%*	*1.3%*	*2.00%*	*1.33%*	*1.29%*	*0.0%*	*1.1%*
C. Somewhat dissatisfied	**1**	**0**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**0**	**0**
	0.90%	*0.00%*	*0.00%*	*0.00%*	*0.7%*	*0.2%*	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*
D. Very dissatisfied	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.00%*	*0.00%*	*0.40%*	*0.0%*	*0.1%*	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
E. Don't know/Not Applicable	**59** *55.70%*	**219** *67.40%*	**174** *79.82%*	**202** *79.84%*	**119** *88.1%*	**773** *74.5%*	**75** *73.50%*	**108** *72.00%*	**123** *79.35%*	**90** *76.9%*	**396** *75.6%*
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems											
A. Very satisfied	**10** *9.40%*	**15** *4.60%*	**10** *4.59%*	**8** *3.16%*	**0** *0.0%*	**43** *4.1%*	**6** *5.90%*	**7** *4.67%*	**5** *3.23%*	**2** *1.7%*	**20** *3.8%*
B. Somewhat satisfied	**1** *0.90%*	**10** *3.10%*	**6** *2.75%*	**1** *0.40%*	**1** *0.7%*	**19** *1.8%*	**1** *1.00%*	**4** *2.67%*	**3** *1.94%*	**1** *0.9%*	**9** *1.7%*
C. Somewhat dissatisfied	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*
D. Very dissatisfied	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*
E. Don't know/Not Applicable	**95** *89.60%*	**300** *92.30%*	**202** *92.66%*	**244** *96.44%*	**134** *99.3%*	**975** *94.0%*	**95** *93.10%*	**139** *92.67%*	**147** *94.84%*	**114** *97.4%*	**495** *94.5%*
(h) Reviewed your medications with you and helped you to manage your medications											
A. Very satisfied	**76** *71.70%*	**278** *85.50%*	**183** *83.94%*	**220** *86.96%*	**114** *84.4%*	**871** *84.0%*	**84** *82.40%*	**135** *90.00%*	**130** *83.87%*	**104** *88.9%*	**453** *86.5%*
B. Somewhat satisfied	**2** *1.90%*	**9** *2.80%*	**11** *5.05%*	**8** *3.16%*	**8** *5.9%*	**38** *3.7%*	**4** *3.90%*	**3** *2.00%*	**5** *3.23%*	**0** *0.0%*	**12** *2.3%*
C. Somewhat dissatisfied	**1** *0.90%*	**1** *0.30%*	**0** *0.00%*	**0** *0.00%*	**1** *0.7%*	**3** *0.3%*	**1** *1.00%*	**0** *0.00%*	**0** *0.00%*	**1** *0.9%*	**2** *0.4%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
D. Very dissatisfied	**0** *0.00%*	**2** *0.60%*	**0** *0.00%*	**0** *0.00%*	**1** *0.7%*	**3** *0.3%*	**1** *1.00%*	**1** *0.67%*	**1** *0.65%*	**1** *0.9%*	**4** *0.8%*
E. Don't know/Not Applicable	**27** *25.50%*	**35** *10.80%*	**24** *11.01%*	**25** *9.88%*	**11** *8.1%*	**122** *11.8%*	**12** *11.80%*	**11** *7.33%*	**19** *12.26%*	**11** *9.4%*	**53** *10.1%*
19) Overall, how satisfied are you with your Nurse Care Manager?											
A. Very satisfied	**97** *91.50%*	**295** *90.80%*	**200** *91.74%*	**236** *93.28%*	**119** *88.1%*	**947** *91.3%*	**93** *91.20%*	**140** *94.59%*	**143** *92.26%*	**112** *95.7%*	**488** *93.5%*
B. Somewhat satisfied	**7** *6.60%*	**20** *6.20%*	**13** *5.96%*	**14** *5.53%*	**11** *8.1%*	**65** *6.3%*	**5** *4.90%*	**5** *3.38%*	**10** *6.45%*	**2** *1.7%*	**22** *4.2%*
C. Somewhat dissatisfied	**1** *0.90%*	**4** *1.20%*	**3** *1.38%*	**0** *0.00%*	**1** *0.7%*	**9** *0.9%*	**4** *3.90%*	**1** *0.68%*	**1** *0.65%*	**1** *0.9%*	**7** *1.3%*
D. Very dissatisfied	**1** *0.90%*	**5** *1.50%*	**1** *0.46%*	**1** *0.40%*	**1** *0.7%*	**9** *0.9%*	**0** *0.00%*	**2** *1.35%*	**1** *0.65%*	**2** *1.7%*	**5** *1.0%*
E. Don't know/not sure	**0** *0.00%*	**1** *0.30%*	**1** *0.46%*	**2** *0.79%*	**3** *2.2%*	**7** *0.7%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*
20) Overall, how satisfied are you with your whole experience in the CCP?											
A. Very satisfied	**97** *91.50%*	**299** *92.00%*	**200** *92.17%*	**236** *93.28%*	**119** *88.1%*	**951** *91.8%*	**93** *91.20%*	**141** *95.27%*	**144** *92.90%*	**112** *95.7%*	**490** *93.9%*
B. Somewhat satisfied	**7** *6.60%*	**14** *4.30%*	**12** *5.53%*	**14** *5.53%*	**11** *8.1%*	**58** *5.6%*	**7** *6.90%*	**4** *2.70%*	**9** *5.81%*	**2** *1.7%*	**22** *4.2%*
C. Somewhat dissatisfied	**2** *1.90%*	**6** *1.80%*	**3** *1.38%*	**0** *0.00%*	**1** *0.7%*	**12** *1.2%*	**2** *2.00%*	**1** *0.68%*	**1** *0.65%*	**1** *0.9%*	**5** *1.0%*
D. Very dissatisfied	**0**	**4**	**1**	**1**	**1**	**7**	**0**	**2**	**1**	**2**	**5**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	*1.20%*	*0.46%*	*0.40%*	*0.7%*	*0.7%*	*0.00%*	*1.35%*	*0.65%*	*1.7%*	*1.0%*
E. Don't know/not sure	**0** *0.00%*	**2** *0.60%*	**1** *0.46%*	**2** *0.79%*	**3** *2.2%*	**8** *0.8%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*
21) Would you recommend the CCP to a friend who has health care needs like yours?											
A. Yes	**102** *96.20%*	**309** *95.10%*	**211** *97.24%*	**245** *96.84%*	**129** *95.6%*	**996** *96.1%*	**99** *97.10%*	**145** *97.32%*	**149** *96.13%*	**111** *94.9%*	**504** *96.4%*
B. No	**2** *1.90%*	**8** *2.50%*	**2** *0.92%*	**3** *1.19%*	**2** *1.5%*	**17** *1.6%*	**2** *2.00%*	**2** *1.34%*	**3** *1.94%*	**5** *4.3%*	**12** *2.3%*
C. Don't know/not sure	**2** *1.90%*	**8** *2.50%*	**4** *1.84%*	**5** *1.98%*	**4** *3.0%*	**23** *2.2%*	**1** *1.00%*	**2** *1.34%*	**3** *1.94%*	**1** *0.9%*	**7** *1.3%*
22) Do you have any suggestions for improving the CCP?											
A. Yes *(member-specific responses documented)*	**9** *8.50%*	**25** *7.70%*	**23** *10.65%*	**13** *5.14%*	**9** *6.7%*	**79** *7.6%*	**7** *6.90%*	**14** *9.33%*	**11** *7.10%*	**6** *5.1%*	**38** *7.3%*
B. No	**97** *91.50%*	**300** *92.30%*	**192** *88.89%*	**240** *94.86%*	**126** *93.3%*	**955** *92.3%*	**95** *93.10%*	**136** *90.67%*	**144** *92.90%*	**111** *94.9%*	**486** *92.7%*
23) Overall, how would you rate your health today?											
A. Excellent	**1** *1.00%*	**6** *1.80%*	**3** *1.37%*	**1** *0.40%*	**1** *0.7%*	**12** *1.2%*	**1** *1.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**1** *0.2%*
B. Good	**43** *41.00%*	**102** *31.30%*	**65** *29.68%*	**78** *30.83%*	**44** *32.6%*	**332** *32.0%*	**41** *40.20%*	**47** *31.33%*	**44** *28.39%*	**54** *46.2%*	**186** *35.5%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
C. Fair	**41** *39.00%*	**144** *44.20%*	**119** *54.34%*	**140** *55.34%*	**75** *55.6%*	**519** *50.0%*	**42** *41.20%*	**80** *53.33%*	**95** *61.29%*	**53** *45.3%*	**270** *51.5%*
D. Poor	**20** *19.00%*	**73** *22.40%*	**32** *14.61%*	**34** *13.44%*	**13** *9.6%*	**172** *16.6%*	**18** *17.60%*	**23** *15.33%*	**16** *10.32%*	**10** *8.5%*	**67** *12.8%*
E. Don't know/not sure/no response	**0** *0.00%*	**1** *0.30%*	**0** *0.00%*	**0** *0.00%*	**2** *1.5%*	**3** *0.3%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*
24) Compared to before you participated in the CCP, how has your health changed?											
A. Better	**51** *48.60%*	**143** *43.90%*	**107** *48.86%*	**136** *53.75%*	**61** *45.2%*	**498** *48.0%*	**55** *53.90%*	**79** *53.38%*	**90** *58.06%*	**71** *60.7%*	**295** *56.5%*
B. Worse	**4** *3.80%*	**41** *12.60%*	**22** *10.05%*	**21** *8.30%*	**12** *8.9%*	**100** *9.6%*	**9** *8.80%*	**16** *10.81%*	**9** *5.81%*	**6** *5.1%*	**40** *7.7%*
C. About the same	**50** *47.60%*	**140** *42.90%*	**90** *41.10%*	**96** *37.94%*	**60** *44.4%*	**436** *42.0%*	**38** *37.30%*	**53** *35.81%*	**56** *36.13%*	**40** *34.2%*	**187** *35.8%*
D. No response	**0** *0.00%*	**2** *0.60%*	**0** *0.00%*	**0** *0.00%*	**2** *1.5%*	**4** *0.4%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*
25) (If better) Do you think the CCP has contributed to your improvement in health?											
A. Yes	**48** *94.12%*	**138** *96.50%*	**94** *87.85%*	**130** *95.59%*	**58** *95.1%*	**468** *94.0%*	**52** *94.50%*	**77** *97.47%*	**80** *88.89%*	**68** *95.8%*	**277** *93.9%*
B. No	**3** *5.88%*	**5** *3.50%*	**13** *12.15%*	**6** *4.41%*	**3** *4.9%*	**30** *6.0%*	**3** *5.50%*	**2** *2.53%*	**7** *7.78%*	**2** *2.8%*	**14** *4.7%*
C. Don't know/not sure	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**1**	**4**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*	*0.00%*	*0.00%*	*3.33%*	*1.4%*	*1.4%*
26) I'm going to mention a few areas where Nurse Care Managers sometimes try to help members improve their health by changing behaviors. For each, tell me if your Nurse Care Manager spoke to you, and if so, whether you changed your behavior as a result.											
(a) Smoking less or using other tobacco products less											
A. N/A - not discussed	**2**	**45**	**55**	**75**	**40**	**217**	**13**	**16**	**31**	**25**	**85**
	1.90%	*13.80%*	*25.23%*	*29.64%*	*29.6%*	*20.9%*	*12.70%*	*10.74%*	*20.00%*	*21.4%*	*16.3%*
B. Discussed - no change	**5**	**22**	**10**	**10**	**5**	**52**	**1**	**6**	**11**	**1**	**19**
	4.70%	*6.80%*	*4.59%*	*3.95%*	*3.7%*	*5.0%*	*1.00%*	*4.03%*	*7.10%*	*0.9%*	*3.6%*
C. Discussed - temporary change	**4**	**7**	**2**	**4**	**0**	**17**	**0**	**1**	**3**	**0**	**4**
	3.80%	*2.20%*	*0.92%*	*1.58%*	*0.0%*	*1.6%*	*0.00%*	*0.67%*	*1.94%*	*0.0%*	*0.8%*
D. Discussed - continuing change	**29**	**57**	**28**	**36**	**21**	**171**	**16**	**26**	**14**	**13**	**69**
	27.40%	*17.50%*	*12.84%*	*14.23%*	*15.6%*	*16.5%*	*15.70%*	*17.45%*	*9.03%*	*11.1%*	*13.2%*
E. Don't know/not sure/no response	**2**	**9**	**3**	**1**	**7**	**22**	**7**	**3**	**1**	**3**	**14**
	1.90%	*2.80%*	*1.38%*	*0.40%*	*5.2%*	*2.1%*	*6.90%*	*2.01%*	*0.65%*	*2.6%*	*2.7%*
F. Not applicable	**64**	**185**	**120**	**127**	**62**	**558**	**65**	**97**	**95**	**75**	**332**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	60.40%	*56.90%*	*55.05%*	*50.20%*	*45.9%*	*53.8%*	*63.70%*	*65.10%*	*61.29%*	*64.1%*	*63.5%*
(b) Moving around more or getting more exercise											
A. N/A - not discussed	**4**	**49**	**57**	**78**	**40**	**228**	**16**	**20**	**38**	**37**	**111**
	3.80%	*15.10%*	*26.15%*	*30.83%*	*29.6%*	*22.0%*	*15.70%*	*13.51%*	*24.52%*	*31.6%*	*21.3%*
B. Discussed - no change	**8**	**31**	**10**	**19**	**9**	**77**	**4**	**11**	**9**	**8**	**32**
	7.50%	*9.50%*	*4.59%*	*7.51%*	*6.7%*	*7.4%*	*3.90%*	*7.43%*	*5.81%*	*6.8%*	*6.1%*
C. Discussed - temporary change	**2**	**6**	**4**	**2**	**0**	**14**	**1**	**4**	**4**	**1**	**10**
	1.90%	*1.80%*	*1.83%*	*0.79%*	*0.0%*	*1.4%*	*1.00%*	*2.70%*	*2.58%*	*0.9%*	*1.9%*
D. Discussed - continuing change	**34**	**154**	**94**	**104**	**43**	**429**	**45**	**79**	**68**	**44**	**236**
	32.10%	*47.40%*	*43.12%*	*41.11%*	*31.9%*	*41.4%*	*44.10%*	*53.38%*	*43.87%*	*37.6%*	*45.2%*
E. Don't know/not sure/no response	**3**	**12**	**4**	**6**	**6**	**31**	**7**	**2**	**1**	**3**	**13**
	2.80%	*3.70%*	*1.83%*	*2.37%*	*4.4%*	*3.0%*	*6.90%*	*1.35%*	*0.65%*	*2.6%*	*2.5%*
F. Not applicable	**55**	**73**	**49**	**44**	**37**	**258**	**29**	**32**	**35**	**24**	**120**
	51.90%	*22.50%*	*22.48%*	*17.39%*	*27.4%*	*24.9%*	*28.40%*	*21.62%*	*22.58%*	*20.5%*	*23.0%*
(c) Changing your diet											
A. N/A - not discussed	**5**	**51**	**47**	**65**	**39**	**207**	**14**	**17**	**24**	**20**	**75**
	4.70%	*15.70%*	*21.56%*	*25.69%*	*28.9%*	*20.0%*	*13.70%*	*11.49%*	*15.48%*	*17.1%*	*14.4%*
B. Discussed - no change	**4**	**20**	**6**	**18**	**15**	**63**	**6**	**12**	**15**	**10**	**43**
	3.80%	*6.20%*	*2.75%*	*7.11%*	*11.1%*	*6.1%*	*5.90%*	*8.11%*	*9.68%*	*8.5%*	*8.2%*
C. Discussed - temporary change	**1**	**4**	**4**	**5**	**1**	**15**	**2**	**5**	**6**	**2**	**15**
	0.90%	*1.20%*	*1.83%*	*1.98%*	*0.7%*	*1.4%*	*2.00%*	*3.38%*	*3.87%*	*1.7%*	*2.9%*
D. Discussed - continuing change	**49**	**186**	**120**	**132**	**49**	**536**	**52**	**91**	**91**	**61**	**295**
	46.20%	*57.20%*	*55.05%*	*52.17%*	*36.3%*	*51.7%*	*51.00%*	*61.49%*	*58.71%*	*52.1%*	*56.5%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
E. Don't know/not sure/no response	3	10	6	4	6	29	8	2	2	0	12
	2.80%	*3.10%*	*2.75%*	*1.58%*	*4.4%*	*2.8%*	*7.80%*	*1.35%*	*1.29%*	*0.0%*	*2.3%*
F. Not applicable	44	54	35	29	25	187	20	21	17	24	82
	41.50%	*16.60%*	*16.06%*	*11.46%*	*18.5%*	*18.0%*	*19.60%*	*14.19%*	*10.97%*	*20.5%*	*15.7%*
(d) Managing and taking your medications better											
A. N/A - not discussed	7	44	28	28	22	129	10	7	11	12	40
	6.60%	*13.50%*	*12.84%*	*11.07%*	*16.3%*	*12.4%*	*9.80%*	*4.73%*	*7.10%*	*10.3%*	*7.7%*
B. Discussed - no change	0	1	0	2	5	8	1	0	1	0	2
	0.00%	*0.30%*	*0.00%*	*0.79%*	*3.7%*	*0.8%*	*1.00%*	*0.00%*	*0.65%*	*0.0%*	*0.4%*
C. Discussed - temporary change	0	2	2	2	0	6	0	0	0	1	1
	0.00%	*0.60%*	*0.92%*	*0.79%*	*0.0%*	*0.6%*	*0.00%*	*0.00%*	*0.00%*	*0.9%*	*0.2%*
D. Discussed - continuing change	62	204	147	165	59	637	62	97	95	55	309
	58.50%	*62.80%*	*67.43%*	*65.22%*	*43.7%*	*61.4%*	*60.80%*	*65.54%*	*61.29%*	*47.0%*	*59.2%*
E. Don't know/not sure/no response	4	8	3	5	10	30	6	2	4	3	15
	3.80%	*2.50%*	*1.38%*	*1.98%*	*7.4%*	*2.9%*	*5.90%*	*1.35%*	*2.58%*	*2.6%*	*2.9%*
F. Not applicable	33	66	38	51	39	227	23	42	44	46	155
	31.10%	*20.30%*	*17.43%*	*20.16%*	*28.9%*	*21.9%*	*22.50%*	*28.38%*	*28.39%*	*39.3%*	*29.7%*
(e) Making sure to drink enough water throughout the day											
A. N/A - not discussed	27	108	73	57	22	287	30	29	34	20	113
	25.50%	*33.20%*	*33.49%*	*22.53%*	*16.3%*	*27.7%*	*29.40%*	*19.59%*	*21.94%*	*17.1%*	*21.6%*
B. Discussed - no change	2	18	18	20	5	63	5	20	15	5	45
	1.90%	*5.50%*	*8.26%*	*7.91%*	*3.7%*	*6.1%*	*4.90%*	*13.51%*	*9.68%*	*4.3%*	*8.6%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
C. Discussed - temporary change	**0**	**2**	**3**	**2**	**0**	**7**	**1**	**1**	**5**	**1**	**8**
	0.00%	*0.60%*	*1.38%*	*0.79%*	*0.0%*	*0.7%*	*1.00%*	*0.68%*	*3.23%*	*0.9%*	*1.5%*
D. Discussed - continuing change	**44**	**122**	**77**	**138**	**59**	**440**	**41**	**62**	**63**	**56**	**222**
	41.50%	*37.50%*	*35.32%*	*54.55%*	*43.7%*	*42.4%*	*40.20%*	*41.89%*	*40.65%*	*47.9%*	*42.5%*
E. Don't know/not sure/no response	**3**	**16**	**8**	**9**	**10**	**46**	**8**	**3**	**9**	**6**	**26**
	2.80%	*4.90%*	*3.67%*	*3.56%*	*7.4%*	*4.4%*	*7.80%*	*2.03%*	*5.81%*	*5.1%*	*5.0%*
F. Not applicable	**30**	**59**	**39**	**27**	**39**	**194**	**17**	**33**	**29**	**29**	**108**
	28.30%	*18.20%*	*17.89%*	*10.67%*	*28.9%*	*18.7%*	*16.70%*	*22.30%*	*18.71%*	*24.8%*	*20.7%*
(f) Drinking or using other substances less											
A. N/A - not discussed	**2**	**83**	**79**	**99**	**36**	**299**	**32**	**37**	**62**	**40**	**171**
	1.90%	*25.50%*	*36.57%*	*39.13%*	*26.7%*	*28.9%*	*31.40%*	*25.17%*	*40.00%*	*34.2%*	*32.8%*
B. Discussed - no change	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.00%*	*0.00%*	*0.40%*	*0.0%*	*0.1%*	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*
C. Discussed - temporary change	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**
	0.00%	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.0%*	*1.00%*	*0.00%*	*0.00%*	*0.0%*	*0.2%*
D. Discussed - continuing change	**1**	**8**	**2**	**4**	**4**	**19**	**2**	**1**	**1**	**5**	**9**
	0.90%	*2.50%*	*0.93%*	*1.58%*	*3.0%*	*1.8%*	*2.00%*	*0.68%*	*0.65%*	*4.3%*	*1.7%*
E. Don't know/not sure/no response	**2**	**12**	**3**	**7**	**6**	**30**	**7**	**2**	**4**	**4**	**17**
	1.90%	*3.70%*	*1.39%*	*2.77%*	*4.4%*	*2.9%*	*6.90%*	*1.36%*	*2.58%*	*3.4%*	*3.3%*
F. Not applicable	**101**	**222**	**132**	**142**	**89**	**686**	**60**	**107**	**88**	**68**	**323**
	95.30%	*68.30%*	*61.11%*	*56.13%*	*65.9%*	*66.3%*	*58.80%*	*72.79%*	*56.77%*	*58.1%*	*62.0%*

APPENDIX C – DETAILED PARTICIPANT EXPENDITURE DATA

Appendix C includes detailed expenditure data for SoonerCare CCU participants. The exhibits are listed below.

Exhibit	***Description***
C-1	All Participants
C-2	Participants with Asthma as most Expensive Diagnosis
C-3	Participants with CAD as most Expensive Diagnosis
C-4	Participants with COPD as most Expensive Diagnosis
C-5	Participants with Diabetes as most Expensive Diagnosis
C-6	Participants with Heart Failure as most Expensive Diagnosis
C-7	Participants with Hypertension as most Expensive Diagnosis
C-8	Participants with Hepatitis-C

Exhibit C-1 – Detailed Expenditure Data – All CCU Participants

	CCU Detail - All Participants										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	13,550	2,667	14,748	3,464	4,435	722	1,700	337	916	144	192
Aggregrate Expenditures											
Inpatient Services	$7,054,762	$1,097,021	$6,204,832	$1,182,120	$1,560,024	$217,188	$569,649	$95,968	$262,729	$39,995	$50,936
Outpatient Services	$2,720,278	$420,158	$2,162,603	$385,248	$569,645	$70,716	$188,313	$31,299	$85,361	$13,049	$16,633
Physician Services	$3,526,254	$550,538	$3,379,044	$609,883	$889,795	$112,558	$294,547	$49,516	$135,107	$20,663	$26,349
Prescribed Drugs	$3,463,230	$544,380	$3,196,209	$573,078	$846,366	$105,366	$279,041	$46,417	$126,957	$19,392	$24,740
Psychiatric Services	$1,006,744	$156,149	$831,871	$148,142	$220,118	$27,161	$73,506	$11,966	$32,594	$5,010	$6,390
Dental Services	$84,909	$13,093	$84,244	$14,925	$22,316	$2,741	$7,414	$1,207	$3,293	$504	$646
Lab and X-Ray	$600,818	$92,852	$624,086	$111,843	$164,526	$20,495	$54,892	$9,031	$24,683	$3,779	$4,835
Medical Supplies and Orthotics	$619,905	$96,829	$453,305	$82,065	$119,618	$15,036	$39,832	$6,633	$18,134	$2,768	$3,552
Home Health and Home Care	$219,813	$34,502	$286,251	$51,388	$75,798	$9,394	$25,045	$4,145	$11,289	$1,727	$2,218
Nursing Facility	$115,015.48	$17,837.98	$27,374	$4,928	$7,211	$903	$2,372	$398	$1,084	$166	$213
Targeted Case Management	$69,903	$11,677	$110,087	$21,223	$27,586	$3,886	$10,052	$1,714	$4,672	$714	$918
Transportation	$572,234	$89,130	$609,583	$110,328	$160,960	$20,127	$53,968	$8,912	$24,263	$3,704	$4,767
Other Practitioner	$90,914	$14,153	$133,626	$24,130	$35,204	$4,421	$11,859	$1,951	$5,312	$812	$1,044
Other Institutional	$444	$69	$161	$29	$43	$5	$14	$2	$6	$1	$1
Other	$48,648	$7,608	$25,550	$4,499	$6,804	$822	$2,231	$364	$988	$151	$194
Total	**$20,193,872**	**$3,145,997**	**$18,128,827**	**$3,323,830**	**$4,706,016**	**$610,819**	**$1,612,736**	**$269,523**	**$736,473**	**$112,434**	**$143,435**
PMPM Expenditures											
Inpatient Services	$520.65	$411.33	$420.72	$341.26	$351.75	$300.81	$335.09	$284.77	$286.82	$277.74	$265.29
Outpatient Services	$200.76	$157.54	$146.64	$111.21	$128.44	$97.94	$110.77	$92.87	$93.19	$90.62	$86.63
Physician Services	$260.24	$206.43	$229.12	$176.06	$200.63	$155.90	$173.26	$146.93	$147.50	$143.49	$137.23
Prescribed Drugs	$255.59	$204.12	$216.72	$165.44	$190.84	$145.94	$164.14	$137.74	$138.60	$134.66	$128.85
Psychiatric Services	$74.30	$58.55	$56.41	$42.77	$49.63	$37.62	$43.24	$35.51	$35.58	$34.79	$33.28
Dental Services	$6.27	$4.91	$5.71	$4.31	$5.03	$3.80	$4.36	$3.58	$3.59	$3.50	$3.36
Lab and X-Ray	$44.34	$34.82	$42.32	$32.29	$37.10	$28.39	$32.29	$26.80	$26.95	$26.24	$25.18
Medical Supplies and Orthotics	$45.75	$36.31	$30.74	$23.69	$26.97	$20.83	$23.43	$19.68	$19.80	$19.22	$18.50
Home Health and Home Care	$16.22	$12.94	$19.41	$14.83	$17.09	$13.01	$14.73	$12.30	$12.32	$12.00	$11.55
Nursing Facility	$8.49	$6.69	$1.86	$1.42	$1.63	$1.25	$1.40	$1.18	$1.18	$1.15	$1.11
Targeted Case Management	$5.16	$4.38	$7.46	$6.13	$6.22	$5.38	$5.91	$5.08	$5.10	$4.96	$4.78
Transportation	$42.23	$33.42	$41.33	$31.85	$36.29	$27.88	$31.75	$26.44	$26.49	$25.72	$24.83
Other Practitioner	$6.71	$5.31	$9.06	$6.97	$7.94	$6.12	$6.98	$5.79	$5.80	$5.64	$5.44
Other Institutional	$0.03	$0.03	$0.01	$0.01	$0.01	$0.01	$0.01	$0.01	$0.01	$0.01	$0.01
Other	$3.59	$2.85	$1.73	$1.30	$1.53	$1.14	$1.31	$1.08	$1.08	$1.05	$1.01
Total	**$1,490.32**	**$1,179.60**	**$1,229.24**	**$959.54**	**$1,061.11**	**$846.01**	**$948.67**	**$799.77**	**$804.01**	**$780.79**	**$747.06**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-19.2%	-16.4%	-4.7%	-14.4%	-7.5%	-17.0%	-11.9%	-5.3%	-2.5%	-4.5%
Outpatient Services	-27.0%	-12.4%	-13.8%	-15.9%	-7.0%	-29.4%	-11.9%	-5.2%	-2.4%	-4.4%
Physician Services	-12.0%	-12.4%	-13.6%	-14.9%	-7.0%	-14.7%	-11.5%	-5.8%	-2.3%	-4.4%
Prescribed Drugs	-15.2%	-11.9%	-14.0%	-15.6%	-7.0%	-18.9%	-11.8%	-5.6%	-2.2%	-4.3%
Psychiatric Services	-24.1%	-12.0%	-12.9%	-17.7%	-6.5%	-27.0%	-12.0%	-5.6%	-2.0%	-4.3%
Dental Services	-8.8%	-11.9%	-13.3%	-17.6%	-6.4%	-12.2%	-11.9%	-5.6%	-2.4%	-3.8%
Lab and X-Ray	-4.6%	-12.3%	-13.0%	-16.5%	-6.5%	-7.3%	-12.1%	-5.6%	-2.1%	-4.0%
Medical Supplies and Orthotics	-32.8%	-12.3%	-13.1%	-15.5%	-6.6%	-34.7%	-12.1%	-5.5%	-2.3%	-3.8%
Home Health and Home Care	19.6%	-11.9%	-13.8%	-16.3%	-6.3%	14.7%	-12.3%	-5.5%	-2.5%	-3.7%
Nursing Facility	-78.1%	-12.4%	-14.2%	-15.1%	-6.3%	-78.7%	-12.1%	-5.6%	-2.3%	-3.8%
Targeted Case Management	44.7%	-16.7%	-4.9%	-13.7%	-6.3%	39.9%	-12.1%	-5.5%	-2.4%	-3.7%
Transportation	-2.1%	-12.2%	-12.5%	-16.6%	-6.3%	-4.7%	-12.5%	-5.1%	-2.7%	-3.5%
Other Practitioner	35.0%	-12.4%	-12.1%	-16.9%	-6.3%	31.3%	-12.1%	-5.5%	-2.6%	-3.6%
Other Institutional	-66.7%	-11.4%	-13.9%	-17.7%	-6.1%	-68.2%	-12.3%	-5.2%	-2.6%	-3.5%
Other	-51.7%	-11.4%	-14.5%	-17.8%	-6.2%	-54.5%	-12.4%	-5.2%	-2.6%	-3.7%
Total	**-17.5%**	**-13.7%**	**-10.6%**	**-15.2%**	**-7.1%**	**-18.7%**	**-11.8%**	**-5.5%**	**-2.4%**	**-4.3%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,788.65**	**68.7%**
Months 13-24	**$1,888.21**	**56.2%**
Months 25-36	**$1,915.07**	**49.5%**
Months 37-48	**$1,932.07**	**41.6%**
Months 49-60	**$1,951.67**	**38.3%**

Exhibit C-2 – Detailed Expenditure Data – Participants w/Asthma as Most Expensive Diagnosis

Category of Service	CCU Detail - Asthma										
	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	1,107	198	1,378	300	396	54	177	35	78	32	37
Aggregrate Expenditures											
Inpatient Services	$724,397	$130,591	$472,284	$98,884	$131,722	$17,884	$56,442	$10,913	$24,398	$9,712	$11,144
Outpatient Services	$513,793	$92,250	$336,079	$70,194	$93,782	$12,684	$39,890	$7,753	$17,315	$6,902	$7,927
Physician Services	$461,787	$83,094	$411,139	$85,887	$114,824	$15,604	$49,437	$9,480	$21,210	$8,447	$9,705
Prescribed Drugs	$243,401	$43,776	$247,302	$51,736	$69,001	$9,364	$29,877	$5,697	$12,743	$5,082	$5,842
Psychiatric Services	$189,172	$24,490	$189,028	$39,607	$52,612	$7,149	$23,036	$4,349	$9,751	$3,889	$4,468
Dental Services	$15,758	$2,830	$6,927	$1,445	$1,929	$261	$834	$159	$356	$142	$163
Lab and X-Ray	$75,369	$13,537	$71,635	$15,024	$19,923	$2,710	$8,668	$1,649	$3,703	$1,474	$1,699
Medical Supplies and Orthotics	$82,655	$14,885	$29,650	$6,208	$8,242	$1,120	$3,605	$682	$1,529	$608	$703
Home Health and Home Care	$2,229	$402	$2,574	$541	$714	$97	$302	$59	$133	$53	$61
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	$788	$166	$219	$30	$92	$18	$41	$16	$19
Transportation	$100,464	$18,081	$52,347	$10,995	$14,512	$1,975	$6,247	$1,207	$2,690	$1,071	$1,243
Other Practitioner	$8,646	$1,550	$26,458	$5,539	$7,343	$999	$3,214	$609	$1,362	$541	$627
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$2,417,672**	**$425,487**	**$1,846,211**	**$386,226**	**$514,824**	**$69,876**	**$221,644**	**$42,575**	**$95,229**	**$37,936**	**$43,600**
PMPM Expenditures											
Inpatient Services	$654.38	$659.55	$342.73	$329.61	$332.63	$331.19	$318.88	$311.81	$312.80	$303.50	$301.20
Outpatient Services	$464.13	$465.91	$243.89	$233.98	$236.82	$234.88	$225.37	$221.50	$221.99	$215.68	$214.23
Physician Services	$417.15	$419.67	$298.36	$286.29	$289.96	$288.96	$279.30	$270.84	$271.92	$263.97	$262.30
Prescribed Drugs	$219.87	$221.09	$179.46	$172.45	$174.25	$173.40	$168.80	$162.76	$163.37	$158.81	$157.88
Psychiatric Services	$170.89	$123.69	$137.18	$132.02	$132.86	$132.38	$130.15	$124.26	$125.02	$121.52	$120.77
Dental Services	$14.23	$14.29	$5.03	$4.82	$4.87	$4.84	$4.71	$4.54	$4.56	$4.42	$4.42
Lab and X-Ray	$68.08	$68.37	$51.98	$50.08	$50.31	$50.19	$48.97	$47.12	$47.47	$46.05	$45.91
Medical Supplies and Orthotics	$74.67	$75.18	$21.52	$20.69	$20.81	$20.74	$20.37	$19.49	$19.60	$19.00	$19.00
Home Health and Home Care	$2.01	$2.03	$1.87	$1.80	$1.80	$1.80	$1.71	$1.69	$1.70	$1.65	$1.65
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	$0.57	$0.55	$0.55	$0.55	$0.52	$0.52	$0.52	$0.51	$0.51
Transportation	$90.75	$91.32	$37.99	$36.65	$36.65	$36.57	$35.29	$34.50	$34.48	$33.48	$33.58
Other Practitioner	$7.81	$7.83	$19.20	$18.46	$18.54	$18.50	$18.16	$17.39	$17.46	$16.91	$16.94
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$2,183.99**	**$2,148.92**	**$1,339.78**	**$1,287.42**	**$1,300.06**	**$1,293.99**	**$1,252.22**	**$1,216.43**	**$1,220.89**	**$1,185.49**	**$1,178.39**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-47.6%	-2.9%	-4.1%	-1.9%	-3.7%	-50.0%	0.5%	-5.9%	-2.7%	-0.8%
Outpatient Services	-47.5%	-2.9%	-4.8%	-1.5%	-3.5%	-49.8%	0.4%	-5.7%	-2.6%	-0.7%
Physician Services	-28.5%	-2.8%	-3.7%	-2.6%	-3.5%	-31.8%	0.9%	-6.3%	-2.5%	-0.6%
Prescribed Drugs	-18.4%	-2.9%	-3.1%	-3.2%	-3.4%	-22.0%	0.6%	-6.1%	-2.4%	-0.6%
Psychiatric Services	-19.7%	-3.1%	-2.0%	-3.9%	-3.4%	6.7%	0.3%	-6.1%	-2.2%	-0.6%
Dental Services	-64.7%	-3.1%	-3.2%	-3.2%	-3.2%	-66.3%	0.4%	-6.1%	-2.6%	-0.1%
Lab and X-Ray	-23.6%	-3.2%	-2.7%	-3.1%	-3.3%	-26.8%	0.2%	-6.1%	-2.3%	-0.3%
Medical Supplies and Orthotics	-71.2%	-3.3%	-2.1%	-3.8%	-3.1%	-72.5%	0.2%	-6.0%	-2.5%	0.0%
Home Health and Home Care	-7.2%	-3.4%	-5.4%	-0.3%	-3.0%	-11.3%	0.0%	-6.0%	-2.7%	0.1%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-3.4%	-5.9%	0.2%	-2.8%	-	0.1%	-6.0%	-2.6%	0.1%
Transportation	-58.1%	-3.5%	-3.7%	-2.3%	-2.6%	-59.9%	-0.2%	-5.7%	-2.9%	0.3%
Other Practitioner	145.8%	-3.4%	-2.1%	-3.8%	-3.0%	135.9%	0.2%	-6.0%	-2.8%	0.2%
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Total	**-38.7%**	**-3.0%**	**-3.7%**	**-2.5%**	**-3.5%**	**-40.1%**	**0.5%**	**-6.0%**	**-2.5%**	**-0.6%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,885.34**	**71.1%**
Months 13-24	**$1,925.10**	**67.5%**
Months 25-36	**$1,970.44**	**63.6%**
Months 37-48	**$1,993.38**	**61.2%**
Months 49-60	**$2,009.29**	**58.6%**

Exhibit C-3 – Detailed Expenditure Data – Participants w/CAD as Most Expensive Diagnosis

CCU Detail - CAD											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	647	111	677	144	196	27	89	13	33	10	17
Aggregrate Expenditures											
Inpatient Services	$965,341	$163,169	$1,170,300	$243,704	$325,352	$43,001	$140,933	$20,400	$50,741	$15,252	$25,370
Outpatient Services	$396,587	$66,742	$233,592	$48,496	$64,984	$8,549	$28,073	$4,063	$10,093	$3,039	$5,059
Physician Services	$382,075	$64,476	$450,747	$93,648	$125,579	$16,599	$54,250	$7,840	$19,514	$5,869	$9,775
Prescribed Drugs	$190,382	$32,131	$365,850	$76,161	$101,896	$13,448	$43,875	$6,361	$15,826	$4,767	$7,943
Psychiatric Services	$73,608	$10,659	$93,057	$19,389	$27,375	$3,414	$11,168	$1,615	$4,027	$1,213	$2,020
Dental Services	$562	$95	$19,348	$4,014	$5,379	$708	$2,322	$335	$835	$251	$419
Lab and X-Ray	$48,287	$8,138	$40,240	$8,368	$11,186	$1,473	$4,817	$697	$1,740	$523	$874
Medical Supplies and Orthotics	$32,983	$5,557	$70,254	$14,571	$19,520	$2,564	$8,402	$1,214	$3,028	$909	$1,524
Home Health and Home Care	$24,933	$4,223	$31,859	$6,644	$8,830	$1,166	$3,799	$553	$1,375	$413	$693
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	$4,971	$840	$12,624	$2,619	$3,509	$461	$1,506	$218	$542	$163	$274
Transportation	$60,542	$10,224	$85,520	$17,742	$23,755	$3,109	$10,228	$1,478	$3,662	$1,102	$1,852
Other Practitioner	$25,829	$4,346	$9,784	$2,024	$2,721	$356	$1,170	$169	$420	$126	$211
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$2,206,100**	**$370,600**	**$2,583,174**	**$537,380**	**$720,086**	**$94,848**	**$310,543**	**$44,941**	**$111,803**	**$33,627**	**$56,014**
PMPM Expenditures											
Inpatient Services	$1,492.03	$1,469.99	$1,728.66	$1,692.39	$1,659.96	$1,592.64	$1,583.51	$1,569.24	$1,537.62	$1,525.22	$1,492.33
Outpatient Services	$612.96	$601.28	$345.04	$336.78	$331.55	$316.64	$315.43	$312.50	$305.84	$303.85	$297.56
Physician Services	$590.53	$580.87	$665.80	$650.33	$640.71	$614.77	$609.55	$603.05	$591.32	$586.91	$574.99
Prescribed Drugs	$294.25	$289.47	$540.40	$528.90	$519.88	$498.08	$492.98	$489.28	$479.57	$476.72	$467.26
Psychiatric Services	$113.77	$96.03	$137.45	$134.64	$139.67	$126.45	$125.48	$124.21	$122.03	$121.30	$118.85
Dental Services	$0.87	$0.85	$28.58	$27.88	$27.44	$26.22	$26.09	$25.75	$25.29	$25.05	$24.68
Lab and X-Ray	$74.63	$73.31	$59.44	$58.11	$57.07	$54.55	$54.12	$53.60	$52.74	$52.30	$51.41
Medical Supplies and Orthotics	$50.98	$50.06	$103.77	$101.19	$99.59	$94.96	$94.41	$93.41	$91.76	$90.91	$89.63
Home Health and Home Care	$38.54	$38.04	$47.06	$46.14	$45.05	$43.20	$42.69	$42.51	$41.68	$41.31	$40.75
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	$7.68	$7.57	$18.65	$18.19	$17.90	$17.06	$16.92	$16.78	$16.43	$16.31	$16.10
Transportation	$93.57	$92.11	$126.32	$123.21	$121.20	$115.13	$114.92	$113.67	$110.97	$110.18	$108.95
Other Practitioner	$39.92	$39.15	$14.45	$14.05	$13.89	$13.19	$13.14	$12.97	$12.73	$12.59	$12.44
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$3,409.74**	**$3,338.74**	**$3,815.62**	**$3,731.81**	**$3,673.91**	**$3,512.87**	**$3,489.24**	**$3,456.98**	**$3,387.97**	**$3,362.66**	**$3,294.94**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	15.9%	-4.0%	-4.6%	-2.9%	-2.9%	15.1%	-5.9%	-1.5%	-2.8%	-2.2%
Outpatient Services	-43.7%	-3.9%	-4.9%	-3.0%	-2.7%	-44.0%	-6.0%	-1.3%	-2.8%	-2.1%
Physician Services	12.7%	-3.8%	-4.9%	-3.0%	-2.8%	12.0%	-5.5%	-1.9%	-2.7%	-2.0%
Prescribed Drugs	83.7%	-3.8%	-5.2%	-2.7%	-2.6%	82.7%	-5.8%	-1.8%	-2.6%	-2.0%
Psychiatric Services	20.8%	1.6%	-10.2%	-2.8%	-2.6%	40.2%	-6.1%	-1.8%	-2.3%	-2.0%
Dental Services	3188.5%	-4.0%	-4.9%	-3.1%	-2.4%	3167.5%	-5.9%	-1.8%	-2.7%	-1.5%
Lab and X-Ray	-20.4%	-4.0%	-5.2%	-2.6%	-2.5%	-20.7%	-6.1%	-1.7%	-2.4%	-1.7%
Medical Supplies and Orthotics	103.6%	-4.0%	-5.2%	-2.8%	-2.3%	102.1%	-6.2%	-1.6%	-2.7%	-1.4%
Home Health and Home Care	22.1%	-4.3%	-5.2%	-2.4%	-2.2%	21.3%	-6.4%	-1.6%	-2.8%	-1.4%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	142.7%	-4.0%	-5.5%	-2.9%	-2.1%	140.4%	-6.2%	-1.7%	-2.8%	-1.3%
Transportation	35.0%	-4.1%	-5.2%	-3.4%	-1.8%	33.8%	-6.6%	-1.3%	-3.1%	-1.1%
Other Practitioner	-63.8%	-3.9%	-5.3%	-3.2%	-2.2%	-64.1%	-6.2%	-1.6%	-2.9%	-1.2%
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Total	**11.9%**	**-3.7%**	**-5.0%**	**-2.9%**	**-2.7%**	**11.8%**	**-5.9%**	**-1.6%**	**-2.7%**	**-2.0%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,610.02**	**80.8%**
Months 13-24	**$1,628.51**	**78.9%**
Months 25-36	**$1,648.33**	**75.5%**
Months 37-48	**$1,653.89**	**73.7%**
Months 49-60	**$1,664.28**	**71.3%**

Exhibit C-4 – Detailed Expenditure Data – Participants w/COPD as Most Expensive Diagnosis

	CCU Detail - COPD										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	1,152	201	1,254	267	364	54	153	25	58	11	19
Aggregrate Expenditures											
Inpatient Services	$1,074,292	$186,987	$990,086	$205,131	$273,162	$40,059	$112,813	$18,294	$41,600	$7,936	$13,490
Outpatient Services	$314,340	$54,479	$236,176	$48,786	$65,284	$9,519	$26,836	$4,354	$9,891	$1,889	$3,215
Physician Services	$508,452	$88,347	$457,398	$94,566	$126,535	$18,551	$51,984	$8,434	$19,161	$3,664	$6,236
Prescribed Drugs	$272,004	$47,274	$299,972	$62,129	$82,922	$12,142	$34,027	$5,528	$12,595	$2,404	$4,094
Psychiatric Services	$101,303	$15,168	$89,440	$18,538	$24,703	$3,613	$10,210	$1,645	$3,743	$717	$1,220
Dental Services	$3,332	$578	$14,125	$2,917	$3,901	$569	$1,614	$259	$590	$113	$193
Lab and X-Ray	$120,732	$20,954	$85,556	$17,697	$23,636	$3,447	$9,763	$1,570	$3,571	$684	$1,168
Medical Supplies and Orthotics	$101,831	$17,668	$84,753	$17,498	$23,401	$3,408	$9,677	$1,554	$3,546	$675	$1,156
Home Health and Home Care	$76,940	$13,418	$83,816	$17,385	$23,097	$3,378	$9,553	$1,541	$3,500	$668	$1,145
Nursing Facility	$33,590.51	$5,847.58	$6,483	$1,342	$1,789	$261	$739	$119	$270	$52	$89
Targeted Case Management	$3,964	$690	$4,541	$937	$1,253	$182	$518	$83	$189	$36	$62
Transportation	$82,371	$14,324	$82,271	$16,974	$22,767	$3,291	$9,394	$1,506	$3,407	$652	$1,119
Other Practitioner	$5,668	$982	$4,320	$889	$1,194	$173	$494	$79	$179	$34	$59
Other Institutional	$464	$80	-	-	-	-	-	-	-	-	-
Other	$38,530	$6,694	$4,071	$840	$1,124	$163	$465	$75	$169	$32	$55
Total	**$2,737,813**	**$473,492**	**$2,443,008**	**$505,631**	**$674,769**	**$98,756**	**$278,087**	**$45,040**	**$102,410**	**$19,555**	**$33,299**
PMPM Expenditures											
Inpatient Services	$932.55	$930.28	$789.54	$768.28	$750.44	$741.84	$737.34	$731.75	$717.24	$721.43	$710.00
Outpatient Services	$272.86	$271.04	$188.34	$182.72	$179.35	$176.27	$175.40	$174.16	$170.53	$171.77	$169.20
Physician Services	$441.36	$439.54	$364.75	$354.18	$347.62	$343.53	$339.77	$337.37	$330.36	$333.05	$328.19
Prescribed Drugs	$236.11	$235.19	$239.21	$232.69	$227.81	$224.85	$222.40	$221.12	$217.15	$218.53	$215.45
Psychiatric Services	$87.94	$75.46	$71.32	$69.43	$67.87	$66.90	$66.73	$65.80	$64.54	$65.17	$64.23
Dental Services	$2.89	$2.88	$11.26	$10.93	$10.72	$10.54	$10.55	$10.37	$10.17	$10.23	$10.14
Lab and X-Ray	$104.80	$104.25	$68.23	$66.28	$64.93	$63.83	$63.81	$62.79	$61.56	$62.15	$61.45
Medical Supplies and Orthotics	$88.39	$87.90	$67.59	$65.54	$64.29	$63.11	$63.25	$62.14	$61.13	$61.35	$60.84
Home Health and Home Care	$66.79	$66.76	$66.84	$65.11	$63.45	$62.56	$62.44	$61.62	$60.34	$60.75	$60.27
Nursing Facility	$29.16	$29.09	$5.17	$5.03	$4.91	$4.84	$4.83	$4.76	$4.66	$4.70	$4.66
Targeted Case Management	$3.44	$3.43	$3.62	$3.51	$3.44	$3.38	$3.39	$3.33	$3.25	$3.28	$3.26
Transportation	$71.50	$71.26	$65.61	$63.57	$62.55	$60.95	$61.40	$60.25	$58.73	$59.23	$58.91
Other Practitioner	$4.92	$4.89	$3.45	$3.33	$3.28	$3.20	$3.23	$3.16	$3.09	$3.11	$3.09
Other Institutional	$0.40	$0.40	-	-	-	-	-	-	-	-	-
Other	$33.45	$33.31	$3.25	$3.15	$3.09	$3.02	$3.04	$2.98	$2.92	$2.94	$2.91
Total	**$2,376.57**	**$2,355.68**	**$1,948.17**	**$1,893.75**	**$1,853.76**	**$1,828.82**	**$1,817.56**	**$1,801.60**	**$1,765.68**	**$1,777.71**	**$1,752.60**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-15.3%	-5.0%	-1.7%	-2.7%	-1.0%	-17.4%	-3.4%	-1.4%	-1.4%	-1.6%
Outpatient Services	-31.0%	-4.8%	-2.2%	-2.8%	-0.8%	-32.6%	-3.5%	-1.2%	-1.4%	-1.5%
Physician Services	-17.4%	-4.7%	-2.3%	-2.8%	-0.7%	-19.4%	-3.0%	-1.8%	-1.3%	-1.5%
Prescribed Drugs	1.3%	-4.8%	-2.4%	-2.4%	-0.8%	-1.1%	-3.4%	-1.7%	-1.2%	-1.4%
Psychiatric Services	-18.9%	-4.8%	-1.7%	-3.3%	-0.5%	-8.0%	-3.6%	-1.7%	-0.9%	-1.4%
Dental Services	289.4%	-4.8%	-1.6%	-3.6%	-0.3%	279.9%	-3.5%	-1.7%	-1.3%	-0.9%
Lab and X-Ray	-34.9%	-4.8%	-1.7%	-3.5%	-0.2%	-36.4%	-3.7%	-1.6%	-1.0%	-1.1%
Medical Supplies and Orthotics	-23.5%	-4.9%	-1.6%	-3.3%	-0.5%	-25.4%	-3.7%	-1.5%	-1.3%	-0.8%
Home Health and Home Care	0.1%	-5.1%	-1.6%	-3.4%	-0.1%	-2.5%	-3.9%	-1.5%	-1.4%	-0.8%
Nursing Facility	-82.3%	-4.9%	-1.7%	-3.5%	0.0%	-82.7%	-3.7%	-1.6%	-1.2%	-0.9%
Targeted Case Management	5.2%	-4.9%	-1.6%	-3.9%	0.1%	2.3%	-3.8%	-1.6%	-1.4%	-0.7%
Transportation	-8.2%	-4.7%	-1.8%	-4.3%	0.3%	-10.8%	-4.1%	-1.2%	-1.7%	-0.5%
Other Practitioner	-30.0%	-4.8%	-1.6%	-4.2%	-0.2%	-31.9%	-3.7%	-1.5%	-1.5%	-0.7%
Other Institutional	-100.0%					-100.0%				
Other	-90.3%	-4.9%	-1.5%	-4.1%	-0.1%	-90.6%	-4.0%	-1.2%	-1.6%	-0.8%
Total	**-18.0%**	**-4.8%**	**-2.0%**	**-2.9%**	**-0.7%**	**-19.6%**	**-3.4%**	**-1.5%**	**-1.3%**	**-1.4%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$2,420.56**	**80.5%**
Months 13-24	**$2,469.31**	**75.1%**
Months 25-36	**$2,488.87**	**73.0%**
Months 37-48	**$2,512.17**	**70.3%**
Months 49-60	**$2,543.40**	**68.9%**

Exhibit C-5 – Detailed Expenditure Data – Participants w/Diabetes as Most Expensive Diagnosis

	CCU Detail - Diabetes										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	3,045	531	2,948	607	864	128	370	60	143	26	34
Aggregrate Expenditures											
Inpatient Services	$2,114,738	$365,210	$1,749,340	$349,622	$495,039	$71,658	$205,424	$33,185	$79,404	$14,304	$18,381
Outpatient Services	$823,015	$141,565	$821,973	$163,880	$232,739	$33,558	$96,001	$15,567	$37,327	$6,712	$8,633
Physician Services	$1,060,241	$182,804	$906,770	$180,856	$256,988	$37,235	$107,234	$17,168	$41,136	$7,410	$9,534
Prescribed Drugs	$968,572	$167,068	$1,084,476	$216,794	$307,103	$44,466	$129,090	$20,530	$49,320	$8,871	$11,419
Psychiatric Services	$227,779	$28,342	$157,831	$31,566	$44,610	$6,456	$18,906	$2,981	$7,143	$1,291	$1,661
Dental Services	$27,901	$4,804	$33,706	$6,718	$9,510	$1,376	$3,993	$635	$1,523	$274	$355
Lab and X-Ray	$126,142	$21,728	$185,861	$37,131	$52,512	$7,590	$22,056	$3,506	$8,397	$1,517	$1,959
Medical Supplies and Orthotics	$121,417	$20,904	$91,001	$18,156	$25,724	$3,711	$10,864	$1,716	$4,123	$741	$959
Home Health and Home Care	$80,288	$13,900	$79,586	$15,932	$22,424	$3,249	$9,162	$1,503	$3,595	$648	$839
Nursing Facility	$70,576.50	$12,190.86	$23,090	$4,614	$6,516	$943	$2,659	$436	$1,041	$188	$243
Targeted Case Management	$24,136	$4,166	$23,806	$4,765	$6,707	$973	$2,728	$450	$1,075	$194	$251
Transportation	$151,335	$26,118	$263,035	$52,640	$74,055	$10,713	$30,795	$4,971	$11,840	$2,137	$2,775
Other Practitioner	$19,524	$3,358	$22,821	$4,551	$6,437	$930	$2,719	$430	$1,030	$185	$240
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	$1,516	$262	$5,180	$1,037	$1,458	$211	$617	$98	$234	$42	$55
Total	**$5,817,181**	**$992,420**	**$5,448,477**	**$1,088,259**	**$1,541,819**	**$223,069**	**$642,249**	**$103,175**	**$247,186**	**$44,514**	**$57,304**
PMPM Expenditures											
Inpatient Services	$694.50	$687.78	$593.40	$575.98	$572.96	$559.83	$555.20	$553.09	$555.27	$550.16	$540.62
Outpatient Services	$270.28	$266.60	$278.82	$269.98	$269.37	$262.17	$259.46	$259.44	$261.03	$258.17	$253.91
Physician Services	$348.19	$344.26	$307.59	$297.95	$297.44	$290.90	$289.82	$286.13	$287.66	$284.99	$280.40
Prescribed Drugs	$318.09	$314.63	$367.87	$357.16	$355.44	$347.39	$348.89	$342.17	$344.89	$341.19	$335.86
Psychiatric Services	$74.80	$53.37	$53.54	$52.00	$51.63	$50.44	$51.10	$49.68	$49.95	$49.65	$48.86
Dental Services	$9.16	$9.05	$11.43	$11.07	$11.01	$10.75	$10.79	$10.59	$10.65	$10.54	$10.43
Lab and X-Ray	$41.43	$40.92	$63.05	$61.17	$60.78	$59.30	$59.61	$58.43	$58.72	$58.35	$57.60
Medical Supplies and Orthotics	$39.87	$39.37	$30.87	$29.91	$29.77	$28.99	$29.36	$28.59	$28.83	$28.48	$28.20
Home Health and Home Care	$26.37	$26.18	$27.00	$26.25	$25.95	$25.38	$24.76	$25.04	$25.14	$24.91	$24.68
Nursing Facility	$23.18	$22.96	$7.83	$7.60	$7.54	$7.37	$7.19	$7.26	$7.28	$7.23	$7.16
Targeted Case Management	$7.93	$7.85	$8.08	$7.85	$7.76	$7.60	$7.37	$7.50	$7.52	$7.46	$7.39
Transportation	$49.70	$49.19	$89.22	$86.72	$85.71	$83.69	$83.23	$82.86	$82.80	$82.19	$81.62
Other Practitioner	$6.41	$6.32	$7.74	$7.50	$7.45	$7.27	$7.35	$7.17	$7.20	$7.12	$7.06
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	$0.50	$0.49	$1.76	$1.71	$1.69	$1.65	$1.67	$1.63	$1.64	$1.62	$1.61
Total	**$1,910.40**	**$1,868.96**	**$1,848.19**	**$1,792.85**	**$1,784.51**	**$1,742.73**	**$1,735.81**	**$1,719.58**	**$1,728.58**	**$1,712.07**	**$1,685.41**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-14.6%	-3.4%	-3.1%	0.0%	-2.6%	-16.3%	-2.8%	-1.2%	-0.5%	-1.7%
Outpatient Services	3.2%	-3.4%	-3.7%	0.6%	-2.7%	1.3%	-2.9%	-1.0%	-0.5%	-1.6%
Physician Services	-11.7%	-3.3%	-2.6%	-0.7%	-2.5%	-13.5%	-2.4%	-1.6%	-0.4%	-1.6%
Prescribed Drugs	15.7%	-3.4%	-1.8%	-1.1%	-2.6%	13.5%	-2.7%	-1.5%	-0.3%	-1.6%
Psychiatric Services	-28.4%	-3.6%	-1.0%	-2.2%	-2.2%	-2.6%	-3.0%	-1.5%	-0.1%	-1.6%
Dental Services	24.8%	-3.7%	-1.9%	-1.3%	-2.1%	22.3%	-2.9%	-1.5%	-0.4%	-1.1%
Lab and X-Ray	52.2%	-3.6%	-1.9%	-1.5%	-1.9%	49.5%	-3.1%	-1.5%	-0.1%	-1.3%
Medical Supplies and Orthotics	-22.6%	-3.5%	-1.4%	-1.8%	-2.2%	-24.0%	-3.1%	-1.4%	-0.4%	-1.0%
Home Health and Home Care	2.4%	-3.9%	-4.6%	1.5%	-1.8%	0.3%	-3.3%	-1.3%	-0.5%	-0.9%
Nursing Facility	-66.2%	-3.7%	-4.7%	1.3%	-1.7%	-66.9%	-3.1%	-1.4%	-0.3%	-1.1%
Targeted Case Management	1.9%	-3.9%	-5.0%	2.0%	-1.7%	0.0%	-3.1%	-1.4%	-0.5%	-0.9%
Transportation	79.5%	-3.9%	-2.9%	-0.5%	-1.4%	76.3%	-3.5%	-1.0%	-0.8%	-0.7%
Other Practitioner	20.7%	-3.8%	-1.4%	-2.0%	-1.9%	18.6%	-3.1%	-1.4%	-0.7%	-0.8%
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	253.0%	-4.0%	-1.1%	-1.9%	-1.8%	246.4%	-3.4%	-1.0%	-0.7%	-1.0%
Total	**-3.3%**	**-3.4%**	**-2.7%**	**-0.4%**	**-2.5%**	**-4.1%**	**-2.8%**	**-1.3%**	**-0.4%**	**-1.6%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,900.03**	**97.3%**
Months 13-24	**$1,928.65**	**92.5%**
Months 25-36	**$1,975.25**	**87.9%**
Months 37-48	**$1,997.30**	**86.5%**
Months 49-60	**$2,019.11**	**83.5%**

Exhibit C-6 – Detailed Expenditure Data – Participants w/Heart Failure as Most Expensive Diagnosis

	CCU Detail - Heart Failure										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	140	26	52	8	30	7	15	8	9	0	10
Aggregrate Expenditures											
Inpatient Services	$32,031	$5,587	$9,199	$1,418	$4,183	$887	$2,046	$1,046	$891	-	$867
Outpatient Services	$98,087	$17,087	$5,025	$767	$2,282	$479	$1,115	$566	$481	-	$470
Physician Services	$51,645	$8,962	$17,117	$2,589	$7,763	$1,628	$3,805	$1,911	$1,632	-	$1,587
Prescribed Drugs	$245,220	$42,830	$55,029	$8,523	$25,042	$5,339	$12,230	$6,274	$5,373	-	$5,221
Psychiatric Services	$5,174	$899	$2,079	$326	$942	$204	$461	$239	$204	-	$200
Dental Services	-	-	-	-	-	-	-	-	-	-	-
Lab and X-Ray	$1,564	$271	$2,244	$349	$1,015	$218	$497	$256	$218	-	$214
Medical Supplies and Orthotics	$40,909	$7,081	$22,171	$3,426	$10,060	$2,139	$4,908	$2,517	$2,153	-	$2,104
Home Health and Home Care	-	-	-	-	-	-	-	-	-	-	-
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-
Transportation	-	-	-	-	-	-	-	-	-	-	-
Other Practitioner	-	-	-	-	-	-	-	-	-	-	-
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$474,630**	**$82,718**	**$112,865**	**$17,398**	**$46,930**	**$6,272**	**$25,063**	**$12,810**	**$10,952**	**$0**	**$10,662**
PMPM Expenditures											
Inpatient Services	$228.79	$214.89	$176.90	$177.21	$139.43	$126.76	$136.42	$130.76	$99.04	-	$86.67
Outpatient Services	$700.62	$657.18	$96.64	$95.81	$76.06	$68.48	$74.34	$70.75	$53.50	-	$46.96
Physician Services	$368.89	$344.68	$329.18	$323.67	$258.75	$232.57	$253.69	$238.84	$181.31	-	$158.73
Prescribed Drugs	$1,751.57	$1,647.33	$1,058.25	$1,065.39	$834.75	$762.66	$815.35	$784.31	$596.95	-	$522.09
Psychiatric Services	$36.96	$34.59	$39.99	$40.76	$31.41	$29.09	$30.74	$29.92	$22.65	-	$19.96
Dental Services	-	-	-	-	-	-	-	-	-	-	-
Lab and X-Ray	$11.17	$10.44	$43.16	$43.64	$33.84	$31.13	$33.10	$32.02	$24.21	-	$21.41
Medical Supplies and Orthotics	$292.21	$272.34	$426.37	$428.27	$335.35	$305.51	$327.23	$314.61	$239.23	-	$210.42
Home Health and Home Care	-	-	-	-	-	-	-	-	-	-	-
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-
Transportation	-	-	-	-	-	-	-	-	-	-	-
Other Practitioner	-	-	-	-	-	-	-	-	-	-	-
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$3,390.21**	**$3,181.45**	**$2,170.49**	**$2,174.75**	**$1,709.59**	**$1,556.21**	**$1,670.86**	**$1,601.21**	**$1,216.88**	**$0.00**	**$1,066.24**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-22.7%	-21.2%	-2.2%	-27.4%	-12.5%	-17.5%	-28.5%	3.2%	-	-
Outpatient Services	-86.2%	-21.3%	-2.3%	-28.0%	-12.2%	-85.4%	-28.5%	3.3%	-	-
Physician Services	-10.8%	-21.4%	-2.0%	-28.5%	-12.5%	-6.1%	-28.1%	2.7%	-	-
Prescribed Drugs	-39.6%	-21.1%	-2.3%	-26.8%	-12.5%	-35.3%	-28.4%	2.8%	-	-
Psychiatric Services	8.2%	-21.4%	-2.2%	-26.3%	-11.9%	17.8%	-28.6%	2.8%	-	-
Dental Services	-	-	-	-	-	-	-	-	-	-
Lab and X-Ray	286.2%	-21.6%	-2.2%	-26.8%	-11.6%	318.0%	-28.7%	2.9%	-	-
Medical Supplies and Orthotics	45.9%	-21.3%	-2.4%	-26.9%	-12.0%	57.3%	-28.7%	3.0%	-	-
Home Health and Home Care	-	-	-	-	-	-	-	-	-	-
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-
Transportation	-	-	-	-	-	-	-	-	-	-
Other Practitioner	-	-	-	-	-	-	-	-	-	-
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Total	**-36.0%**	**-21.2%**	**-2.3%**	**-27.2%**	**-12.4%**	**-31.6%**	**-28.4%**	**2.9%**	-	-

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$3,606.33**	**60.2%**
Months 13-24	**$3,639.71**	**47.0%**
Months 25-36	**$3,678.55**	**45.4%**
Months 37-48	**$3,691.28**	**33.0%**
Months 49-60	**$3,704.21**	**28.8%**

Exhibit C-7 – Detailed Expenditure Data – Participants w/Hypertension as Most Expensive Diagnosis

	CCU Detail - Hypertension										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	2,785	484	2,967	612	884	129	385	60	131	26	30
Aggregrate Expenditures											
Inpatient Services	$1,973,686	$336,125	$992,007	$198,549	$277,834	$38,908	$116,239	$17,999	$38,166	$7,552	$8,516
Outpatient Services	$533,192	$90,482	$535,309	$107,080	$149,916	$20,964	$62,490	$9,714	$20,573	$4,078	$4,602
Physician Services	$919,970	$156,604	$1,050,577	$210,075	$294,410	$41,352	$122,770	$19,045	$40,355	$8,002	$9,035
Prescribed Drugs	$1,016,145	$173,122	$817,876	$163,961	$229,203	$32,153	$95,433	$14,829	$31,495	$6,237	$7,046
Psychiatric Services	$178,649	$26,059	$308,989	$61,809	$86,559	$12,087	$35,971	$5,575	$11,795	$2,350	$2,654
Dental Services	$27,653	$4,692	$5,261	$1,048	$1,494	$205	$619	$95	$200	$40	$45
Lab and X-Ray	$217,104	$36,761	$261,457	$52,118	$73,243	$10,186	$30,546	$4,699	$9,975	$1,980	$2,243
Medical Supplies and Orthotics	$86,667	$14,693	$64,917	$12,949	$18,179	$2,530	$7,579	$1,169	$2,481	$491	$558
Home Health and Home Care	$38,528	$6,568	$100,904	$20,187	$28,203	$3,936	$11,792	$1,818	$3,846	$763	$867
Nursing Facility	$16,189.52	$2,752.67	-	-	-	-	-	-	-	-	-
Targeted Case Management	$6,271	$1,063	$40,404	$8,072	$11,286	$1,576	$4,735	$728	$1,541	$305	$347
Transportation	$170,121	$28,842	$136,566	$27,230	$38,150	$5,298	$15,902	$2,456	$5,192	$1,028	$1,171
Other Practitioner	$20,985	$3,558	$49,866	$9,951	$13,954	$1,945	$5,827	$898	$1,899	$376	$428
Other Institutional	-	-	$170	$34	$48	$7	$20	$3	$6	$1	$1
Other	$3,483	$592	$562	$112	$157	$22	$65	$10	$21	$4	$5
Total	**$5,208,646**	**$881,912**	**$4,364,866**	**$873,175**	**$1,222,634**	**$171,170**	**$509,988**	**$79,038**	**$167,547**	**$33,208**	**$37,520**
PMPM Expenditures											
Inpatient Services	$708.68	$694.47	$334.35	$324.43	$314.29	$301.61	$301.92	$299.98	$291.35	$290.47	$283.88
Outpatient Services	$191.45	$186.95	$180.42	$174.97	$169.59	$162.51	$162.31	$161.90	$157.05	$156.83	$153.41
Physician Services	$330.33	$323.56	$354.09	$343.26	$333.04	$320.56	$318.88	$317.42	$308.05	$307.76	$301.16
Prescribed Drugs	$364.86	$357.69	$275.66	$267.91	$259.28	$249.25	$247.88	$247.15	$240.42	$239.90	$234.88
Psychiatric Services	$64.15	$53.84	$104.14	$100.99	$97.92	$93.70	$93.43	$92.91	$90.04	$90.39	$88.47
Dental Services	$9.93	$9.69	$1.77	$1.71	$1.69	$1.59	$1.61	$1.58	$1.53	$1.53	$1.50
Lab and X-Ray	$77.95	$75.95	$88.12	$85.16	$82.85	$78.96	$79.34	$78.32	$76.14	$76.14	$74.76
Medical Supplies and Orthotics	$31.12	$30.36	$21.88	$21.16	$20.56	$19.62	$19.69	$19.48	$18.94	$18.88	$18.60
Home Health and Home Care	$13.83	$13.57	$34.01	$32.99	$31.90	$30.51	$30.63	$30.31	$29.36	$29.34	$28.91
Nursing Facility	$5.81	$5.69	-	-	-	-	-	-	-	-	-
Targeted Case Management	$2.25	$2.20	$13.62	$13.19	$12.77	$12.22	$12.30	$12.13	$11.76	$11.75	$11.58
Transportation	$61.08	$59.59	$46.03	$44.49	$43.16	$41.07	$41.30	$40.93	$39.63	$39.53	$39.04
Other Practitioner	$7.54	$7.35	$16.81	$16.26	$15.79	$15.07	$15.14	$14.97	$14.50	$14.48	$14.28
Other Institutional	-	-	$0.06	$0.06	$0.05	$0.05	$0.05	$0.05	$0.05	$0.05	$0.05
Other	$1.25	$1.22	$0.19	$0.18	$0.18	$0.17	$0.17	$0.17	$0.16	$0.16	$0.16
Total	**$1,870.25**	**$1,822.13**	**$1,471.14**	**$1,426.76**	**$1,383.07**	**$1,326.90**	**$1,324.64**	**$1,317.29**	**$1,278.98**	**$1,277.22**	**$1,250.68**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-52.8%	-6.0%	-3.9%	-3.5%	-2.6%	-53.3%	-7.0%	-0.5%	-3.2%	-2.3%
Outpatient Services	-5.8%	-6.0%	-4.3%	-3.2%	-2.3%	-6.4%	-7.1%	-0.4%	-3.1%	-2.2%
Physician Services	7.2%	-5.9%	-4.3%	-3.4%	-2.2%	6.1%	-6.6%	-1.0%	-3.0%	-2.1%
Prescribed Drugs	-24.4%	-5.9%	-4.4%	-3.0%	-2.3%	-25.1%	-7.0%	-0.8%	-2.9%	-2.1%
Psychiatric Services	62.3%	-6.0%	-4.6%	-3.6%	-1.7%	87.6%	-7.2%	-0.8%	-2.7%	-2.1%
Dental Services	-82.1%	-4.7%	-4.8%	-4.9%	-1.7%	-82.3%	-7.1%	-0.8%	-3.1%	-1.6%
Lab and X-Ray	13.0%	-6.0%	-4.2%	-4.0%	-1.8%	12.1%	-7.3%	-0.8%	-2.8%	-1.8%
Medical Supplies and Orthotics	-29.7%	-6.0%	-4.3%	-3.8%	-1.8%	-30.3%	-7.3%	-0.7%	-3.0%	-1.5%
Home Health and Home Care	145.8%	-6.2%	-4.0%	-4.1%	-1.5%	143.1%	-7.5%	-0.7%	-3.2%	-1.5%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	504.7%	-6.3%	-3.7%	-4.4%	-1.5%	500.3%	-7.3%	-0.7%	-3.1%	-1.4%
Transportation	-24.6%	-6.2%	-4.3%	-4.0%	-1.5%	-25.3%	-7.7%	-0.3%	-3.4%	-1.2%
Other Practitioner	123.0%	-6.1%	-4.1%	-4.2%	-1.5%	121.2%	-7.3%	-0.7%	-3.3%	-1.3%
Other Institutional	-	-6.3%	-4.8%	-3.5%	-1.3%	-	-7.5%	-0.5%	-3.3%	-1.2%
Other	-84.9%	-6.3%	-4.8%	-3.4%	-1.4%	-85.0%	-7.6%	-0.4%	-3.3%	-1.5%
Total	**-21.3%**	**-6.0%**	**-4.2%**	**-3.4%**	**-2.2%**	**-21.7%**	**-7.0%**	**-0.7%**	**-3.0%**	**-2.1%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$2,013.20**	**73.1%**
Months 13-24	**$2,070.49**	**66.8%**
Months 25-36	**$2,103.37**	**63.0%**
Months 37-48	**$2,129.54**	**60.1%**
Months 49-60	**$2,149.32**	**58.2%**

Exhibit C-8 – Detailed Expenditure Data – Participants w/Hepatitis-C

	CCU Detail - Hepatitis C										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	1,224	190	1,055	187	335	51	146	24	59	17	27
Aggregrate Expenditures											
Inpatient Services	$849,911	$132,469	$631,962	$104,101	$183,345	$27,212	$75,512	$12,146	$29,860	$8,588	$13,389
Outpatient Services	$309,748	$47,699	$261,717	$46,317	$81,627	$12,096	$33,494	$5,408	$13,281	$3,825	$5,969
Physician Services	$390,960	$60,679	$323,488	$56,724	$100,338	$14,894	$41,078	$6,619	$16,263	$4,686	$7,315
Prescribed Drugs	$513,672	$79,783	$429,927	$74,834	$131,953	$19,576	$53,977	$8,712	$21,452	$6,175	$9,643
Psychiatric Services	$69,607	$10,486	$57,882	$10,098	$17,685	$2,634	$7,282	$1,172	$2,878	$833	$1,300
Dental Services	$13,562	$2,091	$10,854	$1,881	$3,328	$491	$1,378	$219	$537	$155	$243
Lab and X-Ray	$90,520	$13,836	$82,284	$14,423	$25,559	$3,760	$10,473	$1,674	$4,120	$1,188	$1,861
Medical Supplies and Orthotics	$37,779	$5,960	$33,386	$5,874	$10,342	$1,531	$4,260	$682	$1,679	$483	$759
Home Health and Home Care	$26,980	$4,205	$22,745	$4,013	$7,057	$1,044	$2,904	$465	$1,141	$329	$517
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	$7,957	$1,217	$6,601	$1,144	$2,017	$298	$832	$133	$326	$94	$148
Transportation	$71,608	$11,093	$59,766	$10,388	$18,367	$2,696	$7,517	$1,206	$2,956	$850	$1,340
Other Practitioner	$8,518	$1,315	$7,177	$1,250	$2,213	$326	$907	$145	$356	$103	$161
Other Institutional	-	-	-	-	-	-	-	-	-	-	
Other	-	-	-	-	-	-	-	-	-	-	
Total	**$2,502,217**	**$482,229**	**$2,132,102**	**$535,360**	**$592,435**	**$95,165**	**$241,329**	**$40,297**	**$80,904**	**$13,363**	**$19,554**
PMPM Expenditures											
Inpatient Services	$694.37	$697.21	$599.02	$556.69	$547.30	$533.56	$517.21	$506.10	$506.10	$505.19	$495.88
Outpatient Services	$253.06	$251.05	$248.07	$247.68	$243.66	$237.18	$229.41	$225.34	$225.10	$225.03	$221.07
Physician Services	$319.41	$319.36	$306.62	$303.34	$299.52	$292.05	$281.35	$275.79	$275.65	$275.66	$270.92
Prescribed Drugs	$419.67	$419.91	$407.51	$400.18	$393.89	$383.84	$369.71	$362.98	$363.59	$363.22	$357.15
Psychiatric Services	$56.87	$55.19	$54.86	$54.00	$52.79	$51.65	$49.88	$48.85	$48.78	$48.99	$48.15
Dental Services	$11.08	$11.01	$10.29	$10.06	$9.94	$9.64	$9.44	$9.11	$9.10	$9.11	$9.00
Lab and X-Ray	$73.95	$72.82	$77.99	$77.13	$76.30	$73.73	$71.73	$69.74	$69.83	$69.89	$68.93
Medical Supplies and Orthotics	$30.87	$31.37	$31.65	$31.41	$30.87	$30.02	$29.18	$28.43	$28.47	$28.42	$28.11
Home Health and Home Care	$22.04	$22.13	$21.56	$21.46	$21.07	$20.47	$19.89	$19.39	$19.34	$19.35	$19.15
Nursing Facility	-	-	-	-	-	-	-	-	-	-	
Targeted Case Management	$6.50	$6.41	$6.26	$6.12	$6.02	$5.85	$5.70	$5.53	$5.53	$5.53	$5.47
Transportation	$58.50	$58.39	$56.65	$55.55	$54.83	$52.87	$51.49	$50.25	$50.10	$50.02	$49.62
Other Practitioner	$6.96	$6.92	$6.80	$6.68	$6.61	$6.39	$6.21	$6.05	$6.04	$6.03	$5.98
Other Institutional	-	-	-	-	-	-	-	-	-	-	
Other	-	-	-	-	-	-	-	-	-	-	
Total	**$1,953.29**	**$1,951.76**	**$1,827.29**	**$1,770.32**	**$1,742.77**	**$1,697.24**	**$1,641.19**	**$1,607.58**	**$1,607.63**	**$1,606.43**	**$1,579.42**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-13.7%	-8.6%	-5.5%	-2.1%	-2.0%	-20.2%	-4.2%	-5.1%	-0.2%	-1.8%
Outpatient Services	-2.0%	-1.8%	-5.8%	-1.9%	-1.8%	-1.3%	-4.2%	-5.0%	-0.1%	-1.8%
Physician Services	-4.0%	-2.3%	-6.1%	-2.0%	-1.7%	-5.0%	-3.7%	-5.6%	0.0%	-1.7%
Prescribed Drugs	-2.9%	-3.3%	-6.1%	-1.7%	-1.8%	-4.7%	-4.1%	-5.4%	0.1%	-1.7%
Psychiatric Services	-3.5%	-3.8%	-5.5%	-2.2%	-1.3%	-2.1%	-4.4%	-5.4%	0.3%	-1.7%
Dental Services	-7.1%	-3.4%	-5.0%	-3.5%	-1.2%	-8.6%	-4.2%	-5.4%	-0.1%	-1.2%
Lab and X-Ray	5.5%	-2.2%	-6.0%	-2.6%	-1.3%	5.9%	-4.4%	-5.4%	0.2%	-1.4%
Medical Supplies and Orthotics	2.5%	-2.4%	-5.5%	-2.4%	-1.3%	0.1%	-4.4%	-5.3%	0.0%	-1.1%
Home Health and Home Care	-2.2%	-2.3%	-5.6%	-2.8%	-1.0%	-3.0%	-4.6%	-5.3%	-0.2%	-1.0%
Nursing Facility	-	-	-	-	-	-	-	-	-	
Targeted Case Management	-3.7%	-3.8%	-5.4%	-3.0%	-1.0%	-4.5%	-4.5%	-5.3%	-0.1%	-1.0%
Transportation	-3.2%	-3.2%	-6.1%	-2.7%	-1.0%	-4.9%	-4.8%	-5.0%	-0.5%	-0.8%
Other Practitioner	-2.3%	-2.9%	-6.0%	-2.8%	-1.0%	-3.4%	-4.4%	-5.3%	-0.3%	-0.9%
Other Institutional	-	-	-	-	-	-	-	-	-	
Other	-	-	-	-	-	-	-	-	-	
Total	**-6.5%**	**-4.6%**	**-5.8%**	**-2.0%**	**-1.8%**	**-9.3%**	**-4.1%**	**-5.3%**	**-0.1%**	**-1.7%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,999.56**	**91.4%**
Months 13-24	**$2,042.74**	**85.3%**
Months 25-36	**$2,093.31**	**78.4%**
Months 37-48	**$2,125.00**	**75.7%**
Months 49-60	**$2,151.33**	**73.4%**

State Fiscal Year 2018

ANNUAL REPORT

SoonerCare Health Management Program Evaluation

Prepared for:

State of Oklahoma
Oklahoma Health Care Authority

SEPTEMBER 2019

READER NOTE

The Pacific Health Policy Group (PHPG) has been retained to conduct a multi-year independent evaluation of the SoonerCare Health Management Program (HMP) and SoonerCare Chronic Care Unit (CCU). This report contains SFY 2018 evaluation findings for the SoonerCare HMP evaluation; CCU evaluation findings have been issued in a companion report.

PHPG wishes to acknowledge the cooperation of the Oklahoma Health Care Authority (OHCA) and Telligen in providing the information necessary for the evaluation.

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EXECUTIVE SUMMARY

Introduction

Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, about half of all adults have one or more chronic health conditions such as diabetes or heart disease. More than one in four Americans has multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living.

The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. In 2015, 1,442 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 32.4 persons per 100,000 residents, versus the national rate of 21.3. The mortality rate for other chronic conditions, such as heart disease and hypertension, is similarly higher in Oklahoma than in the nation overall.

Under the Oklahoma Medicaid Reform Act of 2006 (HB2842), the Legislature directed the Oklahoma Health Care Authority (OHCA) to develop and implement a management program for chronic diseases, including, but not limited to, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure and diabetes. The program would address the health needs of chronically ill SoonerCare members while reducing unnecessary medical expenditures at a time of significant fiscal constraints.

In response, the OHCA developed the SoonerCare Health Management Program (HMP), which offered nurse care management to qualifying members with one or more chronic conditions. The program also offered practice facilitation and education to primary care providers treating the chronically ill.

First Generation SoonerCare HMP

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated primary care providers.

Medical Artificial Intelligence (MEDai) was already serving as a subcontractor DXC, the OHCA's Medicaid fiscal agent, at the time of the SoonerCare HMP's development. The OHCA capitalized on this existing relationship by utilizing MEDai to assist in identifying candidates for

enrollment in the SoonerCare HMP based on historical and predicted service utilization, as well as their potential for improvement through care management[1].

The first generation model of the SoonerCare HMP operated from February 2008 through June 2013. PHPG conducted a five-year evaluation of the first generation program, focusing on the program's impact on member behavior (e.g., self-management of chronic conditions), quality of care, service utilization and cost. PHPG documented significant positive outcomes attributable to both program components.

Second Generation SoonerCare HMP

As the contractual period for the first generation SoonerCare HMP was nearing its end, the OHCA began the process of examining how the program could be enhanced for the benefit of both members and providers. To improve member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with health coaches embedded at primary care practice sites.

The health coaches would work closely with practice staff and provide coaching services to participating members. Practice facilitation would continue in the second generation HMP but would become more diverse, encompassing both traditional full practice facilitation and more targeted services such as academic detailing focused on specific topics and preparing practices for health coaches. In order to participate in the second SoonerCare HMP at its outset, members would have to be receiving primary care from a practice with an embedded health coach.

Transition from First Generation HMP

At the time of the transition from the first to second generation HMP, participants in nurse care management receiving care in a qualifying practice were offered the opportunity to transition to a health coach. Participants not aligned with a qualifying practice were given the opportunity to work with a new telephonic Chronic Care Unit (CCU) operated directly by the OHCA.

Post-Transition HMP and CCU Enrollment

Post-transition, Telligen continues to identify HMP candidates from the SoonerCare Choice population through analysis of MEDai data. Providers also refer patients to Telligen for review and possible enrollment into the SoonerCare HMP.

SoonerCare Choice and SoonerCare Traditional members both are eligible for participation in the SoonerCare CCU. The SoonerCare CCU works with members who self-refer or are referred by a provider or another area within the OHCA, such as care management, member services or

[1] MEDai calculates "chronic impact" scores that quantify the likelihood that a member's projected utilization/expenditures can be influenced through care management, based on his/her profile.

provider services. The CCU also is responsible for:

- Members with hemophilia or sickle cell anemia, even if the member otherwise would be enrolled in the SoonerCare HMP.
- Members identified as high utilizers of the emergency department.
- Members undergoing bariatric surgery.
- Members with Hepatitis-C receiving treatment and whose treating provider has referred for case management.
- Members identified through a Health Risk Assessment (HRA), which SoonerCare applicants are given the option of completing as part of the online enrollment process. Based on responses to the HRA, members can be referred to different programs for assistance or case management, including the SoonerCare CCU.

The OHCA sends weekly updates of newly-opened CCU cases to Telligen. This ensures that there is no duplication in enrollment.

Program Implementation

Implementation of the second generation program began with identification and recruitment of patient centered medical home (PCMH) providers (primary care providers). Every SoonerCare Choice member is aligned with one of the 800+ PCMH providers throughout the state. The OHCA analyzed the MEDai and chronic disease profiles of members at each PCMH site and provided the information to Telligen.

Telligen segmented the practices by size (large, medium and small) and location (urban and rural[2]) and targeted the most promising within each category based on patient mix and ability to support a health coach. The purpose of the segmentation was to ensure diversity in the group ultimately selected.

Providers who previously had undergone practice facilitation were evaluated for the second generation HMP but were not automatically offered a health coach. Telligen initially trained and deployed 26 health coaches at the program's outset to work full time at participating practices. Most were assigned to a single practice, although five health coaches divided their time across two or more smaller practices with insufficient caseloads to support a full-time coach on their own.

Telligen also initially deployed eight practice facilitators to work in collaboration with health coaches. Forty-one providers across 32 sites participated in the program for at least a portion of

[2] Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

SFY 2014[3]. Telligen has added provider sites over time, while some early participants have discontinued their involvement; in October 2018 SoonerCare HMP health coaches were working with providers in 36 locations.

The health coach, practice facilitator and provider form the core team for the program. The team focuses first on assessing the practice's operations and determining how the health coach can best be integrated into the office's routine. The practice facilitator then addresses opportunities for enhancing process flow, while the health coach begins reviewing patient rosters to identify coaching candidates based on MEDai chronic impact scores and disease states.

Once established in a practice, a health coach, on a typical day, may see both existing SoonerCare HMP members scheduled for a medical appointment and potential new members identified by the coach as enrolled in SoonerCare and eligible for the program. Depending on the preference of the practice, health coaches meet with members either before or after the member's visit with the provider.

Health coaches also may schedule sessions with members outside of the medical appointment process. On such occasions, members come to the office specifically to meet with their coach. Health coaches apply motivational interviewing and other components of the coaching model throughout their workday.

Telligen also has community resource specialists available to help members with non-clinical programs, such as obtaining food or housing assistance. Health coaches are able to make referrals to the specialists when needs are identified and help is desired.

Telligen receives monthly payments specific to its health coaching and practice facilitation field activities, as well as payments for "centralized operations" costs.

SFY 2015 Contract Amendment

During SFY 2014, the OHCA and Telligen executed a contract amendment to modify and expand operations starting in SFY 2015. The amendment included three components: intervention quality enhancement; chronic pain and opioid drug utilization initiative and staff increase. Specifically:

- ***Intervention Quality Enhancement***. The OHCA authorized Telligen to begin providing telephonic case management (health coaching) in addition to face-to-face (embedded) case management. Telephonic health coaches would focus on engaging new members, actively pursuing members needing assistance with care transitions and serving high risk members not assigned to a primary care provider with an embedded coach.

[3] Throughout the report, "practice" refers to the office hosting a practice facilitator/health coach, while "provider" refers to individual clinicians.

- ***Chronic Pain and Opioid Drug Utilization***. The OHCA authorized Telligen to hire practice facilitators and substance use resource specialists dedicated to improving the effectiveness of providers caring for members with chronic pain and opioid drug use. The new staff would assist providers with implementation of a chronic pain management toolkit and principles of proper prescribing.

- ***Staff Increase***. The OHCA authorized Telligen to expand outreach to a greater number of providers and members and implement the chronic pain and opioid drug utilization initiative. As a result, Telligen added nine health coaches; five embedded in provider offices (also able to perform telephonic coaching) and four telephonic only, bringing the total number to 37. Telligen also hired two substance use resource specialists in SFY 2015 to support the chronic pain and opioid drug utilization initiative.

SoonerCare HMP Independent Evaluation

The OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the SoonerCare HMP. PHPG is evaluating the program's impact on participants and the health care system as a whole with respect to:

1. Health coaching participant satisfaction and perceived health status;
2. Health coaching participant self-management of chronic conditions;
3. Impact of health coaching on quality of care, as measured by participant utilization of preventive and chronic care management services and adherence to national, evidence-based disease management practice guidelines;
4. Health coaching cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs;
5. Practice facilitation participant satisfaction;
6. Impact of practice facilitation on quality of care, as measured by patient adherence to national, evidence-based disease management practice guidelines;
7. Practice facilitation cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs; and
8. Impact of the Chronic Pain and Opioid Drug Utilization targeted pain management program on participating providers and their patients.

PHPG is presenting evaluation findings in a series of annual reports. This is the fifth Annual Evaluation report addressing progress toward achievement of program objectives. (PHPG also is evaluating the SoonerCare CCU; findings have been issued in a separate report[4].)

[4] See SoonerCare CCU SFY 2018 Evaluation Report, June 2019.

Evaluation Findings

Health Coaching Participant Satisfaction and Perceived Health Status

Member satisfaction is a key component of SoonerCare HMP performance. If members are satisfied with their experience and value its worth, they are likely to remain engaged and focused on improving their self-management skills and adopting a healthier lifestyle. Conversely, if members do not see a lasting value to the experience, they are likely to lose interest and lack the necessary motivation to follow coaching recommendations.

PHPG has completed 2,375 initial surveys with SoonerCare HMP participants, as well as 932 six-month follow-up surveys with participants who previously completed an initial survey. The purpose of the follow-up survey was to identify changes in attitudes and health status over time.

Health coaches are expected to help participants build their self-management skills and improve their health through a variety of activities. Respondents were read a list of activities and asked, for each, whether it had occurred and, if so, how satisfied they were with the interaction or help they received.

"I don't think I'd be here today if it wasn't for SoonerCare and my health coach. She helped me with my depression when my sister died. She would stay on the phone and listen to me. She also helped me to lower my cholesterol to normal and it was very high. My cardiologist was happy about that too!" – SoonerCare HMP member

Nearly all of the initial survey respondents (99 percent) indicated that their health coach asked questions about health problems or concerns, and the great majority stated their coach also provided answers and instructions for taking care of their health problems or concerns (93 percent); answered questions about their health (89 percent); and helped with management of medications (83 percent). Thirty-six percent stated that their coach helped to identify changes in health that might be an early sign of a problem and helped them to talk to and work with their regular provider and his/her staff.

Respondents were asked to rate their satisfaction with each "yes" activity. Except for one activity[5], the overwhelming majority reported being very satisfied with the help they received, with the portion ranging from 92 to 97 percent, depending on the item. This attitude carried over to the members' overall satisfaction with their health coaches; 91 percent reported being very satisfied. Results for the follow-up survey were closely aligned to the initial survey.

Health coaching employs motivational interviewing to identify lifestyle changes that members would like to make. Once identified, it is the health coach's responsibility to collaborate with

[5] The outlier activity was helping to make and keep health care appointments for mental health or substance abuse problems. Sixty-nine percent of "yes" respondents reported they were very satisfied with the help they received; another 29 percent reported they were somewhat satisfied.

the member in developing an action plan with goals to be pursued by the member with his/her coach's assistance.

