

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 2017 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 Telligon 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 management¹.

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 provider services. The CCU also is responsible for:

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.

- 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 rural²) 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 SFY 2014³. Telligen has added provider sites over time, while some early participants have

² Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

³ Throughout the report, "practice" refers to the office hosting a practice facilitator/health coach, while "provider" refers to individual clinicians.

discontinued their involvement; in May 2018 SoonerCare HMP health coaches were working with 40 providers in 22 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 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 a substance use resource specialist in SFY 2015 to support the chronic pain and opioid drug utilization initiative.

(The chronic pain and opioid drug utilization initiative is outside the scope of the core health management program and is not part of the evaluation activities addressed in this report. PHPG is conducting a separate evaluation of the initiative and will publish preliminary findings later in calendar 2018.)

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; 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 issued over a five-year period. This is the fourth Annual Evaluation report addressing progress toward achievement of program

objectives. (PHPG also is evaluating the SoonerCare CCU; findings have been issued in a separate report⁴.)

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 1,804 initial surveys with SoonerCare HMP participants, as well as 648 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.

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 (94 percent); answered questions about their health (90 percent); and helped with management of medications (84 percent). Nearly 40 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 activity⁵, the overwhelming majority reported being very satisfied with the help they received, with the portion ranging from 91 to 96 percent, depending on the item. This attitude carried over to the members’ overall satisfaction with their health coaches; 90 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 the

⁴ See SoonerCare CCU SFY 2017 Evaluation Report, June 2018.

⁵ The outlier activity was helping to make and keep health care appointments for mental health or substance abuse problems. Sixty-seven percent of “yes” respondents reported they were very satisfied with the help they received; another 31 percent reported they were somewhat satisfied.

member in developing an action plan with goals to be pursued by the member with his/her coach's assistance.

Seventy-eight 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-four percent of this subset (or 66 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 (84 percent) who selected an area stated that they went on to develop an action plan with goals. Among those with an action plan, 77 percent reported achieving one or more goals. Among the members who reported having a goal but not yet achieving it, 60 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 71 percent of the remainder stating they were "very confident" of achieving their goal.

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 65 percent to 86 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-six percent of initial survey respondents and 42 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion, 88 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. Nearly 90 percent of initial survey respondents and just over 88.8 percent of follow-up survey respondents stated they were very satisfied. Nearly all respondents (95 percent of initial survey and 98 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 (52 percent) said “fair”, while 31 percent said “good” and 16 percent said “poor”.

When next asked if their health status had changed since enrolling in the SoonerCare HMP, 44 percent said it was “better” and 48 percent said it was “about the same”; only eight percent said it was “worse”. Among those members who reported a positive change, nearly all (95 percent) credited the SoonerCare HMP with contributing to their improved health.

The results were even more encouraging among follow-up survey respondents. A larger segment (50 percent) reported their current health status as “good”, while the portion reporting their health as “poor” dropped to nine percent. Forty-nine percent of respondents reported that their health had improved, with 96 percent crediting this improvement to the program.

Satisfaction with program and its perceived impact on participant health was further illustrated through comments such as these volunteered by survey respondents:

“(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.”

“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.”

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.

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 SFY 2015 and SFY 2016 results.

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 the SFY 2015 and SFY 2016 evaluations.

PHPG also compared SFY 2017 compliance rates for health coaching participants to SFY 2015 compliance rates to document two-year trend rates. The results were encouraging, with compliance rates improving for 15 measures and declining for only three, 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 and 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 conditions⁶ and for the participant population as a whole. MEDai forecasted that health coaching participants, as a group, would incur 2,801 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,518, or 54 percent of forecast.

MEDai forecasted that health coaching participants, as a group, would incur 2,391 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,753, or 73 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 48 months of engagement. MEDai forecasts for the first 12 months were trended in months 13 to 48 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 \$1,116 in PMPM expenditures in the first 48 months of engagement. The actual amount was \$674, or 60 percent of forecast (\$442 PMPM medical savings).

PHPG calculated an aggregate dollar impact for all health coaching participants by multiplying total months of engagement through SFY 2017 by average PMPM savings. The resultant medical savings were approximately \$65.3 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2017, 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 \$23.8 million.

The SoonerCare HMP health coaching component registered net savings of approximately \$42 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 48 months was \$442, 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 \$409, versus \$583 in months 37 to 48. 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 29 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-six 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.

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 25 respondents with a health coach currently onsite describing themselves as "very satisfied" on each item. The providers' enthusiasm was further reflected in their overall satisfaction with having a health coach supporting their practice (92 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.

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.

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 four of the five-year evaluation cycle, the impact of practice facilitation on quality of care remains uncertain. 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 and 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 897 inpatient days per 1,000 participants over the 12-month forecast period. The actual rate was 611, or 68 percent of forecast.

MEDai projected that members aligned with PCMH practice facilitation providers, as a group, would incur 1,365 emergency department visits per 1,000 participants over the 12-month forecast period. The actual rate was 1,220, or 89 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 48 months of the program. MEDai forecasts for the first 12 months were trended in months 13 to 48 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 \$623 in PMPM expenditures in the first 36 months of the program. The actual amount was \$371, or 60 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 \$78.5 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 2017 aggregate administrative expenses for the practice facilitation portion of the SoonerCare HMP were approximately \$13.4 million. **The SoonerCare HMP practice facilitation component registered net savings of approximately \$65.1 million.**

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 2017, 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 \$106.7 million and a return on investment of 288 percent. Put another way, **the second generation SoonerCare HMP, in its first four years, yielded \$2.88 in net medical savings for every dollar in administrative expenditures.**

CHAPTER 1 – INTRODUCTION

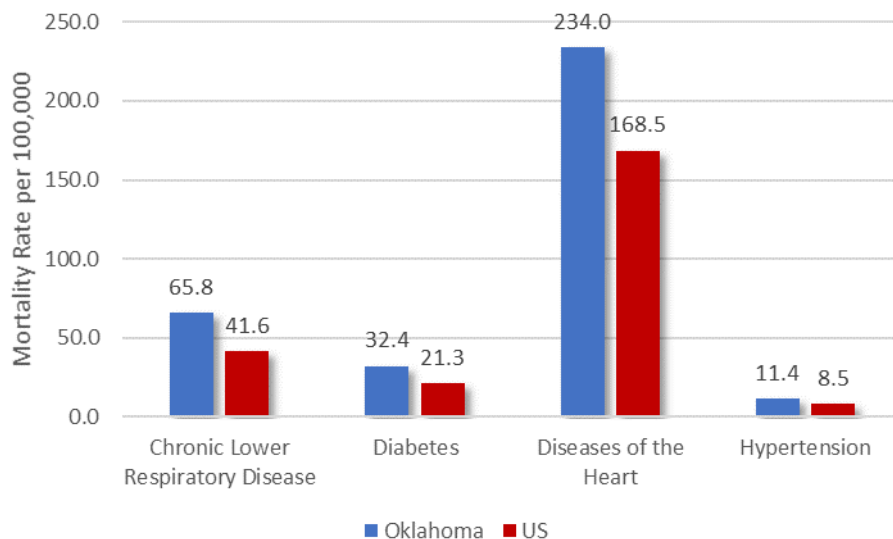
Chronic Disease Management

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 living⁸.

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 21.3⁹.

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)¹⁰



⁸ http://www.hhs.gov/ash/initiatives/mcc/mcc_framework.pdf. Data is for 2012 (most recent year available).

⁹ https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06_tables.pdf. Age adjusted rates.

¹⁰ 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 nationally¹¹. 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 \$9.5 billion in 2018 and will reach nearly \$10.5 billion in 2020. The estimated portion attributable to SoonerCare members will exceed \$1.1 billion (state and federal) in 2018 and \$1.2 billion in 2020¹² (Exhibit 1-2).

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

Chronic Condition	OK All Payers		SoonerCare	
	2018	2020	2018	2020
Asthma	\$493	\$538	\$166	\$182
Cardiovascular Diseases (heart diseases, stroke and hypertension)	\$6,393	\$7,076	\$686	\$760
Diabetes	\$2,599	\$2,869	\$289	\$319
TOTAL FOR SELECTED CONDITIONS	\$9,485	\$10,483	\$1,141	\$1,260

The costs associated with chronic conditions are typically 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.¹³ 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.

¹¹ <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf>

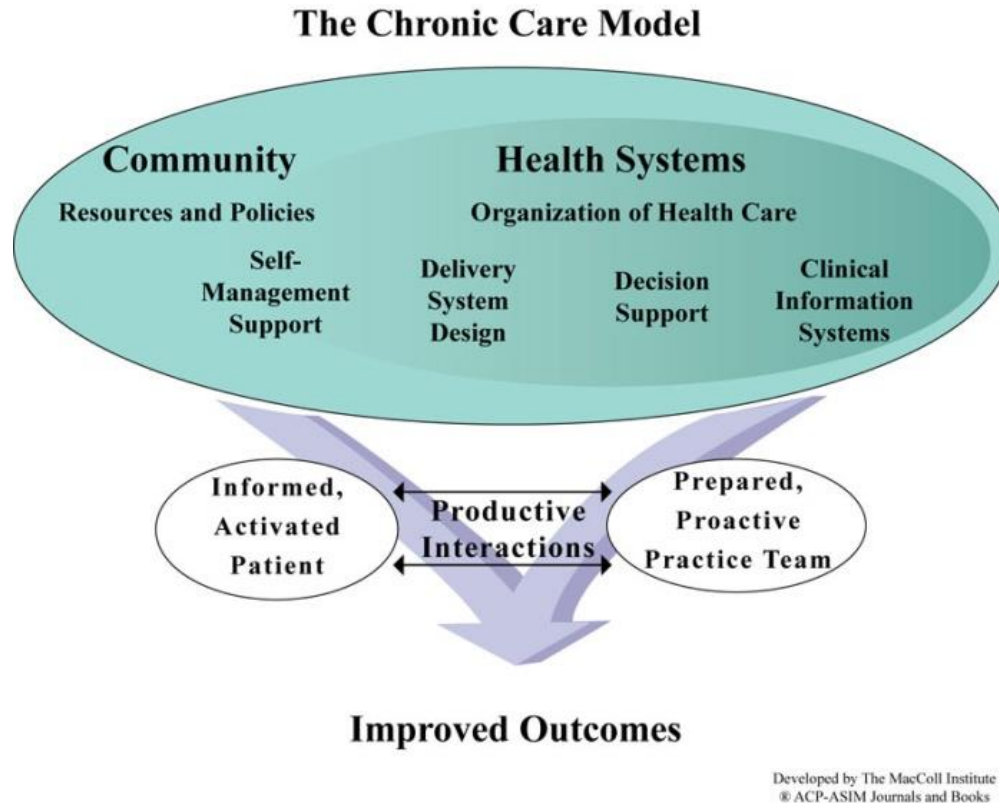
¹² Expenditure estimates developed using CDC Chronic Disease Cost Calculator.

¹³ 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. Telligen¹⁴ 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.

¹⁴ 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 area¹⁵.

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 facilitation¹⁶. 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.

Health Coaching Model – Design and Principles

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

¹⁵ 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.

¹⁶ 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 activities¹⁷.

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)¹⁸, 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.*

¹⁷ Telligen Health Coach Training Manual – OK HMP, June 2013. The manual was developed and training was conducted in partnership with Health Sciences Institute.

¹⁸ 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) *Engaging 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) *Focusing 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) *Evoking 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) *Planning 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.

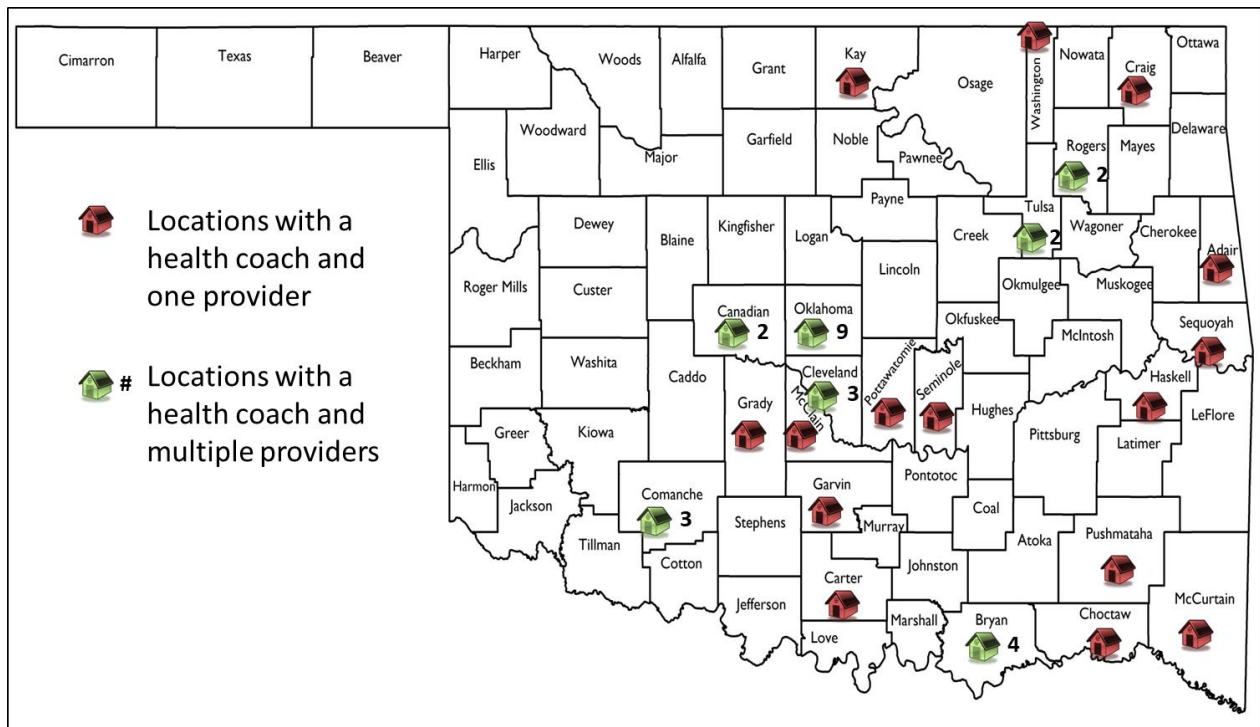
Telligen segmented the practices by size (large, medium and small) and location (urban and rural) and targeted the most promising within each category based on patient mix and ability to support a health coach. The purpose of the segmentation was to ensure diversity in the group ultimately selected.

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 40, as of May 2018 (Exhibit 1-4).

Exhibit 1-4 – Practice Facilitation/Health Coach Sites (May 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 2015¹⁹. 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 a substance use resource specialist in SFY 2015 to support the chronic pain and opioid drug utilization initiative.

(The chronic pain and opioid drug utilization initiative is outside the scope of the core health management program and is not part of the evaluation activities addressed in this report. Expenditures associated with the initiative have not been included in the cost effectiveness analyses presented in chapters four and seven. PHPG is conducting a separate analysis of the chronic pain and opioid drug utilization initiative, with findings to be reported in late 2018.)

¹⁹ 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 2017, a total of 7,122 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 2017.
- Members who were enrolled for three months or longer, but who also were enrolled in the CCU for a portion of SFY 2017, 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 center²⁰.
- Members enrolled in a Health Access Network for three months or longer, to isolate the impact of the SoonerCare HMP from HAN care management activities²¹.

The revised evaluation dataset included 6,018 SoonerCare HMP participants, compared to 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 2017 evaluation was 14.7 months. Demographic and health data for these members is presented starting on the next page.

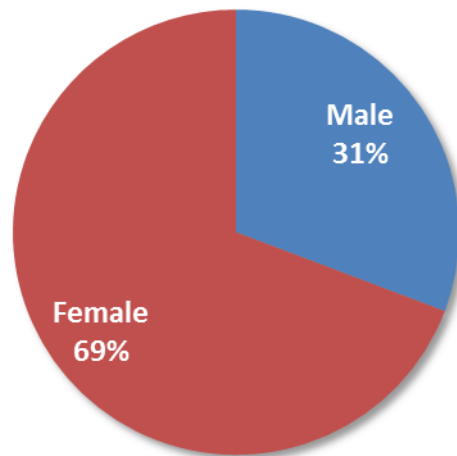
²⁰ There were 10 members who received services from the center and who also were enrolled in either the SoonerCare HMP or CCU.

²¹ There were 506 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 2016 was 439.

Participants by Gender and Age

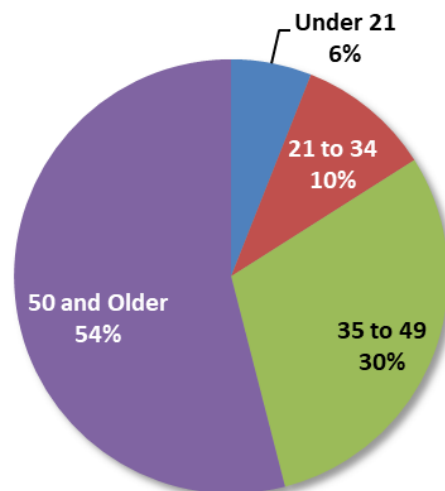
Most SoonerCare HMP participants are women, with females outnumbering males by more than two to one (Exhibit 1-5).

Exhibit 1-5 – Gender Mix for SoonerCare HMP Participants



Not surprisingly, SoonerCare HMP participants are older than the general Medicaid population. Only six percent of SoonerCare HMP participants are under the age of 21, compared to approximately 65 percent of the general SoonerCare population (Exhibit 1-6).²²

Exhibit 1-6 – Age Distribution for SoonerCare HMP Participants



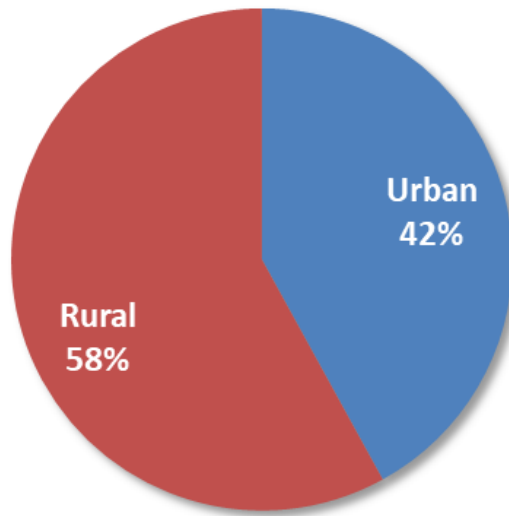
²² Source for total SoonerCare percentage: OHCA March 2018 Enrollment Report.

Participants by Place of Residence

Fifty-eight percent of SoonerCare HMP participants resided in rural Oklahoma in SFY 2017, while 42 percent resided in urban counties comprising the greater Oklahoma City, Tulsa and Lawton metropolitan areas (Exhibit 1-7). By contrast, 42 percent of the general SoonerCare population resides in rural counties and 58 percent in urban counties²³.

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



²³ Source: SoonerCare Fast Facts. Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

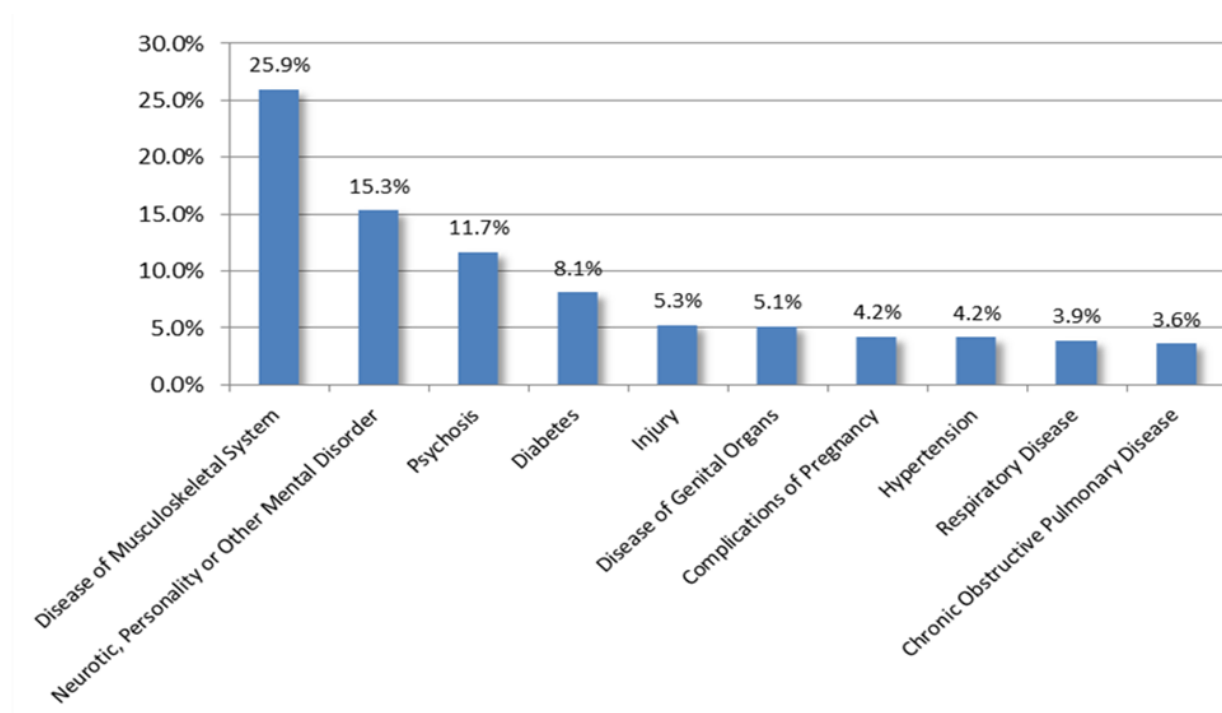
Participants by Most Common Diagnostic Categories²⁴

Program participants are treated for numerous chronic and acute physical conditions. The most common diagnostic category among participants in SFY 2017 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 88 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 one percentage point.