Seventy-nine percent of initial survey respondents confirmed that their health coach asked them what change in their life would make the biggest difference in their health. Eighty-one percent of this subset (or 64 percent of total) stated that they actually selected an area to make a change.

The most common choice involved some combination of weight loss or gain, improved diet and exercise. This was followed by tobacco use cessation and management of a chronic physical health condition, such as asthma, diabetes or hypertension.

A large majority of the respondents (85 percent) who selected an area stated that they went on to develop an action plan with goals. Among those with an action plan, 79 percent reported achieving one or more goals. Among the members who reported having a goal but not yet achieving it, 59 percent stated they were "very confident" they would ultimately accomplish it. Results for the follow-up survey were even more encouraging, with 81 percent of respondents reporting achievement of one or more goals and 68 percent of the remainder stating they were "very confident" of achieving their goal.

"My daughter has a very debilitating disease which she won't get better. Having the support of her nurse coach has helped so much. I used to have to try and get hold of my doctor or his nurse and it could take days or weeks to hear back. (My coach) always calls right back and has helped me to know when to go to Urgent Care or not. I've called her about side effects from medication and she'll tell me when it is serious and when it isn't. She also has put me in touch with a support group for other kids that have the same condition as my daughter. – Parent of SoonerCare HMP member

In a related line of questioning, members also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change. Respondents were asked whether their coach discussed behavior changes with respect to: smoking, exercise, diet, medication management, water intake, and alcohol/substance consumption. If yes, respondents were asked about the impact of the coach's intervention on their behavior (no change, temporary change or continuing change).

A majority of respondents reported discussing each of the activities with their health coach. (The portion across activities ranged from 58 percent to 89 percent.) A significant percentage also reported continuing to make changes with respect to exercise, diet, water intake and medication management. Smaller percentages reported working to reduce tobacco, alcohol or other substance use.

Thirty-eight percent of initial survey respondents and 46 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion, 140 in

total, reported using a community resource specialist to help resolve a problem. The nature of the help included housing/rental assistance, food assistance and arranging transportation to medical appointments, all consistent with the specialists' defined mission.

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as their point of contact with the program. Ninety percent of initial survey respondents and 92 percent of follow-up survey respondents stated they were very satisfied. Nearly all respondents (96 percent of initial survey and 97 percent of follow-up survey) said they would recommend the program to a friend with health care needs like theirs.

The ultimate objectives of the SoonerCare HMP are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of initial survey respondents (54 percent) said "fair", while 29 percent said "good", 16 percent said "poor" and one percent said "excellent".

When next asked if their health status had changed since enrolling in the SoonerCare HMP, 40 percent said it was "better" and 52 percent said it was "about the same"; only eight percent said it was "worse". Among those members who reported a positive change, nearly all (94 percent) credited the SoonerCare HMP with contributing to their improved health.

The results were even more encouraging among follow-up survey respondents. As slightly larger segment (30 percent) reported their current health status as "good", while the portion reporting their health as "poor" dropped to 12 percent. Forty-eight percent of respondents reported that their health had improved, with 96 percent crediting this improvement to the program.

Impact of Health Coaching on Quality of Care

SoonerCare HMP health coaches devote much of their time to improving the quality of care for program participants. This includes educating participants about adherence to clinical guidelines for preventive care and for treatment of chronic conditions.

"The Health Management program really works. Knowing (my health coach) is going to call me and ask if I'm using my nicotine gum and eating better makes me do it. Otherwise I know I wouldn't stick with it. I love the program and my nurse." – SoonerCare HMP member

PHPG evaluated the impact of SoonerCare HMP health coaching on quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation included 19 diagnosis-specific measures and three population-wide preventive measures (22 in total). For example, the quality of care for participants with asthma was analyzed with respect to their use of appropriate medications and their overall medication management.

PHPG determined the total number of participants in each measurement category, the number meeting the clinical standard and the resultant "percent compliant". The findings were evaluated against two comparison data sets. The first data set contained compliance rates for the general SoonerCare population. The second data set contained national compliance rates for Medicaid MCOs. The national rates were used when data for the general SoonerCare population was not available but a national rate was.

The health coaching participant compliance rate exceeded the comparison group rate on 12 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for 10 of the 12 measures, consistent with findings for earlier fiscal years.

The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care. These categories also showed the greatest strength in prior evaluations.

"I want to say that (my health coach) is the best medical professional I have ever worked with. I love her and don't want to do without her. She has helped me so much. She sent me exercises that I can do that don't end up hurting me the next day because of my arthritis. Any problem I have, she says, 'let's see what we can do about that' and then sends me paperwork on it." – SoonerCare HMP member

PHPG also compared SFY 2018 compliance rates for health coaching participants to SFY 2015 compliance rates to document three-year trend rates. The results were encouraging, with compliance rates improving for 20 measures and declining for only two, although the movement up or down generally was modest.

Health Coaching Cost Effectiveness

Health coaching, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits, fewer hospitalizations and lower acute care costs.

Most potential SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits, hospitalizations and total expenditures. MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience. Members also can be identified and referred to the program by providers with embedded health coaches at their sites. This includes members whose MEDai scores are relatively low but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts absent health coaching. PHPG performed the analysis for

selected chronic conditions[6] and for the participant population as a whole. MEDai forecasted that health coaching participants, as a group, would incur 2,745 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,427, or 52 percent of forecast.

MEDai forecasted that health coaching participants, as a group, would incur 2,343 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,687, or 72 percent of forecast.

PHPG documented total per member per month (PMPM) medical expenditures for all health coaching participants, as a group, and compared actual medical expenditures to forecast for the first 60 months of engagement. MEDai forecasts for the first 12 months were trended in months 13 to 60 based on the PMPM trend rate of a comparison group comprised of SoonerCare members found eligible for the SoonerCare HMP who declined to enroll ("eligible but not engaged population")[7].

The trended MEDai forecast projected that the participant population would incur an average of $1,126 in PMPM expenditures in the first 60 months of engagement. The actual amount was $657, or 58 percent of forecast ($469 PMPM medical savings).

PHPG calculated an aggregate dollar impact for all health coaching participants by multiplying total months of engagement through SFY 2018 by average PMPM savings. The resultant medical savings were approximately $88.2 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2018, inclusive of the health coaching portion of SoonerCare HMP administrative expenses. SoonerCare HMP administrative expenses include Telligen invoiced amounts plus salary, benefit and overhead costs for persons working in the OHCA's SoonerCare HMP unit. Aggregate administrative expenses for the health coaching portion of the SoonerCare HMP were approximately $32.3 million.

The SoonerCare HMP health coaching component registered net savings of approximately $56 million. The savings figure is noteworthy given the inclusion in health coaching of "at risk" members referred by providers, a group that was not part of the first generation SoonerCare HMP. These members have lower projected costs, and therefore lower documentable savings under the MEDai methodology, even though by intervening at an early stage the health coach may help to avert significant future health costs.

It also is encouraging that, while average PMPM medical savings across 60 months was $469, the amount increased with enrollment tenure. Average PMPM savings in the initial 12-month

[6] The conditions evaluated were asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, heart failure and hypertension. Condition-specific findings are presented in chapter four.
[7] MEDai forecasts extend only 12 months.

engagement period equaled $443, versus $623 in months 49 to 60. This suggests that the impact of health coaching increases over time, which bodes well for the program's long-term impact on participants.

Practice Facilitation Participant Satisfaction

Practice facilitation is integral to the performance of the SoonerCare HMP. PHPG conducts a survey of participating providers at practice facilitation sites to inquire about awareness of SoonerCare HMP objectives and components; interactions with Telligen health coaches and practice facilitators; and the program's impact with respect to patient management and outcomes. PHPG has surveyed 37 providers since the start of the program.

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP favorably. The most common reason cited for participating was to receive focused training in evidence-based practice guidelines for chronic conditions. Eighty-one percent of the surveyed practices reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. Similarly, 90 percent of the providers credited the program with improving their management of patients with chronic conditions.

"We are still very new in this service. She (practice facilitator) just selected our measure for improvement. So far, so good!" – SoonerCare HMP participating provider

Overall, 86 percent of the providers described themselves as "very satisfied" with the experience and seven percent as "somewhat satisfied". Ninety percent of those surveyed would recommend the program to a colleague.

Providers also were asked for their perceptions of the health coaching model. Respondents first were asked to rate the importance of the activities performed by the health coach supporting their practice (e.g., learning about patients and their health needs; giving easy to understand instructions about taking care of health problems/concerns; helping patients to identify changes in their health; helping patients to talk to and work with the provider and his/her staff etc.). A majority rated each of the activities as "very important".

Respondents next were asked to rate their satisfaction with health coaching activities, in terms of assistance provided to their patients. The level of satisfaction was extremely high across all activities, with at least 23 out of 32 respondents with a health coach currently onsite describing themselves as "very satisfied" on each item. (Most of the remainder had only recently completed practice facilitation and described themselves as "not certain".) The providers' enthusiasm was further reflected in their overall satisfaction with having a health coach supporting their practice (93 percent "very satisfied").

Impact of Practice Facilitation on Quality of Care

SoonerCare HMP practice facilitation is intended to improve quality of care by educating practices on effective treatment of patients with chronic conditions and adoption of clinical best practices.

PHPG evaluated the impact of SoonerCare HMP practice facilitation on quality of care through calculation of HEDIS measures applicable to the SoonerCare HMP population. The evaluation included the same 19 diagnosis-specific measures and three population-wide preventive measures examined to measure the impact of health coaching on quality of care.

"Every office needs a (health coach like her). She is wonderful. The patients tell her things they won't tell the provider." – SoonerCare HMP participating provider

The quality of care analysis targeted members aligned with practice facilitation providers who were not participating in health coaching. PHPG determined the total number of members in each measurement category, the number meeting the clinical standard and the resultant "percent compliant".

The results were evaluated against the same two comparison data sets as used in the health coaching evaluation. The first data set contained compliance rates for the general SoonerCare population. The second data set contained national compliance rates for Medicaid MCOs. The national rates were used when data for the general SoonerCare population was not available but a national rate was.

The practice facilitation participant compliance rate exceeded the comparison group rate on nine of 17 measures for which there was a comparison group percentage. The difference was statistically significant for five of the nine measures. As with the health coaching quality of care analysis, the most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

"More coaches – we love them!" – SoonerCare HMP participating provider

Conversely, the comparison group compliance rate exceeded the participant compliance rate on eight of 17 measures; the difference was statistically significant for six of the eight measures.

At year five of the evaluation cycle, the impact of practice facilitation on quality of care appears positive for some chronic diseases but not all. The long-term benefit to participants of practice facilitation will continue to be measured through the quality of care longitudinal analysis and through the expenditure analysis discussed below.

Practice Facilitation Cost Effectiveness

Practice facilitation, like health coaching, should demonstrate its effectiveness through an observable impact on member service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits, fewer hospitalizations and lower acute care costs.

PHPG conducted the practice facilitation utilization and expenditure evaluation by comparing the actual claims experience of members aligned with PCMH practice facilitation providers to MEDai forecasts. The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program.

MEDai projected that members aligned with PCMH practice facilitation providers, as a group, would incur 875 inpatient days per 1,000 participants over the 12-month forecast period. The actual rate was 588, or 67 percent of forecast.

MEDai projected that members aligned with PCMH practice facilitation providers, as a group, would incur 1,337 emergency department visits per 1,000 participants over the 12-month forecast period. The actual rate was 1,171, or 88 percent of forecast.

PHPG documented total per member per month (PMPM) medical expenditures for all members aligned with PCMH providers as a group and compared actual medical expenditures to forecast for the first 60 months of the program. MEDai forecasts for the first 12 months were trended in months 13 to 60 using the same methodology as applied in the health coaching cost effectiveness analysis.

The trended MEDai forecast projected that the members would incur an average of $628 in PMPM expenditures in the first 60 months of the program. The actual amount was $365, or 58 percent of forecast.

PHPG calculated an aggregate dollar impact for members in total by multiplying total months of enrollment, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant medical savings equaled approximately $102.6 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs, inclusive of the practice facilitation portion of SoonerCare HMP administrative expenses. SoonerCare HMP administrative expenses include Telligen invoiced amounts plus salary, benefit and overhead costs for persons working in the OHCA's SoonerCare HMP unit. SFY 2014 through

SFY 2018 aggregate administrative expenses for the practice facilitation portion of the SoonerCare HMP were approximately $18.6 million. **The SoonerCare HMP practice facilitation component registered net savings of approximately $84 million**.

Chronic Pain and Opioid Drug Utilization

The SoonerCare adult population includes significant numbers of members with physical disabilities and chronic pain. Providers in Oklahoma (and nationally) have become over-reliant on prescription opioids as a long-term treatment protocol for chronic pain. Other treatment options often go untried, leading to patient dependence on prescribed opioids.

One strategy in balancing a patient's pain management needs with the risk of drug misuse and abuse includes physician training and continued education in evidence-based approaches to pain, including pharmacologic and nonpharmacologic treatments, opioid prescribing and patient monitoring.

The OHCA has partnered with Telligen to conduct targeted practice facilitation of PCMH providers who are among the program's top opioid prescribers. The practice facilitators, who are trained in pain management, work with providers over a six-month period to improve patient care management, including by introducing patients to alternative treatments and reducing reliance on opioids.

PHPG was engaged in 2018 to conduct a focused study of the pain management component of the SoonerCare HMP. Specifically, PHPG was asked to assess performance through calendar year 2018 and report on the initiative's impact with respect to provider prescribing and member opioid use. PHPG evaluated the program through a combination of surveys and claims data analysis.

PHPG surveyed 24 providers who had undergone practice facilitation, to inquire about their reasons for participating and perceptions of the program's effectiveness. The two reasons cited most often for participating were to "improve care management/education of patients with chronic pain" (89 percent) and "improve monitoring of patient prescription pain medicine use" (83 percent).

Twenty of the 24 providers (83 percent) reported making changes in the management of their patients with chronic pain as a result of participating in practice facilitation. The types of changes made included: incorporating forms/tools into patient monitoring; improved documentation; limiting/titrating medications/lowering Morphine Milligram Equivalent (MME); and having better discussions with patients about their chronic pain and medication needs.

PHPG also surveyed adult patients of the providers who underwent practice facilitation, to inquire about the providers' effectiveness and approach to pain management. PHPG targeted patients who were long term prescription opioid users.

The patients were asked to name the conditions for which they were receiving treatment. The most common condition treated was back pain, followed by arthritis, neck pain and knee pain. A large majority (73 percent) reported that they had been managing their chronic pain for three or more years.

A large majority (74 percent) also reported that their provider had worked with them to develop a pain treatment plan to reduce their pain. The subgroup with a treatment plan was asked whether any alternatives to medication had been proposed by their provider and, if so, whether they had tried the alternative(s) and experienced pain relief.

Patients reported discussing a wide variety of alternatives with their providers, the most common being ice/heat applications (69 percent), positioning of the body (67 percent), directed exercise/physical therapy (51 percent) and deep breathing exercises (46 percent). Many of the techniques were tried and found to be helpful in reducing pain. For example, 71 percent of patients who discussed use of ice/heat applications tried them and found relief; 73 percent of patients who discussed positioning strategies tried them and also found relief.

"I asked (my doctor) to lower my pain medication because I didn't want to be on heavy duty meds. He helped me find the right pill and dosage. I have more pain but I would rather that than stay on the hard pain pills – SoonerCare member

Patients also reported discussing several lifestyle changes intended to reduce pain, including getting more sleep, getting more exercise and reducing stress. Forty-four percent reported trying to get more sleep and experiencing relief as a result; 38 percent reported getting relief through more exercise; and 31 percent reported getting relief by reducing stress.

The adoption of new pain management techniques occurred in conjunction with changes in prescription opioid use. Nearly all respondents reported making some type of change, with the most common being changing at least one old medication to a new/different one (29 percent); stopping all prescription pain medication (24 percent); and reducing the number of pills or dosage taken (20 percent).

The change in medication use reported by survey respondents was consistent with findings from PHPG's analysis of provider claims. PHPG analyzed provider claims data, pre- and post-practice facilitation, to identify changes in prescribing patterns, including prescription volume and dosage. PHPG also analyzed changes in emergency department and inpatient utilization and expenditures among patients who were users of prescription opioids, as a proxy for measuring the program's impact on health outcomes.

PHPG first examined the number of patients receiving one or more prescriptions for pain medication during the twelve months prior to the initiation of practice facilitation and the twelve months following its completion. The total number receiving a prescription declined by 15 percent.

PHPG next examined the number of prescriptions written, stratified by days' supply (e.g., 30-day supply, 60-day supply etc.), during the twelve months prior to the initiation of practice facilitation and the twelve months following its completion. The number of prescriptions written declined across all "days' supply" categories.

Practice facilitation includes an emphasis on monitoring patient drug use as part of an overall pain management plan. PHPG examined the number of providers filing claims for opioid drug screens and the total number of patients receiving one or more screens. The number of providers increased 800 percent (from two to 18); the number of patients receiving screens increased nearly 400 percent and total number of tests increased over 300 percent.

The ultimate objective of practice facilitation is to enable providers to manage care more effectively, thereby improving patient health. PHPG evaluated the program's impact on patient health by analyzing emergency department and inpatient hospital utilization among patients who were prescribed pain medication.

Emergency department and inpatient hospital utilization both declined post-facilitation. Emergency department visits fell by four percent and related expenditures by six percent. Hospital admissions also fell by four percent and related expenditures by 10 percent.

SoonerCare HMP Return on Investment

The value of the SoonerCare HMP is measurable on multiple axes, including participant satisfaction and change in behavior, quality of care, improvement in service utilization and overall impact on medical expenditures. The last criterion is arguably the most important, as progress in other areas should ultimately result in medical expenditures remaining below the level that would have occurred absent the program.

PHPG examined the program's return on investment (ROI) through SFY 2018, by comparing health coaching and practice facilitation administrative expenditures to medical savings. Both program components have achieved a positive ROI, with the program as a whole generating net savings of $191 million and a return on investment of 276.8 percent. Put another way, **the second generation SoonerCare HMP, over the five-year period evaluated, yielded approximately $2.77 in net medical savings for every dollar in administrative expenditures**.

CHAPTER 1 – INTRODUCTION

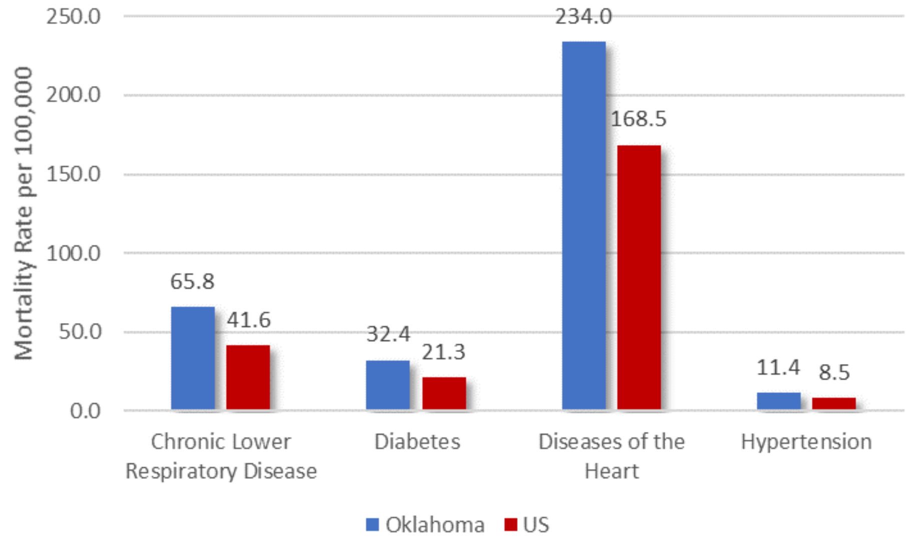
Chronic Disease Management

Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, about half of all adults have one or more chronic health conditions such as diabetes or heart disease. More than one in four Americans has multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living[8].

Ninety percent of the nation's $3.3 trillion in annual health expenditures are for persons with chronic physical and mental health conditions[9]. The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. In 2015, 1,442 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 32.4 persons per 100,000 residents, versus the national rate of 21.3[10].

The mortality rate for other chronic conditions, such as heart disease and hypertension, is similarly higher in Oklahoma than in the nation overall (Exhibit 1-1).

Exhibit 1-1 **– Chronic Disease Mortality Rates, 2015 – OK and US (Selected Conditions)[11]**



[8] https://www.cdc.gov/chronicdisease/about/multiple-chronic.htm
[9] https://www.cdc.gov/chronicdisease/about/costs/index.htm#ref1
[10] https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06_tables.pdf. Age adjusted rates. 2015 is the most recent year available.
[11] Ibid. Rate for chronic lower respiratory disease, also known as chronic obstructive pulmonary disease, includes asthma, chronic bronchitis and emphysema. Hypertension rate includes essential hypertension and hypertensive renal disease.

Chronic diseases also are among the costliest of all health problems. Persons with multiple chronic conditions account for over 70 percent of health spending nationally[12]. Providing care to individuals with chronic diseases, many of whom meet the federal disability standard, has placed a significant burden on state Medicaid budgets.

In Oklahoma, the CDC estimates that total expenditures related to treating selected major chronic conditions will approach $10 billion in 2019 and nearly $10.5 billion in 2020. The estimated portion attributable to SoonerCare members will equal $1.2 billion (state and federal) in 2019 and $1.26 billion in 2020[13] (Exhibit 1-2).

***Exhibit 1-2* – Estimated/Projected Chronic Disease Expenditures (Millions)**

Chronic Condition	OK All Payers		SoonerCare	
	2019	2020	2019	2020
Asthma	$515	$538	$174	$182
Cardiovascular Diseases (heart diseases, stroke and hypertension)	$6,722	$7,076	$722	$760
Diabetes	$2,729	$2,869	$304	$319
TOTAL FOR SELECTED CONDITIONS	**$9,966**	**$10,483**	**$1,200**	**$1,260**

The costs associated with chronic conditions typically are calculated by individual disease, as shown in the above exhibit. Traditional case and disease management programs similarly target single episodes of care or disease systems, but do not take into account the entire social, educational, behavioral and physical health needs of persons with chronic conditions. Research into holistic models has shown that sustained improvement requires the engagement of the member, provider, the member's support system and community resources to address total needs.

Holistic programs seek to address proactively the individual needs of patients through planned, ongoing follow-up, assessment and education.[14] Under the Chronic Care Model, as first developed by Dr. Edward H. Wagner, community providers collaborate to effect positive changes for health care recipients with chronic diseases.

[12] http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf
[13] Expenditure estimates developed using CDC Chronic Disease Cost Calculator.
[14] Wagner, E.H., "Chronic Disease Management: What Will It Take to Improve Care for Chronic Illness?," *Effective Clinical Practice*, 1:2-4 (1998).

These interactions include systematic assessments, attention to treatment guidelines and support to empower patients to become self-managers of their own care. Continuous follow-up care and the establishment of clinical information systems to track patient care are also components vital to improving chronic illness management.

Exhibit 1-3 illustrates the basic components and interrelationships of the Chronic Care Model.

***Exhibit 1-3* – The Chronic Care Model**

Development of a Strategy for Holistic Chronic Care

Under the Oklahoma Medicaid Reform Act of 2006 (HB2842), the Oklahoma Legislature directed the Oklahoma Health Care Authority (OHCA) to develop and implement a management program for persons with chronic diseases including, but not limited to, asthma, chronic obstructive pulmonary disease, congestive heart failure and diabetes. The program would address the health needs of chronically ill SoonerCare members while reducing unnecessary medical expenditures at a time of significant fiscal constraints.

In response, the OHCA developed the SoonerCare Health Management Program, with the stated goals of:

- Evaluating and managing participants with chronic conditions;
- Improving participants' health status and medical adherence;
- Increasing participant disease literacy and self-management skills;
- Coordinating and reducing unnecessary or inappropriate medication usage by participants;
- Reducing hospital admissions and emergency department use by participants;
- Improving primary care provider adherence to evidence-based guidelines and best practices measures;
- Coordinating participant care, including the establishment of coordination between providers, participants and community resources;
- Regularly reporting clinical performance and outcome measures;
- Regularly reporting SoonerCare health care expenditures of participants; and
- Measuring provider and participant satisfaction with the program.

"First Generation" SoonerCare HMP

The OHCA moved from concept to reality by creating a program that offered nurse care management to qualifying members with one or more chronic conditions. The program also offered practice facilitation and education to primary care providers treating the chronically ill.

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen[15] was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated primary care providers.

Medical Artificial Intelligence (MEDai), was already serving as a subcontractor to DXC, the OHCA's Medicaid fiscal agent, at the time of the SoonerCare HMP's development. The OHCA capitalized on this existing relationship by utilizing MEDai to assist in identifying candidates for enrollment in the SoonerCare HMP based on historical and predicted service utilization, as well as their potential for improvement through care management.

[15] Prior to August 2011, Telligen was known as the Iowa Foundation for Medical Care.

Nurse Care Management

Nurse care management targeted SoonerCare members with chronic conditions identified as being at high risk for both adverse outcomes and significant future medical costs. The members were stratified into two levels of care, with the highest-risk segment placed in "Tier 1" and the remainder in "Tier 2."

Prospective participants were contacted and "enrolled" in their appropriate tier. After enrollment, participants were "engaged" through initiation of care management activities.

Tier 1 participants received face-to-face nurse care management while Tier 2 participants received telephonic nurse care management. The OHCA sought to provide services at any given time to about 1,000 members in Tier 1 and about 4,000 members in Tier 2.

Practice Facilitation and Provider Education

Selected participating providers received practice facilitation through the SoonerCare HMP. Practice facilitators collaborated with providers and office staff to improve the quality of care through implementation of enhanced disease management and improved patient tracking and reporting systems.

The provider education component targeted primary care providers throughout the State who were treating patients with chronic illnesses. The program incorporated elements of the Chronic Care Model by inviting primary care practices to engage in collaboratives focused on health management and evidence-based guidelines.

Program Performance

The first generation model of the SoonerCare HMP operated from February 2008 through June 2013. PHPG conducted a five-year evaluation of the first generation program, focusing on the program's impact on member behavior (e.g., self-management of chronic conditions), quality of care, service utilization and cost. PHPG documented significant positive outcomes attributable to both program components.

In the final evaluation report issued in 2014, PHPG concluded that the program had achieved high levels of satisfaction among participants, both members and providers; had improved quality of care; reduced inpatient and emergency department utilization versus what would have occurred absent the program; and saved $182 million over five years, even after accounting for program administrative costs. PHPG also concluded that, "the OHCA has laid a strong foundation for the program's second generation model, which is designed to further enhance care for members with complex/chronic conditions and to generate additional savings in the form of avoided hospital days, emergency department visits and other chronic care service costs."

“Second Generation” SoonerCare HMP & OHCA Chronic Care Unit (CCU)

As the contractual period for the first generation SoonerCare HMP was nearing its end, the OHCA began the process of examining how the program could be enhanced for the benefit of both members and providers. The OHCA and Telligen observed that a significant amount of the nurse care managers’ time was being spent on outreach and scheduling activities, particularly for Tier 1 participants. The OHCA also observed that nurse care managers tended to work in isolation from primary care providers, although coordination did improve somewhat in the program’s later years, as documented in provider survey results.

To enhance member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with registered nurse health coaches embedded at primary care practice sites. The health coaches would work closely with practice staff and provide coaching services to participating members. Health coaches could either be dedicated to a single practice with one or more providers or shared between multiple practice sites within a geographic area[16].

Health coaches would use evidence-based concepts such as motivational interviewing and member-driven action planning principles to impart changes in behaviors that impact chronic disease care.

Practice facilitation would continue in the second generation HMP but would become more diverse, encompassing both traditional full practice facilitation and more targeted services such as academic detailing focused on specific topics and preparing practices for health coaches.

Health coaches would only be embedded at practices that had first undergone practice facilitation[17]. In order to participate in the second generation SoonerCare HMP at its outset, members would have to be receiving primary care from a practice with an embedded health coach.

The OHCA conducted a competitive procurement to select a vendor to administer the second generation HMP. Telligen was awarded the contract.

<u>Health Coaching Model – Design and Principles</u>

As administered by Telligen, the health coach, practice facilitator and provider form the core team for the program. The team focuses first on assessing the practice’s operations and determining how the health coach can best be integrated into the office’s routine. The practice facilitator then addresses opportunities for enhancing process flows, while the health coach

[16] The description of Health Coaching and second generation Practice Facilitation are taken from the OHCA’s October 2012 RFP for a second generation Health Management Program contractor.

[17] The health coaching model has since undergone some refinements, as described later in the chapter.

begins reviewing patient rosters to identify coaching candidates based on MEDai chronic impact scores and disease states. (Providers also can refer members for health coaching. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.)

Once established in a practice, a health coach on a typical day may see both existing SoonerCare HMP members scheduled for a medical appointment and potential new members identified by the coach as enrolled in SoonerCare and eligible for the program. Depending on the preference of the practice, health coaches meet with members either before or after the member's visit with the provider.

Some providers prefer that the health coach meet with a member before his or her medical appointment to help prepare the member for the appointment, including identifying important information the member should share with the provider. Others prefer that the coach meet with the member after the appointment to review instructions the member may have received from the provider. Occasionally, a provider may ask a health coach to attend the medical appointment; this tends to be limited to appointments with members who have difficulty understanding the provider's instructions.

Health coaches also may schedule sessions with members outside of the medical appointment process. On such occasions, members come to the office specifically to meet with their coach.

Health coaches apply motivational interviewing and other components of the coaching model throughout their workday. The narrative below in italics is excerpted from Telligen's training manual for health coaches and summarizes its health coaching model, as well as its approach to integration of health coaching and practice facilitation activities[18].

> *The Health Coach (HC) will utilize the principles and health coaching framework from the Miller and Rollnick model (2012). This is a SoonerCare Choice Member-centered, evidence-based approach that takes practice, feedback and time to master. An abbreviated summary of the Motivational Interview (MI) approach is provided below.*
>
> *As presented by Miller & Rollnick (2012)[19], there are four major principles that form the 'spirit' of MI: Partnership, Acceptance, Compassion and Evocation.*
>
> - *Partnership: Unlike the traditional medical model, where the practitioner is the expert, in the MI approach, the HC and the member will form a partnership. Together, they will identify the member's priorities, readiness to change and health goals. The practitioner will guide the member and help him/her to work through ambivalence to change by selectively reinforcing and evoking the member's motivation to change.*

---

[18] Telligen Health Coach Training Manual – OK HMP, June 2013. The manual was developed and training was conducted in partnership with Health Sciences Institute.

[19] Motivational Interviewing, Third Edition, W Miller & S Rollnick, 2012

- *Acceptance: In the MI model, the HC looks at the member through a SoonerCare Choice Member-centered and empathetic lens. Acceptance includes believing in the absolute worth of the member, affirming the member's strengths and efforts, supporting the member's autonomy or choice, and providing reflections that show accurate empathy.*
- *Compassion: Without a deep underlying compassion for members, their circumstances, and their challenges, it is nearly impossible to employ the important skill of empathic listening. And without empathic listening, it is difficult to establish rapport and engage the SoonerCare Choice Member in a discussion about behavior change.*
- *Evocation: Evocation is perhaps the most important principle because it sets the MI-based health coaching approach apart from all others and is linked to clinical outcomes. By evoking change talk – desire, ability, reasons and need to change, commitment for change, activation towards change, and steps already taken toward change – the HC creates the best-case scenario in health coaching.*

Miller & Rollnick (2012) also present a health coaching framework. The sequence and length of time spent in each phase will vary depending on the member's readiness to change, the complexity of chronic illness, their understanding of the disease and any behavioral or social limitations.

1) *<u>Engaging</u> the SoonerCare Choice Member sets the foundation for the health coaching encounter. The ability to consistently build and maintain rapport is a significant skill for a HC. This is especially important when working with SoonerCare Choice Members who are less motivated and less ready to make changes in their health. The HC should strive to explore with the member their motivations, priorities, self-management efforts and challenges they have faced with their health.*
2) *<u>Focusing</u> sets the agenda for the HC and member encounter. As there is limited time with these appointments, it is important to utilize your time effectively and efficiently with the member. By eliciting what is important to the SoonerCare Choice Member and using clinical judgment, the HC can selectively guide the SoonerCare Choice Member into a productive discussion about how he or she can improve their health or change an unhealthy habit. The treatment plan suggested by the PCP may be a starting place; however, the agenda should be SoonerCare Choice Member-centered.*
3) *<u>Evoking</u> draws out what is important to the SoonerCare Choice Member. The goal here is to evoke change talk from the SoonerCare Choice Member. This is the most important phase as it is linked to clinical outcomes, but is often skipped due to our need to want to diagnose and provide answers. After member is engaged, the HC should look for opportunities to evoke change talk throughout and during each session.*
4) *<u>Planning</u> helps develop next steps and/or health goals. If the other three phases have been done well, the member's goals most likely have already been shared with the HC. As the session closes, the HC can summarize these goals and then ask the member for a realistic plan or next step.*

The HC collaborates with the Practice Facilitator (PF) on the Four Phases of facilitation; Assess, Analyze, Implement and Evaluate. It is imperative that the HC works in partnership with the PF and Medical Home to improve the health and outcomes of the Oklahoma SoonerCare population. The four phases of facilitation are defined as follows:

1) *Assess the practice and SoonerCare Choice Member population. Conduct an assessment of current staff, practice flow and data collection systems. Assess population, culture and chronic disease of members (SoonerCare Choice Members). The Health Management Program Practice Facilitators will be instrumental in implementing a registry during the HC preparation phase but the use of the registry would likely be a shared responsibility between practice staff and the HC.*
2) *Analyze assessment findings. Work in collaboration with the practice in the management and maintenance of a registry. Organize direction, gather coaching tools and use meaningful feedback on trends and findings of medical record review. Contact member (SoonerCare Choice Member) and gather information using best practice guidelines.*
3) *Implement positive activities towards managing chronic illness. Partner with members to set short term and long term goals for self-management of chronic disease. Engage with member and family using the evidence-based health coaching approach of Motivational Interviewing (MI). Address barriers to following through on treatment plan and health goals. In addition to using the MI approach, as needed, use educational materials regarding specific health care conditions and assist with referrals.*
4) *Evaluate progress and improvements with ongoing collaboration with member and family with follow up appointments. Collaborate with PCP for continuation of care. Support members with getting their needs met. Coordinate with PMCH staff to identify members overdue for visit, labs or referral and arrange follow-up services. Determine the ability of PMCH staff and clinicians to access reports, implement satisfaction evaluations and analyze the effectiveness of the data system in place. (Care Measures®).*

Telligen also has community resource specialists available to help members with non-clinical programs, such as obtaining food or housing assistance. Health coaches are able to make referrals to the specialists when needs are identified and help is desired.

Implementation and Evolution of the Second Generation HMP

Identification and Recruitment of Practices

Implementation of the second generation program began with identification and recruitment of PCMH providers (primary care providers). Every SoonerCare Choice member is aligned with one of the 800+ PCMH providers throughout the State. The OHCA analyzed the MEDai and chronic disease profiles of members at each PCMH site and provided the information to Telligen.

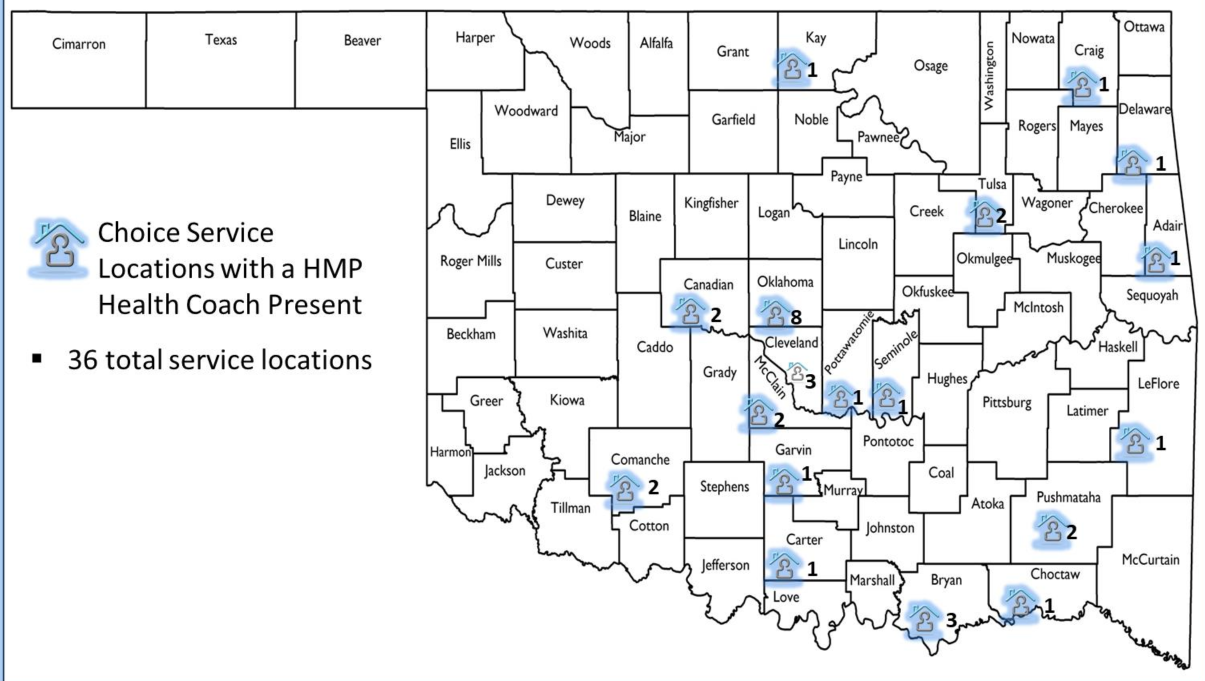
Telligen segmented the practices by size (large, medium and small) and location (urban and rural) and targeted the most promising within each category based on patient mix and ability to support a health coach. The purpose of the segmentation was to ensure diversity in the group ultimately selected.

Providers who previously had undergone practice facilitation were evaluated for the second generation HMP but were not automatically offered a health coach. Providers already participating in two other care management programs, Health Access Networks and the Comprehensive Primary Care Initiative (CPCI) were excluded from the process.

Telligen initially trained and deployed 26 health coaches at the program's outset to work full time at participating practices. Most were assigned to a single practice, although five health coaches divided their time across two or more smaller practices with insufficient caseloads to support a full-time coach on their own. Telligen also initially deployed eight practice facilitators to work in collaboration with health coaches.

Telligen has added provider sites over time, bringing the total number of locations with a SoonerCare HMP health coach to 36, as of October 2018 (Exhibit 1-4).

Exhibit 1-4 – Practice Facilitation/Health Coach Sites (October 2018)



Initial Transition of Members

At the time of the transition from the first to second generation HMP, participants in nurse care management receiving care in a qualifying practice were offered the opportunity to transition to a health coach. Participants not aligned with a qualifying practice were given the opportunity to work with a new telephonic Chronic Care Unit (CCU) operated directly by the OHCA.

Post-Transition HMP Enrollment

Post-transition, Telligen continues to identify HMP candidates from the SoonerCare Choice population through analysis of MEDai data. Providers also refer patients to Telligen for review and possible enrollment into the SoonerCare HMP.

Expansion of HMP and Introduction of Telephonic Health Coaching – SFY 2015

During SFY 2014, the OHCA and Telligen executed a contract amendment to modify and expand operations starting in SFY 2015[20]. The amendment included three components: intervention quality enhancement; the chronic pain and opioid drug utilization initiative and staff increase. Specifically:

- Intervention Quality Enhancement. The OHCA authorized Telligen to begin providing telephonic case management (health coaching) in addition to face-to-face (embedded) case management. Telephonic health coaches would focus their efforts on engaging new members, actively pursuing members needing assistance with care transitions and serving high risk members not assigned to a primary care provider with an embedded coach.

- Chronic Pain and Opioid Drug Utilization. The OHCA authorized Telligen to hire practice facilitators and substance use resource specialists dedicated to improving the effectiveness of providers caring for members with chronic pain and opioid drug use. The new staff would assist providers with implementation of a chronic pain management toolkit and principles of proper prescribing.

- Staff Increase. The OHCA authorized Telligen to expand outreach to a greater number of providers and members and implement the chronic pain and opioid drug utilization initiative. As a result, Telligen added nine health coaches; five embedded in provider offices (also able to perform telephonic coaching) and four telephonic only, bringing the total number to 37. Telligen also hired two substance use resource specialists in SFY 2015 to support the chronic pain and opioid drug utilization initiative.

The chronic pain and opioid drug utilization initiative is distinct from the core health management program. PHPG conducted a targeted evaluation of the initiative in SFY 2018, the results of which are presented in a standalone chapter in the report (chapter eight).

[20] Amendment Four to the Contract between Oklahoma Health Care Authority and Telligen.

SoonerCare HMP Operations

Telligen receives monthly payments specific to its health coaching and practice facilitation field activities, as well as payments for "centralized operations" costs. Telligen also has two community resource specialists available to help members with non-clinical programs, such as obtaining food or housing assistance. Health coaches are able to make referrals to the specialists when needs are identified and help is desired.

Telligen payments and OHCA administrative costs are presented in greater detail in the SoonerCare HMP cost effectiveness sections of the report.

SoonerCare Chronic Care Unit

SoonerCare Choice and SoonerCare Traditional members both are eligible for participation in the SoonerCare CCU. The SoonerCare CCU works with members who self-refer or are referred by a provider or another area within the OHCA, such as care management, member services, or provider services.

The CCU also is responsible for:

- Members with hemophilia or sickle cell anemia, even if the member otherwise would be enrolled in the SoonerCare HMP.
- Members identified as high utilizers of the emergency department.
- Members undergoing bariatric surgery.
- Members with Hepatitis-C receiving treatment and whose treating provider has referred for case management.
- Members identified through a Health Risk Assessment (HRA), which SoonerCare applicants are given the option of completing as part of the online enrollment process. Based on responses to the HRA, members can be referred to different programs for assistance or case management, including the SoonerCare CCU.

The OHCA sends weekly updates of newly-opened CCU cases to Telligen. This ensures that there is no duplication in enrollment.

Characteristics of Health Coaching Participants

During SFY 2018, a total of 9,505 members were enrolled in the SoonerCare HMP for at least part of one month. PHPG, in consultation with the OHCA, removed certain groups from the utilization, expenditure and quality of care portions of the evaluation to improve the integrity of the results. Specifically:

- Members who were enrolled for fewer than three months in SFY 2018.
- Members who were enrolled for three months or longer, but who also were enrolled in the CCU for a portion of SFY 2018, if their CCU tenure exceeded their HMP tenure.
- Members receiving disease management through Oklahoma University's Harold Hamm Diabetes Center, to isolate the impact of the SoonerCare HMP from activities occurring at the center[21].
- Members enrolled in a Health Access Network for three months or longer, to isolate the impact of the SoonerCare HMP from HAN care management activities[22].

The revised evaluation dataset included 5,940 SoonerCare HMP participants, compared to 6,018 members in the SFY 2017 evaluation, 6,259 in the SFY 2016 evaluation and 5,447 in the SFY 2015 evaluation. The average tenure in the SoonerCare HMP for participants in the SFY 2018 evaluation was 11.5 months, down from 14.7 months in SFY 2017. Demographic and health data for these members is presented starting on the next page.

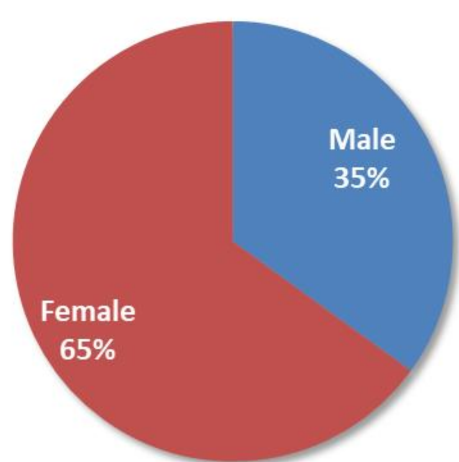
[21] There were 11 members who received services from the center and who also were enrolled in either the SoonerCare HMP or CCU.

[22] There were 482 members aligned with a HAN PCMH provider for three months or longer who also were enrolled in either the SoonerCare HMP or CCU at some point during the year. The corresponding figure in SFY 2017 was 506.

Participants by Gender and Age

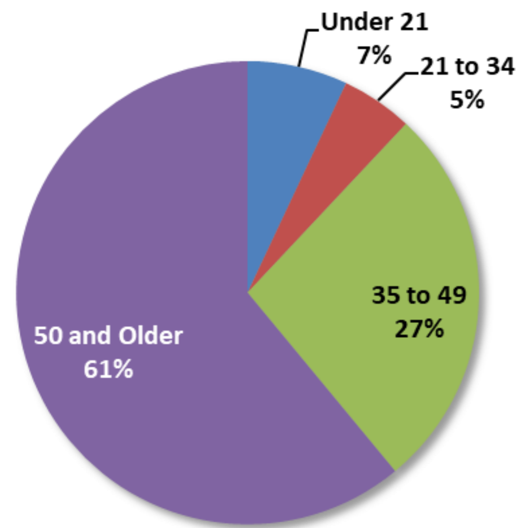
Most SoonerCare HMP participants are women, with females outnumbering males by approximately two to one (Exhibit 1-5).

Exhibit 1-5 – Gender Mix for SoonerCare HMP Participants



Not surprisingly, SoonerCare HMP participants are older than the general Medicaid population. Only seven percent of SoonerCare HMP participants are under the age of 21, compared to approximately 65 percent of the general SoonerCare population (Exhibit 1-6).[23]

Exhibit 1-6 – Age Distribution for SoonerCare HMP Participants



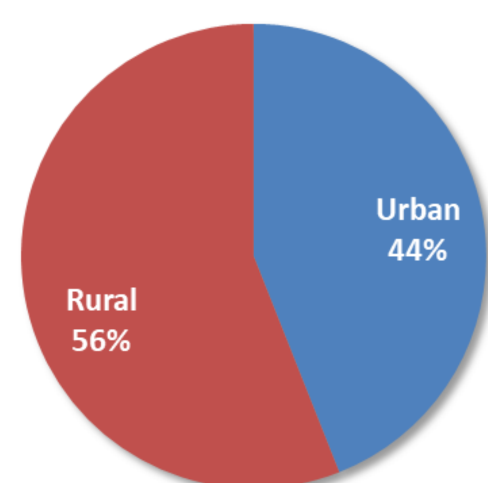
[23] Source for total SoonerCare percentage: OHCA March 2018 Enrollment Report.

Participants by Place of Residence

Fifty-six percent of SoonerCare HMP participants resided in rural Oklahoma in SFY 2018, while 44 percent resided in urban counties comprising the greater Oklahoma City, Tulsa and Lawton metropolitan areas (Exhibit 1-7). By contrast, approximately 42 percent of the general SoonerCare population resides in rural counties and 58 percent in urban counties[24].

The high rural percentage was attributable to the placement of SoonerCare HMP participating practices. At the OHCA's request, Telligen recruited practices throughout most of the state, including rural counties in northeast, southeast and southwest Oklahoma. This was done to ensure diversity among participants.

Exhibit 1-7 – SoonerCare HMP Participants by Location: Urban/Rural Mix



[24] Source: SoonerCare Fast Facts. Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

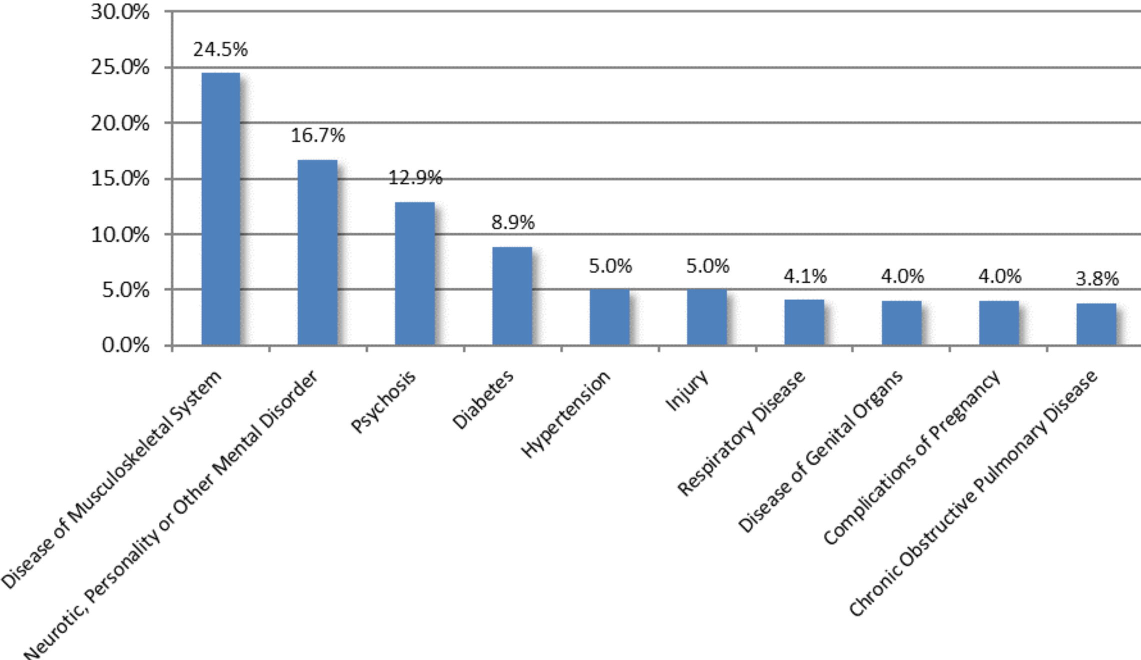
Participants by Most Common Diagnostic Categories[25]

Program participants are treated for numerous chronic and acute physical conditions. The most common diagnostic category among participants in SFY 2018 was disease of the musculoskeletal system, which includes osteoarthritis, other types of arthritis, backbone disease, rheumatism and other bone and cartilage diseases and deformities (Exhibit 1-8).

Two behavioral health categories were included among the top five, along with diabetes and injuries, while the remaining five categories include a mix of chronic and acute conditions. The top ten categories accounted for 89 percent of the SoonerCare HMP population.

The composition of the top 10 categories was unchanged from prior years. The percentages also were nearly identical, with conditions shifting by less than two percentage points.

Exhibit 1-8 – Most Common Diagnostic Categories for Health Coaching Participants[26]



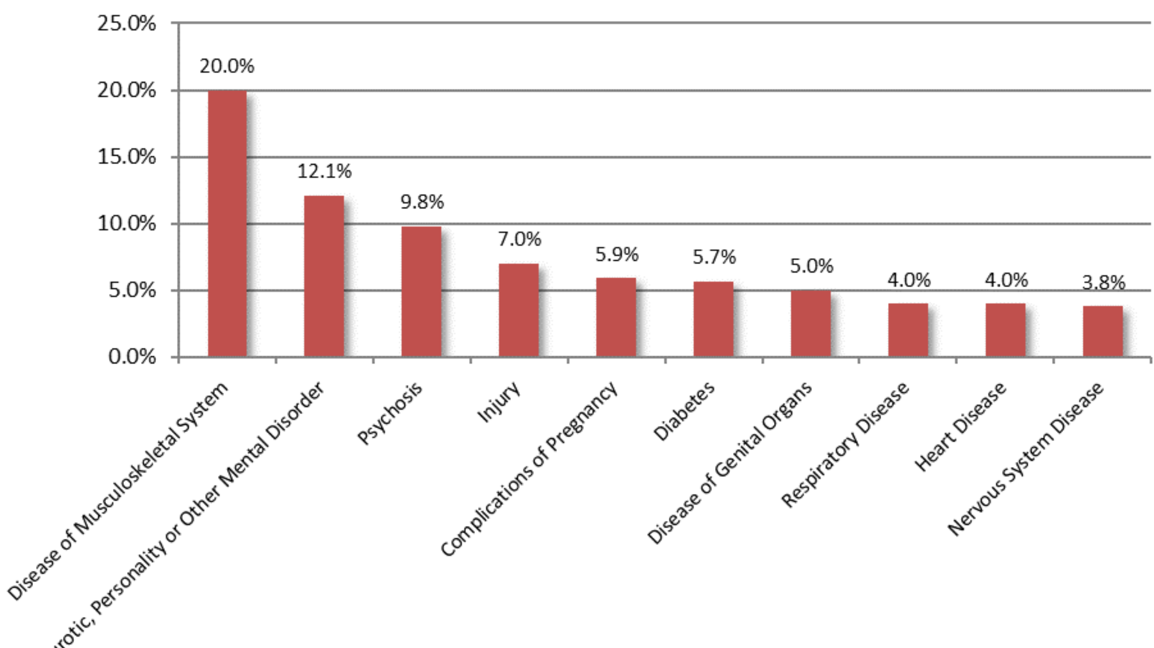
[25] Ranking of most common diagnoses calculated using primary diagnosis code from paid claims.
[26] It is the OHCA's policy not to enroll pregnant members in the SoonerCare HMP, and to disenroll those who become pregnant. The "complications of pregnancy" group may represent members not yet disenrolled, postpartum members being treated for a complication and/or member who have had miscarriages.

Participants by Most Expensive Diagnostic Categories[27]

Disease of the musculoskeletal system also was the most expensive diagnostic category in SFY 2018 based on paid claim amounts, followed by seven of the nine categories from the prior exhibit, although in slightly different order (Exhibit 1-9). (Heart disease and nervous system disorder replaced hypertension and COPD.)

The top ten most expensive disease categories accounted for 77 percent of the population. The ranking and percentages were again nearly identical to those reported in prior years.

Exhibit 1-9 – Most Expensive Diagnostic Categories for Health Coaching Participants



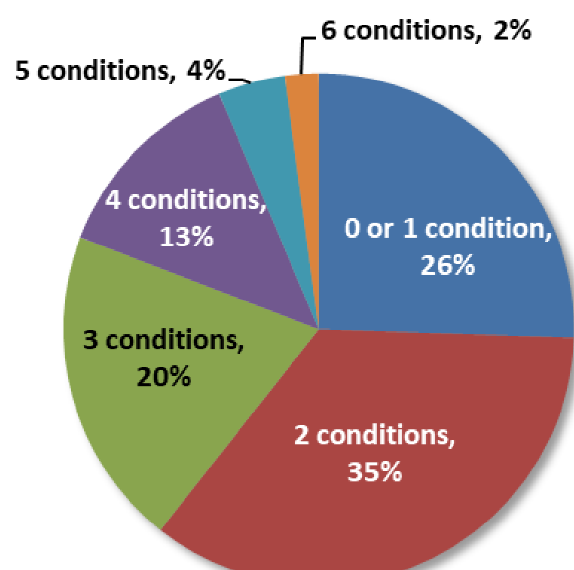
[27] Ranking of most costly diagnoses calculated using primary diagnosis code from paid claims.

Co-morbidities among Participants

The SoonerCare HMP's focus on holistic care rather than management of a single disease is appropriate given the prevalence of co-morbidities in the participating population.

PHPG examined the number of physical chronic conditions per participant and found that nearly 75 percent in SFY 2018 had at least two of six high priority chronic physical conditions[28] (asthma, COPD, coronary artery disease, diabetes, heart failure and hypertension) (Exhibit 1-10). The SFY 2017 distribution was very similar to the distribution in SFY 2014 and SFY2015.

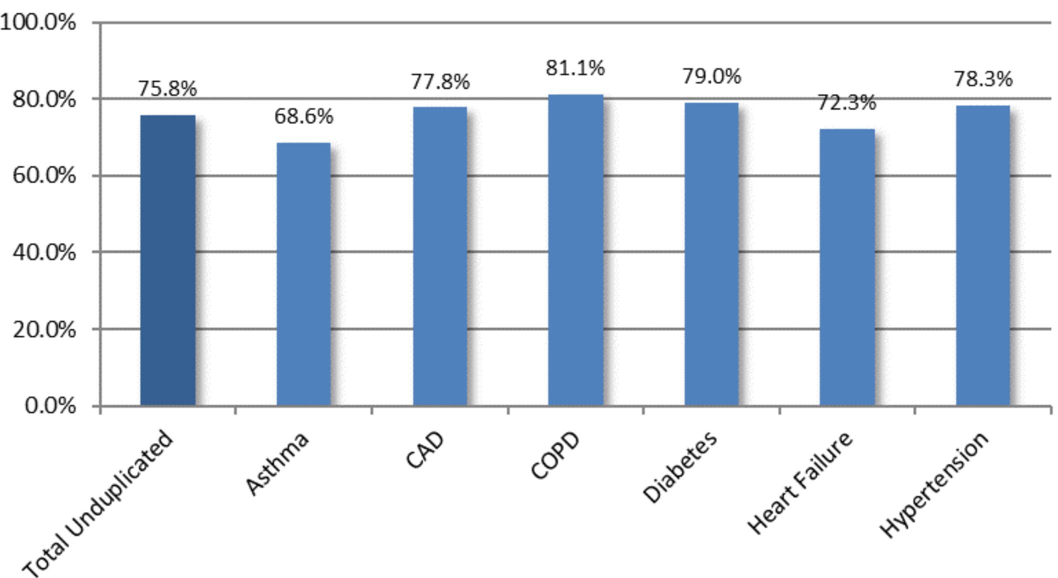
Exhibit 1-10 – Number of Physical Health Chronic Conditions



[28] These conditions are used by MEDai as part of its calculation of chronic impact scores.

Seventy-six percent of the participant population in SFY 2018 also had both a physical and behavioral health condition. Among the six priority physical health conditions, the co-morbidity prevalence ranged from approximately 81 percent in the case of persons with COPD to 69 percent among persons with asthma (Exhibit 1-11).[29] The percentages once again were almost unchanged from prior years.

Exhibit 1-11 – Behavioral Health Co-morbidity Rate



Conclusion

Overall, health coaching participants demonstrate the characteristics expected of a population that could benefit from care management. Most have two or more chronic physical health conditions, often coupled with serious acute conditions. The population also has significant behavioral health needs that can complicate adherence to guidelines for self-management of physical health conditions and maintaining a healthy lifestyle.

[29] Behavioral health comorbidity defined as diagnosis codes 290-319 being one of the participant's top three most common or most expensive diagnosis, by claim count and paid amount, respectively.

SoonerCare HMP Independent Evaluation

The OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the SoonerCare HMP. PHPG is evaluating the program's impact on participants and the health care system as a whole with respect to:

1. Health coaching participant satisfaction and perceived health status;

2. Health coaching participant self-management of chronic conditions;

3. Impact of health coaching on quality of care, as measured by participant utilization of preventive and chronic care management services and adherence to national, evidence-based disease management practice guidelines;

4. Health coaching cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs;

5. Practice facilitation participant satisfaction;

6. Impact of practice facilitation on quality of care, as measured by provider adherence to national, evidence-based disease management practice guidelines; and

7. Practice facilitation cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs.

PHPG is presenting evaluation findings in a series of annual reports to be issued over a six-year period[30]. This is the fifth Annual Evaluation report addressing progress toward achievement of program objectives during the current SoonerCare HMP contract cycle.

The specific methodologies employed and time periods addressed are described within each chapter of the evaluation. In general, utilization and expenditure findings are for program years one through five, covering July 2013 to June 2018 (SFY 2014 through 2018).

Member and provider survey data is being collected on a continuous basis. Findings in this report are for surveys conducted from March 2018 to February 2019.

The chronic pain and opioid drug utilization initiative is addressed in a standalone chapter. Utilization, expenditure and survey data are for SFY 2018.

[30] Telligen's contract initially was for a five-year period but was extended to six years. PHPG's evaluation likewise was extended to include the sixth year of the contract.

CHAPTER 2 – HEALTH COACHING – PARTICIPANT SATISFACTION

Introduction

Participant satisfaction is a key component of SoonerCare HMP performance. If participants are satisfied with their experience and value its worth, they are likely to remain engaged and focused on improving their self-management skills and adopting a healthier lifestyle. Conversely, if participants do not see a lasting value to the experience, they are likely to lose interest and lack the necessary motivation to follow coaching recommendations.

Satisfaction is measured through participant telephone surveys. PHPG conducts initial surveys on a sample of SoonerCare HMP participants drawn from rosters furnished by the OHCA. PHPG attempts to re-survey all participants who complete an initial survey after an additional six months in the program, to identify any changes in perceptions over time.

Initial Survey

Initial survey data collection began in late February 2015. At that time, the OHCA provided a roster of all participants dating back to the start of the program in July 2013. The OHCA periodically updates the roster and, as of February 2019 has provided contact information for 17,883 individuals.

PHPG mails introductory letters to a sample of participants, informing them that they have been selected to participate in an evaluation of the SoonerCare HMP and will be contacted by telephone to complete a survey asking their opinions of the program. Surveyors make multiple call attempts at different times of the day and different days of the week before closing a case. PHPG seeks to complete 50 surveys per month, or 600 per year.

The survey is written at a sixth-grade reading level and includes questions designed to garner meaningful information on participant perceptions and satisfaction. The areas explored include:

- Program awareness and engagement status
- Decision to enroll in the SoonerCare HMP
- Experience with health coaching and satisfaction with health coach
- Experience with community resource specialists and satisfaction (if applicable)
- Overall satisfaction with the SoonerCare HMP
- Health status and lifestyle

Six-month Follow-up Survey

Six-month follow-up survey data collection activities began in early September 2015. The follow-up survey covers the same areas as the initial survey to allow for comparison of participant responses across the two surveys.

The survey also includes questions for respondents who report having voluntarily disenrolled from the SoonerCare HMP since their initial survey. Respondents are asked to discuss the reason(s) for their decision to disenroll.

Survey Population Size, Margin of Error and Confidence Levels

The SFY 2014 evaluation report included data from 138 initial surveys conducted during a ten-week period, from late February through April 2015. The SFY 2015 evaluation included data from an additional 602 initial surveys conducted from May 2015 through April 2016, as well as data from 133 six-month follow-up surveys.

The SFY 2016 evaluation included data from 529 initial surveys conducted from May 2016 through April 2017. The SFY 2016 evaluation also included data from 267 six-month follow-up surveys.

The SFY 2017 evaluation included data from 501 initial surveys conducted from May 2017 through February 2018. The SFY 2017 evaluation also included data from 225 six-month follow-up surveys. (These survey counts are prior to the exclusions described below.)

The SFY 2018 evaluation includes data from 605 initial surveys conducted from March 2018 through February 2019. The SFY 2018 evaluation also included data from 307 six-month follow-up surveys. (These survey counts are prior to the exclusions described below.)

The member survey results are based on a sample of the total SoonerCare HMP population and therefore contain a margin of error. The margin of error (or confidence interval), is usually expressed as a "plus or minus" percentage range (e.g., "+/- 10 percent"). The margin of error for any survey is a factor of the absolute sample size, its relationship to the total population and the desired confidence level for survey results.

The confidence level for the survey was set at 95 percent, the most commonly used standard. The confidence level represents the degree of certainty that a statistical prediction (i.e., survey result) is accurate. That is, it quantifies the probability that a confidence interval (margin of error) will include the true population value.

The 95 percent confidence level means that, if repeated 100 times, the survey results will fall within the margin of error 95 out of 100 times. The other five times the results will be outside of the range.

Exhibit 2-1 presents the sample size and margin of error for each of the surveys. (Sample size represents all surveys conducted since the start of the evaluation in February 2015.) The margin of error is for the total survey population, based on the average distribution of responses to individual questions. The margin can vary by question to some degree, upward or downward, depending on the number of respondents and distribution of responses.

Exhibit 2-1 – Survey Sample Size and Margin of Error

Survey	Sample Size	Confidence Level	Margin of Error
Initial	2,375	95%	+/- 2.01%
Six-month Follow-up	932	95%	+/- 3.21%

SoonerCare HMP Participant Survey Findings

Respondent Demographics

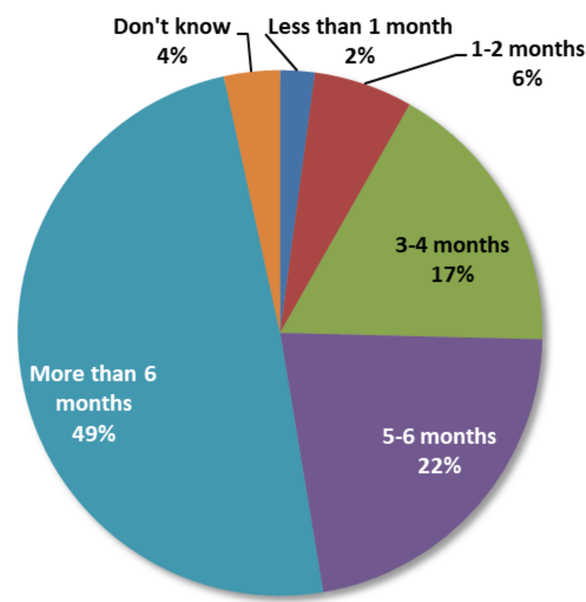
<u>Initial Survey Respondents</u>

The gender split among SoonerCare HMP initial survey respondents in aggregate was 65 percent female and 35 percent male. The great majority of surveys (87 percent) were conducted with the actual SoonerCare HMP participant. The remaining surveys were conducted with a relative of the participant, primarily parents/guardians of minors, but also a small number of spouses, siblings and adult children of members.

The initial survey targeted members who were still active participants in the SoonerCare HMP. After screening out persons no longer participating in the program, the initial survey respondent sample included 2,261 persons (across all years).

Respondent tenure in the program among the 2,261 active participants ranged from less than one month to more than six months (Exhibit 2-2 on the following page).

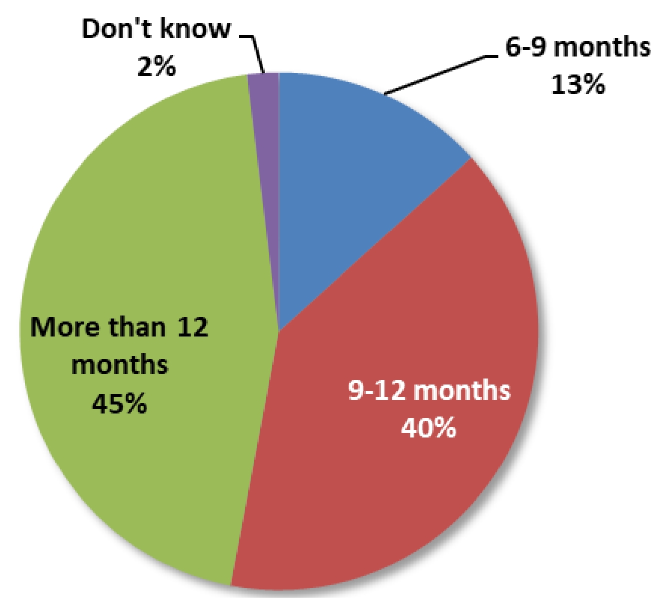
Exhibit 2-2 – Respondent Tenure in SoonerCare HMP – Initial Survey



Follow-up Survey Respondents

The gender split among follow-up survey respondents was very similar to the initial survey group; 65 percent were female and 35 percent were male. The average tenure of follow-up respondents was significantly greater, with the largest segment (45 percent) reporting tenure of more than 12 months (Exhibit 2-3 on the following page).

Exhibit 2-3 – Respondent Tenure in SoonerCare HMP – Follow-up Survey



Key findings for the initial and follow-up surveys are discussed below. Findings are presented in aggregate for all initial survey respondents interviewed since February 2015. The aggregate initial survey results also are broken-out into annual report subgroups. This segmentation allows for identification of any emerging trends with respect to new participant perceptions.

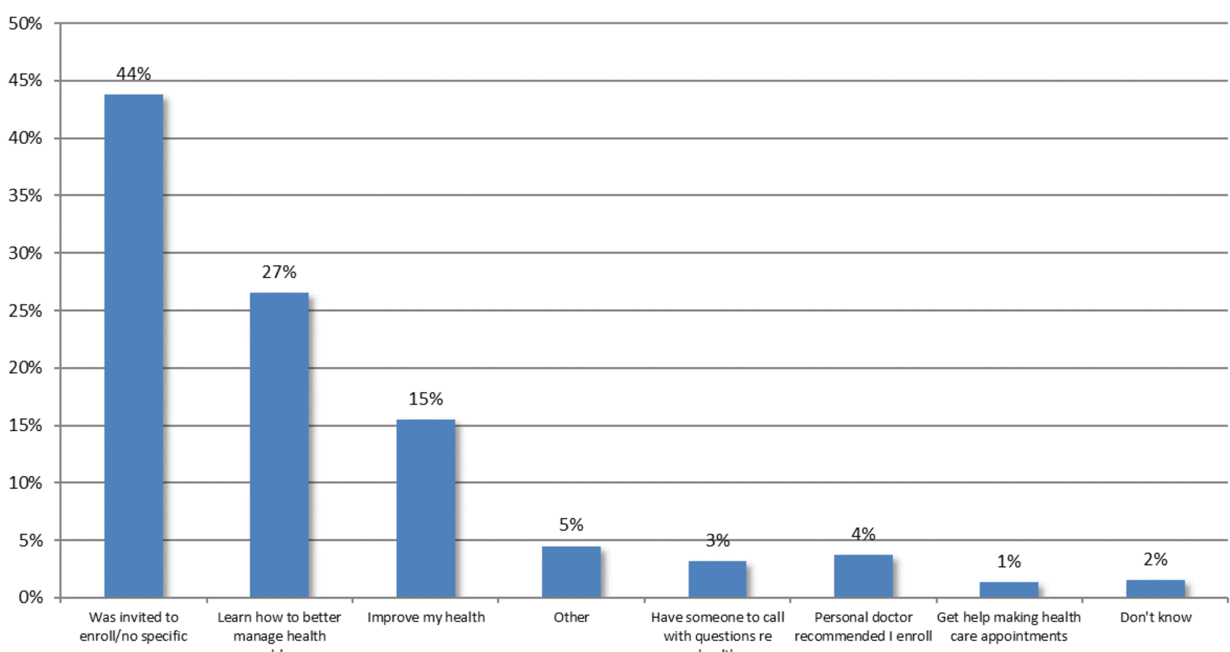
Follow-up survey data is presented alongside initial survey data as applicable. This allows for comparison of program perceptions between participants based on their tenure.

Copies of the survey instruments are included in Appendix A. The full set of responses is presented in Appendix B.

Primary Reason for Enrolling

The SoonerCare HMP seeks to teach participants how to better manage their chronic conditions and improve their health. These were the primary reasons cited by participants who had a goal in mind when enrolling. However, the largest segment, at 44 percent, enrolled simply because they were asked (Exhibit 2-4).

Exhibit 2-4 – Primary Reason for Enrolling in SoonerCare HMP – Initial Survey (Aggregate)[31]



Although the percentages varied somewhat, the top three reasons given for enrolling were consistent across time periods and accounted for approximately 85 percent of the responses (Exhibit 2-5 on the following page).

The fourth highest category, "other", included getting help making lifestyle changes (e.g., losing weight and stopping tobacco use) and getting help with mental health or emotional issues.

[31] This question was not asked on the follow-up survey.

Exhibit 2-5 – Primary Reason for Enrolling in SoonerCare HMP – Initial Survey (Longitudinal)

	Primary Reason for Enrolling (Percent Naming) February 2015 – February 2019					
Reason	**Feb – Apr 2015**	**May 2015 – Apr 2016**	**May 2016 – Apr 2017**	**May 2017 – Feb 2018**	**Mar 2018 – Feb 2019**	**Aggregate**
1. Was invited to enroll/no specific reason	36.4%	42.3%	43.5%	41.9%	48.6%	***43.8%***
2. Learn how to better manage health problems	25.4%	26.4%	25.1%	31.6%	24.0%	***26.5%***
3. Improve my health	23.7%	16.4%	17.2%	15.9%	11.2%	***15.5%***
4. Other	4.2%	6.5%	5.4%	2.6%	3.6%	***4.5%***
5. Have someone to call with questions regarding health	2.5%	3.1%	3.8%	1.4%	4.3%	***3.2%***
6. Get help making personal health care appointments	3.4%	1.3%	0.8%	1.2%	1.5%	***1.3%***
7. Personal doctor recommended I enroll	1.7%	3.3%	3.0%	4.2%	4.6%	***3.7%***
8. Don't know/not sure	2.5%	1.1%	1.2%	1.2%	2.2%	***1.5%***

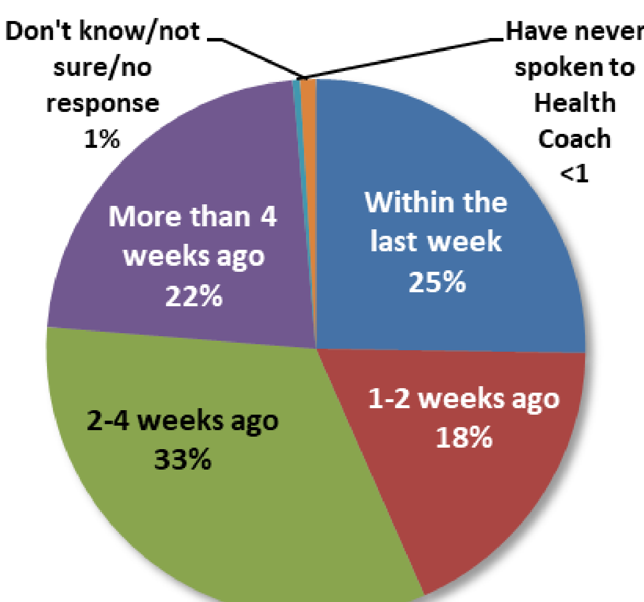
Notes: Percentages on this and other tables may not total to 100 percent due to rounding.

Health Coach Contact

The health coach is the "face" of the SoonerCare HMP for most participants. Survey respondents were asked a series of questions about their interaction with the health coach, starting with their most recent contact.

Forty-three percent of initial survey respondents reported speaking to their health coach within the previous two weeks (Exhibit 2-6).

Exhibit 2-6 – Most Recent Contact with Health Coach – Initial Survey (Aggregate)



The percentage reporting contact within the past two weeks was consistent across time periods for the initial survey. However, follow-up survey respondents were more likely to report that their most recent contact occurred more than four weeks ago. The longer interval may reflect a reduced need for very frequent contacts with participants who have been enrolled for a significant period of time (Exhibit 2-7 on the following page).

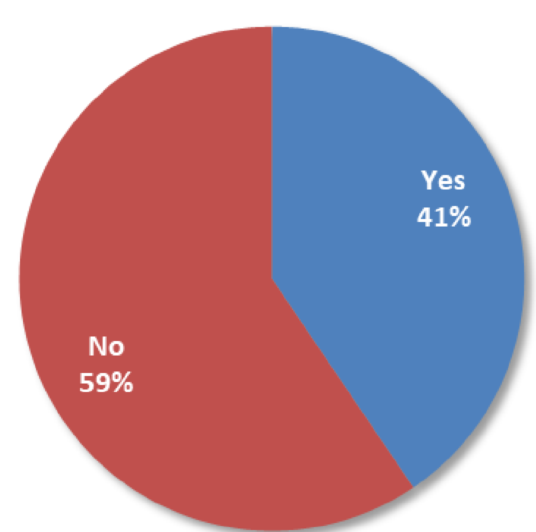
Exhibit 2-7 – Most Recent Contact with Health Coach – Initial Survey (Longitudinal) & Follow-up

Time Elapsed	Last Time Spoke with Health Coach										
	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Within last week	24.1%	22.6%	21.1%	26.7%	30.1%	***25.3%***	24.6%	18.7%	16.4%	21.8%	***20.1%***
1 to 2 weeks ago	35.3%	23.3%	16.7%	13.2%	15.4%	***18.1%***	14.8%	15.9%	12.3%	14.7%	***14.4%***
2 to 4 weeks ago	23.3%	27.4%	33.4%	37.5%	35.6%	***32.9%***	20.5%	27.1%	28.7%	33.9%	***29.0%***
More than 4 weeks ago	16.4%	25.0%	28.0%	21.3%	17.4%	***22.3%***	38.5%	37.9%	39.6%	28.7%	***35.1%***
Have never spoken to health coach	0.9%	0.2%	0.6%	0.4%	0.5%	***0.4%***	0.8%	0.0%	0.0%	0.0%	***0.1%***
Don't know/not sure/no response	0.0%	1.5%	0.2%	1.0%	1.2%	***0.9%***	0.8%	0.5%	3.2%	1.0%	***1.4%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Although a majority of initial survey respondents had spoken to their health coach within the past four weeks, only 41 percent were able to provide the name of their health coach[32] (Exhibit 2-8).

Exhibit 2-8 – Able to Name Health Coach – Initial Survey (Aggregate)



The portion able to name their health coach was consistent across initial survey time periods and between the initial survey and follow-up survey (Exhibit 2-9).

Exhibit 2-9 – Able to Name Health Coach – Initial Survey (Longitudinal) & Follow-up

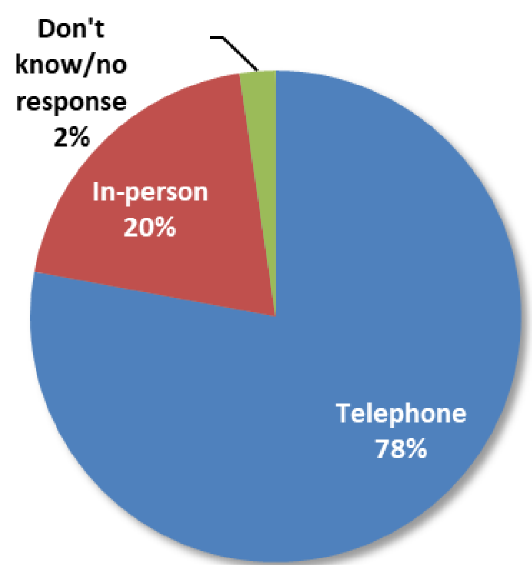
Response	Able to Name Health Coach										
	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Yes	39.3%	37.0%	42.6%	42.6%	40.8%	***40.6%***	34.4%	37.5%	45.5%	42.7%	***40.9%***
No	60.7%	63.0%	57.4%	57.4%	59.2%	***59.4%***	65.6%	62.5%	54.6%	57.3%	***59.1%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

[32] Respondents were asked for a name but PHPG did not verify the accuracy of the information.

The majority of initial survey respondents reported that their most recent contact occurred by telephone rather than face-to-face (Exhibit 2-10).

Exhibit 2-10 – Most Recent Contact Method – Initial Survey (Aggregate)



The percentage reporting a telephone rather than in-person contact increased across survey periods, among both initial survey respondents and follow-up survey respondents. (Exhibit 2-11).

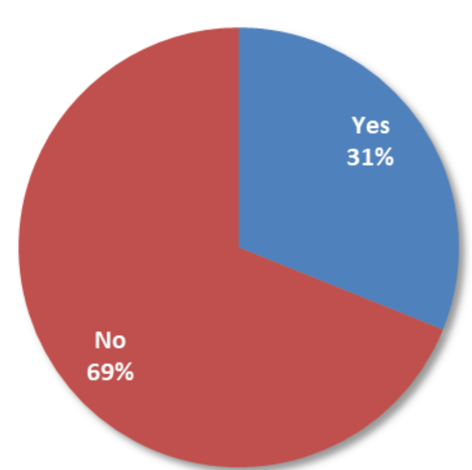
Exhibit 2-11 – Health Coach Contact Method – Initial Survey (Longitudinal) & Follow-up

	Health Coach Contact Method										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Telephone	50.9%	66.9%	73.6%	82.8%	92.8%	***77.9%***	81.1%	79.7%	81.4%	91.5%	***85.2%***
In-person	49.1%	31.3%	25.4%	10.7%	6.2%	***19.7%***	18.9%	20.3%	16.8%	6.2%	***14.2%***
Don't know/no response	0.0%	1.8%	1.0%	6.5%	1.0%	***2.4%***	0.0%	0.0%	1.8%	0.3%	***0.6%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Health coaches are required to provide a contact telephone number to their members. Approximately 86 percent of initial respondents and 90 percent of follow-up respondents confirmed that they were given a number. However, only 31 percent of the initial survey respondents who remembered being given a number stated they had ever tried to call their health coach (Exhibit 2-12).

Exhibit 2-12 – Tried to Call Health Coach – Initial Survey (Aggregate)



The percentage increased in the most recent survey period among initial survey respondents. The percentage also has increased among follow-up survey respondents in recent periods (Exhibit 2-13).

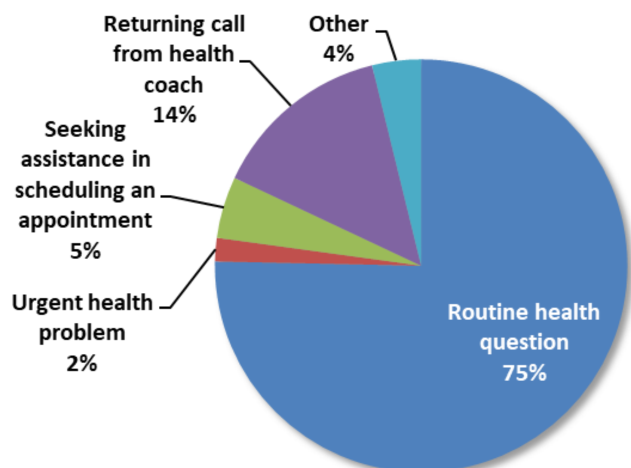
Exhibit 2-13 – Tried to Call Health Coach – Initial Survey (Longitudinal) & Follow-up

	Tried to Call Health Coach										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Yes	16.0%	28.3%	34.1%	31.1%	34.3%	***31.1%***	16.4%	26.7%	38.0%	36.4%	***31.5%***
No	84.0%	71.7%	65.7%	69.0%	65.5%	***68.8%***	83.6%	73.3%	61.0%	63.3%	***68.2%***
Don't know/not sure	0.0%	0.0%	0.2%	0.0%	0.2%	***0.1%***	0.0%	0.0%	1.1%	0.4%	***0.4%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Among those who had tried calling, a majority (75 percent of initial survey respondents) reported their most recent call concerned a routine health question (Exhibit 2-14).

Exhibit 2-14 – Reason for Most Recent Call – Initial Survey (Aggregate)



A majority of follow-up survey respondents also called with a routine health question (Exhibit 2-15). However, in the most recent survey period, a higher percentage of both respondent groups reported returning a call from the health coach.

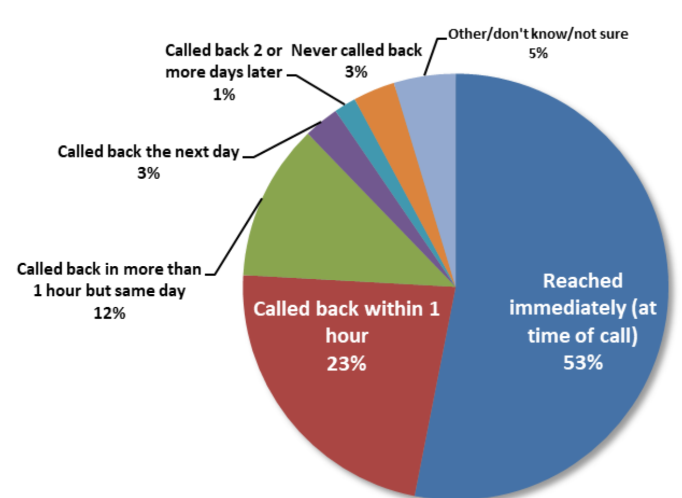
Exhibit 2-15 – Reason for Most Recent Call – Initial Survey (Longitudinal) & Follow-up

Response	Reason for Most Recent Call										
	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Routine question	64.7%	80.7%	79.1%	74.6%	68.8%	***75.2%***	61.1%	85.2%	81.7%	70.9%	***76.4%***
Urgent problem	0.0%	2.2%	1.3%	1.6%	2.4%	***1.8%***	5.6%	0.0%	0.0%	2.9%	***1.6%***
Assistance in scheduling appointment	11.8%	2.2%	7.2%	1.6%	6.5%	***4.8%***	0.0%	5.6%	2.8%	3.9%	***3.7%***
Returning call from health coach	0.0%	9.6%	7.8%	21.4%	19.4%	***14.1%***	22.2%	5.6%	15.5%	18.5%	***15.0%***
Other	23.5%	5.2%	3.9%	0.8%	2.9%	***3.8%***	11.1%	3.7%	0.0%	3.9%	***3.3%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Eighty-eight percent of initial survey respondents who called the number reached their coach immediately or heard back later the same day. Over 90 percent reported eventually getting a call back (Exhibit 2-16).

Exhibit 2-16 – Health Coach Call-Back Time – Initial Survey (Aggregate)



Nearly 90 percent of follow-up survey respondents also reported reaching their health coach the same day (Exhibit 2-17).

Exhibit 2-17 – Health Coach Call-Back Time – Initial Survey (Longitudinal) & Follow-up

	Health Coach Call-Back Time										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Reached immediately (time of call)	47.1%	59.3%	55.7%	42.1%	54.7%	***53.1%***	61.1%	50.0%	43.7%	57.3%	***52.0%***
Called back within 1 hour	23.5%	21.5%	24.8%	23.8%	21.2%	***22.8%***	11.1%	35.2%	23.9%	12.6%	***20.7%***
Called back > 1 hour-same day	17.6%	5.2%	5.4%	23.8%	13.5%	***11.9%***	5.6%	3.7%	18.3%	16.5%	***13.4%***
Called back the next day	5.9%	2.2%	3.4%	4.8%	0.6%	***2.7%***	16.7%	1.9%	2.8%	0.0%	***2.4%***
Called back 2+ days later	5.9%	1.5%	0.7%	1.6%	2.4%	***1.7%***	0.0%	0.0%	0.0%	0.0%	***0.0%***
Never called back	0.0%	3.7%	3.4%	2.4%	3.5%	***3.2%***	5.6%	0.0%	4.2%	6.8%	***4.5%***
Other/don't know/not sure	0.0%	6.6%	6.7%	1.6%	4.1%	***4.7%***	0.0%	9.3%	7.0%	6.8%	***6.9%***

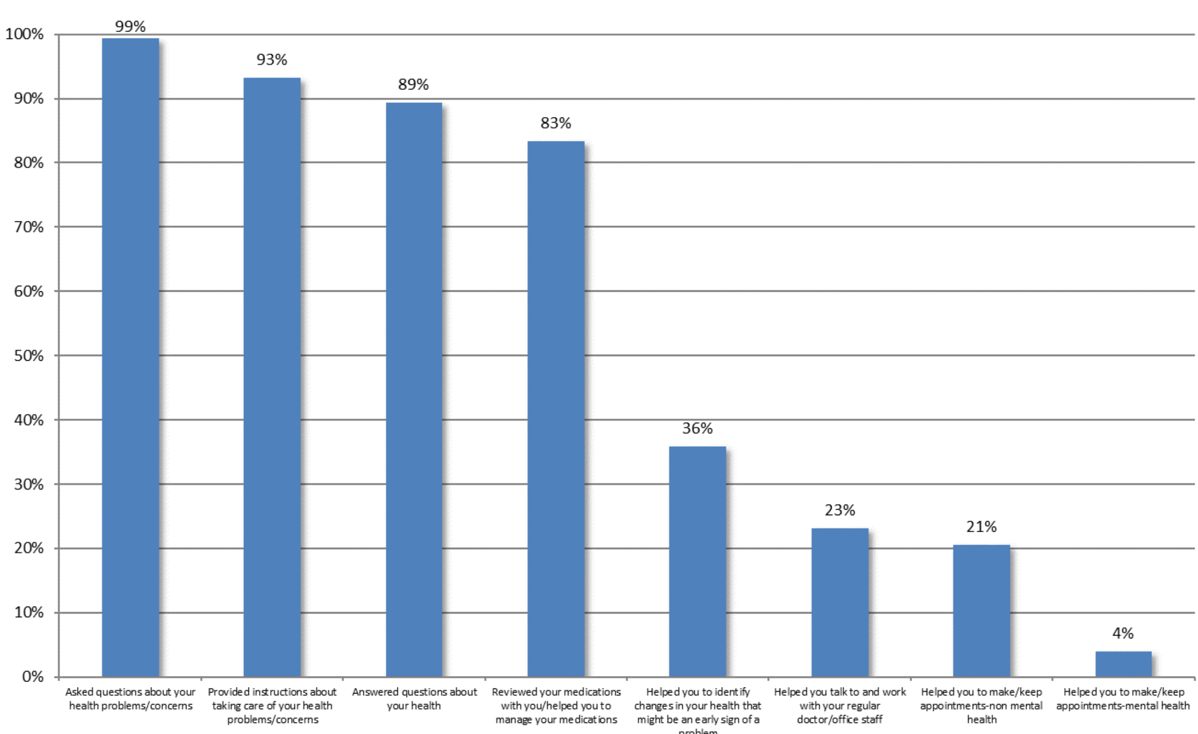
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Health Coaching Activities

Health coaches are expected to help participants build their self-management skills and improve their health through a variety of activities. Respondents were read a list of activities and asked, for each, whether it had occurred and, if so, how satisfied they were with the interaction or help they received.

Nearly all of the initial survey respondents (99 percent) stated that their health coach asked questions about health problems or concerns. The great majority also stated their health coach provided answers and instructions for taking care of their health problems or concerns (93 percent), answered questions about their health (89 percent) and assisted with medications (83 percent) (Exhibit 2-18). Respondents reported that other activities occurred with less frequency.

Exhibit 2-18 – Health Coach Activity – Initial Survey (Aggregate)



The rate at which activities occurred was generally consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-19 on the following page). However, there were several notable changes. Among initial survey respondents, the portion reporting assistance with medications increased by nearly 30 percentage points from the first to fourth survey groups, before declining slightly in the fifth survey group. Conversely, the portion reporting help talking and working with their doctor decreased by over 30 percentage points from the first to fifth survey groups.