Exhibit 1-8 – Most Common Diagnostic Categories for Health Coaching Participants²⁵



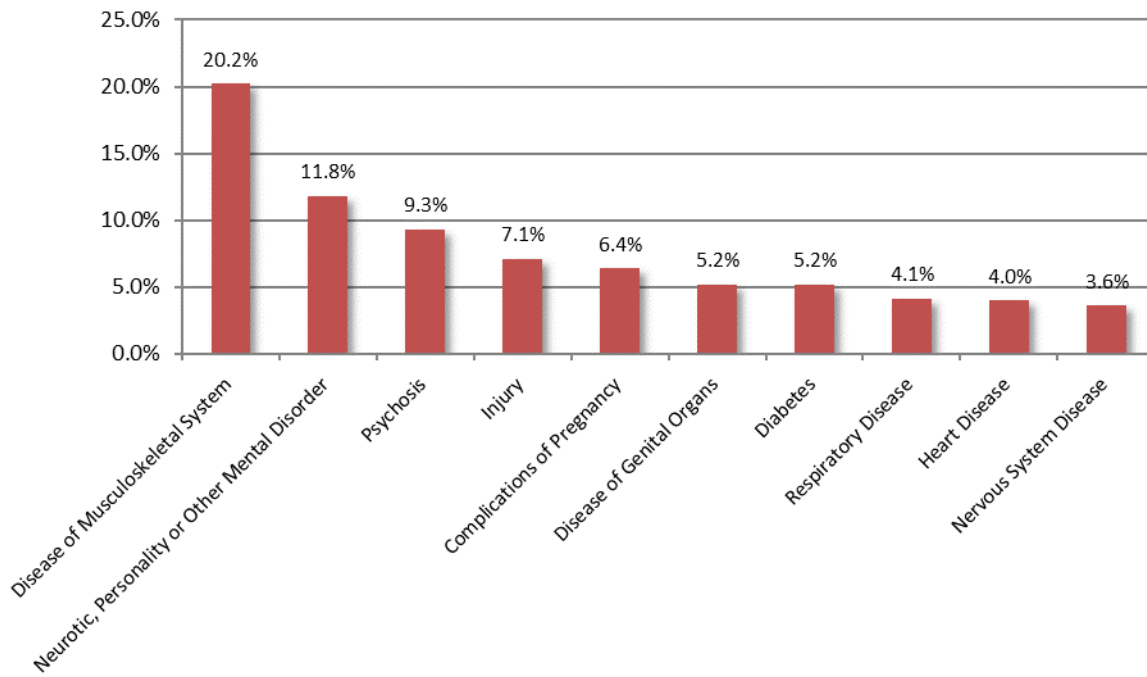
²⁴ Ranking of most common diagnoses calculated using primary diagnosis code from paid claims.

²⁵ 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 Categories²⁶

Disease of the musculoskeletal system also was the most expensive diagnostic category in SFY 2017 based on paid claim amounts, followed by seven of the same nine categories from the prior exhibit, although in slightly different order (Exhibit 1-9). 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



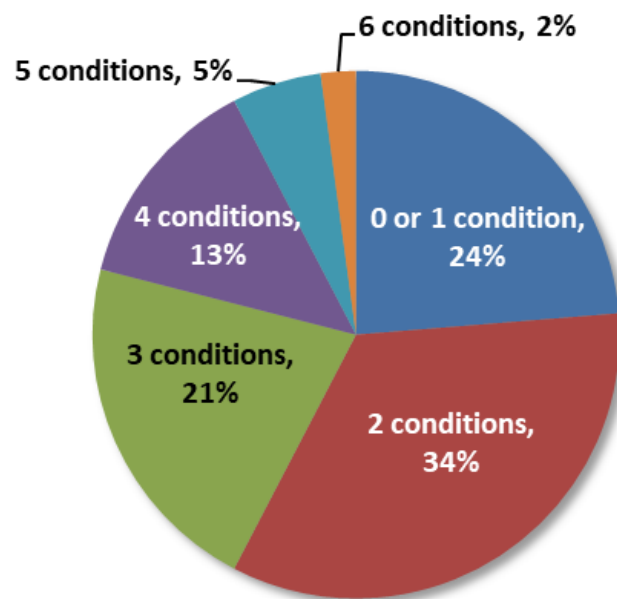
²⁶ Ranking of most costly diagnoses calculated using primary diagnosis code from paid claims.

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 2017 had at least two of six high priority chronic physical conditions²⁷ (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.

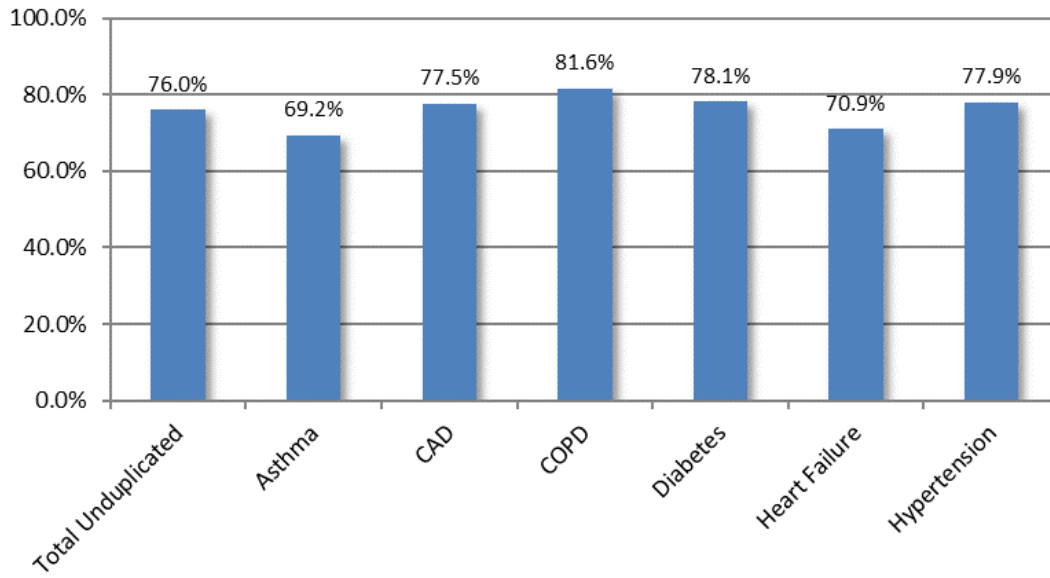
Exhibit 1-10 – Number of Physical Health Chronic Conditions



²⁷ These conditions are used by MEDai as part of its calculation of chronic impact scores.

Seventy-six percent of the participant population in SFY 2017 also had both a physical and behavioral health condition. Among the six priority physical health conditions, the co-morbidity prevalence ranged from approximately 82 percent in the case of persons with COPD to 69 percent among persons with asthma (Exhibit 1-11).²⁸ 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.

²⁸ 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 five-year period. This is the fourth 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 years one through four of the program, covering July 2013 to June 2017 (SFY 2014, 2015, 2016 and 2017).

Member and provider survey data is being collected on a continuous basis. Findings in this report are for surveys conducted from February 2015 to February 2018.

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 2018 has provided contact information for 15,513 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 139 initial surveys conducted during a ten-week period, from late February through April 2015. The SFY 2015 evaluation included data from an additional 619 initial surveys conducted from May 2015 through April 2016, as well as data from 135 six-month follow-up surveys.

The SFY 2016 evaluation included data from 544 initial surveys conducted from May 2016 through April 2017. The SFY 2016 evaluation also included data from 288 six-month follow-up surveys.

The SFY 2017 evaluation includes data from 502 initial surveys conducted from May 2017 through February 2018. The SFY 2017 evaluation also includes data from 225 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 on the following page 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	1,804	95%	+/- 2.17%
Six-month Follow-up	648	95%	+/- 3.77%

SoonerCare HMP Participant Survey Findings

Respondent Demographics

Initial Survey Respondents

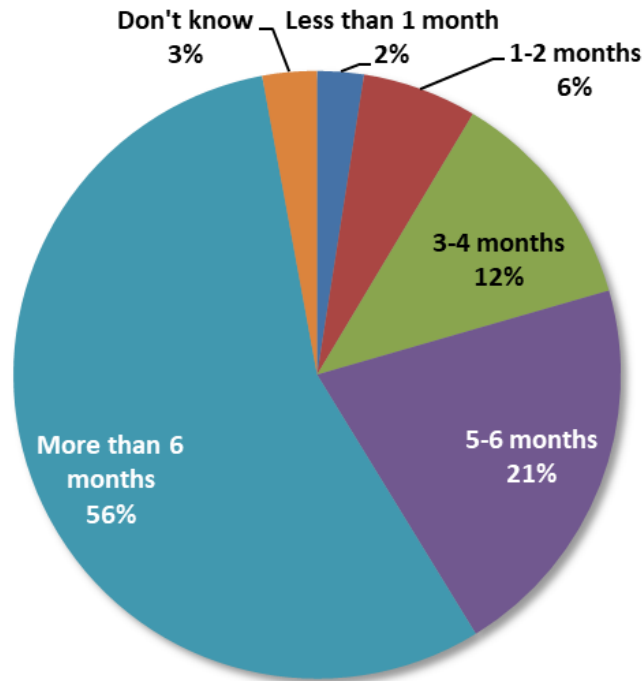
The SoonerCare HMP initial survey respondents in aggregate included 1,193 females (66 percent) and 611 males (34 percent).

The majority of surveys (1,553 out of 1,804, or 86 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 1,656 persons.

Respondent tenure in the program among the 1,656 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



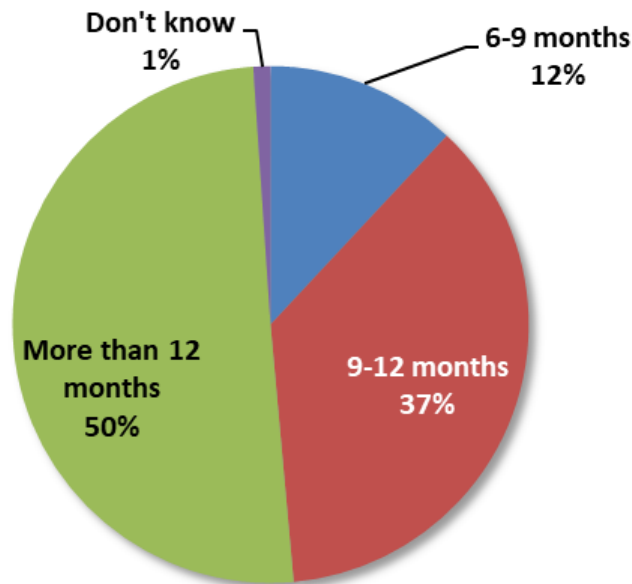
Follow-up Survey Respondents

The demographics of the follow-up survey population were very similar to the initial survey group. The SoonerCare HMP follow-up survey respondents in aggregate included 426 females (66 percent) and 222 males (34 percent).

The aggregated follow-up survey results included both 560 active participants and 63 persons who reported having disenrolled and who were asked about their disenrollment decision. (The remainder either had lost SoonerCare eligibility or were uncertain of their current enrollment status and were not asked additional questions.)

Respondent tenure in the program among the 560 active participants was at least six months and in a slight majority of cases was more than twelve months in duration (Exhibit 2-3).

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 four subgroups: February 2015 – April 2015 respondents (data for which was originally included in the SFY 2014 evaluation report); May 2015 – April 2016 respondents (data for which was originally included in the SFY 2015 evaluation report); May 2016 – April 2017 respondents (data for which was originally included in the SFY 2016 evaluation report); and May 2017 – February 2018²⁹. 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.

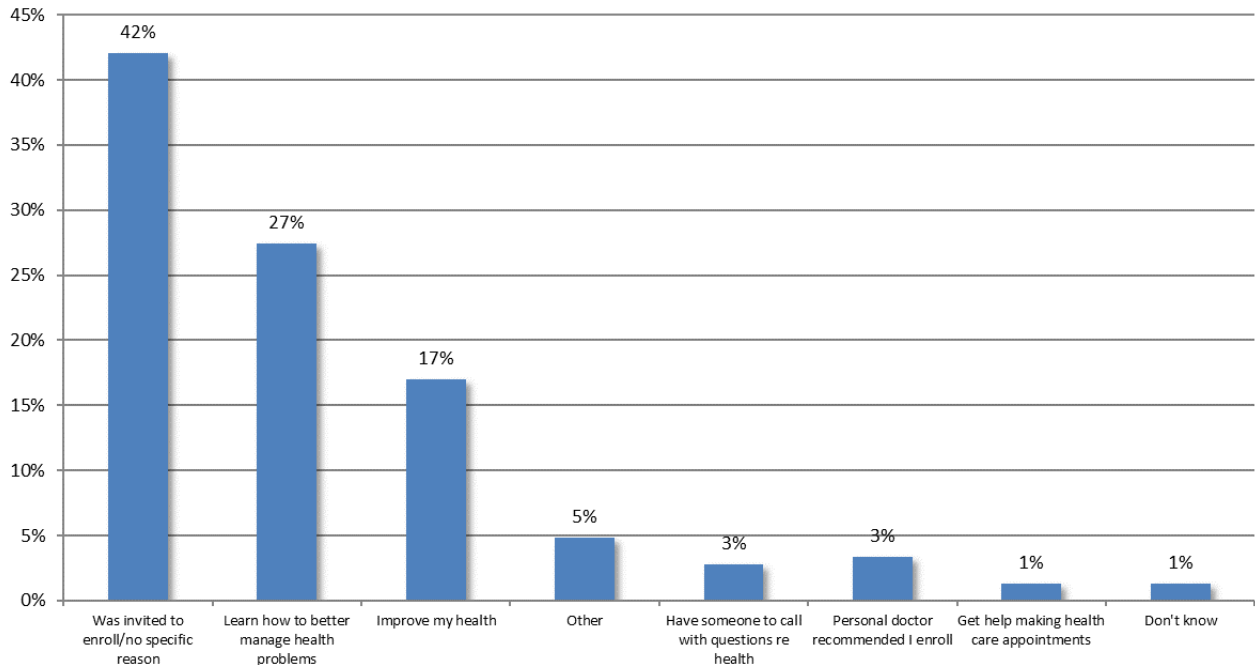
Copies of the survey instruments are included in Appendix A. The full set of responses is presented in Appendix B.

²⁹ PHPG concluded SFY 2017 evaluation survey activities in February, rather than April, as a sufficient number of surveys had been completed to allow work to begin on the SFY 2017 evaluation report. PHPG and the OHCA are committed to publishing findings at the earliest achievable date.

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 42 percent, enrolled simply because they were asked (Exhibit 2-4).

Exhibit 2-4 – Primary Reason for Enrolling in SoonerCare HMP – Initial Survey (Aggregate)³⁰



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.

³⁰ This question was not asked on the follow-up survey.

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

Reason	Primary Reason for Enrolling (Percent Naming) February 2015 – February 2018				Aggregate
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	
1. Was invited to enroll/no specific reason	35.6%	43.0%	44.0%	41.9%	42.2%
2. Learn how to better manage health problems	26.3%	26.7%	24.8%	31.9%	27.5%
3. Improve my health	23.7%	16.7%	16.6%	15.5%	16.7%
4. Other	4.2%	6.6%	6.4%	2.6%	5.1%
5. Have someone to call with questions regarding health	2.5%	3.2%	3.8%	1.4%	2.8%
6. Get help making personal health care appointments	3.4%	1.3%	0.2%	1.2%	1.1%
7. Personal doctor recommended I enroll	1.7%	3.2%	3.0%	4.2%	3.3%
8. Don't know/not sure	2.5%	1.1%	1.2%	1.2%	1.3%

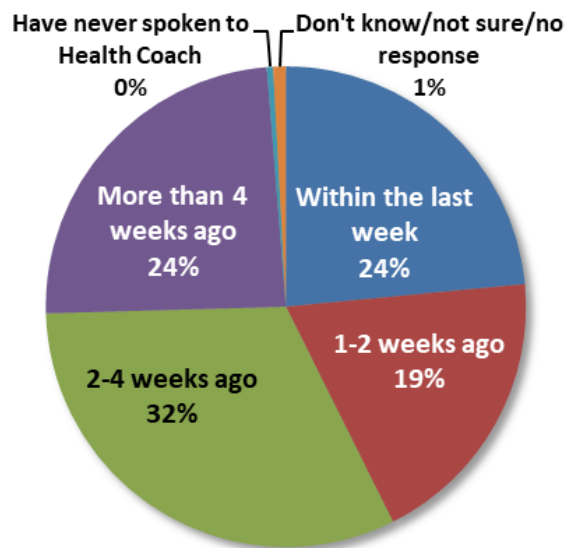
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

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)³¹



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).

³¹ “Have never spoken to health coach” segment is 0.3% (rounded down to 0% in exhibit).

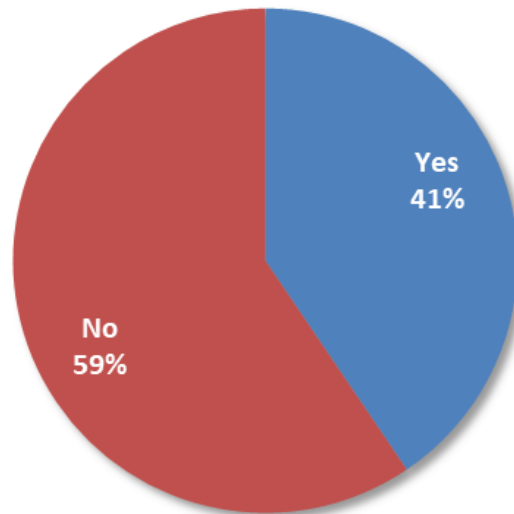
**Exhibit 2-7 – Most Recent Contact with Health Coach –
Initial Survey (Longitudinal) & Follow-up**

Last Time Spoke with Health Coach									
Time Elapsed	Initial Survey					Follow-up Survey			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
Within last week	24.1%	22.6%	21.1%	26.7%	23.5%	24.6%	18.7%	16.4%	19.1%
1 to 2 weeks ago	35.3%	23.3%	16.7%	13.2%	19.1%	14.8%	15.9%	12.3%	14.2%
2 to 4 weeks ago	23.3%	27.4%	33.4%	37.4%	31.9%	20.5%	27.1%	28.7%	26.3%
More than 4 weeks ago	16.4%	25.0%	28.0%	21.3%	24.2%	38.5%	37.9%	39.6%	38.7%
Have never spoken to health coach	0.9%	0.2%	0.6%	0.4%	0.4%	0.8%	0.0%	0.0%	0.2%
Don't know/not sure/no response	0.0%	1.5%	0.2%	1.0%	0.8%	0.8%	0.5%	3.2%	1.6%

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 coach³² (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 ³³	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
Yes	39.3%	37.0%	42.6%	42.6%	40.5%	34.4%	37.5%	45.5%	40.0%
No	60.7%	63.0%	57.4%	57.4%	59.5%	65.6%	62.5%	54.5%	60.0%

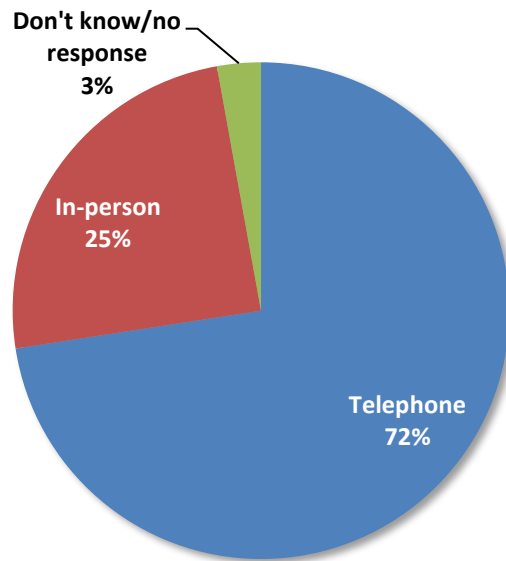
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

³² Respondents were asked for a name but PHPG did not verify the accuracy of the information.

³³ May 2016 – April 2017 and May 2017 – February 2018 initial survey percentages are identical.

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 initial survey respondents but not follow-up survey respondents. (Exhibit 2-11).

Exhibit 2-11 – Health Coach Contact Method – Initial Survey (Longitudinal) & Follow-up

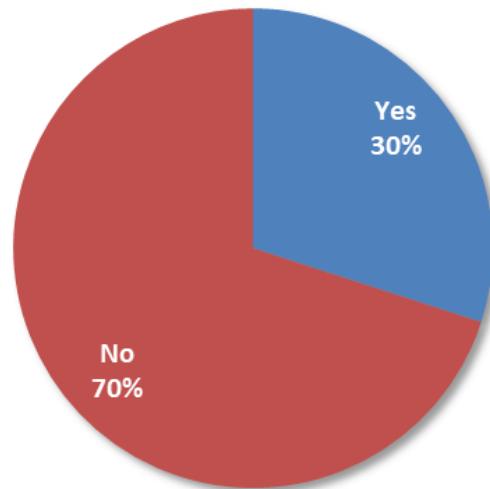
Response	Health Coach Contact Method								
	Initial Survey					Follow-up Survey			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
Telephone	50.9%	66.9%	73.6%	82.8%	72.6%	81.1%	79.7%	81.4%	80.7%
In-person	49.1%	31.3%	25.4%	10.7%	24.6%	18.9%	20.3%	16.8%	18.6%
Don't know/no response	0.0%	1.8%	1.0%	6.5%	2.8%	0.0%	0.0%	1.8%	0.7%

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 90 percent of respondents, both initial and follow-up, confirmed that they were given a number.

Only 30 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 across the first three survey periods among initial survey respondents, before plateauing in the most recent survey period. The percentage also increased among follow-up survey respondents (Exhibit 2-13).

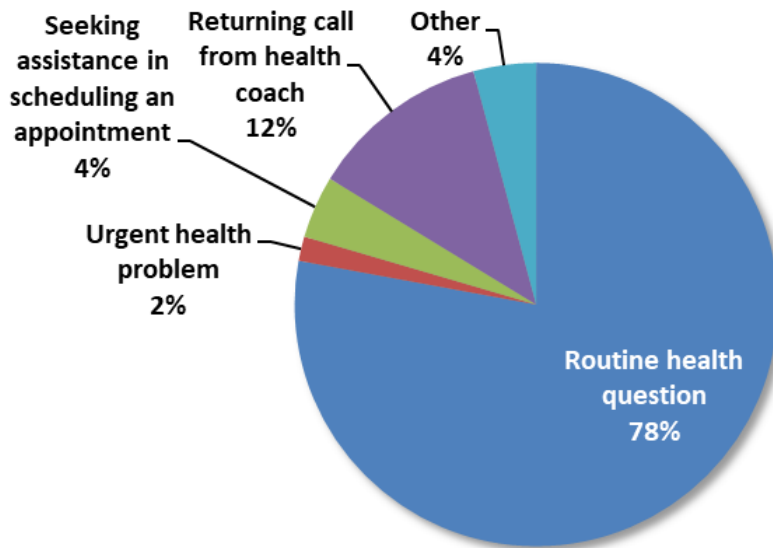
Exhibit 2-13 – Tried to Call Health Coach – Initial Survey (Longitudinal) & Follow-up

Response	Tried to Call Health Coach									
	Initial Survey					Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	
Yes	16.0%	28.3%	34.1%	31.1%	30.0%	16.4%	26.7%	38.0%	28.7%	
No	84.0%	71.7%	70.4%	68.9%	70.0%	83.6%	73.3%	61.0%	70.9%	
Don't know/not sure	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%	0.0%	1.0%	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 (78 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.

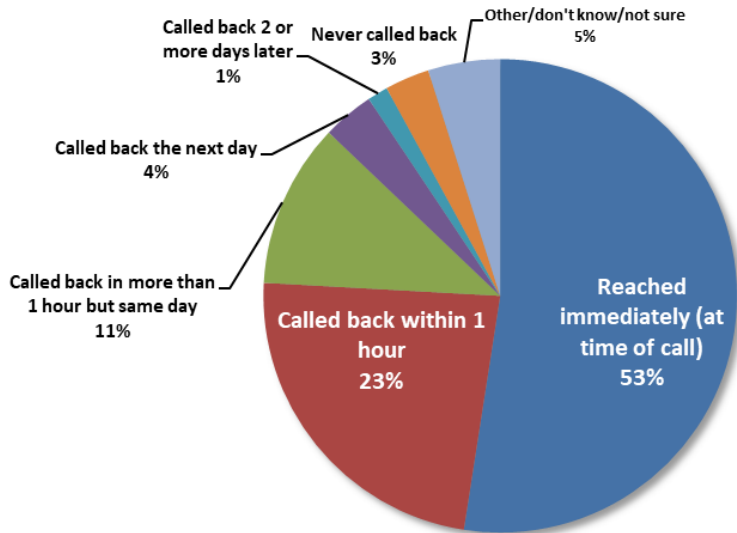
Exhibit 2-15 – Reason for Most Recent Call – Initial Survey (Longitudinal) & Follow-up

Reason	Reason for Most Recent Call to Health Coach								
	Initial Survey					Follow-up Survey			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
Routine health question	64.7%	80.7%	79.1%	74.6%	77.7%	61.1%	85.2%	81.7%	79.2%
Urgent health problem	0.0%	2.2%	1.3%	1.6%	1.6%	5.6%	0.0%	0.0%	1.4%
Seeking assistance in scheduling an appointment	11.8%	2.2%	7.2%	1.6%	4.2%	0.0%	5.6%	2.8%	4.2%
Returning call from health coach	0.0%	9.6%	7.8%	21.4%	12.1%	22.2%	5.6%	15.5%	9.7%
Other	23.5%	5.2%	3.9%	0.8%	4.2%	11.1%	3.7%	0.0%	2.8%

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

Eighty-seven 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)



A majority 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

Response	Health Coach Call-Back Time								
	Initial Survey					Follow-up Survey			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
Reached immediately (at time of call)	47.1%	59.3%	55.7%	42.1%	52.5%	61.1%	50.0%	43.7%	48.3%
Called back within 1 hour	23.5%	21.5%	24.8%	23.8%	23.4%	11.1%	35.2%	23.9%	26.6%
Called back in more than 1 hour but same day	17.6%	5.2%	5.4%	23.8%	11.2%	5.6%	3.7%	18.3%	11.2%
Called back the next day	5.9%	2.2%	3.4%	4.8%	3.5%	16.7%	1.9%	2.8%	4.2%
Called back 2 or more days later	5.9%	1.5%	0.7%	1.6%	1.4%	0.0%	0.0%	0.0%	0.0%
Never called back	0.0%	3.7%	3.4%	2.4%	3.0%	5.6%	0.0%	4.2%	2.8%
Other/don't know/not sure	0.0%	6.6%	6.7%	1.6%	4.9%	0.0%	9.3%	7.0%	7.0%

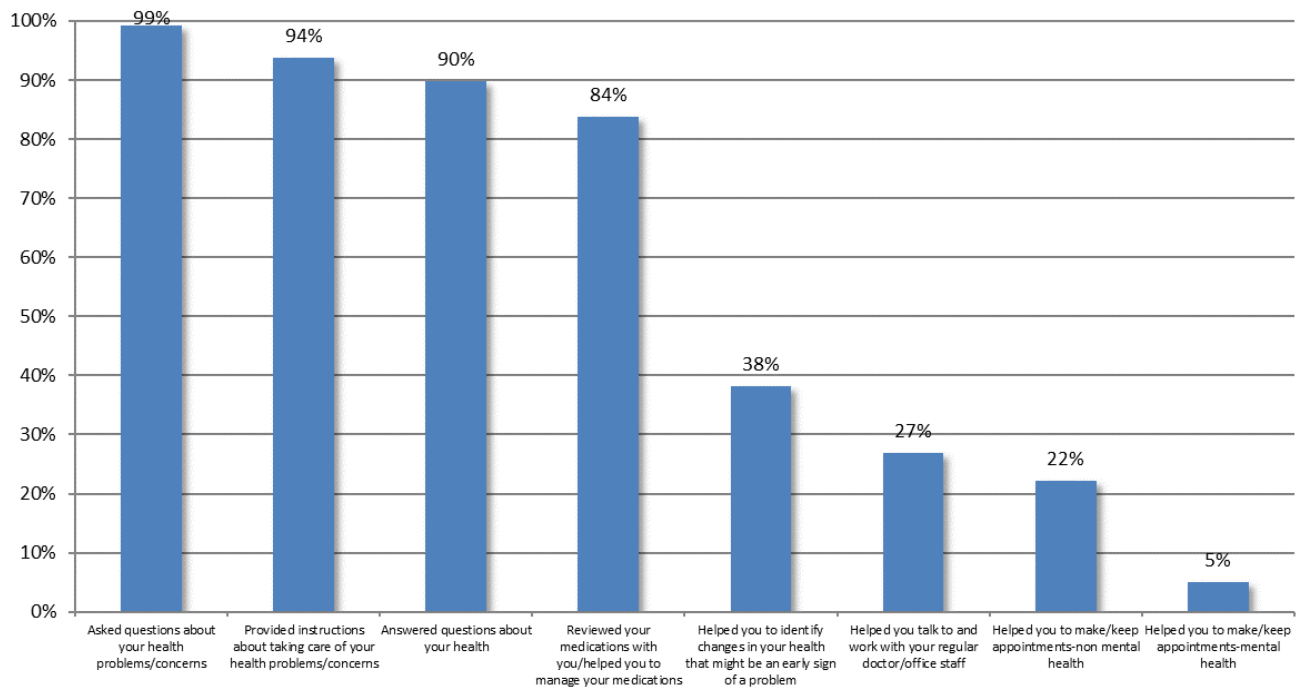
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

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 (94 percent), answered questions about their health (90 percent) and assisted with medications (84 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). 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. Conversely, the portion reporting help talking and working with their doctor decreased by 24 percentage points.

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**

Activity	Health Coach Activity Occurrence								
	Initial Survey (% “yes”)					Follow-up Survey (% “yes”)			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2015 – Apr 2016	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
1. Asked questions about your health problems or concerns	98.3%	99.1%	99.4%	99.6%	99.3%	98.3%	100.0%	100.0%	99.6%
2. Provided instructions about taking care of your health problems or concerns	83.9%	93.0%	96.2%	94.5%	93.8%	95.0%	97.2%	98.2%	97.1%
3. Helped you to identify changes in your health that might be an early sign of a problem	24.6%	39.3%	41.6%	36.6%	38.1%	24.8%	45.6%	35.9%	37.3%
4. Answered questions about your health	78.8%	89.7%	91.8%	90.4%	89.8%	90.9%	97.2%	91.4%	93.6%

Activity	Health Coach Activity Occurrence								
	Initial Survey (% "yes")					Follow-up Survey (% "yes")			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2015 – Apr 2016	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
5. Helped you talk to and work with your regular doctor and your regular doctor's staff	44.9%	30.4%	24.6%	20.7%	26.8%	25.6%	23.0%	22.3%	23.3%
6. Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems	27.1%	25.3%	23.4%	16.3%	22.2%	22.3%	19.4%	18.6%	19.7%
7. Helped you to make and keep health care appointments for mental health or substance abuse problems	14.4%	6.5%	3.8%	2.4%	5.0%	5.0%	5.5%	0.9%	3.6%
8. Reviewed your medications with you and helped you to manage your medications	59.3%	81.0%	88.0%	88.2%	83.7%	80.2%	94.5%	91.8%	90.3%

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 increased from the initial to follow-up 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”)³⁴ – Initial Survey (Longitudinal) & Follow-up

Activity	Health Coach Activity Satisfaction (Very Satisfied)								
	Initial Survey (% “very satisfied”)					Follow-up Survey (% “very satisfied”)			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
1. Asked questions about your health problems or concerns	84.3%	91.0%	92.7%	91.2%	91.1%	94.1%	95.4%	86.4%	91.4%
2. Provided instructions about taking care of your health problems or concerns	86.7%	93.1%	94.0%	93.5%	93.1%	93.9%	96.7%	87.4%	92.4%
3. Helped you to identify changes in your health that might be an early sign of a problem	87.9%	95.3%	97.1%	97.7%	96.2%	100.0%	94.7%	95.1%	95.6%
4. Answered questions about your health	90.3%	93.6%	95.4%	95.7%	94.6%	95.5%	96.7%	93.5%	95.2%
5. Helped you talk to and work with your regular doctor and your regular doctor’s staff	98.1%	90.9%	94.5%	97.1%	94.1%	96.9%	94.0%	98.1%	96.3%
6. Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems	93.8%	87.0%	92.6%	95.1%	91.1%	100.0%	90.7%	90.5%	92.9%

³⁴ 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.

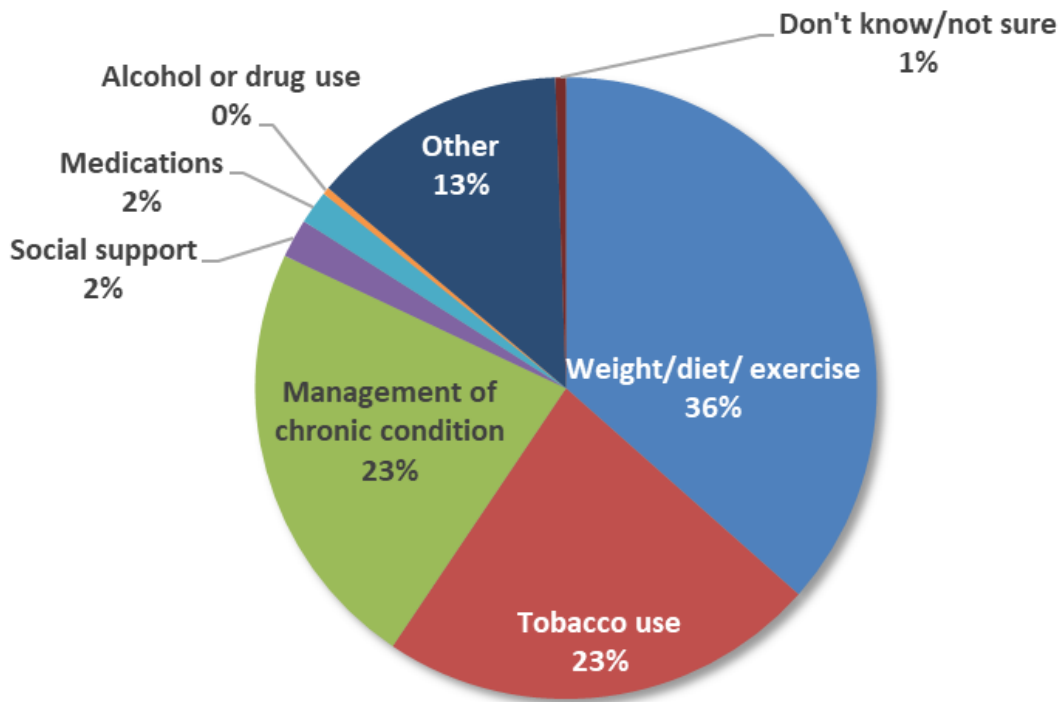
Activity	Health Coach Activity Satisfaction (Very Satisfied)								
	Initial Survey (% "very satisfied")					Follow-up Survey (% "very satisfied")			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
7. Helped you to make and keep health care appointments for mental health or substance abuse problems	93.8%	62.3%	58.1%	76.9%	67.3%	80.0%	83.3%	80.0%	81.8%
8. Reviewed your medications with you and helped you to manage your medications	84.7%	92.4%	95.7%	94.6%	93.7%	95.9%	96.6%	94.1%	95.4%

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 the member in developing an action plan with goals to be pursued by the member with his/her coach's assistance.

Seventy-eight percent of initial survey respondents and 77 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-four percent of the initial survey group subset that answered "yes" (or 66 percent of total) stated that they actually selected an area to make a change. Among follow-up survey respondents, 75 percent of the subset that answered "yes" (or 58 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 the most recent survey period; 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 Area	Action Plan								
	Initial Survey (% selecting)					Follow-up Survey (% selecting)			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
1. Management of chronic condition	21.5%	18.7%	22.3%	27.0%	22.6%	18.8%	15.3%	21.6%	18.5%
2. Weight/diet/exercise	36.5%	39.7%	41.0%	29.1%	36.6%	44.9%	42.7%	33.6%	39.8%
3. Tobacco use	14.0%	26.5%	20.8%	23.7%	22.9%	23.2%	26.7%	25.6%	25.6%
4. Medications	0.0%	1.5%	1.8%	2.4%	1.7%	2.9%	0.8%	3.2%	2.2%
5. Alcohol or drug use	0.0%	0.9%	0.3%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%
6. Social support	0.0%	3.9%	2.4%	0.3%	2.0%	2.9%	0.8%	0.8%	1.2%
7. Other/don't know/not sure	28.0%	8.7%	11.3%	16.0%	13.3%	7.2%	13.7%	14.4%	12.7%

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 (84 percent of initial survey respondents and 88 percent of follow-up survey respondents). Among those with an action plan, 77 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

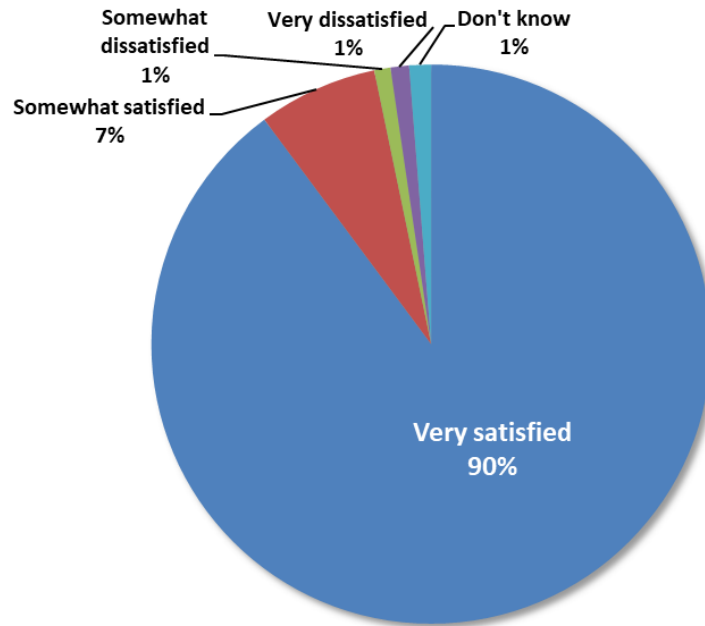
Action Plan Area	Goals Achieved
Weight/Diet/Exercise	<ul style="list-style-type: none"> • Losing weight • Eating better, including more fruits/vegetables and less sugar; reading labels on food • Exercising more; enrolling in an exercise class • Walking more • Learning portion control
Management of chronic physical health condition	<ul style="list-style-type: none"> • Better control of asthma with medications; using inhaler properly • Starting oxygen therapy • Enrolling in diabetes education program • Eating better to control blood sugar • Seeing pain specialist
Management of mental health condition	<ul style="list-style-type: none"> • Starting counseling • 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	<ul style="list-style-type: none"> • 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, 60 percent of initial survey respondents and 71 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 96 percent of initial survey respondents and 97 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 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, although the trendlines for the two groups diverged. The percentage reporting themselves as “very satisfied” increased across survey time periods for the initial survey group, while it declined in the most recent follow-up survey, with the portion rating themselves “somewhat satisfied” increasing by a commensurate amount (Exhibit 2-25).

Exhibit 2-25– Satisfaction with Health Coach – Initial Survey (Longitudinal) & Follow-up

Satisfaction with Health Coach									
Response	Initial Survey					Follow-up Survey			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
Very satisfied	84.3%	87.7%	92.5%	91.0%	89.8%	85.1%	95.1%	84.8%	88.8%
Somewhat satisfied	11.3%	7.5%	5.2%	6.8%	6.9%	7.4%	3.4%	13.2%	8.1%
Somewhat dissatisfied	0.0%	1.3%	0.6%	1.1%	0.9%	1.7%	0.5%	0.5%	0.8%
Very dissatisfied	1.7%	0.9%	1.5%	0.7%	1.1%	0.8%	1.0%	1.5%	1.1%
Don't know/not sure/no response	2.6%	2.6%	0.2%	0.4%	1.3%	5.0%	0.0%	0.0%	1.1%

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- six percent of initial survey respondents and 42 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion – 68 initial survey respondents (12 percent) and 20 follow-up survey respondents (nine 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 nebulizers³⁵.

Exhibit 2-26 – Community Resource Specialist Awareness & Use – Initial Survey (Longitudinal) & Follow-up

Community Resource Specialist - Awareness and Use									
Awareness & Use	Initial Survey					Follow-up Survey			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
Yes - aware	35.9%	38.9%	32.2%	35.4%	35.6%	37.2%	49.5%	37.9%	42.3%
No – not aware	63.2%	51.2%	58.7%	51.9%	54.5%	54.5%	45.4%	47.0%	48.0%
DK/not sure/no response	0.9%	9.9%	9.1%	12.7%	9.9%	8.3%	5.1%	15.1%	9.7%
If aware:									
Yes – have used	19.0%	10.4%	11.9%	11.0%	11.6%	6.7%	9.4%	8.4%	8.6%
No – have not used	81.0%	89.1%	88.1%	87.9%	87.9%	93.3%	90.6%	91.6%	91.5%
DK/not sure/no response	0.0%	0.5%	0.0%	1.2%	0.5%	0.0%	0.0%	0.0%	0.0%

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

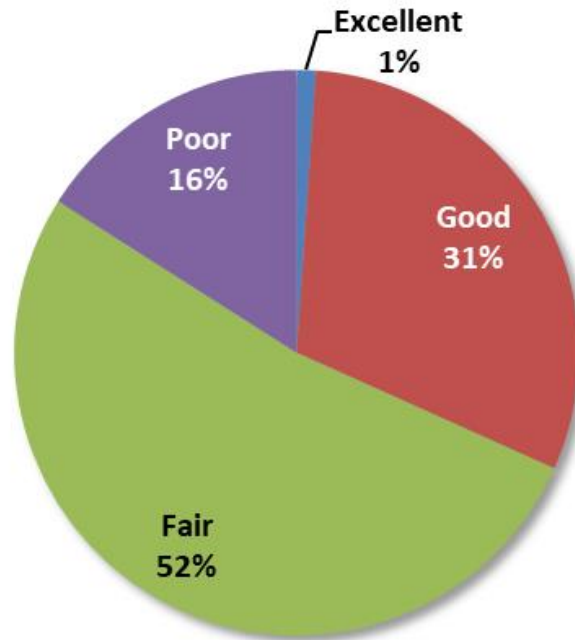
Forty-eight of the 68 initial survey respondents and 17 of the 20 follow-up survey respondents stated that the community resource specialist was “very helpful” in resolving their problem. A common complaint among the few respondents who found the resource specialist not to be helpful was that the member was given a referral telephone number (e.g., to a housing agency) but no other assistance.

³⁵As 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.

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 in the two most recent time periods for both survey groups, while the portion reporting their health as “good” or “poor” declined by a commensurate amount.

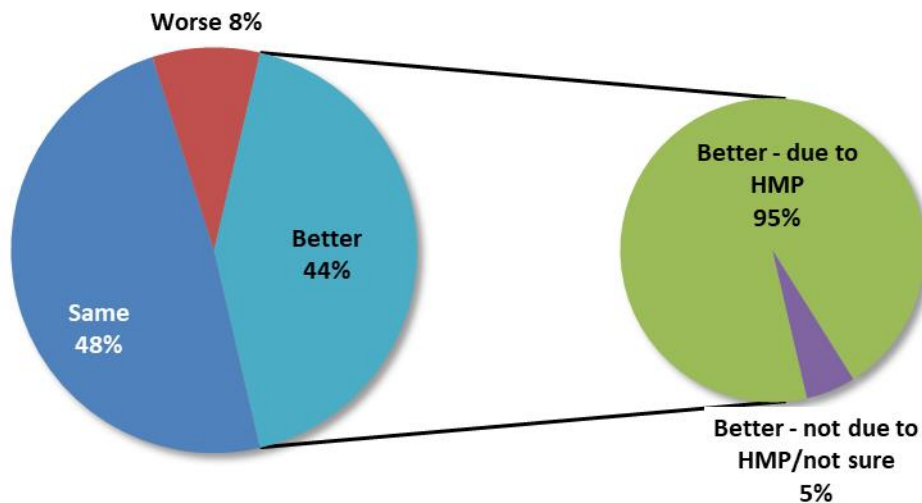
Exhibit 2-28 – Current Health Status – Initial Survey (Longitudinal) & Follow-up

Response	Health Status								
	Initial Survey					Follow-up Survey			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
Excellent	3.4%	1.5%	0.8%	0.4%	1.1%	1.7%	0.5%	0.0%	0.5%
Good	31.4%	38.4%	31.7%	20.5%	30.5%	40.5%	39.6%	22.7%	33.2%
Fair	46.6%	41.4%	54.4%	63.0%	52.2%	40.5%	50.7%	66.4%	54.7%
Poor	18.6%	18.5%	12.7%	15.9%	16.0%	17.4%	9.2%	10.9%	11.7%
Don't know/not sure/no response	0.0%	0.2%	0.4%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%

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

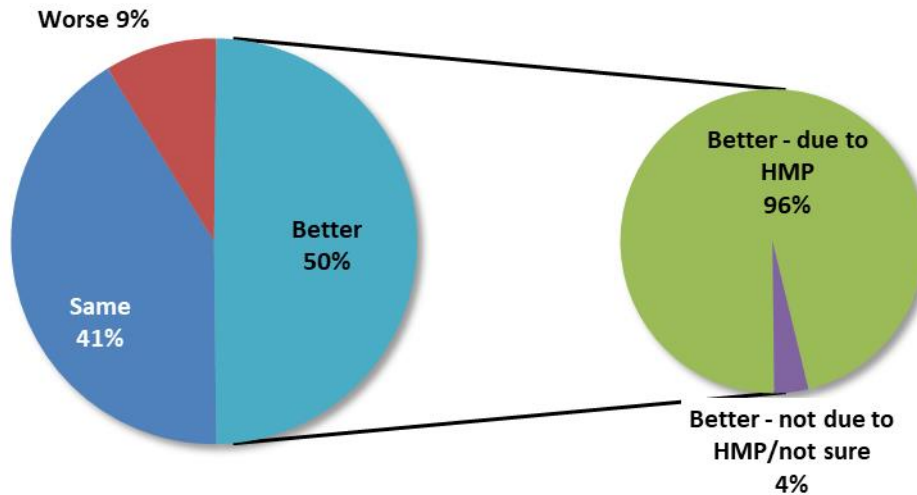
When next asked if their health status had changed since enrolling in the SoonerCare HMP, the largest segment of initial survey respondents (48 percent) said it was “about the same”. However, nearly as many (44 percent) said their health was “better” and only eight percent said it was “worse”. Among those respondents who reported a positive change, nearly all (95 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 (50 percent) reported improved health, with nearly all (96 percent) percent 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.