The portion of respondents stating they were helped to identify changes in their health that might be an early sign of a problem increased both among initial and follow-up survey respondents. The increase was 12 percentage points across initial survey groups and 11 percentage points from the first to third follow-up survey groups, although the second follow-up survey group reported the highest rate.

Exhibit 2-19 – Health Coach Activity – Initial Survey (Longitudinal) & Follow-up

Response	Health Coach Activity										
	Initial Survey (% "yes")						Follow-up Survey (% "yes")				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
1. Asked questions about your health problems/ concerns	98.3%	99.1%	99.4%	99.6%	99.5%	***99.3%***	98.3%	100.0%	100.0%	99.4%	***99.5%***
2. Provided instructions about taking care of your health problems/ concerns	83.9%	93.0%	96.2%	94.5%	91.5%	***93.2%***	95.0%	97.2%	98.2%	97.1%	***97.1%***
3. Helped you to identify changes in health that might be an early sign of a problem	24.6%	39.3%	41.6%	36.6%	29.7%	***35.9%***	24.8%	45.6%	35.9%	41.8%	***38.9%***
4. Answered questions about your health	78.8%	89.7%	91.8%	90.5%	88.4%	***89.4%***	90.9%	97.2%	91.4%	93.5%	***93.5%***
5. Helped you talk to and work with your regular doctor/staff	44.9%	30.4%	24.6%	20.7%	12.8%	***23.1%***	25.6%	23.0%	22.3%	15.7%	***20.6%***
6. Helped you make/ keep appoint-ments with other doctors, such as specialists	27.1%	25.3%	23.4%	16.3%	16.0%	***20.5%***	22.3%	19.4%	18.6%	19.0%	***19.4%***
7. Helped you to make/ keep appointments for MH/SA problems	14.4%	6.5%	3.8%	2.4%	1.0%	***4.0%***	5.0%	5.5%	0.9%	1.0%	***2.7%***
8. Reviewed your medi-cations and helped you manage	59.3%	81.0%	88.0%	88.2%	82.2%	***83.3%***	80.2%	94.5%	91.8%	86.6%	***89.0%***

Respondents were asked to rate their satisfaction with each "yes" activity. The overwhelming majority across all survey groups reported being very satisfied with the help they received (Exhibit 2-20). The only activity registering somewhat lower "very satisfied" ratings was

assistance with mental health/substance abuse problems. However, satisfaction rates have increased in recent survey periods and nearly all respondents rating this activity, both initial and follow-up, reported being either very or somewhat satisfied.

Exhibit 2-20 – Satisfaction with Health Coach Activity ("Very Satisfied")[33] – Initial Survey (Longitudinal) & Follow-up

Response	Satisfaction with Health Coach Activity										
	Initial Survey (% "very satisfied")						Follow-up Survey (% "very satisfied")				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
1. Asked questions about your health problems/ concerns	84.3%	91.0%	92.7%	91.2%	93.6%	***91.8%***	93.3%	95.4%	86.4%	94.4%	***92.4%***
2. Provided instructions about taking care of your health problems/ concerns	86.7%	93.1%	94.0%	93.5%	96.2%	***93.9%***	93.9%	96.7%	87.4%	95.2%	***93.4%***
3. Helped you to identify changes in health that might be an early sign of a problem	87.9%	95.3%	97.1%	97.7%	98.3%	***96.6%***	100.0%	94.7%	95.1%	96.9%	***96.1%***
4. Answered questions about your health	90.3%	93.6%	95.4%	95.7%	96.4%	***95.1%***	95.5%	96.7%	93.5%	96.1%	***95.5%***
5. Helped you talk to and work with your regular doctor/staff	98.1%	90.9%	94.5%	97.1%	100.0%	***94.9%***	96.9%	94.0%	98.1%	95.9%	***96.2%***
6. Helped you make/ keep appoint-ments with other doctors, such as specialists	93.8%	87.0%	92.6%	95.1%	94.9%	***91.9%***	100.0%	90.7%	90.5%	91.5%	***92.4%***
7. Helped you to make/ keep appointments for MH/SA problems	93.8%	62.3%	58.1%	76.9%	100.0%	***69.4%***	80.0%	83.3%	80.0%	75.0%	***80.8%***
8. Reviewed your medi-cations and helped you manage	88.4%	91.8%	95.7%	94.6%	96.1%	***94.4%***	95.9%	96.6%	94.1%	95.9%	***95.6%***

Health coaching employs motivational interviewing to identify lifestyle changes that members would like to make. Once identified, it is the health coach's responsibility to collaborate with

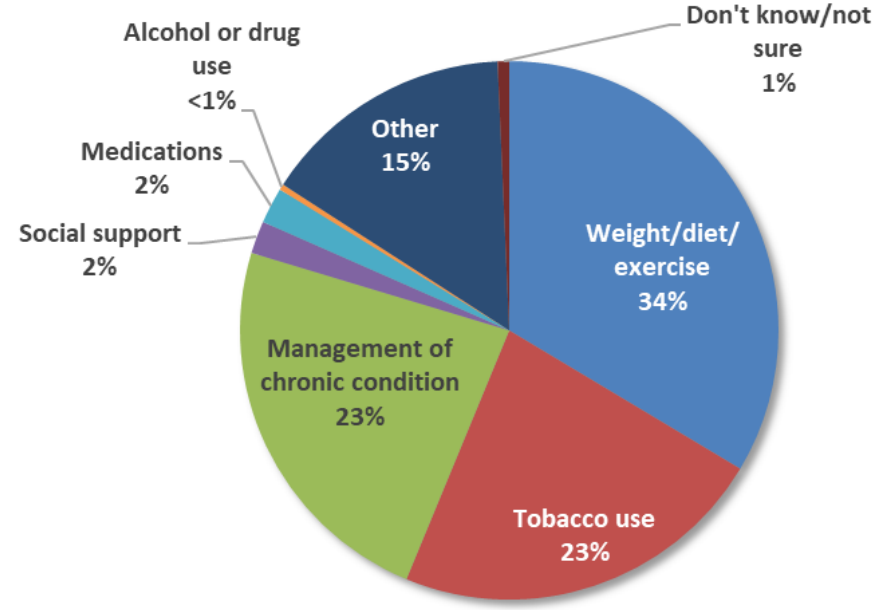
[33] Satisfaction percentages shown in Appendix B for this and later tables are for all survey respondents, rather than the subset answering "yes" to an activity. The two data sets therefore do not match for these questions.

the member in developing an action plan with goals to be pursued by the member with his/her coach's assistance.

Seventy-nine percent of initial survey respondents and 80 percent of follow-up survey respondents confirmed that their health coach asked them what change in their life would make the biggest difference in their health. Eighty-one percent of the initial survey group subset that answered "yes" (or 64 percent of total) stated that they actually selected an area to make a change. Among follow-up survey respondents, 76 percent of the subset that answered "yes" (or 61 percent of total) reported selecting an area to make a change.

The most common choice among initial survey respondents involved some combination of weight loss or gain, improved diet and exercise (Exhibit 2-21). This was followed by tobacco use cessation and management of a chronic physical health condition, such as asthma, diabetes or hypertension. The "other" category included recovery from acute conditions, improved medication management, general health improvement and doing a better job of keeping doctor's appointments.

Exhibit 2-21 – Area Selected for Development of Action Plan – Initial Survey (Aggregate)



The area selected for making a change was generally consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-22). However, the portion in both survey groups listing weight/diet/exercise as their action plan area declined in recent

survey periods; the decline occurred primarily with respect to the percentage of members listing weight loss as their goal.

Exhibit 2-22 – Area Selected for Development of Action Plan – Initial Survey (Longitudinal) & Follow-up

	Action Plan											
	Initial Survey							Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate		May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Management of chronic condition	21.5%	18.7%	22.3%	27.0%	27.0%	***23.4%***		18.8%	15.3%	21.6%	25.7%	***21.3%***
Weight/ diet/ exercise	36.5%	39.7%	41.0%	29.1%	24.3%	***33.6%***		44.9%	42.7%	33.6%	29.7%	***36.0%***
Tobacco use	14.0%	26.5%	20.8%	23.7%	22.0%	***22.7%***		23.2%	26.7%	25.6%	27.2%	***26.3%***
Medications	0.0%	1.5%	1.8%	2.4%	3.5%	***2.2%***		2.9%	0.8%	3.2%	1.5%	***1.9%***
Alcohol or drug use	0.0%	0.9%	0.3%	0.0%	0.3%	***0.4%***		0.0%	0.0%	0.0%	0.0%	***0.0%***
Social support	0.0%	3.9%	2.4%	0.3%	1.7%	***2.0%***		2.9%	0.8%	0.8%	1.5%	***1.3%***
Other/don't know/not sure	28.0%	8.7%	11.3%	16.0%	22.3%	***15.9%***		7.2%	13.7%	14.4%	14.4%	***13.5%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

A large majority who selected an area for change stated that they went on to develop an action plan with goals (85 percent of initial survey respondents and 89 percent of follow-up survey respondents). Among those with an action plan, 79 percent of initial survey respondents and 81 percent of follow-up survey respondents reported achieving one or more goals. Exhibit 2-23 on the following page provides examples of the goals members reported achieving.

Exhibit 2-23 – Examples of Achieved Goals

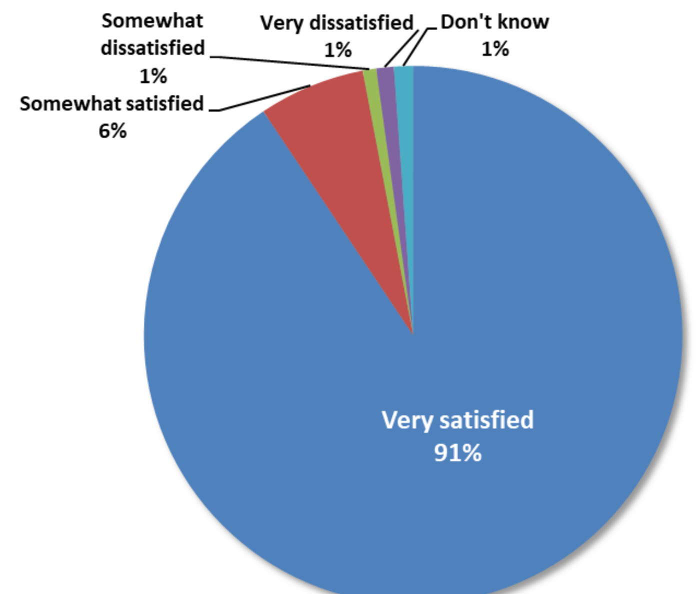
Action Plan Area	Goals Achieved
Weight/Diet/Exercise	• **Losing weight** • **Eating better, including more fruits/vegetables and less sugar; reading labels on food** • **Exercising more; enrolling in an exercise class** • **Walking more; improving mobility** • **Learning portion control** • **Lowering cholesterol**
Management of chronic physical health condition	• **Better control of asthma with medications; using inhaler properly** • **Starting oxygen therapy** • **Enrolling in diabetes education program** • **Eating better to control blood sugar** • **Keeping medical appointments** • **Seeing pain specialist** • **Monitoring blood pressure at home**
Management of mental health condition	• **Starting counseling** • **Treating depression** • **Adhering to medication to address condition** • **Controlling weight while taking ADHD medications** • **Controlling anxiety; communicating with people outside of immediate family** • **Learning relaxation techniques** • **Learning how to say "no" to people**
Tobacco use	• **Cutting back on number of packs smoked per day** • **Using nicotine patch** • **Calling SoonerQuit line** • **Putting cigarettes in hard to reach/inconvenient places**

Among the members who reported having a goal but not yet achieving it, 59 percent of initial survey respondents and 68 percent of follow-up survey respondents stated they were "very confident" they would ultimately accomplish it.

Regardless of their status, members were overwhelmingly positive about the role of the health coach, with 97 percent of initial survey respondents and 98 percent of follow-up survey respondents stating that their coach had been "very helpful" to them in achieving their goal.

This positive attitude carried over to the members' overall satisfaction with their health coaches. Ninety-one percent of initial survey respondents stated they were "very satisfied" with their coach (Exhibit 2-24 on the following page).

Exhibit 2-24 – Satisfaction with Health Coach – Initial Survey (Aggregate)



The high level of satisfaction was registered across survey time periods and between the initial and follow-up surveys (Exhibit 2-25).

Exhibit 2-25– Satisfaction with Health Coach – Initial Survey (Longitudinal) & Follow-up

	Satisfaction with Health Coach										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Very satisfied	84.3%	87.7%	92.5%	91.0%	93.1%	***90.6%***	85.1%	95.1%	84.8%	94.9%	***90.9%***
Somewhat satisfied	11.3%	7.5%	5.2%	6.8%	4.8%	***6.4%***	7.4%	3.5%	13.2%	4.4%	***6.9%***
Somewhat dissatisfied	0.0%	1.3%	0.6%	1.1%	0.4%	***0.8%***	1.7%	0.5%	0.5%	0.0%	***0.5%***
Very dissatisfied	1.7%	0.9%	1.5%	0.7%	1.0%	***1.1%***	0.8%	1.0%	1.5%	0.7%	***1.0%***
Don't know/not sure/no response	2.6%	2.6%	0.2%	0.4%	0.8%	***1.1%***	5.0%	0.0%	0.0%	0.0%	***0.8%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Community Resource Specialists

Telligen has community resource specialists available to help members with non-clinical issues, such as obtaining food or housing assistance. Health coaches also are able to make referrals to specialists, including behavioral health providers, when needs are identified and help is desired.

Thirty-eight percent of initial survey respondents and 46 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion – 110 initial survey respondents (13 percent) and 30 follow-up survey respondents (eight percent) – reported using the resource specialists to help resolve a problem (Exhibit 2-26). The nature of the help included housing/rental assistance, food assistance and arranging child care and transportation to medical appointments, all consistent with the specialists' defined mission. A few respondents also reported receiving assistance with obtaining health-related items, such as eyeglasses, shower chairs and nebulizers[34].

Exhibit 2-26 – Community Resource Specialist Awareness & Use – Initial Survey (Longitudinal) & Follow-up

	Community Resource Specialist - Awareness and Use										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Yes - aware	35.9%	38.9%	32.2%	35.4%	46.2%	***38.4%***	37.2%	49.5%	37.9%	52.5%	***45.9%***
No – not aware	63.2%	51.2%	58.7%	51.9%	40.9%	***50.9%***	54.5%	45.4%	47.0%	35.2%	***43.5%***
DK/not sure/no response	0.9%	9.9%	9.1%	12.7%	12.9%	***10.7%***	8.3%	5.1%	15.1%	12.3%	***10.6%***
If aware…											
Yes – have used	19.0%	10.4%	11.9%	11.0%	15.2%	***12.8%***	6.7%	9.4%	8.4%	6.3%	***7.7%***
No – have not used	81.0%	89.1%	88.1%	87.9%	84.8%	***86.9%***	93.3%	90.6%	91.6%	93.7%	***92.4%***
DK/not sure/no response	0.0%	0.5%	0.0%	1.2%	0.0%	***0.4%***	0.0%	0.0%	0.0%	0.0%	***0.0%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

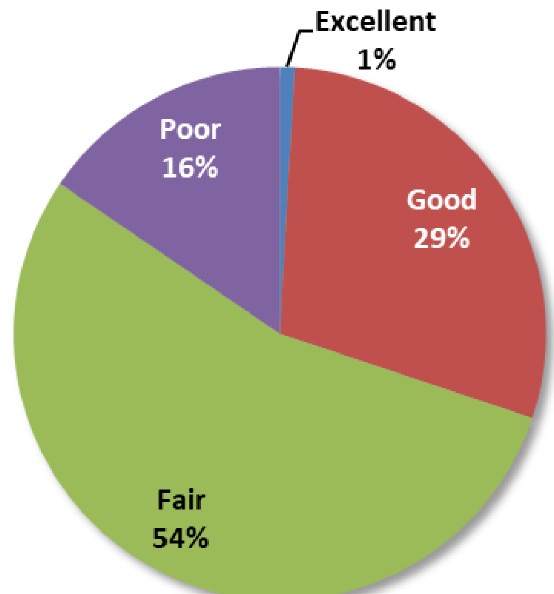
[34]As noted, Community Resource Specialists also are responsible for assisting with behavioral health referrals. Survey respondents did not report this activity, which may reflect a lack of awareness of the Specialists' role in providing this assistance.

Seventy-six of the 110 initial survey respondents and 25 of the 30 follow-up survey respondents stated that the community resource specialist was "very helpful" in resolving their problem. A common complaint among the few respondents who found the resource specialist not to be helpful was that the member was given a referral telephone number (e.g., to a housing agency) but no other assistance.

Health Status and Lifestyle

The ultimate objectives of health coaching are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of initial survey respondents said "fair" (Exhibit 2-27).

Exhibit 2-27 – Current Health Status – Initial Survey (Aggregate)



The "fair" health status was the largest segment across all survey time periods for both the initial and follow-up survey groups (Exhibit 2-28 on the following page). The portion of respondents reporting their health as "fair" increased across several time periods for both survey groups, while the portion reporting their health as "good" or "poor" declined, although the percentages stabilized in the latest reporting period.

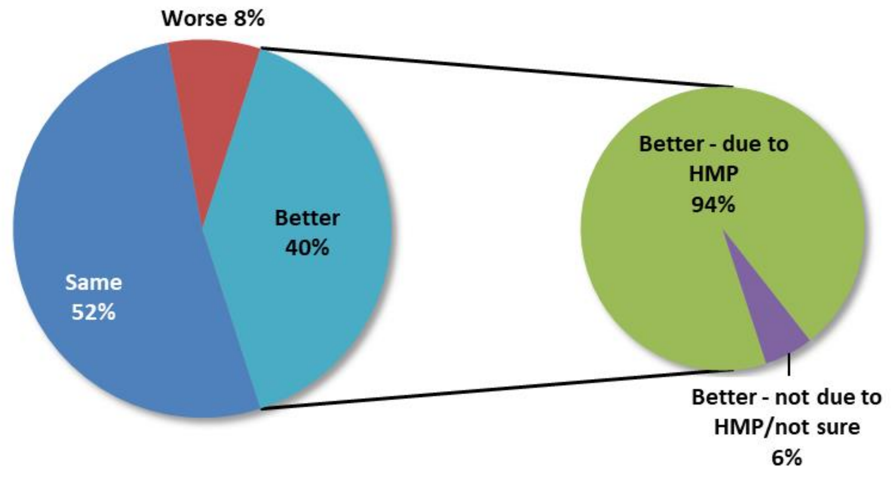
Exhibit 2-28 – Current Health Status – Initial Survey (Longitudinal) & Follow-up

	Current Health Status										
	Initial Survey						Follow-up Survey				
Response	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggre-gate
Excellent	3.4%	1.5%	0.8%	0.4%	0.3%	***0.9%***	1.7%	0.5%	0.0%	0.3%	***0.5%***
Good	31.4%	38.4%	31.7%	20.5%	25.4%	***29.2%***	40.5%	39.6%	22.7%	24.4%	***30.1%***
Fair	46.6%	41.4%	54.4%	63.0%	60.2%	***54.3%***	40.5%	50.7%	66.4%	61.4%	***57.0%***
Poor	18.6%	18.5%	12.7%	15.9%	14.1%	***15.5%***	17.4%	9.2%	10.9%	13.9%	***12.4%***
Don't know/not sure/no response	0.0%	0.2%	0.4%	0.2%	0.0%	***0.2%***	0.0%	0.0%	0.0%	0.0%	***0.0%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

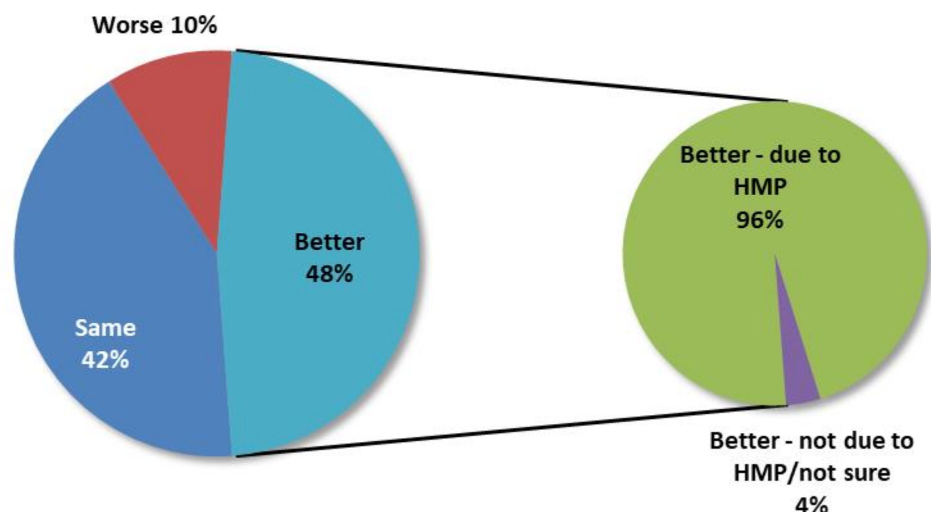
When next asked if their health status had changed since enrolling in the SoonerCare HMP, the largest segment of initial survey respondents (52 percent) said it was "about the same". However, 40 percent said their health was "better" and only eight percent said it was "worse". Among those respondents who reported a positive change, nearly all (94 percent) credited the SoonerCare HMP with contributing to their improved health (Exhibit 2-29).

Exhibit 2-29 – Health Status as Compared to Pre-HMP Enrollment – Initial Survey (Aggregate)



The results were even more encouraging among follow-up survey respondents. The largest segment (48 percent) reported improved health, with nearly all (96 percent) again crediting this improvement to the program (Exhibit 2-30).

Exhibit 2-30 – Health Status as Compared to Pre-HMP Enrollment – Follow-up Survey



Respondents in the follow-up survey who stated that the SoonerCare HMP contributed to their improvement in health were asked to provide examples of the program's impact. The answers generally mirrored the achieved goals shown in Exhibit 2-23.

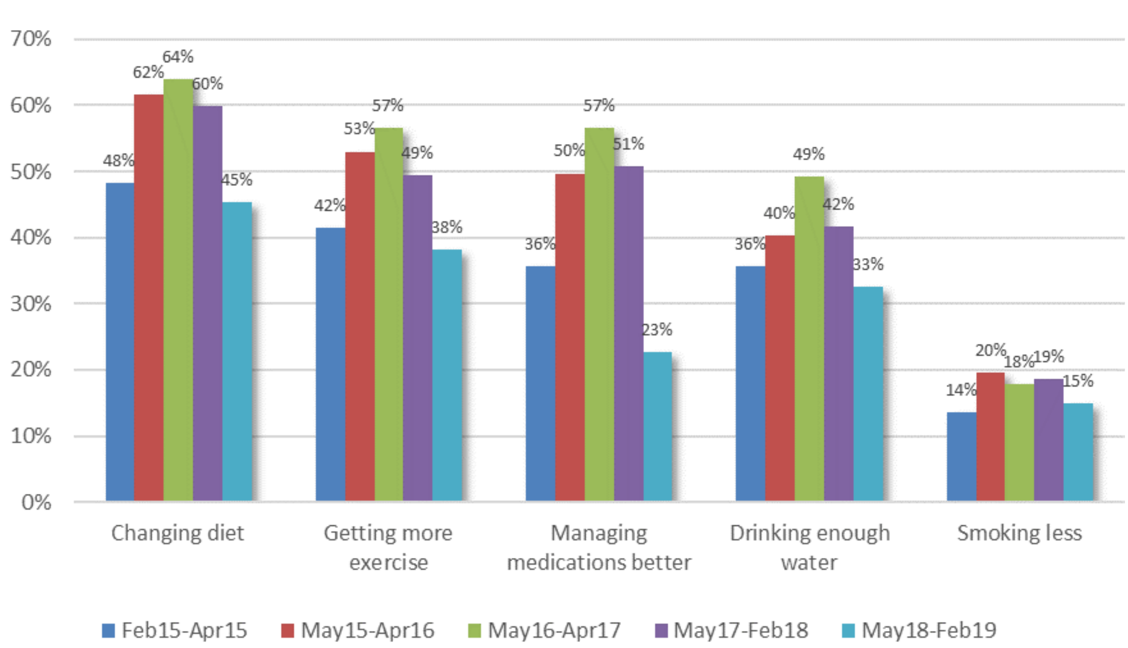
Respondents in both the initial and follow-up survey groups also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change[35]. Respondents were asked whether their health coach discussed behavior changes with respect to: smoking, exercise, diet, medication management, water intake and alcohol/substance consumption. If yes, respondents were asked about the impact of the health coach's intervention on their behavior (no change, temporary change or continuing change).

A majority of respondents in both survey groups reported discussing each of the activities with their health coach. A significant percentage also reported continuing to make changes with respect to exercise, diet, water intake and medication management. Smaller percentages reported working to reduce tobacco, alcohol or other substance use.

[35] The areas of inquiry overlap somewhat with the content of action plans adopted by members. However, the questions in this section were asked of all members, regardless of what they reported with respect to having an action plan.

The percentage that reported continuing change generally increased from the first to third initial survey groups, before dropping in the most recent time periods. The decline was particularly sharp in the most recent survey period and may merit follow-up by the OHCA with its vendor to determine if there are steps that should be taken to reverse the trend (Exhibit 2 – 31).

Exhibit 2-31 – Changes in Behavior – "Continuing Change" – Initial Survey[36]



The results for the initial survey, in aggregate, and the follow-up survey were very similar across the six behaviors (Exhibit 2-32 on the following page).

[36] The sixth behavior, drinking or using other substances less, was identified as an area of continuing change by 1.3 percent of the initial survey group and 1.6 percent of the follow-up survey group. It is omitted from the exhibit due to the difference in scale versus the other behavior items.

Exhibit 2-32– Changes in Behavior – Initial Survey (Aggregate) & Follow-up

Behavior	Survey	Discussion and Change in Behavior					
		N/A – Not Discussed[37]	Discussed – No Change	Discussed – Temporary Change	Discussed – Continuing Change	Discussed – But Not Applicable	Unsure/ No Response
1. Smoking less or using other tobacco products less	Initial	18.2%	6.0%	1.4%	17.4%	54.0%	3.0%
	Follow-up	12.8%	5.9%	1.4%	14.9%	62.8%	2.1%
2. Moving around more or getting more exercise	Initial	19.1%	7.9%	2.1%	48.5%	19.4%	2.9%
	Follow-up	17.6%	8.7%	3.0%	49.0%	19.4%	2.3%
3. Changing your diet	Initial	15.6%	8.4%	2.5%	56.7%	14.3%	2.5%
	Follow-up	9.9%	8.2%	3.6%	61.9%	14.8%	1.6%
4. Managing and taking your medications better	Initial	16.4%	1.8%	0.1%	43.5%	34.8%	3.5%
	Follow-up	10.5%	0.4%	0.4%	41.7%	43.7%	3.4%
5. Making sure to drink enough water throughout the day	Initial	28.8%	6.2%	1.3%	40.3%	17.8%	5.6%
	Follow-up	19.9%	10.3%	1.8%	39.0%	20.8%	8.3%
6. Drinking or using other substances less	Initial	37.9%	0.6%	0.0%	1.3%	56.4%	3.7%
	Follow-up	38.1%	0.1%	0.0%	1.6%	56.8%	3.4%

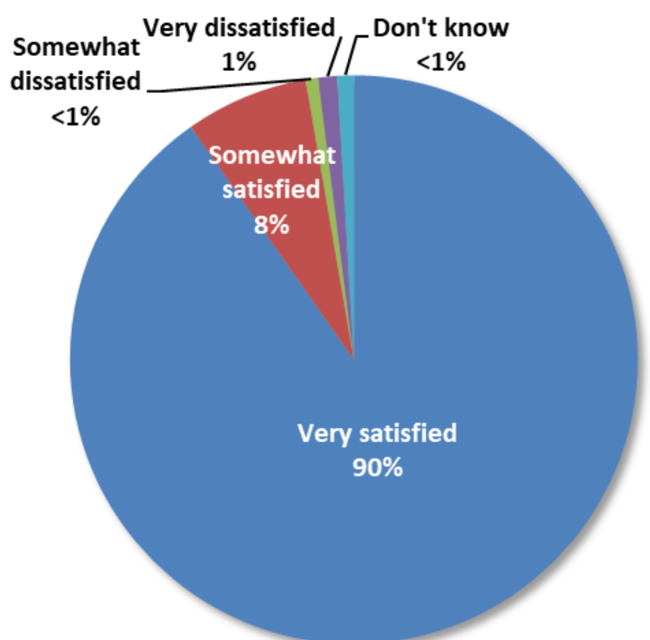
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

[37] "N/A – not discussed" includes members for whom no inquiry was made. "Discussed but not applicable" column refers to members for whom an inquiry was made but the category did not apply (e.g., non-tobacco users).

Overall Satisfaction

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as the face of the program. Ninety percent of initial survey respondents reported being "very satisfied" (Exhibit 2-33). An even higher percentage (96 percent of initial survey respondents and 97 percent of follow-up survey respondents) said they would recommend the program to a friend with health care needs like theirs.

Exhibit 2-33 – Overall Satisfaction with SoonerCare HMP – Initial Survey (Aggregate)



The "very satisfied" percentage increased across the first three survey time periods among initial survey respondents before declining slightly in the fourth time period; the percentage then rebounded in the most recent period. The "very satisfied" percentage followed the same trajectory. (Exhibit 2-34 on the following page).

Exhibit 2-34 – Overall Satisfaction with SoonerCare HMP – Initial Survey (Longitudinal) & Follow-up

	Satisfaction with SoonerCare HMP										
	Initial Survey						Follow-up Survey				
Response	**Feb – Apr 2015**	**May 2015 – Apr 2016**	**May 2016 – Apr 2017**	**May 2017 – Feb 2018**	**May 2018 – Feb 2019**	**Aggre-gate**	**May 2015 – Apr 2016**	**May 2016 – Apr 2017**	**May 2017 – Feb 2018**	**May 2018 – Feb 2019**	**Aggre-gate**
Very satisfied	81.9%	87.9%	92.3%	90.7%	92.1%	***90.3%***	89.9%	95.4%	84.9%	94.0%	***91.5%***
Somewhat satisfied	12.9%	8.6%	5.7%	7.3%	5.2%	***7.0%***	8.4%	3.2%	14.2%	5.0%	***7.4%***
Somewhat dissatisfied	0.9%	0.9%	0.2%	1.2%	0.5%	***0.7%***	0.8%	0.9%	0.0%	0.0%	***0.4%***
Very dissatisfied	1.7%	0.6%	1.6%	0.4%	1.5%	***1.1%***	0.0%	0.5%	0.9%	1.0%	***0.7%***
Don't know/not sure/no response	2.6%	2.0%	0.2%	0.4%	0.7%	***0.9%***	0.8%	0.0%	0.0%	0.0%	***0.1%***

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Participant appreciation of the health coach and SoonerCare HMP overall is further reflected in the types of comments made during the survey. While not all of the comments were positive, the great majority were. For example[38]:

> *"I don't think I'd be here today if it wasn't for SoonerCare and my health coach. She helped me with my depression when my sister died. She would stay on the phone and listen to me. She also helped me to lower my cholesterol to normal and it was very high. My cardiologist was happy about that too!"*

> *"My daughter has a very debilitating disease which she won't get better. Having the support of her nurse coach has helped so much. I used to have to try and get a hold of my doctor or his nurse and it could take days or weeks to hear back. (My health coach) always calls right back and has helped me know when to go to Urgent Care or not. I've called her about side effects from medication and she'll tell me when it is serious and when it isn't. She also put me in touch with a support group for other kids that have the same condition as my daughter. She has another patient she calls with the same thing and she put me in touch with her."*

[38] First ten comments are from most recent survey period. Subsequent comments are from earlier survey periods.

"Having the health coach available to call when I have a question about my husband's trauma is so helpful. I used to have to take him to the ER a lot or try and call his surgeon for basic questions but now I can call her. She also calls the day after she knows that he has a doctor appointment to see how it went. I think this is a great program."

"The Health Management Program really works. Knowing (my health coach) is going to call me and ask if I've been using my nicotine gum and eating better makes me do it. Otherwise. I know I wouldn't stick with it. I love the program and my nurse."

"My nurse is great. She has helped me stop smoking. She has been the only one that could help me. She doesn't talk down to me or judge me. This program is my favorite part of SoonerCare."

"My new nurse has been a godsend. The first one didn't help me much but this new one has helped me get a nebulizer and blood pressure cuff. It is nice to know that she is always there when I need her."

"The health coach got my daughter an appointment with the neurologist after I tried for two months. I told her I was having trouble and she said to let her handle it and she did."

"I want to say that (my health coach) is the best medical personnel I have ever worked with. I love her and don't want to do without her. She has helped me so much. She sent me exercises that I can do that don't end up hurting me the next day because of my arthritis. Any problem I have, she says, 'let's see what we can do about that' and then sends me paperwork on it."

"I wish I knew the name of my coach because she has done so much for me. Before, I didn't believe diet was so important with my high blood pressure. I changed the way I make food and started eating things I am supposed to for my high blood pressure and now I feel so much better and am off my high blood pressure medicine. I can now ride my bike with my youngest girl and I am able to be much more active. I can't thank her enough."

"I always feel so much better about myself after I talk to (my health coach). She always seems to know when to call, when I need her. My physical health hasn't changed that much but my mental health sure has. Although, (she) did suggest that I stop drinking Mountain Dew and I lost 30 pounds in a couple months so that is great."

------- (Earlier Survey Periods) -------

"(My health coach) is fantastic! She has helped me in so many ways manage my M.S. I was having trouble getting all of my prescriptions filled since (Medicaid) only gives me six punches a month. (She) did some research and found medications that combined a few of the pills I was taking into one, then found discount pharmacies and places that donate drugs from people who don't use them anymore for the others. Between all of that I am now able to take all of my pills every month."

"(My health coach) is truly an inspiration. She has helped me eat better. She reminds me every month on what to eat, to stretch and exercise. She has helped me get through my depression as well."

"(My health coach) really cares about me, even more than my doctors. I was admitted Christmas Eve for open heart surgery and (she) called me Christmas day to check on me and wish me Merry Christmas. My doctor sure did not do that."

"(My health coach) has been the best. I don't know what I'd do without her. She never gives up on me. She even gave me her cell phone number to call. And, she sent me a birthday card. She really does care."

"My health coach has been very helpful in helping me quit smoking and lose weight. She has sent me very useful information that has helped me and my whole family eat better."

"(My health coach) is incredible. She has done everything she can to help me with my chronic pain. My PCP was dragging his feet on getting me into a pain management specialist, and (she) called him and insisted he give me the referral. I now am getting shots to help with my arthritis and feel so much better. I cannot say enough good things about (her)."

"(The nurse) has helped save my son's life. When he started the program, he weighed 740 lbs., he has lost over 200 lbs. so far. (She) has been so supportive and helps us so much. She is the best nurse we could ask for."

"(She) was sent to us by God. Our teenage son had bladder control issues for years. The doctors thought it was due to an emotional problem. (She) asked if he had ever had a spinal injury, which he had years ago. She asked his doctor to

check and sure enough he had a pinched nerve which was causing the problem. A few adjustments and he was all fixed! I love her for that."

"My health coach has been wonderful…I am bi-polar and I was in a bad downward spiral. My health coach helped me through this period and helped me find a new doctor and get back on my meds. She never rushes or pushes me and I appreciate that. If the program only helps one person, like me, then it is worth it."

"My nurse is great. She makes me comfortable enough that I can talk to her about anything. She tells me if I have any problem to just call her and she will help make appointments, or anything else that I may need. I appreciate her and the whole SoonerCare program a lot."

"(My health coach) has been wonderful. Not only has she helped me with my physical help but she provides great emotional support too. My depression and anxiety is so much better now that I have her to talk to. She has even helped me improve the relationship with my daughter. I can't say enough good things about her and the program."

"My physical health has not changed much since I got my Health Coach but my attitude sure has. Some days she calls and I am really down because of the chronic pain I have. She listens to me and it really helps. She has also helped educate me on my medications and how to take them the right way."

"My health coach is wonderful. She has been very supportive with my diet. She has even offered to go work out with me."

"I love (my health coach), please don't take her away from me. She has been a big help, whatever I need, she gets right on it. She helped me get a ride to the Rheumatologist, which is far away. I don't know how I would have gotten there otherwise."

"I did not know (she) was a Health Coach. She just came into the room during my doctor appointment and offered to help me to eat better and exercise more to control my diabetes and with stress. She has given me a lot of support and encouragement to eat better and walk more. I think of her as more of a counselor than a health nurse. It is a great program, don't stop it."

"I do not normally do these surveys, but as soon as you told me it was about (my health coach), I knew that I had to do it. She is so wonderful and has helped me so much. She is always there at my doctor appointments and has been very motivational in helping me lose weight. The loss of weight has greatly improved my knee and back pain."

Summary Findings

SoonerCare HMP members report being very satisfied with their experience in the program and value highly their relationship with the health coach. This was true both at the time of the initial survey and when participants were re-contacted six months later for the follow-up survey.

CHAPTER 3 – HEALTH COACHING QUALITY OF CARE ANALYSIS

Introduction

SoonerCare HMP health coaches devote much of their time to improving the quality of care for program participants. This includes educating participants about adherence to clinical guidelines for preventive care and for treatment of chronic conditions.

PHPG evaluated the impact of SoonerCare HMP health coaching on quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation included 19 diagnosis-specific measures and three population-wide preventive measures:

- Asthma measures
  - Use of appropriate medications for people with asthma
  - Medication management for people with asthma – 50 percent[39]
  - Medication management for people with asthma – 75 percent

- Cardiovascular (CAD and heart failure) measures
  - Persistence of beta-blocker treatment after a heart attack
  - Cholesterol management for patients with cardiovascular conditions – LDL-C screening

- COPD measures
  - Use of spirometry testing in the assessment and diagnosis of COPD
  - Pharmacotherapy management of COPD exacerbation – 14 days
  - Pharmacotherapy management of COPD exacerbation – 30 days

- Diabetes measures
  - Percentage of members who had LDL-C screening
  - Percentage of members who had retinal eye exam performed
  - Percentage of members who had Hemoglobin A1c (HbA1c) testing
  - Percentage of members who received medical attention for nephropathy
  - Percentage of members prescribed angiotensin converting enzyme inhibitors or angiotensin receptor blockers (ACE/ARB therapy)

- Hypertension measures
  - Percentage of members who had LDL-C screening
  - Percentage of members prescribed ACE/ARB therapy
  - Percentage of members prescribed diuretics

[39] The 50 percent measure has been discontinued by NCQA/HEDIS but is being reported here as part of the longitudinal analysis of quality measures.

  - Percentage of members prescribed ACE/ARB therapy or diuretics with annual medication monitoring

- Mental Health measures
  - Follow-up after hospitalization for mental illness – 7 days
  - Follow-up after hospitalization for mental illness – 30 days

- Preventive health measures
  - Adult access to preventive/ambulatory health services
  - Children and adolescents' access to PCPs
  - Adult body mass index (BMI) assessment

The specifications for each measure are presented in the applicable section.

Methodology

The quality of care analysis targeted SoonerCare HMP health coaching participants meeting the criteria outlined in chapter one. The analysis was performed in accordance with HEDIS specifications. PHPG used administrative (claims) data to develop findings for the measures.

PHPG determined the total number of members to be evaluated for each measure (denominator), the number meeting the clinical standard (numerator) and the resultant "percent compliant". The results were compared to compliance rates for the general SoonerCare population (SFY 2018 reporting year), where available, and to national Medicaid MCO benchmarks where SoonerCare data was not available. (SoonerCare rates are shown in black font; national rates, when used, are shown in blue font. In a few instances, neither source was available, as denoted by dash lines.)

PHPG also compared SFY 2018 SoonerCare health coaching population compliance rates to SFY 2015 through SFY 2017 compliance rates to examine year-over-year trends.

For each measure, the first exhibit displayed presents SoonerCare health coaching participants and a comparison group (general SoonerCare population or national Medicaid MCO benchmark). The second exhibit presents SoonerCare health coaching year-over-year compliance percentages.

Statistically significant differences between health coaching participants and the comparison group at a 95 percent confidence level are noted in the exhibits through bold face type of the value shown in the "% point difference" column. However, all results should be interpreted with caution given the small size of the health coaching population.

Asthma

The quality of care for health coaching participants with asthma (ages 5 to 64) was evaluated through three clinical measures:

- *Use of Appropriate Medications for People with Asthma*: Percent with persistent asthma who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylaxanthines.
- *Medication Management for People with Asthma – 50 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription for an asthma controller medication for at least 50 percent (50 percent compliance rate) of the year, starting with the first date of receiving such a prescription.
- *Medication Management for People with Asthma – 75 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription at least 75 percent (75 percent compliance rate) of the year, starting with the first date of receiving such a prescription.

The compliance rate for the health coaching population exceeded the comparison group rate on two of three measures (Exhibit 3-1[40]). The difference was statistically significant for one measure.

Exhibit 3-1– Asthma Clinical Measures - Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Use of Appropriate Medications for People with Asthma	48	44	91.7%	81.1%	**10.6%**
2. Medication Management for People with Asthma – 50 Percent	42	30	71.4%	59.8%	11.6%
3. Medication Management for People with Asthma – 75 Percent	42	13	31.0%	39.3%	(7.6%)

[40] In the interest of space, the population size for the comparison group is not presented in the tables. However, in all instances, it was many multiples of the health coaching population, as would be expected for a total program number. For example, the denominator for asthma measures was 15,824.

There was a small decline in the compliance rate for individuals with asthma who were appropriately prescribed medications from SFY 2015 to SFY 2018, although the compliance rate was still very high at 91.8 percent (Exhibit 3-2). The compliance rate for asthma medication management at the 50th and 75th percentiles was slightly higher.

Exhibit 3-2 – Asthma Clinical Measures - 2015 - 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Appropriate Medications for People with Asthma	93.5%	92.2%	91.8%	91.7%	(1.8%)
2. Medication Management for People with Asthma – 50 Percent	68.2%	69.5%	68.2%	71.4%	3.2%
3. Medication Management for People with Asthma – 75 Percent	27.3%	28.3%	27.3%	31.0%	3.7%

Cardiovascular Disease

The quality of care for health coaching participants with cardiovascular disease (coronary artery disease and/or heart failure) was evaluated through two clinical measures:

- *Persistence of Beta Blocker Treatment after Heart Attack*: Percentage of members 18 and older with prior MI prescribed beta-blocker therapy.
- *LDL-C Screening*: Percentage of members 18 to 75 who received at least one LDL-C Screening.

The compliance rate for the comparison group exceeded the health coaching population rate for beta blocker treatment after a heart attack (Exhibit 3-3). The difference was statistically significant, although this result should be viewed with caution given the small health coaching population.

Over 77 percent of the health coaching population received at least one LDL-C Screening. A comparison group was not identified for this measure in SFY 2018.

Exhibit 3-3 – Cardiovascular Disease Clinical Measures - Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Persistence of Beta Blocker Treatment after Heart Attack	12	7	58.3%	78.5%	**(20.2%)**
2. LDL-C Screening	285	221	77.5%	--	--

The compliance rate for beta blocker treatment increased by 12 percentage points from SFY 2015 to SFY 2018; the LDL-C screening rate also rose slightly (Exhibit 3-4).

Exhibit 3-4 – Cardiovascular Disease Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	46.2%	53.8%	50.0%	58.3%	12.1%
2. LDL-C Screening	76.8%	77.3%	77.1%	77.5%	0.7%

COPD

The quality of care for health coaching participants with COPD (ages 40 and older) was evaluated through three clinical measures:

- *Use of Spirometry Testing in the Assessment/Diagnosis of COPD*: Percentage of members who received spirometry screening.
- *Pharmacotherapy Management of COPD Exacerbation – 14 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed systemic corticosteroid within 14 days.
- *Pharmacotherapy Management of COPD Exacerbation – 30 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed a bronchodilator within 30 days.

The compliance rate for the health coaching population exceeded the comparison group rate on two of three measures (Exhibit 3-5) and was lower for the third. The difference was statistically significant for one measure.

Exhibit 3-5 – COPD Clinical Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	167	56	33.5%	31.6%	1.9%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	127	69	54.3%	68.2%	**(13.9%)**
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	127	102	80.3%	81.4%	(1.1%)

The compliance rates for all three COPD measures increased modestly from SFY 2015 to SFY 2018 (Exhibit 3-6).

Exhibit 3-6 – COPD Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	31.8%	32.0%	32.5%	33.5%	1.7%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	50.4%	52.2%	51.5%	54.3%	3.9%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	76.5%	76.9%	77.7%	80.3%	3.8%

Diabetes

The quality of care for health coaching participants (ages 18 to 75) with diabetes was evaluated through five clinical measures:

- *LDL-C Screening*: Percentage of members who received LDL-C in previous twelve months.
- *Retinal Eye Exam*: Percentage of members who received at least one dilated retinal eye exam in previous twelve months.
- *HbA1c Test*: Percentage of members who received at least one HbA1C test in previous twelve months.
- *Medical Attention for Nephropathy*: Percentage of members who received medical attention for nephropathy in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.

The compliance rate for the health coaching population exceeded the comparison group rate on the four measures having a comparison group percentage (Exhibit 3-7). The difference was statistically significant for all four measures.

Exhibit 3-7 – Diabetes Clinical Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. LDL-C Screening	900	732	81.3%	65.8%	**15.5%**
2. Retinal Eye Exam	900	375	41.7%	30.1%	**11.6%**
3. HbA1c Test	900	811	90.1%	74.2%	**15.9%**
4. Medical Attention for Nephropathy	900	709	78.8%	52.9%	**25.9%**
5. ACE/ARB Therapy	900	621	69.0%	---	---

The compliance rates for all five measures increased slightly from SFY 2015 to SFY 2018 (Exhibit 3-8).

Exhibit 3-8 – Diabetes Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	78.3%	79.4%	79.9%	81.3%	3.0%
2. Retinal Eye Exam	38.1%	39.3%	39.8%	41.7%	3.6%
3. HbA1c Test	87.2%	87.5%	88.1%	90.1%	2.9%
4. Medical Attention for Nephropathy	77.0%	77.4%	78.1%	78.8%	1.8%
5. ACE/ARB Therapy	66.5%	67.5%	67.9%	69.0%	2.5%

Hypertension

The quality of care for health coaching participants with hypertension (ages 18 and older) was evaluated through four clinical measures:

- *LDL-C Screening*: Percentage of members who received LDL-C in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.
- *Diuretics*: Percentage of members who received diuretic in previous twelve months.
- *Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics*: Percentage of members prescribed ACE/ARB therapy or diuretic who received annual medication monitoring.

The compliance rate for the comparison group exceeded the health coaching population rate on the one measure having a comparison group percentage (Exhibit 3-9). The difference was statistically significant, although the actual percentage variance was small.

Exhibit 3-9 – Hypertension Clinical Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. LDL-C Screening	1,969	1,350	68.6%	---	---
2. ACE/ARB Therapy	1,969	1,340	68.1%	---	---
3. Diuretics	1,969	926	47.0%	---	---

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics[41]	1,078	931	86.4%	88.2%	**(1.8%)**

The compliance rate for the health coaching population increased slightly for all four measures from SFY 2015 to SFY 2018 (Exhibit 3-10).

Exhibit 3-10 – Hypertension Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	67.8%	67.5%	67.8%	68.6%	0.8%
2. ACE/ARB Therapy	65.8%	66.3%	66.9%	68.1%	2.3%
3. Diuretics	44.9%	45.6%	46.1%	47.0%	2.1%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	83.7%	84.4%	85.0%	86.4%	2.7%

[41] Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

Mental Health

The quality of care for health coaching participants with mental illness (ages six and older) was evaluated through two clinical measures:

- *Follow-up after Hospitalization for Mental Illness – Seven Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within seven days.
- *Follow-up after Hospitalization for Mental Illness – 30 Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within 30 days.

The compliance rate for the health coaching population exceeded the comparison group rate on both measures (Exhibit 3-11). The difference was statistically significant in both cases.

Exhibit 3-11 – Mental Health Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Follow-up after Hospitalization for Mental Illness – Seven Days	144	55	38.2%	24.1%	**14.1%**
2. Follow-up after Hospitalization for Mental Illness – 30 Days	144	100	69.4%	46.9%	**22.5%**

The compliance rate for both measures increased slightly from SFY 2015 to SFY 2018 (Exhibit 3-12).

Exhibit 3-12 – Mental Health Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	34.3%	34.7%	35.9%	38.2%	3.9%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	67.2%	67.3%	68.3%	69.4%	2.2%

Prevention

The quality of preventive care for health coaching participants was evaluated through three clinical measures:

- *Adult Access to Preventive/Ambulatory Care*: Percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.
- *Child Access to PCP*: Percentage of children 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior.
- *Adult BMI*: Percentage of adults 18 to 75 years old who had an outpatient visit where his/her BMI was documented, either during the measurement year or year prior to the measurement year.

The compliance rate for the health coaching population exceeded the comparison group rate on all three measures (Exhibit 3-13). The difference was statistically significant for all three measures.

Exhibit 3-13 – Preventive Measures – Health Coaching Participants vs. Comparison Group

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	4,280	4,130	96.5%	83.2%	**13.3%**
2. Child Access to PCP	670	659	98.4%	92.1%	**6.3%**
3. Adult BMI	3,281	501	15.3%	10.6%	**4.7%**

The compliance rate for all three measures was nearly unchanged from SFY 2015 to SFY 2018 (Exhibit 3-14).

Exhibit 3-14 – Preventive Measures – 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.1%	96.0%	96.1%	96.5%	0.4%
2. Child Access to PCP	98.7%	98.6%	98.5%	98.4%	(0.3%)
3. Adult BMI	14.2%	13.8%	14.0%	15.3%	1.1%

Summary of Key Findings

The health coaching participant compliance rate exceeded the comparison group rate on 12 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for 10 of the 12, suggesting that the program is having a positive effect on quality of care, although there is room for continued improvement.

The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

The SFY 2018 results were consistent with findings for earlier fiscal years, indicating that the SoonerCare HMP is having a positive, and sustained, impact on quality of care for health coaching participants.

The long-term benefits to participants will continue to be measured through the quality of care longitudinal analysis and through the utilization and expenditure analysis presented in the next chapter.

CHAPTER 4 – HEALTH COACHING – UTILIZATION, EXPENDITURE & COST EFFECTIVENESS ANALYSIS

Introduction

Health coaching, if effective, should have an observable impact on participant service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits and hospitalizations, and lower acute care costs.

Most SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits hospitalizations and total expenditures. MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience[42].

The resulting forecasts serve as an accurate depiction of what participant utilization would have been like in the absence of health coaching. They serve as benchmarks against which each member's actual utilization and expenditures, post HMP enrollment, can be compared.

At the program level, the expenditure test also must take into account SoonerCare HMP administrative expenses. To be cost effective, actual expenditures must be sufficiently below forecast to cover administrative expenses and yield some level of net savings.

Methodology

PHPG conducted the utilization and expenditure evaluation by comparing SoonerCare HMP participants' actual claims experience to MEDai forecasts for the period following the start date of engagement up to 60 months. Data includes both active participants and persons who have graduated or otherwise disenrolled from the program.

MEDai forecasts only extend to the first 12 months of engagement. For months 13 to 60, PHPG applied a trend rate to the MEDai data to calculate an estimated PMPM absent SoonerCare HMP enrollment. The trend rate was set equal to the actual PMPM trend for a comparison group comprised of SoonerCare members who were determined to be eligible for the SoonerCare HMP but who declined the opportunity to enroll ("eligible but not engaged").

The trend rate was calculated using a roster of "eligible but not engaged" members dating back to the start of the second generation SoonerCare HMP in SFY 2014. Before calculating the trend, PHPG analyzed the roster data and removed members without at least one chronic condition, as well as members with no or very low claims activity. This was done to ensure the comparison group accurately reflected the engaged population.

[42] Providers also can refer members for health coaching. This includes members whose MEDai scores are relatively low but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

The subsequent evaluation examined participants in six priority diagnostic categories used by MEDai as part of its calculation of the chronic impact score for potential SoonerCare HMP participants: asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), heart failure, diabetes mellitus and hypertension[43]. The evaluation also examined the SoonerCare HMP population as a whole.

Participants in each diagnostic category were included in the analysis only if it was their most expensive at the time of engagement. A member's most expensive diagnostic category at the time of engagement was defined as the diagnostic category associated with the greatest medical expenditures during the pre-engaged (1-12 months) and engaged periods. As participants have significant rates of physical co-morbidities, categorizing them in this manner allows for a targeted analysis of both the absolute and relative impact of health coaching on the various chronic impact conditions driving participant utilization.

PHPG developed utilization/expenditure rates using claims with dates of service from SFY 2013 through SFY 2018. (SFY 2013 data was used for calculation of pre-engagement activity.) The OHCA and DXC (Medicaid fiscal agent) prepared a claims file employing the same extraction methodology used by the OHCA on a monthly basis to provide updated claims files to MEDai.

The initial file contained individual eligibility records and complete claims for the Medicaid eligible. PHPG created a dataset that identified each individual's eligibility and claims experience during the evaluation period.

Participants were included in the analysis only if they had three months or more of engagement experience as of June 30, 2018 and had MEDai forecast data available at the time of engagement.[44]

The following data is provided for each of the six diagnoses:

1. Number of participants having the diagnosis and portion for which the diagnosis is their most expensive condition;
2. Comorbidity rates with other targeted conditions;
3. Inpatient days – forecast versus actual;
4. Emergency department visits – forecast versus actual;
5. PMPM medical expenditures – forecast versus actual;
6. Medical expenditures by category of service – pre- and post-engagement; and
7. Aggregate medical expenditure impact of SoonerCare HMP participation.

Items 3 through 7 also are presented for the SoonerCare HMP population as a whole. Appendix C contains detailed expenditure exhibits.

[43] MEDai examines diagnoses beyond the six listed, but these six are among the most common found among SoonerCare HMP and CCU participants and are significant contributors to member utilization and expenditures.
[44] See chapter one for information on other exclusions made prior to the utilization/expenditure analysis.

Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 1,426 health coaching participants with an asthma diagnosis[45]. Asthma was the most expensive diagnosis at the time of engagement for 52 percent of participants with this diagnosis (Exhibit 4-1).

Exhibit 4-1 – Participants with Asthma as Most Expensive Diagnosis

Participants w/Asthma	Number Most Expensive	Percent Most Expensive
1,426	747	52%

A significant portion of participants with asthma also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-2).

Exhibit 4-2 – Participants with Asthma Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	---
Coronary Artery Disease	12%
COPD	46%
Diabetes	28%
Heart Failure	9%
Hypertension	50%

[45] All participation and expenditure data in the chapter is for the portion of the SoonerCare HMP population remaining after application of the exclusions described in chapter one.

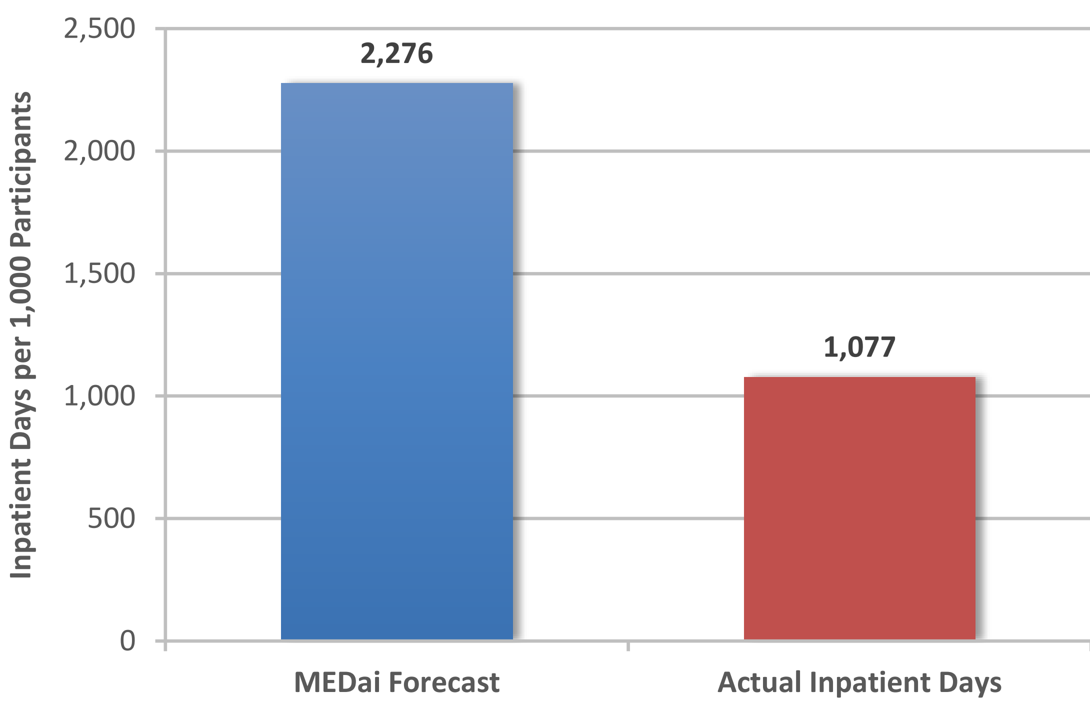
Utilization

PHPG analyzed inpatient hospital and emergency department utilization rates by comparing MEDai forecasts to actual utilization. Hospital utilization was measured by number of inpatient days and emergency department utilization by number of visits per 1,000 participants with asthma as their most expensive diagnosis at the time of engagement.

The purpose of this analysis was to determine if enrollment in the SoonerCare HMP had an impact on avoidable and expensive acute care episodes. All hospitalizations and emergency department visits for a participant were included in the calculations, regardless of the primary admitting/presenting diagnosis. The SoonerCare HMP is intended to be holistic and not limited in its impact to a member's particular chronic condition.

MEDai forecasted that participants with asthma would incur 2,276 inpatient days per 1,000 participants in the first 12 months of engagement[46]. The actual rate was 1,077, or 47 percent of forecast (Exhibit 4-3). (As a point of comparison, the rate for all Oklahomans in 2017, across all diagnoses, was 584 days per 1,000.[47])

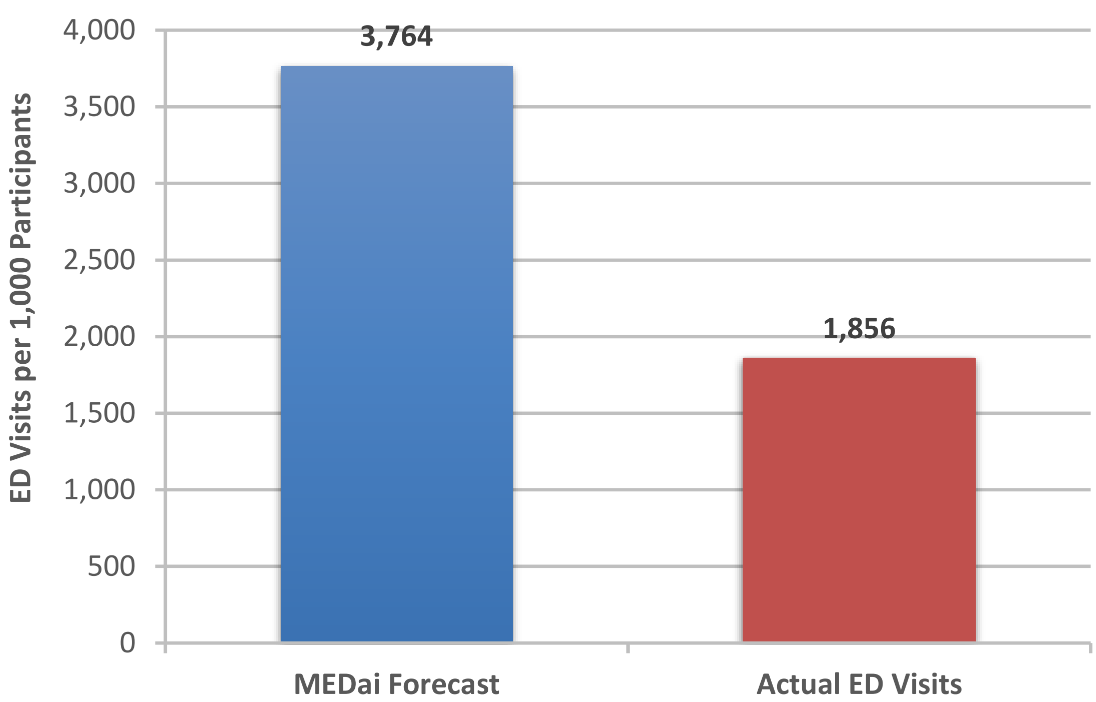
Exhibit 4-3 – Participants with Asthma as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



[46] All MEDai forecasts assume no intervention in terms of care management. Rate calculated for portion of year that each participant was engaged in program.
[47] Source: http://kff.org/other/state-indicator/inpatient-days-by-ownership/ 2017 is the most recent year available.

MEDai forecasted that participants with asthma would incur 3,764 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,856, or 49 percent of forecast (Exhibit 4-4). (As a point of comparison, the rate for all Oklahomans in 2017, across all diagnoses, was 492 visits per 1,000.[48])

Exhibit 4-4 – Participants with Asthma as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



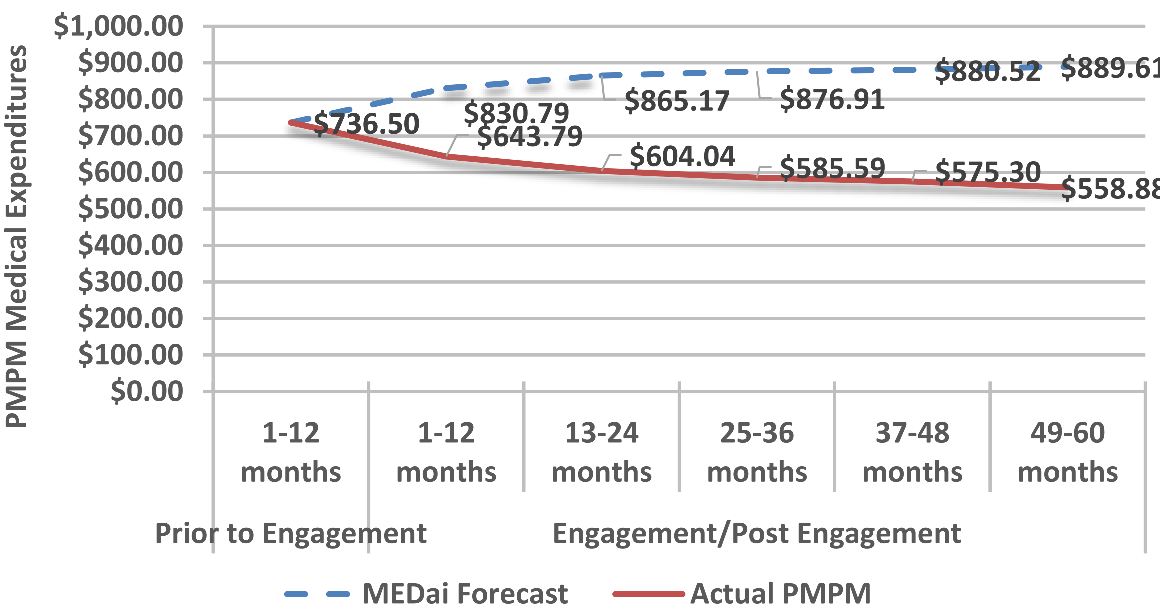
[48] Source: http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/ 2017 is the most recent year available.

Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with asthma during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement[49]. MEDai forecasted that participants with asthma would incur an average of $831 in PMPM expenditures in the first 12 months of engagement. The actual amount was $644, or 77 percent of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $865 in PMPM expenditures. The actual amount was $604, or 70% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $877 in PMPM expenditures. The actual amount was $586, or 67% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $881 in PMPM expenditures. The actual amount was $575, or 65% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $890 in PMPM expenditures. The actual amount was $559, or 63% of forecast (Exhibit 4-5).

Exhibit 4-5 – Participants with Asthma as Most Expensive Diagnosis
Total PMPM Expenditures



[49] PMPM rate calculated for portion of year that each participant was engaged in program.

At the category-of-service level, all costs declined during the first 12 months of engagement. The most significant declines occurred within hospital and behavioral health expenditures (Exhibit 4-6).

Exhibit 4-6 – Participants with Asthma as Most Expensive Diagnosis
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$119.67	$97.81	($21.86)	-18%
Outpatient Hospital	$120.26	$92.57	($27.69)	-23%
Physician	$172.54	$161.09	($11.45)	-7%
Pharmacy	$141.57	$139.74	($1.84)	-1%
Behavioral Health	$92.40	$75.47	($16.93)	-18%
All Other	$90.07	$77.12	($12.95)	-14%
Total	**$736.50**	**$643.79**	**($92.72)**	**-13%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with asthma as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $4.7 million (Exhibit 4-7).

Exhibit 4-7 – Participants with Asthma as Most Expensive Diagnosis
Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	14,440	$187.00	$2,700,300
Months 13 - 24	5,104	$261.13	$1,332,811
Months 25 - 36	1,666	$291.32	$485,345
Months 37 - 48	397	$305.22	$121,172
Months 49 -60	130	$330.73	$42,994
Total	**21,737**	**$215.42**	**$4,682,622**

Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 574 health coaching participants with a coronary artery disease diagnosis (CAD). Coronary artery disease was the most expensive diagnosis at the time of engagement for 25 percent of participants with this diagnosis (Exhibit 4-8).

Exhibit 4-8 – Participants with CAD as Most Expensive Diagnosis

Participants w/CAD	Number Most Expensive	Percent Most Expensive
574	144	25%

The majority of participants with coronary artery disease also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-9).

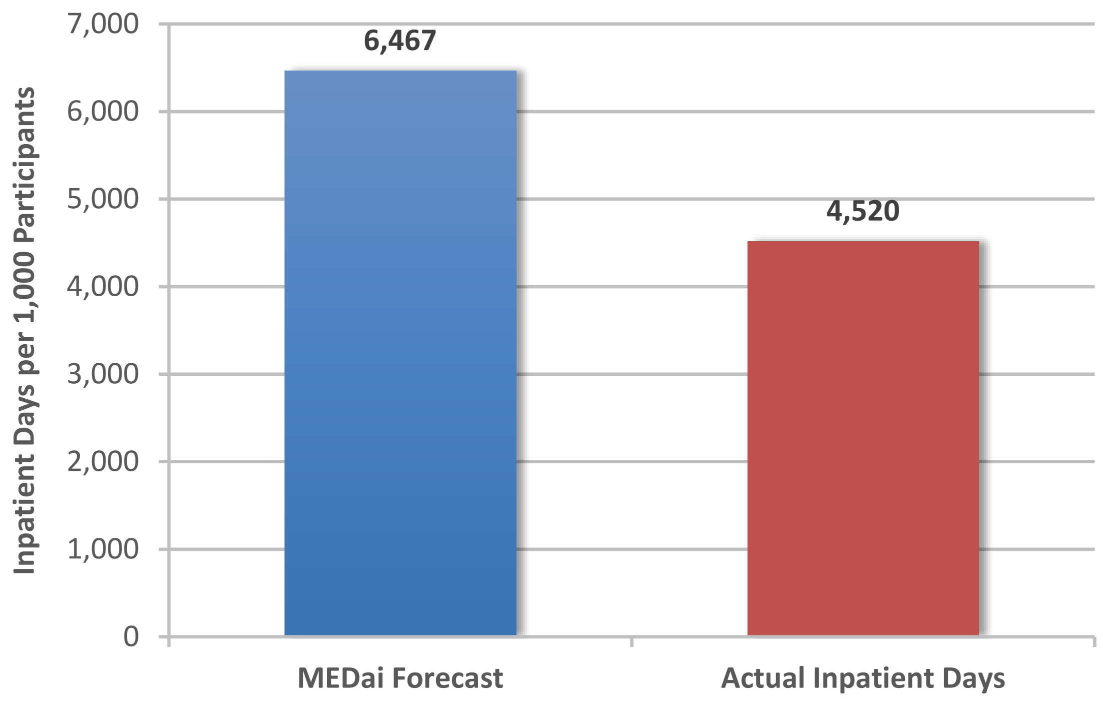
Exhibit 4-9 – Participants with CAD
Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	24%
Coronary Artery Disease	---
COPD	58%
Diabetes	53%
Heart Failure	36%
Hypertension	90%

Utilization

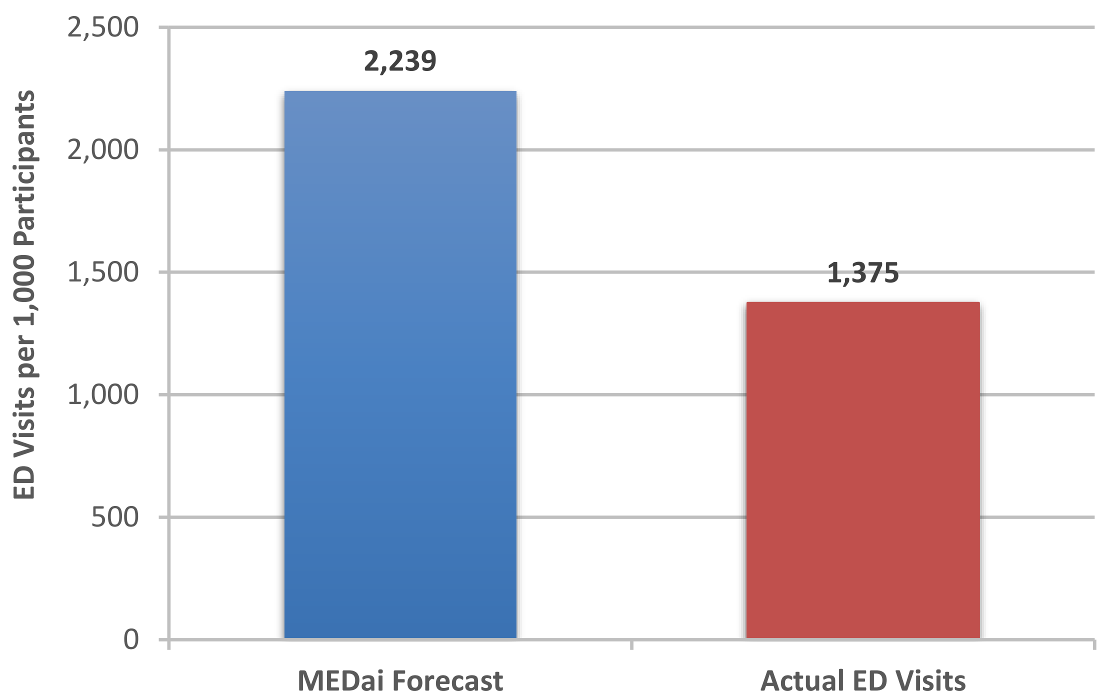
MEDai forecasted that participants with coronary artery disease would incur 6,467 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 4,520, or 70 percent of forecast (Exhibit 4-10).

Exhibit 4-10 – Participants with CAD as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with coronary artery disease would incur 2,239 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,375, or 61 percent of forecast (Exhibit 4-11).

Exhibit 4-11 – Participants with CAD as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

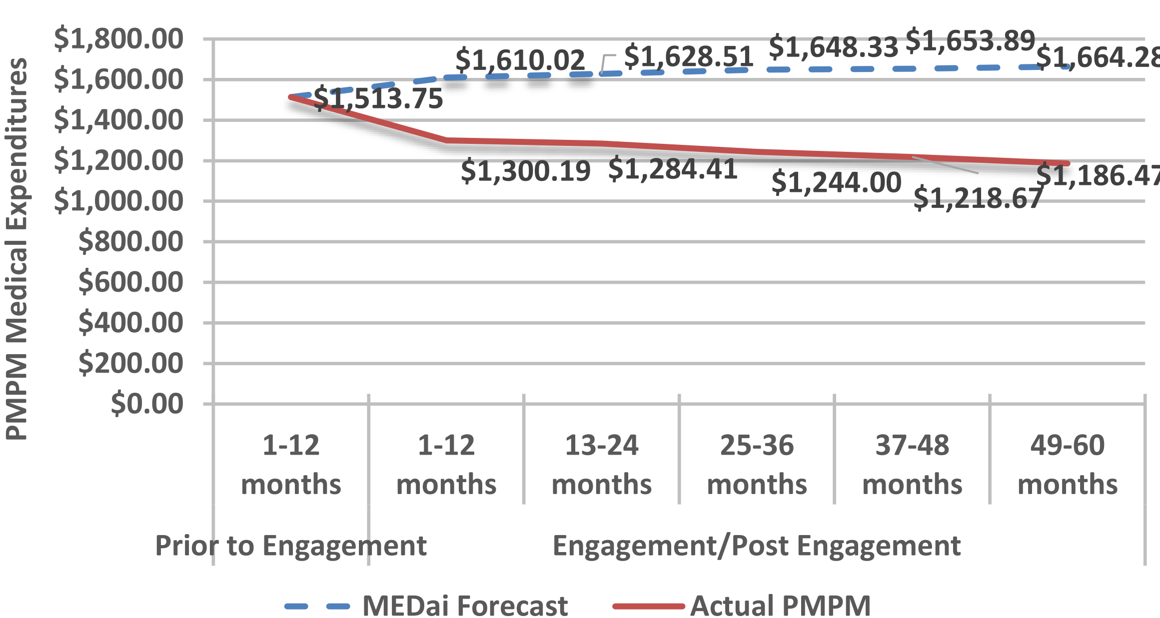


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with coronary artery disease during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with coronary artery disease would incur an average of $1,610 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,300, or 81 percent of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,629 in PMPM expenditures. The actual amount was $1,284, or 79 percent of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,648 in PMPM expenditures. The actual amount was $1,244, or 75 percent of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,654 in PMPM expenditures. The actual amount was $1,219, or 74 percent of forecast. For months 49 to 60, the MEDai forecast with trend applied was $1,664 in PMPM expenditures. The actual amount was $1,186, or 71 percent of forecast (Exhibit 4-12).

Exhibit 4-12 – Participants with CAD as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level, all costs declined during the first 12 months of engagement. The most significant declines occurred within hospital and physician expenditures (Exhibit 4-13).

Exhibit 4-13 – Participants with CAD as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$633.24	$537.04	($96.20)	-15%
Outpatient Hospital	$184.30	$141.10	($43.21)	-23%
Physician	$303.53	$248.87	($54.66)	-18%
Pharmacy	$199.92	$190.30	($9.62)	-5%
Behavioral Health	$28.12	$27.11	($1.02)	-4%
All Other	$164.63	$155.77	($8.86)	-5%
Total	**$1,513.75**	**$1,300.19**	**($213.56)**	**-14%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with coronary artery disease as their most expensive diagnosis by multiplying total months of engagement in SFY 2018 by average PMPM savings. The resultant savings equaled approximately $1.6 million (Exhibit 4-14).

Exhibit 4-14 – Participants with CAD as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	3,206	$309.83	$993,323
Months 13 - 24	1,102	$344.11	$379,204
Months 25 - 36	364	$404.36	$147,187
Months 37 - 48	89	$435.23	$38,735
Months 49 -60	30	$477.81	$14,334
Total	**4,791**	**$328.28**	**$1,572,783**

COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 1,530 health coaching participants with a chronic obstructive pulmonary disease (COPD) diagnosis. COPD was the most expensive diagnosis at the time of engagement for 35 percent of participants with this diagnosis (Exhibit 4-15).

Exhibit 4-15 – Participants with COPD as Most Expensive Diagnosis

Participants w/COPD	Number Most Expensive	Percent Most Expensive
1,530	532	35%

The majority of participants with COPD also were diagnosed with another chronic impact condition, the most common being hypertension and diabetes (Exhibit 4-16).

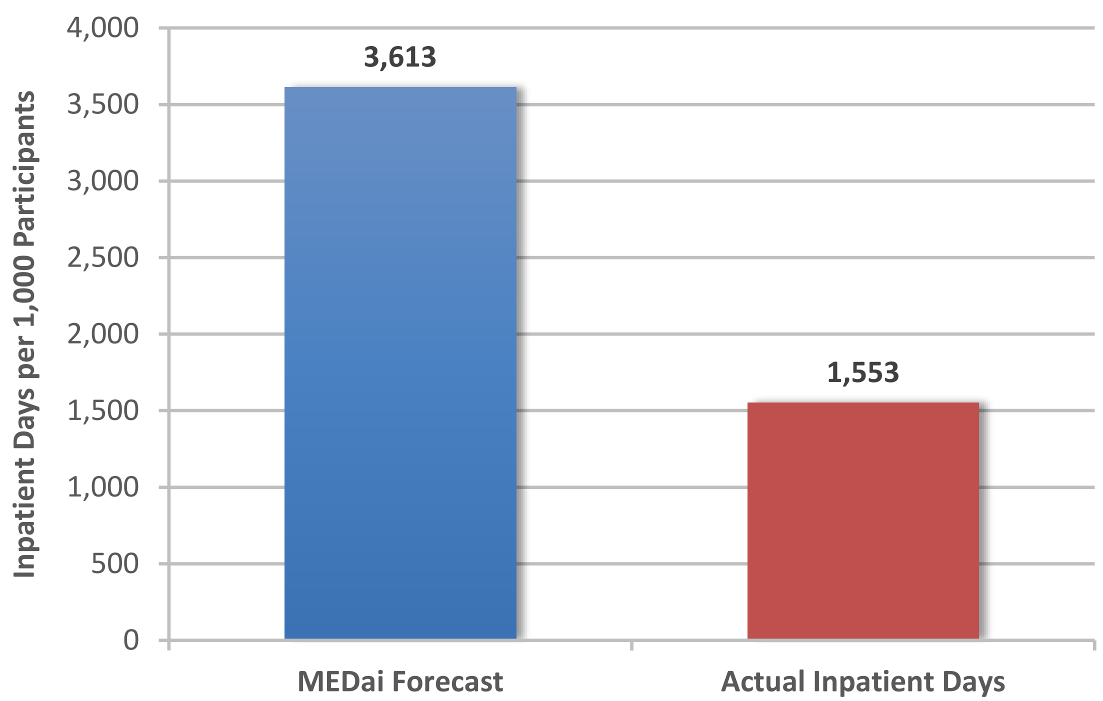
Exhibit 4-16 – Participants with COPD
Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	34%
Coronary Artery Disease	25%
COPD	---
Diabetes	38%
Heart Failure	14%
Hypertension	73%

Utilization

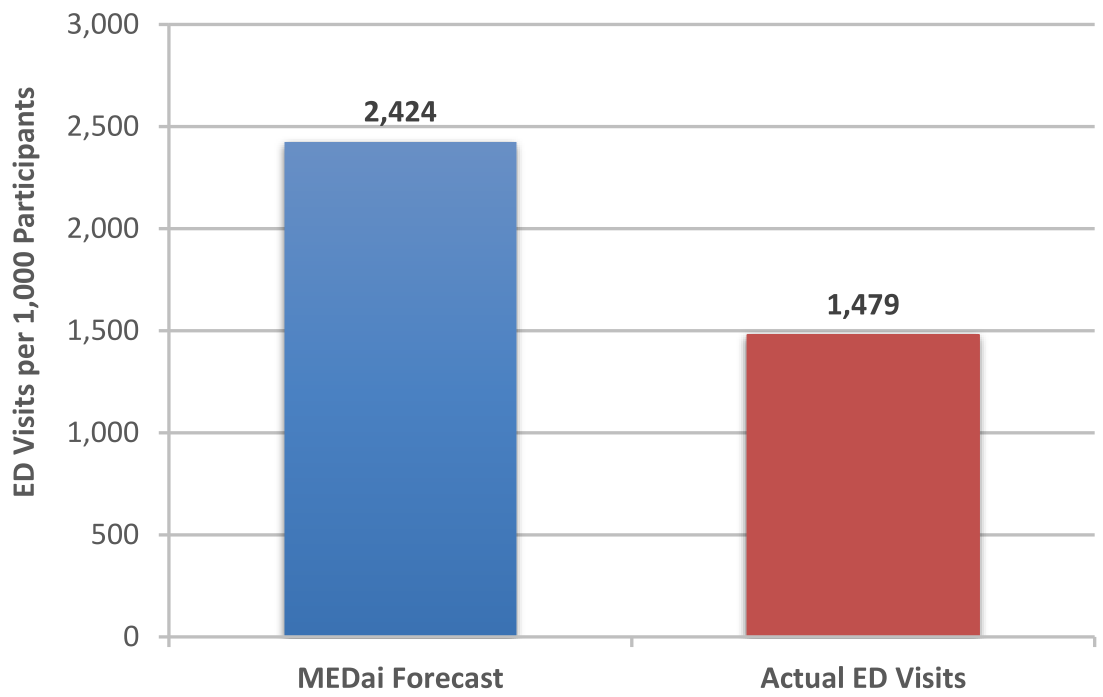
MEDai forecasted that participants with COPD would incur 3,613 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,553, or 43 percent of forecast (Exhibit 4-17).

Exhibit 4-17 – Participants with COPD as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with COPD would incur 2,424 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,479, or 61 percent of forecast (Exhibit 4-18).

Exhibit 4-18 – Participants with COPD as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

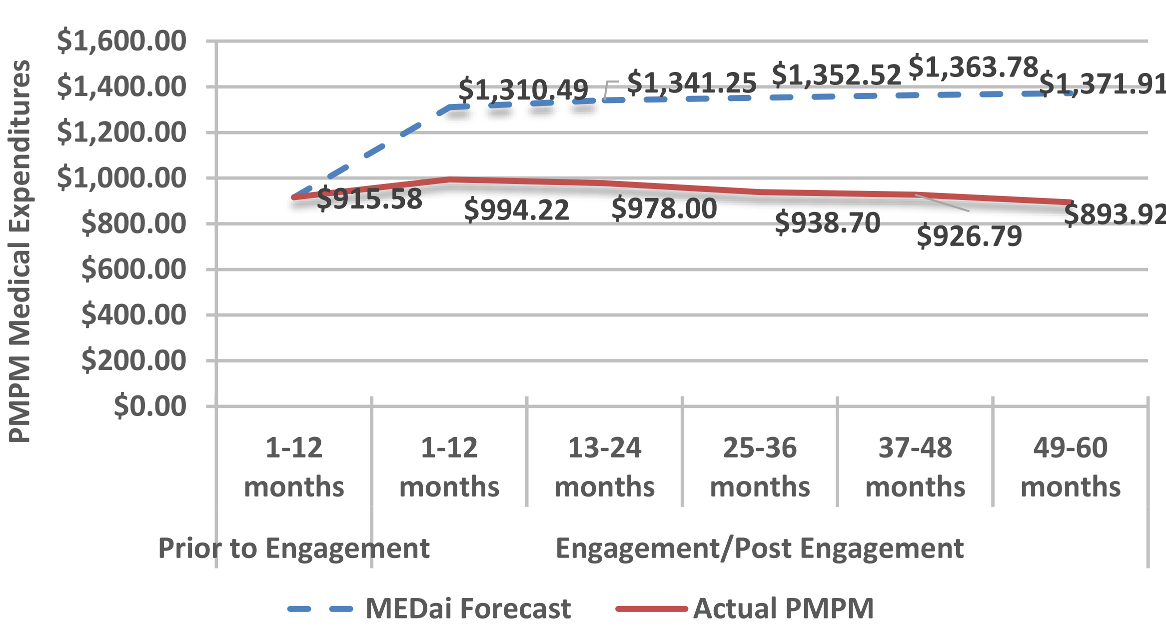


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with COPD during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with COPD would incur an average of $1,310 in PMPM expenditures in the first 12 months of engagement. The actual amount was $994, or 76% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,341 in PMPM expenditures. The actual amount was $978, or 73% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,353 in PMPM expenditures. The actual amount was $939, or 69% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,364 in PMPM expenditures. The actual amount was $927, or 68% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $1,372 in PMPM expenditures. The actual amount was $894, or 65% of forecast (Exhibit 4-19).

Exhibit 4-19 – Participants with COPD as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level in the first 12 months of engagement, inpatient hospital, physician and behavioral health expenditures declined, while other service costs increased, with pharmacy costs experiencing the most significant growth (Exhibit 4-20).

Exhibit 4-20 – Participants with COPD as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$202.21	$182.64	($19.57)	-10%
Outpatient Hospital	$104.73	$110.86	$6.12	6%
Physician	$181.66	$173.19	($8.47)	-5%
Pharmacy	$222.64	$318.34	$95.70	43%
Behavioral Health	$76.78	$74.65	($2.13)	-3%
All Other	$127.56	$134.55	$6.98	5%
Total	**$915.58**	**$994.22**	**$78.64**	**9%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with COPD as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $6.1 million (Exhibit 4-21).

Exhibit 4-21 – Participants with COPD as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	12,118	$316.27	$3,832,559
Months 13 - 24	4,078	$363.25	$1,481,336
Months 25 - 36	1,403	$413.82	$580,583
Months 37 - 48	349	$436.99	$152,511
Months 49 -60	111	$477.99	$53,057
Total	**18,059**	**$337.78**	**$6,100,046**

Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 1,190 health coaching participants with a diabetes diagnosis. Diabetes was the most expensive diagnosis at the time of engagement for 68 percent of participants with this diagnosis (Exhibit 4-22).

Exhibit 4-22 – Participants with Diabetes as Most Expensive Diagnosis

Participants w/Diabetes	Number Most Expensive	Percent Most Expensive
1,190	810	68%

The majority of participants with diabetes also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-23).

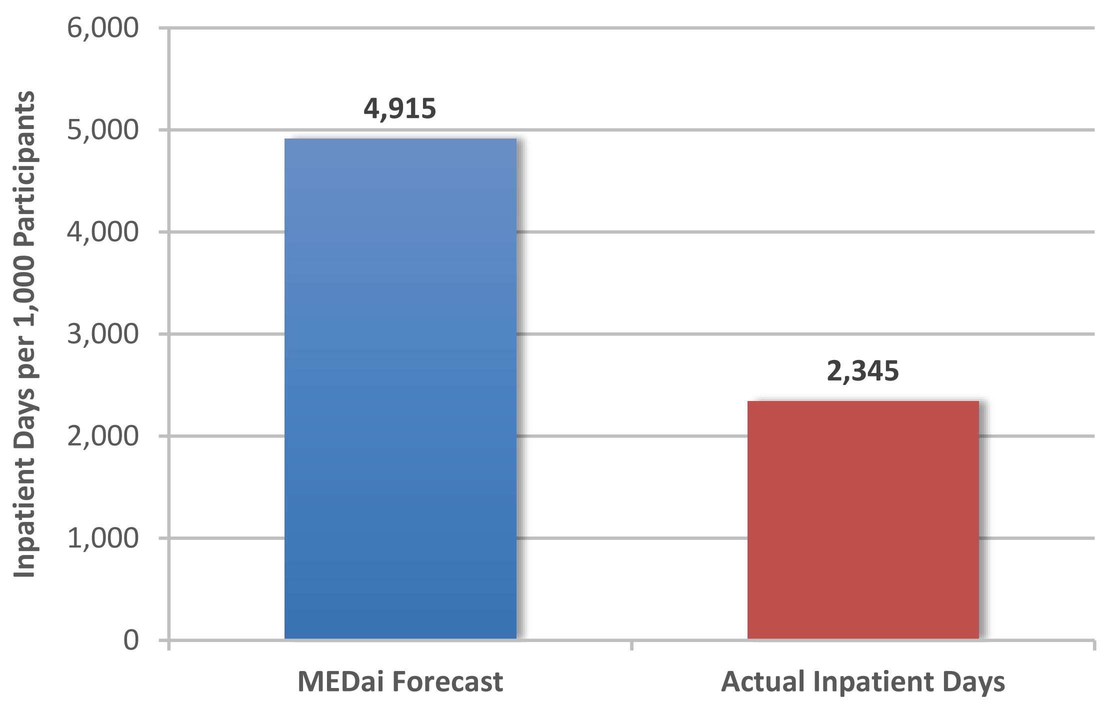
Exhibit 4-23 – Participants with Diabetes Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	26%
Coronary Artery Disease	22%
COPD	37%
Diabetes	---
Heart Failure	15%
Hypertension	81%

Utilization

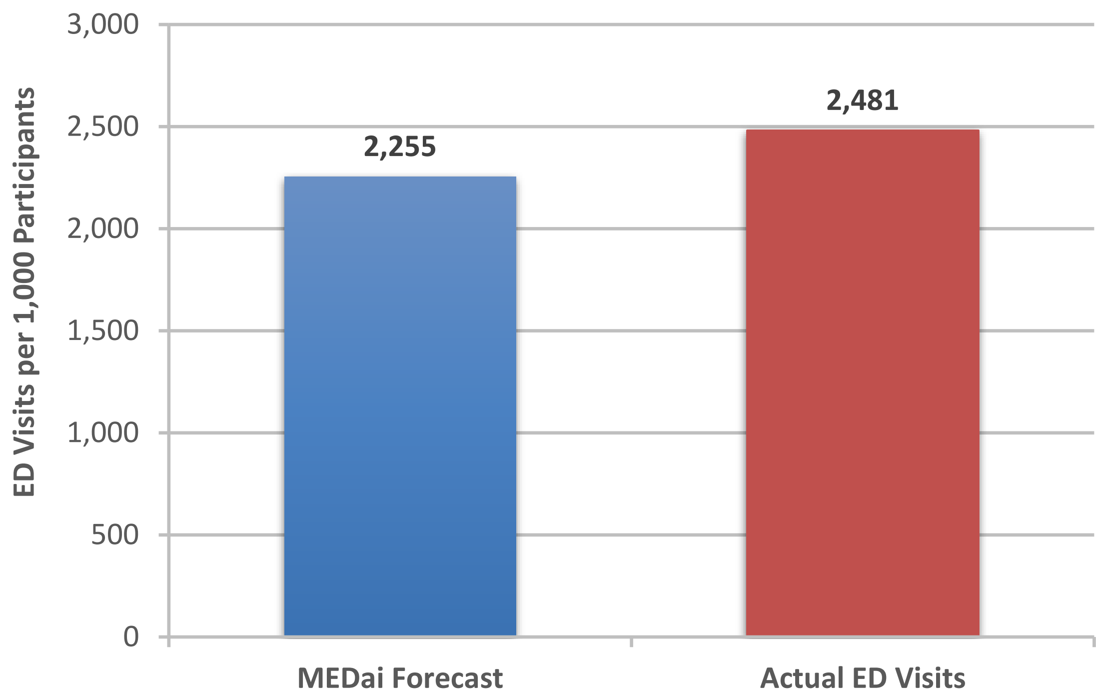
MEDai forecasted that participants with diabetes would incur 4,915 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 2,345, or 48 percent of forecast (Exhibit 4-24).