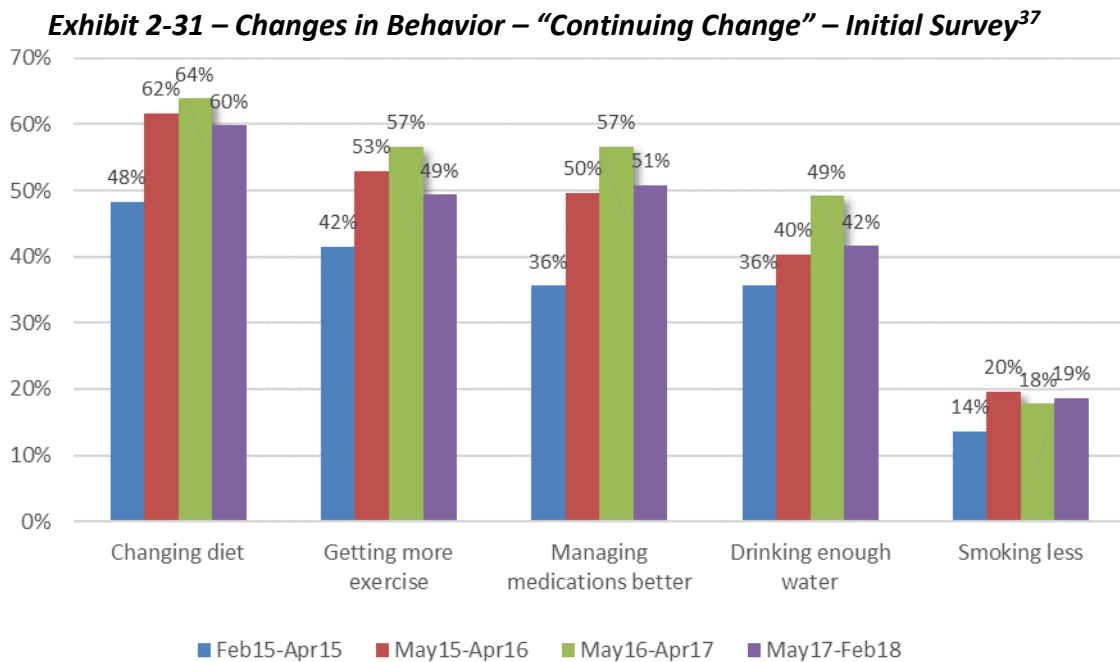
Respondents in both the initial and follow-up survey groups also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change³⁶. Respondents were asked whether their health coach discussed behavior changes with 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.

The percentage that reported continuing change generally increased from the first to third initial survey groups, before dropping in the most recent survey time period. Even with the recent

³⁶ 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.

decline, the percentage that reported continuing change was higher than in the initial time period for all behaviors (Exhibit 2 – 31).



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).

³⁷ The sixth behavior, drinking or using other substances less, was identified as an area of continuing change by 1.5 percent of the initial survey group and 1.8 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 ³⁸	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	15.2%	6.8%	1.6%	18.3%	54.9%	3.1%
	Follow-up	9.0%	6.7%	1.1%	14.1%	67.0%	2.2%
2. Moving around more or getting more exercise	Initial	16.4%	7.4%	2.6%	52.2%	18.4%	3.1%
	Follow-up	14.8%	9.0%	3.6%	49.7%	20.9%	2.0%
3. Changing your diet	Initial	14.0%	7.5%	3.0%	60.9%	11.9%	2.7%
	Follow-up	9.6%	8.5%	3.0%	60.9%	11.9%	2.7%
4. Managing and taking your medications better	Initial	14.3%	2.1%	0.1%	51.1%	29.5%	2.9%
	Follow-up	8.1%	0.2%	0.5%	51.9%	36.8%	2.5%
5. Making sure to drink enough water throughout the day	Initial	29.7%	6.1%	1.6%	43.0%	14.7%	4.9%
	Follow-up	22.7%	12.1%	2.2%	39.1%	17.5%	6.5%
6. Drinking or using other substances less	Initial	34.6%	0.9%	0.0%	1.5%	59.3%	3.8%
	Follow-up	31.9%	0.0%	0.0%	1.8%	62.7%	3.6%

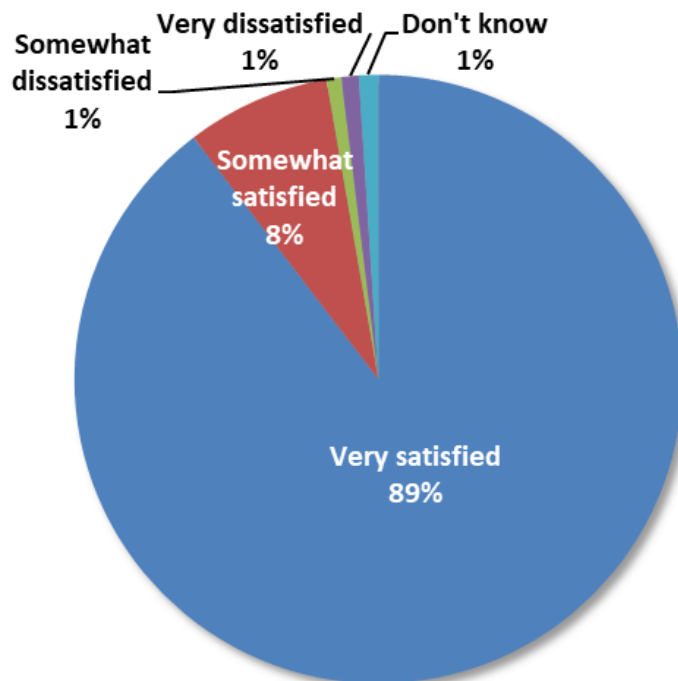
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

³⁸ “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. Eighty-nine percent of initial survey respondents reported being “very satisfied” (Exhibit 2-33). An even higher percentage (95 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 most recent period. The “very satisfied” percentage also declined among follow-up survey respondents in the most recent time period. However, the “somewhat satisfied” segment increased within both survey groups such that the percentage reporting themselves as “satisfied” remained stable (Exhibit 2-34 on the following page).

**Exhibit 2-34 – Overall Satisfaction with SoonerCare HMP –
Initial Survey (Longitudinal) & Follow-up**

Satisfaction with SoonerCare HMP									
Response	Initial Survey					Follow-up Survey			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Aggregate
Very satisfied	81.9%	87.9%	92.3%	90.7%	89.6%	89.9%	95.4%	84.9%	90.1%
Somewhat satisfied	12.9%	8.6%	5.7%	7.3%	7.7%	8.4%	3.2%	14.2%	8.7%
Somewhat dissatisfied	0.9%	0.9%	0.2%	1.2%	0.8%	0.8%	0.9%	0.0%	0.5%
Very dissatisfied	1.7%	0.6%	1.6%	0.4%	0.9%	0.0%	0.5%	0.9%	0.5%
Don't know/not sure/no response	2.6%	2.0%	0.2%	0.4%	1.0%	0.8%	0.0%	0.0%	0.2%

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 example³⁹:

“(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.”

³⁹ First five comments are from most recent survey period. Subsequent comments are from earlier survey periods.

“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 as 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, than 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.”

Voluntary Disenrollments

Sixty-three respondents in the follow-up survey stated that they had voluntarily disenrolled from the SoonerCare HMP. When asked why they disenrolled, they gave the following reasons (respondents could cite more than one):

- Not aware of the program/did not know had been enrolled (three respondents)
- Did not wish to self-manage care/receive health education (seven respondents)
- Have no health needs at this time (13 respondents)
- Satisfied with current doctor/health access without the program (three respondents)
- Changed doctors (eight respondents)⁴⁰
- Health coach stopped calling (24 respondents)
- Now living in a residential facility (one respondent)
- Not sure (five respondents)

Several of the reasons cited – changing doctors, loss of contact with the health coach and moving to a residential facility – arguably were not voluntary disenrollments, although they were considered such by the respondents.

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.

⁴⁰ This was a cause for disenrollment prior to introduction of telephonic health coaching.

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
 - 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 test
- 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 test
 - 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 test
 - Percentage of members prescribed ACE/ARB therapy
 - Percentage of members prescribed diuretics
 - 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 2017 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 2017 SoonerCare health coaching population compliance rates to SFY 2015 and SFY 2016 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.

There were no statistically significant differences at the 95 percent confidence interval identified in the health coaching participant year-over-year analysis.

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 methylxanthines.
- *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 3-1⁴¹). 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	49	45	91.8%	81.1%	10.7%
2. Medication Management for People with Asthma – 50 Percent	44	30	68.2%	58.4%	9.8%
3. Medication Management for People with Asthma – 75 Percent	44	12	27.3%	38.2%	(10.9%)

⁴¹ 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 15,674.

There was a small decline in the compliance rate for individuals with asthma who were appropriately prescribed medications from SFY 2015 to SFY 2017, 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 unchanged.

Exhibit 3-2 – Asthma Clinical Measures - 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Use of Appropriate Medications for People with Asthma	93.5%	92.2%	91.8%	(1.7%)
2. Medication Management for People with Asthma – 50 Percent	68.2%	69.5%	68.2%	0.0%
3. Medication Management for People with Asthma – 75 Percent	27.3%	28.3%	27.3%	0.0%

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 Test*: Percentage of members 18 to 75 who received at least one LDL-C test.

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 75 percent of the health coaching population received at least one LDL-C test. A comparison group was not identified for this measure in SFY 2017.

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	6	50.0%	79.9%	(29.9%)
2. LDL-C Screening	292	225	77.1%	--	--

The compliance rate for beta blocker treatment increased by nearly four percentage points from SFY 2015 to SFY 2017; the LDL-C test also rose slightly (Exhibit 3-4).

Exhibit 3-4 – Cardiovascular Disease Clinical Measures - 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	46.2%	53.8%	50.0%	3.8%
2. LDL-C Screening	76.8%	77.3%	77.1%	0.3%

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 one of three measures (Exhibit 3-5) and was lower for the other two. 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	169	55	32.5%	31.6%	0.9%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	130	67	51.5%	65.9%	(14.4%)
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	130	101	77.7%	80.6%	(2.9%)

The compliance rates for all three COPD measures increased slightly from SFY 2015 to SFY 2017 (Exhibit 3-6).

Exhibit 3-6 – COPD Clinical Measures - 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	31.8%	32.0%	32.5%	0.7%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	50.4%	52.2%	51.5%	1.1%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	76.5%	76.9%	77.7%	1.2%

Diabetes

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

- *LDL-C Test*: 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 Test	904	722	79.9%	64.6%	15.3%
2. Retinal Eye Exam	904	360	39.8%	28.0%	11.8%
3. HbA1c Test	904	796	88.1%	72.8%	15.3%
4. Medical Attention for Nephropathy	904	706	78.1%	53.1%	25.0%
5. ACE/ARB Therapy	904	614	67.9%	---	---

The compliance rates for all five measures increased slightly from SFY 2015 to SFY 2017 (Exhibit 3-8).

Exhibit 3-8 – Diabetes Clinical Measures - 2015 – 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. LDL-C Test	78.3%	79.4%	79.9%	1.6%
2. Retinal Eye Exam	38.1%	39.3%	39.8%	1.7%
3. HbA1c Test	87.2%	87.5%	88.1%	0.9%
4. Medical Attention for Nephropathy	77.0%	77.4%	78.1%	1.1%
5. ACE/ARB Therapy	66.5%	67.5%	67.9%	1.4%

Hypertension

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

- *LDL-C Test*: 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.

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 Test	1,999	1,355	67.8%	---	---
2. ACE/ARB Therapy	1,999	1,337	66.9%	---	---
3. Diuretics	1,999	922	46.1%	---	---
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics ⁴²	1,092	928	85.0%	87.7%	(2.7%)

⁴² 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 the health coaching population increased slightly for three of four measures and was unchanged for the fourth from SFY 2015 to SFY 2017 (Exhibit 3-10).

Exhibit 3-10 – Hypertension Clinical Measures - 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. LDL-C Test	67.8%	67.5%	67.8%	0.0%
2. ACE/ARB Therapy	65.8%	66.3%	66.9%	1.1%
3. Diuretics	44.9%	45.6%	46.1%	1.2%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	83.7%	84.4%	85.0%	1.3%

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	145	52	35.9%	22.6%	13.3%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	145	99	68.3%	45.2%	23.1%

The compliance rate for both measures increased slightly from SFY 2015 to SFY 2017 (Exhibit 3-12).

Exhibit 3-12 – Mental Health Measures - 2015 – 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	34.3%	34.7%	35.9%	1.6%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	67.2%	67.3%	68.3%	1.1%

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	4,334	4,165	96.1%	84.0%	12.1%
2. Child Access to PCP	682	672	98.5%	91.9%	6.6%
3. Adult BMI	3,327	466	14.0%	10.4%	3.6%

The compliance rate for all three measures was nearly unchanged from SFY 2015 to SFY 2017 (Exhibit 3-14).

Exhibit 3-14 – Preventive Measures – 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.1%	96.0%	96.1%	0.0%
2. Child Access to PCP	98.7%	98.6%	98.5%	(0.2%)
3. Adult BMI	14.2%	13.8%	14.0%	(0.2%)

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 2017 results were consistent with SFY 2015 and SFY 2016 findings, 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 experience⁴³.

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 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 48 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 48, 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.

⁴³ 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 hypertension⁴⁴. 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 2017. (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, 2017 and had MEDai forecast data available at the time of engagement.⁴⁵

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.

⁴⁴ 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.

⁴⁵ 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 2017 included 1,446 health coaching participants with an asthma diagnosis⁴⁶. Asthma was the most expensive diagnosis at the time of engagement for 53 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
1,446	766	53%

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	11%
COPD	44%
Diabetes	27%
Heart Failure	9%
Hypertension	51%

⁴⁶ 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.

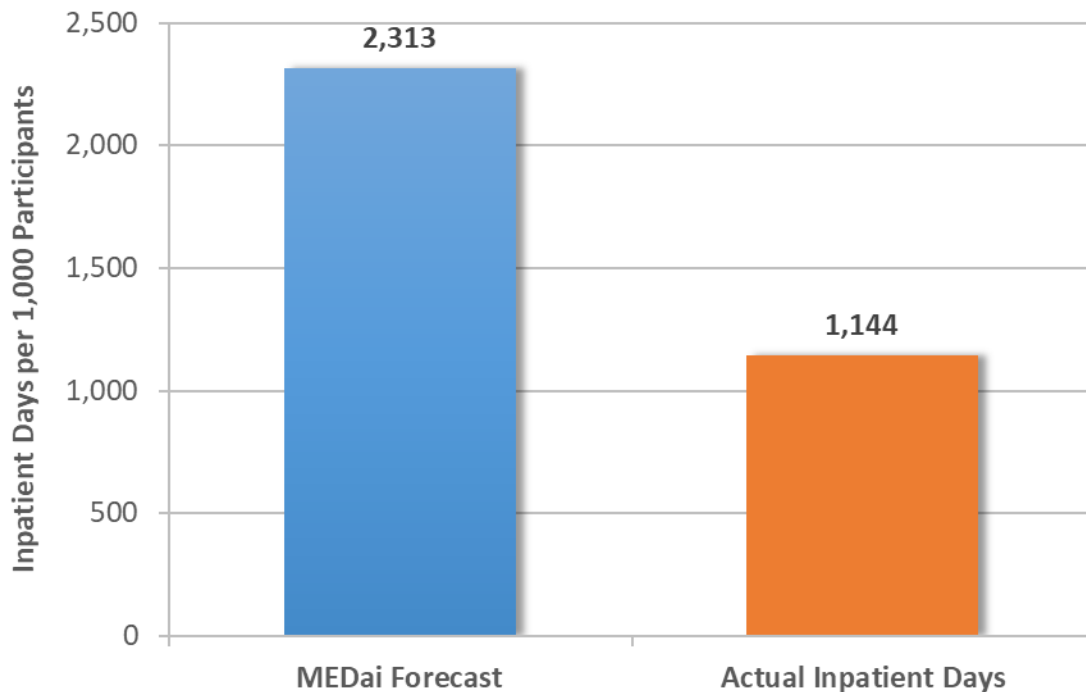
Utilization

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 2,313 inpatient days per 1,000 participants in the first 12 months of engagement⁴⁷. The actual rate was 1,144, or 49 percent of forecast (Exhibit 4-3). (As a point of comparison, the rate for all Oklahomans in 2016, across all diagnoses, was 562 days per 1,000.⁴⁸)

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

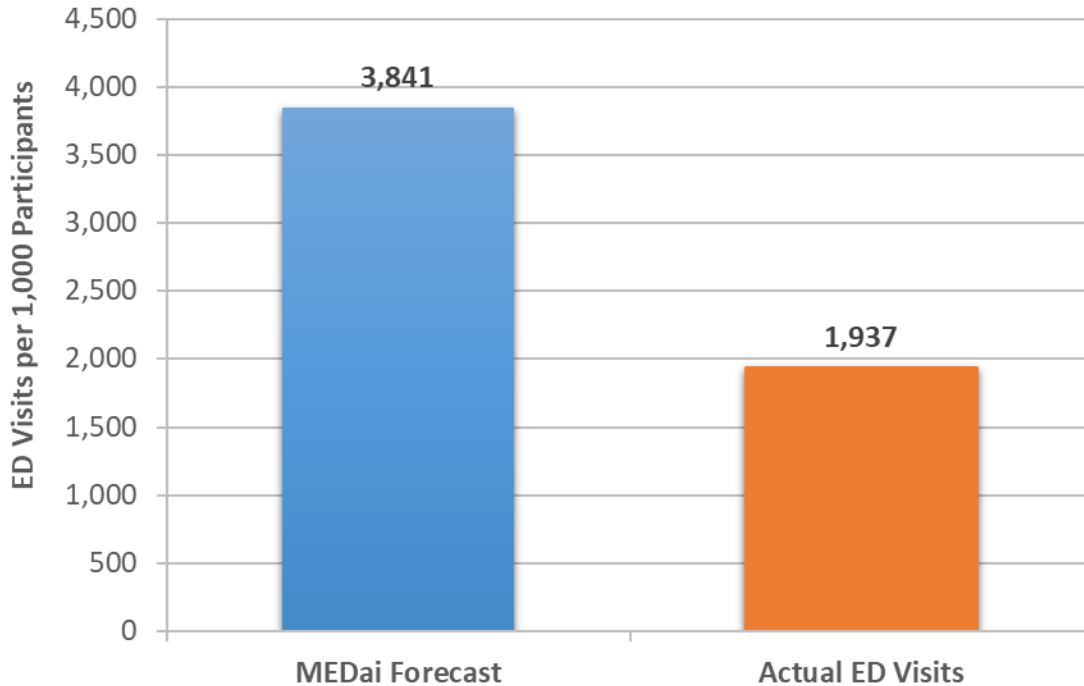


⁴⁷ All MEDai forecasts assume no intervention in terms of care management. Rate calculated for portion of year that each participant was engaged in program.

⁴⁸ Source: <http://kff.org/other/state-indicator/inpatient-days-by-ownership/> 2016 is the most recent year available.

MEDai forecasted that participants with asthma would incur 3,841 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,937, or 50 percent of forecast (Exhibit 4-4). (As a point of comparison, the rate for all Oklahomans in 2016, across all diagnoses, was 466 visits per 1,000.⁴⁹)

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

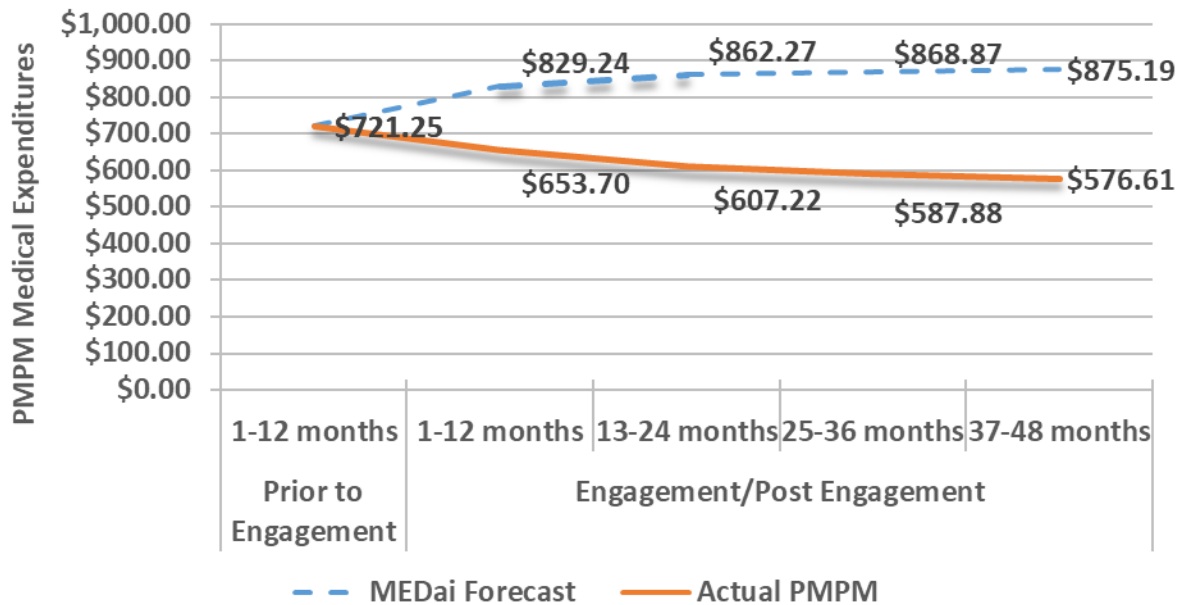


⁴⁹ Source: <http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/> 2016 is the most recent year available.

Medical Expenditures – Total and by Category of Service

PHPG documented total per 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 engagement⁵⁰. MEDai forecasted that participants with asthma would incur an average of \$829 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$654, or 79 percent of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$862 in PMPM expenditures. The actual amount was \$607, or 70% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$869 in PMPM expenditures. The actual amount was \$588, or 68% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$875 in PMPM expenditures. The actual amount was \$577, or 66% of forecast (Exhibit 4-5).

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



⁵⁰ PMPM rate calculated for portion of year that each participant was engaged in program.

At the category-of-service level, the most significant declines in the first 12 months of engagement 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	\$117.15	\$99.50	(\$17.65)	-15%
Outpatient Hospital	\$117.73	\$94.18	(\$23.56)	-20%
Physician	\$168.98	\$163.93	(\$5.05)	-3%
Pharmacy	\$138.65	\$142.18	\$3.53	3%
Behavioral Health	\$90.48	\$76.79	(\$13.69)	-15%
All Other	\$88.26	\$78.36	(\$9.90)	-11%
Total	\$721.25	\$654.93	(\$66.32)	-9%

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 \$3.6 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	11,179	\$175.54	\$1,962,362
Months 13 - 24	4,495	\$255.55	\$1,148,697
Months 25 - 36	1,405	\$280.99	\$394,791
Months 37 - 48	310	\$298.58	\$92,560
Total	17,389	\$206.94	\$3,598,410

Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2017 included 586 health coaching participants with a coronary artery disease diagnosis (CAD). Coronary artery disease was the most expensive diagnosis at the time of engagement for over 24 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
586	141	24%

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).

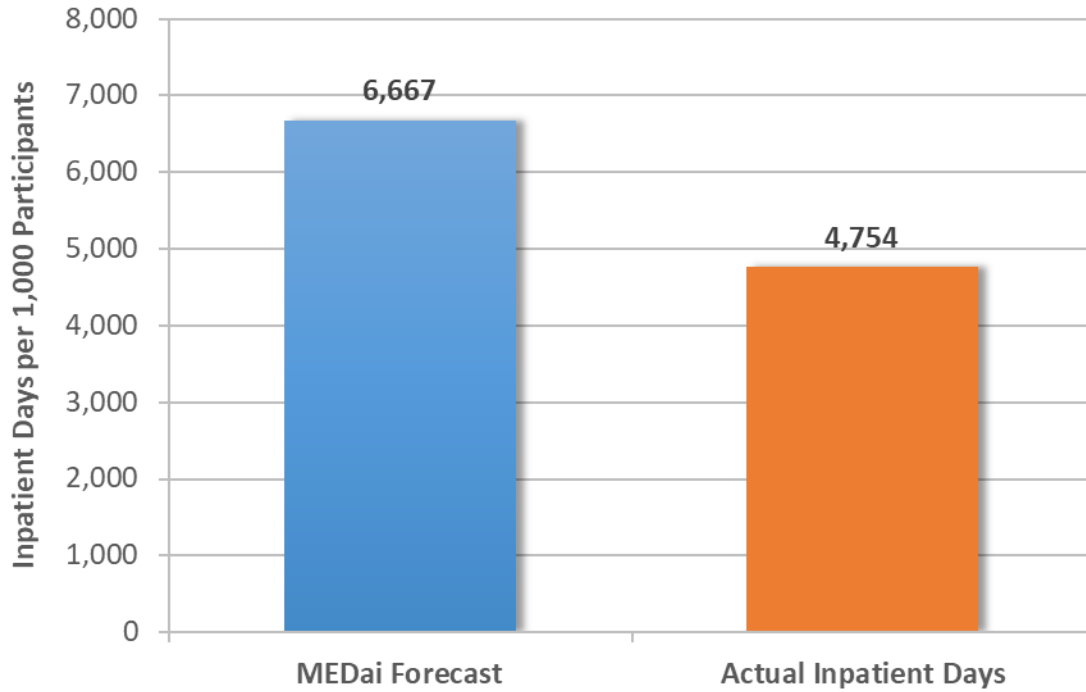
Exhibit 4-9 – Participants with CAD Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	24%
Coronary Artery Disease	---
COPD	59%
Diabetes	51%
Heart Failure	34%
Hypertension	90%

Utilization

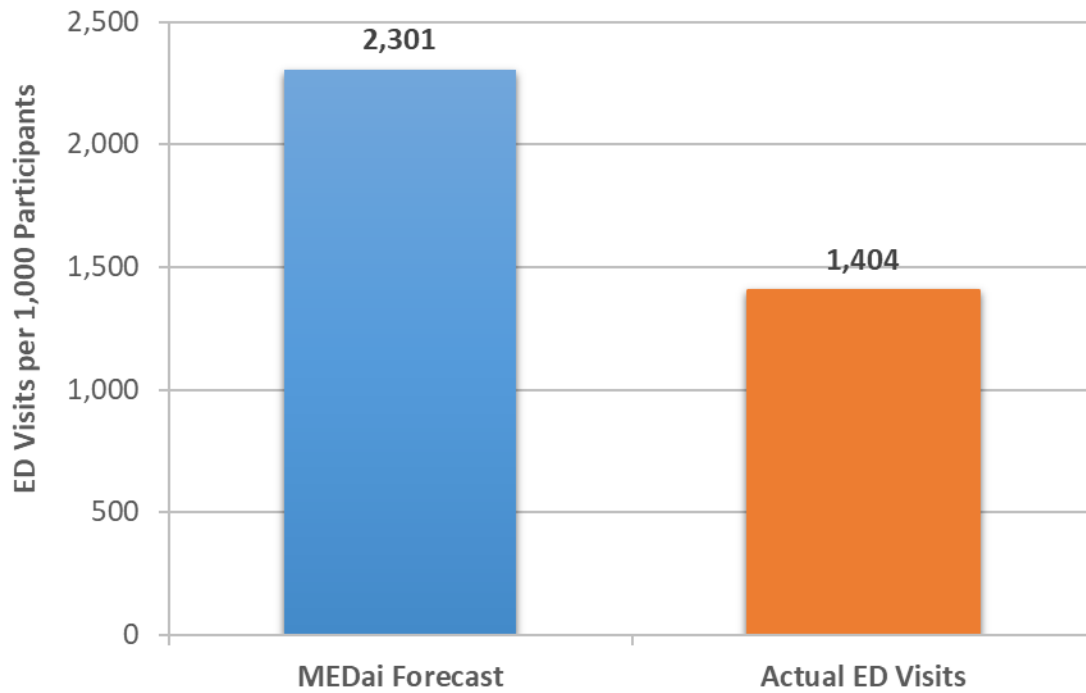
MEDai forecasted that participants with coronary artery disease would incur 6,667 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 4,754, or 71 percent of forecast (Exhibit 4-10).

**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 2,301 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,404, or 61 percent of forecast (Exhibit 4-11).

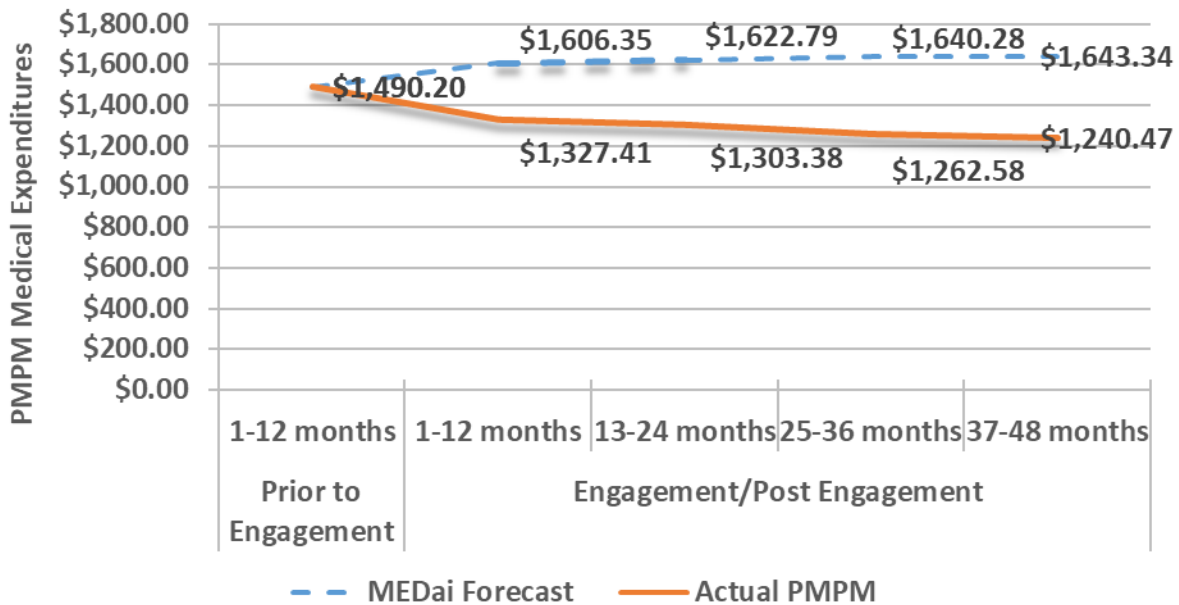
**Exhibit 4-11 – Participants with CAD as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants**



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 \$1,606 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$1,327, or 83 percent of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,623 in PMPM expenditures. The actual amount was \$1,303, or 80 percent of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,640 in PMPM expenditures. The actual amount was \$1,263, or 77 percent of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,643 in PMPM expenditures. The actual amount was \$1,240, or 76 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, the most significant declines in the first 12 months of engagement 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	\$623.22	\$548.00	(\$75.23)	-12%
Outpatient Hospital	\$181.51	\$144.04	(\$37.47)	-21%
Physician	\$298.83	\$254.18	(\$44.64)	-15%
Pharmacy	\$196.78	\$194.33	(\$2.46)	-1%
Behavioral Health	\$27.69	\$27.69	\$0.00	0%
All Other	\$162.17	\$159.17	(\$3.00)	-2%
Total	\$1,490.20	\$1,327.41	(\$162.79)	-11%

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 2017 by average PMPM savings. The resultant savings equaled approximately \$1.1 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	2,450	\$278.94	\$683,402
Months 13 – 24	961	\$319.41	\$306,958
Months 25 – 36	304	\$377.70	\$114,820
Months 37 – 48	69	\$402.87	\$27,798
Total	3,784	\$299.41	\$1,132,978

COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2017 included 1,564 health coaching participants with a chronic obstructive pulmonary disease (COPD) diagnosis. COPD was the most expensive diagnosis at the time of engagement for 36 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
1,564	563	36%

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

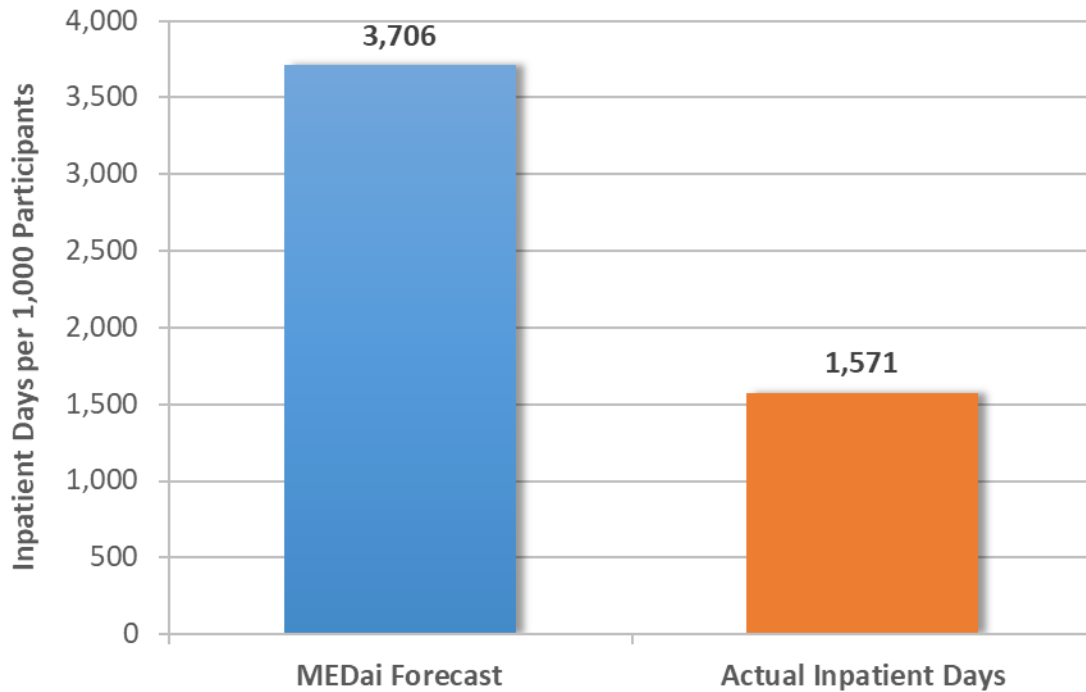
Exhibit 4-16 – Participants with COPD Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	33%
Coronary Artery Disease	26%
COPD	---
Diabetes	36%
Heart Failure	15%
Hypertension	72%

Utilization

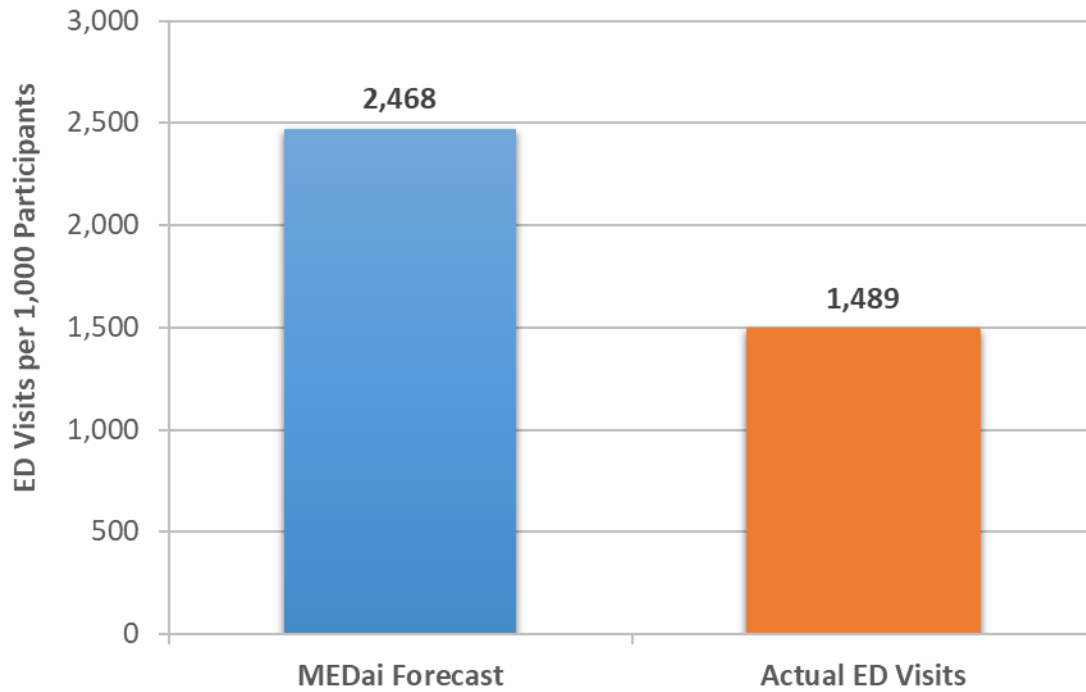
MEDai forecasted that participants with COPD would incur 3,706 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,571, or 42 percent of forecast (Exhibit 4-17).

**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 2,468 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,489, or 60 percent of forecast (Exhibit 4-18).

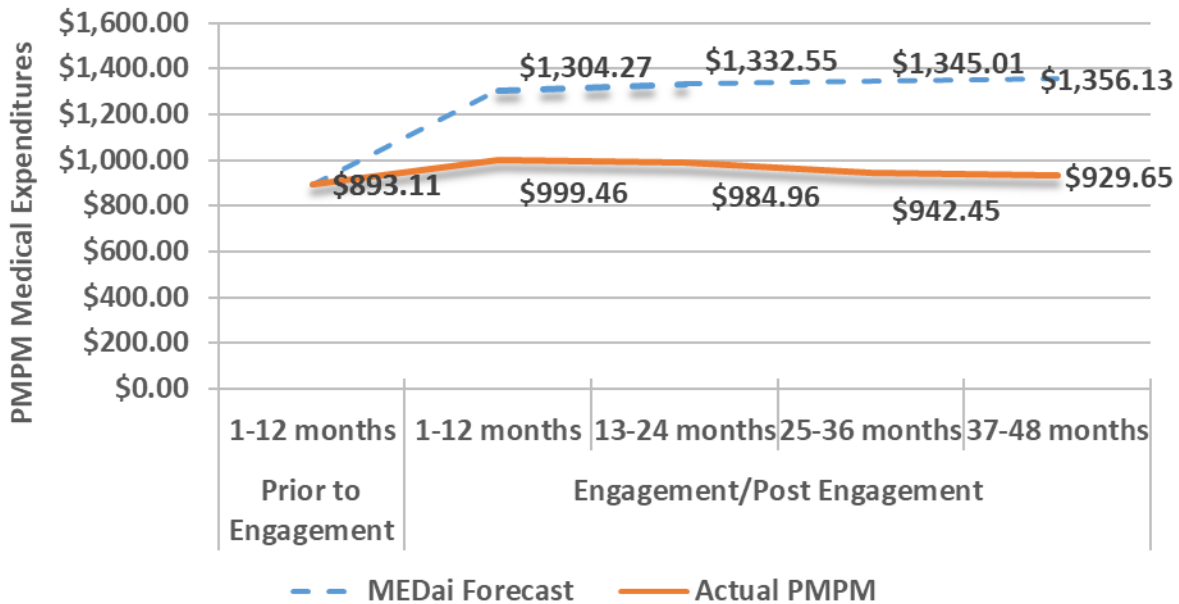
Exhibit 4-18 – Participants with COPD as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants



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 \$1,304 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$999, or 77% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,333 in PMPM expenditures. The actual amount was \$985, or 74% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,345 in PMPM expenditures. The actual amount was \$942, or 70% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,356 in PMPM expenditures. The actual amount was \$930, 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, inpatient hospital and physician expenditures declined slightly, 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	\$197.14	\$183.52	(\$13.62)	-7%
Outpatient Hospital	\$102.16	\$111.43	\$9.27	9%
Physician	\$177.23	\$174.14	(\$3.09)	-2%
Pharmacy	\$217.17	\$319.96	\$102.79	47%
Behavioral Health	\$74.88	\$75.04	\$0.16	0%
All Other	\$123.52	\$135.30	\$11.78	10%
Total	\$892.09	\$999.39	\$107.30	12%

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 \$4.7 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	9,337	\$304.81	\$2,846,011
Months 13 - 24	3,559	\$347.59	\$1,237,073
Months 25 - 36	1,180	\$402.56	\$475,021
Months 37 – 48	275	\$426.48	\$117,282
Total	14,351	\$325.79	\$4,675,387

Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2017 included 1,240 health coaching participants with a diabetes diagnosis. Diabetes was the most expensive diagnosis at the time of engagement for 67 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
1,240	831	67%

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

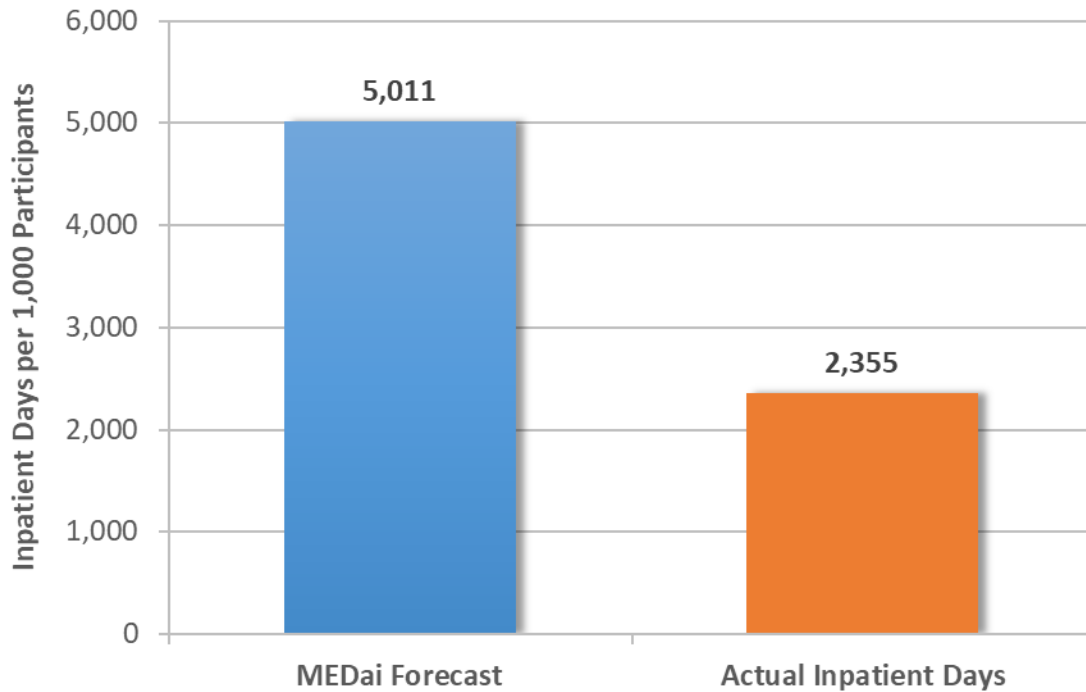
Exhibit 4-23 – Participants with Diabetes Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	23%
COPD	38%
Diabetes	---
Heart Failure	14%
Hypertension	83%

Utilization

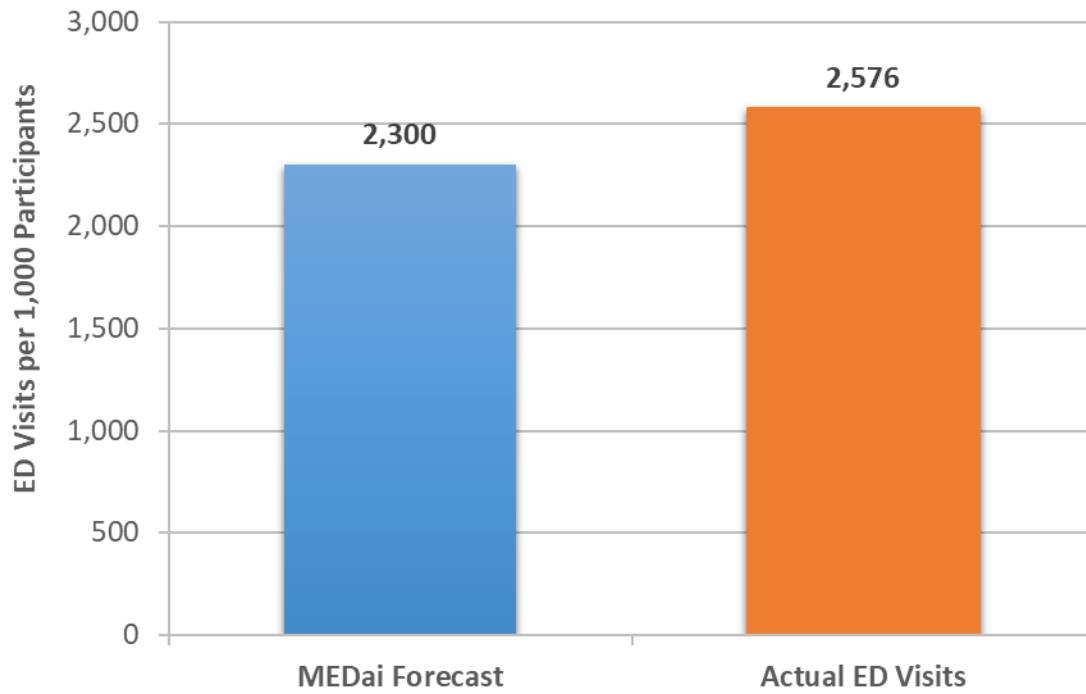
MEDai forecasted that participants with diabetes would incur 5,011 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 2,355, or 47 percent of forecast (Exhibit 4-24).