Exhibit 4-24 – Participants with Diabetes as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with diabetes would incur 2,255 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,481, or 110 percent of forecast (Exhibit 4-25).

Exhibit 4-25 – Participants with Diabetes as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

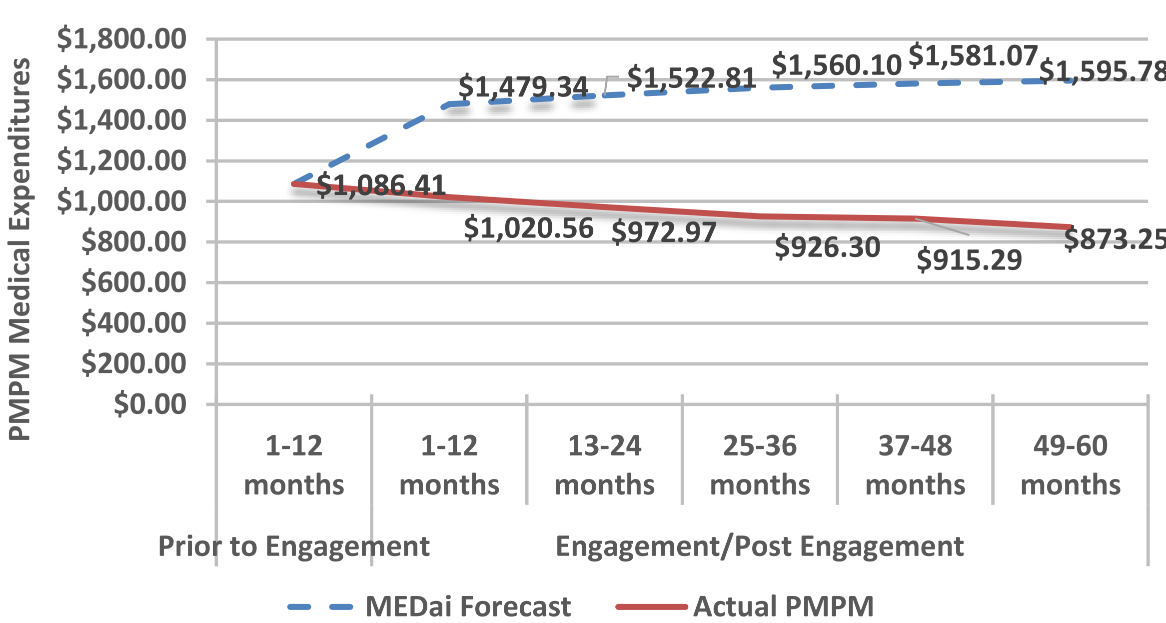


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with diabetes during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with diabetes would incur an average of $1,479 in PMPM expenditures in the first 12 months of engagement. The actual amount was $1,021, or 69% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,523 in PMPM expenditures. The actual amount was $973, or 64% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,560 in PMPM expenditures. The actual amount was $926, or 59% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,581 in PMPM expenditures. The actual amount was $915, or 58% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $1,596 in PMPM expenditures. The actual amount was $873, or 55% of forecast (Exhibit 4-26).

Exhibit 4-26 – Participants with Diabetes as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level in the first 12 months of engagement, inpatient hospital and physician service expenditures declined, offsetting increases in other service categories (Exhibit 4-27).

Exhibit 4-27 – Participants with Diabetes as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$288.68	$243.61	($45.08)	-16%
Outpatient Hospital	$122.31	$127.14	$4.83	4%
Physician	$213.12	$185.30	($27.82)	-13%
Pharmacy	$269.83	$276.93	$7.09	3%
Behavioral Health	$56.36	$59.29	$2.93	5%
All Other	$136.10	$128.30	($7.80)	-6%
Total	**$1,086.41**	**$1,020.56**	**($65.85)**	**-6%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with diabetes as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $13.9 million (Exhibit 4-28).

Exhibit 4-28 – Participants with Diabetes as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	18,509	$458.78	$8,491,571
Months 13 - 24	6,453	$549.84	$3,548,113
Months 25 - 36	2,155	$633.80	$1,365,845
Months 37 - 48	518	$665.78	$344,875
Months 49 -60	171	$722.53	$123,553
Total	**27,806**	**$498.96**	**$13,873,957**

Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 299 health coaching participants with a heart failure diagnosis. Heart failure was the most expensive diagnosis at the time of engagement for 18 percent of participants with this diagnosis (Exhibit 4-29). Results for this diagnosis should be interpreted with caution given the small size of the population.

Exhibit 4-29 – Participants with Heart Failure as Most Expensive Diagnosis

Participants w/Heart Failure	Number Most Expensive	Percent Most Expensive
299	54	18%

The majority of participants with heart failure also were diagnosed with another chronic impact condition, the most common being hypertension and COPD (Exhibit 4-30).

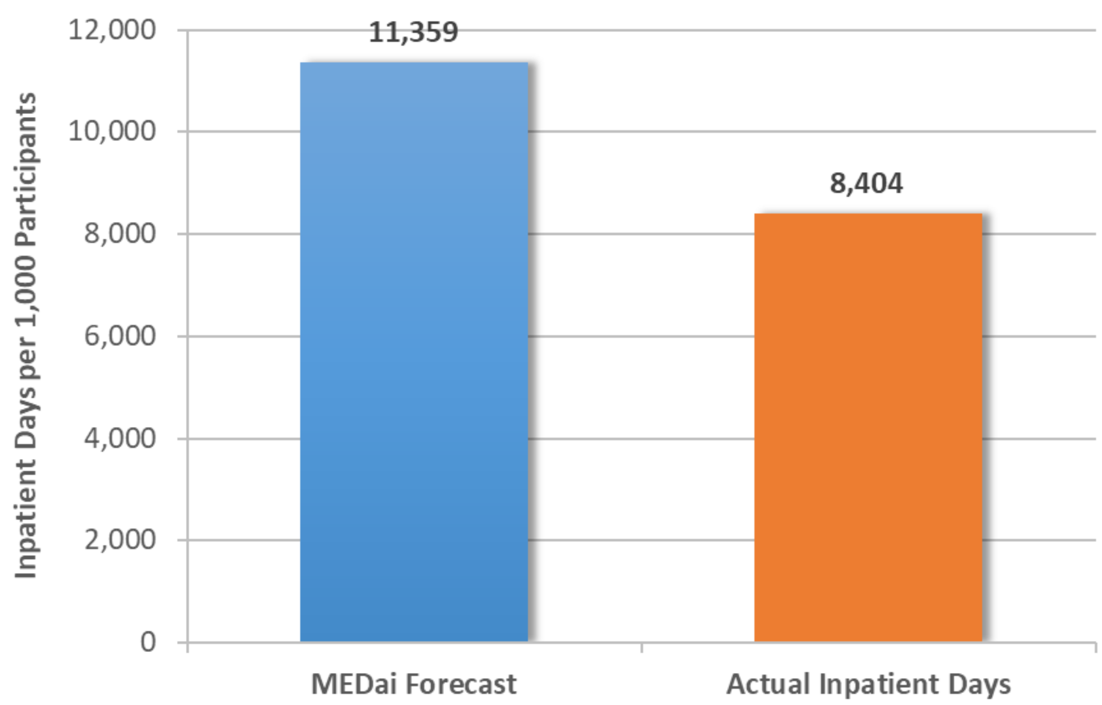
Exhibit 4-30 – Participants with Heart Failure Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	61%
COPD	66%
Diabetes	54%
Heart Failure	---
Hypertension	93%

Utilization

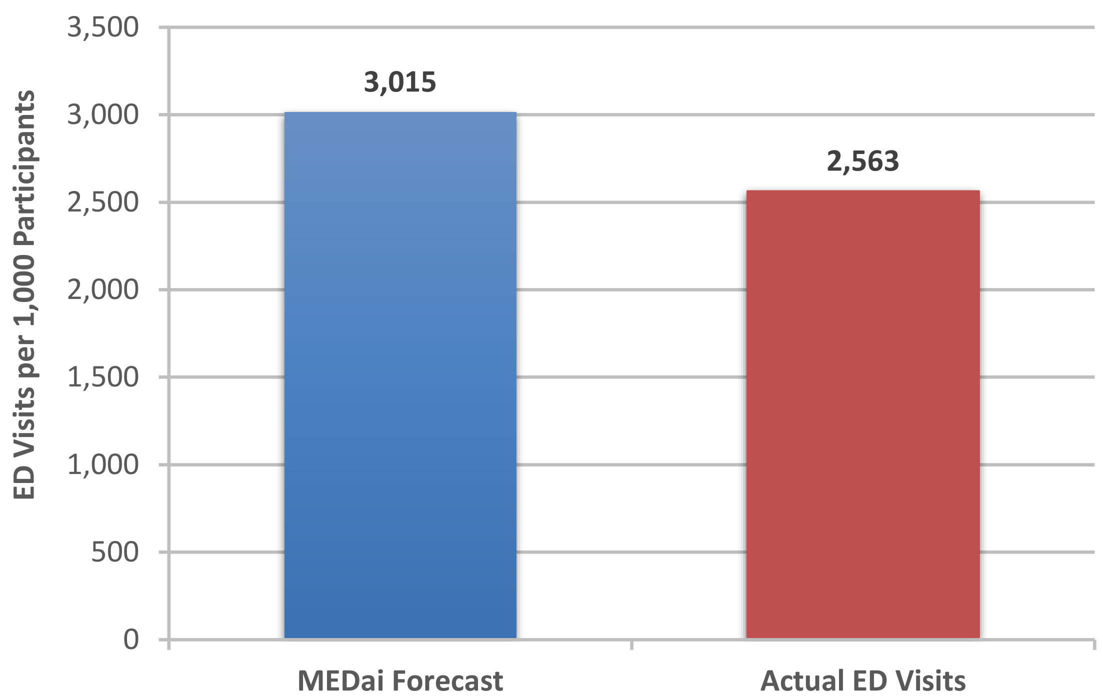
MEDai forecasted that participants with heart failure would incur 11,359 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 8,404, or 74 percent of forecast (Exhibit 4-31).

Exhibit 4-31 – Participants with Heart Failure as Most Expensive Diagnosis Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with heart failure would incur 3,015 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,563, or 85 percent of forecast (Exhibit 4-32).

Exhibit 4-32 – Participants with Heart Failure as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with heart failure during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with heart failure would incur an average of $2,400 in PMPM expenditures in the first 12 months of engagement. The actual amount was $3,166, or 132% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $2,435 in PMPM expenditures. The actual amount was $3,172, or 130% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $2,461 in PMPM expenditures. The actual amount was $3,070, or 125% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $2,479 in PMPM expenditures. The actual amount was $2,979, or 120% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $2,490 in PMPM expenditures. The actual amount was $2,839, or 114% of forecast (Exhibit 4-33). As noted, results for this diagnosis should be interpreted with caution given the small size of the population.

Exhibit 4-33 – Participants with Heart Failure as Most Expensive Diagnosis
Total PMPM Expenditures

PMPM Medical Expenditures
$3,500.00
$3,000.00
$2,500.00
$2,000.00
$1,500.00
$1,000.00
$500.00
$0.00
$1,648.61
$3,165.73
$3,171.85
$3,070.00
$2,979.44
$2,839.43
$2,399.56
$2,435.37
$2,461.33
$2,478.50
$2,490.02
1-12 months
1-12 months
13-24 months
25-36 months
37-48 months
49-60 months
Prior to Engagement
Engagement/Post Engagement
MEDai Forecast
Actual PMPM

At the category-of-service level, the most significant increases in the first 12 months of engagement occurred within hospital and physician expenditures (Exhibit 4-34).

Exhibit 4-34 – Participants with Heart Failure as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$713.73	$2,024.11	$1,310.38	184%
Outpatient Hospital	$173.30	$246.12	$72.82	42%
Physician	$254.89	$386.26	$131.37	52%
Pharmacy	$221.67	$232.64	$10.97	5%
Behavioral Health	$54.09	$62.79	$8.70	16%
All Other	$230.93	$213.81	($17.12)	-7%
Total	**$1,648.61**	**$3,165.73**	**$1,517.12**	**92%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with heart failure as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant deficit equaled ($1.2 million) (Exhibit 4-35).

Exhibit 4-35 – Participants with Heart Failure as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	1,096	($766.17)	($839,723)
Months 13 - 24	371	($736.48)	($273,235)
Months 25 - 36	124	($608.66)	($75,474)
Months 37 - 48	31	($500.94)	($15,529)
Months 49 -60	10	($349.41)	($3,494)
Total	**1,632**	**($739.86)**	**($1,207,455)**

Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 2,746 health coaching participants with a hypertension diagnosis. Hypertension was the most expensive diagnosis at the time of engagement for 56 percent of participants with this diagnosis (Exhibit 4-36).

Exhibit 4-36– Participants with Hypertension as Most Expensive Diagnosis

Participants w/Hypertension	Number Most Expensive	Percent Most Expensive
2,746	1,537	56%

A significant portion of participants with hypertension also were diagnosed with another chronic impact condition, although the comorbidity rate lagged that of the other diagnosis groups, which may have contributed to the relatively high percentage of hypertensive participants for whom hypertension was the most expensive condition (Exhibit 4-37).

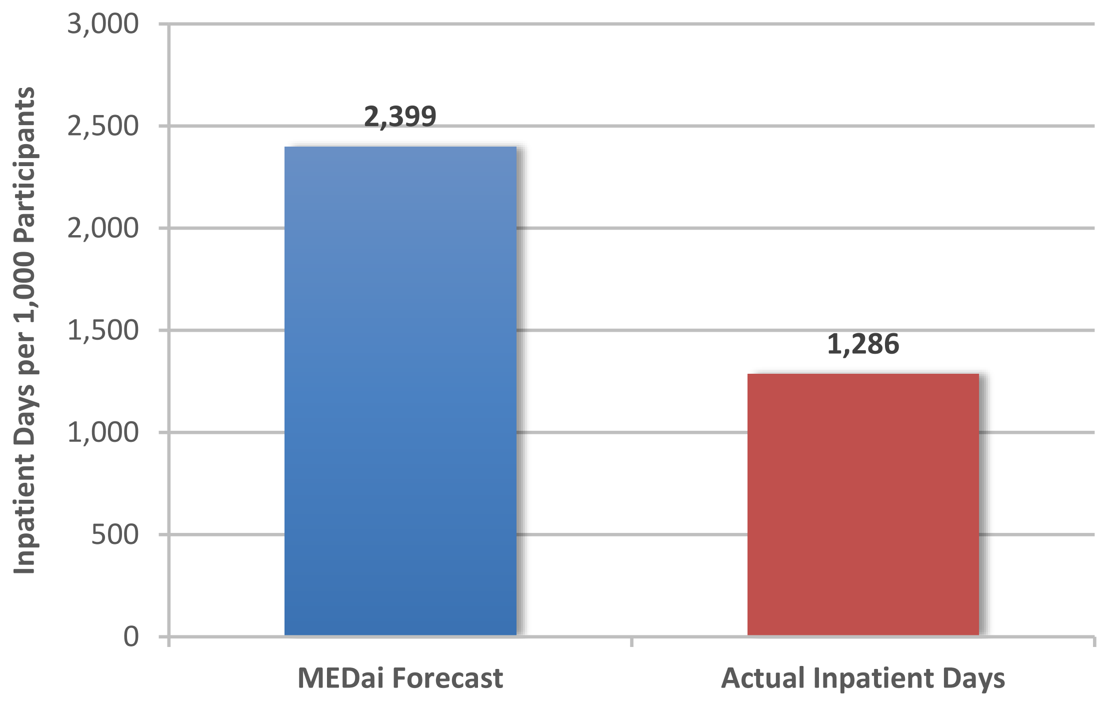
Exhibit 4-37 – Participants with Hypertension Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	18%
COPD	43%
Diabetes	44%
Heart Failure	12%
Hypertension	---

Utilization

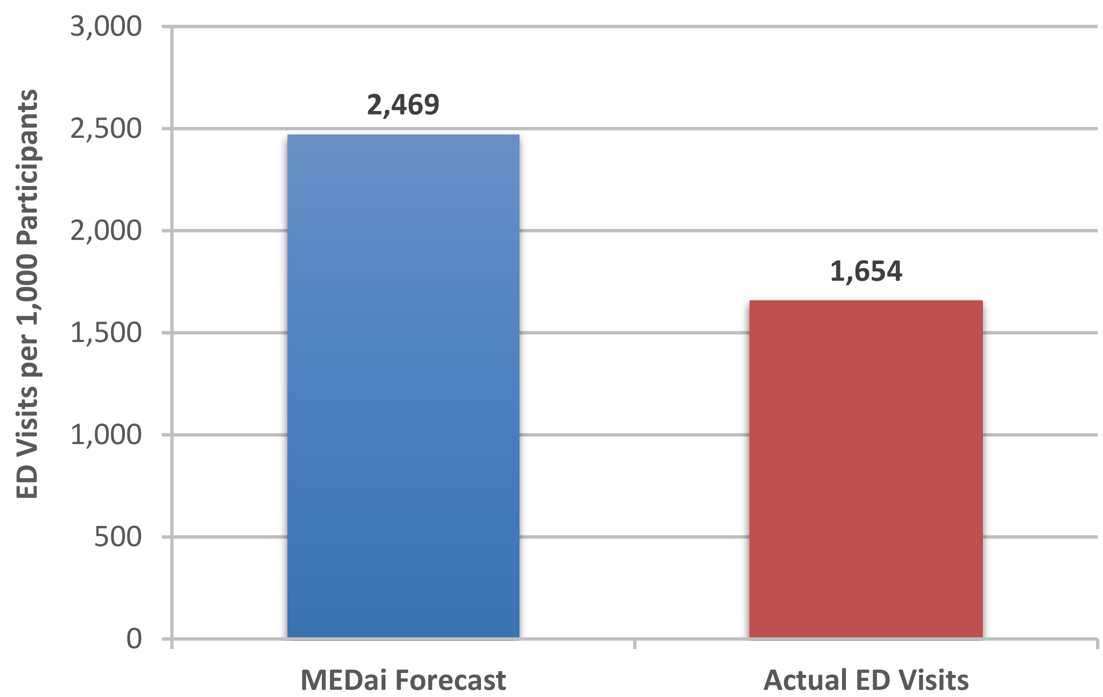
MEDai forecasted that participants with hypertension would incur 2,399 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,286, or 54 percent of forecast (Exhibit 4-38).

Exhibit 4-38 – Participants with Hypertension as Most Expensive Diagnosis Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that participants with hypertension would incur 2,469 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,654, or 67 percent of forecast (Exhibit 4-39).

Exhibit 4-39 – Participants with Hypertension as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

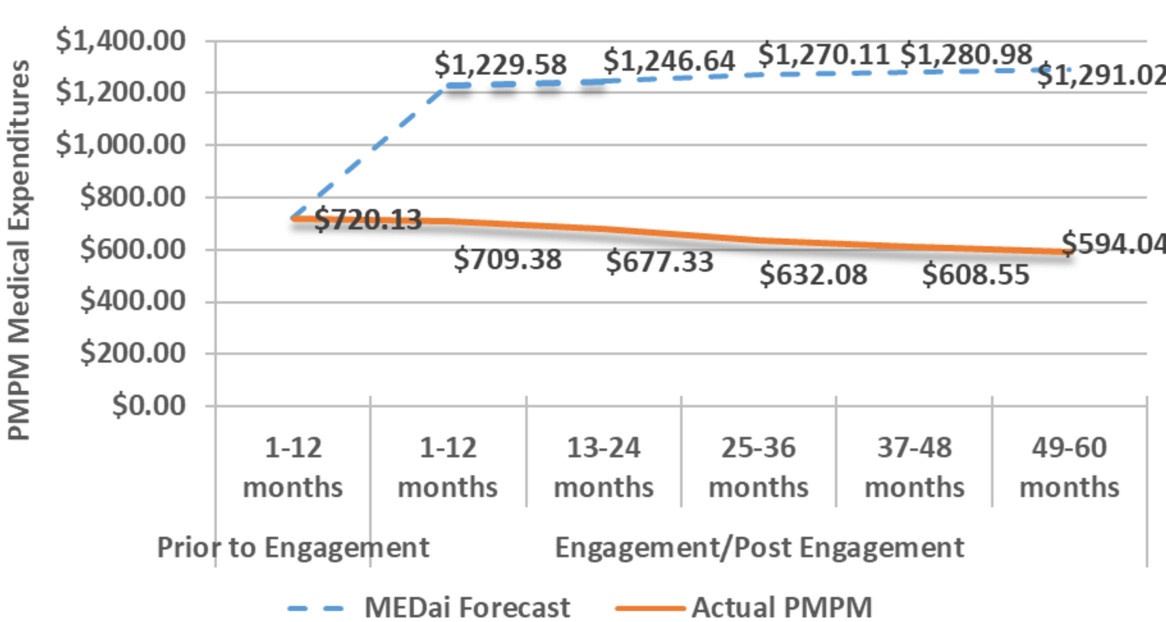


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with hypertension during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with hypertension would incur an average of $1,230 in PMPM expenditures in the first 12 months of engagement. The actual amount was $709, or 58% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,247 in PMPM expenditures. The actual amount was $677, or 54% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,270 in PMPM expenditures. The actual was $632, or 50% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,281 in PMPM expenditures. The actual was $609, or 48% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $1,291 in PMPM expenditures. The actual was $594, or 46% of forecast (Exhibit 4-40).

Exhibit 4-40 – Participants with Hypertension as Most Expensive Diagnosis Total PMPM Expenditures



At the category-of-service level in the first 12 months of engagement, inpatient hospital expenditures declined significantly, while pharmacy expenditures increased and most other service costs were relatively flat (Exhibit 4-41).

Exhibit 4-41 – Participants with Hypertension as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$168.51	$113.68	($54.83)	-33%
Outpatient Hospital	$103.14	$104.63	$1.49	1%
Physician	$164.45	$157.95	($6.50)	-4%
Pharmacy	$144.40	$197.56	$53.17	37%
Behavioral Health	$50.69	$47.98	($2.72)	-5%
All Other	$88.94	$87.58	($1.36)	-2%
Total	**$720.13**	**$709.38**	**($10.75)**	**-1%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with hypertension as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately $28 million (Exhibit 4-42).

Exhibit 4-42 – Participants with Hypertension as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	33,671	$520.20	$17,515,557
Months 13 - 24	11,765	$569.31	$6,697,926
Months 25 - 36	3,957	$638.03	$2,524,690
Months 37 - 48	963	$672.43	$647,552
Months 49 -60	318	$696.98	$221,641
Total	**50,674**	**$544.80**	**$27,607,366**

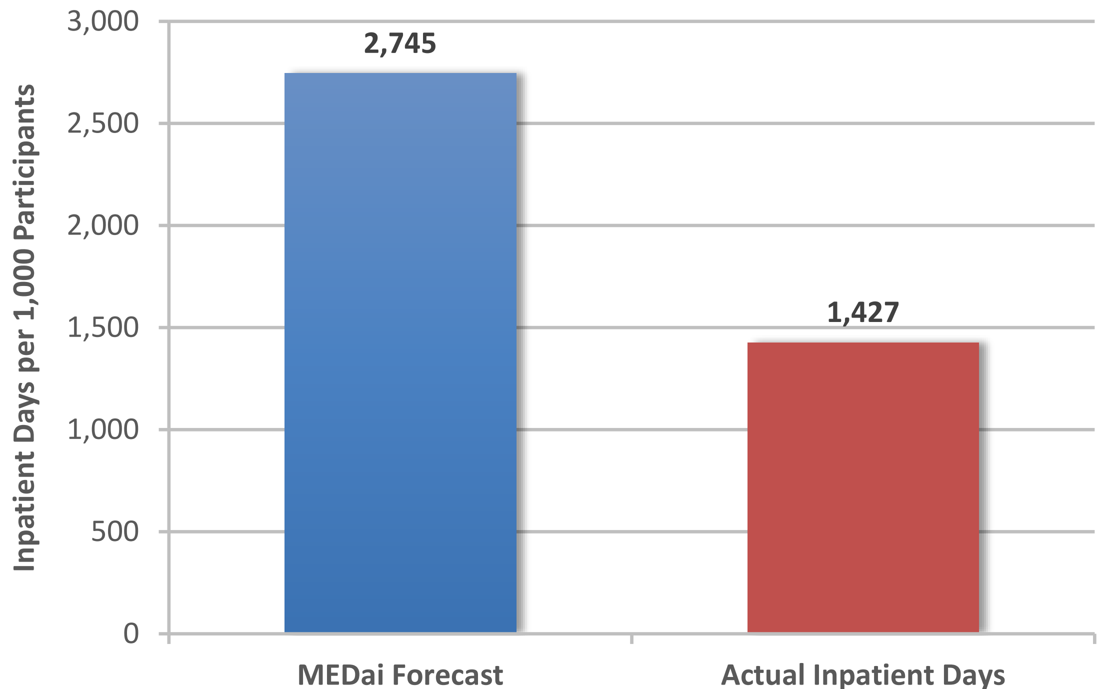
Utilization and Expenditure Evaluation – All Participants

This section presents consolidated trend data across all 5,940 SoonerCare HMP health coaching participants, regardless of diagnosis. For approximately 73 percent of participants, the most expensive diagnosis at the time of engagement was one of the six target chronic impact conditions.

Utilization

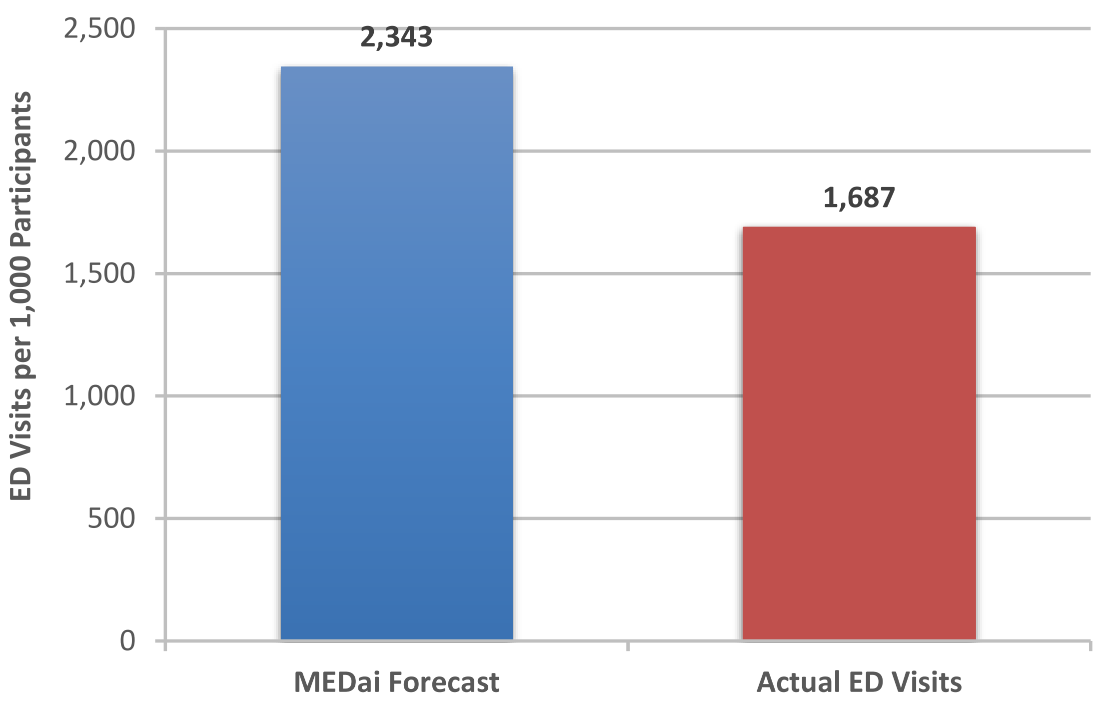
MEDai forecasted that SoonerCare HMP participants as a group would incur 2,745 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,427, or 52 percent of forecast (Exhibit 4-43).

Exhibit 4-43 – All SoonerCare HMP Health Coaching Participants
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants



MEDai forecasted that SoonerCare HMP participants as a group would incur 2,343 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,687, or 72 percent of forecast (Exhibit 4-44).

Exhibit 4-44 – All SoonerCare HMP Health Coaching Participants
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants

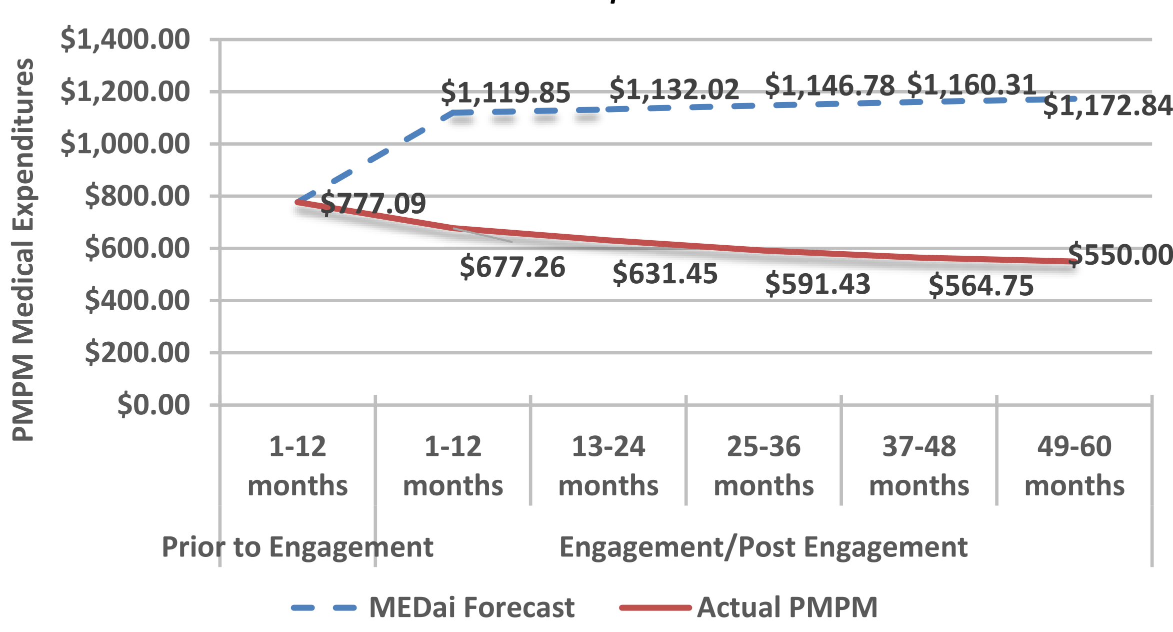


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for all SoonerCare HMP participants as a group and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that the participant population would incur an average of $1,120 in PMPM expenditures in the first 12 months of engagement. The actual amount was $677, or 60% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,132 in PMPM expenditures. The actual amount was $631, or 56% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,147 in PMPM expenditures. The actual amount was $591, or 52% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,160 in PMPM expenditures. The actual amount was $565, or 49% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $1,173 in PMPM expenditures. The actual amount was $550, or 47% of forecast (Exhibit 4-45).

Exhibit 4-45 – All SoonerCare HMP Health Coaching Participants
Total PMPM Expenditures



At the category-of-service level in the first 12 months of engagement, all costs declined except pharmacy (Exhibit 4-46).

Exhibit 4-46 – All SoonerCare HMP Health Coaching Participants
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$178.33	$137.87	($40.46)	-23%
Outpatient Hospital	$105.92	$92.32	($13.60)	-13%
Physician	$173.26	$140.94	($32.32)	-19%
Pharmacy	$160.49	$171.38	$10.89	7%
Behavioral Health	$60.80	$50.62	($10.18)	-17%
All Other	$98.28	$84.13	($14.15)	-14%
Total	**$777.09**	**$677.26**	**($99.82)**	**-13%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for all SoonerCare HMP participants by multiplying total months of engagement by average PMPM savings. The resultant savings equaled $88 million (Exhibit 4-47).

Exhibit 4-47 – All SoonerCare HMP Health Coaching Participants
Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	124,010	$442.59	$54,885,185
Months 13 - 24	44,190	$500.57	$22,120,149
Months 25 - 36	14,873	$555.35	$8,259,668
Months 37 - 48	3,650	$595.56	$2,173,780
Months 49 -60	1,208	$622.83	$752,382
Total	**187,931**	**$469.27**	**$88,191,164**

This was a noteworthy outcome given the relatively short enrollment tenure of many participants. It also is noteworthy given that the health coaching population includes “at risk” members referred by providers. These members have lower projected costs, and therefore lower documentable savings under the MEDai methodology, even though by intervening at an early stage, the health coach may help to avert significant future health costs.

It also is encouraging that average PMPM savings continued to rise from the initial 12-month engagement period to subsequent time periods (a trend first observed in the SFY 2015 evaluation report). This suggests that the impact of health coaching increases over time, which bodes well for the program’s long-term success.

SoonerCare HMP Health Coaching Cost Effectiveness Analysis

Over time, the SoonerCare HMP should demonstrate its efficacy through a reduction in the relative PMPM and aggregate costs of engaged members versus what would have occurred absent health coaching. PHPG performed a cost effectiveness analysis by carrying forward and expanding the medical expenditure impact findings from the previous section and adding program administrative expenses to the analysis. To be cost effective, health coaching must demonstrate lower expenditures even after factoring in the program's administrative component.[50]

Administrative Expenses

SoonerCare HMP administrative expenses include salary, benefits and overhead costs for persons working in the SoonerCare HMP unit, plus Telligen vendor payments. The OHCA provided PHPG with detailed information on administrative expenditures from SFY 2014 through SFY 2018 for use in performing the cost effectiveness test.

OHCA salary and benefit costs were included for staff assigned to the SoonerCare HMP unit. Costs were prorated for employees working less than full time on the SoonerCare HMP. (In SFY 2018, all employees were full time.)

Overhead expenses (rent, travel, etc.) were allocated based on the unit's share of total OHCA salary/benefit expenses in each fiscal year[51]. No specific allocation was made for MEDai activities, as these are occurring under a pre-existing contract.

OHCA HMP administrative expenses were divided equally between the health coaching and practice facilitation. (The practice facilitation portion is included in the practice facilitation cost effectiveness analysis presented in chapter seven.)

Telligen receives monthly payments for centralized operations, as well as payments specific to health coaching and practice facilitation activities[52]. Health coach and practice facilitator payments are based on salary and benefit costs for the two departments.

Health coaching payments were combined with 50 percent of the payment amounts for centralized operations[53] to arrive at a total amount for this portion of the analysis. (The

[50] For the purposes of the cost effectiveness analysis only, PHPG altered MEDai forecasts for members whose cost for the year prior to engagement exceeded $144,000, as MEDai forecasts have an upper limit of $144,000. To ensure they would not skew the cost effectiveness test results, PHPG set the forecasts for these members equal to prior year costs, assuming no increase or decrease in medical costs.

[51] Portion of unit devoted to administration/oversight of health coaching activities. Allocation percentages were 0.60 percent in SFY 2014, 0.46 percent in SFY 2015, 0.79 percent in SFY 2016, 0.78 percent in SFY 2017 and 0.79 percent in SFY 2018.

[52] Practice facilitation expenses include both the general program and pain management practice facilitation.

[53] PHPG also included miscellaneous expenses, such as continuing medical education costs, in this line item.

remaining dollars for centralized operations are included in the practice facilitation cost effectiveness analysis presented in chapter seven.)

SFY 2014 through SFY 2018 aggregate administrative expenses for health coaching totaled approximately $23.8 million (Exhibit 4-48). This equated to $160.85 on a PMPM basis. The PMPM calculation was performed using total member months (147,658) for health coaching participants meeting the criteria outlined in chapter one (e.g., enrolled for at least three months)[54].

Exhibit 4-48 – SoonerCare HMP Health Coaching Administrative Expense

Cost Component	SFY 2014 - 2018 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	$928,285	$4.94
OHCA SoonerCare HMP overhead (50% allocation)	$83,137	$0.44
Telligen health coaches	$26,326,392	$140.09
Telligen Central Operations (50% allocation)	$4,964,343	$26.42
Total Administrative Expense	**$32,302,157**	**$171.88**

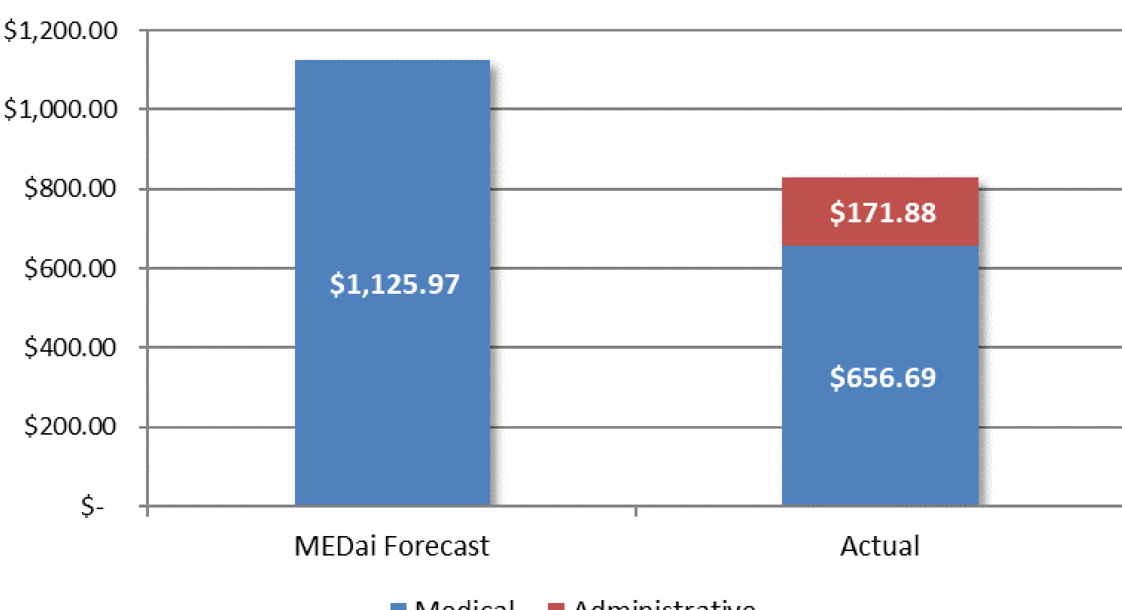
[54] This methodology overstates the PMPM amount, in that it excludes member months for participants who did not meet the analysis criteria. However, it is appropriate for determining cost effectiveness, as it accounts for all administrative expenses.

Cost Effectiveness Calculation[55]

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2018, inclusive of SoonerCare HMP health coaching administrative expenses.

SoonerCare HMP health coaching participants, as a group, were forecasted to incur average medical costs of $1,125.97[56]. Their actual average PMPM medical costs were $656.69. With the addition of $171.88 in average PMPM administrative expenses, total actual costs were $828.57. Medical expenses accounted for 79 percent of the total and administrative expenses for the other 21 percent. Overall, SoonerCare HMP health coaching participant PMPM expenses, inclusive of administrative costs, were 73.6 percent of forecast (Exhibit 4-49).

Exhibit 4-49 – SoonerCare HMP Health Coaching PMPM Savings



[55] PMPM and aggregate values differ slightly due to rounding.

[56] This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24, months 25 – 36, months 37 – 48 and months 49 – 60, as shown in exhibit 4-45. Member month counts are shown in exhibit 4-47.

On an aggregate basis, the health coaching portion of the second generation SoonerCare HMP achieved cumulative net savings during its initial 60 months of operation (July 2013 through June 2018) of $55.9 million, up from $3.4 million in its first 12 months, $12.8 million cumulative savings in its first 24 months, $27.0 million cumulative savings in its first 36 months and $41.5 million cumulative savings in its first 48 months (Exhibit 4-50).

Exhibit 4-50 – All SoonerCare HMP Health Coaching Participants
Aggregate Savings – Net of Administrative Expenses

Medical Savings	Administrative Costs	Net Savings
$88,191,164	($32,302,157)	**$55,889,007**

CHAPTER 5 – PRACTICE FACILITATION – PROVIDER SATISFACTION

Introduction

Providers are an integral component of the SoonerCare HMP and the practice-based health coaching model. Prior to the initiation of health coaching within a practice, the provider and his or her staff participate in practice facilitation to document existing process flows and devise a plan for enhancing care management of patients with chronic conditions.

PHPG attempts to survey all provider offices that participate in practice facilitation to gather information on provider perceptions and satisfaction with the experience. The OHCA provides to PHPG the names of primary care practices and providers who have completed the initial onsite portion of practice facilitation.

PHPG or the OHCA informs providers in advance that they will be contacted by telephone to complete a survey. Providers also are given the option of completing and returning a paper version of the survey by mail, fax or email.

The survey instrument consists of 19 questions in four areas:

- Decision to participate in the SoonerCare HMP
- Practice facilitation activities
- Practice facilitation outcomes
- Health coaching activities

Survey responses can be furnished by providers and/or members of the practice staff. Only practice staff members with direct experience and knowledge of the program are permitted to respond to the survey in lieu of the provider. PHPG screens non-physician respondents to verify their involvement with the program before conducting the survey. A copy of the survey instrument is included in Appendix D.

Survey Population Size

PHPG has conducted surveys with 37 providers at 28 practice locations since the initiation of the second generation HMP. Although the surveys were conducted over an extended period (February 2015 to February 2019), findings are presented for all 37, due to the small sample size[57].

Readers should exercise caution when reviewing survey results, given the number of respondents. Although percentages are presented, the findings should be treated as qualitative, offering a general sense of the attitudes of the provider population.

[57] PHPG has compared surveys across years and has identified no significant differences in responses over time.

Practice Facilitation Survey Findings

Decision to Participate in the SoonerCare HMP

Eighteen of the 37 surveys were completed by the individual in the practice who actually made the decision to participate. Fifteen of the 18 gave as their primary reason "improving care management of patients with chronic conditions/improving outcomes". (Two stated "receiving assistance in redesigning practice workflows" and one did not respond.)

Secondary reasons cited by one or more respondents included:

- Gaining access to practice facilitator and/or embedded health coach (12 respondents)
- Continuing education (nine respondents)
- Increasing income (three respondents)
- Reducing costs (three respondents)
- Improving care management of patients with chronic conditions/improving outcomes (two respondents)
- Receiving assistance in redesigning practice workflows (one respondent)

Practice Facilitation Activities

Respondents were asked to rate the importance of the specific activities typically performed by practice facilitators. Respondents were asked to rate their importance regardless of the practice's actual experience.

Each of the activities was rated "very important" by a majority of the respondents (Exhibit 5-1 on the following page). The highest rated item was "receiving focused training in evidence-based practice guidelines for chronic conditions".

Exhibit 5-1 – Importance of Practice Facilitation Components

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
1. Receiving information on the prevalence of chronic diseases among your patients	67.6%	27.0%	5.4%	0.0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	81.1%	18.9%	0.0%	0.0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	86.1%	13.9%	0.0%	0.0%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	73.0%	27.0%	0.0%	0.0%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	78.4%	21.6%	0.0%	0.0%
6. Having a Practice Facilitator on-site to work with you and your staff	64.9%	27.0%	5.4%	2.7%
7. Receiving quarterly reports on your progress with respect to identified performance measures	73.0%	27.0%	0.0%	0.0%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	78.4%	21.6%	0.0%	0.0%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Helpfulness of Program Components

Respondents next were asked to rate the helpfulness of the same practice facilitation components in terms of improving their management of patients with chronic conditions. The overall level of satisfaction was high, with all eight activities rated as "very helpful" by half or more of the respondents (Exhibit 5-2).

Exhibit 5-2 – Helpfulness of Practice Facilitation Components

Practice Facilitation Component	Level of Helpfulness				
	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	Don't know
1. Receiving information on the prevalence of chronic diseases among your patients	64.9%	27.0%	5.4%	0.0%	2.7%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	75.7%	18.9%	2.7%	0.0%	2.7%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	78.4%	18.9%	0.0%	0.0%	2.7%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	59.5%	29.7%	2.7%	0.0%	8.1%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	73.0%	24.3%	0%	0.0%	2.7%
6. Having a practice facilitator on-site to work with you and your staff	73.0%	18.9%	2.7%	2.7%	2.7%
7. Receiving quarterly reports on your progress with respect to identified performance measures	58.6%	34.5%	3.4%	0.0%	3.4%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	70.3%	24.3%	0.0%	0.0%	5.4%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

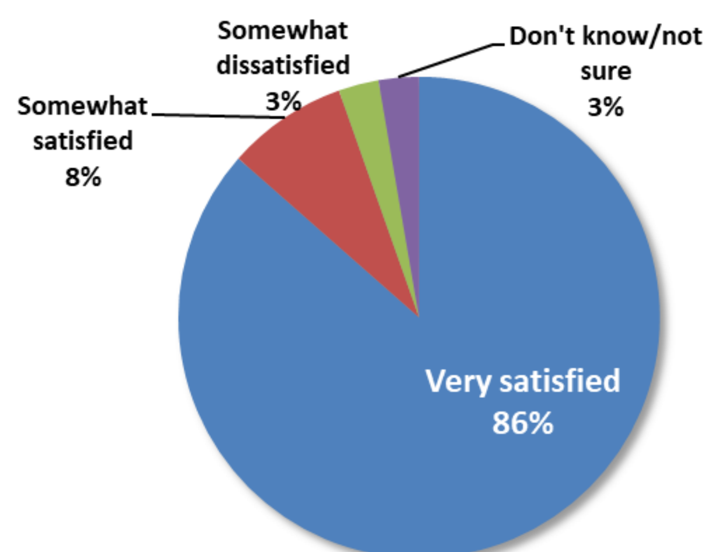
Practice Facilitation Outcomes

Thirty of 37 respondents (81.1 percent) reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. (Three stated they did not make changes and four were unsure.) The types of changes made included:

- Better education of patients with chronic conditions, including provision of educational materials (21 respondents)
- More frequent foot/eye exams and/or HbA1c testing of diabetic patients (20 respondents)
- Identification of tests/exams to manage chronic conditions (19 respondents)
- Improved documentation (19 respondents)
- Increased staff involvement in chronic care workups (18 respondents)
- Increased attention/diligence in use of charts (16 respondents)
- Use of flow sheets/forms provided by the practice facilitator or created through CareMeasures (10 respondents)

Thirty-one of the 37 respondents (90 percent) stated that their practice had become more effective in managing patients with chronic conditions as a result of their participation in practice facilitation. This translated into a high level of satisfaction with the overall practice facilitation experience (Exhibit 5-3).

Exhibit 5-3 – Overall Satisfaction with Practice Facilitation Experience



Consistent with this result, 90 percent of respondents said they would recommend the practice facilitation program to other physicians caring for patients with chronic conditions. The others did not know/were not sure.

Health Coach Activities

Thirty-two of the 37 respondents stated they had a health coach currently assigned to their practice. The 32 respondents were asked to rate the importance of the activities performed by the health coach. A majority rated each of the activities as "very important" (Exhibit 5-4).

Exhibit 5-4 **– Importance of Health Coaching Activities**

Health Coaching Activity	Level of Importance				
	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not sure
1. Learning about your patients and their health care needs	93.8%	3.1%	0.0%	0.0%	3.1%
2. Giving easy to understand instructions about taking care of health problems or concerns	93.8%	6.3%	0.0%	0.0%	0.0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	90.6%	6.3%	0.0%	0.0%	3.1%
4. Answering patient questions about their health	90.6%	9.4%	0.0%	0.0%	0.0%
5. Helping patients to talk to and work with you and practice staff	81.3%	15.6%	0.0%	0.0%	3.1%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	78.1%	21.9%	0.0%	0.0%	0.0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	78.1%	21.9%	0.0%	0.0%	0.0%
8. Reviewing patient medications and helping patients to manage their medications	75.0%	25.0%	0.0%	0.0%	0.0%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Respondents next were asked to rate their satisfaction with health coaching activities, in terms of assistance provided to their patients. The level of satisfaction was very high across all activities (Exhibit 5-5).

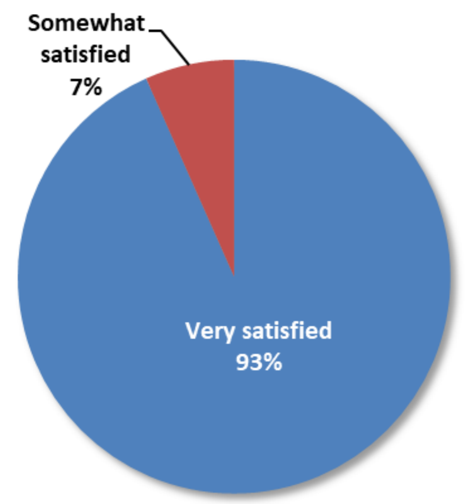
***Exhibit 5-5* – Satisfaction with Health Coaching Activities**

Health Coaching Activity	Level of Satisfaction				
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Sure
1. Learning about your patients and their health care needs	90.3%	3.2%	0.0%	0.0%	6.5%
2. Giving easy to understand instructions about taking care of health problems or concerns	78.1%	6.3%	0.0%	0.0%	15.6%
3. Helping patients to identify changes in their health that might be an early sign of a problem	78.1%	9.4%	0.0%	0.0%	12.5%
4. Answering patient questions about their health	75.0%	12.5%	0.0%	0.0%	12.5%
5. Helping patients to talk to and work with you and practice staff	84.4%	3.1%	0.0%	0.0%	12.5%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	75.0%	9.4%	0.0%	0.0%	15.6%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	78.1%	6.3%	0.0%	0.0%	15.6%
8. Reviewing patient medications and helping patients to manage their medications	71.9%	9.4%	0.0%	0.0%	18.8%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

The providers' enthusiasm was further reflected in their overall satisfaction with having a health coach assigned to their practice (Exhibit 5-6).

Exhibit 5-6 **– Overall Satisfaction with Health Coach**



It also carried over to the types of comments made when asked to suggest ways to improve the program:

- "Health coach has been very helpful to many of our patients and staff"
- "We are still very new in this service. She just selected our measure for improvement. So far, so good!"
- "Excellent program"
- "Let us keep them – we love them!"
- "Doing a great job!"
- "Clone her" (health coach)
- "Every office needs a (health coach like her). She is wonderful. The patients tell her things they won't tell the provider."
- "More coaches – we love them!"

In terms of suggestions, one provider questioned the OHCA's methodology for identifying health coaching participants. In this provider's opinion, the criteria can result in the enrollment of patients with fewer needs than other patients who do not qualify. Another recommended more frequent assessments of member needs. Several providers stated they wanted easier access to the health coach's notes and several recommended that the OHCA not impose limits on which patients can be referred to the health coach (e.g., allow referral of non-Medicaid patients).

Summary of Key Findings

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP very favorably. The most common reason cited for participating was to receive focused training on evidence-based practice guidelines for chronic conditions. Ninety-seven percent of respondents (36 out of 37) credited the program with helping them to achieve this objective.

Overall, 94 percent of providers described themselves as very or somewhat satisfied with their practice facilitation experience. One hundred percent described themselves as very or somewhat satisfied with having a health coach assigned to their practice.

CHAPTER 6 – PRACTICE FACILITATION – QUALITY OF CARE ANALYSIS

Introduction

SoonerCare HMP practice facilitation is intended to improve quality of care by educating practices on effective treatment of patients with chronic conditions and adoption of clinical best practices.

PHPG evaluated the impact of SoonerCare HMP practice facilitation on quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation included the same 19 diagnosis-specific measures and three population-wide preventive measures presented in chapter three:

- Asthma measures
  - Use of appropriate medications for people with asthma
  - Medication management for people with asthma – 50 percent[58]
  - Medication management for people with asthma – 75 percent

- Cardiovascular (CAD and heart failure) measures
  - Persistence of beta-blocker treatment after a heart attack
  - Cholesterol management for patients with cardiovascular conditions – LDL-C screening

- COPD measures
  - Use of spirometry testing in the assessment and diagnosis of COPD
  - Pharmacotherapy management of COPD exacerbation – 14 days
  - Pharmacotherapy management of COPD exacerbation – 30 days

- Diabetes measures
  - Percentage of members who had LDL-C screening
  - Percentage of members who had retinal eye exam performed
  - Percentage of members who had Hemoglobin A1c (HbA1c) testing
  - Percentage of members who received medical attention for nephropathy
  - Percentage of members prescribed angiotensin converting enzyme inhibitors or angiotensin receptor blockers (ACE/ARB therapy)

- Hypertension measures
  - Percentage of members who had LDL-C screening
  - Percentage of members prescribed ACE/ARB therapy
  - Percentage of members prescribed diuretics

[58] The 50 percent measure has been discontinued by NCQA/HEDIS but is being reported here as part of the longitudinal analysis of quality measures.

  - Percentage of members prescribed ACE/ARB therapy or diuretics with annual medication monitoring

- Mental Health measures
  - Follow-up after hospitalization for mental illness – 7 days
  - Follow-up after hospitalization for mental illness – 30 days

- Preventive health measures
  - Adult access to preventive/ambulatory health services
  - Children and adolescents' access to PCPs
  - Adult body mass index (BMI) assessment

The specifications for each measure are presented in the applicable section.

Methodology

The quality of care analysis dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA. To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the program were excluded from the analysis. This was done to avoid double counting the program's impact.

PHPG determined the total number of members to be evaluated for each measure (denominator), the number meeting the clinical standard (numerator) and the resultant "percent compliant". As in chapter three, the results were compared to compliance rates for the general SoonerCare population (SFY 2018 reporting year), where available, and to national Medicaid MCO benchmarks where SoonerCare data was not available. (SoonerCare rates are shown in black font; national rates, when used, are shown in blue font. In a few instances, neither source was available, as denoted by dash lines.)

PHPG also compared SFY 2018 SoonerCare health coaching population compliance rates to SFY 2015 through SFY 2017 compliance rates to examine year-over-year trends.

For each measure, the first exhibit displayed presents SoonerCare practice facilitation site patients and a comparison group (general SoonerCare population or national Medicaid MCO benchmark). The second exhibit presents SoonerCare practice facilitation site patient year-over-year compliance percentages.

Statistically significant differences between members aligned with practice facilitation providers and the comparison group at a 95 percent confidence level are noted in the exhibits through bold face type of the value shown in the "% point difference" column. However, all results

should be interpreted with caution given the small size of the practice facilitation member population.

Asthma

The quality of care for members with asthma (ages 5 to 64) was evaluated through three clinical measures:

- *Use of Appropriate Medications for People with Asthma*: Percent with persistent asthma who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or methylaxanthines.
- *Medication Management for People with Asthma – 50 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription for an asthma controller medication for at least 50 percent (50 percent compliance rate) of the year, starting with the first date of receiving such a prescription.
- *Medication Management for People with Asthma – 75 Percent*: Percentage of members receiving at least one asthma medication who had an active prescription at least 75 percent (75 percent compliance rate) of the year, starting with the first date of receiving such a prescription.

The compliance rate for the practice facilitation population exceeded the comparison group rate on one of three measures (Exhibit 6-1). The difference was statistically significant for one measure.

Exhibit 6-1– Asthma Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Use of Appropriate Medications for People with Asthma	40	36	90.0%	81.1%	9.9%
2. Medication Management for People with Asthma – 50 Percent	39	23	59.0%	59.8%	(0.8%)
3. Medication Management for People with Asthma – 75 Percent	39	10	25.6%	39.3%	**(13.7%)**

There was a slight increase in the rate for two measures, while the third showed no change from SFY 2015 to SFY 2018 (Exhibit 6-2).

Exhibit 6-2 – Asthma Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Appropriate Medications for People with Asthma	90.0%	88.8%	88.1%	90.0%	---
2. Medication Management for People with Asthma – 50 Percent	56.8%	58.5%	57.5%	59.0%	2.2%
3. Medication Management for People with Asthma – 75 Percent	24.3%	24.4%	22.5%	25.6%	1.3%

Cardiovascular Disease

The quality of care for members with cardiovascular disease (coronary artery disease, heart failure) was evaluated through two clinical measures:

- *Persistence of Beta Blocker Treatment after Heart Attack*: Percentage of members 18 and older with prior MI prescribed beta-blocker therapy.
- *LDL-C Screening*: Percentage of members 18 to 75 who received at least one LDL-C screen.

The compliance rate for the comparison group exceeded the practice facilitation population rate on the one measure having a comparison group percentage (Exhibit 6-3). The difference was statistically significant, although this result should be viewed with caution given the very small practice facilitation population.

Exhibit 6-3 – Cardiovascular Disease Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Persistence of Beta Blocker Treatment after Heart Attack	6	3	50.0%	78.5%	**(28.5%)**
2. LDL-C Screening	51	40	78.4%	--	--

The compliance rates for both cardiovascular measures increased from SFY 2015 to SFY 2018 (Exhibit 6-4).

Exhibit 6-4 – Cardiovascular Disease Clinical Measures - 2015 - 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	33.3%	37.5%	42.9%	50.0%	16.7%
2. LDL-C Screening	76.0%	78.6%	77.4%	78.4%	2.4%

COPD

The quality of care for members with COPD (ages 40 and older) was evaluated through three clinical measures:

- *Use of Spirometry Testing in the Assessment/Diagnosis of COPD*: Percentage of members who received spirometry screening.
- *Pharmacotherapy Management of COPD Exacerbation – 14 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed systemic corticosteroid within 14 days.
- *Pharmacotherapy Management of COPD Exacerbation – 30 Days*: Percentage of COPD exacerbations for members who had an acute inpatient discharge or ED visit and who were dispensed a bronchodilator within 30 days.

The compliance rate for the comparison group exceeded the practice facilitation population rate on all three measures (Exhibit 6-5). The difference was statistically significant for two of the three measures.

Exhibit 6-5 – COPD Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	85	14	16.5%	31.6%	**(15.1%)**
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	43	15	34.9%	68.2%	**(33.3%)**
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	43	31	72.1%	81.4%	(9.3%)

The compliance rate for all three measures increased moderately from SFY 2015 to SFY 2018 (Exhibit 6-6).

Exhibit 6-6 – COPD Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	10.5%	12.8%	13.5%	16.5%	6.0%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	30.0%	31.1%	31.8%	34.9%	4.9%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	67.5%	68.8%	70.5%	72.1%	4.6%

Diabetes

The quality of care for members (ages 18 to 75) with diabetes was evaluated through five clinical measures:

- *LDL-C Screening*: Percentage of members who received LDL-C Screening in previous twelve months.
- *Retinal Eye Exam*: Percentage of members who received at least one dilated retinal eye exam in previous twelve months.
- *HbA1c Test*: Percentage of members who received at least one HbA1C test in previous twelve months.
- *Medical Attention for Nephropathy*: Percentage of members who received medical attention for nephropathy in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.

The compliance rate for the practice facilitation population exceeded the comparison group rate on all of the four measures having a comparison group percentage (Exhibit 6-7). The difference was statistically significant for one measure.

Exhibit 6-7 – Diabetes Clinical Measures – Practice Facilitation Members vs Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. LDL-C Screening	265	183	69.1%	65.8%	3.3%
2. Retinal Eye Exam	265	77	29.1%	30.1%	1.0%
3. HbA1c Test	265	204	77.0%	74.2%	2.8%
4. Medical Attention for Nephropathy	265	194	73.2%	52.9%	**20.3%**
5. ACE/ARB Therapy	265	155	58.5%	---	---

The compliance rate increased slightly for all five diabetes clinical measures from SFY 2015 to SFY 2018 (Exhibit 6-8).

Exhibit 6-8 – Diabetes Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	66.4%	67.5%	68.1%	69.1%	2.7%
2. Retinal Eye Exam	26.5%	27.9%	28.1%	29.1%	2.6%
3. HbA1c Test	73.1%	73.9%	74.4%	77.0%	3.9%
4. Medical Attention for Nephropathy	72.3%	72.1%	72.2%	73.2%	0.9%
5. ACE/ARB Therapy	57.7%	56.5%	56.7%	58.5%	0.8%

Hypertension

The quality of care for members with hypertension (ages 18 and older) was evaluated through four clinical measures:

- *LDL-C Screening*: Percentage of members who received LDL-C in previous twelve months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous twelve months.
- *Diuretics*: Percentage of members who received diuretic in previous twelve months.
- *Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics*: Percentage of members prescribed ACE/ARB therapy or diuretic who received annual medication monitoring.

The compliance rate for the comparison group exceeded the practice facilitation population rate on the one measure having a comparison group percentage (Exhibit 6-9). The difference was statistically significant.

Exhibit 6-9 – Hypertension Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. LDL-C Screening	628	385	61.3%	---	---
2. ACE/ARB Therapy	628	385	61.3%	---	---
3. Diuretics	628	268	42.7%	---	---

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics[59]	265	218	82.3%	88.2%	**(5.9%)**

The compliance rate increased slightly for all four hypertension clinical measures from SFY 2015 to SFY 2018 (Exhibit 6-10).

Exhibit 6-10 – Hypertension Clinical Measures - 2015 - 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	58.2%	59.2%	59.7%	61.3%	3.1%
2. ACE/ARB Therapy	60.1%	59.8%	60.2%	61.3%	1.2%
3. Diuretics	41.4%	41.8%	42.3%	42.7%	1.3%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	79.1%	80.4%	80.7%	82.3%	3.2%

[59] Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

Mental Health

The quality of care for members with mental illness (ages six and older) was evaluated through two clinical measures:

- *Follow-up after Hospitalization for Mental Illness – Seven Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within seven days.
- *Follow-up after Hospitalization for Mental Illness – 30 Days*: Percentage of members who were hospitalized during the measurement year for the treatment of selected mental health diagnoses who had a follow up visit with a mental health practitioner within 30 days.

The compliance rate for the practice facilitation population exceeded the comparison group rate on both measures (Exhibit 6-11). The difference was statistically significant in both cases.

Exhibit 6-11 – Mental Health Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Follow-up after Hospitalization for Mental Illness – Seven Days	168	69	41.1%	24.1%	**17.0%**
2. Follow-up after Hospitalization for Mental Illness – 30 Days	168	120	71.4%	46.9%	**24.5%**

The compliance rate for one mental health measure rose slightly, while the other declined slightly from SFY 2015 to SFY 2018 (Exhibit 6-12).

Exhibit 6-12 – Mental Health Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	41.8%	41.4%	41.0%	41.1%	(0.7%)
2. Follow-up after Hospitalization for Mental Illness – 30 Days	70.9%	70.1%	69.9%	71.4%	0.5%

Prevention

The quality of preventive care for members aligned with a practice facilitation provider was evaluated through three clinical measures:

- *Adult Access to Preventive/Ambulatory Care*: Percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.
- *Child Access to PCP*: Percentage of children 12 months to 19 years old who visited a primary care practitioner (PCP) during the measurement year, or if seven years or older, in the measurement year or year prior.
- *Adult BMI*: Percentage of adults 18 to 75 years old who had an outpatient visit where his/her BMI was documented, either during the measurement year or year prior to the measurement year.

The compliance rate for the practice facilitation population exceeded the comparison group rate on two of three measures (Exhibit 6-13). The difference was statistically significant in all cases, although the actual percentage variance for the measure that declined was small.

Exhibit 6-13 – Preventive Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	2,101	2,017	96.0%	83.2%	**12.8%**
2. Child Access to PCP	6,535	6,470	99.0%	92.1%	**6.9%**
3. Adult BMI	1,640	167	10.2%	10.6%	**(0.4%)**

The compliance rates for one of the three measures increased slightly, while the other two measures declined slightly from SFY 2015 to SFY 2018 (Exhibit 6-14).

Exhibit 6-14 – Preventive Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.6%	97.1%	96.9%	96.0%	(0.6%)
2. Child Access to PCP	99.1%	99.2%	99.0%	99.0%	(0.1%)
3. Adult BMI	9.0%	9.6%	9.9%	10.2%	1.2%

Summary of Key Findings

The practice facilitation participant compliance rate exceeded the comparison group rate on nine of 17 measures for which there was a comparison group percentage. The difference was statistically significant for five of the nine measures.

As with the health coaching quality of care analysis, the most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care. The overlap is not surprising, since any practice changes affecting health coaching participants would likely carry over to other patients with the same care needs.

Conversely, the comparison group compliance rate exceeded the participant compliance rate on eight of 17 measures; the difference was statistically significant for six of the eight measures.

The SFY 2018 results were consistent with findings for earlier fiscal years. The long-term benefits to participants will continue to be measured through the quality of care longitudinal analysis and through the utilization and expenditure analysis presented in the next chapter.

CHAPTER 7 – PRACTICE FACILITATION – EXPENDITURE & COST EFFECTIVENESS ANALYSIS

Introduction

Practice facilitation, if effective, should have an observable impact on service utilization and expenditures for patients with chronic conditions. Improvement in the quality of care should yield better outcomes in the form of lower acute care costs.

This section presents information for members with chronic conditions treated at practice facilitation sites. The analysis includes detailed findings for the same six chronic impact conditions evaluated in the health coaching expenditure evaluation: asthma, coronary artery disease, COPD, diabetes, heart failure and hypertension. It also includes findings for other members aligned with practice facilitation providers (i.e., outside of the chronic impact group) and for members aligned with practice facilitation providers in total.

Similar to the method used for the health coaching evaluation, PHPG calculated aggregate and PMPM medical expenditures for members treated during the evaluation period. PHPG then compared actual expenditures to trended MEDai forecasts.

Methodology for Creation of Expenditure Dataset

The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program.

Members with more than one diagnosis were included in their diagnostic category with the greatest expenditures during the post-initiation period.

Findings are presented starting on the following page in similar format to the health coaching data presented in chapter four. Actual hospital days, ED visits and PMPM expenditures are compared to MEDai forecasts. Appendix E contains detailed expenditure exhibits.

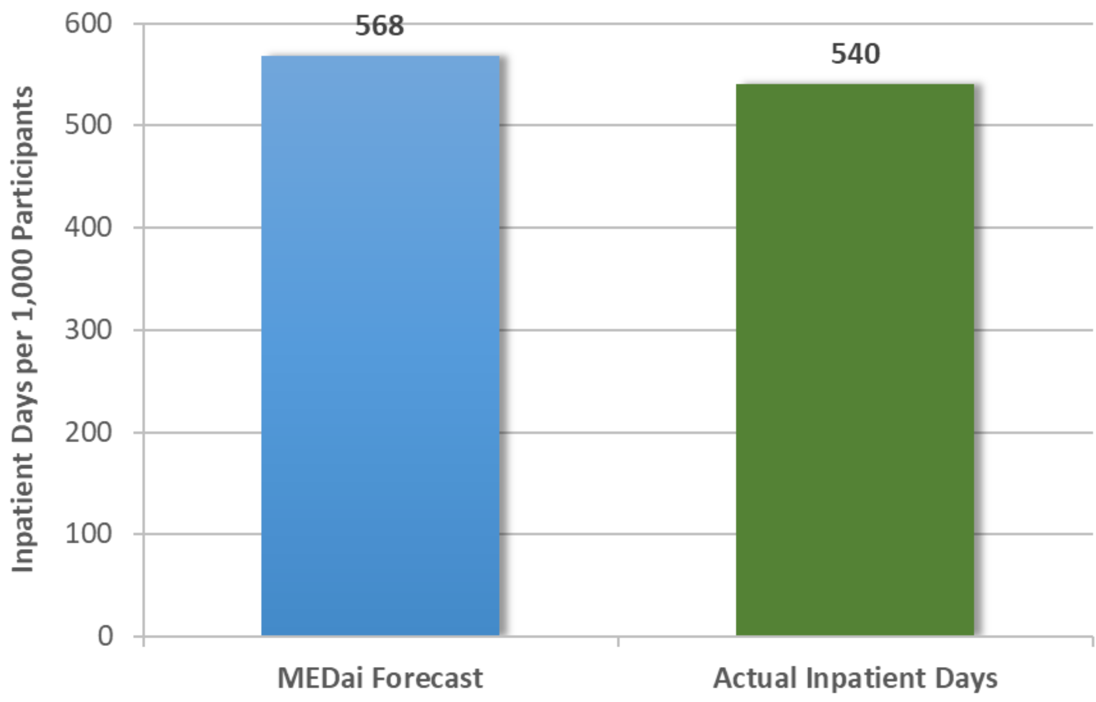
Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 1,562 members who were not participating in health coaching and for whom asthma was the most expensive diagnosis.

Utilization

MEDai projected that members with asthma would incur 568 inpatient days per 1,000 over the 12-month forecast period[60]. The actual rate was 540, or 95 percent of forecast (Exhibit 7-1). (As noted in chapter four, the rate for all Oklahomans in 2017 was 584 days per 1,000.)

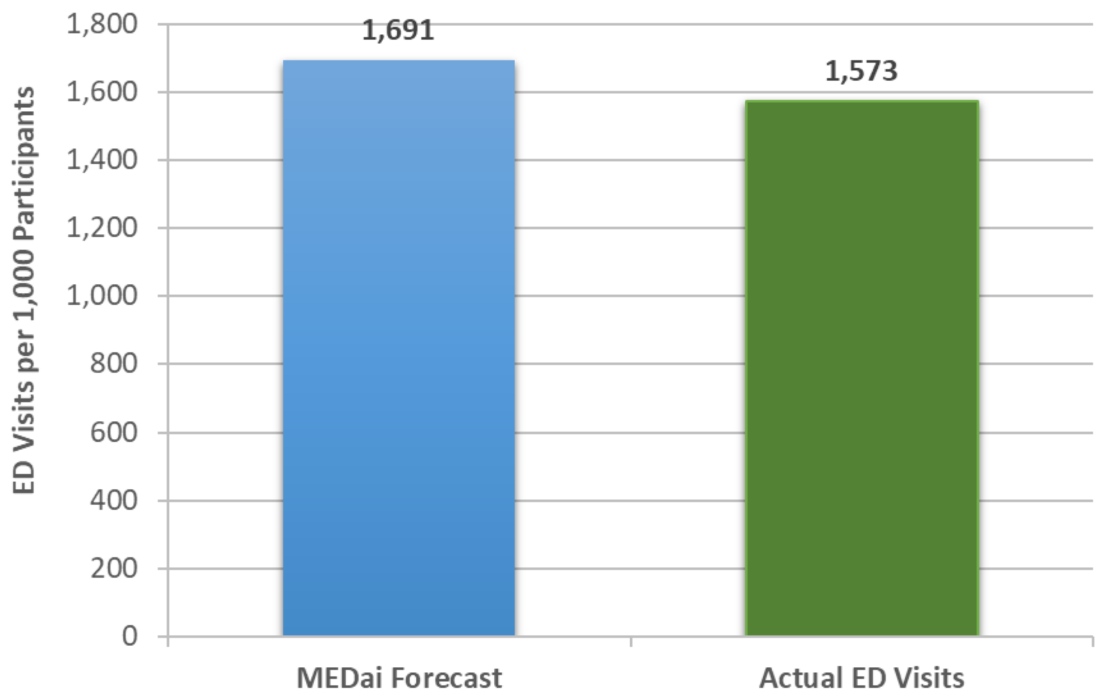
Exhibit 7-1 – Members with Asthma as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



[60] As with the health coaching analysis, all MEDai forecasts assume no intervention in terms of care management. PMPM rate calculated for portion of year that each participant was engaged in program.

MEDai projected that members with asthma would incur 1,691 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,573, or 93 percent of forecast (Exhibit 7-2). (As noted in chapter four, the rate for all Oklahomans in 2017 was 492 visits per 1,000.)

Exhibit 7-2 – Members with Asthma as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants

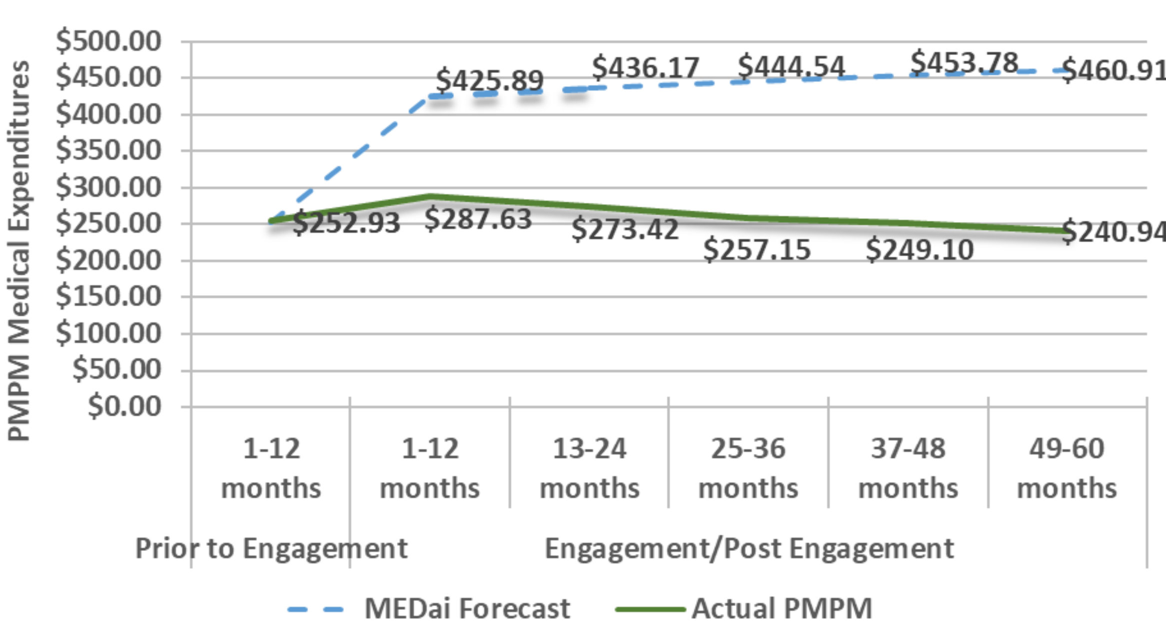


Medical Expenditures – Total and by Category of Service

MEDai projected that members with asthma would incur an average of $426 in PMPM expenditures over the 12-month forecast period. The actual amount was $288, or 68% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $436 in PMPM expenditures. The actual amount was $273, or 63% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $445 in PMPM expenditures. The actual amount was $257, or 58% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $454 in PMPM expenditures. The actual amount was $249, or 55% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $461 in PMPM expenditures. The actual amount was $241, or 52% of forecast (Exhibit 7-3).

Exhibit 7-3 – Participants with Asthma as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level in the first 12 months, expenditures increased for nearly all services (Exhibit 7-4).

Exhibit 7-4 – Members with Asthma as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$39.57	$44.60	$5.04	13%
Outpatient Hospital	$39.58	$51.00	$11.43	29%
Physician	$86.23	$96.84	$10.61	12%
Pharmacy	$45.95	$58.05	$12.10	26%
Behavioral Health	$1.19	$1.56	$0.37	31%
All Other	$40.42	$35.58	($4.84)	-12%
Total	**$252.93**	**$287.63**	**$34.70**	**14%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with asthma by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately $5.9 million (Exhibit 7-5).

Exhibit 7-5 – Members with Asthma as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	26,515	$138.26	$3,666,053
Months 13 - 24	9,239	$162.75	$1,503,626
Months 25 - 36	3,107	$187.39	$582,234
Months 37 - 48	752	$204.68	$153,916
Months 49 - 60	247	$219.97	$54,332
Total	**39,860**	**$149.53**	**$5,960,161**

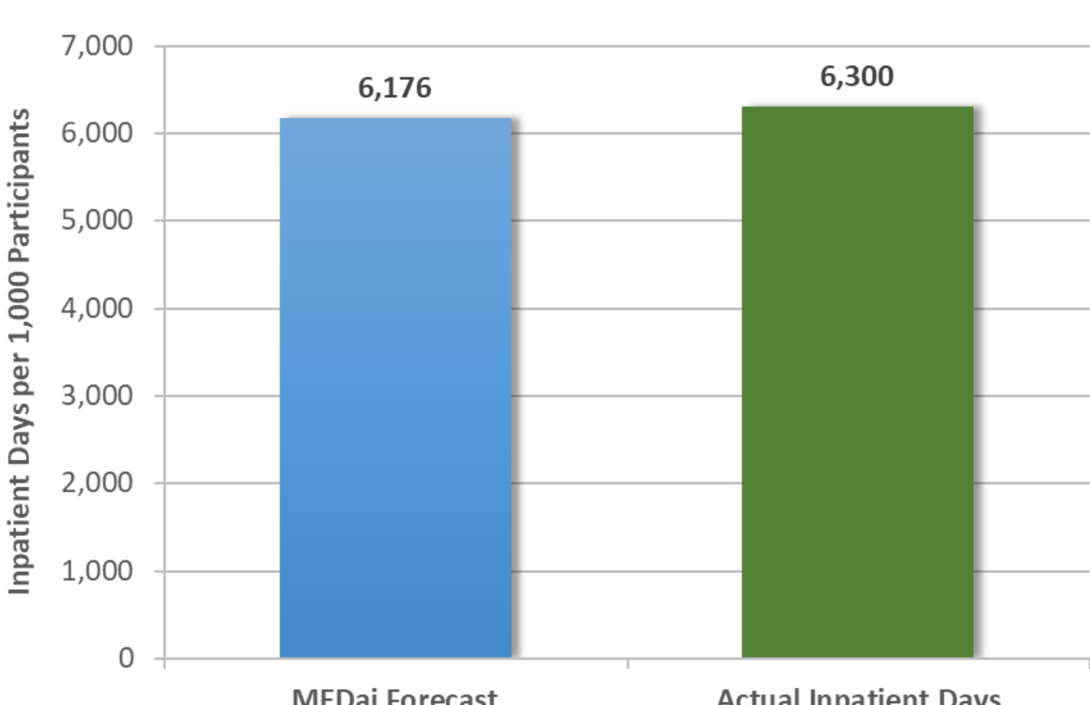
Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 35 members who were not participating in health coaching and for whom coronary artery disease (CAD) was the most expensive diagnosis. Results for this diagnosis should be interpreted with caution given the small size of the population.

Utilization

MEDai projected that members with coronary artery disease would incur 6,176 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 6,300, or 102 percent of forecast (Exhibit 7-6).

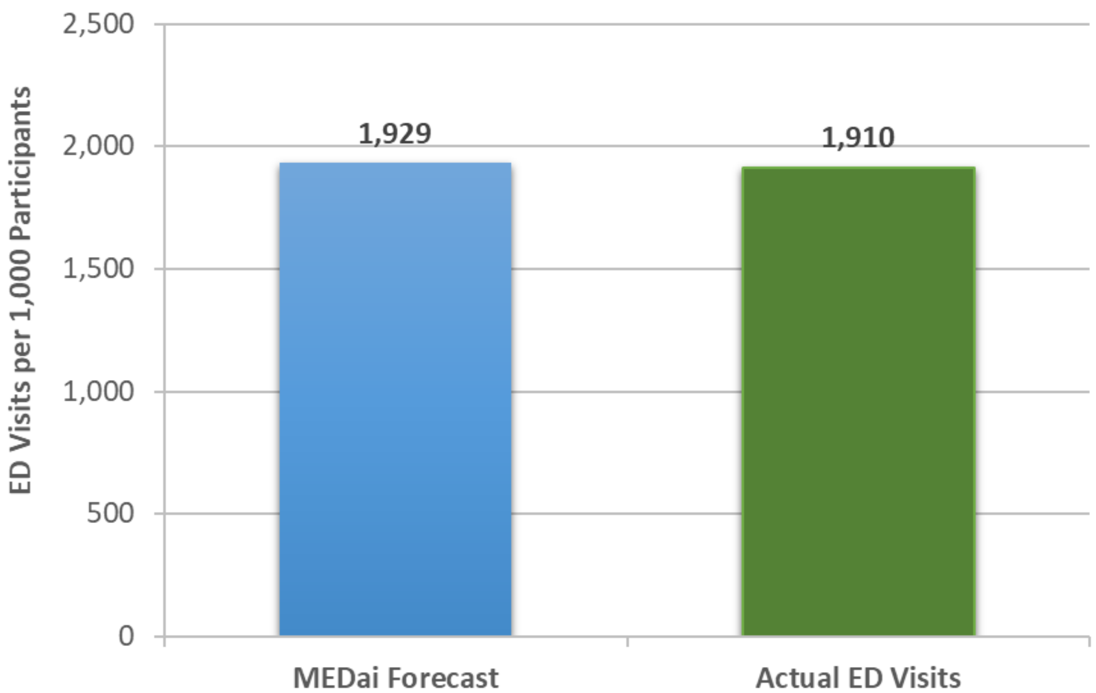
Exhibit 7-6 – Members with CAD as Most Expensive Diagnosis Inpatient Utilization – 12-Month Projection, per 1,000 Participants



Results for this diagnosis should be interpreted with caution given the small size of the population.

MEDai projected that members with coronary artery disease would incur 1,929 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,910, or 99 percent of forecast (Exhibit 7-7).

Exhibit 7-7 – Members with CAD as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



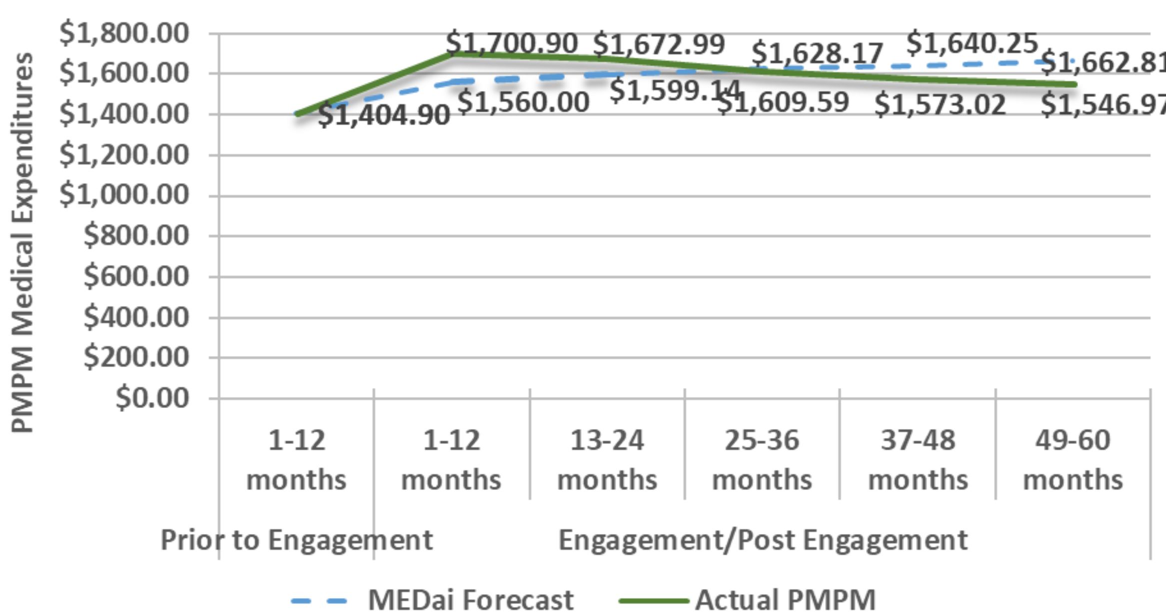
Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with coronary artery disease would incur an average of $1,560 in PMPM expenditures over the 12-month forecast period. The actual amount was $1,701, or 109% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,599 in PMPM expenditures. The actual amount was $1,673, or 105% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,628 in PMPM expenditures. The actual amount was $1,610, or 99% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,640 in PMPM expenditures. The actual amount was $1,573, or 96% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $1,663 in PMPM expenditures. The actual amount was $1,547, or 93% of forecast (Exhibit 7-8).

Exhibit 7-8 – Members with CAD as Most Expensive Diagnosis
Total PMPM Expenditures



Results for this diagnosis should be interpreted with caution given the small size of the population.

At the category-of-service level in the first 12 months, expenditures increased for all services except inpatient hospital (Exhibit 7-9).

Exhibit 7-9 – Members with CAD as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$774.37	$757.13	($17.24)	-2%
Outpatient Hospital	$85.88	$285.37	$199.49	232%
Physician	$220.84	$276.31	$55.47	25%
Pharmacy	$226.09	$226.18	$0.09	0%
Behavioral Health	$0.22	$0.55	$0.33	150%
All Other	$97.50	$155.35	$57.85	59%
Total	**$1,404.90**	**$1,700.90**	**$296.00**	**21%**

Results for this diagnosis should be interpreted with caution given the small size of the population.

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with coronary artery disease by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant deficit equaled approximately ($128,000) (Exhibit 7-10).

Exhibit 7-10 – Members with CAD as Most Expensive Diagnosis Aggregate Deficit

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	802	($140.90)	($113,000)
Months 13 - 24	274	($73.85)	($20,235)
Months 25 - 36	91	$18.58	$1,691
Months 37 - 48	24	$67.23	$1,614
Months 49 - 60	13	$115.84	$1,506
Total	**1,204**	**($106.66)**	**($128,424)**

Results for this diagnosis should be interpreted with caution given the small size of the population.

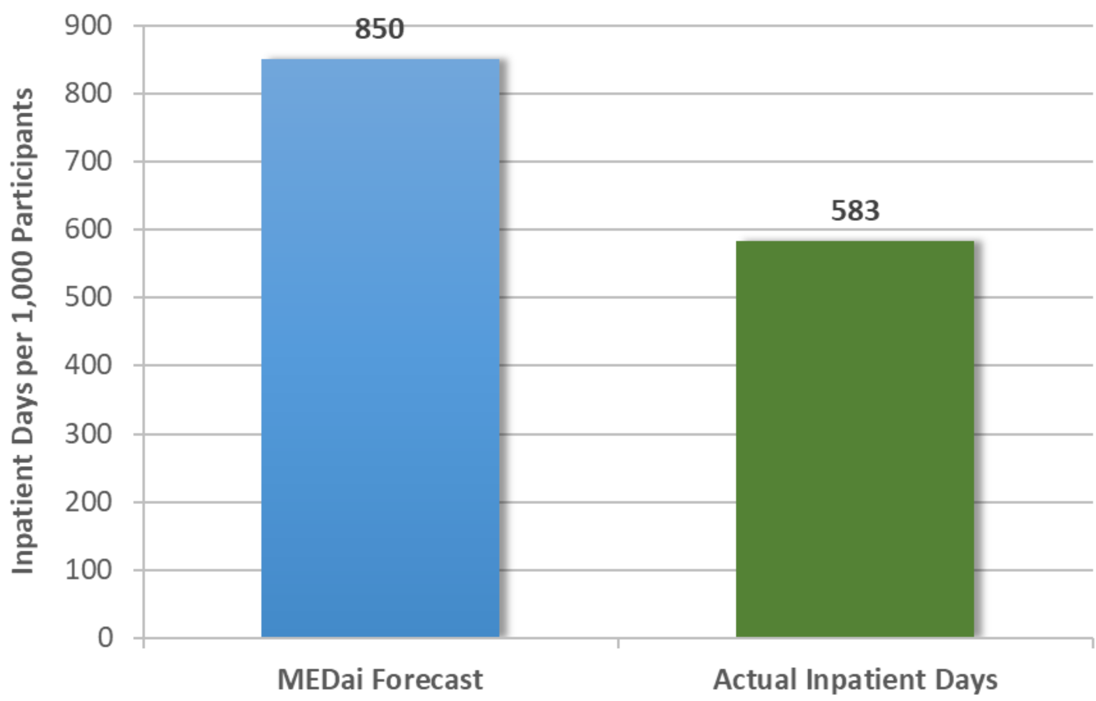
COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 672 members who were not participating in health coaching and for whom COPD was the most expensive diagnosis.

Utilization

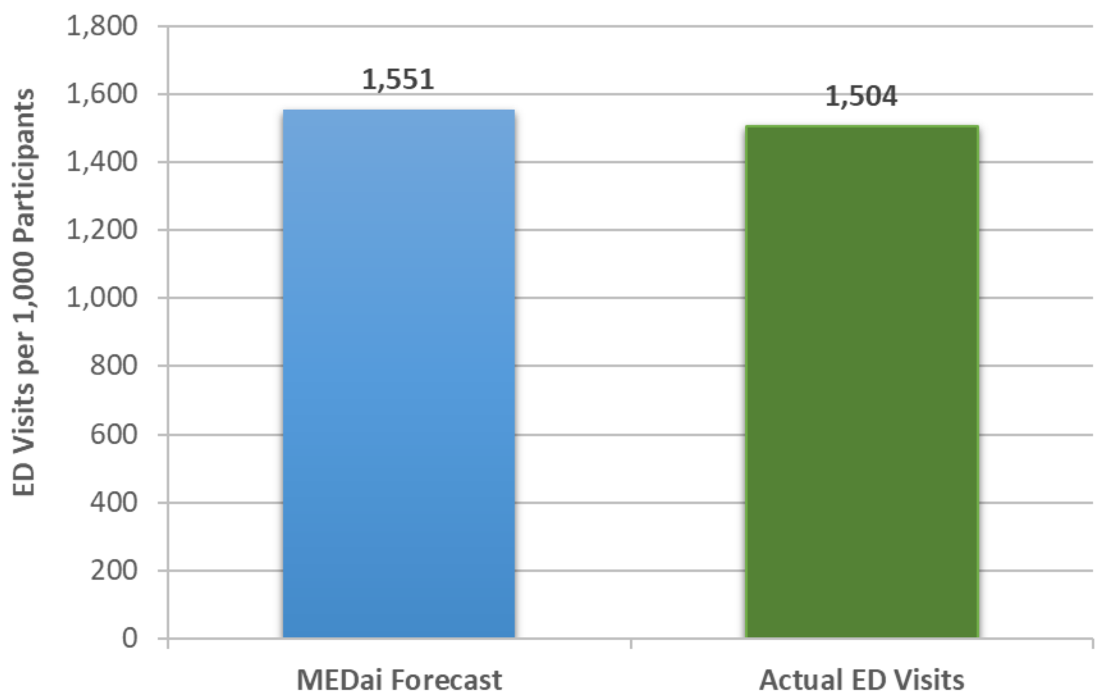
MEDai projected that members with COPD would incur 850 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 583, or 69 percent of forecast (Exhibit 7-11).

Exhibit 7-11 – Members with COPD as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected that members with COPD would incur 1,551 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,504, or 97 percent of forecast (Exhibit 7-12).

Exhibit 7-12 – Members with COPD as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants

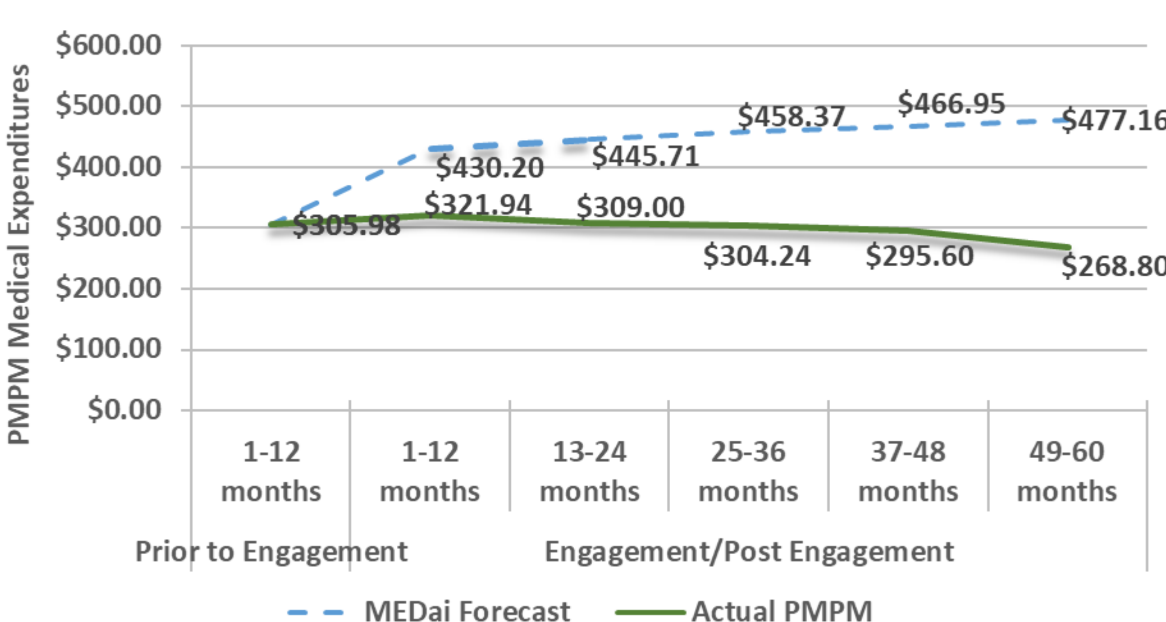


Medical Expenditures – Total and by Category of Service

MEDai projected that members with COPD would incur an average of $430 in PMPM expenditures over the 12-month forecast period. The actual amount was $322, or 75% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $446 in PMPM expenditures. The actual amount was $309, or 69% of forecast. For months 25 to 35, the MEDai forecast with trend applied was $458 in PMPM expenditures. The actual amount was $304, or 66% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $467 in PMPM expenditures. The actual amount was $296, or 63% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $477 in PMPM expenditures. The actual amount was $269, or 56% of forecast (Exhibit 7-13).

Exhibit 7-13 – Members with COPD as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level in the first 12 months, expenditures increased for all services except physician (Exhibit 7-14).

Exhibit 7-14 – Members with COPD as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$55.69	$56.79	$1.10	2%
Outpatient Hospital	$42.00	$55.96	$13.96	33%
Physician	$108.56	$101.76	($6.80)	-6%
Pharmacy	$57.40	$60.92	$3.52	6%
Behavioral Health	$0.42	$0.62	$0.20	47%
All Other	$41.92	$45.90	$3.98	9%
Total	**$305.98**	**$321.94**	**$15.95**	**5%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with COPD by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately $2.3 million (Exhibit 7-15).

Exhibit 7-15 – Members with COPD as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	13,091	$108.26	$1,417,258
Months 13 - 24	4,462	$136.71	$609,983
Months 25 - 36	1,456	$154.13	$224,420
Months 37 - 48	354	$171.35	$60,659
Months 49 - 60	127	$208.36	$26,462
Total	**19,490**	**$120.00**	**$2,338,782**

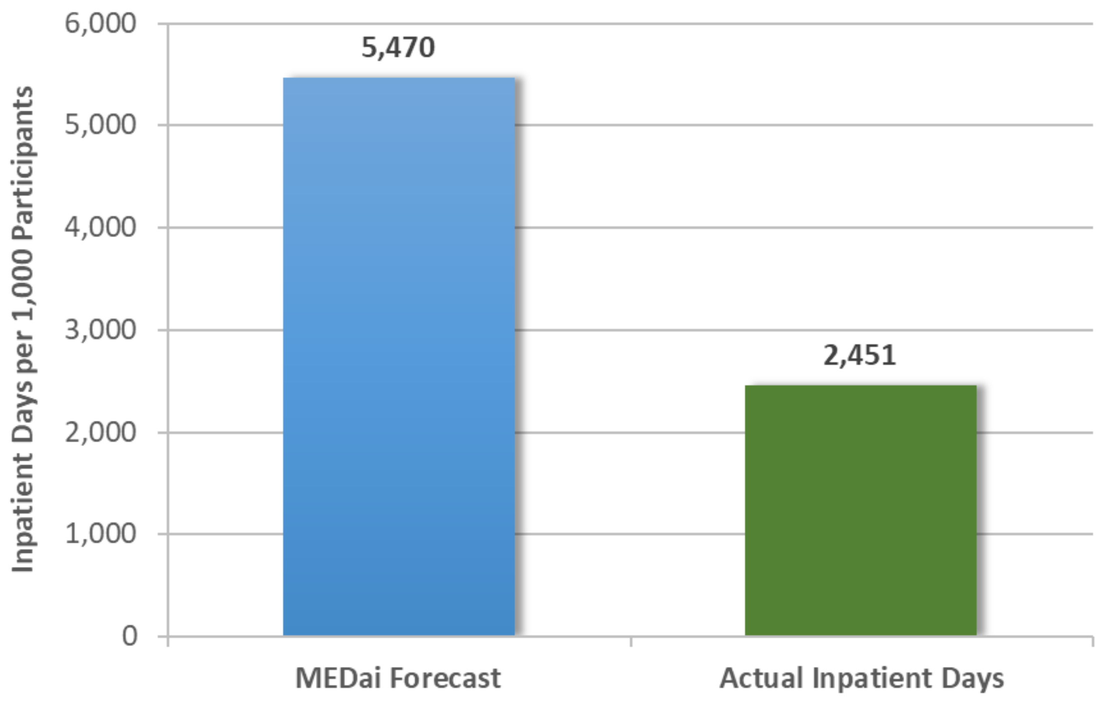
Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 305 members who were not participating in health coaching and for whom diabetes was the most expensive diagnosis.

Utilization

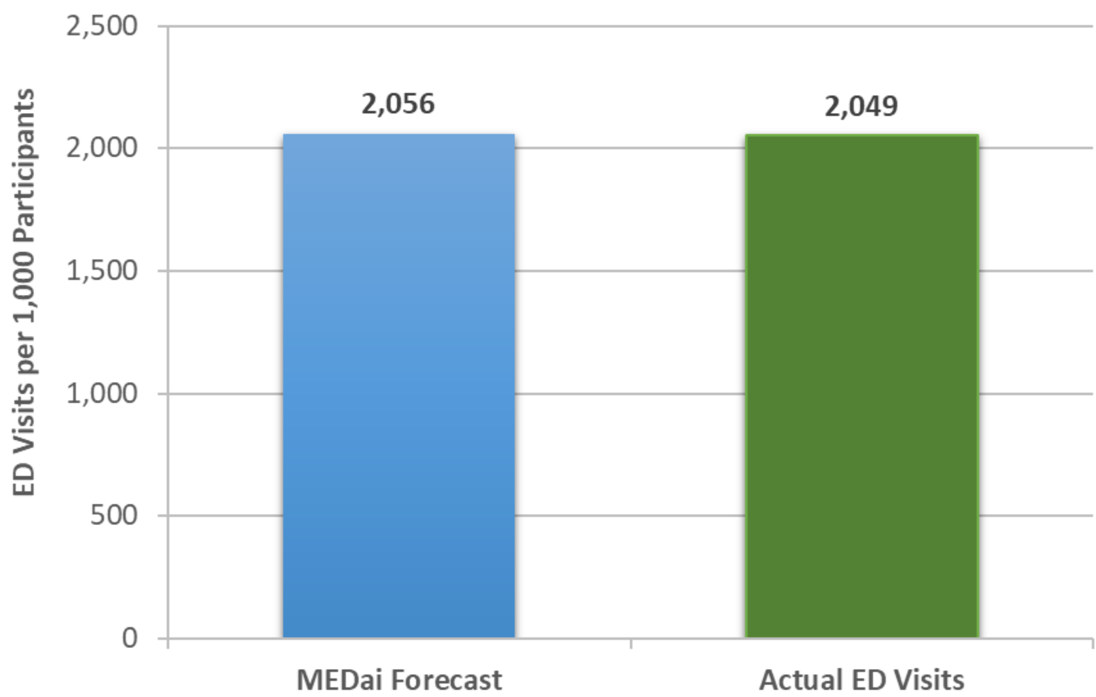
MEDai projected that members with diabetes would incur 5,470 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 2,451, or 45 percent of forecast (Exhibit 7-16).

Exhibit 7-16 – Members with Diabetes as Most Expensive Diagnosis Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected that members with diabetes would incur 2,056 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 2,049, or 100 percent of forecast (Exhibit 7-17).

Exhibit 7-17 – Members with Diabetes as Most Expensive Diagnosis Emergency Department Utilization – 12-Month Projection, per 1,000 Participants

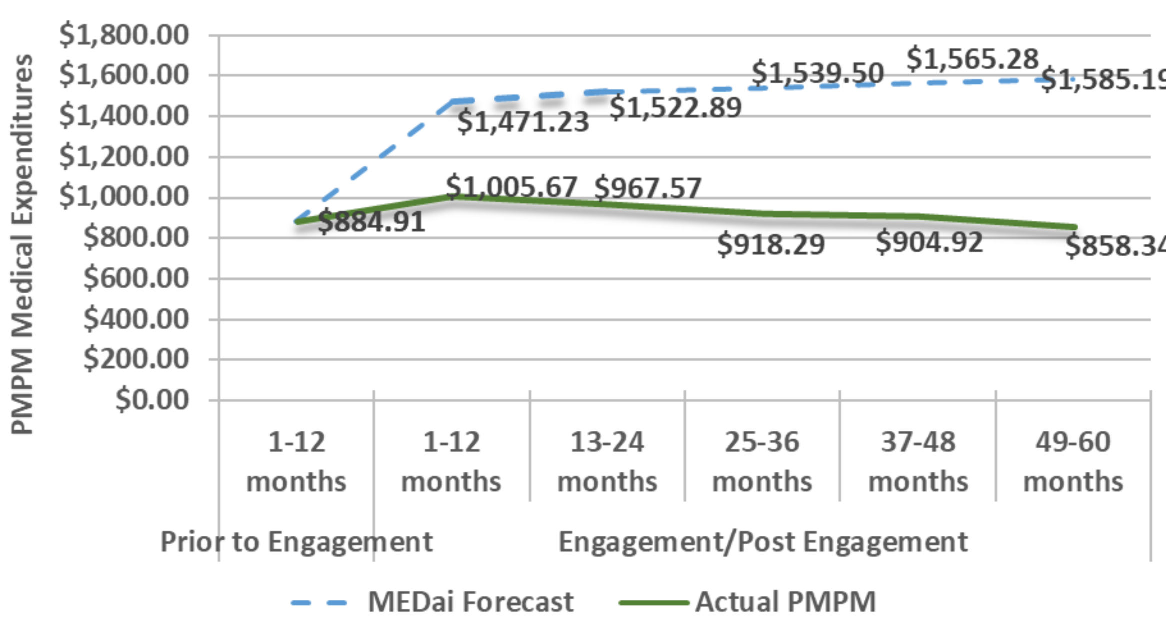


Medical Expenditures – Total and by Category of Service

MEDai projected that members with diabetes would incur an average of $1,471 in PMPM expenditures over the 12-month forecast period. The actual amount was $1,006, or 68% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,523 in PMPM expenditures. The actual amount was $968, or 64% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,540 in PMPM expenditures. The actual amount was $918, or 60% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,565 in PMPM expenditures. The actual amount was $905, or 58% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $1,585 in PMPM expenditures. The actual amount was $858, or 54% of forecast (Exhibit 7-18).

Exhibit 7-18 – Members with Diabetes as Most Expensive Diagnosis
Total PMPM Expenditures



At the category-of-service level in the first 12 months, expenditures increased for all services except outpatient hospital and behavioral health (Exhibit 7-19).

Exhibit 7-19 – Members with Diabetes as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$197.02	$275.64	$78.62	40%
Outpatient Hospital	$146.79	$139.57	($7.22)	-5%
Physician	$194.93	$208.31	$13.37	7%
Pharmacy	$202.41	$223.79	$21.38	11%
Behavioral Health	$14.11	$4.73	($9.38)	-67%
All Other	$129.64	$153.64	$24.00	19%
Total	**$884.91**	**$1,005.67**	**$120.77**	**14%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with diabetes by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately $4.3 million (Exhibit 7-20).

Exhibit 7-20 – Members with Diabetes as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	5,660	$465.56	$2,635,043
Months 13 - 24	1,924	$555.32	$1,068,434
Months 25 - 36	648	$621.21	$402,547
Months 37 - 48	161	$660.36	$106,319
Months 49 - 60	59	$726.85	$42,884
Total	**8,452**	**$503.46**	**$4,255,227**

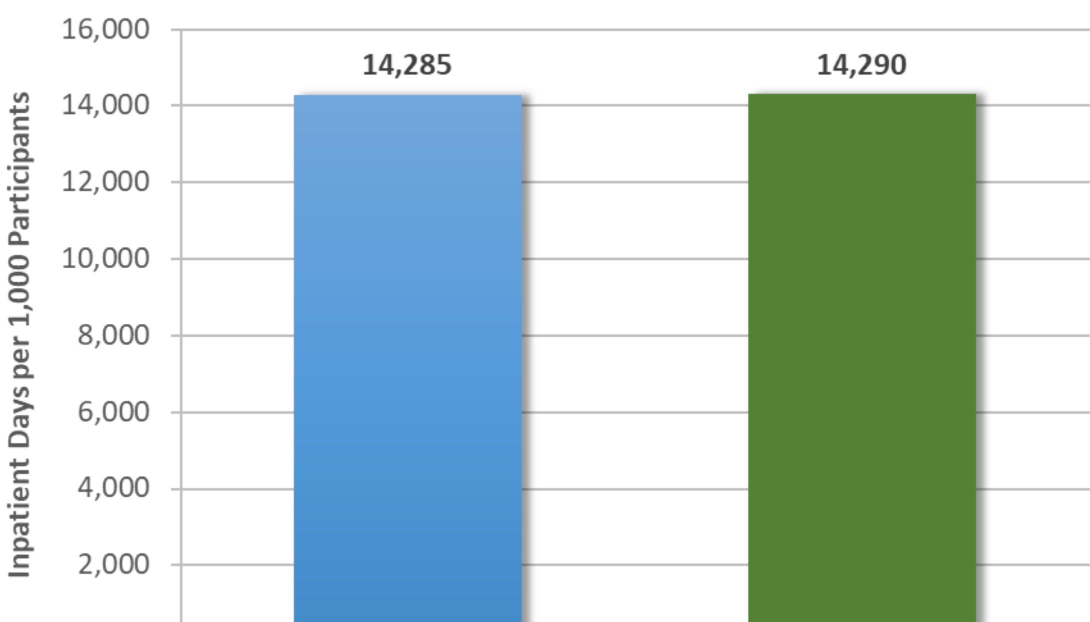
Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 22 members who were not participating in health coaching and for whom heart failure was the most expensive diagnosis. Results for this diagnosis should be interpreted with caution given the small size of the population.

Utilization

MEDai projected that members with heart failure would incur 14,285 inpatient days per 1,000 over the 12-month forecast period. The actual rate was exactly 14,290, or 100 percent of forecast (Exhibit 7-21).

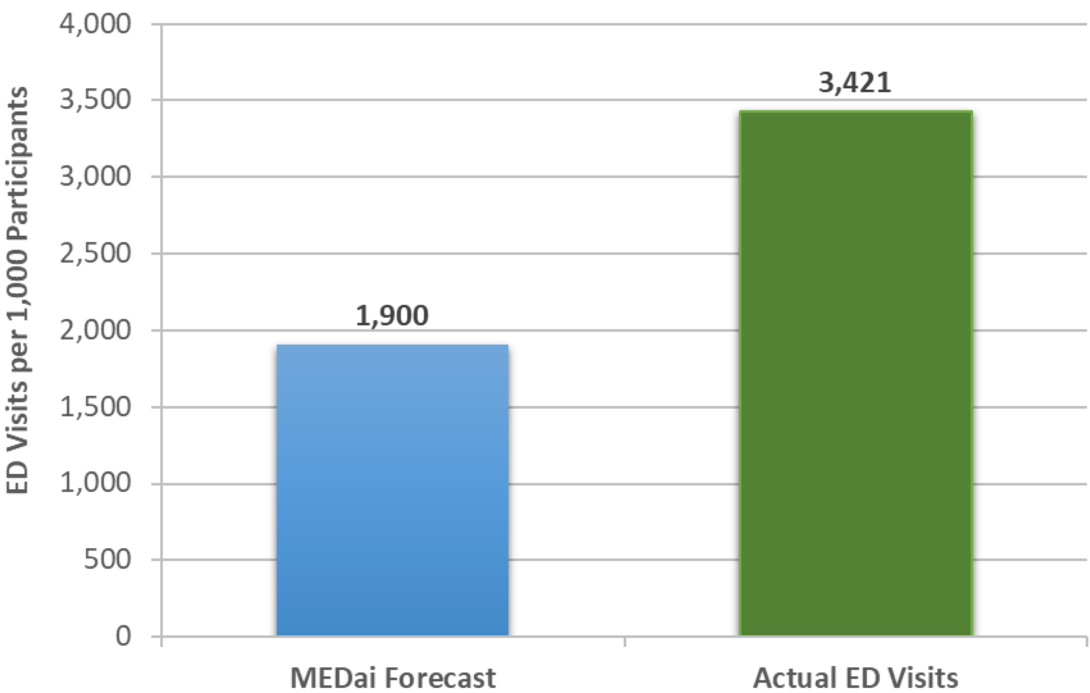
Exhibit 7-21 – Members with Heart Failure as Most Expensive Diagnosis Inpatient Utilization – 12-Month Projection, per 1,000 Participants



Results for this diagnosis should be interpreted with caution given the small size of the population.

MEDai projected that members with heart failure would incur 1,900 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 3,421, or 180 percent of forecast (Exhibit 7-22).

Exhibit 7-22 – Members with Heart Failure as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



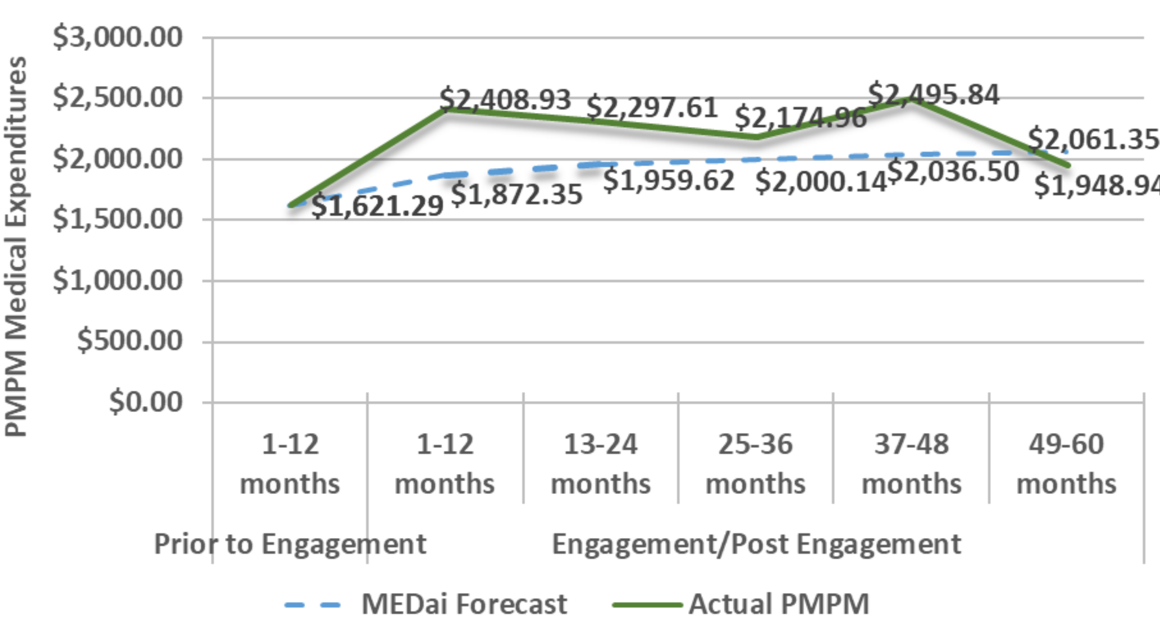
Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with heart failure would incur an average of $1,872 in PMPM expenditures over the 12-month forecast period. The actual amount was $2,409, or 129% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,960 in PMPM expenditures. The actual amount was $2,298, or 117% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $2,000 in PMPM expenditures. The actual amount was $2,175, or 109% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $2,037 in PMPM expenditures. The actual amount was $2,496, or 123% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $2,061 in PMPM expenditures. The actual amount was $1,949, or 95% of forecast (Exhibit 7-23).

Exhibit 7-23 – Members with Heart Failure as Most Expensive Diagnosis Total PMPM Expenditures



Results for this diagnosis should be interpreted with caution given the small size of the population.

At the category-of-service level in the first 12 months, expenditures increased for all services except pharmacy and behavioral health, for which the 22 members did not incur any claims (Exhibit 7-24).

Exhibit 7-24 – Members with Heart Failure as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$703.81	$1,261.74	$557.92	79%
Outpatient Hospital	$345.01	$466.83	$121.82	35%
Physician	$267.83	$404.48	$136.64	51%
Pharmacy	$126.73	$87.63	($39.10)	-31%
Behavioral Health	-	-	-	-
All Other	$177.91	$188.25	$10.35	6%
Total	**$1,621.29**	**$2,408.93**	**$787.64**	**49%**

Results for this diagnosis should be interpreted with caution given the small size of the population.

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with heart failure by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant deficit equaled approximately ($270,000) (Exhibit 7-25).

Exhibit 7-25 – Members with Heart Failure as Most Expensive Diagnosis Aggregate Deficit

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	397	($536.58)	($213,021)
Months 13 - 24	133	($337.99)	($44,953)
Months 25 - 36	44	($174.82)	($7,692)
Months 37 - 48	12	($459.34)	($5,512)
Months 49 - 60	13	$112.41	$1,461
Total	**599**	**($450.28)**	**($269,717)**

Results for this diagnosis should be interpreted with caution given the small size of the population.

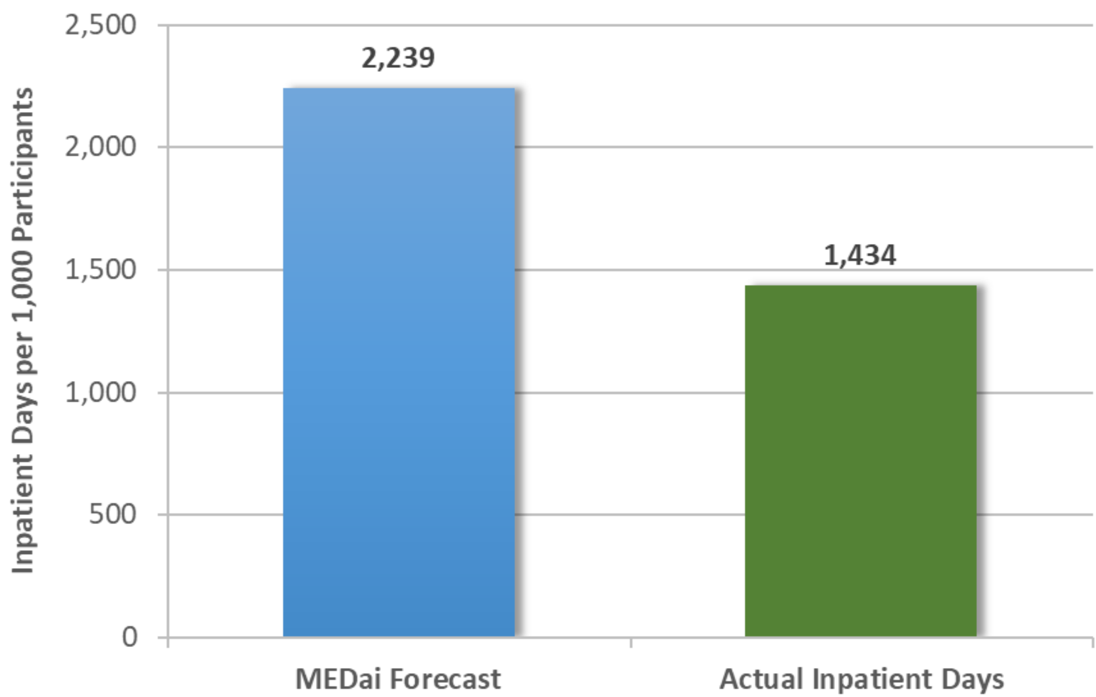
Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 713 members who were not participating in health coaching and for whom hypertension was the most expensive diagnosis.

Utilization

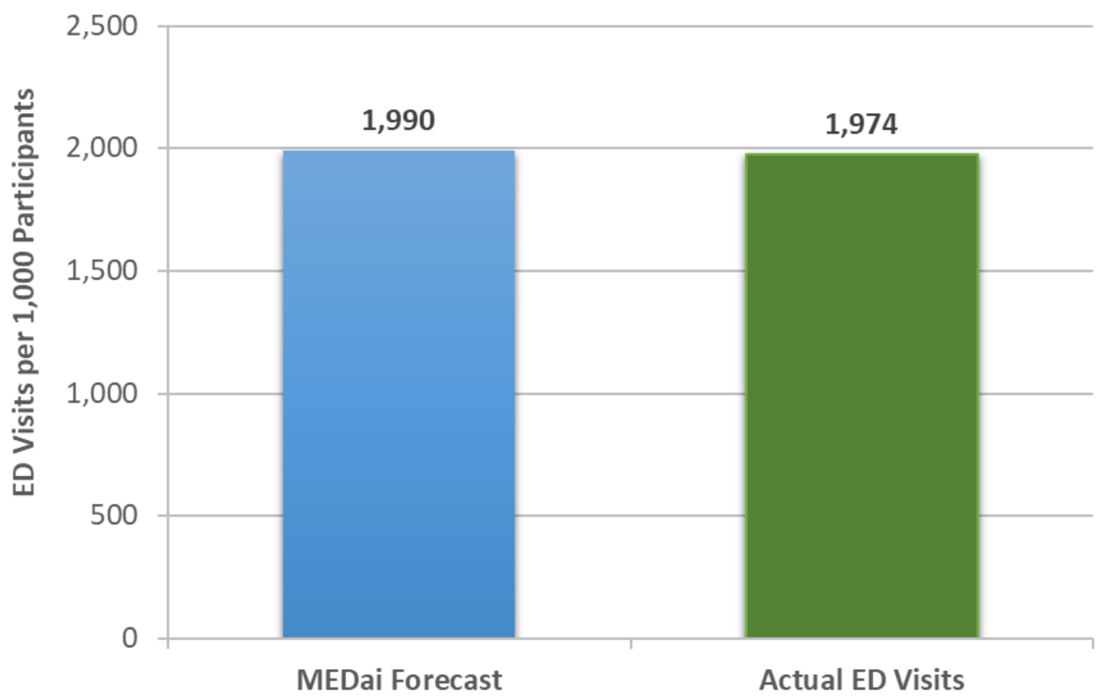
MEDai projected that members with hypertension would incur 2,239 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 1,434, or 64 percent of forecast (Exhibit 7-26).

Exhibit 7-26 – Members with Hypertension as Most Expensive Diagnosis Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected that members with hypertension would incur 1,990 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,974, or 99 percent of forecast (Exhibit 7-27).

Exhibit 7-27 – Members with Hypertension as Most Expensive Diagnosis Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members with hypertension would incur an average of $1,362 in PMPM expenditures over the 12-month forecast period. The actual amount was $732, or 54% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $1,397 in PMPM expenditures. The actual amount was $689, or 49% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $1,414 in PMPM expenditures. The actual amount was $640, or 45% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $1,431 in PMPM expenditures. The actual amount was $623, or 44% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $1,449 in PMPM expenditures. The actual amount was $615, or 42% of forecast (Exhibit 7-28).

Exhibit 7-28 – Members with Hypertension as Most Expensive Diagnosis
Total PMPM Expenditures

At the category-of-service level in the first 12 months, expenditures decreased for several services, with physician costs declining by the greatest dollar amount (Exhibit 7-29).

Exhibit 7-29 – Members with Hypertension as Most Expensive Diagnosis PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$233.11	$214.21	($18.90)	-8%
Outpatient Hospital	$104.37	$110.56	$6.19	6%
Physician	$189.94	$160.92	($29.03)	-15%
Pharmacy	$112.07	$162.13	$50.06	45%
Behavioral Health	$4.25	$3.42	($0.82)	-19%
All Other	$70.20	$80.73	$10.53	15%
Total	**$713.95**	**$731.97**	**$18.03**	**3%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with hypertension by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately $10.2 million (Exhibit 7-30).

Exhibit 7-30 – Members with Hypertension as Most Expensive Diagnosis Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	10,253	$629.62	$6,455,470
Months 13 - 24	3,535	$707.78	$2,501,988
Months 25 - 36	1,209	$773.87	$935,612
Months 37 - 48	290	$807.73	$234,243
Months 49 - 60	98	$834.54	$81,785
Total	**15,385**	**$663.57**	**$10,209,098**

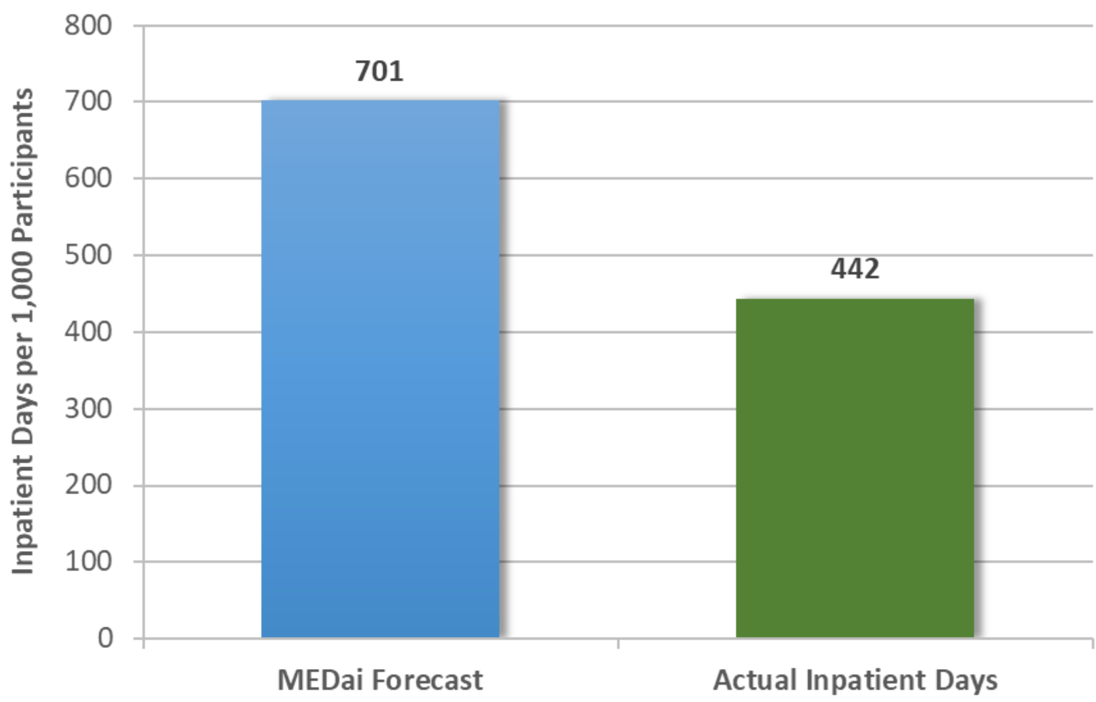
Utilization and Expenditure Evaluation – All Others

The SoonerCare HMP practice facilitation sites in SFY 2018 included 6,725 members who did not fall into one of the six priority diagnostic categories and who were not participating in health coaching. Although these members fell outside the universe of the six conditions, the holistic nature of the SoonerCare HMP suggests they also should have benefited from practice improvements undertaken at the participating sites.

Utilization

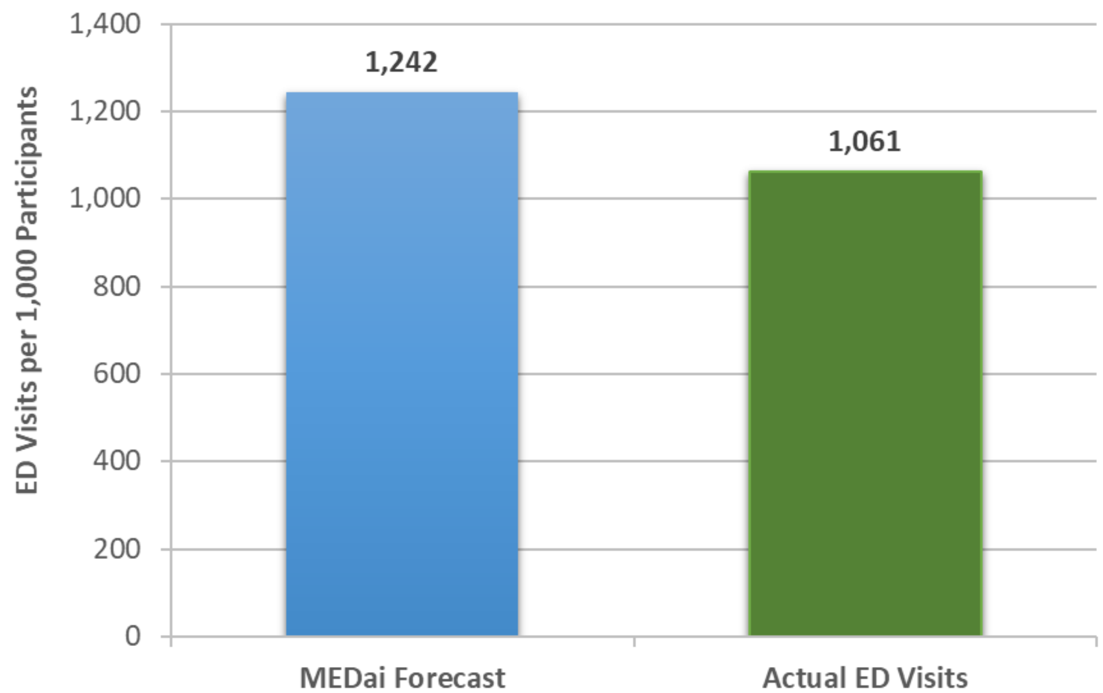
MEDai projected members in the “all others” group would incur 701 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 442, or 63 percent of forecast (Exhibit 7-31).

Exhibit 7-31 – All Other Members
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected members in the "all others" group would incur 1,242 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,061, or 85 percent of forecast (Exhibit 7-32).

Exhibit 7-32 – All Other Members
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants

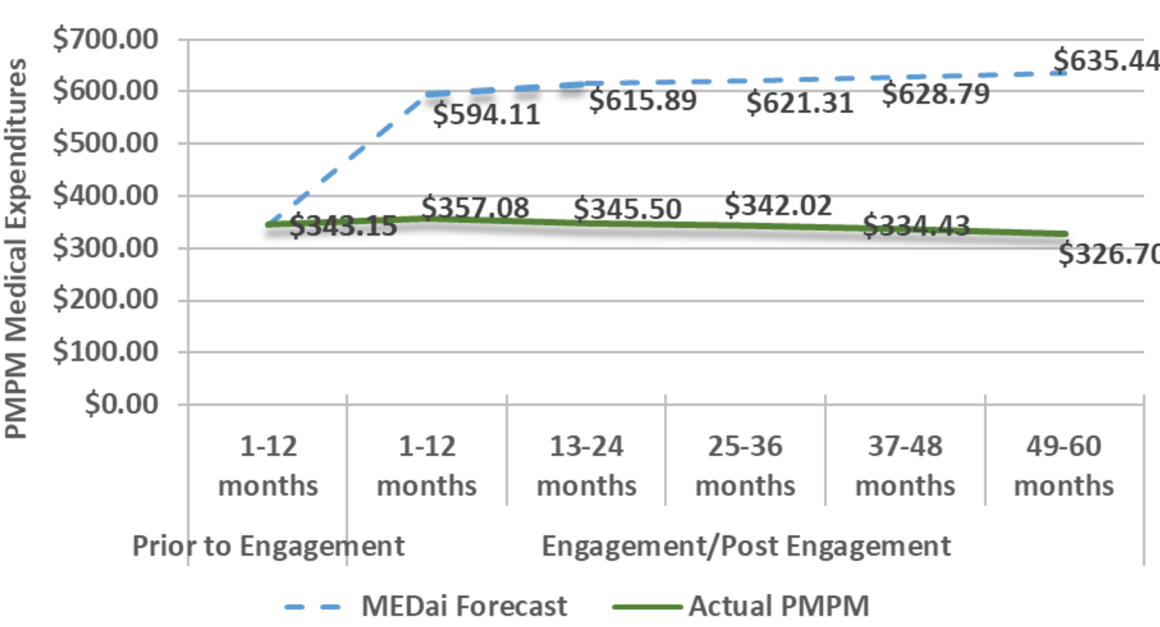


Medical Expenditures – Total and by Category of Service

MEDai projected that members in the "all others" group would incur an average of $594 in PMPM expenditures over the 12-month forecast period. The actual amount was $357, or 60% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $616 in PMPM expenditures. The actual amount was $346, or 56% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $621 in PMPM expenditures. The actual amount was $342, or 55% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $629 in PMPM expenditures. The actual amount was $334, or 53% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $635 in PMPM expenditures. The actual amount was $327, or 51% of forecast (Exhibit 7-33).

Exhibit 7-33 – All Other Members
Total PMPM Expenditures



At the category-of-service level in the first 12 months, expenditures increased for most services, although the overall rate was only four percent (Exhibit 7-34).

Exhibit 7-34 – All Other Members
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$38.84	$42.57	$3.73	10%
Outpatient Hospital	$38.25	$42.92	$4.68	12%
Physician	$76.89	$83.22	$6.33	8%
Pharmacy	$55.35	$61.61	$6.27	11%
Behavioral Health	$81.87	$76.80	($5.07)	-6%
All Other	$51.97	$49.95	($2.01)	-4%
Total	**$343.15**	**$357.08**	**$13.92**	**4%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members in the "all others" group by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately $75.7 million (Exhibit 7-35).

Exhibit 7-35 – All Other Members
Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	204,131	$237.03	$48,385,967
Months 13 - 24	69,696	$270.39	$18,845,243
Months 25 - 36	22,543	$279.29	$6,296,110
Months 37 - 48	5,547	$294.36	$1,632,814
Months 49 - 60	1,836	$308.74	$566,848
Total	**303,753**	**$249.30**	**$75,726,982**

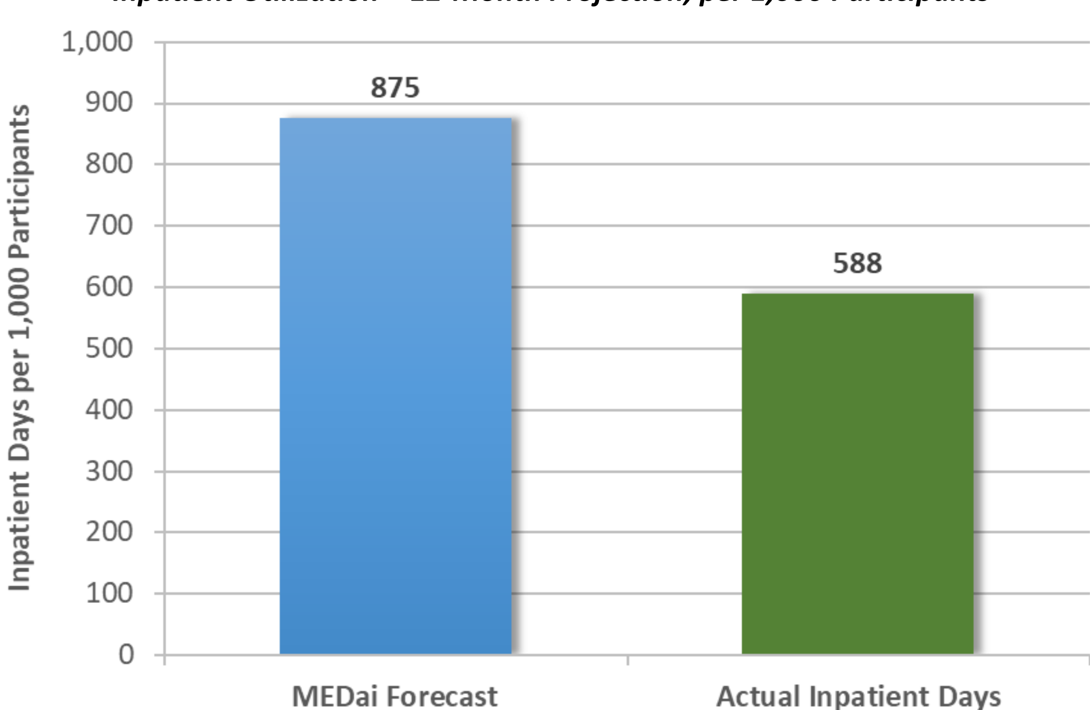
Utilization and Expenditure Evaluation – All Members

This section presents consolidated trend data across all 9,925 members aligned with a practice facilitation provider who did not participate in health coaching but met the other criteria for inclusion in the analysis.

Utilization

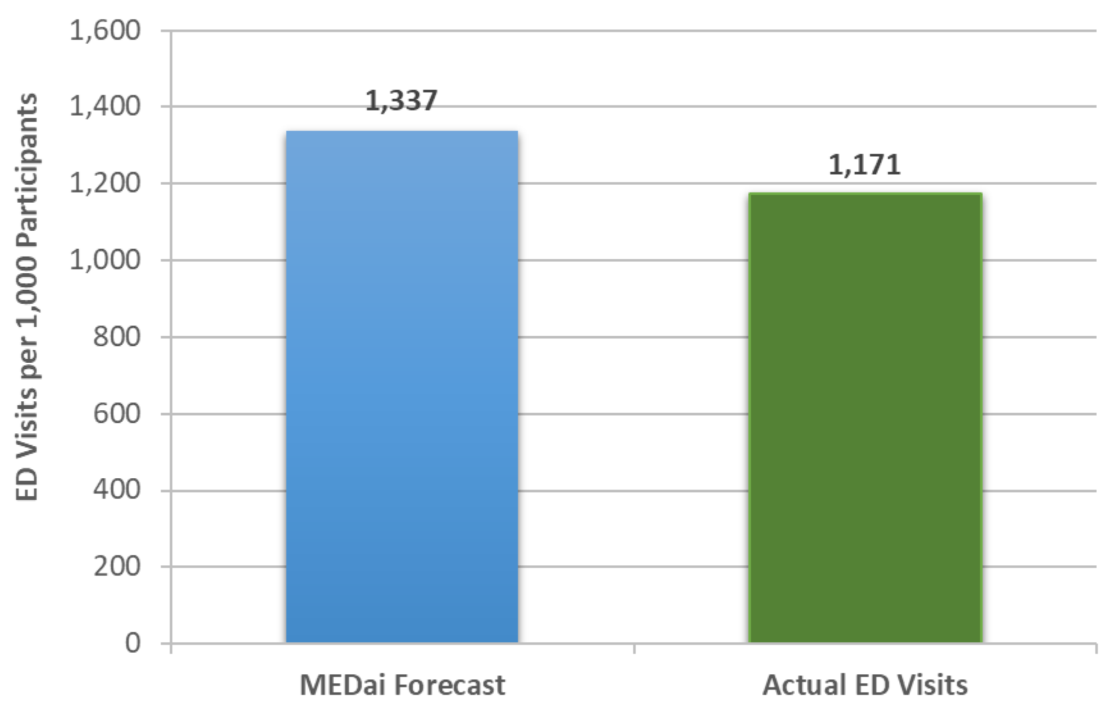
MEDai projected members in total would incur 875 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 588, or 67 percent of forecast (Exhibit 7-36).

Exhibit 7-36 – All Members
Inpatient Utilization – 12-Month Projection, per 1,000 Participants



MEDai projected members in total would incur 1,337 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,171, or 88 percent of forecast (Exhibit 7-37).

Exhibit 7-37 – All Members
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants

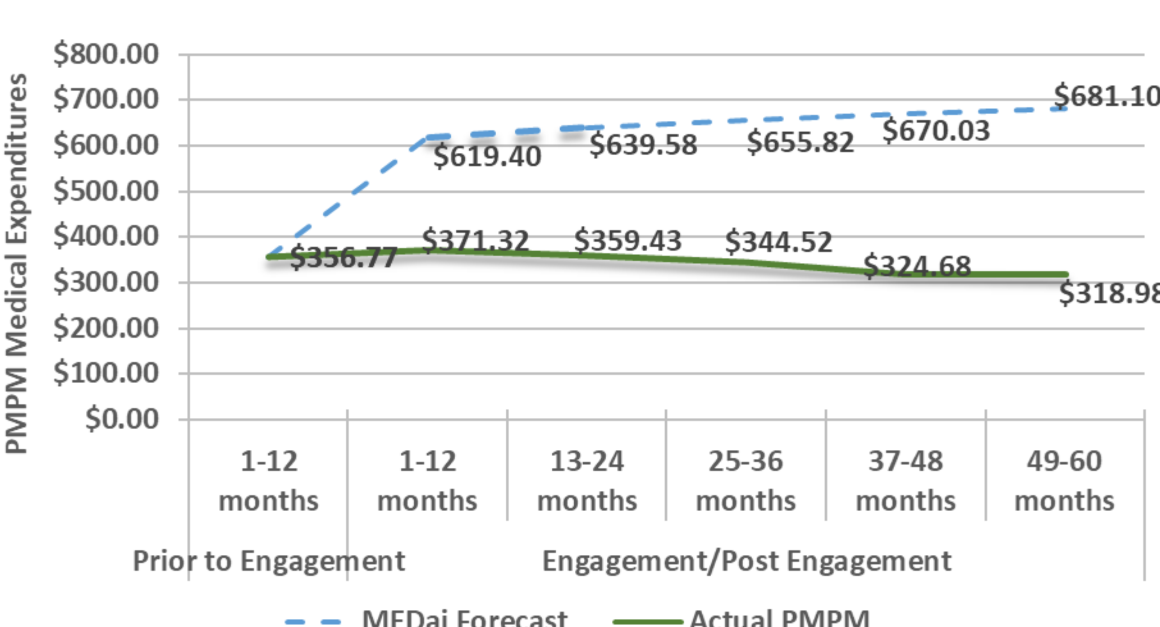


Medical Expenditures – Total and by Category of Service

MEDai projected that members in total would incur an average of $619 in PMPM expenditures over the 12-month forecast period. The actual amount was $371, or 60% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was $640 in PMPM expenditures. The actual amount was $359, or 56% of forecast. For months 25 to 36, the MEDai forecast with trend applied was $656 in PMPM expenditures. The actual amount was $345, or 53% of forecast. For months 37 to 48, the MEDai forecast with trend applied was $670 in PMPM expenditures. The actual amount was $325, or 49% of forecast. For months 49 to 60, the MEDai forecast with trend applied was $681 in PMPM expenditures. The actual amount was $319, or 47% of forecast (Exhibit 7-38).

Exhibit 7-38 – All Members
Total PMPM Expenditure



At the category-of-service level in the first 12 months, expenditures increased for most services, although the overall rate was only four percent (Exhibit 7-39).

Exhibit 7-39 – All Members
PMPM Expenditures by Category of Service

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	$52.45	$57.29	$4.84	9%
Outpatient Hospital	$43.17	$48.92	$5.75	13%
Physician	$85.50	$89.39	$3.89	5%
Pharmacy	$59.30	$66.82	$7.52	13%
Behavioral Health	$64.16	$58.40	($5.76)	-9%
All Other	$52.19	$50.49	($1.69)	-3%
Total	**$356.77**	**$371.32**	**$14.54**	**4%**

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for all members included in the analysis by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled nearly $103 million (Exhibit 7-40).

Exhibit 7-40 – All Members
Aggregate Savings

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	261,557	$248.08	$64,888,340
Months 13 - 24	89,840	$280.15	$25,168,619
Months 25 - 36	29,516	$311.30	$9,188,425
Months 37 - 48	7,196	$345.35	$2,485,111
Months 49 - 60	2,386	$362.12	$864,027
Total	**390,495**	**$262.73**	**$102,594,522**

Practice Facilitation Cost Effectiveness Analysis

PHPG conducted a formal cost effectiveness analysis of practice facilitation by adding SoonerCare HMP administrative expenses to the medical expenditure data presented in the summary portion of the previous section. The combined medical and administrative expenses represent the appropriate values for measuring the overall cost effectiveness of the practice facilitation program.

Administrative Expenses

SoonerCare HMP administrative expenses were calculated using the same methodology as described in chapter four for health coaching. SFY 2014 – SFY 2018 aggregate administrative expenses for practice facilitation were approximately $18.6 million (Exhibit 7-41). This equated to $47.52 on a PMPM basis. The PMPM calculation was performed using total member months (390,495) for members included in the expenditure analysis.

Exhibit 7-41 – SoonerCare HMP - Practice Facilitation Administrative Expenses

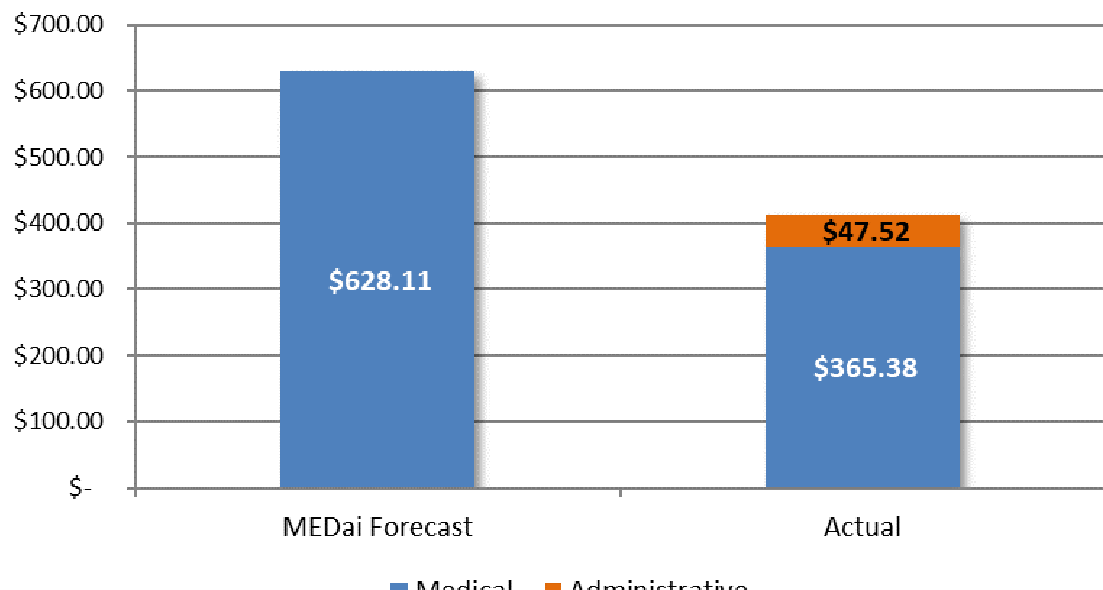
Cost Component	SFY 2014 - 2018 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	$928,825	$2.38
OHCA SoonerCare HMP overhead (50% allocation)	$83,137	$0.21
Telligen practice facilitators	$12,582,336	$32.22
Telligen Central Operations (50% allocation)	$4,964,343	$12.71
Total Administrative Expense	**$18,558,102**	**$47.52**

Cost Effectiveness Calculation[61]

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2018, inclusive of SoonerCare HMP practice facilitation administrative expenses.

SoonerCare HMP members aligned with a practice facilitation provider and included in the expenditure analysis were forecasted to incur average medical costs of $628.11[62]. Their actual average PMPM medical costs were $365.38. With the addition of $47.52 in average PMPM administrative expenses, total actual costs were $413.20. Medical expenses accounted for 88 percent of the total and administrative expenses accounted for the other 12 percent. Overall, net SoonerCare HMP practice facilitation-related PMPM expenses were 65.7 percent of forecast (Exhibit 7-42).

Exhibit 7-42 – SoonerCare HMP - Practice Facilitation PMPM Savings



[61] PMPM and aggregate values differ slightly due to rounding.

[62] This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24, months 25 – 36, months 37 – 48 and months 49 – 60, as shown in exhibit 7-38. Member month counts are shown in exhibit 7-40.

On an aggregate basis, the practice facilitation portion of the second generation SoonerCare HMP achieved a net savings in excess of $84.0 million, up from $65.1 million at the end of SFY 2017 (Exhibit 7-43).

Exhibit 7-43 – SoonerCare HMP - Practice Facilitation Aggregate Savings – Net of Administrative Expenses

Medical Savings	Administrative Costs	Net Savings
$102,594,522	($18,558,102)	**$84,036,420**

CHAPTER 8 – CHRONIC PAIN & OPIOID DRUG UTILIZATION

Introduction

According to a 2017 National Academies of Sciences, Engineering, and Medicine (NASEM) Consensus Report, drug overdose, driven largely by overdose related to the use of opioids, is now the leading cause of unintentional injury death in the United States[63].

The SoonerCare adult population includes significant numbers of members with physical disabilities and chronic pain. Providers in Oklahoma (and nationally) have become over-reliant on prescription opioids and benzodiazepines[64] as a long-term treatment protocol for chronic pain. Other treatment options often go untried, leading to patient dependence on prescribed opioids.

One strategy in balancing a patient's pain management needs with the risk of drug misuse and abuse includes physician training and continued education in evidence-based approaches to pain, including pharmacologic and nonpharmacologic treatments, opioid prescribing and patient monitoring.

The OHCA has partnered with Telligen to conduct targeted practice facilitation of PCMH providers who are among the program's top opioid prescribers. The practice facilitators, who are trained in pain management, work with providers over a six-month period to improve patient care management. The areas addressed include:

- How to conduct initial patient assessments for chronic pain and risk of opioid dependency;
- Methods for monitoring medication use, including conducting urine drug screenings at every visit;
- Alternative pain management techniques that can be offered to patients; and
- Assistance in making patient referrals to physician pain management specialists.

The program began in January 2016. Since that time, approximately 60 practices have undergone the six-month practice facilitation intervention.

PHPG was engaged in 2018 to conduct a focused study of the pain management component of the SoonerCare HMP. Specifically, PHPG was asked to assess performance and report on the initiative's impact with respect to provider prescribing and member opioid use.

[63] National Academies of Sciences, Engineering, and Medicine Consensus Study Report: Pain Management and the Opioid Epidemic Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use July 2017
[64] Benzodiazepines are commonly used to treat anxiety but also can be prescribed for certain types of pain (e.g., nerve pain).

The following hypotheses were evaluated:

- Hypothesis #1: Practices that undergo pain management practice facilitation will become more effective in treating patients with alternatives to opioids and/or benzodiazepines to transition to safer treatment alternatives.

- Hypothesis #2: Patients at these practices who are dependent on opioids and/or benzodiazepines will reduce their use of the drugs post-facilitation, both in absolute terms and compared to patients of practices that have not undergone facilitation.

- Hypothesis #3: Patients at these practices who are dependent on opioids and/or benzodiazepines will experience lower ED and inpatient hospital utilization rates.

- Hypothesis #4: The pain management program will be cost-effective, taking into consideration its impact on patient utilization and program administration costs.

Evaluation Approach

The evaluation approach included qualitative techniques (provider and patient surveys) to assess Hypothesis #1, and quantitative methods (using administrative claims) to assess Hypotheses #2 through #4. In preparation for survey development, PHPG met with three providers who participated in pain management practice facilitation to discuss their expectations and experience with the program. These interviews, conducted in the summer of 2018, provided the evaluation team with additional insight into practice facilitation and informed the development of the final provider and patient survey tools.

PHPG’s approach to performance assessment is described on the following pages and included the following activities:

- Structured survey of providers who have undergone practice facilitation, to inquire about its effectiveness.

- Structured survey of adult patients of practice facilitation providers who are long term users of prescription opioids, to inquire about the providers’ effectiveness and approach to pain management.

- Claims Analysis before and after practice facilitation, to identify patterns of -
    - Prescription drug prescribing patterns among practice facilitation providers and
    - ED and inpatient hospital utilization and expenditures among long term opioid users of practice facilitation providers.

Structured Provider Survey

PHPG attempted to survey all providers who had undergone practice facilitation. Respondents were contacted by phone and given the option of completing the survey over the phone or receiving and returning a written version.

As part of the survey, providers were asked how they learned about the pain management practice facilitation program, whether they had made changes in their practices or referral practices and their perceptions regarding the importance and helpfulness of various aspects of the program. Program components assessed included:

- Training on conducting initial patient pain assessments;
- Training on methods for monitoring medication use;
- Training on monitoring pain/functional status;
- Receiving ongoing education and assistance after completion of onsite activities by the practice facilitator;
- Receiving copies of pain/substance use risk assessment tools;
- Receiving information on alternative pain management techniques;
- Receiving assistance in referring to pain management resources;
- Having a practice facilitation nurse onsite; and
- Receiving training on motivational interviewing.

A copy of the survey instrument is included in Appendix F.

Structured Patient Survey

Respondents were selected from a universe of patients who were treated at practice facilitation sites. The survey universe was stratified by number of prescriptions filled such that PHPG targeted patients with highest counts. Patients were notified by mail in advance of being contacted. The survey was conducted by phone and structured to ask about their experience with the provider and not explicitly about their pain medicine use.

As part of the survey, respondents verified items such as SoonerCare eligibility, engagement with their PCMH provider and the date of their most recent provider visit. Respondents also identified the type of pain being treated (e.g., back, knee, arthritis, cancer), rated their level of pain control and were asked about their experience with alternatives to opioid treatment (e.g., acupuncture, massage therapy, other lifestyle practices).

Finally, respondents were asked about their experience receiving pain management from the provider and whether/how their use of opioids and/or benzodiazepines had changed over time (e.g., reduced dosage, discontinuation etc.). A copy of the survey instrument is included in Appendix F.

Claims Analysis

PHPG examined provider prescribing practices, emergency department and inpatient hospital use pre- and post-practice facilitation and compared to providers not involved in practice facilitation. PHPG identified pain management practice facilitation sites with start dates between January 1, 2016 and July 31, 2017. Claims volume by provider was reviewed to ensure the adequacy of data. Forty participating providers were included in the sample.

PHPG created an "anchor date" for each member associated with a pain management practice facilitation site, based on the practice facilitation start date plus 60 days. Pharmacy and medical claims then were categorized based on dates of service in the twelve months prior to the modified practice facilitation start date and twelve months following the modified practice facilitation start date[65].

Opioid, benzodiazepine and buprenorphine prescriptions were identified based on NDC listing published by the federal Centers for Disease Control (CDC) in September 2018. Morphine Milligram Equivalent Conversion Factors were obtained from the CDC NDC listing.

HMP Pain Management Practice Facilitation Program Findings

Structured Provider Survey

PHPG contacted all providers who participated in practice facilitation in October and November of 2018. PHPG completed surveys with 24 providers, including 22 Family/General Practice physicians, one Internist and one office manager answering on behalf of the provider.

Readers should exercise caution when reviewing survey results, given the small universe of respondents. Although percentages are presented, the findings should be treated as qualitative, offering a general sense of the attitudes of the provider population.

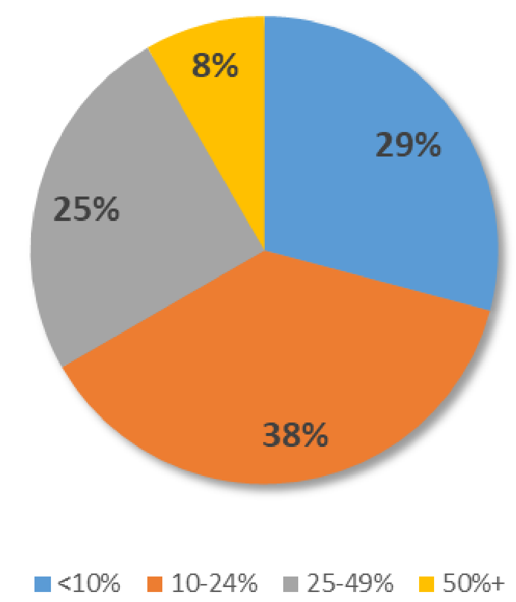
Provider Characteristics

Respondents were long-time Medicaid providers, with 21 of 24 reporting that they had participated in Medicaid for more than five years. Medicaid, on average, accounted for approximately twenty-five percent of the providers' caseloads.

[65] PHPG initially sought to remove members with cancer from the analysis, as it is common for cancer patients to be prescribed high doses of opioids for pain relief. When analyzing the claims data, PHPG identified a larger than expected population with a cancer diagnosis on one or more claims. Rather than exclude patients inappropriately, PHPG elected to make no exclusions for the 2018 analysis, while continuing to research the issue. This likely resulted in an understatement of the program's impact on opioid use, as cancer patients would not be targeted for reduced reliance on opioids. PHPG anticipates excluding cancer patients in future years once data issues have been investigated and resolved.

Respondents were asked to estimate the percentage of their patients who were being treated for chronic pain, using a predefined range. The largest segment reported the number to be 10 – 24 percent; the second largest segment reported the number to be less than 10 percent (Exhibit 8-1).

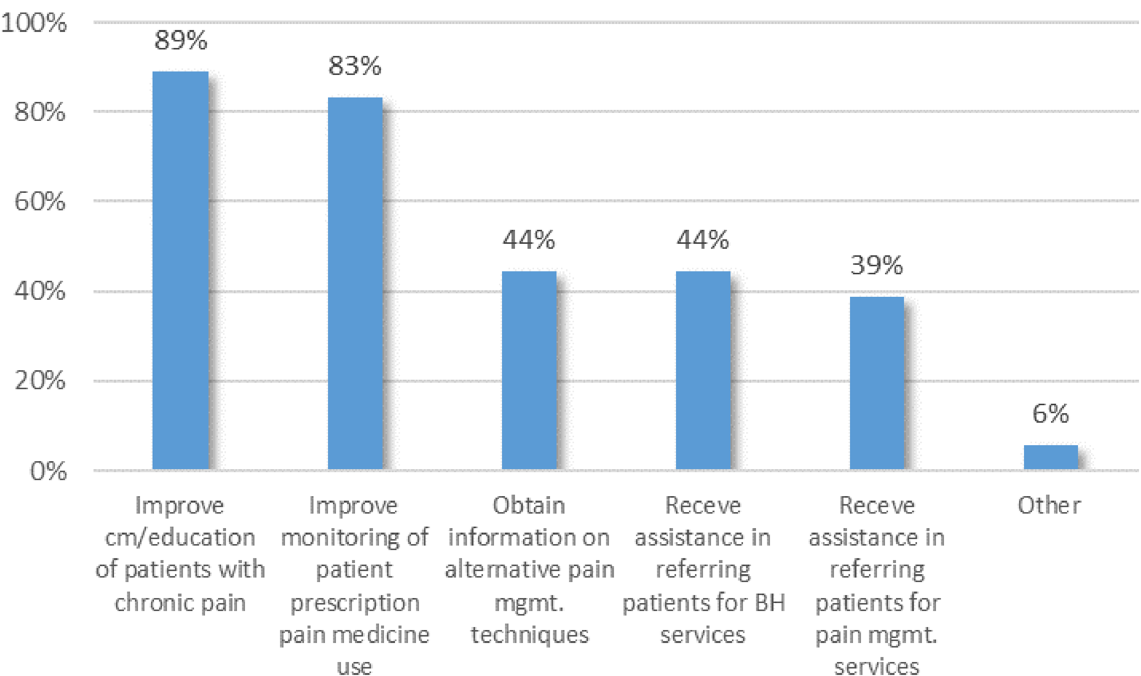
Exhibit 8-1 – Percentage of Patients being Treated for Chronic Pain



Respondents were asked how they learned about the program. The greatest percentage of respondents reported learning of the program from Telligen (44 percent), followed by the OHCA (33 percent), another provider (11 percent) or through attendance at a meeting (11 percent).

Respondents also were asked why they decided to participate (multiple reasons were allowed). Large majorities cited “improve care management/education of patients with chronic pain” (89 percent) and “improve monitoring of patient prescription pain medicine use” (83 percent). Other potential reasons were cited less frequently (Exhibit 8-2 on the following page).

Exhibit 8-2 – Reason(s) for Deciding to Participate



Provider Assessment of Practice Facilitation Activities

Respondents were asked to rate the importance of the specific pain management activities typically performed by practice facilitators. Respondents were asked to rate their importance regardless of the practice's actual experience.

All but two of the activities were rated "very important" by a majority of the respondents (Exhibit 8-3 on the following page). The highest rated item was "receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain".

Exhibit 8-3 – Importance of Pain Management Practice Facilitation Components

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
1. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain	79.2%	16.7%	4.2%	0.0%
2. Receiving training on conducting patient pain assessments at initial visits	70.8%	25.0%	4.2%	0.0%
3. Receiving copies of patient pain and substance use risk assessment tools	58.3%	33.3%	8.3%	0.0%
4. Receiving training on methods for monitoring patient pain and functional status at follow-up visits	66.7%	29.2%	4.2%	0.0%
5. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits	69.6%	21.7%	8.7%	0.0%
6. Receiving information on alternative pain management techniques	58.3%	25.0%	16.7%	0.0%
7. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)	58.3%	20.8%	20.8%	0.0%
8. Receiving training on how to have a conversation with patients regarding pain management (motivational interviewing)	45.8%	29.2%	25.0%	0.0%
9. Having a Practice Facilitation nurse on-site to work with you and your staff	50.0%	33.3%	8.3%	8.3%
10. Receiving ongoing education and assistance after conclusion of the initial onsite activities	62.5%	33.3%	4.2%	0.0%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Respondents next were asked to rate the helpfulness of the same practice facilitation components in terms of improving their management of patients with chronic conditions. The overall level of satisfaction was high, with all ten activities rated as "very helpful" or "somewhat helpful" by a large majority of respondents (Exhibit 8-4 on the following page).

Exhibit 8-4 – Helpfulness of Pain Management Practice Facilitation Components

Practice Facilitation Component	Level of Helpfulness				
	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	N/A[66]
1. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain	78.3%	17.4%	4.3%	0.0%	0.0%
2. Receiving training on conducting patient pain assessments at initial visits	47.8%	39.1%	4.3%	0.0%	8.7%
3. Receiving copies of patient pain and substance use risk assessment tools	52.2%	39.1%	4.3%	0.0%	4.3%
4. Receiving training on methods for monitoring patient pain and functional status at follow-up visits	52.2%	34.8%	4.3%	0.0%	8.7%
5. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits	52.2%	30.4%	8.7%	0.0%	8.7%
6. Receiving information on alternative pain management techniques	39.1%	34.8%	17.4%	0.0%	8.7%
7. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)	30.4%	30.4%	30.4%	0.0%	8.7%
8. Receiving training on how to have a conversation with patients regarding pain management (motivational interviewing)	34.8%	34.8%	21.7%	0.0%	8.7%
9. Having a Practice Facilitation nurse on-site to work with you and your staff	43.5%	34.8%	8.7%	8.7%	4.3%
10. Receiving ongoing education and assistance after conclusion of the initial onsite activities	69.6%	21.7%	8.7%	0.0%	0.0%

Note: Percentages on this and other tables may not total to 100 percent due to rounding.

[66] Did not occur or was already doing

Provider Practice Changes

Twenty of 24 respondents (83 percent) reported making changes in the management of their patients with chronic pain as a result of participating in practice facilitation. The types of changes made included:

- Incorporating forms/tools into patient monitoring (seven respondents)
- Improved documentation (five respondents)
- Limiting/titrating medications/lowering Morphine Milligram Equivalent (MME) (four respondents)
- Having better discussions with patients about their chronic pain and medication needs (three respondents)
- Increased referrals to pain management specialists (one respondent)

Respondents were asked if they attempted to refer patients to a pain management provider. Eighty-eight percent stated they had made a referral attempt, with 24 percent of this subset reporting that making a referral typically is "very difficult" and 66 percent reporting that it typically is "somewhat difficult"; only 10 percent described it as "not at all difficult".

Respondents who reported having difficulty were asked to cite the most common barriers (multiple responses allowed). The reported barriers included:

- Lack of providers willing to take Medicaid (18 respondents)
- Providers require patients not to use any prescription opioids (six respondents)
- Lack of providers in geographic (rural) area (two respondents)
- Providers rely too heavily on prescription opioids (one respondent)

Structured Patient Survey

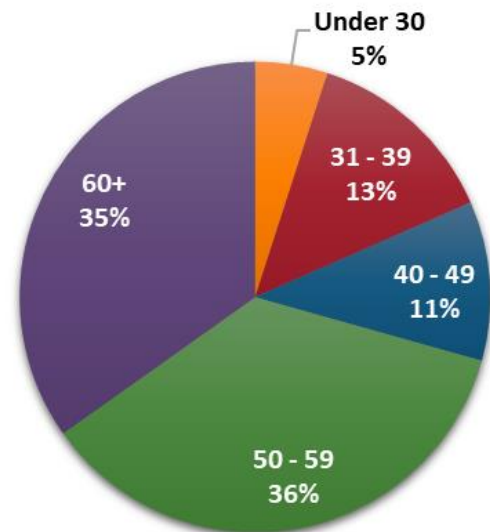
Patient Characteristics

PHPG conducted 201 patient surveys by phone, from, October 2018 through February 2019. The survey universe included patients of practices that underwent facilitation and who were long-term prescription opioid users, defined as three or more years. PHPG stratified the population by number of prescriptions filled and targeted patients with the highest counts.

Readers should exercise caution when reviewing survey results, given the relatively small number of respondents and the sample selection method, which was not random. Although percentages are presented, the findings should be treated as qualitative, offering a general sense of the attitudes of the patient population.

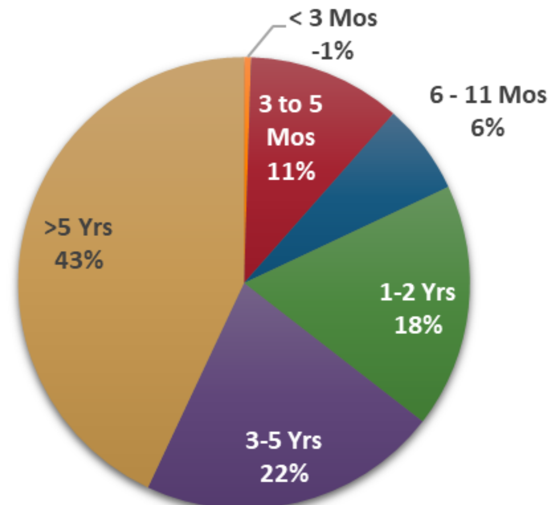
The gender split among survey respondents was 66 percent female and 34 percent male. Over 70 percent of the respondents were 50 years of age or older (Exhibit 8-5).

Exhibit 8-5 – Patient Survey Respondent Age



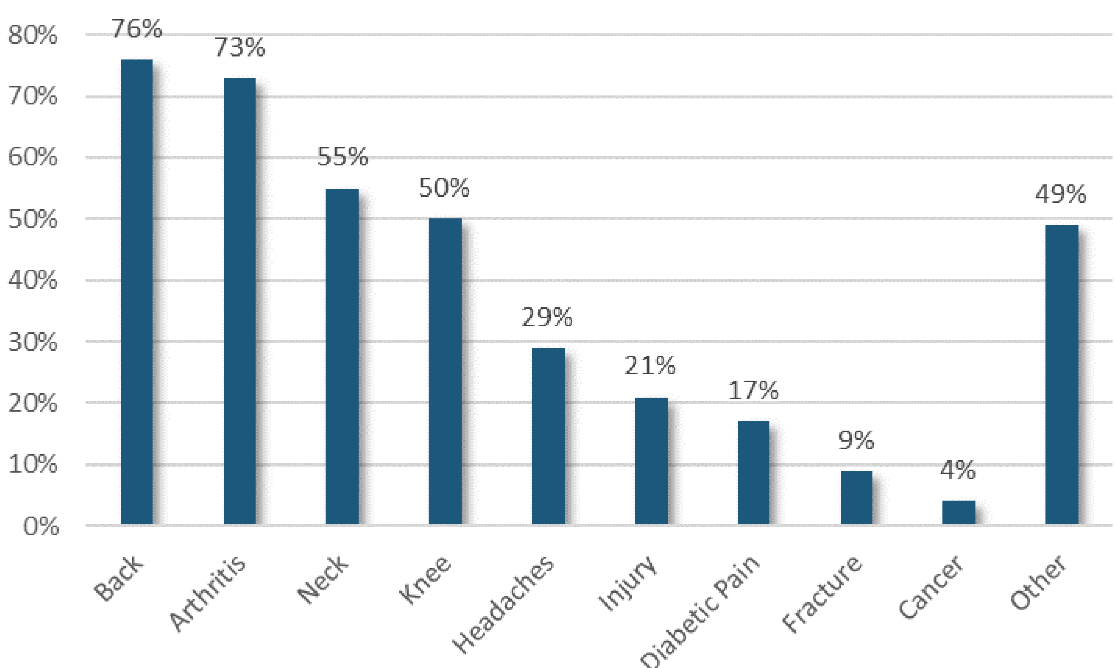
Sixty-five percent of respondents reported being with their current provider for over three years, with 43 percent reporting a tenure of five or more years (Exhibit 8-6).

Exhibit 8-6 – Patient Tenure with Provider



Respondents were asked to name the conditions for which they were receiving treatment (multiple answers were allowed). The most common condition treated was back pain, followed by arthritis (Exhibit 8-7).

Exhibit 8-7 – Condition(s) for which Patient Receives Pain Management[67]

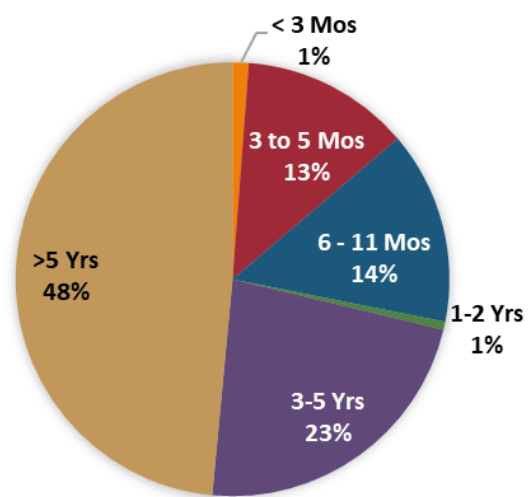


Respondents were asked about their overall health status. The largest segment (48 percent) described their health as "fair", while 39 percent described it as "poor". Only thirteen percent reported their health as "good" and one percent as "excellent".

Respondents were asked how long they had been receiving treatment for pain. Seventy-one percent reported receiving treatment for three or more years (Exhibit 8-8 on the following page).

[67] The "other" conditions reported included nerve pain, stomach pain, rotator cuff injury, carpal tunnel syndrome and pain in other joints.

Exhibit 8-8 – Patient Report of Length of Time Managing Pain



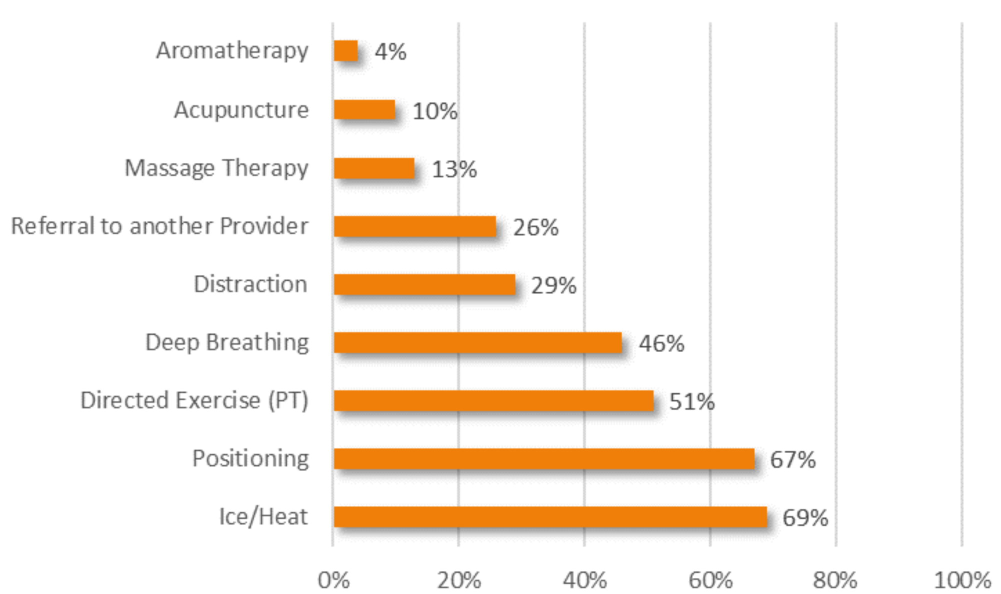
Patient Report of Alternatives to Medication Treatment

Respondents were asked if their provider worked with them to develop a pain treatment plan to reduce their pain; 74 percent said “yes”. Respondents who answered “yes” were next asked to indicate “yes” or “no” regarding whether their doctor had discussed one or more alternatives to medication for helping patients with pain to feel better. The alternative techniques included on the survey were:

- Acupuncture
- Aromatherapy
- Deep breathing
- Directed exercise (physical therapy)
- Distraction techniques
- Ice/Heat
- Massage therapy
- Positioning
- Referral to another Provider

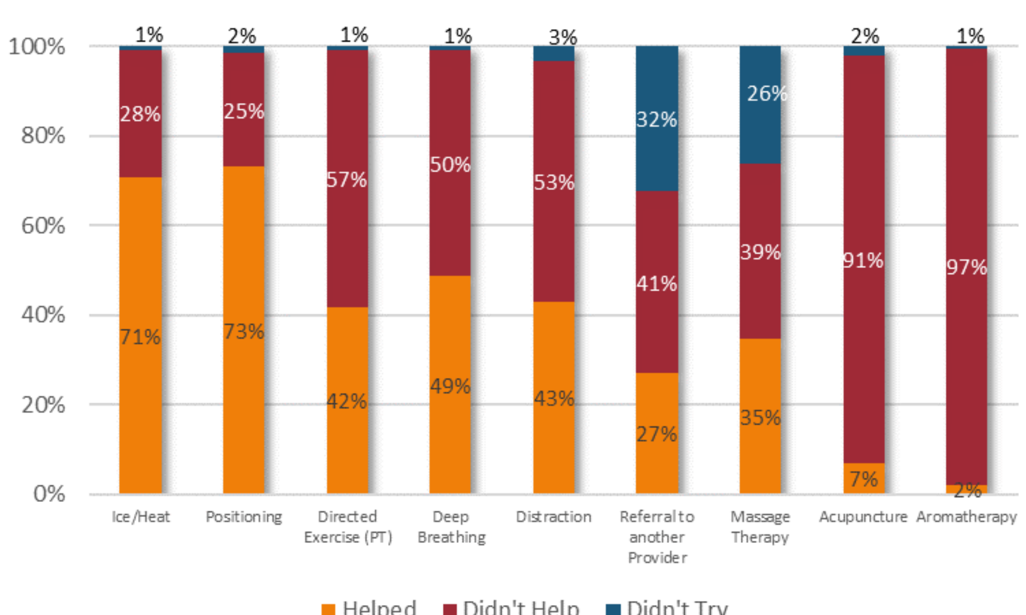
The three most common techniques identified were ice/heat, positioning and directed exercise/physical therapy; each was mentioned by more than 50 percent of respondents (Exhibit 8-9 on the following page).

Exhibit 8-9 – Alternative Pain Management Techniques Identified by Respondents



Among those who said "yes" to a specific pain management technique, respondents then were asked if they tried the technique and if it helped. For those who tried the technique, positioning was rated as helpful by 73 percent of respondents and ice/heat was rated as helpful by 71 percent of respondents. Other techniques received lower "helpfulness" ratings (Exhibit 8-10).

Exhibit 8-10 – Patient Report of Alternative Techniques Tried and Assessment of Helpfulness

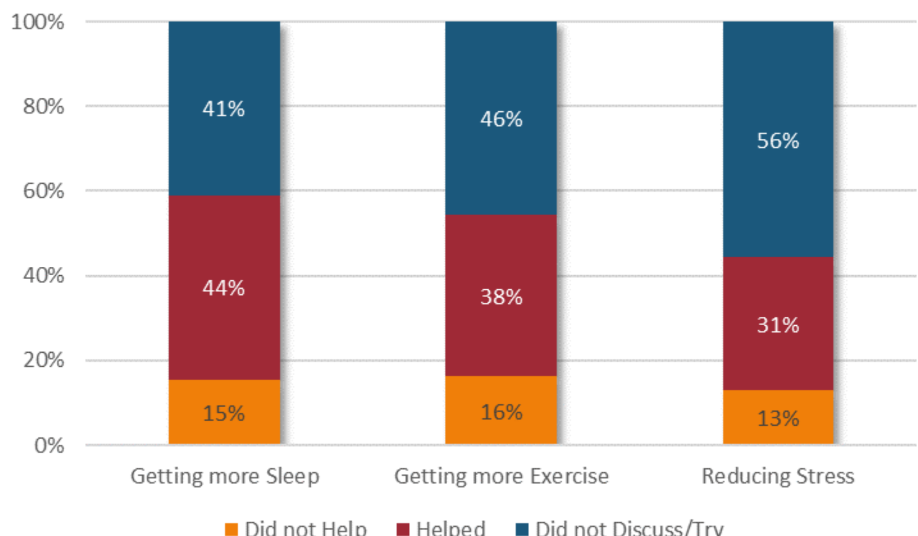


Respondents also were asked if they discussed, and tried, any of several potential lifestyle changes to reduce pain. Lifestyle approaches included:

- Getting more exercise
- Getting more sleep
- Reducing stress

Respondents who answered "yes" to making the lifestyle change were asked if it helped. Forty-four percent reported getting more sleep and that it helped; 38 percent reported getting more exercise and that it helped; and 31 percent reported reducing stress and that it helped (Exhibit 8-11).

Exhibit 8-11 – Patient Report of Life Style Changes and Assessment of Helpfulness



<u>Patient Report of Prescription Pain Medication Treatment</u>

Respondents were asked about their current use of prescription pain management and whether their provider had made any changes since beginning treatment. Eighty-seven percent reported that their provider was currently treating their pain with medication and 63 percent reported that their provider had made a change since treatment first started.

Respondents reported a variety of changes, including reductions in dosage and medication type. Twenty-four percent reported they had stopped taking prescription pain medication altogether (Exhibit 8-12 on the following page).

Exhibit 8-12 – Patient Report of Pain Management Medication Changes

Medication Change Reported	Percent
Changed at least one old medication to a new (different) one	29%
Stopped taking prescription pain medication	24%
Reduced number of pills or dosage taken	20%
Stopped taking at least one medication but continue with others	8%
Take same medication but prescription is for fewer days	8%
Stopped at least one but take other(s) at a higher dosage	7%
Take old medication along with new medication	3%

Changes in medication management were also noted in the comments, positive and negative, made by respondents during the survey.

> *"My doctor says SoonerCare won't pay for both my Xanax and my pain medication now. I had to pick one or the other. I picked Xanax but now I'm in a lot of pain."*

> *"It's not (my doctor's) fault but I had to stop taking my anxiety pills with the new law. I need my pain medication more but still need my anxiety pills too."*

> *"I asked (my doctor) to lower my pain medication because I didn't want to be on heavy duty meds. He helped me find the right pill and dosage. I have more pain but I would rather that than stay on the hard pain pills."*

> *"My doctor does what he can to help me with my pain but now that the (pain medication) laws have changed there isn't much he can do."*

> *"I had to choose between my anxiety medication and my pain medication since they say that I can't have both anymore. I chose my anxiety med because I can't go out and function without it, but now my pain is so bad."*

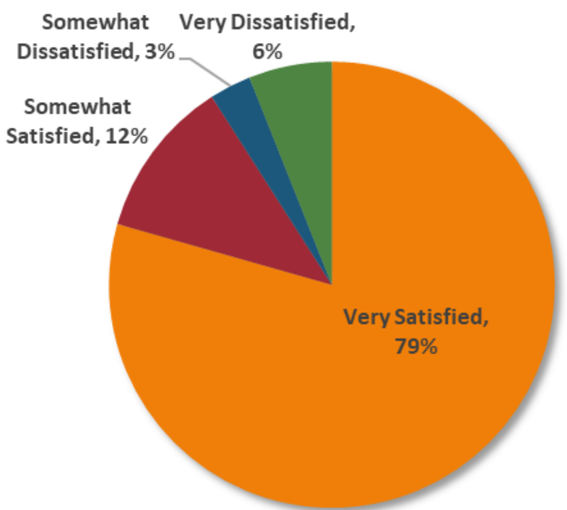
Patient Satisfaction

Respondents fell into three equal categories in terms of changes in pain level since treatment began, with 31 percent reporting "more pain", 32 percent reporting "the same amount of pain", 31 percent reporting "somewhat less pain" and five percent reporting "very little pain".

Despite ongoing pain, and the struggles some patients experienced when changing their medication regimen, respondents reported high levels of satisfaction with their providers. Eighty-eight percent stated their provider listened carefully to them when discussing pain treatment and explained options for treating pain in a way that was easy to understand.

Ninety-one percent stated they were either “very satisfied” (79 percent) or “satisfied” (12 percent) overall with how their provider has helped them manage pain (Exhibit 8-13).

Exhibit 8-13 – Overall Satisfaction with Provider



Respondent satisfaction with their provider was also reflected in respondent comments, such as these:

> *“(My doctor) is my favorite doctor. He listens and really cares how I’m doing.”*

> *“I have been going to (my doctor) for years and years. I love him, he does everything he can to help me with my arthritis pain.”*

Pain Management Practice Facilitation Program Claims Analysis

PHPG conducted an analysis of administrative claims to assess the pain management practice facilitation program performance relative to Hypotheses 2 through 4. Specifically, PHPG examined prescribing patterns pre- and post-practice facilitation.

Total Number of Prescriptions Written

PHPG examined the number of patients receiving one or more prescriptions for pain medication[68] during the twelve months prior to the initiation of practice facilitation and the twelve months following its completion. The data also was stratified based on the number of prescriptions written for a patient during the period examined.

The total number receiving a prescription declined by 15 percent. The number also declined within each of the prescription count categories (Exhibit 8-14).

Exhibit 8-14 – Patient Count by Number of Prescriptions: Pre- and Post-Facilitation

Patient Count by Number of Prescriptions	Number of Patients		Change	Percentage Change
	12 Months prior to Practice Facilitation	12 Months following Practice Facilitation		
1 prescription	1,272	1,088	(184)	-14.5%
2 prescriptions	539	447	(92)	-17.1%
3 prescriptions	323	263	(60)	-18.6%
4 prescriptions	288	219	(69)	-24.0%
5 prescriptions	228	210	(18)	-7.9%
6 prescriptions	222	192	(30)	-13.5%
7 prescriptions	180	175	(5)	-2.8%
8 prescriptions	185	168	(17)	-9.2%
9 prescriptions	191	143	(48)	-25.1%
10+ prescriptions	1,350	1,154	(196)	-14.5%
Total	**4,778**	**4,059**	**(719)**	**-15.0%**

[68] opioid, benzodiazepine or buprenorphine

Total Days' Supply

PHPG examined the number of prescriptions written, stratified by days' supply, during the twelve months prior to the initiation of practice facilitation and the twelve months following its completion. The number of prescriptions written declined across all "days' supply" categories (Exhibit 8-15).