**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 2,300 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,576, or 112 percent of forecast (Exhibit 4-25).

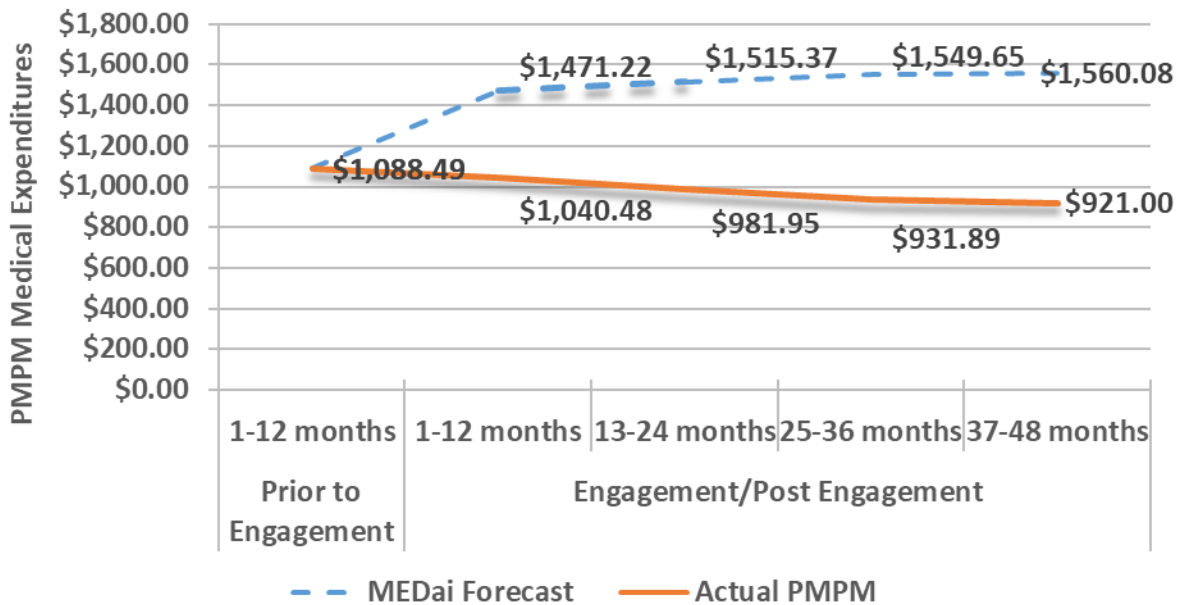
**Exhibit 4-25 – Participants with Diabetes as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants**



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 \$1,471 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$1,040, or 71% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,515 in PMPM expenditures. The actual amount was \$982, or 65% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,550 in PMPM expenditures. The actual amount was \$932, or 60% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,560 in PMPM expenditures. The actual amount was \$921, or 59% 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	\$289.11	\$248.25	(\$40.86)	-14%
Outpatient Hospital	\$122.52	\$129.61	\$7.09	6%
Physician	\$213.55	\$188.92	(\$24.63)	-12%
Pharmacy	\$270.36	\$282.34	\$11.99	4%
Behavioral Health	\$56.48	\$60.45	\$3.97	7%
All Other	\$136.47	\$130.90	(\$5.57)	-4%
Total	\$1,088.49	\$1,040.48	(\$48.01)	-4%

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 \$10.5 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	14,226	\$430.74	\$6,127,760
Months 13 - 24	5,654	\$533.42	\$3,015,983
Months 25 - 36	1,812	\$617.76	\$1,119,390
Months 37 - 48	404	\$639.08	\$258,188
Total	22,096	\$476.16	\$10,521,321

Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2017 included 304 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
304	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).

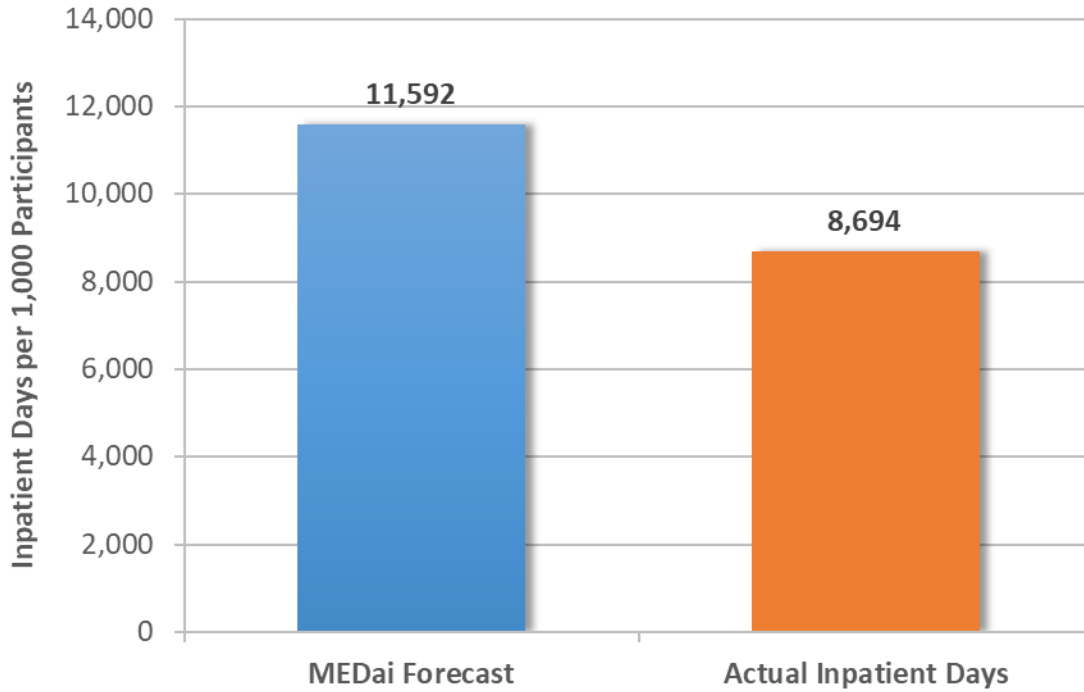
Exhibit 4-30 – Participants with Heart Failure Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	26%
Coronary Artery Disease	60%
COPD	64%
Diabetes	53%
Heart Failure	---
Hypertension	94%

Utilization

MEDai forecasted that participants with heart failure would incur 11,592 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 8,694, or 75 percent of forecast (Exhibit 4-31).

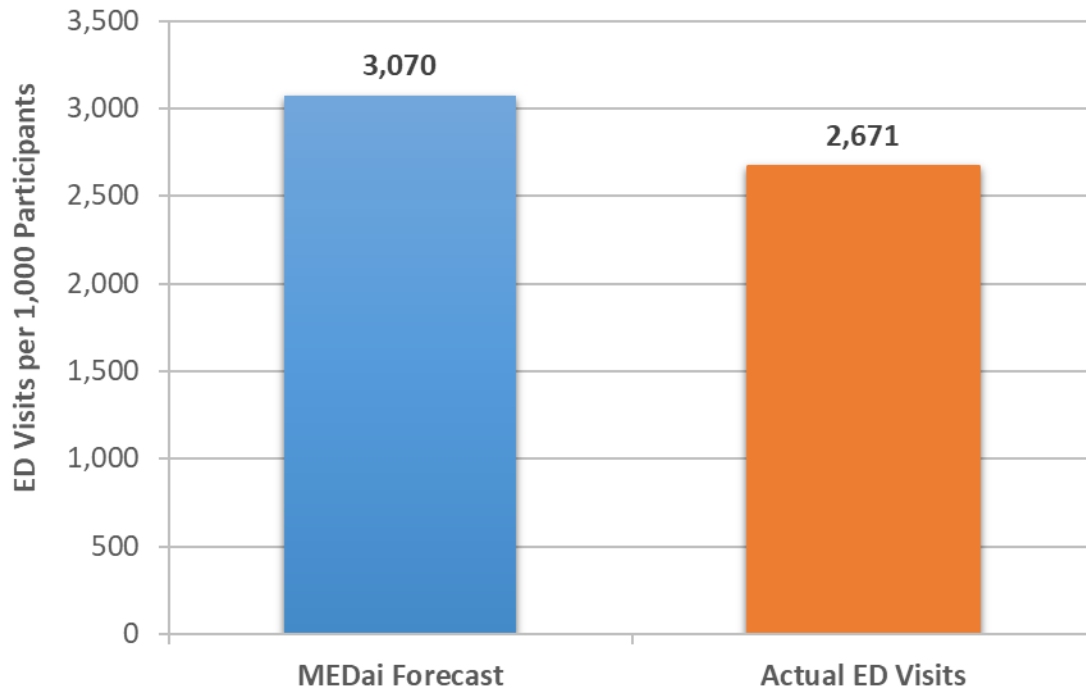
**Exhibit 4-31 – Participants with Heart Failure as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants**



Results for this diagnosis should be interpreted with caution given the small size of the population.

MEDai forecasted that participants with heart failure would incur 3,070 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,671, or 87 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**

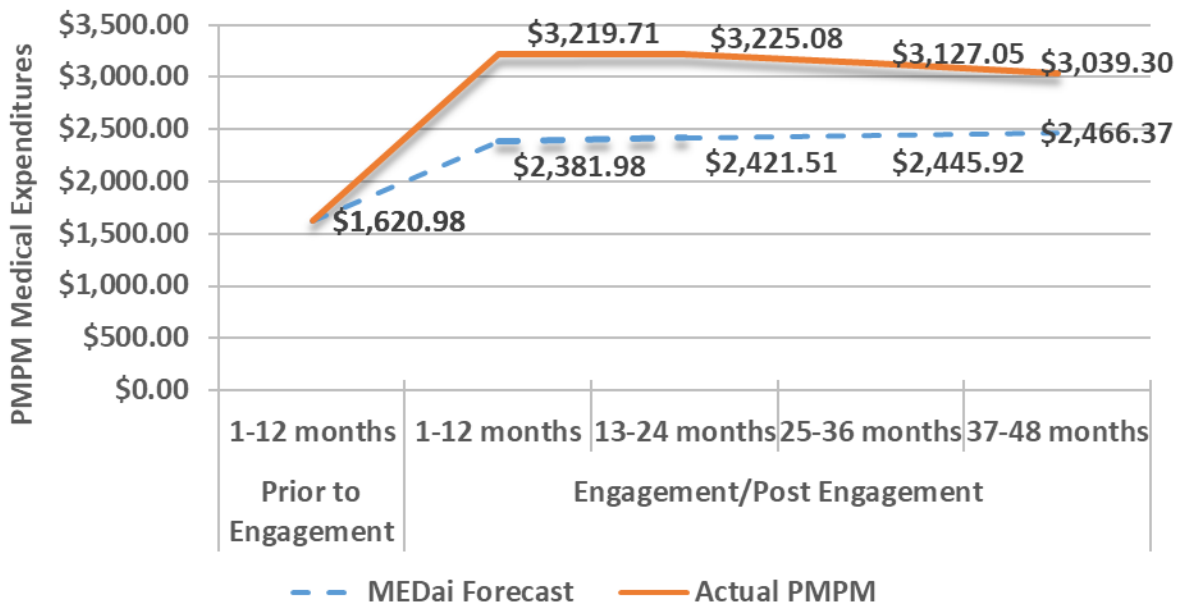


Results for this diagnosis should be interpreted with caution given the small size of the population.

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 \$2,382 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$3,220, or 135% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$2,422 in PMPM expenditures. The actual amount was \$3,225, or 133% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$2,446 in PMPM expenditures. The actual amount was \$3,127, or 128% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$2,466 in PMPM expenditures. The actual amount was \$3,039, or 123% 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**



Results for this diagnosis should be interpreted with caution given the small size of the population.

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	\$701.36	\$2,058.01	\$1,356.66	193%
Outpatient Hospital	\$170.43	\$250.36	\$79.92	47%
Physician	\$250.70	\$393.09	\$142.39	57%
Pharmacy	\$218.02	\$236.66	\$18.65	9%
Behavioral Health	\$53.21	\$63.91	\$10.70	20%
All Other	\$227.26	\$217.68	(\$9.59)	-4%
Total	\$1,620.98	\$3,219.71	\$1,598.73	99%

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 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 million) (Exhibit 4-35). Again, results for this diagnosis should be interpreted with caution given the small size of the population.

**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	836	(\$837.73)	(\$700,343)
Months 13 - 24	322	(\$803.57)	(\$258,749)
Months 25 - 36	103	(\$681.13)	(\$70,156)
Months 37 - 48	24	(\$572.93)	(\$13,750)
Total	1,285	(\$811.67)	(\$1,042,998)

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 in SFY 2017 included 2,808 health coaching participants with a hypertension diagnosis. Hypertension was the most expensive diagnosis at the time of engagement for 55 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
2,808	1,544	55%

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).

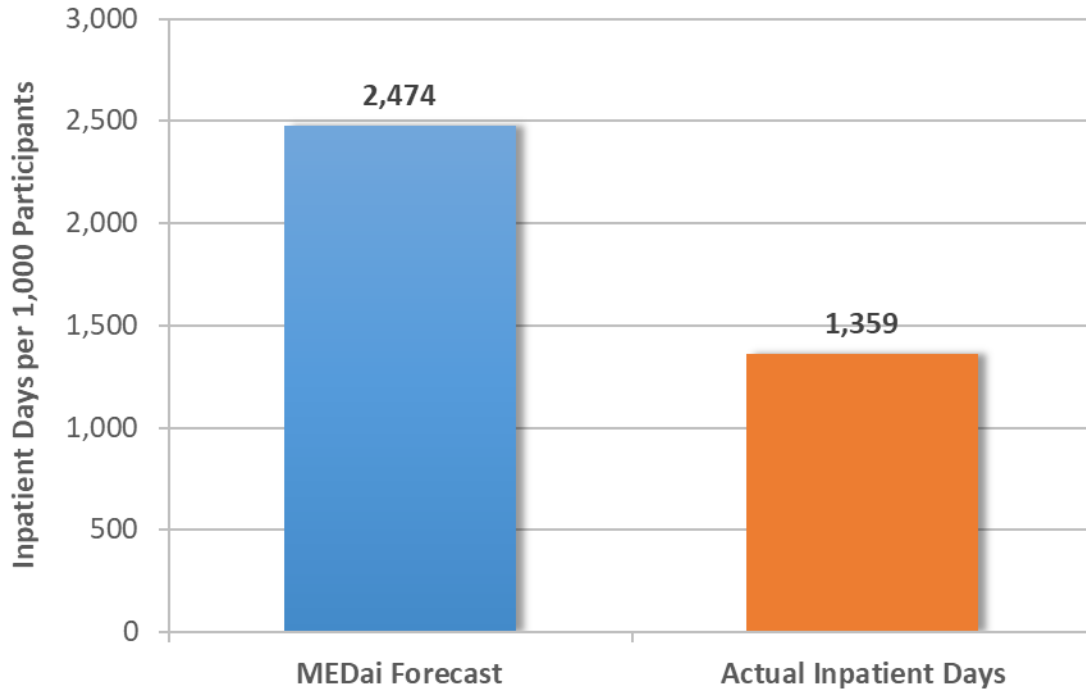
Exhibit 4-37 – Participants with Hypertension Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	19%
COPD	42%
Diabetes	43%
Heart Failure	12%
Hypertension	---

Utilization

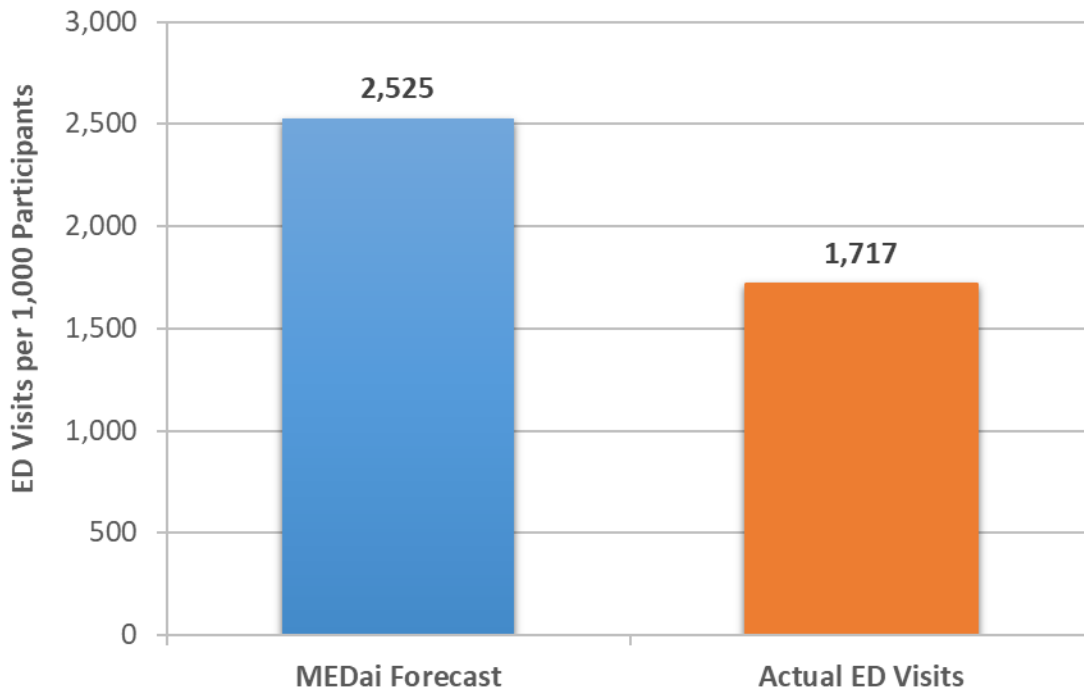
MEDai forecasted that participants with hypertension would incur 2,474 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,359, or 55 percent of forecast (Exhibit 4-38).

**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 2,525 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,717, or 68 percent of forecast (Exhibit 4-39).

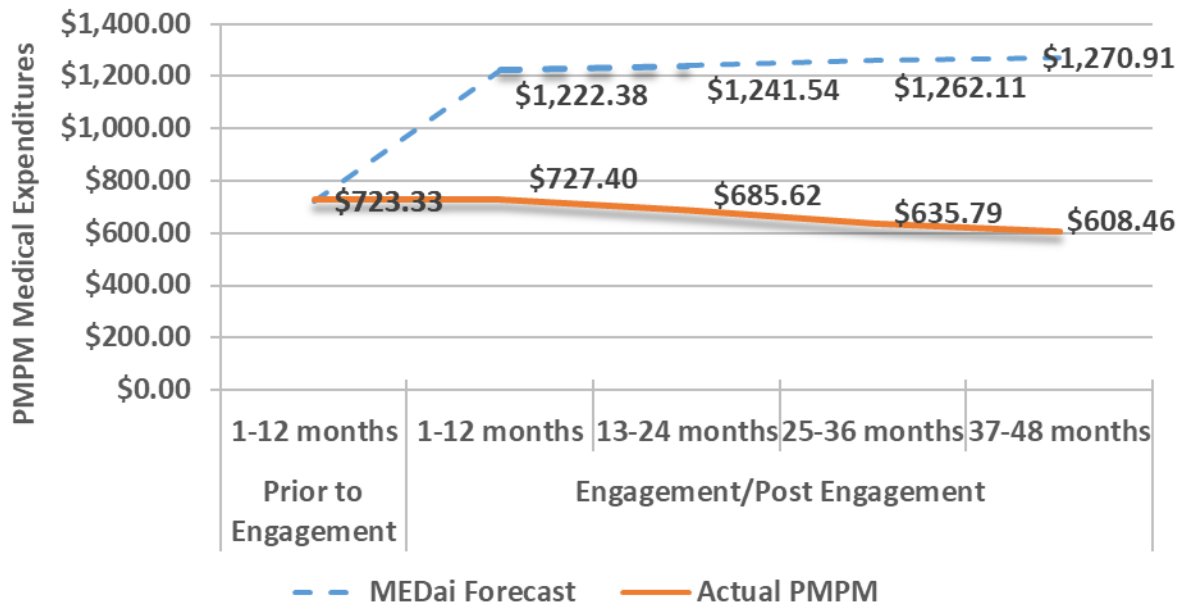
**Exhibit 4-39 – Participants with Hypertension as Most Expensive Diagnosis
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants**



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 \$1,222 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$727, or 60% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,242 in PMPM expenditures. The actual amount was \$686, or 55% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,262 in PMPM expenditures. The actual was \$636, or 50% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,271 in PMPM expenditures. The actual was \$608, or 48% 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, physician and behavioral health expenditures declined, while other service costs increased, with pharmacy costs experiencing the most significant growth (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	\$169.21	\$116.51	(\$52.69)	-31%
Outpatient Hospital	\$103.58	\$107.26	\$3.68	4%
Physician	\$165.20	\$161.97	(\$3.23)	-2%
Pharmacy	\$144.98	\$202.55	\$57.57	40%
Behavioral Health	\$50.92	\$49.20	(\$1.73)	-3%
All Other	\$89.44	\$89.91	\$0.47	1%
Total	\$723.33	\$727.40	\$4.07	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 \$21 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	25,729	\$494.98	\$12,735,325
Months 13 - 24	10,282	\$555.92	\$5,715,992
Months 25 -36	3,322	\$626.32	\$2,080,640
Months 37 -48	751	\$662.45	\$497,497
Total	40,084	\$524.63	\$21,029,454

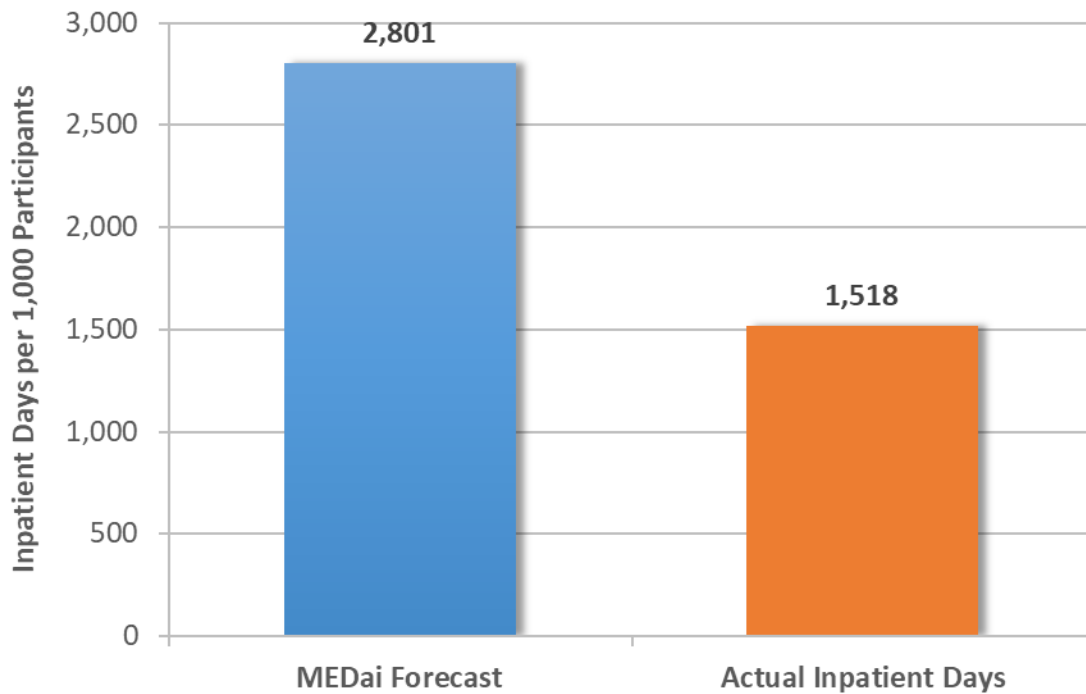
Utilization and Expenditure Evaluation – All Participants

This section presents consolidated trend data across all 6,018 SoonerCare HMP health coaching participants, regardless of diagnosis. For approximately 72 percent of participants, the most expensive diagnosis at the time of engagement was one of the six target chronic impact conditions.