Exhibit 8-15 – Total Prescribed Days' Supply

Total Days' Supply	Number of Patients 12 Months prior to Practice Facilitation	 12 Months following Practice Facilitation	Change	Percentage Change
15 or fewer	727	658	(69)	-9.5%
16 to 30	705	575	(130)	-18.4%
31 to 60	491	394	(97)	-19.8%
61 to 90	311	250	(61)	-19.6%
91 to 180	751	628	(123)	-16.4%
181+	1,793	1,554	(239)	-13.3%
Total Prescriptions	**4,778**	**4,059**	**(719)**	**-15.0%**

Drug Screens

Practice facilitation includes an emphasis on monitoring patient drug use as part of an overall pain management plan. PHPG examined the number of providers filing claims for opioid drug screens[69] and the total number of patients receiving one or more screens. The number of providers increased by 800 percent; the number of patients receiving screens and total number of tests also rose significantly (Exhibit 8-16).

Exhibit 8-16 – Total Prescribed Days' Supply

Category	12 Months prior to Practice Facilitation	12 Months following Practice Facilitation	Change	Percentage Change
Patients	69	341	272	394%
Providers	2	18	16	800%
Number of Tests	105	452	347	330%

[69] Procedure code 80305

ED and Inpatient Hospital Utilization (Hypothesis #3)

The ultimate objective of practice facilitation is to enable providers to manage care more effectively, thereby improving patient health. PHPG evaluated the program's impact on patient health by analyzing emergency department and inpatient hospital utilization among patients who were prescribed pain medication.

Emergency department and inpatient hospital utilization both declined post-facilitation. Related expenditures also fell (Exhibit 8-17).

Exhibit 8-17 – ED and IP Utilization and Expenditures

Category	12 Months prior to Practice Facilitation	12 Months following Practice Facilitation	Change	Percentage Change
Emergency Department				
Visits	22,858	22,014	(844)	-3.7%
Expenditures	$3,027,609	$2,835,108	($192,501)	-6.4%
Inpatient Hospital				
Admissions	3,374	3,236	(138)	-4.1%
Expenditures	$18,245,962	$16,639,606	($1,606,356)	-10.3%

Summary Findings

SoonerCare providers who participated in practice facilitation consider the program to be helpful in improving their pain management skills. Patients of these providers report receiving help in managing their pain through alternatives to opioid prescription drugs.

The program also appears to be having a positive effect on prescribing patterns, as measured by the number of patients receiving pain medication prescriptions, as well as the average number of prescriptions per patient and dosage size.

Health outcomes among patients who are opioid users have improved post-facilitation, as measured by emergency department and inpatient hospital utilization and expenditures. This outcome supports the program's value as one tool among many being employed by the OHCA to address the state's opioid crisis.

CHAPTER 9 – SOONERCARE HMP RETURN ON INVESTMENT

Introduction

The value of the SoonerCare HMP is measurable on multiple axes, including participant satisfaction and change in behavior, quality of care, improvement in service utilization and overall impact on medical expenditures. The last criterion is arguably the most important, as progress in other areas should ultimately result in medical expenditures remaining below the level that would have occurred absent the program.

ROI Results

PHPG examined the program's return on investment (ROI) through SFY 2018, by comparing health coaching and practice facilitation administrative expenditures to medical savings. The results are presented in Exhibit 9-1 below.

As the exhibit illustrates, both program components have achieved a positive ROI, with the program as a whole generating a return on investment of 276.8 percent. Put another way, the second generation ***SoonerCare HMP, through five years, yielded approximately $2.77 in net medical savings for every dollar in administrative expenditures.***

Exhibit 9-1 – SoonerCare HMP ROI (State and Federal Dollars)

Component	Medical Savings	Administrative Costs	Net Savings	Return on Investment
Health Coaching	$88,191,164	($32,302,157)	$55,889,007	173.0%
Practice Facilitation	$102,594,522	($18,558,102)	$84,036,420	452.8%
TOTAL	**$190,785,686**	**($50,860,259)**	**$140,777,667**	**276.8%**

APPENDIX A – HEALTH COACHING PARTICIPANT SURVEY INSTRUMENT

Appendix A includes the advance letter sent to SoonerCare HMP participants and survey instrument. The instrument is annotated to flag questions that have been discontinued or are asked of follow-up survey respondents only.

Kevin S. Corbett
CHIEF EXECUTIVE OFFICER

J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

The Oklahoma Health Care Authority is conducting a survey of SoonerCare Choice members. You were selected for the survey because you may have received help from the SoonerCare Health Management Program. We are interested in learning about your experience and how we can make this program better.

The survey will be over the phone and should take about 15 minutes of your time. In the next few days, someone will be calling you to conduct the survey.

THE SURVEY IS VOLUNTARY. If you decide not to complete the survey, it will NOT affect your SoonerCare enrollment or the enrollment of anyone else in your family.

However, we want to hear from you and hope you will agree to help. The survey will be conducted by the Pacific Health Policy Group (PHPG), an outside company. All of your answers will be kept confidential.

If you have any questions about the survey, you can reach PHPG toll-free at 1-888-941-9358. If you would like to take the survey right away, you may call the same number any time between the hours of 9 a.m. and 4 p.m. If you have any questions for the Oklahoma Health Care Authority, please call the toll-free number 1-877-252-6002.

We look forward to speaking with you soon.

SOONERCARE HMP MEMBER SURVEY

INTRODUCTION & CONSENT

Hello, my name is _______ and I am calling on behalf of the Oklahoma SoonerCare program. May I please speak to {RESPONDENT NAME}?

INTRO1. We are conducting a short survey to find out about where SoonerCare members get their health care and about their participation in the health management program. The survey takes about 10 minutes.

[ANSWER ANY QUESTIONS AND PROCEED TO QUESTION 1]

INTRO2. [If need to leave a message] We are conducting a short survey to find out about where SoonerCare members get their health care and about their participation in the health management program. We can be reached toll-free at 1-888-941-9358.

1. The SoonerCare program is a health insurance program offered by the state. Are you currently participating in SoonerCare?[70]
   a. Yes
   b. No → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]
   c. Don't Know/Not Sure → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]

2. Some SoonerCare members with health needs receive help through a special program known as the SoonerCare Health Management Program. Have you heard of it? [IF RESPONDENT SAYS 'NO' OR 'NOT SURE'] The program includes Health Coaches in doctors' offices who help members with their care. Does that sound familiar?
   a. Yes
   b. No
   c. Don't Know/Not Sure

3. Were you contacted and offered a chance to participate in the SoonerCare Health Management Program?
   a. Yes
   b. No → [END CALL]
   c. Don't Know/Not Sure → [END CALL]

4. Did you decide to participate?
   a. Yes
   b. No → [GO TO Q50]
   c. Not yet, but still considering → [INFORM THAT WE MAY CALL BACK AT A LATER DATE AND END CALL]

[70] All questions include a "don't know/not sure" or similar option which is unprompted by the surveyor; this response is listed on the instrument to allow surveyors to document such a response. Questions are reworded for parents/guardians completing the survey on behalf of program participants.

d. Don't Know/Not Sure → [END CALL]

5. Are you still participating today in the SoonerCare Health Management Program?
   a. Yes
   b. No → [GO TO Q48]
   c. Don't Know/Not Sure → [END CALL]

6. How long have you been participating in the SoonerCare Health Management Program?
   a. Less than 1 month
   b. One to two months
   c. Three to four months
   d. Four to six months
   e. More than six months
   f. Don't Know/Not Sure

Now I want to ask about your decision to enroll in the SoonerCare Health Management Program.

7. How did you learn about the SoonerCare Health Management Program?
   a. Received information in the mail
   b. Received a call from my Health Coach
   c. Received a call from someone else SPECIFY ______________________________
   d. Doctor referred me while I was in his/her office
   e. Other. SPECIFY: ____
   f. Don't Know/Not Sure

8. What were your reasons for deciding to participate in the SoonerCare Health Management Program? [CHECK ALL THAT APPLY]
   a. Learn how to better manage health problems
   b. Learn how to identify changes in health
   c. Have someone to call with questions about health
   d. Get help making health care appointments
   e. Personal doctor recommended I enroll
   f. Improve my health
   g. Was invited to enroll/no specific reason
   h. Other. SPECIFY: ____
   i. Don't Know/Not Sure

9. Among the reasons you gave, what was your <u>most important</u> reason for deciding to participate?
    a. Learn how to better manage health problems
    b. Learn how to identify changes in health
    c. Have someone to call with questions about health
    d. Get help making health care appointments
    e. Personal doctor recommended I enroll
    f. Improve my health
    g. Was invited to enroll/no specific reason
    h. Other. SPECIFY: ____
    i. Don't Know/Not Sure

Now I'm going to ask you a few questions about your experience in the SoonerCare Health Management Program, starting with your Health Coach.

HEALTH COACH

10. How soon after you started participating in the SoonerCare Health Management Program were you contacted by your Health Coach?
    a. Contacted at time of enrollment in the doctor's office
    b. Less than one week
    c. One to two weeks
    d. More than two weeks
    e. Have not been contacted – enrolled two weeks ago or less
    f. Have not been contacted – enrolled two to four weeks ago
    g. Have not been contacted – enrolled more than four weeks ago
    h. Don't Know/Not Sure

11. Can you tell me the name of your Health Coach?
    a. Yes. RECORD: ____
    b. No
12. About when was the last time you spoke to your Health Coach?
    a. Within the last week
    b. One to two weeks ago
    c. Two to four weeks ago
    d. More than four weeks ago
    e. Have never spoken to Health Coach → [GO TO Q14]

f. Don't know/Not Sure → [GO TO Q14]

13. Did you speak to your Health Coach over the telephone or in person at your doctor's office?
    a. Telephone
    b. In-person
    c. Don't Know/Not Sure

14. Did your Health Coach give you a telephone number to call if you needed help with your care?
    a. Yes
    b. No → [GO TO Q18]
    c. Don't Know/Not Sure → [GO TO Q18]

15. Have you tried to call your Health Coach at the number you were given?
    a. Yes
    b. No → [GO TO Q18]
    c. Don't Know/Not Sure → [GO TO Q18]

16. Thinking about the last time you called your Health Coach, what was the reason for your call?
    a. Routine health question
    b. Urgent health problem
    c. Seeking assistance in scheduling appointment
    d. Returning call from Health Coach
    e. Other. SPECIFY: ____________________
    f. Don't Know/Not Sure

17. Did you reach your Health Coach immediately? [IF NO] How quickly did you get a call back?
    a. Reached immediately (at time of call)
    b. Called back within one hour
    c. Called back in more than one hour but same day
    d. Called back the next day
    e. Called back two or more days later
    f. Never called back
    g. Other. SPECIFY: ____________________
    h. Don't Know/Not Sure

18. [ASK QUESTION EVEN IF RESPONDENT STATES S/HE HAS NOT SPOKEN TO THE HEALTH COACH. IF RESPONDENT REPEATS S/HE IS UNABLE TO ANSWER DUE TO LACK OF CONTACT, GO TO Q32 (RESOURCE CENTER)] I am going to mention some things your Health Coach may have done for you. Has your Health Coach:

	Yes	No	DK
a. Asked questions about your health problems or concerns			
b. Provided instructions about taking care of your health problems or concerns			
c. Helped you to identify changes in your health that might be an early sign of a problem			
d. Answered questions about your health			
e. Helped you talk to and work with your regular doctor and your regular doctor's office staff			
f. Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems			
g. Helped you to make and keep health care appointments for mental health or substance abuse problems			
h. Reviewed your medications with you and helped you to manage your medications			

19. [ASK FOR EACH "YES" ACTIVITY IN Q18] Thinking about what your Health Coach has done for you, please tell me how satisfied you are with the help you received. Tell me if you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	DK	N/A
a. Learning about you and your health care needs						
b. Getting easy to understand instructions about taking care of health problems or concerns						
c. Getting help identifying changes in your health that might be an early sign of a problem						
d. Answering questions about your health						
e. Helping you to talk to and work with your regular doctor and your regular doctor's staff						
f. Helping you make and keep health care appointments with other doctors, such as specialists, for medical problems						
g. Helping you make and keep health care appointments for mental health or substance abuse problems						
h. Reviewing your medications and helping you to manage your medications						

[IF ANSWERED YES TO Q18a, ASK QUESTION 20. IF ANSWERED 'NO' OR 'DK', GO TO Q31.]

20. You said a moment ago that your Health Coach asked questions about your health problems and concerns. Did your Health Coach ask your thoughts on what change in your life would make the biggest difference to your health?
    a. Yes
    b. No → [GO TO Q31]
    c. Don't Know/Not Sure → [GO TO Q31]

21. Did you select an area where you would like to make a change?
    a. Yes
    b. No → [GO TO Q31]
    c. Don't Know/Not Sure → [GO TO Q31]

22. What did you select?
    a. Management of chronic condition. SPECIFY: ____
    b. Weight
    c. Diet
    d. Tobacco use
    e. Medications
    f. Alcohol or drug use
    g. Social support
    h. Other. SPECIFY: ____
    i. Don't Know/Not Sure

23. Did you and your Health Coach develop an Action Plan with Goals?
    a. Yes
    b. No → [GO TO Q31]
    c. Don't Know/Not Sure → [GO TO Q31]

24. Have you achieved one or more Goals in your Action Plan?
    a. Yes
    b. No → [GO TO Q31]
    c. Don't Know/Not Sure → [GO TO Q31]

25. What was the Goal you achieved?
    a. RECORD RESPONSE. ____
    b. Don't Know/Not Sure

26. Do you have a Goal you are currently trying to achieve?
    a. Yes
    b. No → [GO TO Q29]
    c. Don't Know/Not Sure → [GO TO Q29]

27. What is the Goal you're trying to achieve?
    a. RECORD RESPONSE ____
    b. Don't Know/Not Sure → [GO TO Q29]

28. How confident are you that you will be able to achieve this Goal? Would you say you are very confident, somewhat confident, not very confident or not at all confident?
    a. Very confident
    b. Somewhat confident
    c. Not very confident
    d. Not at all confident
    e. Don't Know/Not Sure

29. How helpful has your Health Coach been in helping you to achieve your Goals? Would you say your Health Coach has been very helpful, somewhat helpful, not very helpful or not at all helpful?
    a. Very helpful
    b. Somewhat helpful
    c. Not very helpful
    d. Not at all helpful
    e. Don't Know/Not Sure

30. Do you have any suggestions for how your Health Coach could be more helpful to you in achieving your Goals? RECORD.

    ____

    ____

    ____

31. Overall, how satisfied are you with your Health Coach? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

RESOURCE CENTER (COMMUNITY RESOURCE SPECIALISTS)

32. Did you know that the SoonerCare Health Management Program has a Resource Center to help members deal with non-medical problems? For example, help with eligibility issues or community resources like food, help with lights, etc.
    a. Yes
    b. No → [GO TO Q37]
    c. Don't Know/Not Sure → [GO TO Q37]

33. Have you or your Health Coach used the Resource Center to help you with a problem?
    a. Yes
    b. No → [GO TO Q37]
    c. Don't Know/Note Sure → [GO TO Q37]

34. Thinking about the last time you used the Resource Center, what problem did you or your Health Coach ask for help in resolving?
    a. Housing/rent
    b. Food
    c. Child care
    d. Transportation. SPECIFY DESTINATION:____
    e. Don't Know/Not Sure
    f. Other. SPECIFY: ____

35. How helpful was the Resource Center in resolving the problem? Would you say it was very helpful, somewhat helpful, not very helpful or not at all helpful?
    a. Very helpful
    b. Somewhat helpful
    c. Not very helpful
    d. Not at all helpful
    e. Don't Know/Not Sure

36. What did the Resource Center do?
    a. RECORD: ____
    b. Don't Know/Not Sure

OVERALL SATISFACTION

37. Overall, how satisfied are you with your whole experience in the Health Management Program?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

38. Would you recommend the SoonerCare Health Management Program to a friend who has health care needs like yours?
    a. Yes
    b. No
    c. Don't Know/Not Sure

39. Do you have any suggestions for improving the SoonerCare Health Management Program?

    ____

    ____

    ____

HEALTH STATUS & LIFESTYLE

40. Overall, how would you rate your health today? Would you say it is excellent, good, fair or poor?
    a. Excellent
    b. Good
    c. Fair
    d. Poor
    e. Don't Know/Not Sure

41. Compared to before you participated in the SoonerCare Health Management Program, how has your health changed? Would you say your health is better, worse or about the same?
    a. Better
    b. Worse → [GO TO Q43]
    c. About the same → [GO TO Q43]

42. Do you think the SoonerCare Health Management Program has contributed to your improvement in health?
    a. Yes
    b. No
    c. Don't Know/Not Sure

43. I am going to mention a few areas where Health Coaches sometimes try to help members to improve their health by changing behaviors. For each, please tell me if your Health Coach spoke to you, and if so, whether you changed your behavior as a result. [IF BEHAVIOR WAS CHANGED, ASK IF CHANGE WAS TEMPORARY OR IS CONTINUING]

	N/A – Not Discussed	Discussed – No Change	Discussed – Temporary Change	Discussed – Continuing Change	DK	Not Applicable
a. Smoking less or using other tobacco products less						
b. Moving around more or getting more exercise						
c. Changing your diet						
d. Managing and taking your medications better						
e. Making sure to drink enough water throughout the day						
f. Drinking or using other substances less						

Questions 44 to 47 have been discontinued

~~44. [IF RESPONDENT'S RECORD SHOWS ENROLLMENT DATE PRIOR TO JULY 2013, ASK THIS QUESTION] We're almost done. Before July 2013, the SoonerCare Health Management Program included Nurse Care Managers who visited members in their homes or called them each month on the phone. Did you have a Nurse Care Manager under the previous program? [IF YES, ASK WHETHER NCM VISITED THEIR HOME OR CALLED ON PHONE. IF RESPONDENT SAYS "BOTH", RECORD AS VISITED IN THEIR HOME.]~~

~~a. Yes, visited in home~~

~~b. Yes, called on phone~~

~~c. No → [GO TO Q52]~~

~~d. Don't Know/Not Sure → [GO TO Q52]~~

~~45. I am going to ask about different kinds of help that you may have received from your Nurse Care Manager in the previous program and that you may be receiving today from your Health Coach. For each, please tell me who was more helpful, your Nurse Care Manager you had before July 2013 under the previous program or your current Health Coach [REVERSE ORDER FROM PREVIOUS SURVEY]. [RECORD "SAME" IF VOLUNTEERED BY RESPONDENT; DO NOT OFFER AS OPTION.]~~

	~~NCM More Helpful~~	~~HC More Helpful~~	~~About the Same Help~~	~~N/A~~	~~Don't Know/Not Sure~~
~~a. Providing instructions about taking care of your health problems or concerns~~					

	~~NCM More Helpful~~	~~HC More Helpful~~	~~About the Same Help~~	~~N/A~~	~~Don't Know/Not Sure~~
~~b. Helping you to identify changes in your health that might be an early sign of a problem~~					
~~c. Answering questions about your health~~					
~~d. Helping you talk to and work with your regular doctor and your regular doctor's office staff~~					
~~e. Helping you to make and keep health care appointments with other doctors, such as specialists, for medical problems~~					
~~f. Helping you to make and keep health care appointments for mental health or substance abuse problems~~					
~~g. Helping you manage your medications~~					

~~46. Overall, what do you prefer – the program as it was before July 2013 with a Nurse Care Manager or the program as it is today, with a Health Coach in the doctor's office? [REVERSE ORDER FROM PREVIOUS SURVEY.] [RECORD "NO PREFERENCE/SAME" IF VOLUNTEERED BY RESPONDENT; DO NOT OFFER AS OPTION.]~~

- ~~a. Program before, with Nurse Care Manager~~
- ~~b. Program today, with Health Coach~~
- ~~c. No preference/programs are about the same → [GO TO Q52]~~
- ~~d. Don't Know/Not Sure → [GO TO Q52]~~

~~47. Why do you prefer [MEMBER'S CHOICE]? [RECORD ANSWER AND GO TO Q52]~~

____

____

____

Questions 48 and 49 are asked of follow-up survey respondents only

48. [IF RESPONDENT ANSWERED "NO" TO Q5] About when did you decide to no longer participate?
    - a. Month/Year [SPECIFY] ____
    - b. Don't Know/Not Sure

49. Why did you decide to no longer participate in the program [RECORD ANSWER & SKIP TO Q52]?
    - a. Not aware of program/did not know was enrolled

b. Did not understand purpose of the program
c. Satisfied with doctor/current health care access without program
d. Doctor recommended I not participate
e. Do not wish to self-manage care/receive health education/receive health coaching
f. Do not want to be evaluated by Nurse Care Manager/Health Coach
g. Dislike Nurse Care Manager/Health Coach
h. Have no health needs at this time
i. Nurse Care Manager/Health Coach stopped calling or visiting
j. Did not like change from Nurse Care Management to Health Coaching
k. Other. SPECIFY: ____
l. Don't Know/Not Sure

Questions 50 and 51 have been discontinued

~~50. [IF RESPONDENT ANSWERED "NO" TO Q4] About when did you decide to not participate?~~

~~a. Month/Year [SPECIFY] ____~~
~~b. Don't Know/Not Sure~~

~~51. Why did you decide not to participate in the program?~~

~~a. Not aware of program/did not know was enrolled~~
~~b. Did not understand purpose of the program~~
~~c. Satisfied with doctor/current health care access without program~~
~~d. Doctor recommended I not participate~~
~~e. Do not wish to self-manage care/receive health education/receive health coaching~~
~~f. Do not want to be evaluated by Nurse Care Manager/Health Coach~~
~~g. Dislike Nurse Care Manager/Health Coach~~
~~h. Have no health needs at this time~~
~~i. Nurse Care Manager/Health Coach stopped calling or visiting~~
~~j. Did not like change from Nurse Care Management to Health Coaching~~
~~k. Other. SPECIFY: ____~~
~~l. Don't Know/Not Sure~~

DEMOGRAPHICS

52. I'm now going to ask about your race. I will read you a list of choices. You may choose 1 or more. This question is being used for demographic purposes only and you may also choose not to respond.
    a. White or Caucasian
    b. Black or African-American
    c. Asian
    d. Native Hawaiian or other Pacific Islander
    e. American Indian
    f. Hispanic or Latino
    g. Other. SPECIFY: ____________________

Those are all the questions I have today. We may contact you again in the future to follow-up and learn if anything about your health care has changed. Thank you for your help.

APPENDIX B – DETAILED HEALTH COACHING PARTICIPANT SURVEY RESULTS

Appendix B includes active participant responses to all survey questions. Data is presented for both the initial and follow-up surveys.

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
1) Are you currently enrolled in SoonerCare?											
A. Yes	**138** *99.30%*	**602** *97.30%*	**529** *97.24%*	**501** *99.80%*	**605** *100.00%*	**2375** *98.59%*	**133** *98.50%*	**267** *92.71%*	**225** *100.00%*	**307** *100.00%*	**932** *97.59%*
B. No	**1** *0.70%*	**17** *2.70%*	**15** *2.8%*	**1** *0.2%*	**0** *0.00%*	**34** *1.4%*	**2** *1.50%*	**21** *7.29%*	**0** *0.00%*	**0** *0.00%*	**23** *2.41%*
2) Have you heard of the Health Management Program (HMP)?											
A. Yes	**121** *87.70%*	**554** *92.00%*	**514** *97.16%*	**501** *100.00%*	**605** *100.00%*	**2295** *96.63%*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*
B. No	**16** *11.60%*	**47** *7.80%*	**15** *2.84%*	**0** *0.00%*	**0** *0.00%*	**78** *3.28%*					
C. Don't know/not sure	**1** *0.70%*	**1** *0.20%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**2** *0.08%*					
3) Were you contacted and offered a chance to enroll in the HMP?											
A. Yes	**122**	**553**	**514**	**501**	**605**	**2295**	*N/A - not*	*N/A - not*	*N/A - not*	*N/A - not*	*N/A - not*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	88.4%	*91.60%*	*97.16%*	*100.00%*	*100.00%*	*96.63%*	*asked*	*asked*	*asked*	*asked*	*asked*
B. No	**7** *5.10%*	**47** *7.80%*	**15** *2.84%*	**0** *0.00%*	**0** *0.00%*	**69** *2.91%*					
C. Don't know/not sure	**9** *6.50%*	**2** *0.30%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**11** *0.46%*					
4) Did you decide to participate?											
A. Yes	**120** *95.20%*	**552** *99.80%*	**512** *99.61%*	**499** *99.60%*	**605** *100.00%*	**2288** *99.52%*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*
B. No	**6** *4.80%*	**1** *0.20%*	**2** *0.39%*	**2** *0.40%*	**0** *0.00%*	**11** *0.48%*					
5) Are you still participating today in the SoonerCare HMP?											
A. Yes	**118** *98.30%*	**542** *98.20%*	**500** *97.66%*	**496** *99.40%*	**605** *100.00%*	**2261** *98.82%*	**122** *91.70%*	**218** *81.65%*	**220** *97.78%*	**307** *100.00%*	**867** *93.23%*
B. No/Don't know	**2** *1.70%*	**10** *1.80%*	**12** *2.34%*	**3** *0.60%*	**0** *0.00%*	**27** *1.18%*	**11** *8.30%*	**49** *18.35%*	**5** *2.22%*	**0** *0.00%*	**63** *6.77%*
6) How long have you been											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
participating in the SoonerCare HMP?											
A. Less than 1 month	9 *7.60%*	5 *0.90%*	14 *2.80%*	13 *2.62%*	7 *1.16%*	48 *2.12%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0	0 *0.00%*
B. 1 to 2 months	39 *33.10%*	18 *3.30%*	8 *1.60%*	36 *7.26%*	37 *6.12%*	138 *6.10%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*
C. 3 to 4 months	33 *28.00%*	40 *7.40%*	27 *5.40%*	98 *19.76%*	190 *31.40%*	388 *17.16%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*
D. 5 to 6 months	7 *5.90%*	109 *20.10%*	57 *11.40%*	170 *34.27%*	154 *25.45%*	497 *21.98%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	3 *0.98%*	3 *0.35%*
E. More than 6 months	28 *23.70%*	352 *64.90%*	385 *77.00%*	160 *32.26%*	187 *30.91%*	1112 *49.18%*	*See below*	*See below*	*See below*	*See below*	*See below*
F. 6 to 9 months	*For initial survey, tenures greater than six months are not further stratified*						8 *6.60%*	9 *4.13%*	50 *22.73%*	48 *15.64%*	115 *13.26%*
G. 9 to 12 months							68 *55.70%*	62 *28.44%*	75 *34.09%*	138 *44.95%*	343 *39.56%*
H. More than 12 months							44 *36.10%*	147 *67.43%*	91 *41.36%*	107 *34.85%*	389 *44.87%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
I. Don't know/not sure	2 *1.70%*	18 *3.30%*	9 *1.80%*	19 *3.83%*	30 *4.96%*	78 *3.45%*	2 *1.60%*	0 *0.00%*	4 *1.82%*	11 *3.58%*	17 *1.96%*
7) How did you learn about the SoonerCare HMP?											
A. Received information in the mail	10 *8.50%*	17 *3.10%*	28 *5.60%*	73 *14.81%*	90 *14.88%*	218 *9.65%*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*
B. Received a call from my Health Coach	37 *31.40%*	191 *35.20%*	149 *29.80%*	276 *55.98%*	398 *65.79%*	1051 *46.55%*					
C. Received a call from someone else	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*					
D. Doctor referred me while I was in his/her office	67 *56.80%*	305 *56.30%*	273 *54.60%*	102 *20.69%*	59 *9.75%*	806 *35.70%*					
E. Other	0 *0.00%*	8 *1.50%*	8 *1.60%*	12 *2.43%*	7 *1.16%*	35 *1.55%*					
F. Don't	4	21	42	30	51	148					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
know/not sure	*3.40%*	*3.90%*	*8.40%*	*6.09%*	*8.43%*	*6.55%*					
8) What were your reasons for deciding to participate in the SoonerCare HMP? (Multiple answers allowed.)											
A. Learn how to better manage health problems	**30** *25.40%*	**143** *26.40%*	**125** *25.05%*	**157** *31.59%*	**145** *23.97%*	**600** *26.51%*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*	*N/A - not asked*
B. Learn how to identify changes in health	**0** *0.00%*	**0** *0.00%*	**0** *0.0%*	**0** *0.0%*	**0** *0.00%*	**0** *0.0%*					
C. Have someone to call with questions about health	**3** *2.50%*	**17** *3.10%*	**19** *3.81%*	**7** *1.41%*	**26** *4.30%*	**72** *3.18%*					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
D. Get help making health care appoint-ments	**4** *3.40%*	**7** *1.30%*	**4** *0.80%*	**6** *1.21%*	**9** *1.49%*	**30** *1.33%*					
E. Personal doctor recommend-ed I enroll	**2** *1.70%*	**18** *3.30%*	**15** *3.01%*	**21** *4.23%*	**28** *4.63%*	**84** *3.71%*					
F. Improve my health	**28** *23.70%*	**89** *16.40%*	**86** *17.23%*	**79** *15.90%*	**68** *11.24%*	**350** *15.47%*					
G. Was invited to enroll/no specific reason	**43** *36.40%*	**229** *42.30%*	**217** *43.49%*	**208** *41.85%*	**294** *48.60%*	**991** *43.79%*					
H. Other	**5** *4.20%*	**35** *6.50%*	**27** *5.41%*	**13** *2.62%*	**22** *3.64%*	**102** *4.51%*					
I. Don't know/not sure	**3** *2.50%*	**6** *1.10%*	**6** *1.20%*	**6** *1.21%*	**13** *2.15%*	**34** *1.50%*					
9) Among the reasons you gave, what was your											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
most important reason for deciding to participate?											
A. Learn how to better manage health problems	31 26.30%	142 26.20%	124 24.80%	158 31.85%	145 23.97%	600 26.54%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked
B. Learn how to identify changes in health	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%					
C. Have someone to call with questions about health	3 2.50%	17 3.10%	19 3.80%	7 1.41%	26 4.30%	72 3.18%					
D. Get help making health care appoint-ments	4 3.40%	7 1.30%	1 0.20%	6 1.21%	9 1.49%	27 1.19%					
E. Personal doctor recommend-	2	17	15	21	28	83					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
ed I enroll	*1.70%*	*3.10%*	*3.00%*	*4.23%*	*4.63%*	*3.67%*					
F. Improve my health	**28** *23.70%*	**89** *16.40%*	**83** *16.60%*	**77** *15.52%*	**68** *11.24%*	**345** *15.26%*					
G. Was invited to enroll/no specific reason	**42** *35.60%*	**229** *42.30%*	**220** *44.00%*	**208** *41.94%*	**294** *48.60%*	**993** *43.92%*					
H. Other	**5** *4.20%*	**35** *6.50%*	**32** *6.40%*	**13** *2.62%*	**22** *3.64%*	**107** *4.73%*					
I. Don't know/not sure	**3** *2.50%*	**6** *1.10%*	**6** *1.20%*	**6** *1.21%*	**13** *2.15%*	**34** *1.50%*					
10) How soon after you started participating in the SoonerCare HMP were you contacted by your Health Coach?											
A. Contacted	**67**	**498**	**430**	**389**	**470**	**1854**	*N/A - not*	*N/A - not*	*N/A - not*	*N/A - not*	*N/A - not*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
at time of enrollment	*56.80%*	*91.90%*	*86.17%*	*78.74%*	*77.69%*	*82.11%*	*asked*	*asked*	*asked*	*asked*	*asked*
B. Less than 1 week	34 *28.80%*	14 *2.60%*	7 *1.40%*	20 *4.05%*	37 *6.12%*	112 *4.96%*					
C. 1 to 2 weeks	2 *1.70%*	2 *0.40%*	8 *1.60%*	26 *5.26%*	20 *3.31%*	58 *2.57%*					
D. More than 2 weeks	0 *0.00%*	2 *0.40%*	3 *0.60%*	3 *0.61%*	0 *0.00%*	8 *0.35%*					
E. Have not been contacted - enrolled 2 weeks ago or less	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*					
F. Have not been contacted - enrolled 2 to 4 weeks ago	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	1 *0.17%*	1 *0.04%*					
G. Have not been contacted - enrolled more	1	2	5	2	2	12					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
than 4 weeks ago	*0.80%*	*0.40%*	*1.00%*	*0.40%*	*0.33%*	*0.53%*					
H. Don't know/not sure	**14** *11.90%*	**24** *4.40%*	**46** *9.22%*	**54** *10.93%*	**75** *12.40%*	**213** *9.43%*					
11) Can you tell me the name of your Health Coach?											
A. Yes	**46** *39.30%*	**201** *37.00%*	**212** *42.57%*	**211** *42.63%*	**247** *40.83%*	**917** *40.61%*	**42** *34.40%*	**81** *37.50%*	**100** *45.45%*	**131** *42.67%*	**354** *40.92%*
B. No	**71** *60.70%*	**342** *63.00%*	**286** *57.43%*	**284** *57.37%*	**358** *59.17%*	**1341** *59.39%*	**80** *65.60%*	**135** *62.50%*	**120** *54.55%*	**176** *57.33%*	**511** *59.08%*
12) About when was the last time you spoke to your Health Coach?											
A. Within last week	**28** *24.10%*	**123** *22.60%*	**105** *21.13%*	**132** *26.72%*	**182** *30.08%*	**570** *25.27%*	**30** *24.60%*	**40** *18.69%*	**36** *16.36%*	**67** *21.82%*	**173** *20.05%*
B. 1 to 2 weeks ago	**41** *35.30%*	**127** *23.30%*	**83** *16.70%*	**65** *13.16%*	**93** *15.37%*	**409** *18.13%*	**18** *14.80%*	**34** *15.89%*	**27** *12.27%*	**45** *14.66%*	**124** *14.37%*
C. 2 to 4	**27**	**149**	**166**	**185**	**215**	**742**	**25**	**58**	**63**	**104**	**250**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
weeks ago	*23.30%*	*27.40%*	*33.40%*	*37.45%*	*35.54%*	*32.89%*	*20.50%*	*27.10%*	*28.64%*	*33.88%*	*28.97%*
D. More than 4 weeks ago	**19** *16.40%*	**136** *25.00%*	**139** *27.97%*	**105** *21.26%*	**105** *17.36%*	**504** *22.34%*	**47** *38.50%*	**81** *37.85%*	**87** *39.55%*	**88** *28.66%*	**303** *35.11%*
E. Have never spoken to Health Coach	**1** *0.90%*	**1** *0.20%*	**3** *0.60%*	**2** *0.40%*	**3** *0.50%*	**10** *0.44%*	**1** *0.80%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**1** *0.12%*
F. Don't know/not sure/no response	**0** *0.00%*	**8** *1.50%*	**1** *0.20%*	**5** *1.01%*	**7** *1.16%*	**21** *0.93%*	**1** *0.80%*	**1** *0.47%*	**7** *3.18%*	**3** *0.98%*	**12** *1.39%*
13) Did you speak to your Health Coach over the telephone or in person at your doctor's office?											
A. Telephone	**59** *50.90%*	**364** *66.90%*	**366** *73.64%*	**409** *82.79%*	**552** *92.77%*	**1750** *77.92%*	**99** *81.10%*	**173** *79.72%*	**179** *81.36%*	**287** *93.49%*	**738** *85.22%*
B. In person	**57** *49.10%*	**170** *31.30%*	**126** *25.35%*	**53** *10.73%*	**37** *6.22%*	**443** *19.72%*	**23** *18.90%*	**44** *20.28%*	**37** *16.82%*	**19** *6.19%*	**123** *14.20%*
C. Don't know/not sure/no	**0**	**10**	**5**	**32**	**6**	**53**	**0**	**0**	**4**	**1**	**5**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
response	*0.00%*	*1.80%*	*1.01%*	*6.48%*	*1.01%*	*2.36%*	*0.00%*	*0.00%*	*1.82%*	*0.33%*	*0.58%*
14) Did your Health Coach give you a telephone number to call if you needed help with your care?											
A. Yes	**106** *90.60%*	**477** *87.80%*	**443** *88.60%*	**409** *82.79%*	**496** *82.39%*	**1931** *85.59%*	**110** *90.20%*	**203** *93.12%*	**187** *85.00%*	**283** *92.18%*	**783** *90.31%*
B. No	**5** *4.30%*	**38** *7.00%*	**31** *6.20%*	**53** *10.73%*	**70** *11.63%*	**197** *8.73%*	**10** *8.20%*	**7** *3.21%*	**21** *9.55%*	**9** *2.93%*	**47** *5.42%*
C. Don't know/not sure/no response	**6** *5.10%*	**28** *5.20%*	**26** *5.20%*	**32** *6.48%*	**36** *5.98%*	**128** *5.67%*	**2** *1.60%*	**8** *3.67%*	**12** *5.45%*	**15** *4.89%*	**37** *4.27%*
15) Have you tried to call your Health Coach at the number you were given?											
A. Yes	**17** *16.00%*	**135** *28.30%*	**151** *34.09%*	**127** *31.05%*	**170** *34.27%*	**600** *31.07%*	**18** *16.40%*	**54** *26.73%*	**71** *37.97%*	**103** *36.40%*	**246** *31.46%*
B. No	**89**	**342**	**291**	**282**	**325**	**1329**	**92**	**148**	**114**	**179**	**533**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	84.00%	*71.70%*	*65.69%*	*68.95%*	*65.52%*	*68.82%*	*83.60%*	*73.27%*	*60.96%*	*63.25%*	*68.16%*
C. Don't know/not sure	**0** *0.00%*	**0** *0.00%*	**1** *0.23%*	**0** *0.00%*	**1** *0.20%*	**2** *0.10%*	**0** *0.00%*	**0** *0.00%*	**2** *1.07%*	**1** *0.35%*	**3** *0.38%*
16) Thinking about the last time you called your Health Coach, what was the reason for your call?											
A. Routine health question	**11** *64.70%*	**109** *80.70%*	**121** *79.08%*	**94** *74.60%*	**117** *68.82%*	**452** *75.21%*	**11** *61.10%*	**46** *85.19%*	**58** *81.69%*	**73** *70.87%*	**188** *76.42%*
B. Urgent health problem	**0** *0.00%*	**3** *2.20%*	**2** *1.31%*	**2** *1.59%*	**4** *2.35%*	**11** *1.83%*	**1** *5.60%*	**0** *0.00%*	**0** *0.00%*	**3** *2.91%*	**4** *1.63%*
C. Seeking assistance in scheduling an appointment	**2** *11.80%*	**3** *2.20%*	**11** *7.19%*	**2** *1.59%*	**11** *6.47%*	**29** *4.83%*	**0** *0.00%*	**3** *5.56%*	**2** *2.82%*	**4** *3.88%*	**9** *3.66%*
D. Returning call from Health Coach	**0**	**13**	**12**	**27**	**33**	**85**	**4**	**3**	**11**	**19**	**37**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	*9.60%*	*7.84%*	*21.43%*	*19.41%*	*14.14%*	*22.20%*	*5.56%*	*15.49%*	*18.45%*	*15.04%*
E. Other	**4** *23.50%*	**7** *5.20%*	**6** *3.92%*	**1** *0.79%*	**5** *2.94%*	**23** *3.83%*	**2** *11.10%*	**2** *3.70%*	**0** *0.00%*	**4** *3.88%*	**8** *3.25%*
F. Don't know/not sure	**0** *0.00%*	**0** *0.00%*	**1** *0.65%*	**0** *0.00%*	**0** *0.00%*	**1** *0.17%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
17) Did you reach your Health Coach immediately? If no, how quickly did you get a call back?											
A. Reached immediately (at time of call)	**8** *47.10%*	**80** *59.30%*	**83** *55.70%*	**53** *42.06%*	**93** *54.71%*	**317** *53.10%*	**11** *61.10%*	**27** *50.00%*	**31** *43.66%*	**59** *57.28%*	**128** *52.03%*
B. Called back within 1 hour	**4** *23.50%*	**29** *21.50%*	**37** *24.83%*	**30** *23.81%*	**36** *21.18%*	**136** *22.78%*	**2** *11.10%*	**19** *35.19%*	**17** *23.94%*	**13** *12.62%*	**51** *20.73%*
C. Called back in more than 1 hour but same day	**3** *17.60%*	**7** *5.20%*	**8** *5.37%*	**30** *23.81%*	**23** *13.53%*	**71** *11.89%*	**1** *5.60%*	**2** *3.70%*	**13** *18.31%*	**17** *16.50%*	**33** *13.41%*
D. Called back	**1**	**3**	**5**	**6**	**1**	**16**	**3**	**1**	**2**	**0**	**6**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
the next day	*5.90%*	*2.20%*	*3.36%*	*4.76%*	*0.59%*	*2.68%*	*16.70%*	*1.85%*	*2.82%*	*0.00%*	*2.44%*
E. Called back 2 or more days later	1 *5.90%*	2 *1.50%*	1 *0.67%*	2 *1.59%*	4 *2.35%*	10 *1.68%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*
F. Never called back	0 *0.00%*	5 *3.70%*	5 *3.36%*	3 *2.38%*	6 *3.53%*	19 *3.18%*	1 *5.60%*	0 *0.00%*	3 *4.23%*	7 *6.80%*	11 *4.47%*
G. Other	0 *0.00%*	3 *2.20%*	0 *0.00%*	0 *0.00%*	1 *0.59%*	4 *0.67%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*
H. Don't know/not sure	0 *0.00%*	6 *4.40%*	10 *6.71%*	2 *1.59%*	6 *3.53%*	24 *4.02%*	0 *0.00%*	5 *9.26%*	5 *7.04%*	7 *6.80%*	17 *6.91%*
18) I'm going to mention some things your Health Coach may have done for you. Has your Health Coach:											
(a) Asked questions about your health problems or concerns											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
A. Yes	**116**	**537**	**497**	**490**	**599**	**2239**	**119**	**217**	**220**	**304**	**860**
	98.30%	*99.10%*	*99.40%*	*99.59%*	*99.50%*	*99.33%*	*98.30%*	*100.00%*	*100.00%*	*99.35%*	*99.54%*
B. No	**2**	**4**	**2**	**2**	**3**	**13**	**2**	**0**	**0**	**1**	**3**
	1.70%	*0.70%*	*0.40%*	*0.41%*	*0.50%*	*0.58%*	*1.70%*	*0.00%*	*0.00%*	*0.33%*	*0.35%*
C. Don't know/not sure	**0**	**1**	**1**	**0**	**0**	**2**	**0**	**0**	**0**	**1**	**1**
	0.00%	*0.20%*	*0.20%*	*0.00%*	*0.00%*	*0.09%*	*0.00%*	*0.00%*	*0.00%*	*0.33%*	*0.12%*
(b) Provided instructions about taking care of your health problems or concerns											
A. Yes	**99**	**504**	**481**	**465**	**551**	**2100**	**115**	**211**	**216**	**297**	**839**
	83.90%	*93.00%*	*96.20%*	*94.51%*	*91.53%*	*93.17%*	*95.00%*	*97.24%*	*98.18%*	*97.06%*	*97.11%*
B. No	**18**	**34**	**16**	**23**	**48**	**139**	**6**	**6**	**3**	**8**	**23**
	15.30%	*6.30%*	*3.20%*	*4.67%*	*7.97%*	*6.17%*	*5.00%*	*2.76%*	*1.36%*	*2.61%*	*2.66%*
C. Don't know/not sure	**1**	**4**	**3**	**4**	**3**	**15**	**0**	**0**	**1**	**1**	**2**
	0.80%	*0.70%*	*0.60%*	*0.81%*	*0.50%*	*0.67%*	*0.00%*	*0.00%*	*0.45%*	*0.33%*	*0.23%*
(c) Helped you to identify changes in your health that might be											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
an early sign of a problem											
A. Yes	**29** *24.60%*	**213** *39.30%*	**208** *41.60%*	**180** *36.59%*	**179** *29.73%*	**809** *35.89%*	**30** *24.80%*	**99** *45.62%*	**79** *35.91%*	**128** *41.83%*	**336** *38.89%*
B. No	**89** *75.40%*	**325** *60.00%*	**281** *56.20%*	**306** *62.20%*	**418** *69.44%*	**1419** *62.95%*	**91** *75.20%*	**115** *53.00%*	**139** *63.18%*	**174** *56.86%*	**519** *60.07%*
C. Don't know/not sure	**0** *0.00%*	**4** *0.70%*	**11** *2.20%*	**6** *1.22%*	**5** *0.83%*	**26** *1.15%*	**0** *0.00%*	**3** *1.38%*	**2** *0.91%*	**4** *1.31%*	**9** *1.04%*
(d) Answered questions about your health											
A. Yes	**93** *78.80%*	**486** *89.70%*	**459** *91.80%*	**445** *90.45%*	**532** *88.37%*	**2015** *89.40%*	**110** *90.90%*	**211** *97.24%*	**201** *91.36%*	**286** *93.46%*	**808** *93.52%*
B. No	**23** *19.50%*	**52** *9.60%*	**39** *7.80%*	**41** *8.33%*	**66** *10.96%*	**221** *9.80%*	**11** *9.10%*	**6** *2.76%*	**16** *7.27%*	**19** *6.21%*	**52** *6.02%*
C. Don't know/not sure	**1** *0.80%*	**5** *0.90%*	**2** *0.40%*	**6** *1.22%*	**4** *0.66%*	**18** *0.80%*	**0** *0.00%*	**0** *0.00%*	**3** *1.36%*	**1** *0.33%*	**4** *0.46%*
(e) Helped you talk to and work with your regular doctor and your											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
regular doctor's office staff											
A. Yes	**53**	**165**	**123**	**102**	**77**	**520**	**31**	**50**	**49**	**48**	**178**
	44.90%	*30.40%*	*24.65%*	*20.73%*	*12.79%*	*23.08%*	*25.60%*	*23.04%*	*22.27%*	*15.69%*	*20.60%*
B. No	**64**	**374**	**372**	**388**	**523**	**1721**	**90**	**166**	**170**	**257**	**683**
	54.20%	*69.00%*	*74.55%*	*78.86%*	*86.88%*	*76.39%*	*74.40%*	*76.50%*	*77.27%*	*83.99%*	*79.05%*
C. Don't know/not sure	**1**	**3**	**4**	**2**	**2**	**12**	**0**	**1**	**1**	**1**	**3**
	0.80%	*0.60%*	*0.80%*	*0.41%*	*0.33%*	*0.53%*	*0.00%*	*0.46%*	*0.45%*	*0.33%*	*0.35%*
(f) Helped you to make and keep health care appoint-ments with other doctors, such as specialists, for medical problems?											
A. Yes	**32**	**137**	**117**	**80**	**96**	**462**	**27**	**42**	**41**	**58**	**168**
	27.10%	*25.30%*	*23.45%*	*16.29%*	*15.95%*	*20.52%*	*22.30%*	*19.35%*	*18.64%*	*18.95%*	*19.44%*
B. No	**86**	**404**	**380**	**409**	**505**	**1784**	**94**	**175**	**179**	**248**	**696**
	72.90%	*74.50%*	*76.15%*	*83.30%*	*83.89%*	*79.22%*	*77.70%*	*80.65%*	*81.36%*	*81.05%*	*80.56%*
C. Don't know/not sure	**0**	**1**	**2**	**2**	**1**	**6**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.20%*	*0.40%*	*0.41%*	*0.17%*	*0.27%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
(g) Helped you to make and keep health care appoint-ments for mental health or substance abuse problems											
A. Yes	**17**	**35**	**19**	**12**	**6**	**89**	**6**	**12**	**2**	**3**	**23**
	14.40%	*6.50%*	*3.81%*	*2.44%*	*1.00%*	*3.95%*	*5.00%*	*5.53%*	*0.91%*	*0.98%*	*2.66%*
B. No	**101**	**506**	**478**	**480**	**595**	**2160**	**115**	**205**	**218**	**303**	**841**
	85.60%	*93.40%*	*95.79%*	*97.56%*	*98.84%*	*95.87%*	*95.00%*	*94.47%*	*99.09%*	*99.02%*	*97.34%*
C. Don't know/not sure	**0**	**1**	**2**	**0**	**1**	**4**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.20%*	*0.40%*	*0.00%*	*0.17%*	*0.18%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*
(h) Reviewed your medications with you and helped you to manage your medications											
A. Yes	**70**	**439**	**439**	**434**	**495**	**1877**	**97**	**205**	**202**	**265**	**769**
	59.30%	*81.00%*	*87.98%*	*88.21%*	*82.23%*	*83.31%*	*80.20%*	*94.47%*	*91.82%*	*86.60%*	*89.00%*
B. No	**46**	**90**	**46**	**42**	**65**	**289**	**22**	**9**	**7**	**29**	**67**
	39.00%	*16.60%*	*9.22%*	*8.54%*	*10.80%*	*12.83%*	*18.20%*	*4.15%*	*3.18%*	*9.48%*	*7.75%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
C. Don't know/not sure	**2**	**13**	**14**	**16**	**42**	**87**	**2**	**3**	**11**	**12**	**28**
	1.70%	*2.40%*	*2.81%*	*3.25%*	*6.98%*	*3.86%*	*1.70%*	*1.38%*	*5.00%*	*3.92%*	*3.24%*
19) (For each activity performed) How satisfied are you with the help you received?											
(a) Asked questions about your health problems or concerns											
A. Very satisfied	**97**	**487**	**460**	**446**	**559**	**2049**	**111**	**206**	**190**	**285**	**792**
	82.20%	*89.90%*	*92.18%*	*90.65%*	*92.86%*	*90.95%*	*91.70%*	*94.93%*	*86.36%*	*93.14%*	*91.56%*
B. Somewhat satisfied	**16**	**40**	**28**	**36**	**30**	**150**	**5**	**7**	**27**	**15**	**54**
	13.60%	*7.40%*	*5.61%*	*7.32%*	*4.98%*	*6.66%*	*4.10%*	*3.23%*	*12.27%*	*4.90%*	*6.24%*
C. Somewhat dissatisfied	**1**	**4**	**2**	**5**	**2**	**14**	**2**	**2**	**0**	**0**	**4**
	0.80%	*0.70%*	*0.40%*	*1.02%*	*0.33%*	*0.62%*	*1.70%*	*0.92%*	*0.00%*	*0.00%*	*0.46%*
D. Very dissatisfied	**1**	**4**	**6**	**2**	**6**	**19**	**1**	**1**	**3**	**2**	**7**
	0.80%	*0.70%*	*1.20%*	*0.41%*	*1.00%*	*0.84%*	*0.80%*	*0.46%*	*1.36%*	*0.65%*	*0.81%*
E. Don't	**3**	**7**	**3**	**3**	**5**	**21**	**3**	**1**	**0**	**4**	**8**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
know/Not Applicable	*2.50%*	*1.30%*	*0.60%*	*0.61%*	*0.83%*	*0.93%*	*2.50%*	*0.46%*	*0.00%*	*1.31%*	*0.92%*
(b) Provided instructions about taking care of your health problems or concerns											
A. Very satisfied	**85**	**471**	**451**	**433**	**526**	**1966**	**108**	**204**	**188**	**280**	**780**
	72.00%	*86.90%*	*90.38%*	*88.01%*	*87.38%*	*87.26%*	*89.30%*	*94.01%*	*85.45%*	*91.50%*	*90.28%*
B. Somewhat satisfied	**11**	**30**	**25**	**26**	**18**	**110**	**4**	**6**	**23**	**12**	**45**
	9.30%	*5.50%*	*5.01%*	*5.28%*	*2.99%*	*4.88%*	*3.30%*	*2.76%*	*10.45%*	*3.92%*	*5.21%*
C. Somewhat dissatisfied	**1**	**1**	**2**	**3**	**0**	**7**	**2**	**1**	**2**	**0**	**5**
	0.80%	*0.20%*	*0.40%*	*0.61%*	*0.00%*	*0.31%*	*1.70%*	*0.46%*	*0.91%*	*0.00%*	*0.58%*
D. Very dissatisfied	**1**	**4**	**2**	**1**	**3**	**11**	**1**	**0**	**2**	**2**	**5**
	0.80%	*0.70%*	*0.40%*	*0.20%*	*0.50%*	*0.49%*	*0.80%*	*0.00%*	*0.91%*	*0.65%*	*0.58%*
E. Don't know/Not Applicable	**20**	**36**	**19**	**29**	**55**	**159**	**6**	**6**	**5**	**12**	**29**
	16.90%	*6.60%*	*3.81%*	*5.89%*	*9.14%*	*7.06%*	*5.00%*	*2.76%*	*2.27%*	*3.92%*	*3.36%*
(c) Helped you to identify changes in											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
your health that might be an early sign of a problem											
A. Very satisfied	**29**	**203**	**198**	**173**	**173**	**776**	**29**	**90**	**77**	**124**	**320**
	24.60%	*37.50%*	*39.68%*	*35.16%*	*28.74%*	*34.44%*	*24.00%*	*41.47%*	*35.00%*	*40.52%*	*37.04%*
B. Somewhat satisfied	**4**	**8**	**6**	**4**	**3**	**25**	**0**	**4**	**4**	**3**	**11**
	3.40%	*1.50%*	*1.20%*	*0.81%*	*0.50%*	*1.11%*	*0.00%*	*1.84%*	*1.82%*	*0.98%*	*1.27%*
C. Somewhat dissatisfied	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**1**	**0**	**0**	**1**
	0.00%	*0.20%*	*0.00%*	*0.00%*	*0.00%*	*0.04%*	*0.00%*	*0.46%*	*0.00%*	*0.00%*	*0.12%*
D. Very dissatisfied	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**1**
	0.00%	*0.20%*	*0.00%*	*0.00%*	*0.00%*	*0.04%*	*0.00%*	*0.00%*	*0.00%*	*0.33%*	*0.12%*
E. Don't know/Not Applicable	**85**	**329**	**295**	**315**	**426**	**1450**	**92**	**122**	**139**	**178**	**531**
	72.00%	*60.70%*	*59.12%*	*64.02%*	*70.76%*	*64.36%*	*76.00%*	*56.22%*	*63.18%*	*58.17%*	*61.46%*
(d) Answered questions about your health											
A. Very satisfied	**84**	**452**	**440**	**426**	**508**	**1910**	**105**	**203**	**187**	**273**	**768**
	71.20%	*83.40%*	*88.18%*	*86.59%*	*84.39%*	*84.78%*	*86.80%*	*93.55%*	*85.00%*	*89.22%*	*88.89%*
B. Somewhat satisfied	**9**	**26**	**19**	**18**	**15**	**87**	**3**	**6**	**12**	**10**	**31**
	7.60%	*4.80%*	*3.81%*	*3.66%*	*2.49%*	*3.86%*	*2.50%*	*2.76%*	*5.45%*	*3.27%*	*3.59%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
C. Somewhat dissatisfied	**0**	**2**	**1**	**1**	**2**	**6**	**2**	**1**	**0**	**0**	**3**
	0.00%	*0.40%*	*0.20%*	*0.20%*	*0.33%*	*0.27%*	*1.70%*	*0.46%*	*0.00%*	*0.00%*	*0.35%*
D. Very dissatisfied	**0**	**3**	**1**	**0**	**2**	**6**	**0**	**0**	**1**	**1**	**2**
	0.00%	*0.60%*	*0.20%*	*0.00%*	*0.33%*	*0.27%*	*0.00%*	*0.00%*	*0.45%*	*0.33%*	*0.23%*
E. Don't know/Not Applicable	**25**	**59**	**38**	**47**	**75**	**244**	**11**	**7**	**20**	**22**	**60**
	21.20%	*10.90%*	*7.62%*	*9.55%*	*12.46%*	*10.83%*	*9.10%*	*3.23%*	*9.09%*	*7.19%*	*6.94%*
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff											
A. Very satisfied	**52**	**159**	**120**	**99**	**77**	**507**	**31**	**47**	**51**	**47**	**176**
	44.10%	*29.30%*	*24.05%*	*20.12%*	*12.79%*	*22.50%*	*25.60%*	*21.66%*	*23.18%*	*15.36%*	*20.37%*
B. Somewhat satisfied	**1**	**13**	**6**	**2**	**0**	**22**	**1**	**3**	**1**	**1**	**6**
	0.80%	*2.40%*	*1.20%*	*0.41%*	*0.00%*	*0.98%*	*0.80%*	*1.38%*	*0.45%*	*0.33%*	*0.69%*
C. Somewhat dissatisfied	**0**	**2**	**0**	**1**	**0**	**3**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.40%*	*0.00%*	*0.20%*	*0.00%*	*0.13%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*
D. Very dissatisfied	**0**	**1**	**1**	**0**	**0**	**2**	**0**	**0**	**0**	**1**	**1**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	*0.20%*	*0.20%*	*0.00%*	*0.00%*	*0.09%*	*0.00%*	*0.00%*	*0.00%*	*0.33%*	*0.12%*
E. Don't know/Not Applicable	**65**	**367**	**372**	**390**	**525**	**1719**	**89**	**167**	**168**	**257**	**681**
	55.10%	*67.70%*	*74.55%*	*79.27%*	*87.21%*	*76.30%*	*73.60%*	*76.96%*	*76.36%*	*83.99%*	*78.82%*
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?											
A. Very satisfied	**30**	**127**	**113**	**78**	**93**	**441**	**27**	**39**	**38**	**54**	**158**
	25.40%	*23.40%*	*22.65%*	*15.85%*	*15.45%*	*19.57%*	*22.30%*	*17.97%*	*17.27%*	*17.65%*	*18.29%*
B. Somewhat satisfied	**2**	**17**	**9**	**4**	**4**	**36**	**0**	**2**	**4**	**3**	**9**
	1.70%	*3.10%*	*1.80%*	*0.81%*	*0.66%*	*1.60%*	*0.00%*	*0.92%*	*1.82%*	*0.98%*	*1.04%*
C. Somewhat dissatisfied	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**2**	**0**	**0**	**2**
	0.00%	*0.20%*	*0.00%*	*0.00%*	*0.00%*	*0.04%*	*0.00%*	*0.92%*	*0.00%*	*0.00%*	*0.23%*
D. Very dissatisfied	**0**	**1**	**0**	**0**	**1**	**2**	**0**	**0**	**0**	**2**	**2**
	0.00%	*0.20%*	*0.00%*	*0.00%*	*0.17%*	*0.09%*	*0.00%*	*0.00%*	*0.00%*	*0.65%*	*0.23%*
E. Don't know/Not Applicable	**86**	**396**	**377**	**410**	**504**	**1773**	**94**	**174**	**178**	**247**	**693**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	72.90%	*73.10%*	*75.55%*	*83.33%*	*83.72%*	*78.70%*	*77.70%*	*80.18%*	*80.91%*	*80.72%*	*80.21%*
(g) Helped you to make and keep health care appoint-ments for mental health or substance abuse problems											
A. Very satisfied	**15**	**33**	**18**	**10**	**8**	**84**	**4**	**10**	**4**	**3**	**21**
	12.70%	*6.10%*	*3.61%*	*2.03%*	*1.33%*	*3.73%*	*3.30%*	*4.61%*	*1.82%*	*0.98%*	*2.43%*
B. Somewhat satisfied	**1**	**18**	**13**	**3**	**0**	**35**	**1**	**2**	**1**	**0**	**4**
	0.80%	*3.30%*	*2.61%*	*0.61%*	*0.00%*	*1.55%*	*0.80%*	*0.92%*	*0.45%*	*0.00%*	*0.46%*
C. Somewhat dissatisfied	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.20%*	*0.00%*	*0.00%*	*0.00%*	*0.04%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*
D. Very dissatisfied	**0**	**1**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**1**
	0.00%	*0.20%*	*0.00%*	*0.00%*	*0.00%*	*0.04%*	*0.00%*	*0.00%*	*0.00%*	*0.33%*	*0.12%*
E. Don't know/Not Applicable	**102**	**489**	**468**	**479**	**594**	**2132**	**116**	**205**	**215**	**302**	**838**
	86.40%	*90.20%*	*93.79%*	*97.36%*	*98.67%*	*94.63%*	*95.90%*	*94.47%*	*97.73%*	*98.69%*	*96.99%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
(h) Reviewed your medications with you and helped you to manage your medications											
A. Very satisfied	**61**	**412**	**423**	**421**	**474**	**1791**	**93**	**198**	**190**	**257**	**738**
	52.63%	*76.00%*	*84.77%*	*85.57%*	*78.74%*	*79.49%*	*76.90%*	*91.24%*	*86.36%*	*83.99%*	*85.42%*
B. Somewhat satisfied	**7**	**32**	**15**	**19**	**15**	**88**	**3**	**5**	**10**	**10**	**28**
	6.14%	*5.90%*	*3.01%*	*3.86%*	*2.49%*	*3.91%*	*2.50%*	*2.30%*	*4.55%*	*3.27%*	*3.24%*
C. Somewhat dissatisfied	**0**	**4**	**2**	**3**	**0**	**9**	**1**	**1**	**1**	**0**	**3**
	0.00%	*0.70%*	*0.40%*	*0.61%*	*0.00%*	*0.40%*	*0.80%*	*0.46%*	*0.45%*	*0.00%*	*0.35%*
D. Very dissatisfied	**1**	**1**	**2**	**2**	**4**	**10**	**0**	**1**	**1**	**1**	**3**
	0.88%	*0.20%*	*0.40%*	*0.41%*	*0.66%*	*0.44%*	*0.00%*	*0.46%*	*0.45%*	*0.33%*	*0.35%*
E. Don't know/Not Applicable	**46**	**96**	**57**	**47**	**109**	**355**	**24**	**12**	**18**	**38**	**92**
	40.35%	*17.70%*	*11.42%*	*9.55%*	*18.11%*	*15.76%*	*19.80%*	*5.53%*	*8.18%*	*12.42%*	*10.65%*
20) Did your Health Coach ask your thoughts on what change in your life would make											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
the biggest difference to your health?											
A. Yes	**91** *77.10%*	**409** *75.50%*	**380** *76.15%*	**405** *82.48%*	**484** *80.40%*	**1769** *78.55%*	**93** *76.90%*	**168** *77.42%*	**167** *75.91%*	**259** *84.64%*	**687** *79.51%*
B. No	**24** *20.30%*	**94** *17.30%*	**71** *14.23%*	**57** *11.61%*	**78** *12.96%*	**324** *14.39%*	**20** *16.50%*	**28** *12.90%*	**32** *14.55%*	**25** *8.17%*	**105** *12.15%*
C. Don't know/not sure	**3** *2.50%*	**39** *7.20%*	**48** *9.62%*	**29** *5.91%*	**40** *6.64%*	**159** *7.06%*	**8** *6.60%*	**21** *9.68%*	**21** *9.55%*	**22** *7.19%*	**72** *8.33%*
21) Did you select an area where you would like to make a change?											
A. Yes	**79** *86.80%*	**339** *82.90%*	**327** *86.28%*	**335** *82.31%*	**346** *71.49%*	**1426** *80.56%*	**68** *73.10%*	**130** *77.38%*	**125** *74.85%*	**202** *77.99%*	**525** *76.42%*
B. No	**11** *12.10%*	**70** *17.10%*	**49** *12.93%*	**68** *16.71%*	**137** *28.31%*	**335** *18.93%*	**25** *26.90%*	**38** *22.62%*	**42** *25.15%*	**57** *22.01%*	**162** *23.58%*
C. Don't know/not sure	**1** *1.10%*	**0** *0.00%*	**3** *0.79%*	**4** *0.98%*	**1** *0.21%*	**9** *0.51%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
22) What did you select?											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
(Multiple categories allowed.)											
A. Management of chronic condition	20 *21.50%*	62 *18.70%*	73 *22.32%*	91 *27.00%*	90 *27.00%*	336 *23.41%*	13 *18.80%*	20 *15.27%*	27 *21.60%*	52 *25.70%*	112 *21.33%*
B. Weight	23 *24.70%*	94 *28.30%*	100 *30.58%*	58 *17.21%*	55 *15.90%*	330 *23.00%*	17 *24.60%*	43 *32.82%*	22 *17.60%*	35 *17.30%*	117 *22.29%*
C. Diet	11 *11.80%*	38 *11.40%*	34 *10.40%*	40 *11.87%*	29 *8.38%*	152 *10.59%*	14 *20.30%*	13 *9.92%*	20 *16.00%*	25 *12.38%*	72 *13.71%*
D. Tobacco use	13 *14.00%*	88 *26.50%*	68 *20.80%*	80 *23.74%*	76 *21.97%*	325 *22.65%*	16 *23.20%*	35 *26.72%*	32 *25.60%*	55 *27.23%*	138 *26.29%*
E. Medications	0 *0.00%*	5 *1.50%*	6 *1.83%*	8 *2.37%*	12 *3.47%*	31 *2.16%*	2 *2.90%*	1 *0.76%*	4 *3.20%*	3 *1.49%*	10 *1.90%*
F. Alcohol or drug use	0 *0.00%*	3 *0.90%*	1 *0.31%*	0 *0.00%*	1 *0.29%*	5 *0.35%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*
G. Social support	0 *0.00%*	13 *3.90%*	8 *2.45%*	1 *0.30%*	6 *1.73%*	28 *1.95%*	2 *2.90%*	1 *0.76%*	1 *0.80%*	3 *1.49%*	7 *1.33%*
H. Other	26 *28.00%*	29 *8.70%*	36 *11.01%*	54 *16.02%*	73 *21.10%*	218 *15.19%*	5 *7.20%*	18 *13.74%*	18 *14.40%*	28 *13.86%*	69 *13.14%*
I. Don't know/not	0	0	1	5	4	10	0	0	1	1	2

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
sure	*0.00%*	*0.00%*	*0.31%*	*1.48%*	*1.16%*	*0.70%*	*0.00%*	*0.00%*	*0.80%*	*0.50%*	*0.38%*
23) Did you and your Health Coach develop an Action Plan with goals?											
A. Yes	**76** *96.20%*	**275** *81.10%*	**261** *80.06%*	**291** *88.18%*	**306** *88.44%*	**1209** *85.14%*	**53** *77.90%*	**112** *86.15%*	**120** *96.00%*	**184** *91.09%*	**469** *89.33%*
B. No	**3** *3.80%*	**61** *18.00%*	**63** *19.33%*	**37** *11.21%*	**35** *10.12%*	**199** *14.01%*	**15** *22.10%*	**18** *13.85%*	**4** *3.20%*	**16** *7.92%*	**53** *10.10%*
C. Don't know/not sure	**0** *0.00%*	**3** *0.90%*	**2** *0.61%*	**2** *0.61%*	**5** *1.45%*	**12** *0.85%*	**0** *0.00%*	**0** *0.00%*	**1** *0.80%*	**2** *0.99%*	**3** *0.57%*
24) Have you achieved one or more goals in your Action Plan?											
A. Yes	**38** *50.00%*	**221** *80.40%*	**211** *80.8%*	**225** *77.3%*	**254** *83.0%*	**949** *78.5%*	**41** *77.40%*	**86** *76.79%*	**104** *86.67%*	**151** *82.07%*	**382** *81.45%*
B. No	**38** *50.00%*	**54** *19.60%*	**50** *19.16%*	**66** *22.68%*	**52** *17.0%*	**260** *21.51%*	**12** *22.60%*	**26** *23.21%*	**16** *13.33%*	**33** *17.93%*	**87** *18.55%*
C. Don't know/not sure	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	*0.00%*	*0.00%*	*0.00%*	*0.0%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*
25) What was the goal you achieved?	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*
26) Do you have a goal you are currently trying to achieve?											
A. Yes	**22** *56.40%*	**78** *35.90%*	**38** *19.00%*	**52** *23.42%*	**54** *22.31%*	**244** *26.52%*	**8** *19.50%*	**11** *12.79%*	**23** *22.12%*	**37** *24.50%*	**79** *20.68%*
B. No	**17** *43.60%*	**139** *64.10%*	**162** *81.00%*	**170** *76.58%*	**188** *77.69%*	**676** *73.48%*	**33** *80.50%*	**75** *87.21%*	**81** *77.88%*	**114** *75.50%*	**303** *79.32%*
C. Don't know/not sure	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
27) What is the goal you're trying to achieve?	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*
28) How confident are you that you will be able to achieve this goal?											
A. Very	**15**	**49**	**21**	**29**	**30**	**144**	**6**	**9**	**15**	**24**	**54**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
confident	*71.40%*	*62.00%*	*55.26%*	*55.77%*	*55.56%*	*59.02%*	*75.00%*	*81.82%*	*65.22%*	*64.86%*	*68.35%*
B. Somewhat confident	4 *19.00%*	24 *30.40%*	13 *34.21%*	20 *38.46%*	19 *35.19%*	80 *32.79%*	2 *25.00%*	2 *18.18%*	8 *34.78%*	13 *35.14%*	25 *31.65%*
C. Not very confident	2 *9.50%*	3 *3.80%*	4 *10.53%*	2 *3.85%*	4 *7.41%*	15 *6.15%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*
D. Not at all confident	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	1 *1.85%*	1 *0.41%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*
E. Don't know/not sure	0 *0.00%*	3 *3.80%*	0 *0.00%*	1 *1.92%*	0 *0.00%*	4 *1.64%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*	0 *0.00%*
29) How helpful has your Health Coach been in helping you to achieve your goals?											
A. Very helpful	33 *94.30%*	208 *92.90%*	202 *97.58%*	214 *99.07%*	232 *99.57%*	889 *97.16%*	41 *100.00%*	85 *98.84%*	92 *93.88%*	137 *98.56%*	355 *97.53%*
B. Somewhat helpful	2 *5.70%*	3 *1.30%*	5 *2.42%*	1 *0.46%*	1 *0.43%*	12 *1.31%*	0 *0.00%*	1 *1.16%*	4 *4.08%*	2 *1.44%*	7 *1.92%*
C. Not very	0	1	0	0	0	1	0	0	1	0	1

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
helpful	*0.00%*	*0.40%*	*0.00%*	*0.00%*	*0.00%*	*0.11%*	*0.00%*	*0.00%*	*1.02%*	*0.00%*	*0.27%*
D. Not at all helpful	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**1** *0.46%*	**0** *0.00%*	**1** *0.11%*	**0** *0.00%*	**0** *0.00%*	**1** *1.02%*	**0** *0.00%*	**1** *0.27%*
E. Don't know/not sure/no response	**0** *0.00%*	**12** *5.40%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**12** *1.31%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
30) Do you have any suggestions for how your Health Coach could be more helpful to you in achieving your goals?	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*
31) Overall, how satisfied are you with your Health Coach?											
A. Very satisfied	**97** *84.30%*	**478** *87.70%*	**444** *92.50%*	**413** *90.97%*	**469** *93.06%*	**1901** *90.61%*	**103** *85.10%*	**193** *95.07%*	**173** *84.80%*	**260** *94.89%*	**729** *90.90%*
B. Somewhat satisfied	**13**	**41**	**25**	**31**	**24**	**134**	**9**	**7**	**27**	**12**	**55**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	11.30%	*7.50%*	*5.21%*	*6.83%*	*4.76%*	*6.39%*	*7.40%*	*3.45%*	*13.24%*	*4.38%*	*6.86%*
C. Somewhat dissatisfied	**0** *0.00%*	**7** *1.30%*	**3** *0.63%*	**5** *1.10%*	**2** *0.40%*	**17** *0.81%*	**2** *1.70%*	**1** *0.49%*	**1** *0.49%*	**0** *0.00%*	**4** *0.50%*
D. Very dissatisfied	**2** *1.70%*	**5** *0.90%*	**7** *1.46%*	**3** *0.66%*	**5** *0.99%*	**22** *1.05%*	**1** *0.80%*	**2** *0.99%*	**3** *1.47%*	**2** *0.73%*	**8** *1.00%*
E. Don't know/not sure/no response	**3** *2.60%*	**14** *2.60%*	**1** *0.21%*	**2** *0.44%*	**4** *0.79%*	**24** *1.14%*	**6** *5.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**6** *0.75%*
32) Did you know that the SoonerCare HMP has a Resource Center to help members deal with non-medical problems?											
A. Yes	**42** *35.90%*	**211** *38.90%*	**159** *32.19%*	**173** *35.38%*	**276** *46.23%*	**861** *38.44%*	**45** *37.20%*	**107** *49.54%*	**83** *37.90%*	**158** *52.49%*	**393** *45.86%*
B. No	**74** *63.20%*	**278** *51.20%*	**290** *58.70%*	**254** *51.94%*	**244** *40.87%*	**1140** *50.89%*	**66** *54.50%*	**98** *45.37%*	**103** *47.03%*	**106** *35.22%*	**373** *43.52%*
C. Don't know/not sure/no	**1**	**54**	**45**	**62**	**77**	**239**	**10**	**11**	**33**	**37**	**91**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
response	*0.90%*	*9.90%*	*9.11%*	*12.68%*	*12.90%*	*10.67%*	*8.30%*	*5.09%*	*15.07%*	*12.29%*	*10.62%*
33) Have you or your Health Coach used the Resource Center to help you with a problem?											
A. Yes	**8** *19.00%*	**22** *10.40%*	**19** *11.95%*	**19** *10.98%*	**42** *15.22%*	**110** *12.78%*	**3** *6.70%*	**10** *9.43%*	**7** *8.43%*	**10** *6.33%*	**30** *7.65%*
B. No	**34** *81.00%*	**188** *89.10%*	**140** *88.05%*	**152** *87.86%*	**234** *84.78%*	**748** *86.88%*	**42** *93.30%*	**96** *90.57%*	**76** *91.57%*	**148** *93.67%*	**362** *92.35%*
C. Don't know/not sure	**0** *0.00%*	**1** *0.50%*	**0** *0.00%*	**2** *1.16%*	**0** *0.00%*	**3** *0.35%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
34) Thinking about the last time you used the Resource Center, what problem did you or your Health Coach ask for help in resolving?											
A.	**2**	**1**	**0**	**1**	**5**	**9**	**0**	**1**	**1**	**0**	**2**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
Housing/rent	*25.00%*	*4.50%*	*0.00%*	*5.26%*	*11.90%*	*8.18%*	*0.00%*	*10.00%*	*14.29%*	*0.00%*	*6.67%*
B. Food	**2** *25.00%*	**4** *18.20%*	**4** *21.05%*	**2** *10.53%*	**17** *40.48%*	**29** *26.36%*	**0** *0.00%*	**3** *30.00%*	**2** *28.57%*	**1** *10.00%*	**6** *20.00%*
C. Child care	**0** *0.00%*	**1** *4.50%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**1** *0.91%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
D. Transportation	**3** *37.50%*	**4** *18.20%*	**2** *10.53%*	**4** *21.05%*	**9** *21.43%*	**22** *20.00%*	**2** *66.70%*	**0** *0.00%*	**4** *57.14%*	**2** *20.00%*	**8** *26.67%*
E. Don't know/not sure	**1** *12.50%*	**0** *0.00%*	**0** *0.00%*	**1** *5.26%*	**0** *0.00%*	**2** *1.82%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
F. Other	**0** *0.00%*	**12** *54.50%*	**13** *68.42%*	**11** *57.89%*	**11** *26.19%*	**47** *42.73%*	**1** *33.30%*	**6** *60.00%*	**0** *0.00%*	**7** *70.00%*	**14** *46.67%*
35) How helpful was the Resource Center in resolving the problem?											
A. Very helpful	**6** *75.00%*	**16** *76.20%*	**15** *78.95%*	**11** *57.89%*	**28** *66.67%*	**76** *69.72%*	**3** *100.00%*	**7** *77.78%*	**7** *100.00%*	**8** *80.00%*	**25** *86.21%*
B. Somewhat helpful	**0** *0.00%*	**2** *9.50%*	**0** *0.00%*	**1** *5.26%*	**3** *7.14%*	**6** *5.50%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**1** *10.00%*	**1** *3.45%*

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
C. Not very helpful	**0** *0.00%*	**0** *0.00%*	**1** *5.26%*	**0** *0.00%*	**3** *7.14%*	**4** *3.67%*	**0** *0.00%*	**1** *11.11%*	**0** *0.00%*	**0** *0.00%*	**1** *3.45%*
D. Not at all helpful	**1** *12.50%*	**2** *9.50%*	**3** *15.79%*	**3** *15.79%*	**3** *7.14%*	**12** *11.01%*	**0** *0.00%*	**1** *11.11%*	**0** *0.00%*	**1** *10.00%*	**2** *6.90%*
E. Don't know/not sure	**1** *12.50%*	**1** *4.80%*	**0** *0.00%*	**4** *21.05%*	**5** *11.90%*	**11** *10.09%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*
36) What did the Resource Center do?	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*	*(Member -specific data)*
37) Overall, how satisfied are you with your whole experience in the HMP?											
A. Very satisfied	**95** *81.90%*	**478** *87.90%*	**454** *92.28%*	**447** *90.67%*	**548** *92.10%*	**2022** *90.27%*	**107** *89.90%*	**206** *95.37%*	**185** *84.86%*	**283** *94.02%*	**781** *91.45%*
B. Somewhat satisfied	**15** *12.90%*	**47** *8.60%*	**28** *5.69%*	**36** *7.30%*	**31** *5.21%*	**157** *7.01%*	**10** *8.40%*	**7** *3.24%*	**31** *14.22%*	**15** *4.98%*	**63** *7.38%*
C. Somewhat dissatisfied	**1** *0.90%*	**5** *0.90%*	**1** *0.20%*	**6** *1.22%*	**3** *0.50%*	**16** *0.71%*	**1** *0.80%*	**2** *0.93%*	**0** *0.00%*	**0** *0.00%*	**3** *0.35%*
D. Very	**2**	**3**	**8**	**2**	**9**	**24**	**0**	**1**	**2**	**3**	**6**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
dissatisfied	*1.70%*	*0.60%*	*1.63%*	*0.41%*	*1.51%*	*1.07%*	*0.00%*	*0.46%*	*0.92%*	*1.00%*	*0.70%*
E. Don't know/not sure/no response	**3** *2.60%*	**11** *2.00%*	**1** *0.20%*	**2** *0.41%*	**4** *0.67%*	**21** *0.94%*	**1** *0.80%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**1** *0.12%*
38) Would you recommend the SoonerCare HMP to a friend who has health care needs like yours?											
A. Yes	**106** *91.40%*	**510** *93.80%*	**476** *96.75%*	**473** *96.14%*	**575** *96.64%*	**2140** *95.58%*	**117** *96.70%*	**213** *98.16%*	**209** *95.87%*	**292** *97.01%*	**831** *96.97%*
B. No	**2** *1.70%*	**5** *0.90%*	**8** *1.63%*	**5** *1.02%*	**11** *1.85%*	**31** *1.38%*	**2** *1.70%*	**2** *0.92%*	**2** *0.92%*	**3** *1.00%*	**9** *1.05%*
C. Don't know/not sure/no response	**8** *6.90%*	**29** *5.30%*	**8** *1.63%*	**14** *2.85%*	**9** *1.51%*	**68** *3.04%*	**2** *1.70%*	**2** *0.92%*	**7** *3.21%*	**6** *1.99%*	**17** *1.98%*
39) Do you have any suggestions											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
for improving the SoonerCare HMP?											
A. Yes *(member-specific responses documented)*	12 *10.30%*	47 *8.60%*	33 *6.86%*	37 *7.47%*	42 *7.02%*	171 *7.65%*	10 *8.30%*	13 *5.99%*	14 *6.42%*	14 *4.65%*	51 *5.95%*
B. No/no response	104 *89.70%*	497 *91.40%*	448 *93.14%*	458 *92.53%*	556 *92.98%*	2063 *92.35%*	111 *91.70%*	204 *94.01%*	204 *93.58%*	287 *95.35%*	806 *94.05%*
40) Overall, how would you rate your health today?											
A. Excellent	4 *3.40%*	8 *1.50%*	4 *0.81%*	2 *0.41%*	2 *0.33%*	20 *0.89%*	2 *1.70%*	1 *0.46%*	0 *0.00%*	1 *0.33%*	4 *0.46%*
B. Good	37 *31.40%*	208 *38.40%*	157 *31.65%*	101 *20.53%*	152 *25.42%*	655 *29.18%*	49 *40.50%*	86 *39.63%*	50 *22.73%*	74 *24.42%*	259 *30.08%*
C. Fair	55 *46.60%*	224 *41.40%*	270 *54.44%*	310 *63.01%*	360 *60.20%*	1219 *54.30%*	49 *40.50%*	110 *50.69%*	146 *66.36%*	186 *61.39%*	491 *57.03%*
D. Poor	22 *18.60%*	100 *18.50%*	63 *12.70%*	78 *15.85%*	84 *14.05%*	347 *15.46%*	21 *17.40%*	20 *9.22%*	24 *10.91%*	42 *13.86%*	107 *12.43%*
E. Don't know/not sure	0	1	2	1	0	4	0	0	0	0	0

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	*0.20%*	*0.40%*	*0.20%*	*0.00%*	*0.18%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*
41) Compared to before you enrolled in the SoonerCare HMP, how has your health changed?											
A. Better	**46** *39.00%*	**235** *43.40%*	**224** *45.16%*	**198** *40.33%*	**194** *32.55%*	**897** *40.01%*	**58** *47.90%*	**107** *49.31%*	**112** *50.91%*	**133** *43.89%*	**410** *47.62%*
B. Worse	**4** *3.40%*	**48** *8.90%*	**47** *9.48%*	**42** *8.55%*	**37** *6.21%*	**178** *7.94%*	**10** *8.30%*	**20** *9.22%*	**20** *9.09%*	**37** *12.21%*	**87** *10.10%*
C. About the same	**68** *57.60%*	**258** *47.70%*	**225** *45.36%*	**251** *51.12%*	**365** *61.24%*	**1167** *52.05%*	**53** *43.80%*	**90** *41.47%*	**88** *40.00%*	**133** *43.89%*	**364** *42.28%*
42) (If better) Do you think the SoonerCare HMP has contributed to your improvement in health?											
A. Yes	**44** *95.70%*	**225** *95.70%*	**207** *92.41%*	**190** *95.96%*	**181** *93.30%*	**847** *94.43%*	**53** *91.40%*	**103** *96.26%*	**111** *99.11%*	**128** *96.24%*	**395** *96.34%*
B. No	**2**	**10**	**17**	**5**	**10**	**44**	**4**	**4**	**1**	**5**	**14**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	4.30%	*4.30%*	*7.59%*	*2.53%*	*5.15%*	*4.91%*	*6.90%*	*3.74%*	*0.89%*	*3.76%*	*3.41%*
C. Don't know/not sure	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**3** *1.52%*	**3** *1.55%*	**6** *0.67%*	**1** *1.70%*	**0** *0.00%*	**0** *0.00%*	**0** *0.00%*	**1** *0.24%*
43) I'm going to mention a few areas where Health Coaches sometimes try to help members improve their health by changing behaviors. For each, tell me if your Health Coach spoke to you, and if so, whether you changed your behavior as a result.											
(a) Smoking less or using other tobacco products less											
A. N/A - not	**28**	**64**	**54**	**103**	**158**	**407**	**11**	**11**	**28**	**60**	**110**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
discussed											
	23.70%	*11.80%*	*10.93%*	*21.11%*	*26.42%*	*18.18%*	*9.20%*	*5.07%*	*12.79%*	*19.80%*	*12.82%*
B. Discussed - no change	**9**	**26**	**45**	**32**	**22**	**134**	**10**	**18**	**9**	**14**	**51**
	7.60%	*4.80%*	*9.11%*	*6.56%*	*3.68%*	*5.98%*	*8.40%*	*8.29%*	*4.11%*	*4.62%*	*5.94%*
C. Discussed - temporary change	**3**	**11**	**3**	**10**	**4**	**31**	**0**	**4**	**2**	**6**	**12**
	2.50%	*2.00%*	*0.61%*	*2.05%*	*0.67%*	*1.38%*	*0.00%*	*1.84%*	*0.91%*	*1.98%*	*1.40%*
D. Discussed - continuing change	**16**	**106**	**88**	**91**	**89**	**390**	**16**	**31**	**31**	**50**	**128**
	13.60%	*19.60%*	*17.81%*	*18.65%*	*14.88%*	*17.42%*	*13.40%*	*14.29%*	*14.16%*	*16.50%*	*14.92%*
E. Don't know/not sure	**3**	**24**	**16**	**8**	**16**	**67**	**4**	**1**	**7**	**6**	**18**
	2.50%	*4.40%*	*3.24%*	*1.64%*	*2.68%*	*2.99%*	*3.40%*	*0.46%*	*3.20%*	*1.98%*	*2.10%*
F. Not applicable	**59**	**310**	**288**	**244**	**309**	**1210**	**78**	**152**	**142**	**167**	**539**
	50.00%	*57.30%*	*58.30%*	*50.00%*	*51.67%*	*54.04%*	*65.50%*	*70.05%*	*64.84%*	*55.12%*	*62.82%*
(b) Moving around more or getting more exercise A. N/A - not discussed	**20**	**82**	**69**	**98**	**160**	**429**	**15**	**25**	**42**	**69**	**151**
	16.90%	*15.20%*	*13.91%*	*20.00%*	*26.76%*	*19.13%*	*12.60%*	*11.52%*	*19.18%*	*22.77%*	*17.60%*
B. Discussed - no change	**12**	**35**	**39**	**35**	**57**	**178**	**7**	**24**	**19**	**25**	**75**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	10.20%	*6.50%*	*7.86%*	*7.14%*	*9.53%*	*7.94%*	*5.90%*	*11.06%*	*8.68%*	*8.25%*	*8.74%*
C. Discussed - temporary change	**4**	**7**	**11**	**20**	**6**	**48**	**2**	**12**	**6**	**6**	**26**
	3.40%	*1.30%*	*2.22%*	*4.08%*	*1.00%*	*2.14%*	*1.70%*	*5.53%*	*2.74%*	*1.98%*	*3.03%*
D. Discussed - continuing change	**49**	**287**	**281**	**242**	**228**	**1087**	**67**	**105**	**104**	**144**	**420**
	41.50%	*53.00%*	*56.65%*	*49.39%*	*38.13%*	*48.46%*	*56.30%*	*48.39%*	*47.49%*	*47.52%*	*48.95%*
E. Don't know/not sure	**4**	**21**	**14**	**12**	**15**	**66**	**3**	**1**	**7**	**9**	**20**
	3.40%	*3.90%*	*2.82%*	*2.45%*	*2.51%*	*2.94%*	*2.50%*	*0.46%*	*3.20%*	*2.97%*	*2.33%*
F. Not applicable	**29**	**109**	**82**	**83**	**132**	**435**	**25**	**50**	**41**	**50**	**166**
	24.60%	*20.10%*	*16.53%*	*16.94%*	*22.07%*	*19.39%*	*21.00%*	*23.04%*	*18.72%*	*16.50%*	*19.35%*
(c) Changing your diet A. N/A - not discussed	**19**	**83**	**59**	**69**	**119**	**349**	**15**	**22**	**16**	**32**	**85**
	16.10%	*15.30%*	*11.90%*	*14.08%*	*19.90%*	*15.56%*	*12.60%*	*10.14%*	*7.31%*	*10.56%*	*9.91%*
B. Discussed - no change	**15**	**27**	**41**	**40**	**65**	**188**	**8**	**19**	**20**	**23**	**70**
	12.70%	*5.00%*	*8.27%*	*8.16%*	*10.87%*	*8.38%*	*6.70%*	*8.76%*	*9.13%*	*7.59%*	*8.16%*
C. Discussed - temporary change	**2**	**11**	**16**	**21**	**6**	**56**	**2**	**11**	**14**	**4**	**31**
	1.70%	*2.00%*	*3.23%*	*4.29%*	*1.00%*	*2.50%*	*1.70%*	*5.07%*	*6.39%*	*1.32%*	*3.61%*
D. Discussed - continuing	**57**	**334**	**317**	**293**	**271**	**1272**	**73**	**133**	**142**	**183**	**531**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
change	*48.30%*	*61.70%*	*63.91%*	*59.80%*	*45.32%*	*56.71%*	*61.30%*	*61.29%*	*64.84%*	*60.40%*	*61.89%*
E. Don't know/not sure	3	21	13	8	12	57	2	0	5	7	14
	2.50%	*3.90%*	*2.62%*	*1.63%*	*2.01%*	*2.54%*	*1.70%*	*0.00%*	*2.28%*	*2.31%*	*1.63%*
F. Not applicable	22	65	50	59	125	321	19	32	22	54	127
	18.60%	*12.00%*	*10.08%*	*12.04%*	*20.90%*	*14.31%*	*16.00%*	*14.75%*	*10.05%*	*17.82%*	*14.80%*
(d) Managing and taking your medications better											
A. N/A - not discussed	18	88	66	64	131	367	19	14	12	45	90
	15.30%	*16.30%*	*13.31%*	*13.06%*	*21.91%*	*16.36%*	*16.00%*	*6.45%*	*5.48%*	*14.85%*	*10.49%*
B. Discussed - no change	18	3	5	8	6	40	0	1	0	2	3
	15.30%	*0.60%*	*1.01%*	*1.63%*	*1.00%*	*1.78%*	*0.00%*	*0.46%*	*0.00%*	*0.66%*	*0.35%*
C. Discussed - temporary change	0	0	1	0	0	1	0	0	3	0	3
	0.00%	*0.00%*	*0.20%*	*0.00%*	*0.00%*	*0.04%*	*0.00%*	*0.00%*	*1.37%*	*0.00%*	*0.35%*
D. Discussed - continuing change	42	269	281	249	136	977	57	111	120	70	358
	35.60%	*49.70%*	*56.65%*	*50.82%*	*22.74%*	*43.56%*	*47.90%*	*51.15%*	*54.79%*	*23.10%*	*41.72%*
E. Don't know/not	3	21	13	11	30	78	3	1	10	15	29

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
sure	*2.50%*	*3.90%*	*2.62%*	*2.24%*	*5.02%*	*3.48%*	*2.50%*	*0.46%*	*4.57%*	*4.95%*	*3.38%*
F. Not applicable	**37**	**160**	**130**	**158**	**295**	**780**	**40**	**90**	**74**	**171**	**375**
	31.40%	*29.60%*	*26.21%*	*32.24%*	*49.33%*	*34.77%*	*33.60%*	*41.47%*	*33.79%*	*56.44%*	*43.71%*
(e) Making sure to drink enough water throughout the day A. N/A - not discussed	**51**	**198**	**114**	**125**	**158**	**646**	**42**	**48**	**36**	**45**	**171**
	43.20%	*36.60%*	*22.98%*	*25.51%*	*26.42%*	*28.80%*	*35.30%*	*22.12%*	*16.44%*	*14.85%*	*19.93%*
B. Discussed - no change	**7**	**15**	**39**	**40**	**38**	**139**	**6**	**32**	**29**	**21**	**88**
	5.90%	*2.80%*	*7.86%*	*8.16%*	*6.35%*	*6.20%*	*5.00%*	*14.75%*	*13.24%*	*6.93%*	*10.26%*
C. Discussed - temporary change	**1**	**3**	**5**	**17**	**4**	**30**	**0**	**3**	**9**	**3**	**15**
	0.80%	*0.60%*	*1.01%*	*3.47%*	*0.67%*	*1.34%*	*0.00%*	*1.38%*	*4.11%*	*0.99%*	*1.75%*
D. Discussed - continuing change	**42**	**218**	**244**	**204**	**195**	**903**	**44**	**85**	**88**	**118**	**335**
	35.60%	*40.30%*	*49.19%*	*41.63%*	*32.61%*	*40.26%*	*37.00%*	*39.17%*	*40.18%*	*38.94%*	*39.04%*
E. Don't know/not sure	**3**	**26**	**28**	**23**	**46**	**126**	**7**	**6**	**23**	**35**	**71**
	2.50%	*4.80%*	*5.65%*	*4.69%*	*7.69%*	*5.62%*	*5.90%*	*2.76%*	*10.50%*	*11.55%*	*8.28%*
F. Not applicable	**14**	**81**	**66**	**81**	**157**	**399**	**20**	**43**	**34**	**81**	**178**

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	11.90%	*15.00%*	*13.31%*	*16.53%*	*26.25%*	*17.79%*	*16.80%*	*19.82%*	*15.53%*	*26.73%*	*20.75%*
(f) Drinking or using other substances less											
A. N/A - not discussed	**33**	**160**	**153**	**221**	**281**	**848**	**39**	**52**	**86**	**150**	**327**
	28.00%	*29.60%*	*30.97%*	*45.66%*	*46.99%*	*37.94%*	*32.80%*	*23.96%*	*39.27%*	*49.50%*	*38.11%*
B. Discussed - no change	**6**	**3**	**4**	**1**	**0**	**14**	**0**	**0**	**0**	**1**	**1**
	5.10%	*0.60%*	*0.81%*	*0.21%*	*0.00%*	*0.63%*	*0.00%*	*0.00%*	*0.00%*	*0.33%*	*0.12%*
C. Discussed - temporary change	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	0.00%	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*	*0.00%*
D. Discussed - continuing change	**2**	**9**	**5**	**8**	**5**	**29**	**1**	**4**	**5**	**4**	**14**
	1.70%	*1.70%*	*1.01%*	*1.65%*	*0.84%*	*1.30%*	*0.80%*	*1.84%*	*2.28%*	*1.32%*	*1.63%*
E. Don't know/not sure	**3**	**24**	**23**	**12**	**21**	**83**	**5**	**2**	**13**	**9**	**29**
	2.50%	*4.40%*	*4.66%*	*2.48%*	*3.51%*	*3.71%*	*4.20%*	*0.92%*	*5.94%*	*2.97%*	*3.38%*
F. Not applicable	**74**	**345**	**309**	**242**	**291**	**1261**	**74**	**159**	**115**	**139**	**487**
	62.70%	*63.80%*	*62.55%*	*50.00%*	*48.66%*	*56.42%*	*62.20%*	*73.27%*	*52.51%*	*45.87%*	*56.76%*

APPENDIX C – DETAILED HEALTH COACHING PARTICIPANT EXPENDITURE DATA

Appendix C includes detailed expenditure data for SoonerCare HMP health coaching participants. The exhibits are listed below.