Utilization

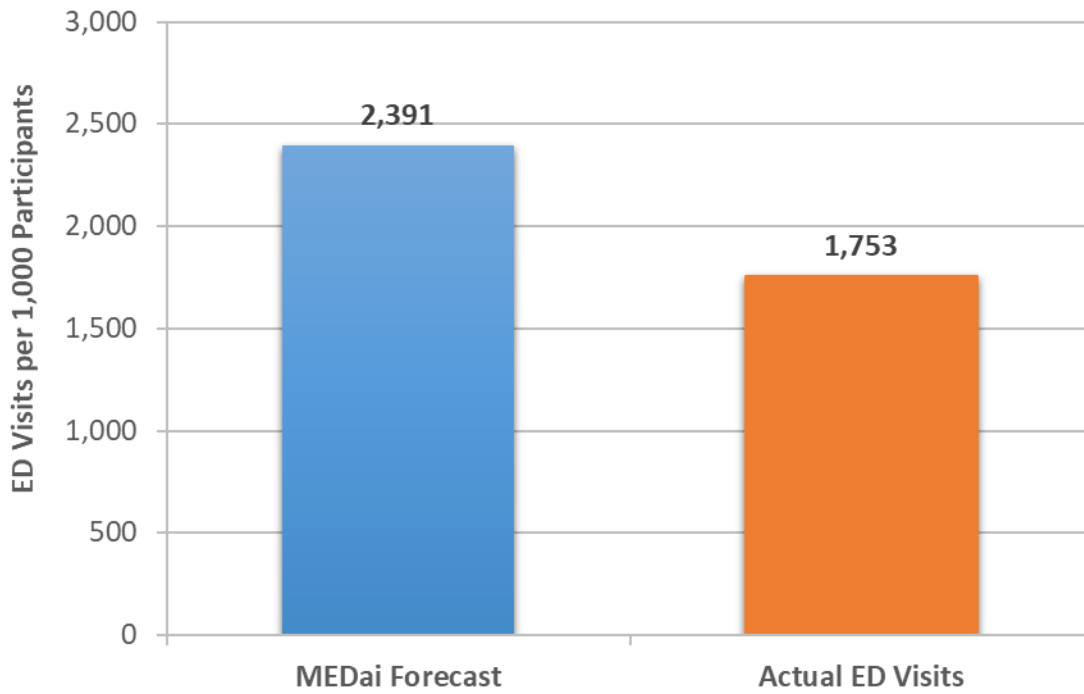
MEDai forecasted that SoonerCare HMP participants as a group would incur 2,801 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,518, or 54 percent of forecast (Exhibit 4-43).

**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 2,391 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,753, or 73 percent of forecast (Exhibit 4-44).

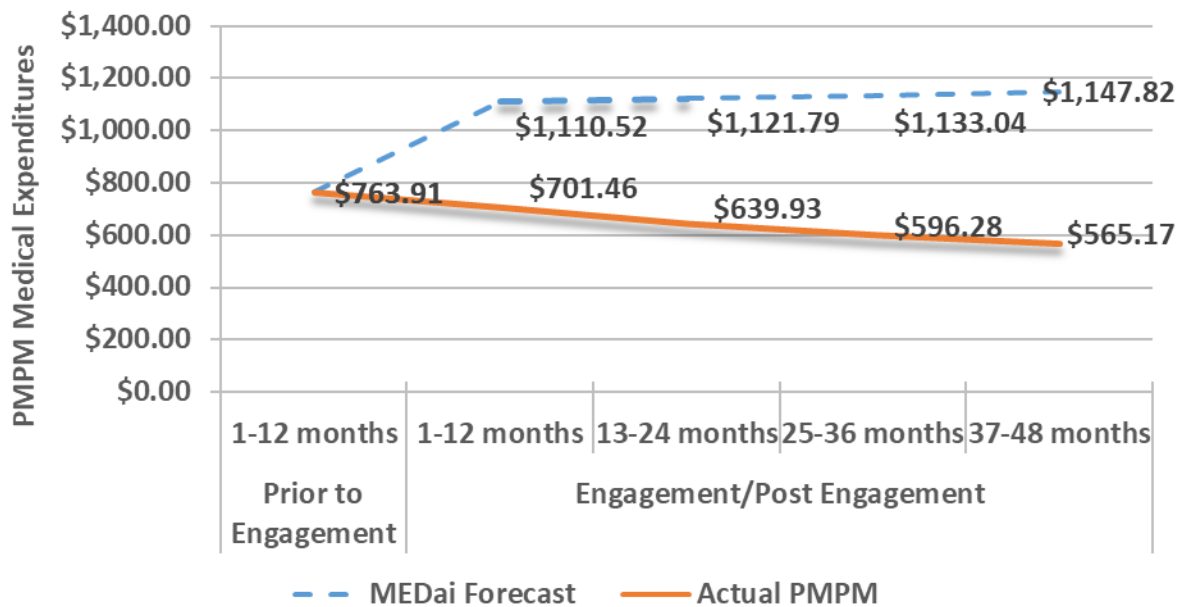
**Exhibit 4-44 – All SoonerCare HMP Health Coaching Participants
Emergency Department Utilization - First 12 Months Following Engagement, per 1,000 Participants**



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 \$1,111 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$701, or 63% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,122 in PMPM expenditures. The actual amount was \$640, or 57% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,133 in PMPM expenditures. The actual amount was \$596, or 53% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,148 in PMPM expenditures. The actual amount was \$565, or 49% 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 service 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	\$175.26	\$142.73	(\$32.54)	-19%
Outpatient Hospital	\$104.12	\$95.59	(\$8.53)	-8%
Physician	\$170.34	\$146.00	(\$24.34)	-14%
Pharmacy	\$157.69	\$177.45	\$19.76	13%
Behavioral Health	\$59.77	\$52.44	(\$7.33)	-12%
All Other	\$96.73	\$87.26	(\$9.47)	-10%
Total	\$763.91	\$701.46	(\$62.45)	-8%

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 \$65 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	93,805	\$409.06	\$38,371,640
Months 13 - 24	38,552	\$481.86	\$18,576,735
Months 25 - 36	12,457	\$536.76	\$6,686,387
Months 37 - 48	2,844	\$582.65	\$1,657,055
Total	147,658	\$442.18	\$65,291,817

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.⁵¹

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 2017 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.

Overhead expenses (rent, travel, etc.) were allocated based on the unit's share of total OHCA salary/benefit expenses in each fiscal year⁵². 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. 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 operations⁵³ to arrive at a total amount for this portion of the analysis. (The remaining dollars for centralized operations are included in the practice facilitation cost effectiveness analysis presented in chapter seven.)

⁵¹ 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.

⁵² 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 and 0.78 percent in SFY 2017.

⁵³ PHPG also included miscellaneous expenses, such as continuing medical education costs, in this line item.

SFY 2014 through SFY 2017 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 - 2017 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	\$754,738	\$5.11
OHCA SoonerCare HMP overhead (50% allocation)	\$73,717	\$0.50
Telligen health coaches	\$19,014,191	\$128.77
Telligen Central Operations (50% allocation)	\$3,908,183	\$26.47
Total Administrative Expense	\$23,750,828	\$160.85

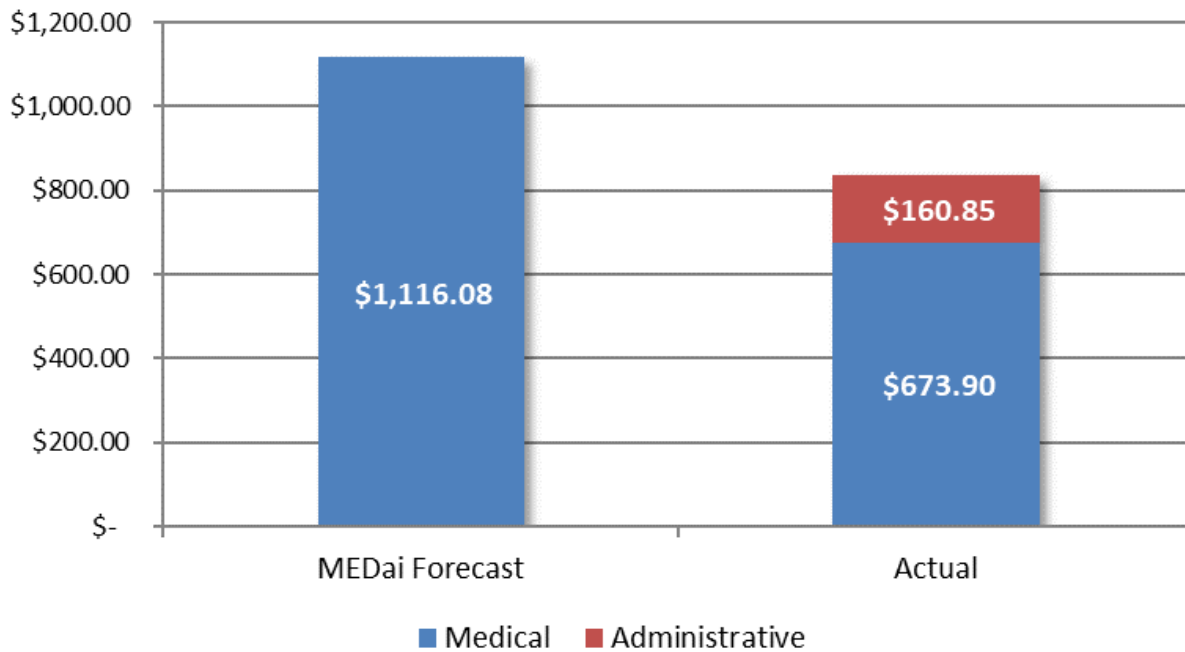
⁵⁴ This methodology overstates the PMPM amount, in that it excludes member months for participants who did not meet the analysis criteria. However, it is appropriate for determining cost effectiveness, as it accounts for all administrative expenses.

Cost Effectiveness Calculation⁵⁵

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2017, inclusive of SoonerCare HMP health coaching administrative expenses.

SoonerCare HMP health coaching participants, as a group, were forecasted to incur average medical costs of \$1,116.08⁵⁶. Their actual average PMPM medical costs were \$673.90. With the addition of \$160.85 in average PMPM administrative expenses, total actual costs were \$834.75. Medical expenses accounted for 81 percent of the total and administrative expenses for the other 19 percent. Overall, SoonerCare HMP health coaching participant PMPM expenses, inclusive of administrative costs, were 74.8 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 and months 25 – 36, as shown in exhibit 4-45.

On an aggregate basis, the health coaching portion of the SoonerCare HMP achieved net savings during its initial 48 months of operation (July 2013 through June 2017) of \$41.5 million, up from \$3.4 million in its first 12 months, \$12.8 million in its first 24 months and \$27.0 million in its first 36 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
\$65,291,817	(\$23,750,828)	\$41,540,489

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 29 providers at 20 practice locations since the initiation of the second generation HMP. Although the surveys were conducted over an extended period (February 2015 to April 2018), findings are presented for all 29 due to the small sample size⁵⁷.

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 compared surveys completed in 2015 with surveys completed in 2016, 2017 and 2018 and identified no significant differences in responses over time.

Practice Facilitation Survey Findings

Decision to Participate in the SoonerCare HMP

Fourteen of the 29 surveys were completed by the individual in the practice who actually made the decision to participate. Twelve of the 14 gave as their primary reason “improving care management of patients with chronic conditions/improving outcomes”. (One 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 (six respondents)
- Continuing education (three respondents)
- Increasing income (two respondents)
- Improving care management of patients with chronic conditions/improving outcomes (one respondent)
- Receiving assistance in redesigning practice workflows (one respondent)
- Reducing costs (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	65.5%	27.6%	6.9%	0.0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	79.3%	20.7%	0.0%	0.0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	85.7%	14.3%	0.0%	0.0%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	72.4%	27.6%	0.0%	0.0%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	75.9%	24.19%	0.0%	0.0%
6. Having a Practice Facilitator on-site to work with you and your staff	65.5%	24.1%	6.9%	3.4%
7. Receiving quarterly reports on your progress with respect to identified performance measures	75.9%	24.1%	0.0%	0.0%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	79.3%	20.7%	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	62.1%	27.6%	6.9%	0.0%	3.4%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	72.4%	20.7%	3.4%	0.0%	3.4%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	75.9%	20.7%	0.0%	0.0%	3.4%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	55.2%	31.0%	3.4%	0.0%	10.3%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	69.0%	27.6%	0%	0.0%	3.4%
6. Having a practice facilitator on-site to work with you and your staff	72.4%	17.2%	3.4%	3.4%	3.4%
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	69.0%	24.1%	0.0%	0.0%	6.9%

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

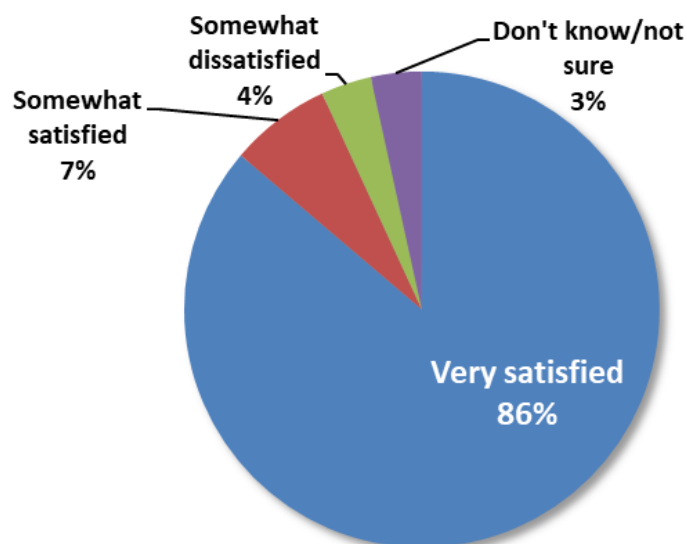
Practice Facilitation Outcomes

Twenty-five of 29 respondents (86.2 percent) reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. (Two stated they did not make changes and two were unsure.) The types of changes made included:

- Identification of tests/exams to manage chronic conditions (17 respondents)
- More frequent foot/eye exams and/or HbA1c testing of diabetic patients (16 respondents)
- Improved documentation (16 respondents)
- Better education of patients with chronic conditions, including provision of educational materials (16 respondents)
- Increased attention/diligence in use of charts (14 respondents)
- Increased staff involvement in chronic care workups (14 respondents)
- Use of flow sheets/forms provided by the practice facilitator or created through CareMeasures (nine respondents)
- Better office organization overall (two respondents)

Twenty-six of the 29 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

Twenty-five of the 29 respondents stated they had a health coach currently assigned to their practice. The 25 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	92.0%	4.0%	0.0%	0.0%	4.0%
2. Giving easy to understand instructions about taking care of health problems or concerns	92.0%	8.0%	0.0%	0.0%	0.0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	88.0%	8.0%	0.0%	0.0%	4.0%
4. Answering patient questions about their health	88.0%	12.0%	0.0%	0.0%	0.0%
5. Helping patients to talk to and work with you and practice staff	76.0%	20.0%	0.0%	0.0%	4.0%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	72.0%	28.0%	0.0%	0.0%	0.0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	72.0%	28.0%	0.0%	0.0%	0.0%
8. Reviewing patient medications and helping patients to manage their medications	72.0%	28.0%	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).

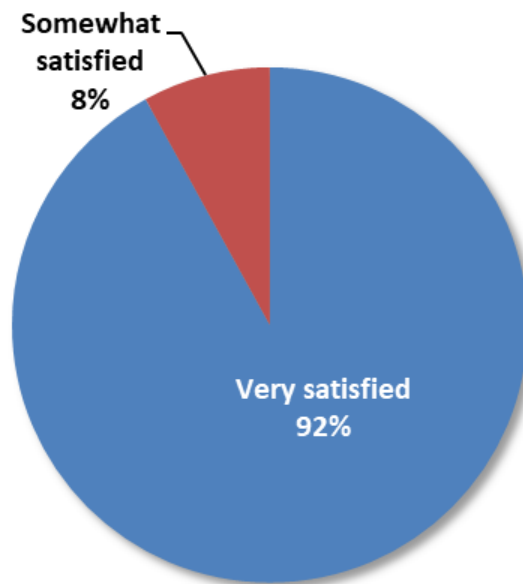
Exhibit 5-5 – Satisfaction with Health Coaching Activities

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	92.0%	4.0%	0.0%	0.0%	4.0%
2. Giving easy to understand instructions about taking care of health problems or concerns	84.0%	8.0%	0.0%	0.0%	8.0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	88.0%	8.0%	0.0%	0.0%	4.0%
4. Answering patient questions about their health	84.0%	12.0%	0.0%	0.0%	4.0%
5. Helping patients to talk to and work with you and practice staff	92.0%	4.0%	0.0%	0.0%	4.0%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	80.0%	12.0%	0.0%	0.0%	8.0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	84.0%	8.0%	0.0%	0.0%	8.0%
8. Reviewing patient medications and helping patients to manage their medications	80.0%	12.0%	0.0%	0.0%	8.0%

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”
- “Doing a great job!”
- “Clone her” (health coach)
- “Let us keep them – 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 recommended that the OHCA not impose limits on which patients can be referred to the health coach.

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 (28 out of 29) credited the program with helping them to achieve this objective.

Overall, 93 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
 - 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 test
- 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 test
 - 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 test
 - Percentage of members prescribed ACE/ARB therapy
 - Percentage of members prescribed diuretics
 - 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 SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program.

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 2017 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 2017 practice facilitation site patient compliance rates to SFY 2015 and SFY 2016 compliance rates to examine year-over-year trends. There were no statistically significant differences at the 95 percent confidence interval identified in the practice facilitation participant year-over-year analysis.

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 methylxanthines.
- *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	42	37	88.1%	81.8%	7.7%
2. Medication Management for People with Asthma – 50 Percent	40	23	57.5%	58.4%	(0.9%)
3. Medication Management for People with Asthma – 75 Percent	40	9	22.5%	38.2%	(15.7%)

There was a slight increase in the rate for one measure and a slight decrease in the rate for the other two measures from SFY 2015 to SFY 2017 (Exhibit 6-2).

Exhibit 6-2 – Asthma Clinical Measures - 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Use of Appropriate Medications for People with Asthma	90.0%	88.8%	88.1%	(1.7%)
2. Medication Management for People with Asthma – 50 Percent	56.8%	58.5%	57.5%	0.7%
3. Medication Management for People with Asthma – 75 Percent	24.3%	24.4%	22.5%	(1.8%)

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 Test*: Percentage of members 18 to 75 who received at least one LDL-C test.

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	7	3	42.9%	79.9%	(37.0%)
2. LDL-C Test	53	41	77.4%	--	--

The compliance rates for both cardiovascular measures increased from SFY 2015 to SFY 2017 (Exhibit 6-4).

Exhibit 6-4 – Cardiovascular Disease Clinical Measures - 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	33.3%	37.5%	42.9%	9.6%
2. LDL-C Test	76.0%	78.6%	77.4%	1.4%

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	89	12	13.5%	31.6%	(18.1%)
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	44	14	31.8%	65.9%	(34.1%)
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	44	31	70.5%	80.6%	(10.1%)

The compliance rate for all three measures increased moderately from SFY 2015 to SFY 2017 (Exhibit 6-6).

Exhibit 6-6 – COPD Clinical Measures - 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	10.5%	12.8%	13.5%	3.0%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	30.0%	31.1%	31.8%	1.8%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	67.5%	68.8%	70.5%	3.0%

Diabetes

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

- *LDL-C Test*: Percentage of members who received LDL-C test 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 Test	270	184	68.1%	64.6%	3.5%
2. Retinal Eye Exam	270	76	28.1%	28.0%	0.1%
3. HbA1c Test	270	201	74.4%	72.8%	1.6%
4. Medical Attention for Nephropathy	270	195	72.2%	53.1%	19.1%
5. ACE/ARB Therapy	270	153	56.7%	---	---

The compliance rate increased slightly for three of the five diabetes clinical measures and declined slightly for the other two from SFY 2015 to SFY 2017 (Exhibit 6-8).

Exhibit 6-8 – Diabetes Clinical Measures - 2015 – 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. LDL-C Test	66.4%	67.5%	68.1%	1.7%
2. Retinal Eye Exam	26.5%	27.9%	28.1%	1.6%
3. HbA1c Test	73.1%	73.9%	74.4%	1.3%
4. Medical Attention for Nephropathy	72.3%	72.1%	72.2%	(0.1%)
5. ACE/ARB Therapy	57.7%	56.5%	56.7%	(1.0%)

Hypertension

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

- *LDL-C Test*: 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 Test	638	381	59.7%	---	---
2. ACE/ARB Therapy	638	384	60.2%	---	---
3. Diuretics	638	270	42.3%	---	---
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics ⁵⁸	270	218	80.7%	87.7%	(7.0%)

⁵⁸ 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 increased slightly for all four hypertension clinical measures from SFY 2015 to SFY 2017 (Exhibit 6-10).

Exhibit 6-10 – Hypertension Clinical Measures - 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. LDL-C Test	58.2%	59.2%	59.7%	1.5%
2. ACE/ARB Therapy	60.1%	59.8%	60.2%	0.1%
3. Diuretics	41.4%	41.8%	42.3%	0.9%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	79.1%	80.4%	80.7%	1.6%

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	173	71	41.0%	22.6%	18.4%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	173	121	69.9%	45.2%	24.7%

The compliance rates for both mental health measures declined slightly from SFY 2015 to SFY 2017 (Exhibit 6-12).

Exhibit 6-12 – Mental Health Measures - 2015 – 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	41.8%	41.4%	41.0%	(0.8%)
2. Follow-up after Hospitalization for Mental Illness – 30 Days	70.9%	70.1%	69.9%	(1.0%)

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.

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	2,134	2,068	96.9%	84.0%	12.9%
2. Child Access to PCP	6,621	6,555	99.0%	91.9%	7.1%
3. Adult BMI	1,669	165	9.9%	10.4%	(0.5%)

The compliance rates for two of the three measures increased slightly from SFY 2015 to SFY 2017 (Exhibit 6-14).