Exhibit	***Description***
C-1	All Participants
C-2	Participants with Asthma as most Expensive Diagnosis
C-3	Participants with CAD as most Expensive Diagnosis
C-4	Participants with COPD as most Expensive Diagnosis
C-5	Participants with Diabetes as most Expensive Diagnosis
C-6	Participants with Heart Failure as most Expensive Diagnosis
C-7	Participants with Hypertension as most Expensive Diagnosis

Exhibit C-1 – Detailed Expenditure Data – All SoonerCare HMP Participants

HMP Health Coaching Detail - All Health Coaching Participants

Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	179,840	32,195	124,010	30,205	44,190	5,638	14,873	2,416	3,650	806	1,208
Aggregrate Expenditures											
Inpatient Services	$32,070,662	$6,193,784	$17,096,860	$3,708,301	$5,678,902	$658,999	$1,795,079	$279,449	$420,978	$92,571	$135,232
Outpatient Services	$19,048,952	$3,676,704	$11,448,398	$2,481,746	$3,799,911	$440,627	$1,196,988	$187,157	$281,607	$62,022	$90,684
Physician Services	$31,159,771	$6,010,500	$17,478,396	$3,783,229	$5,808,827	$675,351	$1,829,741	$285,117	$429,219	$94,573	$138,333
Prescribed Drugs	$28,862,879	$5,580,153	$21,252,645	$4,606,738	$7,065,222	$819,249	$2,226,923	$346,353	$522,607	$115,015	$168,316
Psychiatric Services	$10,934,245	$2,108,886	$6,277,736	$1,358,674	$2,085,802	$240,948	$657,132	$101,868	$153,154	$33,904	$49,599
Dental Services	$2,201,257	$423,279	$926,088	$200,087	$307,316	$35,537	$96,879	$15,024	$22,605	$4,981	$7,325
Lab and X-Ray	$6,573,385	$1,260,673	$4,686,667	$1,009,131	$1,557,499	$178,866	$489,703	$75,639	$114,067	$25,156	$36,921
Medical Supplies and Orthotics	$2,339,436	$449,121	$1,282,615	$276,573	$425,885	$49,014	$134,317	$20,749	$31,294	$6,883	$10,131
Home Health and Home Care	$1,674,259	$322,432	$1,008,522	$218,113	$334,335	$38,566	$105,330	$16,332	$24,541	$5,410	$7,967
Nursing Facility	$216,278.29	$41,491.65	$149,015	$31,867	$49,672	$5,647	$15,542	$2,389	$3,592	$793	$1,166
Targeted Case Management	$128,921	$24,704	$113,379	$24,430	$37,584	$4,327	$11,834	$1,831	$2,754	$607	$894
Transportation	$2,637,250	$505,982	$1,383,812	$297,457	$459,159	$52,487	$144,374	$22,303	$33,496	$7,368	$10,877
Other Practitioner	$755,887	$144,894	$429,189	$92,362	$142,825	$16,368	$44,959	$6,930	$10,412	$2,293	$3,381
Other Institutional	$4,499	$863	$15,144	$3,225	$5,055	$570	$1,587	$242	$363	$80	$118
Other	$1,143,790	$220,311	$438,947	$94,792	$145,821	$16,747	$46,005	$7,115	$10,662	$2,353	$3,464
Total	**$139,751,471**	**$26,963,778**	**$83,987,413**	**$18,186,725**	**$27,903,814**	**$3,233,302**	**$8,796,391**	**$1,368,499**	**$2,061,351**	**$454,007**	**$664,409**
PMPM Expenditures											
Inpatient Services	$178.33	$192.38	$137.87	$122.77	$128.51	$116.89	$120.69	$115.67	$115.34	$114.85	$111.95
Outpatient Services	$105.92	$114.20	$92.32	$82.16	$85.99	$78.15	$80.48	$77.47	$77.15	$76.95	$75.07
Physician Services	$173.26	$186.69	$140.94	$125.25	$131.45	$119.79	$123.02	$118.01	$117.59	$117.34	$114.51
Prescribed Drugs	$160.49	$173.32	$171.38	$152.52	$159.88	$145.31	$149.73	$143.36	$143.18	$142.70	$139.33
Psychiatric Services	$60.80	$65.50	$50.62	$44.98	$47.20	$42.74	$44.18	$42.16	$41.96	$42.06	$41.06
Dental Services	$12.24	$13.15	$7.47	$6.62	$6.95	$6.30	$6.51	$6.22	$6.19	$6.18	$6.06
Lab and X-Ray	$36.55	$39.16	$37.79	$33.41	$35.25	$31.73	$32.93	$31.31	$31.25	$31.21	$30.56
Medical Supplies and Orthotics	$13.01	$13.95	$10.34	$9.16	$9.64	$8.69	$9.03	$8.59	$8.57	$8.54	$8.39
Home Health and Home Care	$9.31	$10.01	$8.13	$7.22	$7.57	$6.84	$7.08	$6.76	$6.72	$6.71	$6.60
Nursing Facility	$1.20	$1.29	$1.20	$1.06	$1.12	$1.00	$1.05	$0.99	$0.98	$0.98	$0.97
Targeted Case Management	$0.72	$0.77	$0.91	$0.81	$0.85	$0.77	$0.80	$0.76	$0.75	$0.75	$0.74
Transportation	$14.66	$15.72	$11.16	$9.85	$10.39	$9.31	$9.71	$9.23	$9.18	$9.14	$9.00
Other Practitioner	$4.20	$4.50	$3.46	$3.06	$3.23	$2.90	$3.02	$2.87	$2.85	$2.84	$2.80
Other Institutional	$0.03	$0.03	$0.12	$0.11	$0.11	$0.10	$0.11	$0.10	$0.10	$0.10	$0.10
Other	$6.36	$6.84	$3.54	$3.14	$3.30	$2.97	$3.09	$2.95	$2.92	$2.92	$2.87
Total	**$777.09**	**$837.51**	**$677.26**	**$602.11**	**$631.45**	**$573.48**	**$591.43**	**$566.43**	**$564.75**	**$563.28**	**$550.01**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-22.7%	-6.8%	-6.1%	-4.4%	-2.9%	-36.2%	-4.8%	-1.0%	-0.7%	-2.5%
Outpatient Services	-12.8%	-6.9%	-6.4%	-4.1%	-2.7%	-28.1%	-4.9%	-0.9%	-0.7%	-2.4%
Physician Services	-18.7%	-6.7%	-6.4%	-4.4%	-2.6%	-32.9%	-4.4%	-1.5%	-0.6%	-2.4%
Prescribed Drugs	6.8%	-6.7%	-6.4%	-4.4%	-2.7%	-12.0%	-4.7%	-1.3%	-0.5%	-2.4%
Psychiatric Services	-16.7%	-6.8%	-6.4%	-5.0%	-2.1%	-31.3%	-5.0%	-1.3%	-0.2%	-2.4%
Dental Services	-39.0%	-6.9%	-6.3%	-4.9%	-2.1%	-49.6%	-4.8%	-1.3%	-0.6%	-1.9%
Lab and X-Ray	3.4%	-6.7%	-6.6%	-5.1%	-2.2%	-14.7%	-5.0%	-1.3%	-0.3%	-2.1%
Medical Supplies and Orthotics	-20.5%	-6.8%	-6.3%	-5.1%	-2.2%	-34.4%	-5.1%	-1.2%	-0.6%	-1.8%
Home Health and Home Care	-12.6%	-7.0%	-6.4%	-5.1%	-1.9%	-27.9%	-5.3%	-1.2%	-0.7%	-1.7%
Nursing Facility	-0.1%	-6.5%	-7.0%	-5.8%	-1.9%	-18.1%	-5.1%	-1.3%	-0.5%	-1.9%
Targeted Case Management	27.5%	-7.0%	-6.4%	-5.2%	-1.9%	5.4%	-5.1%	-1.2%	-0.7%	-1.7%
Transportation	-23.9%	-6.9%	-6.6%	-5.5%	-1.9%	-37.3%	-5.5%	-0.8%	-1.0%	-1.5%
Other Practitioner	-17.7%	-6.6%	-6.5%	-5.6%	-1.9%	-32.1%	-5.1%	-1.2%	-0.8%	-1.6%
Other Institutional	388.1%	-6.3%	-6.7%	-6.8%	-1.7%	298.4%	-5.3%	-1.0%	-0.9%	-1.5%
Other	-44.3%	-6.8%	-6.3%	-5.6%	-1.8%	-54.1%	-5.3%	-0.9%	-0.9%	-1.8%
Total	**-12.8%**	**-6.8%**	**-6.3%**	**-4.5%**	**-2.6%**	**-28.1%**	**-4.8%**	**-1.2%**	**-0.6%**	**-2.4%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,119.85**	**60.5%**
Months 13-24	**$1,132.02**	**55.8%**
Months 25-36	**$1,146.78**	**51.6%**
Months 37-48	**$1,160.31**	**48.7%**
Months 49-60	**$1,172.84**	**46.9%**

Exhibit C-2 – Detailed Expenditure Data – Participants w/Asthma as Most Expensive Diagnosis

HMP Health Coaching Detail - Asthma

Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	25,511	4,348	14,440	3,261	5,104	609	1,666	261	397	87	130
Aggregrate Expenditures											
Inpatient Services	$3,052,866	$573,646	$1,412,339	$302,439	$468,747	$53,746	$148,716	$22,791	$34,781	$7,550	$11,029
Outpatient Services	$3,067,846	$576,296	$1,336,691	$286,142	$442,948	$50,804	$140,029	$21,579	$32,886	$7,151	$10,456
Physician Services	$4,401,708	$825,528	$2,326,112	$497,417	$772,208	$88,795	$244,071	$37,487	$57,244	$12,434	$18,188
Prescribed Drugs	$3,611,689	$677,433	$2,017,808	$431,788	$669,205	$76,788	$211,676	$32,464	$49,544	$10,780	$15,776
Psychiatric Services	$2,357,148	$442,410	$1,089,715	$233,111	$360,959	$41,340	$114,394	$17,478	$26,736	$5,817	$8,510
Dental Services	$535,471	$100,343	$185,728	$39,688	$61,540	$7,049	$19,485	$2,980	$4,558	$988	$1,453
Lab and X-Ray	$830,783	$155,414	$523,958	$111,819	$173,621	$19,820	$54,868	$8,381	$12,845	$2,787	$4,091
Medical Supplies and Orthotics	$160,847	$30,060	$66,360	$14,148	$21,970	$2,507	$6,963	$1,061	$1,568	$352	$518
Home Health and Home Care	$60,419	$11,333	$40,371	$8,638	$13,349	$1,527	$4,228	$647	$988	$214	$316
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	$15,373	$2,880	$20,834	$4,452	$6,895	$788	$2,179	$334	$509	$111	$163
Transportation	$295,881	$55,333	$118,409	$25,260	$39,155	$4,457	$12,375	$1,894	$2,879	$626	$924
Other Practitioner	$202,935	$37,845	$82,860	$17,632	$27,514	$3,125	$8,707	$1,323	$2,021	$438	$645
Other Institutional	-	-	$1,606	$338	$535	$60	$169	$25	$39	$8	$12
Other	$196,012	$36,714	$73,515	$15,698	$24,371	$2,774	$7,729	$1,178	$1,796	$390	$574
Total	**$18,788,977**	**$3,525,235**	**$9,296,307**	**$1,988,570**	**$3,083,017**	**$353,579**	**$975,588**	**$149,622**	**$228,395**	**$49,646**	**$72,655**
PMPM Expenditures											
Inpatient Services	$119.67	$131.93	$97.81	$92.74	$91.84	$88.25	$89.27	$87.32	$87.61	$86.78	$84.84
Outpatient Services	$120.26	$132.54	$92.57	$87.75	$86.78	$83.42	$84.05	$82.68	$82.84	$82.20	$80.43
Physician Services	$172.54	$189.86	$161.09	$152.54	$151.29	$145.80	$146.50	$143.63	$144.19	$142.92	$139.91
Prescribed Drugs	$141.57	$155.80	$139.74	$132.41	$131.11	$126.09	$127.06	$124.38	$124.80	$123.91	$121.36
Psychiatric Services	$92.40	$101.75	$75.47	$71.48	$70.72	$67.88	$68.66	$66.96	$67.35	$66.86	$65.46
Dental Services	$20.99	$23.08	$12.86	$12.17	$12.06	$11.57	$11.70	$11.42	$11.48	$11.36	$11.18
Lab and X-Ray	$32.57	$35.74	$36.29	$34.29	$34.02	$32.54	$32.93	$32.11	$32.36	$32.04	$31.47
Medical Supplies and Orthotics	$6.30	$6.91	$4.60	$4.34	$4.30	$4.12	$4.18	$4.07	$3.95	$4.05	$3.99
Home Health and Home Care	$2.37	$2.61	$2.80	$2.65	$2.62	$2.51	$2.54	$2.48	$2.49	$2.46	$2.43
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	$0.60	$0.66	$1.44	$1.37	$1.35	$1.29	$1.31	$1.28	$1.28	$1.27	$1.25
Transportation	$11.60	$12.73	$8.20	$7.75	$7.67	$7.32	$7.43	$7.26	$7.25	$7.19	$7.11
Other Practitioner	$7.95	$8.70	$5.74	$5.41	$5.39	$5.13	$5.23	$5.07	$5.09	$5.03	$4.96
Other Institutional	-	-	$0.11	$0.10	$0.10	$0.10	$0.10	$0.10	$0.10	$0.10	$0.10
Other	$7.68	$8.44	$5.09	$4.81	$4.77	$4.55	$4.64	$4.51	$4.52	$4.48	$4.41
Total	**$736.50**	**$810.77**	**$643.79**	**$609.80**	**$604.04**	**$580.59**	**$585.59**	**$573.27**	**$575.30**	**$570.65**	**$558.88**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-18.3%	-6.1%	-2.8%	-1.9%	-3.2%	-29.7%	-4.8%	-1.1%	-0.6%	-2.2%
Outpatient Services	-23.0%	-6.2%	-3.1%	-1.4%	-2.9%	-33.8%	-4.9%	-0.9%	-0.6%	-2.1%
Physician Services	-6.6%	-6.1%	-3.2%	-1.6%	-3.0%	-19.7%	-4.4%	-1.5%	-0.5%	-2.1%
Prescribed Drugs	-1.3%	-6.2%	-3.1%	-1.8%	-2.8%	-15.0%	-4.8%	-1.4%	-0.4%	-2.1%
Psychiatric Services	-18.3%	-6.3%	-2.9%	-1.9%	-2.8%	-29.7%	-5.0%	-1.4%	-0.2%	-2.1%
Dental Services	-38.7%	-6.3%	-3.0%	-1.8%	-2.7%	-47.3%	-4.9%	-1.4%	-0.5%	-1.6%
Lab and X-Ray	11.4%	-6.3%	-3.2%	-1.8%	-2.7%	-4.1%	-5.1%	-1.3%	-0.2%	-1.8%
Medical Supplies and Orthotics	-27.1%	-6.3%	-2.9%	-5.5%	0.9%	-37.2%	-5.1%	-1.2%	-0.5%	-1.5%
Home Health and Home Care	18.0%	-6.4%	-3.0%	-2.0%	-2.4%	1.6%	-5.3%	-1.2%	-0.6%	-1.4%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	139.4%	-6.4%	-3.2%	-2.0%	-2.3%	106.1%	-5.2%	-1.3%	-0.6%	-1.4%
Transportation	-29.3%	-6.4%	-3.2%	-2.4%	-2.0%	-39.1%	-5.5%	-0.9%	-0.9%	-1.2%
Other Practitioner	-27.9%	-6.1%	-3.1%	-2.6%	-2.5%	-37.9%	-5.1%	-1.2%	-0.8%	-1.3%
Other Institutional	-	-5.7%	-3.4%	-3.7%	-2.3%	-	-5.4%	-1.0%	-0.8%	-1.2%
Other	-33.7%	-6.2%	-2.8%	-2.5%	-2.4%	-43.0%	-5.4%	-0.9%	-0.8%	-1.5%
Total	**-12.6%**	**-6.2%**	**-3.1%**	**-1.8%**	**-2.9%**	**-24.8%**	**-4.8%**	**-1.3%**	**-0.5%**	**-2.1%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$830.79**	**77.5%**
Months 13-24	**$865.17**	**69.8%**
Months 25-36	**$876.91**	**66.8%**
Months 37-48	**$880.52**	**65.3%**
Months 49-60	**$889.61**	**62.8%**

Exhibit C-3 – Detailed Expenditure Data – Participants w/CAD as Most Expensive Diagnosis

	HMP Health Coaching Detail - CAD										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	5,157	1,008	3,206	756	1,102	141	364	60	89	20	30
Aggregrate Expenditures											
Inpatient Services	$3,265,644	$679,884	$1,721,754	$379,165	$584,785	$67,381	$187,129	$28,573	$44,923	$10,069	$14,710
Outpatient Services	$950,455	$197,373	$452,357	$99,449	$153,389	$17,657	$49,142	$7,500	$11,775	$2,644	$3,866
Physician Services	$1,565,290	$325,454	$797,884	$175,133	$271,298	$31,263	$86,809	$13,199	$20,764	$4,657	$6,812
Prescribed Drugs	$1,030,971	$214,514	$610,099	$134,000	$207,209	$23,830	$66,128	$10,075	$15,840	$3,559	$5,208
Psychiatric Services	$145,039	$30,158	$86,902	$19,059	$29,476	$3,380	$9,428	$1,429	$2,252	$506	$740
Dental Services	$40,828	$8,453	$10,163	$2,226	$3,444	$395	$1,102	$167	$263	$59	$87
Lab and X-Ray	$219,834	$45,552	$156,317	$34,242	$53,036	$6,069	$16,972	$2,567	$4,053	$908	$1,333
Medical Supplies and Orthotics	$100,089	$20,744	$34,014	$7,428	$11,527	$1,316	$3,694	$557	$879	$197	$289
Home Health and Home Care	$120,798	$25,094	$94,088	$20,620	$31,861	$3,646	$10,180	$1,544	$2,429	$544	$801
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	$7,255	$1,505	$4,278	$938	$1,450	$166	$463	$70	$111	$25	$37
Transportation	$227,259	$47,203	$125,926	$27,624	$42,614	$4,874	$13,658	$2,071	$3,244	$728	$1,075
Other Practitioner	$11,885	$2,462	$7,291	$1,596	$2,477	$283	$790	$120	$188	$42	$62
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	$121,039	$25,146	$67,326	$14,766	$22,848	$2,609	$7,310	$1,108	$1,740	$390	$574
Total	**$7,806,385**	**$1,623,542**	**$4,168,400**	**$916,245**	**$1,415,414**	**$162,870**	**$452,805**	**$68,980**	**$108,461**	**$24,328**	**$35,594**
PMPM Expenditures											
Inpatient Services	$633.24	$674.49	$537.04	$501.54	$530.66	$477.88	$514.09	$476.22	$504.76	$503.47	$490.32
Outpatient Services	$184.30	$195.81	$141.10	$131.55	$139.19	$125.23	$135.01	$125.00	$132.30	$132.20	$128.86
Physician Services	$303.53	$322.87	$248.87	$231.66	$246.19	$221.73	$238.49	$219.98	$233.31	$232.87	$227.08
Prescribed Drugs	$199.92	$212.81	$190.30	$177.25	$188.03	$169.01	$181.67	$167.91	$177.98	$177.95	$173.61
Psychiatric Services	$28.12	$29.92	$27.11	$25.21	$26.75	$23.97	$25.90	$23.82	$25.30	$25.30	$24.67
Dental Services	$7.92	$8.39	$3.17	$2.94	$3.12	$2.80	$3.03	$2.79	$2.96	$2.95	$2.89
Lab and X-Ray	$42.63	$45.19	$48.76	$45.29	$48.13	$43.05	$46.63	$42.78	$45.53	$45.40	$44.43
Medical Supplies and Orthotics	$19.41	$20.58	$10.61	$9.82	$10.46	$9.34	$10.15	$9.29	$9.87	$9.83	$9.65
Home Health and Home Care	$23.42	$24.89	$29.35	$27.28	$28.91	$25.86	$27.97	$25.73	$27.29	$27.20	$26.71
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	$1.41	$1.49	$1.33	$1.24	$1.32	$1.18	$1.27	$1.17	$1.24	$1.24	$1.22
Transportation	$44.07	$46.83	$39.28	$36.54	$38.67	$34.57	$37.52	$34.52	$36.45	$36.39	$35.82
Other Practitioner	$2.30	$2.44	$2.27	$2.11	$2.25	$2.01	$2.17	$2.00	$2.12	$2.11	$2.07
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	$23.47	$24.95	$21.00	$19.53	$20.73	$18.50	$20.08	$18.47	$19.55	$19.50	$19.14
Total	**$1,513.75**	**$1,610.66**	**$1,300.19**	**$1,211.96**	**$1,284.40**	**$1,155.11**	**$1,243.97**	**$1,149.66**	**$1,218.66**	**$1,216.41**	**$1,186.47**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-15.2%	-1.2%	-3.1%	-1.8%	-2.9%	-25.6%	-4.7%	-0.3%	5.7%	-2.6%
Outpatient Services	-23.4%	-1.4%	-3.0%	-2.0%	-2.6%	-32.8%	-4.8%	-0.2%	5.8%	-2.5%
Physician Services	-18.0%	-1.1%	-3.1%	-2.2%	-2.7%	-28.3%	-4.3%	-0.8%	5.9%	-2.5%
Prescribed Drugs	-4.8%	-1.2%	-3.4%	-2.0%	-2.5%	-16.7%	-4.6%	-0.6%	6.0%	-2.4%
Psychiatric Services	-3.6%	-1.3%	-3.2%	-2.3%	-2.5%	-15.7%	-4.9%	-0.6%	6.2%	-2.5%
Dental Services	-60.0%	-1.4%	-3.1%	-2.3%	-2.4%	-64.9%	-4.8%	-0.6%	5.8%	-2.0%
Lab and X-Ray	14.4%	-1.3%	-3.1%	-2.3%	-2.4%	0.2%	-5.0%	-0.6%	6.1%	-2.2%
Medical Supplies and Orthotics	-45.3%	-1.4%	-3.0%	-2.7%	-2.3%	-52.3%	-5.0%	-0.5%	5.9%	-1.9%
Home Health and Home Care	25.3%	-1.5%	-3.3%	-2.4%	-2.1%	9.6%	-5.2%	-0.5%	5.7%	-1.8%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-5.1%	-1.4%	-3.3%	-2.4%	-2.0%	-16.9%	-5.0%	-0.6%	5.8%	-1.8%
Transportation	-10.9%	-1.5%	-3.0%	-2.9%	-1.7%	-22.0%	-5.4%	-0.1%	5.4%	-1.6%
Other Practitioner	-1.3%	-1.2%	-3.4%	-2.4%	-2.2%	-13.6%	-5.0%	-0.5%	5.6%	-1.7%
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	-10.5%	-1.3%	-3.1%	-2.6%	-2.1%	-21.7%	-5.3%	-0.2%	5.5%	-1.9%
Total	**-14.1%**	**-1.2%**	**-3.1%**	**-2.0%**	**-2.6%**	**-24.8%**	**-4.7%**	**-0.5%**	**5.8%**	**-2.5%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,610.02**	**80.8%**
Months 13-24	**$1,628.51**	**78.9%**
Months 25-36	**$1,648.33**	**75.5%**
Months 37-48	**$1,653.89**	**73.7%**
Months 49-60	**$1,664.28**	**71.3%**

Exhibit C-4 – Detailed Expenditure Data – Participants w/COPD as Most Expensive Diagnosis

	HMP Health Coaching Detail - COPD										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	19,880	3,708	12,118	2,781	4,078	519	1,403	223	349	74	111
Aggregrate Expenditures											
Inpatient Services	$4,019,955	$831,886	$2,213,249	$499,730	$733,142	$88,807	$242,148	$37,659	$59,589	$12,475	$18,224
Outpatient Services	$2,082,089	$429,957	$1,343,361	$302,905	$444,362	$53,780	$146,950	$22,843	$36,110	$7,570	$11,068
Physician Services	$3,611,324	$745,164	$2,098,681	$472,703	$695,711	$84,383	$229,919	$35,624	$56,319	$11,817	$17,284
Prescribed Drugs	$4,426,060	$913,986	$3,857,648	$870,217	$1,276,266	$154,757	$421,017	$65,426	$103,728	$21,726	$31,795
Psychiatric Services	$1,526,395	$315,512	$904,591	$203,950	$299,452	$36,169	$98,849	$15,291	$24,216	$5,089	$7,445
Dental Services	$159,465	$32,826	$116,096	$26,099	$38,409	$4,635	$12,687	$1,960	$3,103	$650	$955
Lab and X-Ray	$896,697	$184,399	$677,078	$152,163	$224,152	$26,971	$74,036	$11,405	$18,054	$3,793	$5,567
Medical Supplies and Orthotics	$600,658	$123,490	$352,595	$79,136	$116,661	$14,024	$38,575	$5,937	$9,428	$1,969	$2,899
Home Health and Home Care	$313,565	$64,701	$226,441	$51,005	$74,849	$9,018	$24,684	$3,819	$6,038	$1,265	$1,863
Nursing Facility	$20,706.65	$4,264.82	$22,385	$5,030	$7,354	$891	$2,391	$377	$596	$125	$184
Targeted Case Management	$19,399	$3,992	$14,606	$3,285	$4,832	$582	$1,593	$246	$389	$82	$120
Transportation	$377,138	$77,749	$159,571	$35,894	$52,685	$6,334	$17,422	$2,691	$4,236	$889	$1,313
Other Practitioner	$69,068	$14,185	$30,218	$6,785	$10,005	$1,202	$3,295	$509	$805	$168	$248
Other Institutional	-	-	$858	$193	$282	$34	$92	$14	$23	$5	$7
Other	$79,290	$16,367	$30,581	$6,880	$10,121	$1,215	$3,343	$516	$815	$171	$251
Total	**$18,201,810**	**$3,758,481**	**$12,047,959**	**$2,715,974**	**$3,988,282**	**$482,802**	**$1,317,002**	**$204,320**	**$323,449**	**$67,794**	**$99,225**
PMPM Expenditures											
Inpatient Services	$202.21	$224.35	$182.64	$179.69	$179.78	$171.11	$172.59	$168.87	$170.74	$168.58	$164.18
Outpatient Services	$104.73	$115.95	$110.86	$108.92	$108.97	$103.62	$104.74	$102.44	$103.47	$102.30	$99.71
Physician Services	$181.66	$200.96	$173.19	$169.98	$170.60	$162.59	$163.88	$159.75	$161.37	$159.68	$155.71
Prescribed Drugs	$222.64	$246.49	$318.34	$312.92	$312.96	$298.18	$300.08	$293.39	$297.22	$293.60	$286.44
Psychiatric Services	$76.78	$85.09	$74.65	$73.34	$73.43	$69.69	$70.46	$68.57	$69.39	$68.77	$67.07
Dental Services	$8.02	$8.85	$9.58	$9.38	$9.42	$8.93	$9.04	$8.79	$8.89	$8.78	$8.61
Lab and X-Ray	$45.11	$49.73	$55.87	$54.72	$54.97	$51.97	$52.77	$51.14	$51.73	$51.26	$50.15
Medical Supplies and Orthotics	$30.21	$33.30	$29.10	$28.46	$28.61	$27.02	$27.49	$26.62	$27.01	$26.61	$26.12
Home Health and Home Care	$15.77	$17.45	$18.69	$18.34	$18.35	$17.38	$17.59	$17.13	$17.30	$17.09	$16.78
Nursing Facility	$1.04	$1.15	$1.85	$1.81	$1.80	$1.72	$1.70	$1.69	$1.71	$1.69	$1.66
Targeted Case Management	$0.98	$1.08	$1.21	$1.18	$1.19	$1.12	$1.14	$1.10	$1.11	$1.10	$1.08
Transportation	$18.97	$20.97	$13.17	$12.91	$12.92	$12.20	$12.42	$12.07	$12.14	$12.01	$11.83
Other Practitioner	$3.47	$3.83	$2.49	$2.44	$2.45	$2.32	$2.35	$2.28	$2.31	$2.28	$2.24
Other Institutional	-	-	$0.07	$0.07	$0.07	$0.07	$0.07	$0.06	$0.07	$0.06	$0.06
Other	$3.99	$4.41	$2.52	$2.47	$2.48	$2.34	$2.38	$2.32	$2.33	$2.31	$2.27
Total	**$915.58**	**$1,013.61**	**$994.22**	**$976.62**	**$978.00**	**$930.25**	**$938.70**	**$916.23**	**$926.79**	**$916.14**	**$893.92**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-9.7%	-1.6%	-4.0%	-1.1%	-3.8%	-19.9%	-4.8%	-1.3%	-0.2%	-2.6%
Outpatient Services	5.8%	-1.7%	-3.9%	-1.2%	-3.6%	-6.1%	-4.9%	-1.1%	-0.1%	-2.5%
Physician Services	-4.7%	-1.5%	-3.9%	-1.5%	-3.5%	-15.4%	-4.3%	-1.7%	0.0%	-2.5%
Prescribed Drugs	43.0%	-1.7%	-4.1%	-1.0%	-3.6%	26.9%	-4.7%	-1.6%	0.1%	-2.4%
Psychiatric Services	-2.8%	-1.6%	-4.1%	-1.5%	-3.3%	-13.8%	-5.0%	-1.6%	0.3%	-2.5%
Dental Services	19.4%	-1.7%	-4.0%	-1.7%	-3.2%	6.0%	-4.8%	-1.6%	-0.1%	-2.0%
Lab and X-Ray	23.9%	-1.6%	-4.0%	-2.0%	-3.0%	10.0%	-5.0%	-1.6%	0.2%	-2.2%
Medical Supplies and Orthotics	-3.7%	-1.7%	-3.9%	-1.7%	-3.3%	-14.6%	-5.0%	-1.5%	0.0%	-1.9%
Home Health and Home Care	18.5%	-1.8%	-4.1%	-1.7%	-3.0%	5.1%	-5.3%	-1.4%	-0.2%	-1.8%
Nursing Facility	77.3%	-2.4%	-5.5%	0.1%	-2.9%	57.2%	-5.0%	-1.6%	0.0%	-2.0%
Targeted Case Management	23.5%	-1.7%	-4.2%	-1.9%	-2.8%	9.7%	-5.1%	-1.5%	-0.1%	-1.8%
Transportation	-30.6%	-1.9%	-3.9%	-2.3%	-2.6%	-38.4%	-5.4%	-1.1%	-0.5%	-1.6%
Other Practitioner	-28.2%	-1.6%	-4.3%	-1.7%	-3.0%	-36.2%	-5.0%	-1.5%	-0.3%	-1.7%
Other Institutional	-	-2.4%	-5.0%	-0.4%	-2.9%	-	-5.3%	-1.2%	-0.3%	-1.6%
Other	-36.7%	-1.7%	-4.0%	-2.0%	-3.0%	-44.0%	-5.3%	-1.1%	-0.3%	-1.9%
Total	**8.6%**	**-1.6%**	**-4.0%**	**-1.3%**	**-3.5%**	**-3.6%**	**-4.7%**	**-1.5%**	**0.0%**	**-2.4%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,310.49**	**75.9%**
Months 13-24	**$1,341.25**	**72.9%**
Months 25-36	**$1,352.52**	**69.4%**
Months 37-48	**$1,363.78**	**68.0%**
Months 49-60	**$1,371.91**	**65.2%**

Exhibit C-5 – Detailed Expenditure Data – Participants w/Diabetes as Most Expensive Diagnosis

	HMP Health Coaching Detail - Diabetes										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	28,460	5,711	18,509	4,283	6,453	799	2,155	343	518	114	171
Aggregate Expenditures											
Inpatient Services	$8,215,965	$1,638,899	$4,508,924	$977,275	$1,498,549	$173,671	$477,437	$73,645	$113,315	$24,396	$35,639
Outpatient Services	$3,481,026	$693,723	$2,353,210	$509,367	$781,687	$90,437	$248,373	$38,413	$59,228	$12,730	$18,612
Physician Services	$6,065,360	$1,207,401	$3,429,772	$742,196	$1,140,718	$132,491	$362,173	$55,934	$86,185	$18,553	$27,138
Prescribed Drugs	$7,679,504	$1,529,178	$5,125,618	$1,109,008	$1,705,206	$197,223	$541,942	$83,380	$128,798	$27,688	$40,520
Psychiatric Services	$1,603,938	$319,046	$1,097,382	$237,392	$364,496	$42,099	$115,927	$17,799	$27,431	$5,924	$8,666
Dental Services	$220,967	$43,839	$96,262	$20,802	$31,944	$3,695	$10,160	$1,562	$2,407	$518	$762
Lab and X-Ray	$1,109,693	$220,116	$841,676	$181,855	$279,259	$32,233	$88,638	$13,631	$20,998	$4,533	$6,654
Medical Supplies and Orthotics	$923,704	$182,895	$539,536	$116,138	$179,340	$20,582	$57,028	$8,713	$13,464	$2,890	$4,254
Home Health and Home Care	$518,940	$103,207	$304,470	$65,874	$100,813	$11,648	$32,076	$4,933	$7,588	$1,634	$2,406
Nursing Facility	-	-	$40,479	$8,751	$13,399	$1,551	$4,244	$656	$1,008	$218	$320
Targeted Case Management	$35,474	$7,045	$18,818	$4,057	$6,236	$719	$1,981	$304	$467	$101	$148
Transportation	$582,496	$115,939	$335,326	$72,282	$111,117	$12,754	$35,260	$5,420	$8,301	$1,790	$2,643
Other Practitioner	$163,900	$32,520	$109,124	$23,486	$36,307	$4,162	$11,530	$1,762	$2,713	$583	$860
Other Institutional	-	-	$1,347	$290	$447	$51	$142	$22	$33	$7	$11
Other	$318,224	$63,349	$87,588	$18,944	$29,062	$3,347	$9,260	$1,422	$2,183	$470	$692
Total	**$30,919,191**	**$6,157,157**	**$18,889,533**	**$4,087,717**	**$6,278,580**	**$726,661**	**$1,996,171**	**$307,595**	**$474,119**	**$102,035**	**$149,325**
PMPM Expenditures											
Inpatient Services	$288.68	$286.97	$243.61	$228.18	$232.23	$217.36	$221.55	$214.71	$218.76	$214.00	$208.41
Outpatient Services	$122.31	$121.47	$127.14	$118.93	$121.14	$113.19	$115.25	$111.99	$114.34	$111.66	$108.84
Physician Services	$213.12	$211.42	$185.30	$173.29	$176.77	$165.82	$168.06	$163.07	$166.38	$162.75	$158.70
Prescribed Drugs	$269.83	$267.76	$276.93	$258.93	$264.25	$246.84	$251.48	$243.09	$248.64	$242.88	$236.96
Psychiatric Services	$56.36	$55.87	$59.29	$55.43	$56.48	$52.69	$53.79	$51.89	$52.95	$51.96	$50.68
Dental Services	$7.76	$7.68	$5.20	$4.86	$4.95	$4.62	$4.71	$4.55	$4.65	$4.54	$4.45
Lab and X-Ray	$38.99	$38.54	$45.47	$42.46	$43.28	$40.34	$41.13	$39.74	$40.54	$39.77	$38.91
Medical Supplies and Orthotics	$32.46	$32.03	$29.15	$27.12	$27.79	$25.76	$26.46	$25.40	$25.99	$25.35	$24.88
Home Health and Home Care	$18.23	$18.07	$16.45	$15.38	$15.62	$14.58	$14.88	$14.38	$14.65	$14.33	$14.07
Nursing Facility	-	-	$2.19	$2.04	$2.08	$1.94	$1.97	$1.91	$1.95	$1.91	$1.87
Targeted Case Management	$1.25	$1.23	$1.02	$0.95	$0.97	$0.90	$0.92	$0.89	$0.90	$0.88	$0.87
Transportation	$20.47	$20.30	$18.12	$16.88	$17.22	$15.96	$16.36	$15.80	$16.02	$15.70	$15.46
Other Practitioner	$5.76	$5.69	$5.90	$5.48	$5.63	$5.21	$5.35	$5.14	$5.24	$5.11	$5.03
Other Institutional	-	-	$0.07	$0.07	$0.07	$0.06	$0.07	$0.06	$0.06	$0.06	$0.06
Other	$11.18	$11.09	$4.73	$4.42	$4.50	$4.19	$4.30	$4.15	$4.21	$4.13	$4.05
Total	**$1,086.41**	**$1,078.12**	**$1,020.56**	**$954.41**	**$972.97**	**$909.46**	**$926.30**	**$896.78**	**$915.29**	**$895.05**	**$873.25**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-15.6%	-4.7%	-4.6%	-1.3%	-4.7%	-20.5%	-4.7%	-1.2%	-0.3%	-2.6%
Outpatient Services	3.9%	-4.7%	-4.9%	-0.8%	-4.8%	-2.1%	-4.8%	-1.1%	-0.3%	-2.5%
Physician Services	-13.1%	-4.6%	-4.9%	-1.0%	-4.6%	-18.0%	-4.3%	-1.7%	-0.2%	-2.5%
Prescribed Drugs	2.6%	-4.6%	-4.8%	-1.1%	-4.7%	-3.3%	-4.7%	-1.5%	-0.1%	-2.4%
Psychiatric Services	5.2%	-4.7%	-4.8%	-1.6%	-4.3%	-0.8%	-4.9%	-1.5%	0.1%	-2.5%
Dental Services	-33.0%	-4.8%	-4.8%	-1.4%	-4.2%	-36.7%	-4.8%	-1.5%	-0.2%	-2.0%
Lab and X-Ray	16.6%	-4.8%	-5.0%	-1.4%	-4.0%	10.2%	-5.0%	-1.5%	0.1%	-2.2%
Medical Supplies and Orthotics	-10.2%	-4.7%	-4.8%	-1.8%	-4.3%	-15.3%	-5.0%	-1.4%	-0.2%	-1.9%
Home Health and Home Care	-9.8%	-5.0%	-4.7%	-1.6%	-3.9%	-14.9%	-5.2%	-1.3%	-0.3%	-1.8%
Nursing Facility	-	-5.1%	-5.1%	-1.2%	-3.8%	-	-5.0%	-1.5%	-0.1%	-2.0%
Targeted Case Management	-18.4%	-4.9%	-4.9%	-1.8%	-3.8%	-23.2%	-5.1%	-1.4%	-0.3%	-1.8%
Transportation	-11.5%	-5.0%	-5.0%	-2.1%	-3.5%	-16.9%	-5.4%	-1.0%	-0.6%	-1.6%
Other Practitioner	2.4%	-4.6%	-4.9%	-2.1%	-4.0%	-3.7%	-5.0%	-1.4%	-0.5%	-1.7%
Other Institutional	-	-4.8%	-4.8%	-1.9%	-3.8%	-	-5.3%	-1.1%	-0.5%	-1.6%
Other	-57.7%	-4.8%	-4.6%	-1.9%	-3.9%	-60.1%	-5.3%	-1.0%	-0.5%	-1.9%
Total	**-6.1%**	**-4.7%**	**-4.8%**	**-1.2%**	**-4.6%**	**-11.5%**	**-4.7%**	**-1.4%**	**-0.2%**	**-2.4%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,479.34**	**69.0%**
Months 13-24	**$1,522.81**	**63.9%**
Months 25-36	**$1,560.10**	**59.4%**
Months 37-48	**$1,581.07**	**57.9%**
Months 49-60	**$1,595.78**	**54.7%**

Exhibit C-6 – Detailed Expenditure Data – Participants w/Heart Failure as Most Expensive Diagnosis

	HMP Health Coaching Detail - Heart Failure										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	1,868	347	1,096	260	371	49	124	21	31	7	10
Aggregrate Expenditures											
Inpatient Services	$1,333,250	$266,486	$2,218,422	$497,921	$752,333	$88,485	$243,423	$37,522	$59,124	$12,430	$18,158
Outpatient Services	$323,725	$64,498	$269,750	$60,452	$91,470	$10,733	$29,611	$4,559	$7,174	$1,511	$2,209
Physician Services	$476,140	$94,824	$423,341	$94,714	$143,657	$16,908	$46,515	$7,138	$11,270	$2,368	$3,463
Prescribed Drugs	$414,072	$82,468	$254,971	$57,120	$86,616	$10,158	$27,965	$4,295	$6,797	$1,426	$2,087
Psychiatric Services	$101,040	$20,113	$68,821	$15,396	$23,328	$2,730	$7,529	$1,154	$1,820	$384	$562
Dental Services	$50,914	$10,097	$3,971	$888	$1,344	$158	$434	$67	$105	$22	$32
Lab and X-Ray	$58,868	$11,705	$54,750	$12,240	$18,548	$2,170	$6,000	$917	$1,445	$305	$448
Medical Supplies and Orthotics	$108,567	$21,517	$36,435	$8,124	$12,357	$1,440	$3,993	$609	$964	$202	$298
Home Health and Home Care	$99,871	$19,892	$62,174	$13,912	$21,041	$2,460	$6,799	$1,042	$1,640	$345	$508
Nursing Facility	-	-	$16,634	$3,720	$5,625	$659	$1,816	$279	$439	$93	$136
Targeted Case Management	$16,017	$3,181	$7,347	$1,643	$2,483	$291	$801	$123	$193	$41	$60
Transportation	$69,884	$13,903	$33,074	$7,384	$11,198	$1,303	$3,612	$554	$867	$183	$270
Other Practitioner	$8,831	$1,749	$6,243	$1,390	$2,121	$246	$683	$104	$164	$35	$51
Other Institutional	-	-	$11,799	$2,632	$3,989	$465	$1,289	$197	$310	$65	$96
Other	$18,430	$3,669	$1,907	$427	$646	$75	$209	$32	$50	$11	$16
Total	**$3,079,609**	**$614,102**	**$3,469,641**	**$777,963**	**$1,176,757**	**$138,281**	**$380,679**	**$58,593**	**$92,363**	**$19,419**	**$28,394**
PMPM Expenditures											
Inpatient Services	$713.73	$767.97	$2,024.11	$1,915.08	$2,027.85	$1,805.82	$1,963.09	$1,786.77	$1,907.24	$1,775.67	$1,815.79
Outpatient Services	$173.30	$185.87	$246.12	$232.51	$246.55	$219.04	$238.80	$217.09	$231.43	$215.82	$220.89
Physician Services	$254.89	$273.27	$386.26	$364.28	$387.22	$345.05	$375.12	$339.90	$363.56	$338.24	$346.32
Prescribed Drugs	$221.67	$237.66	$232.64	$219.69	$233.47	$207.31	$225.53	$204.50	$219.24	$203.73	$208.70
Psychiatric Services	$54.09	$57.96	$62.79	$59.22	$62.88	$55.72	$60.72	$54.97	$58.71	$54.89	$56.21
Dental Services	$27.26	$29.10	$3.62	$3.41	$3.62	$3.22	$3.50	$3.17	$3.39	$3.16	$3.25
Lab and X-Ray	$31.51	$33.73	$49.95	$47.08	$49.99	$44.28	$48.39	$43.69	$46.61	$43.59	$44.78
Medical Supplies and Orthotics	$58.12	$62.01	$33.24	$31.24	$33.31	$29.38	$32.21	$29.02	$31.08	$28.88	$29.76
Home Health and Home Care	$53.46	$57.32	$56.73	$53.51	$56.71	$50.20	$54.83	$49.61	$52.89	$49.29	$50.82
Nursing Facility	-	-	$15.18	$14.31	$15.16	$13.45	$14.64	$13.28	$14.15	$13.22	$13.61
Targeted Case Management	$8.57	$9.17	$6.70	$6.32	$6.69	$5.94	$6.46	$5.86	$6.24	$5.83	$6.01
Transportation	$37.41	$40.07	$30.18	$28.40	$30.18	$26.59	$29.13	$26.36	$27.97	$26.13	$27.00
Other Practitioner	$4.73	$5.04	$5.70	$5.35	$5.72	$5.03	$5.51	$4.97	$5.30	$4.93	$5.09
Other Institutional	-	-	$10.77	$10.12	$10.75	$9.49	$10.39	$9.40	$10.01	$9.33	$9.64
Other	$9.87	$10.57	$1.74	$1.64	$1.74	$1.54	$1.68	$1.53	$1.62	$1.51	$1.56
Total	**$1,648.61**	**$1,769.75**	**$3,165.73**	**$2,992.16**	**$3,171.85**	**$2,822.06**	**$3,069.99**	**$2,790.13**	**$2,979.44**	**$2,774.21**	**$2,839.43**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	183.6%	0.2%	-3.2%	-2.8%	-4.8%	149.4%	-5.7%	-1.1%		-0.8%
Outpatient Services	42.0%	0.2%	-3.1%	-3.1%	-4.6%	25.1%	-5.8%	-0.9%		-1.0%
Physician Services	51.5%	0.2%	-3.1%	-3.1%	-4.7%	33.3%	-5.3%	-1.5%		-1.2%
Prescribed Drugs	4.9%	0.4%	-3.4%	-2.8%	-4.8%	-7.6%	-5.6%	-1.4%		-1.1%
Psychiatric Services	16.1%	0.1%	-3.4%	-3.3%	-4.3%	2.2%	-5.9%	-1.4%		-1.2%
Dental Services	-86.7%	0.0%	-3.4%	-3.2%	-4.1%	-88.3%	-5.8%	-1.4%		-1.2%
Lab and X-Ray	58.5%	0.1%	-3.2%	-3.7%	-3.9%	39.6%	-6.0%	-1.3%		-1.4%
Medical Supplies and Orthotics	-42.8%	0.2%	-3.3%	-3.5%	-4.3%	-49.6%	-6.0%	-1.2%		-1.3%
Home Health and Home Care	6.1%	0.0%	-3.3%	-3.5%	-3.9%	-6.7%	-6.2%	-1.2%		-1.2%
Nursing Facility		-0.1%	-3.4%	-3.4%	-3.8%		-6.0%	-1.3%		-1.5%
Targeted Case Management	-21.8%	-0.1%	-3.4%	-3.4%	-3.7%	-31.1%	-6.0%	-1.3%		-1.5%
Transportation	-19.3%	0.0%	-3.5%	-4.0%	-3.4%	-29.1%	-6.4%	-0.9%		-1.8%
Other Practitioner	20.5%	0.4%	-3.6%	-3.9%	-3.9%	6.0%	-6.0%	-1.2%		-1.5%
Other Institutional	-	-0.1%	-3.3%	-3.6%	-3.7%	-	-6.2%	-1.0%		-1.6%
Other	-82.4%	0.1%	-3.4%	-3.7%	-3.8%	-84.5%	-6.3%	-0.9%		-1.4%
Total	**92.0%**	**0.2%**	**-3.2%**	**-2.9%**	**-4.7%**	**69.1%**	**-5.7%**	**-1.1%**		**-1.1%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$2,399.56**	**131.9%**
Months 13-24	**$2,435.37**	**130.2%**
Months 25-36	**$2,461.33**	**124.7%**
Months 37-48	**$2,478.50**	**120.2%**
Months 49-60	**$2,490.02**	**114.0%**

Exhibit C-7 – Detailed Expenditure Data – Participants w/Hypertension as Most Expensive Diagnosis

	HMP Health Coaching Detail - Hypertension										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	53,875	10,590	33,671	7,942	11,765	1,483	3,957	635	963	212	318
Aggregrate Expenditures											
Inpatient Services	$9,078,533	$1,754,484	$3,827,687	$829,977	$1,276,672	$147,495	$401,767	$62,545	$94,222	$20,719	$30,267
Outpatient Services	$5,556,598	$1,073,085	$3,522,873	$763,161	$1,174,311	$135,497	$368,264	$57,553	$86,597	$19,072	$27,886
Physician Services	$8,859,772	$1,709,128	$5,318,497	$1,151,260	$1,774,615	$205,514	$556,801	$86,763	$130,614	$28,779	$42,095
Prescribed Drugs	$7,779,508	$1,504,037	$6,652,191	$1,440,718	$2,221,479	$256,213	$697,130	$108,319	$163,441	$35,970	$52,639
Psychiatric Services	$2,730,987	$526,754	$1,615,387	$349,585	$538,829	$61,996	$169,079	$26,210	$39,406	$8,723	$12,762
Dental Services	$424,887	$81,575	$236,771	$51,153	$78,863	$9,085	$24,768	$3,841	$5,779	$1,273	$1,873
Lab and X-Ray	$2,031,385	$390,084	$1,435,991	$309,568	$478,805	$54,870	$150,004	$23,203	$34,992	$7,717	$11,326
Medical Supplies and Orthotics	$425,747	$81,804	$210,508	$45,389	$70,182	$8,044	$22,043	$3,405	$5,136	$1,130	$1,663
Home Health and Home Care	$482,574	$93,056	$247,708	$53,575	$82,426	$9,473	$25,872	$4,012	$6,028	$1,329	$1,957
Nursing Facility	$196,957.86	$37,863.38	$71,359	$15,195	$23,884	$2,693	$7,437	$1,139	$1,713	$378	$556
Targeted Case Management	$34,825	$6,684	$45,788	$9,853	$15,247	$1,745	$4,780	$738	$1,111	$245	$361
Transportation	$786,862	$150,721	$515,271	$110,893	$171,528	$19,568	$53,744	$8,315	$12,488	$2,747	$4,055
Other Practitioner	$134,240	$25,753	$98,738	$21,255	$32,980	$3,767	$10,341	$1,595	$2,396	$528	$778
Other Institutional	-	-									
Other	$274,213	$52,842	$86,864	$18,758	$28,971	$3,314	$9,104	$1,408	$2,110	$466	$686
Total	**$38,797,089**	**$7,487,871**	**$23,885,631**	**$5,170,341**	**$7,968,794**	**$919,272**	**$2,501,136**	**$389,046**	**$586,031**	**$129,075**	**$188,904**
PMPM Expenditures											
Inpatient Services	$168.51	$165.67	$113.68	$104.50	$108.51	$99.46	$101.53	$98.50	$97.84	$97.73	$95.18
Outpatient Services	$103.14	$101.33	$104.63	$96.09	$99.81	$91.37	$93.07	$90.63	$89.92	$89.96	$87.69
Physician Services	$164.45	$161.39	$157.95	$144.96	$150.84	$138.58	$140.71	$136.63	$135.63	$135.75	$132.38
Prescribed Drugs	$144.40	$142.02	$197.56	$181.40	$188.82	$172.77	$176.18	$170.58	$169.72	$169.67	$165.53
Psychiatric Services	$50.69	$49.74	$47.98	$44.02	$45.80	$41.80	$42.73	$41.28	$40.92	$41.15	$40.13
Dental Services	$7.89	$7.70	$7.03	$6.44	$6.70	$6.13	$6.26	$6.05	$6.00	$6.01	$5.89
Lab and X-Ray	$37.71	$36.84	$42.65	$38.98	$40.70	$37.00	$37.91	$36.54	$36.34	$36.40	$35.62
Medical Supplies and Orthotics	$7.90	$7.72	$6.25	$5.71	$5.97	$5.42	$5.57	$5.36	$5.33	$5.33	$5.23
Home Health and Home Care	$8.96	$8.79	$7.36	$6.75	$7.01	$6.39	$6.54	$6.32	$6.26	$6.27	$6.15
Nursing Facility	$3.66	$3.58	$2.12	$1.91	$2.03	$1.82	$1.88	$1.79	$1.78	$1.78	$1.75
Targeted Case Management	$0.65	$0.63	$1.36	$1.24	$1.30	$1.18	$1.21	$1.16	$1.15	$1.15	$1.13
Transportation	$14.61	$14.23	$15.30	$13.96	$14.58	$13.19	$13.58	$13.09	$12.97	$12.96	$12.75
Other Practitioner	$2.49	$2.43	$2.93	$2.68	$2.80	$2.54	$2.61	$2.51	$2.49	$2.49	$2.45
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	$5.09	$4.99	$2.58	$2.36	$2.46	$2.23	$2.30	$2.22	$2.19	$2.20	$2.16
Total	**$720.13**	**$707.07**	**$709.38**	**$651.01**	**$677.33**	**$619.87**	**$632.08**	**$612.67**	**$608.55**	**$608.84**	**$594.04**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-32.5%	-4.5%	-6.4%	-3.6%	-2.7%	-36.9%	-4.8%	-1.0%	-0.8%	-2.6%
Outpatient Services	1.4%	-4.6%	-6.8%	-3.4%	-2.5%	-5.2%	-4.9%	-0.8%	-0.7%	-2.5%
Physician Services	-3.9%	-4.5%	-6.7%	-3.6%	-2.4%	-10.2%	-4.4%	-1.4%	-0.6%	-2.5%
Prescribed Drugs	36.8%	-4.4%	-6.7%	-3.7%	-2.5%	27.7%	-4.8%	-1.3%	-0.5%	-2.4%
Psychiatric Services	-5.4%	-4.5%	-6.7%	-4.2%	-1.9%	-11.5%	-5.0%	-1.3%	-0.3%	-2.5%
Dental Services	-10.8%	-4.7%	-6.6%	-4.1%	-1.9%	-16.4%	-4.9%	-1.3%	-0.7%	-2.0%
Lab and X-Ray	13.1%	-4.6%	-6.9%	-4.1%	-2.0%	5.8%	-5.1%	-1.2%	-0.4%	-2.2%
Medical Supplies and Orthotics	-20.9%	-4.6%	-6.6%	-4.3%	-2.0%	-26.0%	-5.1%	-1.1%	-0.6%	-1.9%
Home Health and Home Care	-17.9%	-4.8%	-6.7%	-4.3%	-1.7%	-23.2%	-5.3%	-1.1%	-0.8%	-1.8%
Nursing Facility	-42.0%	-4.2%	-7.4%	-5.4%	-1.7%	-46.5%	-5.1%	-1.2%	-0.6%	-2.0%
Targeted Case Management	110.4%	-4.7%	-6.8%	-4.5%	-1.7%	96.6%	-5.2%	-1.2%	-0.7%	-1.8%
Transportation	4.8%	-4.7%	-6.8%	-4.5%	-1.7%	-1.9%	-5.5%	-0.8%	-1.1%	-1.6%
Other Practitioner	17.7%	-4.4%	-6.8%	-4.8%	-1.7%	10.1%	-5.1%	-1.1%	-0.9%	-1.7%
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	-49.3%	-4.5%	-6.6%	-4.8%	-1.6%	-52.7%	-5.4%	-0.8%	-0.9%	-1.9%
Total	**-1.5%**	**-4.5%**	**-6.7%**	**-3.7%**	**-2.4%**	**-7.9%**	**-4.8%**	**-1.2%**	**-0.6%**	**-2.4%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,229.58**	**57.7%**
Months 13-24	**$1,246.64**	**54.3%**
Months 25-36	**$1,270.11**	**49.8%**
Months 37-48	**$1,280.98**	**47.5%**
Months 49-60	**$1,291.02**	**46.0%**

APPENDIX D – PRACTICE FACILITATION SITE SURVEY MATERIALS

Appendix D includes the advance letter sent to practice facilitation sites and practice facilitation survey instrument (mail version).

JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

<Title> <First> <Last>
<Practice Name>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip>

Dear Provider,

The Oklahoma Health Care Authority would like to hear about your experiences with the Practice Facilitation initiative being carried out by Telligen. These services support providers caring for SoonerCare members. Pacific Health Policy Group (PHPG), an outside company, has been contracted by the Oklahoma Health Care Authority to survey providers and practices that have participated in this initiative.

The purpose of the survey is to gather information on the initiative's value and how it can be improved from a provider's perspective. The survey will be over the phone and should take about 15 minutes of your time.

In the next few days, someone will be calling you to conduct the survey. We look forward to your input and hope you will agree to help.

The survey is voluntary, and all of your answers will be kept confidential. Your answers will be combined with those of other providers being surveyed and will not be reported individually to the Oklahoma Health Care Authority.

If you have any questions about the survey, you can reach PHPG toll-free at 1-888-941-9358. If you would like to take the survey right away, you may call the same number any time between the hours of 9 a.m. and 4 p.m. If you have any questions for the Oklahoma Health Care Authority, please call the toll-free number 1-877-252-6002.

Thank you for your time.

HEALTH MANAGEMENT PROGRAM PROVIDER SURVEY

The Oklahoma Health Care Authority would like to hear about your experiences with the Health Management Program being carried out by Telligen. These services support providers caring for SoonerCare members. Pacific Health Policy Group (PHPG), an outside company, has been contracted by the Oklahoma Health Care Authority to survey providers and practices that have participated in the program's Practice Facilitation and/or Health Coaching programs. The purpose of the survey is to gather information on the program's value and how it can be improved from a provider's perspective.

Decision to Participate in the Health Management Program

1. Were you the person who made the decision to participate in the Health Management Program?
   a. Yes
   b. No. If your answer is "no," please proceed to Question 4.
2. What were your reasons for deciding to participate?
   a. Improve care management of patients with chronic conditions/improve outcomes
   b. Gain access to Practice Facilitator and/or embedded Health Coach
   c. Obtain information on patient utilization and costs
   d. Receive assistance in redesigning practice workflows
   e. Reduce costs
   f. Increase income
   g. Continuing education
   h. Other. Please specify: ____
   i. Don't know/not sure
3. Among the reasons you cited, what was the <u>most important</u> reason for deciding to participate?
   a. Improve care management of patients with chronic conditions/improve outcomes
   b. Gain access to Practice Facilitator and/or embedded Health Coach
   c. Obtain information on patient utilization and costs
   d. Receive assistance in redesigning practice workflows
   e. Reduce costs
   f. Increase income
   g. Continuing education
   h. Other. Please specify: ____

Practice Facilitation Activities

A practice facilitator initially asses the practice and acts as a practice management consultant by assisting the practice with quality improvement initiatives that enhance quality of care; enhance proactive, preventive disease management; and enhance efficiencies in the office.

4. The following are a list of activities that typically are part of Practice Facilitation. Regardless of your actual experience, **please rate how important you think** each one is in preparing a practice to better manage patients with chronic medical conditions.

	Very Important	Somewhat Important	Not Too Important	Not at All Important	Not Sure
a. Receiving information on the prevalence of chronic diseases among your patients					
b. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases					
c. Receiving focused training in evidence-based practice guidelines for chronic conditions					
d. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases					
e. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases					
f. Having a Practice Facilitator on-site to work with you and practice staff					
g. Receiving quarterly reports on your progress with respect to identified performance measures					
h. Receiving ongoing education and assistance after conclusion of the initial onsite activities					

5. The following are a list of activities that typically are part of Practice Facilitation. For each one, **please rate how helpful it was to you** in improving your management of patients with chronic medical conditions.

	Very Helpful	Somewhat Helpful	Not Too Helpful	Not at All Helpful	Not Sure
a. Receiving information on the prevalence of chronic diseases among your patients					
b. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases					
c. Receiving focused training in evidence-based practice guidelines for chronic conditions					
d. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases					
e. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases					
f. Having a Practice Facilitator on-site to work with you and practice staff					
g. Receiving quarterly reports on your progress with respect to identified performance measures					
h. Receiving ongoing education and assistance after conclusion of the initial onsite activities					

Practice Facilitation Outcomes

6. Have you made changes in the management of your patients with chronic conditions as the result of participating in Practice Facilitation?
    a. Yes
    b. No. If your answer is "no," please proceed to Question 9.
    c. Don't know/not sure. (Please proceed to Question 9.)

7. What are the changes you made?
    a. Identification of tests/exams to manage chronic conditions
    b. Increased attention and diligence/use of alerts
    c. More frequent foot/eye exams and/or HbA1c testing of diabetic patients
    d. Use of flow sheets/forms provided by Practice Facilitator or created through CareMeasures
    e. Improved documentation
    f. Better education of patients with chronic conditions, including provision of materials
    g. Increased staff involvement in chronic care workups
    h. Other. Please specify: ____
    i. Don't know/not sure

8. What is the most important change you made?

    ____

    ____

    ____

9. Has your practice become more effective in managing patients with chronic conditions as a result of your participation in Practice Facilitation?
    a. Yes
    b. No
    c. Don't know/not sure

10. Overall, how satisfied are you with your experience in Practice Facilitation? Would you say you are Very Satisfied, Somewhat Satisfied, Somewhat Dissatisfied or Very Dissatisfied?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't know/not sure

11. Would you recommend Practice Facilitation to other providers and practices caring for patients with chronic conditions?
    a. Yes
    b. No
    c. Don't know/not sure

12. Do you have any suggestions for improving Practice Facilitation?

____

____

____

Health Coach Activities

SoonerCare Choice members with or at risk for developing chronic disease(s) will be targeted for care management through the SoonerCare Health Management Program (HMP). Once enrolled, HMP members receive intervention from an assigned Health Coach. Health Coaches are embedded in providers' practices.

13. Do you have a Health Coach assigned to your practice?
    a. Yes
    b. No. If your answer is "no," please proceed to Question 19.
    c. Don't know/not sure. (Please proceed to Question 19.)

14. What is the name of the Health Coach currently assigned to your practice?
    a. If known, please provide name: ____
    b. Don't know/not sure

15. The following is a list of activities that Health Coaches can perform to assist patients. Regardless of your actual experience, **please rate how important you think** it is that the Health Coach in your practice provides this assistance to your patients.

	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not Appropriate	Not Sure
a. Learning about your patients and their health care needs						
b. Giving easy to understand instructions about taking care of health problems or concerns						
c. Helping patients to identify changes in their health that might be an early sign of a problem						
d. Answering patient questions about their health						
e. Helping patients to talk to and work with you and practice staff						
f. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems						
g. Helping patients make and keep health care appointments for mental health or substance abuse problems						
h. Reviewing patient medications and helping patients to manage their medications						

16. The following is a list of activities that Health Coaches can perform to assist patients. Thinking about the current Health Coach assigned to your practice, **please rate how satisfied you** are with the assistance she provides to your patients.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Sure/ NA
a. Learning about your patients and their health care needs					
b. Giving easy to understand instructions about taking care of health problems or concerns					
c. Helping patients to identify changes in their health that might be an early sign of a problem					
d. Answering patient questions about their health					
e. Helping patients to talk to and work with you and practice staff					
f. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems					
g. Helping patients make and keep health care appointments for mental health or substance abuse problems					
h. Reviewing patient medications and helping patients to manage their medications					

17. Overall, how satisfied are you with your experience having a Telligen Health Coach assigned to your practice?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don’t know/not sure

18. Do you have any suggestions for improving the Health Coaching position?
____
____
____

19. Do you have any other comments or suggestions you would like to share today?
____
____
____

Your survey answers will remain confidential and will be combined with those of other providers being surveyed.

Please list the name and position of the individual completing the Provider Survey:

____

Please list the name of the practice and address:

____

Please return your completed survey to:

OHCA Practice Facilitation Survey
1725 North McGovern Street
Suite 201
Highland Park, Illinois 60035
FAX: (847) 433-1461

If you have any questions, you can reach us toll-free at 1-888-941-9358.

Thank you for your help.

APPENDIX E – DETAILED PRACTICE FACILITATION EXPENDITURE DATA

Appendix E includes detailed expenditure data for SoonerCare HMP members aligned with PCMH practice facilitation providers. The exhibits are listed below.

Exhibit	***Description***
E-1	All Members
E-2	Members with Asthma as most Expensive Diagnosis
E-3	Members with CAD as most Expensive Diagnosis
E-4	Members with COPD as most Expensive Diagnosis
E-5	Members with Diabetes as most Expensive Diagnosis
E-6	Members with Heart Failure as most Expensive Diagnosis
E-7	Members with Hypertension as most Expensive Diagnosis
E-8	All Other Members

Exhibit E-1 – Detailed Expenditure Data – All Members

Category of Service	HMP Practice Facilitation Detail - All Members										
	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	275,670	48,136	261,557	59,549	89,840	11,111	29,516	4,752	7,196	1,607	2,386
Aggregrate Expenditures											
Inpatient Services	$14,459,413	$2,540,157	$14,985,471	$3,219,096	$4,984,034	$572,063	$1,572,587	$242,584	$362,548	$80,359	$117,392
Outpatient Services	$11,900,485	$2,088,517	$12,794,176	$2,747,653	$4,253,203	$487,838	$1,338,090	$207,210	$308,613	$68,667	$100,400
Physician Services	$23,569,875	$4,135,231	$23,380,494	$5,015,488	$7,776,148	$895,324	$2,445,485	$377,984	$563,243	$125,378	$183,390
Prescribed Drugs	$16,346,613	$2,873,420	$17,477,290	$3,752,572	$5,813,474	$667,346	$1,831,622	$282,134	$421,382	$93,689	$137,107
Psychiatric Services	$17,688,132	$3,103,364	$15,275,399	$3,275,078	$5,076,062	$580,804	$1,599,399	$245,552	$365,432	$81,725	$119,559
Dental Services	$5,461,276	$954,826	$4,354,133	$931,935	$1,446,269	$165,517	$455,611	$69,976	$104,218	$23,200	$34,118
Lab and X-Ray	$2,814,827	$491,020	$3,567,416	$761,348	$1,186,177	$134,947	$373,051	$57,066	$85,185	$18,979	$27,855
Medical Supplies and Orthotics	$849,495	$148,214	$794,985	$169,813	$263,950	$30,094	$83,143	$12,740	$19,019	$4,226	$6,221
Home Health and Home Care	$436,794	$76,486	$448,717	$96,170	$148,513	$17,004	$46,893	$7,201	$10,711	$2,385	$3,513
Nursing Facility	-	-	$30,318	$6,397	$10,105	$1,134	$3,161	$479	$714	$159	$234
Targeted Case Management	$142,356	$24,801	$136,993	$29,236	$45,424	$5,178	$14,300	$2,191	$3,263	$726	$1,070
Transportation	$1,506,656	$262,816	$1,444,012	$307,490	$479,444	$54,258	$150,694	$23,055	$34,274	$7,616	$11,244
Other Practitioner	$1,885,454	$328,589	$1,461,912	$311,670	$486,619	$55,232	$153,186	$23,386	$34,778	$7,737	$11,409
Other Institutional	$30,528	$5,324	$75,486	$15,921	$25,160	$2,814	$7,911	$1,194	$1,774	$395	$583
Other	$1,259,520	$220,590	$893,263	$191,059	$296,666	$33,756	$93,626	$14,342	$21,272	$4,743	$6,982
Total	**$98,351,425**	**$17,253,355**	**$97,120,066**	**$20,830,925**	**$32,291,248**	**$3,703,308**	**$10,168,758**	**$1,567,095**	**$2,336,425**	**$519,984**	**$761,077**
PMPM Expenditures											
Inpatient Services	$52.45	$52.77	$57.29	$54.06	$55.48	$51.49	$53.28	$51.05	$50.38	$50.01	$49.20
Outpatient Services	$43.17	$43.39	$48.92	$46.14	$47.34	$43.91	$45.33	$43.60	$42.89	$42.73	$42.08
Physician Services	$85.50	$85.91	$89.39	$84.22	$86.56	$80.58	$82.85	$79.54	$78.27	$78.02	$76.86
Prescribed Drugs	$59.30	$59.69	$66.82	$63.02	$64.71	$60.06	$62.06	$59.37	$58.56	$58.30	$57.46
Psychiatric Services	$64.16	$64.47	$58.40	$55.00	$56.50	$52.27	$54.19	$51.67	$50.78	$50.86	$50.11
Dental Services	$19.81	$19.84	$16.65	$15.65	$16.10	$14.90	$15.44	$14.73	$14.48	$14.44	$14.30
Lab and X-Ray	$10.21	$10.20	$13.64	$12.79	$13.20	$12.15	$12.64	$12.01	$11.84	$11.81	$11.67
Medical Supplies and Orthotics	$3.08	$3.08	$3.04	$2.85	$2.94	$2.71	$2.82	$2.68	$2.64	$2.63	$2.61
Home Health and Home Care	$1.58	$1.59	$1.72	$1.61	$1.65	$1.53	$1.59	$1.52	$1.49	$1.48	$1.47
Nursing Facility	-	-	$0.12	$0.11	$0.11	$0.10	$0.11	$0.10	$0.10	$0.10	$0.10
Targeted Case Management	$0.52	$0.52	$0.52	$0.49	$0.51	$0.47	$0.48	$0.46	$0.45	$0.45	$0.45
Transportation	$5.47	$5.46	$5.52	$5.16	$5.34	$4.88	$5.11	$4.85	$4.76	$4.74	$4.71
Other Practitioner	$6.84	$6.83	$5.59	$5.23	$5.42	$4.97	$5.19	$4.92	$4.83	$4.81	$4.78
Other Institutional	$0.11	$0.11	$0.29	$0.27	$0.28	$0.25	$0.27	$0.25	$0.25	$0.25	$0.24
Other	$4.57	$4.58	$3.42	$3.21	$3.30	$3.04	$3.17	$3.02	$2.96	$2.95	$2.93
Total	**$356.77**	**$358.43**	**$371.32**	**$349.81**	**$359.43**	**$333.30**	**$344.52**	**$329.78**	**$324.68**	**$323.57**	**$318.98**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	9.2%	-3.2%	-4.0%	-5.4%	-2.3%	2.4%	-4.8%	-0.8%	-2.0%	-1.6%
Outpatient Services	13.3%	-3.2%	-4.2%	-5.4%	-1.9%	6.3%	-4.8%	-0.7%	-2.0%	-1.5%
Physician Services	4.5%	-3.2%	-4.3%	-5.5%	-1.8%	-2.0%	-4.3%	-1.3%	-1.9%	-1.5%
Prescribed Drugs	12.7%	-3.2%	-4.1%	-5.6%	-1.9%	5.6%	-4.7%	-1.1%	-1.8%	-1.4%
Psychiatric Services	-9.0%	-3.2%	-4.1%	-6.3%	-1.3%	-14.7%	-5.0%	-1.1%	-1.6%	-1.5%
Dental Services	-16.0%	-3.3%	-4.1%	-6.2%	-1.3%	-21.1%	-4.8%	-1.1%	-2.0%	-1.0%
Lab and X-Ray	33.6%	-3.2%	-4.3%	-6.3%	-1.4%	25.3%	-5.0%	-1.1%	-1.7%	-1.1%
Medical Supplies and Orthotics	-1.4%	-3.3%	-4.1%	-6.2%	-1.4%	-7.4%	-5.0%	-1.0%	-1.9%	-0.9%
Home Health and Home Care	8.3%	-3.6%	-3.9%	-6.3%	-1.1%	1.6%	-5.2%	-1.0%	-2.1%	-0.8%
Nursing Facility	-	-3.0%	-4.8%	-7.4%	-1.1%	-	-5.0%	-1.1%	-1.9%	-1.0%
Targeted Case Management	1.4%	-3.5%	-4.2%	-6.4%	-1.1%	-4.7%	-5.1%	-1.1%	-2.0%	-0.8%
Transportation	1.0%	-3.3%	-4.3%	-6.7%	-1.1%	-5.4%	-5.4%	-0.6%	-2.3%	-0.6%
Other Practitioner	-18.3%	-3.1%	-4.2%	-6.9%	-1.1%	-23.3%	-5.0%	-1.0%	-2.2%	-0.7%
Other Institutional	160.6%	-3.0%	-4.3%	-8.0%	-0.9%	141.7%	-5.3%	-0.8%	-2.2%	-0.6%
Other	-25.3%	-3.3%	-3.9%	-6.8%	-1.0%	-30.0%	-5.3%	-0.7%	-2.2%	-0.8%
Total	**4.1%**	**-3.2%**	**-4.1%**	**-5.8%**	**-1.8%**	**-2.4%**	**-4.7%**	**-1.1%**	**-1.9%**	**-1.4%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$619.40**	**59.9%**
Months 13-24	**$639.58**	**56.2%**
Months 25-36	**$655.82**	**52.5%**
Months 37-48	**$670.03**	**48.5%**
Months 49-60	**$681.10**	**46.8%**

Exhibit E-2 – Detailed Expenditure Data – Members w/Asthma as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - Asthma										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	28,361	4,998	26,515	6,209	9,239	1,159	3,107	497	752	166	247
Aggregrate Expenditures											
Inpatient Services	$1,122,113	$196,971	$1,182,655	$252,873	$391,181	$44,938	$124,343	$19,056	$29,036	$6,313	$9,222
Outpatient Services	$1,122,391	$196,601	$1,352,281	$288,870	$447,438	$51,288	$141,364	$21,785	$33,288	$7,219	$10,555
Physician Services	$2,445,669	$428,280	$2,567,721	$548,152	$851,666	$97,852	$268,965	$41,310	$63,083	$13,703	$20,043
Prescribed Drugs	$1,303,188	$228,144	$1,539,184	$328,846	$509,995	$58,481	$161,211	$24,724	$37,905	$8,210	$12,015
Psychiatric Services	$33,688	$5,898	$41,260	$8,813	$13,676	$1,563	$4,325	$661	$1,011	$220	$322
Dental Services	$597,154	$104,224	$389,195	$83,011	$128,854	$14,743	$40,756	$6,233	$9,534	$2,067	$3,039
Lab and X-Ray	$184,827	$32,251	$236,131	$50,319	$78,106	$8,919	$24,690	$3,772	$5,780	$1,254	$1,841
Medical Supplies and Orthotics	$82,443	$14,364	$66,479	$14,152	$21,988	$2,508	$6,964	$1,062	$1,569	$352	$518
Home Health and Home Care	$4,723	$826	$5,547	$1,186	$1,835	$210	$580	$89	$136	$29	$43
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	$1,149	$201	$2,743	$585	$906	$104	$287	$44	$67	$15	$21
Transportation	$112,660	$19,698	$95,124	$20,259	$31,401	$3,575	$9,925	$1,519	$2,309	$502	$741
Other Practitioner	$154,067	$26,834	$143,175	$30,426	$47,474	$5,392	$15,024	$2,283	$3,488	$755	$1,114
Other Institutional	-	$58									
Other	$9,316	$1,632	$4,927	$1,051	$1,629	$186	$517	$79	$120	$26	$38
Total	**$5,917,740**	**$1,248,386**	**$5,997,879**	**$1,212,351**	**$2,236,392**	**$576,627**	**$676,336**	**$252,812**	**$146,662**	**$40,665**	**$59,513**
PMPM Expenditures											
Inpatient Services	$39.57	$39.41	$44.60	$40.73	$42.34	$38.77	$40.02	$38.34	$38.61	$38.03	$37.33
Outpatient Services	$39.58	$39.34	$51.00	$46.52	$48.43	$44.25	$45.50	$43.83	$44.27	$43.49	$42.73
Physician Services	$86.23	$85.69	$96.84	$88.28	$92.18	$84.43	$86.57	$83.12	$83.89	$82.55	$81.15
Prescribed Drugs	$45.95	$45.65	$58.05	$52.96	$55.20	$50.46	$51.89	$49.75	$50.41	$49.46	$48.64
Psychiatric Services	$1.19	$1.18	$1.56	$1.42	$1.48	$1.35	$1.39	$1.33	$1.34	$1.32	$1.30
Dental Services	$21.06	$20.85	$14.68	$13.37	$13.95	$12.72	$13.12	$12.54	$12.68	$12.45	$12.30
Lab and X-Ray	$6.52	$6.45	$8.91	$8.10	$8.45	$7.70	$7.95	$7.59	$7.69	$7.56	$7.45
Medical Supplies and Orthotics	$2.91	$2.87	$2.51	$2.28	$2.38	$2.16	$2.24	$2.14	$2.09	$2.12	$2.10
Home Health and Home Care	$0.17	$0.17	$0.21	$0.19	$0.20	$0.18	$0.19	$0.18	$0.18	$0.18	$0.18
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	$0.04	$0.04	$0.10	$0.09	$0.10	$0.09	$0.09	$0.09	$0.09	$0.09	$0.09
Transportation	$3.97	$3.94	$3.59	$3.26	$3.40	$3.08	$3.19	$3.06	$3.07	$3.02	$3.00
Other Practitioner	$5.43	$5.37	$5.40	$4.90	$5.14	$4.65	$4.84	$4.59	$4.64	$4.55	$4.51
Other Institutional	-	$0.01	-	-	-	-	-	-	-	-	-
Other	$0.33	$0.33	$0.19	$0.17	$0.18	$0.16	$0.17	$0.16	$0.16	$0.16	$0.16
Total	**$252.93**	**$251.30**	**$287.63**	**$262.29**	**$273.42**	**$250.01**	**$257.15**	**$246.71**	**$249.10**	**$244.97**	**$240.94**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	12.7%	-5.1%	-5.5%	-3.5%	-3.3%	3.3%	-4.8%	-1.1%	-0.8%	-1.8%
Outpatient Services	28.9%	-5.0%	-6.1%	-2.7%	-3.5%	18.3%	-4.9%	-0.9%	-0.8%	-1.7%
Physician Services	12.3%	-4.8%	-6.1%	-3.1%	-3.3%	3.0%	-4.4%	-1.5%	-0.7%	-1.7%
Prescribed Drugs	26.3%	-4.9%	-6.0%	-2.9%	-3.5%	16.0%	-4.7%	-1.4%	-0.6%	-1.6%
Psychiatric Services	31.0%	-4.9%	-6.0%	-3.4%	-3.1%	20.3%	-5.0%	-1.4%	-0.4%	-1.7%
Dental Services	-30.3%	-5.0%	-5.9%	-3.3%	-3.0%	-35.9%	-4.9%	-1.4%	-0.7%	-1.2%
Lab and X-Ray	36.7%	-5.1%	-6.0%	-3.3%	-3.0%	25.6%	-5.0%	-1.4%	-0.4%	-1.4%
Medical Supplies and Orthotics	-13.7%	-5.1%	-5.8%	-6.9%	0.6%	-20.7%	-5.1%	-1.3%	-0.7%	-1.1%
Home Health and Home Care	25.6%	-5.1%	-6.0%	-3.5%	-2.7%	15.5%	-5.3%	-1.2%	-0.8%	-1.0%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	155.3%	-5.2%	-5.9%	-3.5%	-2.6%	134.9%	-5.1%	-1.3%	-0.8%	-1.0%
Transportation	-9.7%	-5.3%	-6.0%	-3.9%	-2.3%	-17.2%	-5.5%	-0.9%	-1.1%	-0.8%
Other Practitioner	-0.6%	-4.8%	-5.9%	-4.1%	-2.8%	-8.7%	-5.1%	-1.3%	-1.0%	-0.9%
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	-43.4%	-5.1%	-5.6%	-4.0%	-2.7%	-48.2%	-5.4%	-0.9%	-1.0%	-1.1%
Total	**13.7%**	**-4.9%**	**-6.0%**	**-3.1%**	**-3.3%**	**4.4%**	**-4.7%**	**-1.3%**	**-0.7%**	**-1.6%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$425.89**	**67.5%**
Months 13-24	**$436.17**	**62.7%**
Months 25-36	**$444.54**	**57.8%**
Months 37-48	**$453.78**	**54.9%**
Months 49-60	**$460.91**	**52.3%**

Exhibit E-3 – Detailed Expenditure Data – Members w/CAD as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - CAD										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	786	139	802	179	274	33	91	14	24	7	13
Aggregrate Expenditures											
Inpatient Services	$608,657	$111,542	$607,220	$135,996	$204,047	$24,157	$65,196	$9,913	$16,827	$4,889	$8,955
Outpatient Services	$67,502	$12,350	$228,864	$51,177	$76,814	$9,082	$24,572	$3,733	$6,340	$1,842	$3,377
Physician Services	$173,578	$31,741	$221,601	$49,471	$74,602	$8,827	$23,827	$3,606	$6,122	$1,781	$3,266
Prescribed Drugs	$177,706	$32,518	$181,398	$40,522	$60,997	$7,203	$19,478	$2,947	$5,038	$1,457	$2,673
Psychiatric Services	$170	$31	$441	$98	$148	$17	$47	$7	$12	$4	$6
Dental Services	$2,421	$441	$115	$26	$39	$5	$12	$2	$3	$1	$2
Lab and X-Ray	$19,705	$3,589	$24,250	$5,401	$8,148	$957	$2,601	$392	$667	$194	$357
Medical Supplies and Orthotics	$10,817	$1,972	$27,834	$6,185	$9,346	$1,096	$2,988	$449	$763	$222	$409
Home Health and Home Care	$2,833	$517	$2,640	$589	$886	$104	$282	$43	$72	$21	$39
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-
Transportation	$37,773	$6,887	$63,499	$14,154	$21,269	$2,496	$6,800	$1,027	$1,735	$505	$935
Other Practitioner	$3,086	$562	$6,256	$1,390	$2,103	$246	$669	$101	$171	$50	$92
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$1,104,249**	**$202,150**	**$1,364,120**	**$305,009**	**$458,399**	**$54,191**	**$146,473**	**$22,220**	**$37,753**	**$10,965**	**$20,111**
PMPM Expenditures											
Inpatient Services	$774.37	$802.46	$757.13	$759.75	$744.70	$732.03	$716.44	$708.10	$701.15	$698.49	$688.85
Outpatient Services	$85.88	$88.85	$285.37	$285.90	$280.34	$275.22	$270.02	$266.66	$264.18	$263.14	$259.74
Physician Services	$220.84	$228.35	$276.31	$276.37	$272.27	$267.49	$261.83	$257.60	$255.08	$254.44	$251.25
Prescribed Drugs	$226.09	$233.94	$226.18	$226.38	$222.62	$218.28	$214.04	$210.51	$209.94	$208.16	$205.65
Psychiatric Services	$0.22	$0.22	$0.55	$0.55	$0.54	$0.53	$0.52	$0.51	$0.51	$0.51	$0.50
Dental Services	$3.08	$3.17	$0.14	$0.14	$0.14	$0.14	$0.14	$0.13	$0.13	$0.13	$0.13
Lab and X-Ray	$25.07	$25.82	$30.24	$30.17	$29.74	$28.99	$28.58	$27.97	$27.79	$27.70	$27.44
Medical Supplies and Orthotics	$13.76	$14.19	$34.71	$34.55	$34.11	$33.20	$32.84	$32.06	$31.81	$31.67	$31.47
Home Health and Home Care	$3.60	$3.72	$3.29	$3.29	$3.23	$3.15	$3.10	$3.05	$3.02	$3.00	$2.99
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-
Transportation	$48.06	$49.55	$79.18	$79.07	$77.63	$75.65	$74.73	$73.33	$72.29	$72.13	$71.89
Other Practitioner	$3.93	$4.04	$7.80	$7.77	$7.68	$7.46	$7.35	$7.21	$7.14	$7.10	$7.07
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$1,404.90**	**$1,454.32**	**$1,700.90**	**$1,703.96**	**$1,672.99**	**$1,642.15**	**$1,609.59**	**$1,587.12**	**$1,573.02**	**$1,566.47**	**$1,546.97**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-2.2%	-1.6%	-3.8%	-2.1%	-1.8%	-5.3%	-3.6%	-3.3%	-1.4%	-1.4%
Outpatient Services	232.3%	-1.8%	-3.7%	-2.2%	-1.7%	221.8%	-3.7%	-3.1%	-1.3%	-1.3%
Physician Services	25.1%	-1.5%	-3.8%	-2.6%	-1.5%	21.0%	-3.2%	-3.7%	-1.2%	-1.3%
Prescribed Drugs	0.0%	-1.6%	-3.9%	-1.9%	-2.0%	-3.2%	-3.6%	-3.6%	-1.1%	-1.2%
Psychiatric Services	154.2%	-1.7%	-3.9%	-2.7%	-1.3%	145.9%	-3.8%	-3.6%	-0.9%	-1.2%
Dental Services	-95.3%	-1.8%	-3.8%	-2.7%	-1.2%	-95.5%	-3.7%	-3.6%	-1.3%	-0.7%
Lab and X-Ray	20.6%	-1.7%	-3.9%	-2.8%	-1.3%	16.9%	-3.9%	-3.5%	-1.0%	-0.9%
Medical Supplies and Orthotics	152.2%	-1.7%	-3.7%	-3.2%	-1.1%	143.6%	-3.9%	-3.4%	-1.2%	-0.6%
Home Health and Home Care	-8.7%	-1.8%	-4.0%	-2.8%	-0.9%	-11.7%	-4.1%	-3.4%	-1.4%	-0.6%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-
Transportation	64.8%	-2.0%	-3.7%	-3.3%	-0.5%	59.6%	-4.3%	-3.1%	-1.6%	-0.3%
Other Practitioner	98.7%	-1.6%	-4.3%	-2.9%	-1.0%	92.1%	-3.9%	-3.4%	-1.5%	-0.4%
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Total	**21.1%**	**-1.6%**	**-3.8%**	**-2.3%**	**-1.7%**	**17.2%**	**-3.6%**	**-3.4%**	**-1.3%**	**-1.2%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,560.00**	**109.0%**
Months 13-24	**$1,599.14**	**104.6%**
Months 25-36	**$1,628.17**	**98.9%**
Months 37-48	**$1,640.25**	**95.9%**
Months 49-60	**$1,662.81**	**93.0%**

Exhibit E-4 – Detailed Expenditure Data – Members w/COPD as Most Expensive Diagnosis

HMP Practice Facilitation Detail - COPD											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	13,340	2,318	13,091	3,175	4,462	593	1,456	254	354	85	127
Aggregate Expenditures											
Inpatient Services	$742,876	$140,873	$743,381	$176,799	$243,367	$29,324	$78,135	$12,435	$18,503	$4,119	$6,018
Outpatient Services	$560,218	$105,968	$732,566	$174,039	$239,462	$28,840	$76,975	$12,250	$18,210	$4,059	$5,935
Physician Services	$1,448,156	$274,251	$1,332,083	$316,459	$436,359	$52,726	$140,331	$22,259	$33,092	$7,383	$10,800
Prescribed Drugs	$765,657	$144,815	$797,483	$189,445	$260,677	$31,444	$83,598	$13,294	$19,819	$4,414	$6,460
Psychiatric Services	$5,655	$1,071	$8,074	$1,917	$2,640	$317	$847	$134	$200	$45	$65
Dental Services	$177,471	$33,478	$170,141	$40,291	$55,608	$6,679	$17,865	$2,824	$4,205	$936	$1,377
Lab and X-Ray	$156,670	$29,565	$161,955	$38,331	$52,974	$6,341	$17,013	$2,682	$3,992	$892	$1,309
Medical Supplies and Orthotics	$67,563	$12,729	$71,136	$16,810	$23,257	$2,780	$7,475	$1,177	$1,758	$390	$575
Home Health and Home Care	$53,063	$10,040	$90,899	$21,562	$29,686	$3,558	$9,527	$1,507	$2,240	$499	$735
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	$5,143	$1,217	$1,682	$201	$539	$85	$126	$28	$42
Transportation	$52,293	-	$59,471	$14,088	$19,327	$2,320	$6,237	$986	$1,459	$326	$481
Other Practitioner	$45,943	$8,643	$41,050	$9,712	$13,373	$1,606	$4,308	$680	$1,012	$225	$332
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	$6,257	$1,183	$1,107	$262	$362	$43	$116	$18	$27	$6	$9
Total	**$4,081,821**	**$762,615**	**$4,214,490**	**$1,000,930**	**$1,378,775**	**$166,181**	**$442,967**	**$70,331**	**$104,642**	**$23,324**	**$34,137**
PMPM Expenditures											
Inpatient Services	$55.69	$60.77	$56.79	$55.68	$54.54	$49.45	$53.66	$48.96	$52.27	$48.46	$47.38
Outpatient Services	$42.00	$45.72	$55.96	$54.82	$53.67	$48.63	$52.87	$48.23	$51.44	$47.76	$46.74
Physician Services	$108.56	$118.31	$101.76	$99.67	$97.79	$88.91	$96.38	$87.64	$93.48	$86.86	$85.04
Prescribed Drugs	$57.40	$62.47	$60.92	$59.67	$58.42	$53.03	$57.42	$52.34	$55.99	$51.93	$50.87
Psychiatric Services	$0.42	$0.46	$0.62	$0.60	$0.59	$0.54	$0.58	$0.53	$0.56	$0.53	$0.51
Dental Services	$13.30	$14.44	$13.00	$12.69	$12.46	$11.26	$12.27	$11.12	$11.88	$11.01	$10.84
Lab and X-Ray	$11.74	$12.75	$12.37	$12.07	$11.87	$10.69	$11.68	$10.56	$11.28	$10.49	$10.31
Medical Supplies and Orthotics	$5.06	$5.49	$5.43	$5.29	$5.21	$4.69	$5.13	$4.63	$4.96	$4.59	$4.53
Home Health and Home Care	$3.98	$4.33	$6.94	$6.79	$6.65	$6.00	$6.54	$5.93	$6.33	$5.87	$5.79
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	$0.39	$0.38	$0.38	$0.34	$0.37	$0.34	$0.36	$0.33	$0.33
Transportation	$3.92	-	$4.54	$4.44	$4.33	$3.91	$4.28	$3.88	$4.12	$3.83	$3.79
Other Practitioner	$3.44	$3.73	$3.14	$3.06	$3.00	$2.71	$2.96	$2.68	$2.86	$2.65	$2.61
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	$0.47	$0.51	$0.08	$0.08	$0.08	$0.07	$0.08	$0.07	$0.08	$0.07	$0.07
Total	**$305.98**	**$329.00**	**$321.94**	**$315.25**	**$309.00**	**$280.24**	**$304.24**	**$276.89**	**$295.60**	**$274.40**	**$268.80**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	2.0%	-4.0%	-1.6%	-2.6%	-9.3%	-8.4%	-11.2%	-1.0%	-1.0%	-2.2%
Outpatient Services	33.3%	-4.1%	-1.5%	-2.7%	-9.1%	19.9%	-11.3%	-0.8%	-1.0%	-2.1%
Physician Services	-6.3%	-3.9%	-1.4%	-3.0%	-9.0%	-15.8%	-10.8%	-1.4%	-0.9%	-2.1%
Prescribed Drugs	6.1%	-4.1%	-1.7%	-2.5%	-9.1%	-4.5%	-11.1%	-1.3%	-0.8%	-2.1%
Psychiatric Services	45.5%	-4.0%	-1.6%	-3.0%	-8.9%	30.7%	-11.4%	-1.3%	-0.5%	-2.1%
Dental Services	-2.3%	-4.1%	-1.5%	-3.2%	-8.7%	-12.1%	-11.2%	-1.3%	-0.9%	-1.6%
Lab and X-Ray	5.3%	-4.0%	-1.6%	-3.5%	-8.6%	-5.3%	-11.4%	-1.3%	-0.6%	-1.8%
Medical Supplies and Orthotics	7.3%	-4.1%	-1.5%	-3.3%	-8.8%	-3.6%	-11.4%	-1.2%	-0.9%	-1.5%
Home Health and Home Care	74.6%	-4.2%	-1.6%	-3.3%	-8.5%	56.8%	-11.6%	-1.1%	-1.0%	-1.4%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-4.1%	-1.8%	-3.5%	-8.4%	-	-11.5%	-1.2%	-1.0%	-1.4%
Transportation	15.9%	-4.7%	-1.1%	-3.8%	-8.2%	-	-11.8%	-0.8%	-1.3%	-1.2%
Other Practitioner	-9.0%	-4.4%	-1.3%	-3.4%	-8.6%	-18.0%	-11.4%	-1.1%	-1.1%	-1.3%
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	-82.0%	-4.1%	-1.5%	-3.6%	-8.5%	-83.8%	-11.7%	-0.8%	-1.2%	-1.5%
Total	**5.2%**	**-4.0%**	**-1.5%**	**-2.8%**	**-9.1%**	**-4.2%**	**-11.1%**	**-1.2%**	**-0.9%**	**-2.0%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$430.20**	**74.8%**
Months 13-24	**$445.71**	**69.3%**
Months 25-36	**$458.37**	**66.4%**
Months 37-48	**$466.95**	**63.3%**
Months 49-60	**$477.16**	**56.3%**

Exhibit E-5 – Detailed Expenditure Data – Members w/Diabetes as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - Diabetes										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	5,481	1,007	5,660	1,464	1,924	273	648	117	161	39	59
Aggregrate Expenditures											
Inpatient Services	$1,079,862	$203,868	$1,560,122	$386,250	$509,932	$70,916	$163,317	$28,705	$39,975	$9,328	$13,891
Outpatient Services	$804,560	$151,760	$789,945	$195,389	$258,037	$35,841	$82,474	$14,532	$20,293	$4,724	$7,041
Physician Services	$1,068,429	$201,540	$1,179,020	$291,526	$385,671	$53,767	$123,136	$21,667	$30,194	$7,050	$10,512
Prescribed Drugs	$1,109,430	$209,161	$1,266,676	$312,994	$414,503	$57,508	$132,377	$23,207	$32,421	$7,560	$11,278
Psychiatric Services	$77,330	$14,583	$26,745	$6,611	$8,735	$1,211	$2,794	$489	$681	$160	$238
Dental Services	$55,505	$10,429	$43,314	$10,698	$14,133	$1,963	$4,522	$792	$1,103	$258	$386
Lab and X-Ray	$199,700	$37,533	$271,852	$67,102	$88,707	$12,288	$28,304	$4,960	$6,911	$1,618	$2,421
Medical Supplies and Orthotics	$145,234	$27,227	$149,650	$36,807	$48,920	$6,739	$15,638	$2,723	$3,806	$886	$1,330
Home Health and Home Care	$36,030	$6,787	$68,496	$16,938	$22,298	$3,094	$7,137	$1,251	$1,740	$406	$610
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-
Transportation	$93,662	$17,657	$119,703	$29,488	$39,002	$5,376	$12,449	$2,181	$3,021	$707	$1,063
Other Practitioner	$39,639	$7,448	$50,068	$12,322	$16,376	$2,256	$5,234	$912	$1,269	$296	$445
Other Institutional	$1,247	$234	$1,426	$351	$467	$64	$149	$26	$36	$8	$13
Other	$139,550	$26,311	$165,102	$39,215	$54,826	$7,158	$17,519	$2,903	$4,241	$942	$1,413
Total	**$4,850,177**	**$914,538**	**$5,692,119**	**$1,405,693**	**$1,861,606**	**$258,182**	**$595,049**	**$104,348**	**$145,691**	**$33,942**	**$50,642**
PMPM Expenditures											
Inpatient Services	$197.02	$202.45	$275.64	$263.83	$265.04	$259.77	$252.03	$245.34	$248.29	$239.17	$235.44
Outpatient Services	$146.79	$150.70	$139.57	$133.46	$134.11	$131.29	$127.27	$124.20	$126.05	$121.13	$119.34
Physician Services	$194.93	$200.14	$208.31	$199.13	$200.45	$196.95	$190.03	$185.19	$187.54	$180.77	$178.18
Prescribed Drugs	$202.41	$207.71	$223.79	$213.79	$215.44	$210.65	$204.29	$198.35	$201.37	$193.84	$191.15
Psychiatric Services	$14.11	$14.48	$4.73	$4.52	$4.54	$4.44	$4.31	$4.18	$4.23	$4.09	$4.03
Dental Services	$10.13	$10.36	$7.65	$7.31	$7.35	$7.19	$6.98	$6.77	$6.85	$6.61	$6.55
Lab and X-Ray	$36.43	$37.27	$48.03	$45.83	$46.11	$45.01	$43.68	$42.39	$42.93	$41.49	$41.04
Medical Supplies and Orthotics	$26.50	$27.04	$26.44	$25.14	$25.43	$24.69	$24.13	$23.28	$23.64	$22.72	$22.54
Home Health and Home Care	$6.57	$6.74	$12.10	$11.57	$11.59	$11.33	$11.01	$10.69	$10.81	$10.42	$10.34
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-
Transportation	$17.09	$17.53	$21.15	$20.14	$20.27	$19.69	$19.21	$18.64	$18.76	$18.12	$18.02
Other Practitioner	$7.23	$7.40	$8.85	$8.42	$8.51	$8.26	$8.08	$7.79	$7.88	$7.59	$7.54
Other Institutional	$0.23	$0.23	$0.25	$0.24	$0.24	$0.23	$0.23	$0.22	$0.22	$0.22	$0.22
Other	$25.46	$26.13	$29.17	$26.79	$28.50	$26.22	$27.04	$24.81	$26.34	$24.15	$23.95
Total	**$884.91**	**$908.18**	**$1,005.67**	**$960.17**	**$967.57**	**$945.72**	**$918.29**	**$891.86**	**$904.92**	**$870.31**	**$858.34**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	39.9%	-3.8%	-4.9%	-1.5%	-5.2%	30.3%	-1.5%	-5.6%	-2.5%	-1.6%
Outpatient Services	-4.9%	-3.9%	-5.1%	-1.0%	-5.3%	-11.4%	-1.6%	-5.4%	-2.5%	-1.5%
Physician Services	6.9%	-3.8%	-5.2%	-1.3%	-5.0%	-0.5%	-1.1%	-6.0%	-2.4%	-1.4%
Prescribed Drugs	10.6%	-3.7%	-5.2%	-1.4%	-5.1%	2.9%	-1.5%	-5.8%	-2.3%	-1.4%
Psychiatric Services	-66.5%	-3.9%	-5.0%	-1.8%	-4.7%	-68.8%	-1.7%	-5.8%	-2.1%	-1.4%
Dental Services	-24.4%	-4.0%	-5.0%	-1.8%	-4.5%	-29.4%	-1.6%	-5.8%	-2.4%	-0.9%
Lab and X-Ray	31.8%	-4.0%	-5.3%	-1.7%	-4.4%	23.0%	-1.8%	-5.8%	-2.1%	-1.1%
Medical Supplies and Orthotics	-0.2%	-3.8%	-5.1%	-2.1%	-4.7%	-7.0%	-1.8%	-5.7%	-2.4%	-0.8%
Home Health and Home Care	84.1%	-4.2%	-5.0%	-1.9%	-4.3%	71.7%	-2.0%	-5.7%	-2.5%	-0.8%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-
Transportation	23.8%	-4.2%	-5.2%	-2.3%	-3.9%	14.9%	-2.2%	-5.4%	-2.8%	-0.5%
Other Practitioner	22.3%	-3.8%	-5.1%	-2.4%	-4.4%	13.8%	-1.8%	-5.7%	-2.6%	-0.6%
Other Institutional	10.7%	-3.7%	-5.4%	-2.2%	-4.2%	3.1%	-2.1%	-5.5%	-2.7%	-0.5%
Other	14.6%	-2.3%	-5.1%	-2.6%	-9.1%	2.5%	-2.1%	-5.4%	-2.7%	-0.8%
Total	**13.6%**	**-3.8%**	**-5.1%**	**-1.5%**	**-5.1%**	**5.7%**	**-1.5%**	**-5.7%**	**-2.4%**	**-1.4%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,471.23**	**68.4%**
Months 13-24	**$1,522.89**	**63.5%**
Months 25-36	**$1,539.50**	**59.6%**
Months 37-48	**$1,565.28**	**57.8%**
Months 49-60	**$1,585.19**	**54.1%**

Exhibit E-6 – Detailed Expenditure Data – Members w/Heart Failure as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - Heart Failure										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	440	73	397	99	133	18	44	6	12	0	13
Aggregrate Expenditures											
Inpatient Services	$309,678	$54,967	$500,910	$125,758	$159,997	$19,555	$50,123	$6,175	$15,716	$2,747	$13,276
Outpatient Services	$151,804	$26,831	$185,331	$46,387	$59,221	$7,206	$18,550	$2,279	$5,793	$1,014	$4,907
Physician Services	$117,846	$20,841	$160,577	$40,190	$51,328	$6,278	$16,089	$1,974	$5,033	$879	$4,254
Prescribed Drugs	$55,761	$9,866	$34,791	$8,711	$11,149	$1,355	$3,479	$427	$1,091	$190	$921
Psychiatric Services	-	-	-	-	-	-	-	-	-	-	-
Dental Services	$7,342	$1,294	$613	$153	$196	$24	$61	$7	$19	$3	$16
Lab and X-Ray	$22,456	$3,966	$29,587	$7,393	$9,478	$1,147	$2,957	$361	$918	$161	$783
Medical Supplies and Orthotics	$27,264	$4,797	$10,473	$2,609	$3,348	$405	$1,047	$128	$326	$57	$277
Home Health and Home Care	$8,563	$1,514	$9,756	$2,443	$3,115	$378	$973	$119	$303	$53	$258
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	$1,477	$370	$470	$57	$147	$18	$46	$8	$39
Transportation	$10,321	$1,824	$21,919	$5,475	$6,991	$845	$2,182	$267	$676	$119	$580
Other Practitioner	$2,333	$410	$912	$228	$290	$35	$91	$11	$28	$5	$24
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$713,368**	**$126,310**	**$956,344**	**$239,717**	**$305,583**	**$37,285**	**$95,698**	**$11,767**	**$29,950**	**$5,237**	**$25,336**
PMPM Expenditures											
Inpatient Services	$703.81	$752.98	$1,261.74	$1,270.28	$1,202.98	$1,086.37	$1,139.15	$1,029.18	$1,309.64	-	$1,021.26
Outpatient Services	$345.01	$367.55	$466.83	$468.56	$445.27	$400.35	$421.58	$379.90	$482.78	-	$377.46
Physician Services	$267.83	$285.50	$404.48	$405.96	$385.92	$348.76	$365.65	$328.93	$419.44	-	$327.25
Prescribed Drugs	$126.73	$135.14	$87.63	$87.99	$83.83	$75.30	$79.07	$71.12	$90.91	-	$70.87
Psychiatric Services	-	-	-	-	-	-	-	-	-	-	-
Dental Services	$16.69	$17.73	$1.54	$1.54	$1.47	$1.32	$1.39	$1.25	$1.59	-	$1.25
Lab and X-Ray	$51.04	$54.32	$74.53	$74.68	$71.26	$63.70	$67.20	$60.18	$76.53	-	$60.24
Medical Supplies and Orthotics	$61.96	$65.71	$26.38	$26.35	$25.18	$22.48	$23.79	$21.26	$27.15	-	$21.28
Home Health and Home Care	$19.46	$20.74	$24.57	$24.68	$23.42	$21.00	$22.12	$19.87	$25.25	-	$19.87
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	$3.72	$3.74	$3.53	$3.19	$3.35	$3.01	$3.82	-	$3.02
Transportation	$23.46	$24.98	$55.21	$55.31	$52.56	$46.96	$49.60	$44.58	$56.37	-	$44.59
Other Practitioner	$5.30	$5.62	$2.30	$2.30	$2.18	$1.96	$2.07	$1.86	$2.36	-	$1.86
Other Institutional	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-
Total	**$1,621.29**	**$1,730.27**	**$2,408.93**	**$2,421.38**	**$2,297.61**	**$2,071.40**	**$2,174.96**	**$1,961.14**	**$2,495.84**	**$0.00**	**$1,948.94**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	79.3%	-4.7%	-5.3%	15.0%	-22.0%	68.7%	-14.5%	-5.3%	-	-
Outpatient Services	35.3%	-4.6%	-5.3%	14.5%	-21.8%	27.5%	-14.6%	-5.1%	-	-
Physician Services	51.0%	-4.6%	-5.3%	14.7%	-22.0%	42.2%	-14.1%	-5.7%	-	-
Prescribed Drugs	-30.8%	-4.3%	-5.7%	15.0%	-22.0%	-34.9%	-14.4%	-5.6%	-	-
Psychiatric Services	-	-	-	-	-	-	-	-	-	-
Dental Services	-90.8%	-4.5%	-5.7%	14.1%	-21.4%	-91.3%	-14.5%	-5.6%	-	-
Lab and X-Ray	46.0%	-4.4%	-5.7%	13.9%	-21.3%	37.5%	-14.7%	-5.5%	-	-
Medical Supplies and Orthotics	-57.4%	-4.6%	-5.5%	14.1%	-21.6%	-59.9%	-14.7%	-5.4%	-	-
Home Health and Home Care	26.3%	-4.7%	-5.6%	14.2%	-21.3%	19.0%	-14.9%	-5.4%	-	-
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-5.0%	-5.2%	14.2%	-21.1%	-	-14.8%	-5.5%	-	-
Transportation	135.4%	-4.8%	-5.6%	13.7%	-20.9%	121.4%	-15.1%	-5.1%	-	-
Other Practitioner	-56.7%	-5.0%	-5.0%	13.9%	-21.3%	-59.0%	-14.7%	-5.4%	-	-
Other Institutional	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Total	**48.6%**	**-4.6%**	**-5.3%**	**14.8%**	**-21.9%**	**39.9%**	**-14.5%**	**-5.3%**	-	-

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,872.35**	**128.7%**
Months 13-24	**$1,959.62**	**117.2%**
Months 25-36	**$2,000.14**	**108.7%**
Months 37-48	**$2,036.50**	**122.6%**
Months 49-60	**$2,061.35**	**94.5%**

Exhibit E-7 – Detailed Expenditure Data – Members w/Hypertension as Most Expensive Diagnosis

	HMP Practice Facilitation Detail - Hypertension										
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	10,382	2,068	10,253	2,460	3,535	459	1,209	197	290	66	98
Aggregrate Expenditures											
Inpatient Services	$2,420,195	$480,965	$2,196,334	$503,061	$713,390	$86,350	$227,037	$36,268	$53,008	$12,066	$17,626
Outpatient Services	$1,083,539	$215,208	$1,133,523	$259,352	$367,990	$44,477	$116,743	$18,712	$27,316	$6,227	$9,105
Physician Services	$1,971,998	$391,364	$1,649,883	$377,308	$535,440	$65,057	$170,058	$27,204	$39,734	$9,062	$13,255
Prescribed Drugs	$1,163,527	$231,229	$1,662,301	$380,345	$539,902	$65,333	$171,504	$27,358	$40,050	$9,124	$13,352
Psychiatric Services	$44,076	$8,745	$35,108	$8,033	$11,395	$1,376	$3,620	$576	$841	$193	$282
Dental Services	$114,556	$22,626	$93,380	$21,337	$30,248	$3,660	$9,627	$1,533	$2,238	$510	$751
Lab and X-Ray	$299,409	$59,153	$381,037	$86,709	$123,632	$14,845	$39,209	$6,218	$9,098	$2,077	$3,048
Medical Supplies and Orthotics	$59,985	$11,857	$40,549	$9,242	$13,146	$1,582	$4,183	$663	$971	$221	$325
Home Health and Home Care	$37,182	$7,376	$64,532	$14,746	$20,902	$2,518	$6,635	$1,056	$1,540	$351	$517
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	$6,505	$1,480	$2,106	$253	$669	$106	$155	$35	$52
Transportation	$142,427	$28,068	$156,343	$35,562	$50,594	$6,061	$16,060	$2,551	$3,717	$846	$1,249
Other Practitioner	$62,842	$12,413	$56,923	$12,944	$18,495	$2,216	$5,868	$929	$1,354	$309	$455
Other Institutional	-	-	$663	$150	$215	$26	$68	$11	$16	$4	$5
Other	$12,455	$2,470	$27,832	$6,355	$9,024	$1,085	$2,874	$456	$664	$152	$223
Total	**$7,412,191**	**$1,471,473**	**$7,504,913**	**$1,716,625**	**$2,436,477**	**$294,837**	**$774,156**	**$123,641**	**$180,701**	**$41,176**	**$60,246**
PMPM Expenditures											
Inpatient Services	$233.11	$232.57	$214.21	$204.50	$201.81	$188.13	$187.79	$184.10	$182.79	$182.81	$179.86
Outpatient Services	$104.37	$104.07	$110.56	$105.43	$104.10	$96.90	$96.56	$94.98	$94.19	$94.35	$92.91
Physician Services	$189.94	$189.25	$160.92	$153.38	$151.47	$141.74	$140.66	$138.09	$137.01	$137.30	$135.26
Prescribed Drugs	$112.07	$111.81	$162.13	$154.61	$152.73	$142.34	$141.86	$138.87	$138.10	$138.24	$136.24
Psychiatric Services	$4.25	$4.23	$3.42	$3.27	$3.22	$3.00	$2.99	$2.92	$2.90	$2.92	$2.88
Dental Services	$11.03	$10.94	$9.11	$8.67	$8.56	$7.97	$7.96	$7.78	$7.72	$7.73	$7.66
Lab and X-Ray	$28.84	$28.60	$37.16	$35.25	$34.97	$32.34	$32.43	$31.56	$31.37	$31.47	$31.10
Medical Supplies and Orthotics	$5.78	$5.73	$3.95	$3.76	$3.72	$3.45	$3.46	$3.37	$3.35	$3.35	$3.32
Home Health and Home Care	$3.58	$3.57	$6.29	$5.99	$5.91	$5.49	$5.49	$5.36	$5.31	$5.32	$5.28
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	$0.63	$0.60	$0.60	$0.55	$0.55	$0.54	$0.53	$0.54	$0.53
Transportation	$13.72	$13.57	$15.25	$14.46	$14.31	$13.20	$13.28	$12.95	$12.82	$12.82	$12.75
Other Practitioner	$6.05	$6.00	$5.55	$5.26	$5.23	$4.83	$4.85	$4.72	$4.67	$4.68	$4.65
Other Institutional	-	-	$0.06	$0.06	$0.06	$0.06	$0.06	$0.05	$0.05	$0.05	$0.05
Other	$1.20	$1.19	$2.71	$2.58	$2.55	$2.36	$2.38	$2.32	$2.29	$2.30	$2.28
Total	**$713.95**	**$711.54**	**$731.97**	**$697.81**	**$689.24**	**$642.35**	**$640.33**	**$627.62**	**$623.11**	**$623.88**	**$614.76**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-8.1%	-5.8%	-6.9%	-2.7%	-1.6%	-12.1%	-8.0%	-2.1%	-0.7%	-1.6%
Outpatient Services	5.9%	-5.8%	-7.2%	-2.5%	-1.4%	1.3%	-8.1%	-2.0%	-0.7%	-1.5%
Physician Services	-15.3%	-5.9%	-7.1%	-2.6%	-1.3%	-19.0%	-7.6%	-2.6%	-0.6%	-1.5%
Prescribed Drugs	44.7%	-5.8%	-7.1%	-2.6%	-1.3%	38.3%	-7.9%	-2.4%	-0.5%	-1.4%
Psychiatric Services	-19.3%	-5.9%	-7.1%	-3.2%	-0.8%	-22.8%	-8.2%	-2.4%	-0.2%	-1.5%
Dental Services	-17.5%	-6.0%	-6.9%	-3.1%	-0.7%	-20.7%	-8.1%	-2.4%	-0.6%	-1.0%
Lab and X-Ray	28.9%	-5.9%	-7.3%	-3.3%	-0.9%	23.2%	-8.2%	-2.4%	-0.3%	-1.2%
Medical Supplies and Orthotics	-31.5%	-6.0%	-7.0%	-3.2%	-0.8%	-34.5%	-8.3%	-2.3%	-0.6%	-0.9%
Home Health and Home Care	75.7%	-6.1%	-7.2%	-3.2%	-0.6%	68.1%	-8.5%	-2.3%	-0.7%	-0.8%
Nursing Facility	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-6.1%	-7.1%	-3.5%	-0.6%	-	-8.3%	-2.3%	-0.7%	-0.8%
Transportation	11.2%	-6.1%	-7.2%	-3.5%	-0.5%	6.5%	-8.7%	-1.9%	-1.0%	-0.6%
Other Practitioner	-8.3%	-5.8%	-7.2%	-3.8%	-0.5%	-12.3%	-8.3%	-2.3%	-0.8%	-0.7%
Other Institutional	-	-6.0%	-6.9%	-4.2%	-0.4%	-	-8.5%	-2.1%	-0.8%	-0.6%
Other	126.3%	-6.0%	-6.9%	-3.8%	-0.5%	116.3%	-8.5%	-2.0%	-0.9%	-0.9%
Total	**2.5%**	**-5.8%**	**-7.1%**	**-2.7%**	**-1.3%**	**-1.9%**	**-7.9%**	**-2.3%**	**-0.6%**	**-1.5%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$1,361.59**	**53.8%**
Months 13-24	**$1,397.02**	**49.3%**
Months 25-36	**$1,414.20**	**45.3%**
Months 37-48	**$1,430.84**	**43.5%**
Months 49-60	**$1,449.30**	**42.4%**

Exhibit E-8 – Detailed Expenditure Data – All Other Members

Category of Service	HMP Practice Facilitation Detail - All Others										
	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	217,502	37,660	204,131	45,898	69,696	8,568	22,543	3,672	5,547	1,224	1,836
Aggregrate Expenditures											
Inpatient Services	$8,447,064	$1,535,163	$8,690,124	$1,960,010	$2,870,904	$348,312	$920,900	$147,702	$222,505	$48,668	$71,476
Outpatient Services	$8,318,991	$1,511,578	$8,762,084	$1,975,111	$2,892,496	$350,675	$925,220	$148,950	$223,608	$49,098	$72,171
Physician Services	$16,722,965	$3,035,256	$16,986,968	$3,825,618	$5,613,872	$682,918	$1,796,893	$288,311	$433,039	$95,124	$139,883
Prescribed Drugs	$12,037,804	$2,189,854	$12,577,261	$2,838,282	$4,156,795	$504,752	$1,331,822	$213,394	$321,253	$70,485	$103,702
Psychiatric Services	$17,806,631	$3,231,681	$15,676,964	$3,530,263	$5,178,677	$626,059	$1,657,798	$264,685	$397,034	$87,625	$128,874
Dental Services	$4,581,791	$828,914	$3,793,754	$852,900	$1,251,426	$151,480	$400,980	$64,042	$96,138	$21,120	$31,225
Lab and X-Ray	$1,981,858	$357,662	$2,579,883	$578,229	$852,352	$102,490	$272,446	$43,341	$65,211	$14,337	$21,156
Medical Supplies and Orthotics	$471,577	$85,190	$457,066	$102,528	$150,931	$18,170	$48,347	$7,692	$11,575	$2,538	$3,756
Home Health and Home Care	$303,283	$54,962	$224,343	$50,496	$73,924	$8,929	$23,666	$3,781	$5,669	$1,246	$1,844
Nursing Facility	-	-	$31,264	$6,926	$10,366	$1,227	$3,291	$519	$779	$171	$253
Targeted Case Management	$143,442	$25,860	$125,765	$28,198	$41,451	$4,994	$13,263	$2,113	$3,172	$697	$1,032
Transportation	$1,071,392	$193,423	$976,106	$218,210	$322,107	$38,504	$102,886	$16,361	$24,516	$5,376	$7,980
Other Practitioner	$1,605,858	$289,616	$1,208,215	$270,484	$399,800	$47,933	$127,820	$20,296	$30,423	$6,679	$9,901
Other Institutional	$29,445	$5,314	$75,907	$16,818	$25,399	$2,972	$8,031	$1,262	$1,889	$415	$616
Other	$1,114,103	$201,920	$724,597	$162,829	$239,326	$28,768	$76,720	$12,222	$18,273	$4,021	$5,951
Total	**$74,636,205**	**$13,546,395**	**$72,890,302**	**$16,416,902**	**$24,079,826**	**$2,918,182**	**$7,710,081**	**$1,234,670**	**$1,855,084**	**$407,599**	**$599,820**
PMPM Expenditures											
Inpatient Services	$38.84	$40.76	$42.57	$42.70	$41.19	$40.65	$40.85	$40.22	$40.11	$39.76	$38.93
Outpatient Services	$38.25	$40.14	$42.92	$43.03	$41.50	$40.93	$41.04	$40.56	$40.31	$40.11	$39.31
Physician Services	$76.89	$80.60	$83.22	$83.35	$80.55	$79.71	$79.71	$78.52	$78.07	$77.72	$76.19
Prescribed Drugs	$55.35	$58.15	$61.61	$61.84	$59.64	$58.91	$59.08	$58.11	$57.91	$57.59	$56.48
Psychiatric Services	$81.87	$85.81	$76.80	$76.92	$74.30	$73.07	$73.54	$72.08	$71.58	$71.59	$70.19
Dental Services	$21.07	$22.01	$18.58	$18.58	$17.96	$17.68	$17.79	$17.44	$17.33	$17.25	$17.01
Lab and X-Ray	$9.11	$9.50	$12.64	$12.60	$12.23	$11.96	$12.09	$11.80	$11.76	$11.71	$11.52
Medical Supplies and Orthotics	$2.17	$2.26	$2.24	$2.23	$2.17	$2.12	$2.14	$2.09	$2.09	$2.07	$2.05
Home Health and Home Care	$1.39	$1.46	$1.10	$1.10	$1.06	$1.04	$1.05	$1.03	$1.02	$1.02	$1.00
Nursing Facility	-	-	$0.15	$0.15	$0.15	$0.14	$0.15	$0.14	$0.14	$0.14	$0.14
Targeted Case Management	$0.66	$0.69	$0.62	$0.61	$0.59	$0.58	$0.59	$0.58	$0.57	$0.57	$0.56
Transportation	$4.93	$5.14	$4.78	$4.75	$4.62	$4.49	$4.56	$4.46	$4.42	$4.39	$4.35
Other Practitioner	$7.38	$7.69	$5.92	$5.89	$5.74	$5.59	$5.67	$5.53	$5.48	$5.46	$5.39
Other Institutional	$0.14	$0.14	$0.37	$0.37	$0.36	$0.35	$0.36	$0.34	$0.34	$0.34	$0.34
Other	$5.12	$5.36	$3.55	$3.55	$3.43	$3.36	$3.40	$3.33	$3.29	$3.28	$3.24
Total	**$343.15**	**$359.70**	**$357.08**	**$357.68**	**$345.50**	**$340.59**	**$342.02**	**$336.24**	**$334.43**	**$333.01**	**$326.70**

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	9.6%	-3.2%	-0.8%	-1.8%	-2.9%	4.8%	-4.8%	-1.1%	-1.2%	-2.1%
Outpatient Services	12.2%	-3.3%	-1.1%	-1.8%	-2.5%	7.2%	-4.9%	-0.9%	-1.1%	-2.0%
Physician Services	8.2%	-3.2%	-1.0%	-2.1%	-2.4%	3.4%	-4.4%	-1.5%	-1.0%	-2.0%
Prescribed Drugs	11.3%	-3.2%	-0.9%	-2.0%	-2.5%	6.3%	-4.7%	-1.4%	-0.9%	-1.9%
Psychiatric Services	-6.2%	-3.2%	-1.0%	-2.7%	-1.9%	-10.4%	-5.0%	-1.4%	-0.7%	-1.9%
Dental Services	-11.8%	-3.4%	-0.9%	-2.6%	-1.9%	-15.6%	-4.9%	-1.4%	-1.1%	-1.4%
Lab and X-Ray	38.7%	-3.2%	-1.2%	-2.7%	-2.0%	32.7%	-5.1%	-1.3%	-0.8%	-1.6%
Medical Supplies and Orthotics	3.3%	-3.3%	-1.0%	-2.7%	-2.0%	-1.2%	-5.1%	-1.2%	-1.0%	-1.3%
Home Health and Home Care	-21.2%	-3.5%	-1.0%	-2.7%	-1.7%	-24.6%	-5.3%	-1.2%	-1.2%	-1.3%
Nursing Facility	-	-2.9%	-1.9%	-3.8%	-1.7%	-	-5.1%	-1.3%	-1.0%	-1.4%
Targeted Case Management	-6.6%	-3.5%	-1.1%	-2.8%	-1.7%	-10.5%	-5.1%	-1.3%	-1.1%	-1.3%
Transportation	-2.9%	-3.3%	-1.2%	-3.2%	-1.7%	-7.4%	-5.5%	-0.9%	-1.4%	-1.0%
Other Practitioner	-19.8%	-3.1%	-1.2%	-3.3%	-1.7%	-23.4%	-5.1%	-1.2%	-1.3%	-1.2%
Other Institutional	174.7%	-2.0%	-2.2%	-4.4%	-1.5%	159.7%	-5.3%	-1.0%	-1.3%	-1.1%
Other	-30.7%	-3.3%	-0.9%	-3.2%	-1.6%	-33.8%	-5.4%	-0.9%	-1.3%	-1.3%
Total	**4.1%**	**-3.2%**	**-1.0%**	**-2.2%**	**-2.3%**	**-0.6%**	**-4.8%**	**-1.3%**	**-1.0%**	**-1.9%**

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	**$594.11**	**60.1%**
Months 13-24	**$615.89**	**56.1%**
Months 25-36	**$621.31**	**55.0%**
Months 37-48	**$628.79**	**53.2%**
Months 49-60	**$635.44**	**51.4%**

APPENDIX F – PAIN MANAGEMENT PROGRAM SURVEY MATERIALS

Appendix F includes the provider and patient survey instruments used in evaluation of the Pain Management Program.

PRACTICE FACILITATION – PAIN MANAGEMENT
PROVIDER SURVEY

The Oklahoma Health Care Authority would like to hear about your experience with the chronic pain management Practice Facilitation initiative being carried out by Telligen. The purpose of the survey is to gather information on the initiative's value and how it can be improved from a provider's perspective.
The survey is voluntary and all of your answers will be kept confidential. Your answers will be combined with those of other providers being surveyed and will not be reported individually to the Oklahoma Health Care Authority.

PRACTICE DEMOGRAPHICS

1. What is your medical practice specialty?
   a. General/Family Practice
   b. General Internal Medicine
   c. OB/GYN
   d. Other. Please specify: ____

2. Approximately how long have you been a Medicaid provider in Oklahoma? Medicaid includes the SoonerCare program.
   a. Less than six months
   b. Six to twelve months
   c. More than one year but less than two years
   d. More than two years but less than five years
   e. Five years or longer

3. About what percentage of your patients are you treating for chronic pain?
    a. Less than 10 percent
    b. 10 to 24 percent
    c. 25 to 49 percent
    d. 50 percent or more

DECISION TO PARTICIPATE IN PRACTICE FACILITATION

4. Were you the person who made the decision to participate in the chronic pain management Practice Facilitation initiative?
    a. Yes
    b. No. If your answer is "no," please proceed to Question 8.

5. How did you learn about the initiative?
    a. Telligen contacted me
    b. The OHCA contacted me
    c. I learned about it from another provider
    d. I read about it in a newsletter or an email
    e. Other. Please specify:

____

____

____

6. What were your reasons for deciding to participate? (Circle all that apply)
    a. Improve care management/education of patients with chronic pain
    b. Improve monitoring of patient prescription pain medicine use
    c. Obtain information on alternative pain management techniques
    d. Receive assistance in referring patients for pain management services
    e. Receiving assistance in referring patients for behavioral health services/counseling
    f. Other. Please specify: ____

    ____

    ____

7. Among the reasons you cited, what was the most important reason for deciding to participate? (If you require additional space to answer, please use additional paper and attach it to the survey.)

    ____

    ____

    ____

    ____

PRACTICE FACILITATION COMPONENTS

8. The following is a list of activities that can be part of chronic pain management Practice Facilitation. Regardless of your actual experience, please rate how important you think each one is in preparing a practice to better manage patients with chronic pain.

	Very Important	Somewhat Important	Not too Important	Not at all Important
a. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain				
b. Receiving training on conducting patient pain assessments at initial visits				
c. Receiving copies of patient pain and substance use risk assessment tools				
d. Receiving training on methods for monitoring patient pain and functional status at follow-up visits				
e. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits				
f. Receiving information on alternative pain management techniques				
g. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)				
h. Receiving training on how to have a conversation with patients regarding pain management. This is sometimes referred to as “motivational interviewing”				
i. Having a Practice Facilitation nurse on-site to work with you and your staff				
j. Receiving ongoing education and assistance after conclusion of the initial onsite activities				

9. Please rate how helpful each of these activities was to you in improving your management of patients with chronic pain. Check the answer that best applies.

	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	N/A – Did not Occur	N/A – Was Already Doing
a. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain						
b. Receiving training on conducting patient pain assessments at initial visits						
c. Receiving copies of patient pain and substance use risk assessment tools						
d. Receiving training on methods for monitoring patient pain and functional status at follow-up visits						
e. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits						
f. Receiving information on alternative pain management techniques						
g. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)						
h. Receiving training on how to have a conversation with patients regarding pain management.						

	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	N/A – Did not Occur	N/A – Was Already Doing
This is sometimes referred to as "motivational interviewing"						
i. Having a Practice Facilitation nurse on-site to work with you and your staff						
j. Receiving ongoing education and assistance after conclusion of the initial onsite activities						

PRACTICE FACILITATION OUTCOMES

10. Have you made changes in the management of your patients with chronic pain as the result of participating in the Practice Facilitation initiative?
    a. Yes
    b. No. If your answer is “no,” please proceed to Question 13.

11. What are the changes you made?

    ____
    ____
    ____
    ____
    ____

12. What is the most important change you made?

    ____
    ____
    ____
    ____
    ____

13. Have you attempted to refer patients with chronic pain to a Pain Management Provider?
    a. Yes
    b. No **If your answer is “no,” please proceed to Question 16**

14. Typically, how difficult is it to make a referral to a Pain Management Provider?
    a. Very difficult
    b. Somewhat difficult
    c. Not at all difficult **(Please proceed to Question 16)**

15. Why is it difficult to make a referral? Please circle all that apply
    a. Lack of providers willing to take Medicaid (SoonerCare)
    b. Providers require patients not to use any prescription opioids, which can make referral impractical or contrary to patients’ best interest

c. Providers rely too heavily on prescription opioids to treat pain, contrary to patients' best interest
d. Other Please specify: ____

____

____

16. Has your practice become more effective in managing patients with chronic pain as a result of your participation in the Practice Facilitation initiative?
    a. Yes
    b. No

17. How satisfied are you with your experience in the Practice Facilitation initiative?
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied

18. Would you recommend the Practice Facilitation initiative to other physicians caring for patients with chronic pain?
    a. Yes
    b. No

19. Do you have any suggestions for improving the Practice Facilitation initiative?

____

____

____

____

HEALTH COACHING

20. Do you have a Telligen Health Coach embedded in your practice?
    a. Yes. **If your answer is "yes," please respond to Question 21.**
    b. No. Thank you for completing the survey

21. How helpful would it be to have the Health Coach assist in managing patients with chronic pain, as part of his or her broader health coaching activities?
    a. Very helpful
    b. Somewhat helpful
    c. Not too helpful
    d. Not at all helpful

Please list the name and position of the individual completing the Provider Survey:

____

Please list the name of the practice and address:

____

Thank you for your help!

BECKY PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

<First> <Last>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip>

The Oklahoma Health Care Authority is conducting a survey of SoonerCare members. We are interested in learning about where SoonerCare members get their health care and about their experiences with their doctor. The purpose of the survey is to learn about how we can make the program better.

The survey will be over the phone and should take about 15 minutes of your time. In the next few days, someone will be calling you to conduct the survey.

THE SURVEY IS VOLUNTARY. If you decide not to complete the survey, it will NOT affect your SoonerCare enrollment or the enrollment of anyone else in your family.

However, we want to hear from you and hope you will agree to help. The survey will be conducted by the Pacific Health Policy Group (PHPG), an outside company. All of your answers will be kept confidential.

If you have any questions about the survey, you can reach PHPG toll-free at 1-888-941-9358. If you would like to take the survey right away, you may call the same number any time between the hours of 9 a.m. and 4 p.m. If you have any questions for the Oklahoma Health Care Authority, please call the toll-free number 1-877-252-6002.

We look forward to speaking with you soon.

SOONERCARE HMP – Pain Management Patient Survey

INTRODUCTION & CONSENT

Hello, my name is _______ and I am calling on behalf of the SoonerCare program. May I please speak to {RESPONDENT NAME}?

INTRO1. We are conducting a short survey to find out about where SoonerCare members get their health care and their experiences with their doctor. The purpose of the survey is to learn about how we can make the program better. The survey is voluntary and if you decide not to participate it will not affect your benefits. Anything you tell us will be kept confidential. The information will not be shared with your doctor and will not affect any treatment you may be receiving. The survey takes about 10 minutes.

[ANSWER ANY QUESTIONS AND PROCEED TO QUESTION 1]

INTRO2. [If need to leave a message] We are conducting a short survey to find out about where SoonerCare members get their health care and about their experiences with their doctor. We can be reached toll-free at 1-888-941-9358.

[IDENTIFY PCMH NAME ON MEMBER SURVEY ROSTER BEFORE BEGINNING INTERVIEW.]

53. The SoonerCare program is a health insurance program offered by the state. Are you currently enrolled in SoonerCare?[71]
    a. Yes
    b. No → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]
    c. Don't Know/Not Sure → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]

20. Our records show that you chose or were assigned [READ PCMH NAME] to be your regular SoonerCare provider for check-ups, when you need advice about a health problem or get sick or hurt. Is that right?
    a. Yes → [GO TO QUESTION 3]
    b. No → [GO TO QUESTION 6]
    c. Don't Know/Not Sure → [GO TO QUESTION 6]

[71] All questions include a "don't know/not sure" or similar option which is unprompted by the surveyor; this response is listed on the instrument to allow surveyors to document such a response. Questions are reworded for parents/guardians completing the survey on behalf of program participants.

21. Is [PCMH NAME] still your regular provider?
    a. Yes → [GO TO QUESTION 7]
    b. No → [GO TO QUESTION 4]
    c. Don't Know/Not Sure → [GO TO QUESTION 6]

22. Why is [PCMH NAME] no longer your regular provider?
    a. Member moved away
    b. Provider changed locations
    c. Member dissatisfied with care [SPECIFY REASON]
    d. Other [SPECIFY]
    e. Don't Know/Not Sure

23. When did you stop going to [PCMH NAME]? [RECORD MONTH AND YEAR]

24. Where do you usually go to get health care?
    a. [GIVES NAME OF PROVIDER THAT MATCHES PCMH NAME] → [GO TO QUESTION 7]
    b. Other Provider [RECORD NAME] → [GO TO QUESTION 7]
    c. Emergency Room → [READ TERMINATION SCRIPT 1]
    d. Urgent Care Clinic → [READ TERMINATION SCRIPT 1]
    e. No usual place → [READ TERMINATION SCRIPT 1]
    f. Don't Know/Not Sure → [READ TERMINATION SCRIPT 1]

[TERMINATION SCRIPT 1 – OUR QUESTIONS TODAY ARE ABOUT THE CARE PEOPLE RECEIVE FROM THEIR REGULAR DOCTOR, IF THEY HAVE ONE. THANK YOU FOR YOUR TIME.]

25. How long have you been going to [PROVIDER NAME]?
    a. Less than three months → [READ TERMINATION SCRIPT 2]
    b. At least three months but less than six months
    c. At least six months but less than one year
    d. At least one year but less than three years
    e. At least three years but less than five years
    f. Five years or more
    g. Don't Know/Not Sure → [READ TERMINATION SCRIPT 2]

[TERMINATION SCRIPT 2 – OUR QUESTIONS TODAY ARE ABOUT THE CARE PEOPLE RECEIVE FROM DOCTORS WHO HAVE BEEN THEIR REGULAR DOCTOR FOR MORE THAN THREE MONTHS. THANK YOU FOR YOUR TIME.]

26. About how long ago was your most recent visit with [PROVIDER NAME]?
    a. Within the last week
    b. More than a week ago but within the past month
    c. More than a month ago but within the past three months
    d. More than three months ago but within the past six months
    e. More than six months ago
    f. Don't Know/Not Sure

27. Now I'm going to read you a list of common medical conditions. Please tell me which of these, if any, you are receiving treatment for today [CHECK ALL THAT APPLY]

Condition	**Yes**	**No**	**DK**
i. Back pain			
j. Neck pain			
k. Knee pain			
l. Arthritis [RECORD EVEN IF A-C RELATED TO ARTHRITIS]			
m. A broken bone			
n. Headaches			
o. An injury [RECORD TYPE]			
p. Diabetic pain			
q. Cancer [RECORD TYPE]			
r. Pain due to another reason [SPECIFY REASON]			

[IF NO/DK TO ALL CONDITIONS READ TERMINATION SCRIPT 3 – THE REST OF OUR QUESTIONS TODAY ARE ABOUT THE CARE PEOPLE RECEIVE FROM DOCTORS WHO ARE TREATING THEM FOR ONE OF THE CONDITIONS I READ. THANK YOU FOR YOUR TIME.]

28. Is [PROVIDER NAME] treating you for your pain? [IF ANSWERED YES ONLY TO A CONDITION THAT DOES NOT INCLUDE "PAIN" IN TITLE, SAY "treating you for pain associated with your [CONDITION]?"

    a. Yes → [GO TO QUESTION 16]
    b. No → [GO TO QUESTION 11]
    c. Don't Know/Not Sure → [GO TO QUESTION 11]

29. Is any other provider treating you for your pain?

    a. Yes → [RECORD NAME AND SPECIALTY AND GO TO QUESTION 15]
    b. No → [GO TO QUESTION 12]
    c. Don't Know/Not Sure → [GO TO QUESTION 12]

30. What things do you do to treat your pain? [RECORD ALL]

31. How well are you able to control your pain doing the things you mentioned? Would you say your pain is "always well controlled", "usually well controlled", "not usually well controlled" or "never well controlled"?

    a. Always well controlled
    b. Usually well controlled
    c. Not usually well controlled
    d. Never well controlled
    e. Don't Know/Not Sure

32. Are there ways the SoonerCare program could help you to better control your pain? [IF YES] What would you like the program to do? [RECORD ANSWER AND GO TO QUESTION 30]

    a. Yes [SPECIFY]
    b. No
    c. Don't Know/Not Sure

33. Did [PCMH PROVIDER NAME] refer you to [PAIN PROVIDER NAME]?

    a. Yes
    b. No
    c. Don't Know/Not Sure

34. For about how long has [PAIN PROVIDER NAME] been treating you for your pain?
    a. Less than three months
    b. At least three months but less than six months
    c. At least six months but less than one year
    d. At least one year but less than three years
    e. At least three years but less than five years
    f. Five years or more
    g. Don’t Know/Not Sure

16. Has [PROVIDER NAME (PCMH OR PAIN PROVIDER, AS APPLICABLE)] worked with you to develop a pain treatment plan, to reduce your pain?
    a. Yes
    b. No
    c. Don’t Know/Not Sure

17. I’m going to mention some ways that doctors help patients with pain to feel better. For each, please tell me if [PROVIDER NAME] has discussed it with you.

Technique	Yes	No	DK
a. Deep breathing exercises			
b. Acupuncture/acupressure			
c. Massage therapy			
d. Distraction techniques, such as watching TV or working at a favorite hobby			
e. Aromatherapy			
f. Ice or heat packs			
g. Positioning yourself			
h. Directed exercise such as physical therapy			
i. Referral to another provider to help with your pain [SPECIFY TYPE(S)]			

18. [IF "YES" TO ONE OR MORE; ELSE GO TO Q 19] You said "yes" to discussing [TECHNIQUE]. Have you tried [TECHNIQUE] and, if yes, did it help to reduce your pain?

Technique	Yes – Helped	Yes – Did not Help	No	DK
a. Deep breathing exercises				
b. Acupuncture/acupressure				
c. Massage therapy				
d. Distraction techniques, such as watching TV or working at a favorite hobby				
e. Aromatherapy				
f. Ice or heat packs				
g. Positioning yourself				
h. Directed exercise such as physical therapy				
i. Referral to another provider to help with your pain [SPECIFY TYPE(S)] [RECORD SEPARATELY IF MORE THAN ONE]				

19. Is [PROVIDER NAME] treating your pain with medication?
    a. Yes
    b. No
    c. Don't Know/Not Sure

20. Has [PROVIDER NAME] made any changes to your medication since the time he (she) first began treating you for pain?

    a. Yes → [GO TO QUESTION 21]
    b. No → [GO TO QUESTION 22]
    c. Don't Know/Not Sure → [GO TO QUESTION 22]

21. I am going to read some possible medication changes. Please tell me which one best applies to you [READ ALL CHOICES AND RECORD ONE]

    a. I stopped taking one or more of my old medications but still take others
    b. I stopped taking one or more of my old medications and now take a different medication
    c. I still just take my old medication(s) but [PROVIDER NAME] makes out the prescription for fewer days
    d. I still just take my old medication(s) but I take fewer pills or a lower dosage each time
    e. I still take my old medication(s) but take it along with a new medication
    f. I stopped taking some of my old medications but I still take others at a higher dosage
    g. I stopped taking prescription pain medication
    h. Other [SPECIFY]
    i. Don't Know/Not Sure

22. I am going to mention a few lifestyle changes that sometimes can help to reduce a person's pain. Please tell me if [PROVIDER NAME] has discussed any of these with you and, if yes, whether [PROVIDER NAME] has helped you to make any of these changes.

Lifestyle Change	**Discussed**	**Discussed and Helped**	**Did not Discuss**	**DK**	**N/A**
a. Getting more sleep					
b. Reducing your stress					
c. Getting more exercise					

I have just a few more questions about the care you're receiving. As a reminder, all of your answers will be kept confidential. The information will not be shared with your doctor and will not affect any treatment you may be receiving.

23. Do you think [PROVIDER NAME] listens carefully to you when discussing treatment for your pain?

    a. Yes → [GO TO QUESTION 25]
    b. No
    c. Don't Know/Not Sure

24. Why do you say that? [RECORD]

25. Does [PROVIDER NAME] explain options for treating your pain in a way that is easy for you to understand?

    a. Yes → [GO TO QUESTION 27]
    b. No
    c. Don't Know/Not Sure

26. How could [PROVIDER NAME] do a better job of explaining your options? [RECORD]

27. Compared to how bad your pain was when [PROVIDER NAME] first began treating your pain, how would you rate your pain now? Would you say you "have more pain", "have the same amount of pain", "have somewhat less pain" or "have very little pain".

    a. I have more pain
    b. I have the same amount of pain
    c. I have somewhat less pain
    d. I have very little pain
    e. Don't Know/Not Sure

28. Overall, how satisfied are you with [PROVIDER NAME], in terms of how he (she) has helped you to manage your pain? Would you say you are "very satisfied", "somewhat satisfied", "somewhat dissatisfied" or "very dissatisfied"?

    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat dissatisfied
    d. Very dissatisfied
    e. Don't Know/Not Sure

29. How could [PROVIDER NAME] do a better job helping you to manage your pain? [RECORD]

30. In general, how would you rate your overall health? Would you say it is "excellent", "good", "fair" or "poor"?

    a. Excellent
    b. Good
    c. Fair
    d. Poor
    e. Don't Know/Not Sure

That is all the questions I have today. Thank you for your help.

SoonerCare Choice
Performance & Health Improvement

Health Access Networks – Independent Evaluation

May 2019

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EXECUTIVE SUMMARY

A. Introduction

The Oklahoma Health Care Authority (OHCA) contracts with three "Health Access Networks" (HANs), as part of the agency's managed system of care for SoonerCare beneficiaries. The HANs are community-based, integrated networks intended to advance program access, quality and cost-effectiveness goals through their support of affiliated PCMH providers. There are three HANs: University of Oklahoma (OU) Sooner HAN; Partnership for Healthy Central Communities (PHCC) HAN; and Oklahoma State University (OSU) HAN.

The HANs offer care management and care coordination to enrolled SoonerCare members with complex health care needs. The HANs also target members who are frequent, and inappropriate, users of the emergency room.

The OHCA retained the Pacific Health Policy Group (PHPG) in 2018 to conduct an independent evaluation of the HAN system as part of a larger study of the SoonerCare program. PHPG evaluated HAN performance in improving access to care and health outcomes among members who were enrolled in care coordination/care management and had received at least one contact (intervention) from a care manager. The evaluation examined all care-managed members, as well as the subset of members who were Aged, Blind or Disabled (ABD). The ABD population, on average, has greater health needs than the non-ABD population.

PHPG evaluated the impact of HAN interventions on inpatient and emergency room utilization and expenditures, by comparing activity in the twelve months preceding care management to the twelve months following initiation of care management. PHPG also evaluated quality-of-care measures specific to members with asthma and diabetes, two prevalent conditions for which the HANs have developed specialized care management initiatives.

In addition to the quantitative evaluation, PHPG conducted telephone surveys of members enrolled with Central Communities who had received assistance with social service needs, or "social determinants of health" (SDOH) that could pose barriers to care. Respondents were asked about the type of assistance they received and its impact on their well-being or the well-being of their child. Central Communities was selected for this portion of the evaluation because of its longstanding efforts with regard to SDOH; PHPG intends to conduct surveys of other HAN members as part of ongoing evaluation activities.

Finally, PHPG evaluated the cost-effectiveness of HAN care management activities by comparing inpatient and emergency room expenditures pre- and post-initiation of care management. The analysis also took into account the $5.00 per member per month (PMPM) fee paid to the HANs for their care management and other activities.

B. Summary of Findings

PHPG evaluated the impact of care management on 1,178 HAN members who were continuously enrolled for at least 24 months during the period covered by the evaluation (January 2015 – June 2018) and had at least one contact with a care manager between January 2016 and June 2017.

Utilization Impact

HAN members generally used inpatient and emergency room services at significantly lower rates in the twelve months following engagement in care management than in the prior twelve months. This was true both for the entire universe of care-managed members and the ABD subset. More specifically:

- The total universe of care-managed members (regardless of reason) experienced a 17 percent decrease in hospital admissions; the ABD subset experienced a 16 percent decrease
- The total universe of care-managed members experienced a 31 percent decrease in emergency room visits; the ABD subset experienced a 20 percent decrease
- Members with asthma experienced a 51 percent decrease in hospital admissions; the ABD subset experienced a 39 percent decrease
- Members with asthma experienced a 36 percent decrease in emergency room visits; the ABD subset experienced a 29 percent decrease
- Members with diabetes experienced a 19 percent decrease in hospital admissions; the ABD subset experienced a 21 percent decrease
- Members with diabetes experienced a four percent decrease in emergency room visits; the ABD subset experienced a three percent increase
- Members classified as "very high utilizers" of the emergency room experienced a 37 percent decrease in ER visits; the ABD subset experienced a 25 percent decrease
- Within this same population, the number of members with 10 or more ER visits in a twelve-month period declined from 48 to 24, while the number with zero ER visits rose from three to 83

"I now know how to handle (my son's) asthma attacks better and we have not gone to the ER as much. This has helped a lot."

Quality-of-Care

PHPG evaluated the impact of care management on quality-of-care for members with asthma and diabetes. Quality-of-care measures were calculated in accordance with Healthcare Effectiveness Data and Information Set (HEDIS®) specifications, as applicable.

Among members with asthma, PHPG found that percentage with at least one asthma-controlling medication was nearly unchanged, declining by two percent. The number of asthma-controlling medications (prescriptions) per member declined by one percent.

Among members with diabetes, PHPG found that the percentage receiving an LDL-C (cholesterol) screen rose by one percent and the percentage receiving medical attention for nephropathy (kidney function) rose by 12 percent. Conversely, the percentage receiving an HbA1c test was unchanged and the percentage receiving an eye exam declined by five percent.

Overall, no clear trend was identified with respect to quality-of-care measures. This represents an opportunity for improvement through additional member and provider education.

Social Determinants of Health

PHPG surveyed 31 members enrolled in Central Communities (or parents/caretakers of minors) who had received SDOH-related assistance, such as with food, clothing, housing/rent and child care. Respondents gave high marks to their care manager for the relevance and quality of assistance provided. Eighty-seven percent stated the help was "very important" to them and 97 percent stated they were "very satisfied" with the help they received.

"My son's school was not going to let him graduate and she helped me to navigate the school system and get him back on track. I couldn't have done it without her; I was ready to give up."

Ninety-one percent reported that the help received made it easier for them to take care of their own (or their child's) health. The most common reasons cited were that the assistance addressed food insecurity and/or generally aided the member in coping with life challenges.

Care Management Cost-Effectiveness

PHPG evaluated HAN cost-effectiveness by comparing inpatient and ER expenses for care-managed members during the twelve months prior to, and following initiation of care management. PHPG also included the $5.00 PMPM cost for care-managed members in the post-engagement calculation.

Costs were $3.2 million lower in the twelve months following engagement, even after accounting for the $5.00 PMPM fee. The documented savings demonstrate that HAN care management activities are cost-effective and contributing toward improved outcomes for their highest-need members.

1. HAN EVALUATION PURPOSE & SCOPE

A. Introduction

SoonerCare Program

The Oklahoma Health Care Authority (OHCA) is committed as an organization to improving the health and quality of life of SoonerCare members in a cost-effective manner. The OHCA's vision is to effect cultural and behavior changes resulting in healthier Oklahomans, a stable and coordinated provider network and improved outcomes achieved through a focus on preventive care and care coordination.

The OHCA administers the Medicaid program, known as SoonerCare, within a service delivery and care management structure intended to make the most efficient use of public resources to achieve these program goals. SoonerCare operates under a "Section 1115 Research and Demonstration Waiver" from the federal government, which permits the State to provide health and support services to most SoonerCare members through an accountable, or "managed" system of care. The managed care portion of SoonerCare is known as "SoonerCare Choice".

The heart of the SoonerCare Choice managed care system is the Patient Centered Medical Home (PCMH). Under the PCMH model, SoonerCare Choice members select a primary care provider responsible for meeting essential program access and quality of care standards. There were 908 PCMH providers participating in the program in December 2018.

Health Access Networks

In 2010, the OHCA expanded upon the PCMH model by contracting with three "Health Access Networks", or HANs. The HANs are community-based, integrated networks intended to advance program access, quality and cost-effectiveness goals by offering greater care coordination support to affiliated PCMH providers.

The three HANs are: University of Oklahoma (OU) Sooner HAN; Partnership for Healthy Central Communities (PHCC) HAN; and Oklahoma State University (OSU) HAN. Each HAN is a non-profit, administrative entity that works with affiliated providers to coordinate and improve the quality of care provided to SoonerCare Choice members. The HANs receive a nominal $5.00 per member per month (PMPM) payment.

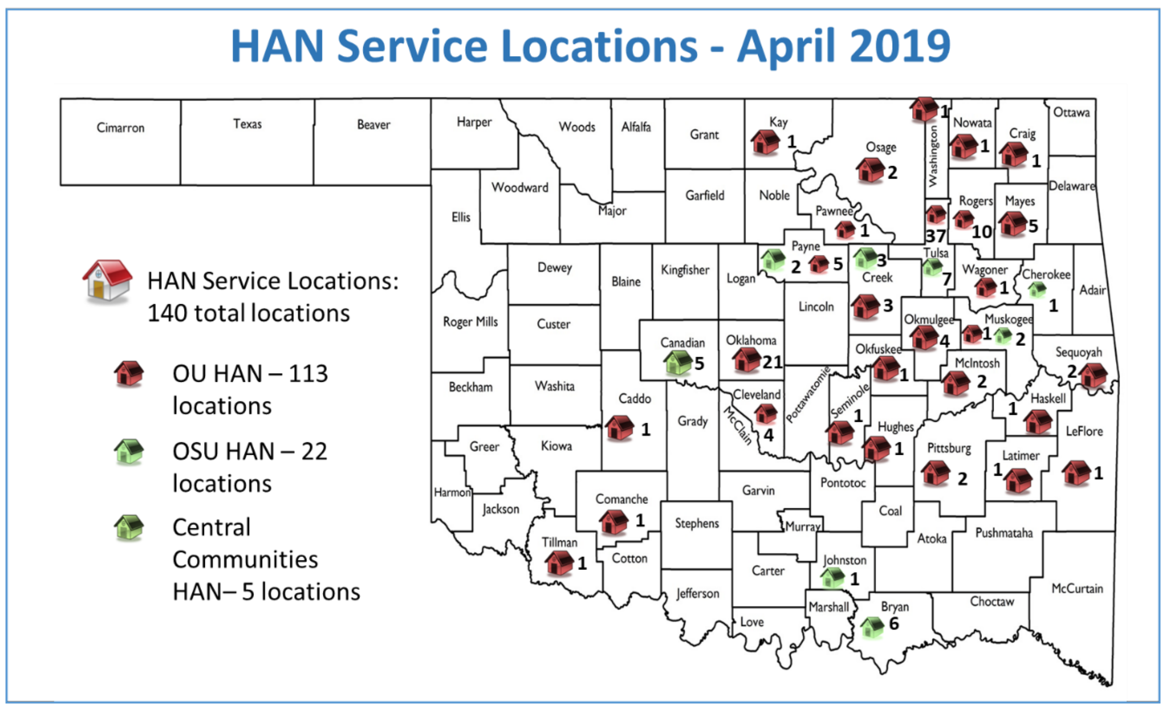
The HANs offer care management and care coordination to enrolled SoonerCare Choice members with complex health care needs. The HANs also work to establish new initiatives to address complex medical, social and behavioral health issues. For example, the HANs have implemented evidence-based protocols for care management of Aged, Blind and Disabled (ABD) members with, or at risk for, complex/chronic health conditions such as asthma and

diabetes. The HANs also target members who are frequent, and inappropriate, users of the emergency room.

In October 2018, total HAN enrollment was 176,323. OU Sooner HAN served approximately 87 percent of the members, followed by OSU HAN with 11 percent and PHCC HAN with two percent. The three HANs in aggregate provided care management to approximately 10,000 members with significant physical, behavioral health and/or social service needs.

The HANs historically have operated in only a portion of the State and have been classified by the federal Centers for Medicare and Medicaid Services (CMS) as a "pilot" program. CMS recently approved statewide expansion of the HANs and the OHCA is collaborating with the HANs to expand geographic coverage and the number of members who receive care management services.

The HANs currently are affiliated with PCMH providers practicing at 140 locations in 34 counties.



B. HAN Evaluation

Evaluation Purpose

The OHCA's overarching goal for the SoonerCare program is to address the health care needs of Oklahomans through provision of high quality, accessible and cost-effective care. The OHCA employs an agency-wide strategic planning process to advance this vision.

The current five-year strategic plan was developed in 2018 and identified the need for a durable OHCA Performance & Health Improvement structure to support quality-related initiatives. The strategic plan also committed to evaluating and tracking agency progress over time.

The OHCA tracks performance across multiple categories that capture the range of agency activities. Two of the most critical are[1]:

- Access to Care, including primary and preventive health services; and
- Care Management, including for chronic conditions prevalent in the SoonerCare population, such as asthma, diabetes, heart failure and hypertension.

Access and Prevention

Access to care is a basic expectation for managed care programs and is fundamental to improving member health and outcomes. If access to primary and preventive care is restricted due to a lack of providers or available appointments, members are more likely to go to the emergency room for services that are better suited to a doctor or nurse practitioner's office. Members also are at greater risk of having medical programs go undetected at an early stage, resulting in higher acuity and costlier treatment, including a greater likelihood of hospitalization.

The OHCA's Patient Centered Medical Homes and Health Access Networks have front-line responsibility for ensuring access to preventive and primary care services. For example, the OHCA has partnered with the HANs to identify and reach-out to members who are frequent users of the emergency room for non-emergent care. The HANs counsel these members and help to connect them to a Patient Centered Medical Home.

Chronic Care Management

Chronic diseases are among the costliest of all health problems. Providing care to individuals with chronic diseases, many of whom meet the federal disability standard, has placed a significant burden on state Medicaid budgets. The federal Centers for Disease Control estimates that total expenditures related to treating selected major chronic conditions in

[1] Other categories include mental health & substance use disorder treatment, long term care and administration & cost containment.

Oklahoma will reach nearly $10.5 billion in 2020. The estimated portion attributable to SoonerCare members will be more than $1.2 billion (state and federal).

The OHCA's objective is to ensure that all SoonerCare members with chronic conditions have access to care management. The Health Access Networks support this objective by providing care management to members with complex/chronic health needs.

The OHCA monitors Performance and Health Improvement to identify favorable or unfavorable trends at both the agency level and with respect to key partners, including the Health Access Networks. The OHCA, through its PHIP strategy, uses evaluation findings to identify priority areas for improvement and assess whether interventions are having the intended impact on performance.

Independent Evaluator

The OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the SoonerCare program overall, as well as targeted reviews of major program components, including the Health Access Networks. PHPG is a national consulting firm that specializes in the development and evaluation of health care programs serving publicly-funded populations, including Medicaid beneficiaries.

Evaluation Scope and Methodology

The majority of members served by PCMH providers are healthy children and adolescents. Although the HANs support the activities of aligned PCMH providers across all members, much of their activity is directed toward the subset of members with complex/chronic health care needs and members facing barriers to care. The HANs are responsible for identifying these members and offering care coordination/care management appropriate to the members' needs.

Members with Complex/Chronic Health Care Needs

PHPG examined HAN performance in improving access to care and health outcomes among members with complex/chronic health care needs who were enrolled in care coordination/care management and had received at least one contact (intervention) from a care manager.

The three HANs provided PHPG with care management files that identified member date of enrollment, reason for enrollment and contact/intervention history. PHPG selected members with at least one care management contact between January 2016 and July 2017.

PHPG also obtained SoonerCare paid claims data for January 2015 through June 2018 and eligibility data for July 2015 through June 2018. The eligibility data was used to restrict the evaluation universe to members who had been enrolled continuously[2] in the twelve months

[2] Defined as being enrolled for at least 11 of the 12 months, to allow for brief lapses in coverage due to late re-certification by the member.

preceding and twelve months following the date of the member's first care management contact.

Although the HANs care manage members with a wide variety of conditions, all three have developed specialized programs for members with asthma and two have developed specialized programs for members with diabetes. In addition, the OHCA has asked the HANs to target members who are aged, blind and disabled[3] (ABD) in recognition that a high percentage have chronic conditions and complex needs.

PHPG stratified the evaluation in accordance with these priority groups. Specifically, PHPG evaluated HAN performance with respect to:

- All members enrolled in care management, regardless of condition (total members and ABD subset)
- Members enrolled for care management of asthma (total members and ABD subset)
- Members enrolled for care management of diabetes (total members and ABD subset)

The number of cases evaluated is presented below. Although the table breaks-out case counts by HAN, the evaluation was conducted in the aggregate and was not HAN-specific.

Evaluation Universe – Members with Complex/Chronic Health Needs

HAN	Asthma	Diabetes	Other	Total
Central Comm.	5	--	65	70
OSU HAN	39	32	326	397
OU SoonerHAN	250	168	293	711
Total	**294**	**200**	**684**	**1,178**

PHPG evaluated the impact of HAN interventions on inpatient and emergency room utilization and expenditures, by comparing activity in the twelve months preceding care management to the twelve months following initiation of care management. PHPG also evaluated quality-of-care measures specific to members with asthma and diabetes, as described in greater detail in the next chapter.

Very High Emergency Room Utilizers

PHPG evaluated HAN interventions with members identified as very high utilizers of the emergency room. High emergency room utilization can indicate barriers to care or that a member has underlying needs that have not been addressed adequately by his or her PCMH. High utilization also can be due to a member's lack of understanding as to the importance of seeing the PCMH for non-emergent care.

The OHCA permits each HAN to set a threshold for intervening due to very high emergency room utilization. On average, the members in this category (across the HANs) visited the ER

[3] ABD Medicaid only (not eligible for Medicare)

at an annualized rate of nearly 10 visits per year, prior to intervention. PHPG compared utilization pre- and post-intervention.

The number of cases evaluated is presented below. Once again, although the table breaks-out case counts by HAN, the evaluation was conducted in the aggregate and was not HAN-specific.

Evaluation Universe – Very High ER Utilizers

HAN	Count
Central Communities	79
OSU HAN	22
OU SoonerHAN	436
Total	**537**

Social Determinants of Health

PHPG also conducted a targeted review of the efforts of Central Communities HAN to assist members with social determinants of health (SDOH). In many cases, social determinants (e.g., food or housing insecurity) can present barriers to care if left unaddressed.

PHPG identified 104 members in the Central Communities care management database who had received assistance with SDOH. In some cases, the member received assistance; in other cases, a parent/caretaker received help on behalf of a child, who was the actual SoonerCare member.

PHPG conducted telephone interviews with 33 of the households, inquiring about the type and effectiveness of SDOH assistance received through the HAN. Although qualitative in nature, the respondents provided useful insights into the importance of the assistance in overcoming barriers to care.

This portion of the evaluation was limited to Central Communities, to allow for testing and refinement of the survey instrument. PHPG intends to conduct similar surveys of members in the remaining two HANs as part of ongoing evaluation activities.

2. HAN EVALUATION FINDINGS

A. Introduction

This chapter contains evaluation findings by focus area. Results are presented first for members in the asthma and diabetes subgroups. The third section presents findings for members who are very high ER utilizers. The fourth section includes findings from PHPG's targeted evaluation of Central Communities' SDOH outreach. Except for the SDOH analysis, results are provided both for members in total and for the ABD member subset.

The final section contains data for all care-managed members, regardless of reason for engagement. The section includes an analysis of HAN cost effectiveness that takes into account both the savings achieved by the HANs in care managing members and the monthly $5.00 per member per month payment made by the OHCA for each member enrolled with a HAN.

B. Members with Asthma (Total and ABD Subset)

PHPG evaluated the impact of HAN care management on 294 members (68 ABD and 226 other) assigned to a care manager due to having asthma, either alone or in combination with other conditions. Care management interventions typically included a combination of member education, assistance with medical appointments and addressing barriers to care.

PHPG calculated inpatient hospital and emergency room utilization and expenditures for these members during the twelve months prior to, and twelve months following initiation of care management. PHPG also evaluated two quality-of-care measures related to use of asthma-controlling prescriptions[4].

Inpatient Hospital Utilization

The table on the following page presents inpatient utilization data separately for all care-managed members and for the ABD subset. As it shows, hospital admissions declined by over 50 percent for all members and nearly 39 percent for ABD members in the twelve-month period following initiation of care management. Expenditures also declined, although by a smaller percentage.

[4] All quality-of-care measures in this chapter were calculated in accordance with Healthcare Effectiveness Data and Information Set (HEDIS®) specifications, where applicable. HEDIS is a comprehensive set of standardized performance measures designed to measure health care provider performance.

Members with Asthma – Hospital Utilization Trend

All Members	Prior 12 Months	Subsequent 12 Months	Percentage Change
Inpatient Admissions	201	99	-50.7%
Expenditures	$648,511	$391,041	-39.7%
Admissions per 1,000 Member Months[5]	62.2	30.6	**-50.7%**
ABD Members Only	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
Inpatient Admissions	67	41	-38.8%
Expenditures	$246,092	$229,363	-6.8%
Admissions per 1,000 Member Months	89.6	54.8	**-38.8%**

Emergency Room Utilization

The table below presents ER utilization data for all care-managed members and the ABD subset. As it shows, ER visits declined by nearly 36 percent for all members and approximately 29 percent for ABD members in the twelve-month period following initiation of care management. Expenditures also declined by similar percentages.

Members with Asthma – ER Visit Trend

All Members	Prior 12 Months	Subsequent 12 Months	Percentage Change
ER Visits	1,404	901	-35.8%
Expenditures	$736,022	$501,052	-31.9%
Visits per 1,000 Member Months[6]	434.1	278.6	**-35.8%**
ABD Members Only	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
ER Visits	368	261	-29.1%
Expenditures	$220,570	$175,184	-20.6%
Visits per 1,000 Member Months	492.0	348.9	**-29.1%**

[5] Admissions per 1,000 member months represents the number of members, out of a population of 1,000, who are admitted to the hospital in an average month.
[6] Visits per 1,000 member months represents the number of members, out of a population of 1,000, who visit the ER in an average month.

Quality-of-Care

PHPG evaluated quality-of-care with respect to member use of asthma-controlling medications. The table below presents information on the number and percentage of members with at least one asthma-controlling medication, as well as the average number of prescriptions per member. As it shows, the rates remained relatively steady across the pre- and post-intervention time periods. (Information is for all members – ABD and non-ABD.)

Members with Asthma – Asthma Controlling Medications

Members with at least one asthma-controlling medication	Prior 12 Months	Subsequent 12 Months	Change
Members	239	235	(4)
Percent of Total	81.3%	79.9%	-1.7%
Number of asthma-controlling medications	**Prior 12 Months**	**Subsequent 12 Months**	**Change**
Total Prescriptions	1,670	1,451	(219)
Average Prescriptions per Member	5.7	4.9	-0.8

C. Members with Diabetes (Total and ABD Subset)

PHPG evaluated the impact of HAN care management on 200 members (143 ABD and 57 other) assigned to a care manager due to having diabetes, either alone or in combination with other conditions. Similar to members with asthma, diabetes care management interventions typically included a combination of member education, assistance with medical appointments and addressing barriers to care.

PHPG calculated inpatient hospital and emergency room utilization and expenditures for these members during the twelve months prior to, and twelve months following initiation of care management. PHPG also evaluated four quality-of-care measures related to treatment of persons with diabetes.

Inpatient Hospital Utilization

The table below presents inpatient utilization data for all care-managed members and the ABD subset. As it shows, hospital admissions declined by over 19 percent for all members and nearly 21 percent for ABD members in the twelve-month period following initiation of care management. Expenditures also declined by similar percentages.

Members with Diabetes – Hospital Utilization Trend

All Members	Prior 12 Months	Subsequent 12 Months	Percentage Change
Inpatient Admissions	237	191	-19.4%
Expenditures	$1,799,144	$1,430,826	-20.5%
Admissions per 1,000 Member Months	107.7	86.8%	**-19.4%**
ABD Members Only	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
Inpatient Admissions	192	152	-20.8%
Expenditures	$1,555,403	$1,061,699	-31.7%
Admissions per 1,000 Member Months	122.1	96.6	**-20.8%**

Emergency Room Utilization

The table below presents ER utilization data for all care-managed members and the ABD subset. As it shows, ER visits were relatively flat, declining by four percent for all members and increasing by three percent for ABD members in the twelve-month period following initiation of care management[7]. Expenditures rose modestly over the same period.

Members with Diabetes – ER Visit Trend

All Members	Prior 12 Months	Subsequent 12 Months	Percentage Change
ER Visits	818	784	-4.2%
Expenditures	$686,005	$689,287	0.5%
Visits per 1,000 Member Months	371.8	356.4	**-4.2%**
ABD Members Only	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
ER Visits	535	550	2.8%
Expenditures	$473,989	$512,089	8.0%
Visits per 1,000 Member Months	340.1	349.7	**2.8%**

Quality-of-Care

Diabetes quality-of-care was evaluated through four measures related to the testing/early detection or treatment of diabetes-related complications. Specifically:

- Members receiving an LDL-C test (cholesterol screening)
- Members receiving an HbA1c test (blood sugar screening)
- Members receiving medical attention for nephropathy (kidney function)
- Members receiving a retinal eye exam

The table on the following page presents findings for the measures. As it illustrates, LDL-C and HbA1c activity was stable, while retinal eye exams declined slightly. The most significant change was for nephropathy treatment, which increased by nearly 12 percent. (Information is for all members – ABD and non-ABD.)

[7] Although not presented in the charts, PHPG also analyzed trends at six-months pre- and post-intervention. ER utilization declined 20.4 percent for all members and 13.9 percent for ABD members during this narrower timeframe. The results suggest care management affected ER utilization in the short term but the impact subsidized over time.

Members with Diabetes – Quality-of-Care Measures

Members Receiving LDL-C Test	Prior 12 Months	Subsequent 12 Months	Change
Members	130	131	1
Percent of Total	65.0%	65.5%	0.7%
Members Receiving HbA1c Test	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
Members	160	160	--
Percent of Total	80.0%	80.0%	--
Members Receiving Medical Attention for Nephropathy	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
Members	85	95	10
Percent of Total	42.5%	47.5%	11.8%
Members Receiving Retinal Eye Exam	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
Members	76	72	(4)
Percent of Total	38.0%	36.0%	-5.3%

D. Very High ER Utilizers (Total and ABD Subset)

PHPG evaluated the impact of HAN care management on 537 members (173 ABD and 364 other) assigned to a care manager due to very high ER utilization. Care management interventions typically included a combination of member education about proper use of the ER, assistance with medical appointments and addressing barriers to care.

PHPG calculated emergency room utilization and expenditures for these members during the twelve months prior to, and twelve months following initiation of care management. ER use was measured in terms of visits per 1,000 member months and corresponding expenditures, as well as by visit "tiers" (members with 10 or more visits; members with six or more visits; members with three or more visits; and members with no visits).

Emergency Room Utilization

The table below presents ER utilization data in terms of total visits and visits per 1,000 member months for all care-managed members and the ABD subset. As it shows, ER visits declined by 37 percent for all members and 25 percent for ABD members in the twelve-month period following initiation of care management. Expenditures also declined by similar percentages.

Very High ER Utilizers – ER Visit Trend

All Members	Prior 12 Months	Subsequent 12 Months	Percentage Change
ER Visits	4,672	2,933	-37.2%
Expenditures	$2,772,525	$1,860,529	-32.9%
Visits per 1,000 Member Months	790.9	496.5	**-37.2%**
ABD Members Only	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
ER Visits	2,049	1,536	-25.0%
Expenditures	$1,357,110	$1,033,286	-23.9%
Visits per 1,000 Member Months	346.9	260.0	**-25.0%**

The tables on the following page present average ER visit rates and ER visit activity by "tier" for all members. As they show, the average number of ER visits per member declined from nearly nine in the twelve-month period prior to engagement to fewer than six in the subsequent twelve months. The percentage of members with three, six or 10 or more visits in a twelve-month period also dropped significantly, while over 15 percent of members registered zero visits in the twelve months after initiation of care management.

Very High ER Utilizers – Average Visits per Member

All Members	Prior 12 Months	Subsequent 12 Months	Percentage Change
Visits	4,672	2,933	-37.2%
Average per Member	8.7	5.5	-37.2%

Very High ER Utilizers – Members by Visit "Tier"

Members with 10 or More Visits	Prior 12 Months	Subsequent 12 Months	Percentage Change
Members	48	24	-50.0%
Percentage	8.9%	4.5%	
Members with 6 or More Visits	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
Members	326	167	-48.8%
Percentage	60.7%	31.1%	
Members with 3 or More Visits	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
Members	480	301	-37.3%
Percentage	8.9%	4.5%	
Members with No Visits	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
Members	3	83	2,666.7%
Percentage	0.6%	15.5%	

E. Members with Social Determinant of Health (SDOH) Needs

PHPG identified 104 members in the Central Communities care management database who had received assistance with SDOH, as indicated by care manager notes. This included assistance provided directly to an adult member or to the enrolled child of a parent/caretaker.

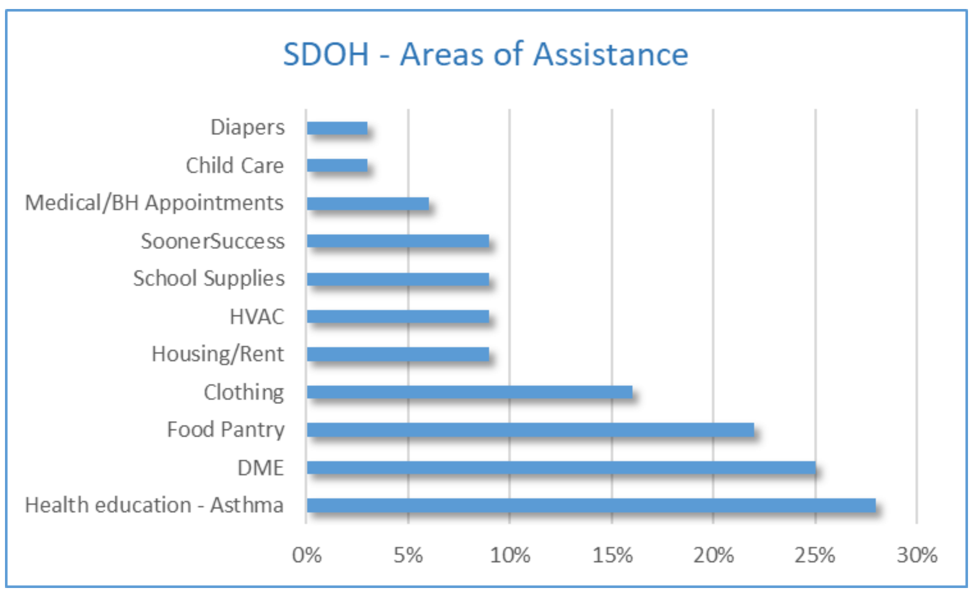
PHPG conducted a telephone survey with 33 of the members in November 2018. The survey explored respondent awareness of the HAN and care manager, the nature of assistance received and the value of this assistance in addressing social service needs and/or reducing barriers to care. Due to the small sample size, results should be considered "qualitative" in nature.

Awareness of HAN

Only five of the respondents reported being familiar with the name "Central Communities" and only two recalled being helped by a Central Communities care manager. However, when given the name of their care manager, 31 of 33 reported knowing and interacting with this individual, suggesting that members identify much more strongly with the person helping them than the HAN itself.

Assistance Provided

Respondents reported receiving help in a variety of areas, some of which had a clinical component. The chart below presents the areas of assistance cited by respondents (multiple responses allowed).



Satisfaction with Assistance

Respondents gave high marks to their care manager for the relevance and quality of assistance provided. Eighty-seven percent stated the help was "very important" to them and 97 percent stated they were "very satisfied" with the help they received.

Ninety-one percent reported that the help received made it easier for them to take care of their own (or their child's) health. The most common reasons cited were that the assistance addressed food insecurity and/or generally aided the member in coping with life challenges.

A representative sample of respondent comments is presented below.

I now know how to handle (my son's) asthma attacks better and we have not gone to the ER as much. This has helped a lot.

My son's school was not going to let him graduate and she helped me navigate the school system to get him back on track. I couldn't have done it without her, I was ready to give up.

She helped us get (my child's) doctor to do lab work in his office instead of going to the lab. It has to be done every three months so this helped us a lot.

Having the diapers given to us for (our daughter) is a huge help. She goes through so many a day that we could not keep up buying them ourselves.

She got us tickets to things going on in our community which was so good. Got us plugged into the community.

F. All Care-Managed Members

PHPG evaluated the impact of HAN care management across all 1,715 care-managed members identified for the evaluation (640 ABD and 1,075 other), including the populations presented in previous sections.

PHPG calculated inpatient hospital and emergency room utilization and expenditures for these members during the twelve months prior to, and twelve months following initiation of care management. PHPG also evaluated HAN cost effectiveness, taking into account both the savings achieved through reductions in utilization and the cost associated with the $5.00 PMPM HAN payment.

Inpatient Hospital Utilization

The table below presents inpatient utilization data for all care-managed members, regardless of reason for engagement, and the ABD subset. As it shows, hospital admissions declined by over 17 percent for all members and over 16 percent for ABD members in the twelve-month period following initiation of care management. Expenditures declined by even greater percentages.

All Care-Managed Members – Hospital Utilization Trend

All Members	Prior 12 Months	Subsequent 12 Months	Percentage Change
Inpatient Admissions	1,568	1,299	-17.2%
Expenditures	$7,731,444	$5,850,746	-24.3%
Admissions per 1,000 Member Months	83.1	68.9	**-17.2%**
ABD Members Only	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
Inpatient Admissions	847	708	-16.4%
Expenditures	$5,339,453	$4,152,400	-22.2%
Admissions per 1,000 Member Months	120.3	100.6	**-16.4%**

Emergency Room Utilization

The table below presents ER utilization data for all care-managed members, regardless of reason for engagement, and the ABD subset. As it shows, ER visits declined by 31 percent for all members and more than 20 percent for ABD members in the twelve-month period following initiation of care management. Expenditures also declined by similar percentages.

All Care-Managed Members – ER Visit Trend

All Members	Prior 12 Months	Subsequent 12 Months	Percentage Change
ER Visits	8,341	5,752	-31.0%
Expenditures	$5,215,645	$3,798,645	-27.2%
Visits per 1,000 Member Months	442.1	304.9	**-31.0%**
ABD Members Only	**Prior 12 Months**	**Subsequent 12 Months**	**Percentage Change**
ER Visits	3,509	2,795	-20.3%
Expenditures	$2,506,557	$2,030,218	-19.0%
Visits per 1,000 Member Months	498.4	397.0	**-20.3%**

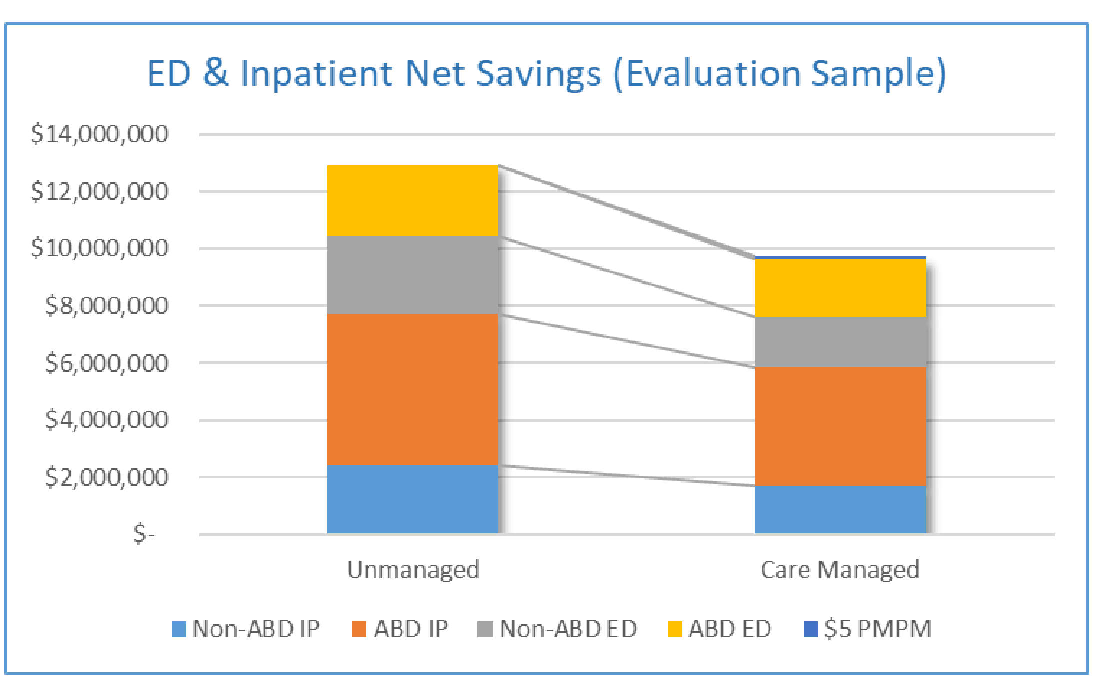
HAN Cost-Effectiveness

PHPG evaluated HAN cost-effectiveness by comparing inpatient and ER expenses for care-managed members during the twelve months prior to, and following initiation of care management. PHPG also included the $5.00 PMPM cost for care-managed members in the post-engagement calculation.

The chart on the following page presents the pre- and post-care management cost comparison. As it illustrates, costs were $3.2 million lower in the twelve months following engagement, even after accounting for the $5.00 PMPM fee.

It should be noted that the analysis was limited to inpatient and ER costs and did not examine other service costs pre- and post-engagement. The analysis also was restricted to members in care management and did not include other HAN members, i.e., those enrolled but not receiving care management during the period of the evaluation.

The documented savings demonstrate that HAN care management activities are cost-effective and contributing toward improved outcomes for their highest-need members.


ED & Inpatient Net Savings (Evaluation Sample)
$14,000,000
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$-
Unmanaged
Care Managed
Non-ABD IP
ABD IP
Non-ABD ED
ABD ED
$5 PMPM