Exhibit 6-14 – Preventive Measures - 2015 - 2017

Measure	Percent Compliant			2015-2017 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.6%	97.1%	96.9%	0.3%
2. Child Access to PCP	99.1%	99.2%	99.0%	(0.1%)
3. Adult BMI	9.0%	9.6%	9.9%	0.9%

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.

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 results of the analysis were consistent with SFY 2016 findings. 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 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.

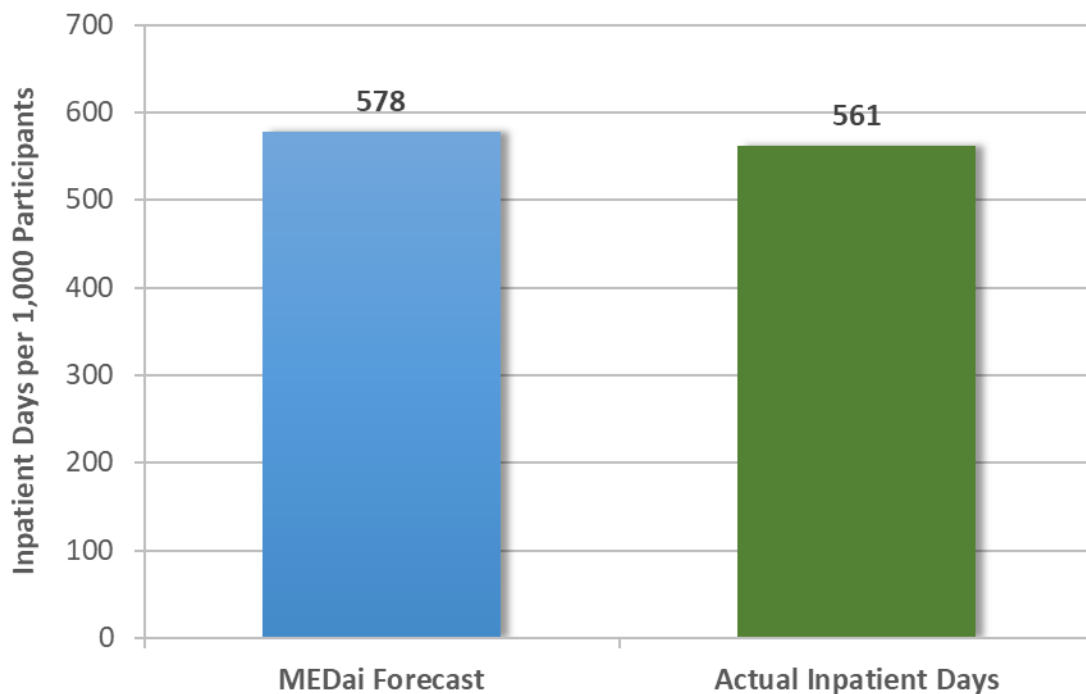
Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2017 included 1,594 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 578 inpatient days per 1,000 over the 12 month forecast period⁵⁹. The actual rate was 561, or 97 percent of forecast (Exhibit 7-1). (As noted in chapter four, the rate for all Oklahomans in 2016 was 562 days per 1,000.)

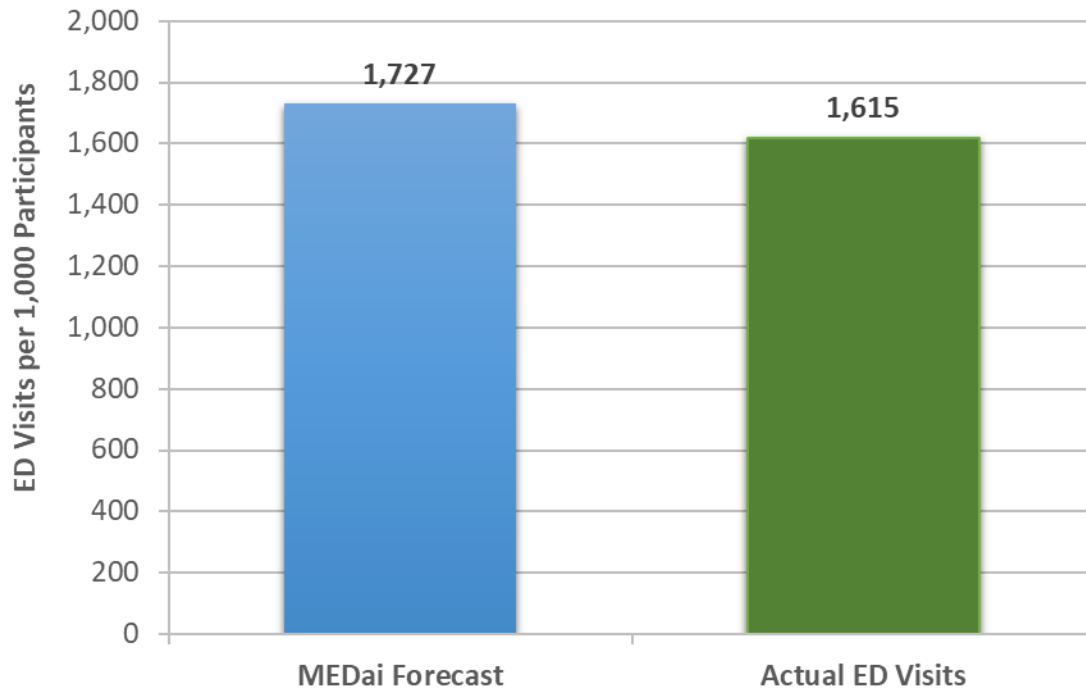
**Exhibit 7-1 – Members with Asthma as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



⁵⁹ 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 1,727 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,615, or 94 percent of forecast (Exhibit 7-2). (As noted in chapter four, the rate for all Oklahomans in 2015 was 466 visits per 1,000.)

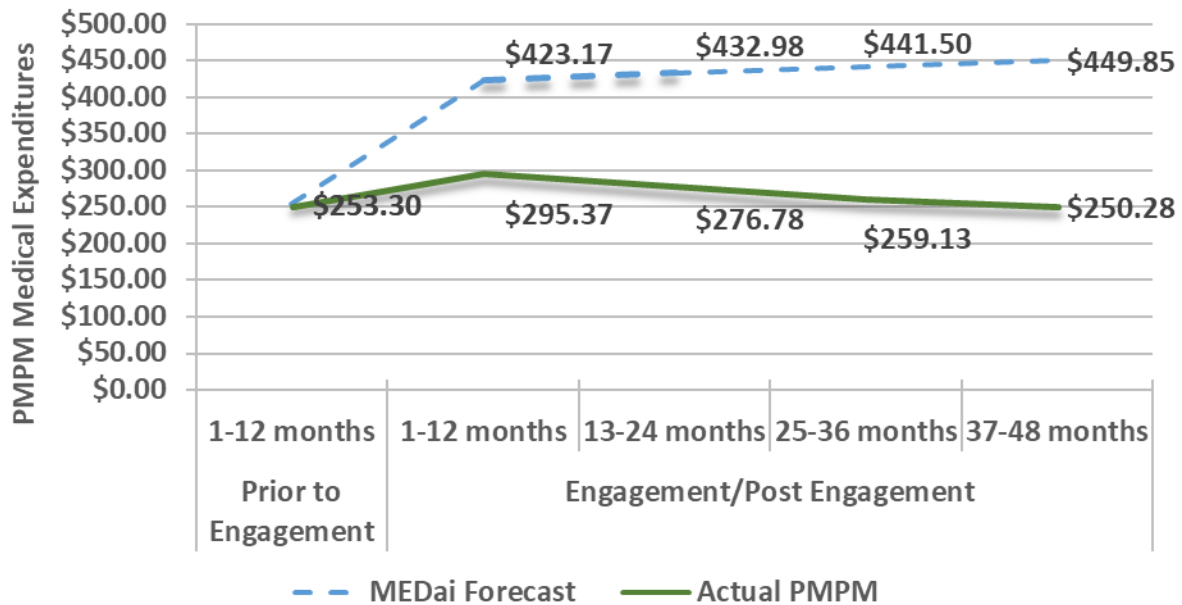
**Exhibit 7-2 – Members with Asthma as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants**



Medical Expenditures – Total and by Category of Service

MEDai projected that members with asthma would incur an average of \$423 in PMPM expenditures over the 12-month forecast period. The actual amount was \$295, or 70% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$432 in PMPM expenditures. The actual amount was \$277, or 64% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$442 in PMPM expenditures. The actual amount was \$259, or 59% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$450 in PMPM expenditures. The actual amount was \$250, or 56% of forecast (Exhibit 7-3).

**Exhibit 4-5 – 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	\$39.60	\$45.79	\$6.19	16%
Outpatient Hospital	\$39.63	\$52.37	\$12.74	32%
Physician	\$86.35	\$99.46	\$13.11	15%
Pharmacy	\$46.01	\$59.60	\$13.59	30%
Behavioral Health	\$1.19	\$1.60	\$0.41	34%
All Other	\$40.52	\$36.56	(\$3.96)	-10%
Total	\$253.30	\$295.37	\$42.08	17%

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 \$4.5 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	20,306	\$127.80	\$2,595,010
Months 13 - 24	8,080	\$156.20	\$1,262,086
Months 25 - 36	2,610	\$182.37	\$475,979
Months 37 - 48	586	\$199.57	\$116,950
Total	31,582	\$140.90	\$4,450,025

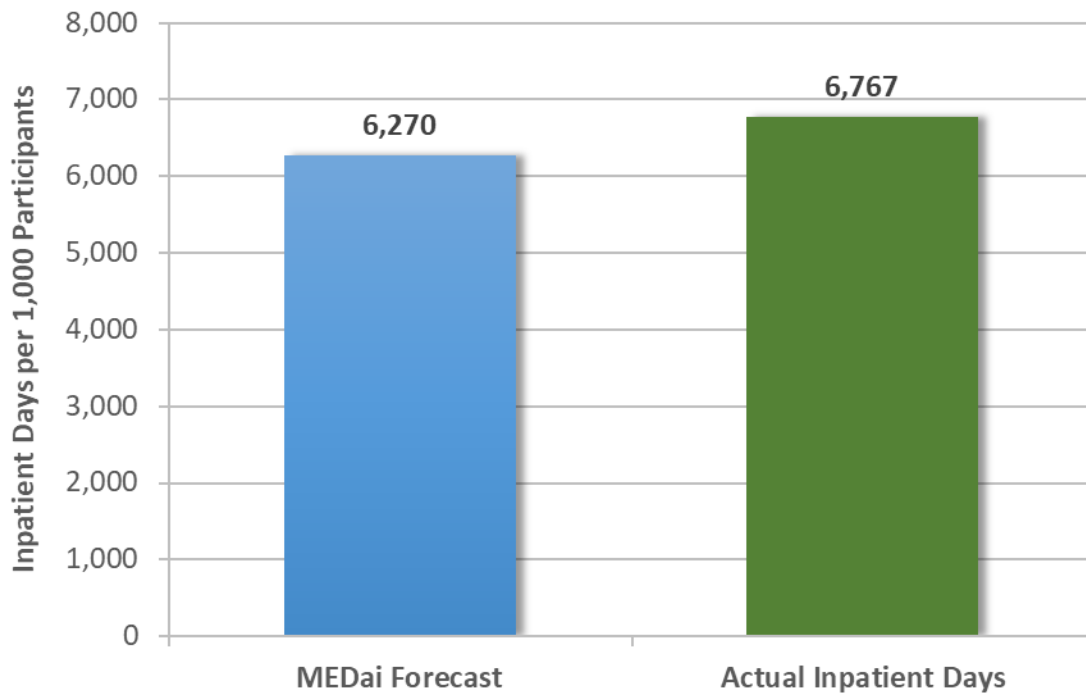
Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2017 included 36 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 6,270 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 6,767, or 108 percent of forecast (Exhibit 7-6).

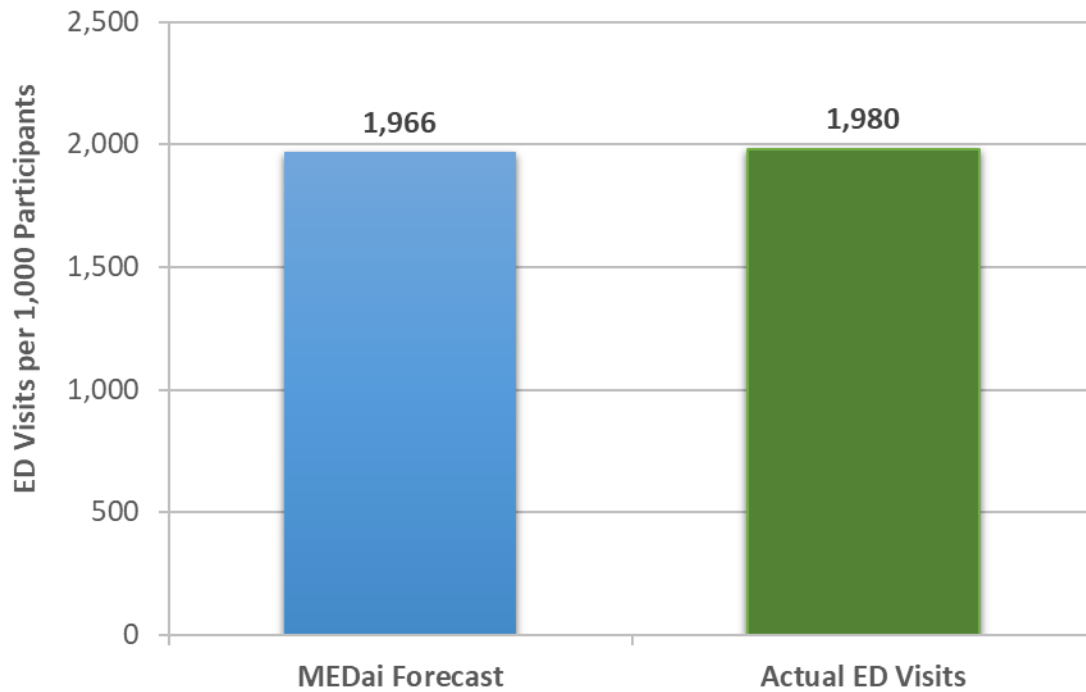
**Exhibit 7-6 – Members with CAD as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



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 1,966 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,980, or 101 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**

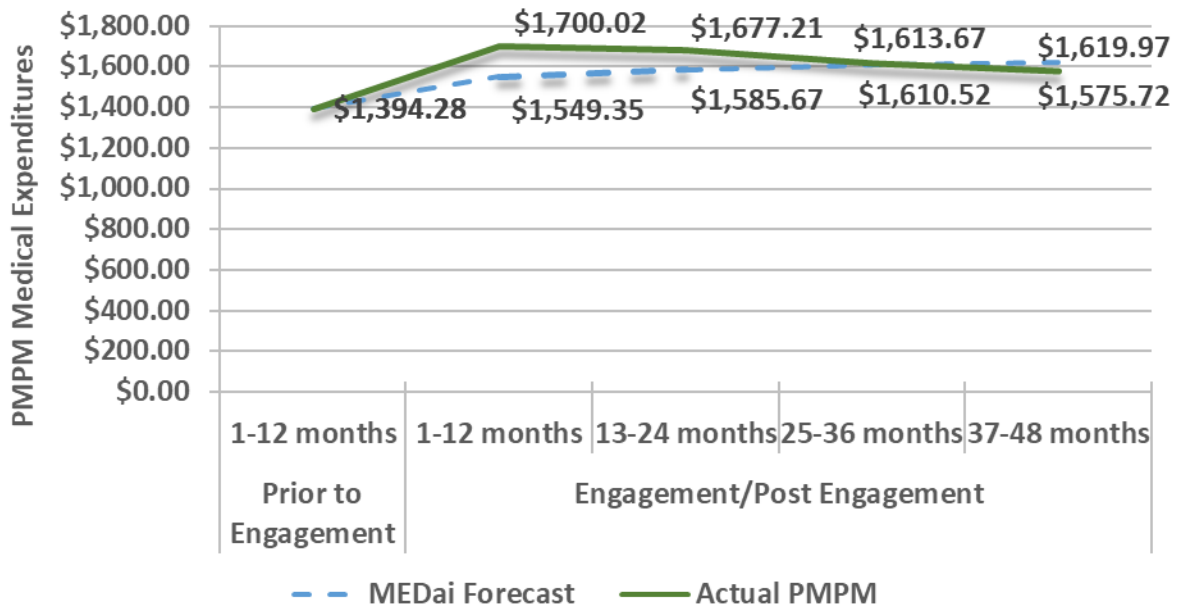


Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with coronary artery disease would incur an average of \$1,549 in PMPM expenditures over the 12-month forecast period. The actual amount was \$1,700, or 110% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,586 in PMPM expenditures. The actual amount was \$1,677, or 106% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,611 in PMPM expenditures. The actual amount was \$1,614, or 100% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,620 in PMPM expenditures. The actual amount was \$1,576, or 97% 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 nearly 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	\$768.34	\$756.38	(\$11.96)	-2%
Outpatient Hospital	\$85.24	\$285.21	\$199.97	235%
Physician	\$219.22	\$276.29	\$57.07	26%
Pharmacy	\$224.40	\$226.12	\$1.72	1%
Behavioral Health	\$0.21	\$0.55	\$0.34	156%
All Other	\$96.86	\$0.14	(\$96.71)	-100%
Total	\$1,394.28	\$1,544.70	\$150.42	11%

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 difference. The resultant deficit equaled approximately \$115,000 (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	623	(\$150.67)	(\$93,866)
Months 13 - 24	241	(\$91.54)	(\$22,062)
Months 25 - 36	77	(\$3.15)	(\$243)
Months 37 - 48	17	\$44.25	\$752
Total	958	(\$120.48)	(\$115,419)

Results for this diagnosis should be interpreted with caution given the small size of the population.

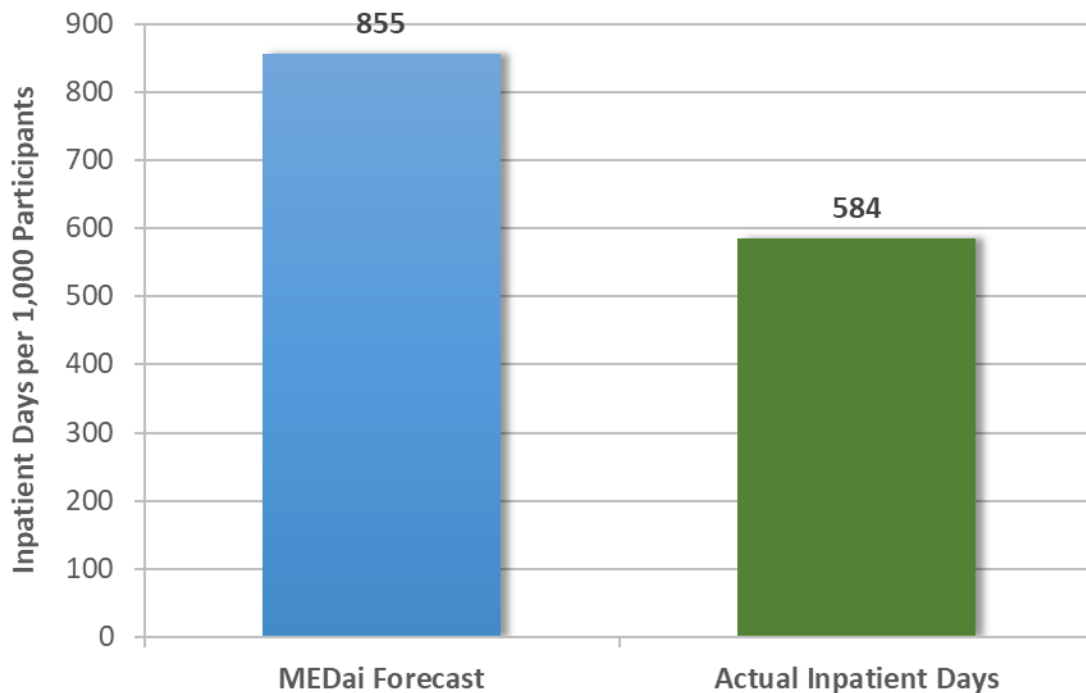
COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2017 included 687 members who were not participating in health coaching and for whom COPD was the most expensive diagnosis.

Utilization

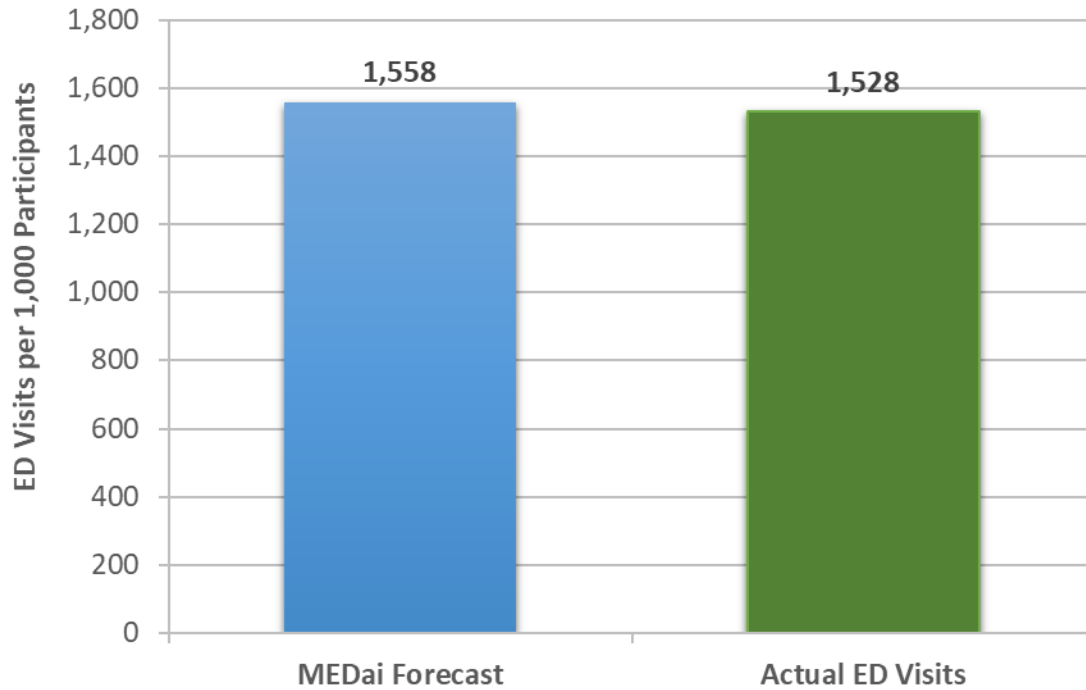
MEDai projected that members with COPD would incur 855 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 584, or 68 percent of forecast (Exhibit 7-11).

**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 1,558 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,528, or 98 percent of forecast (Exhibit 7-12).

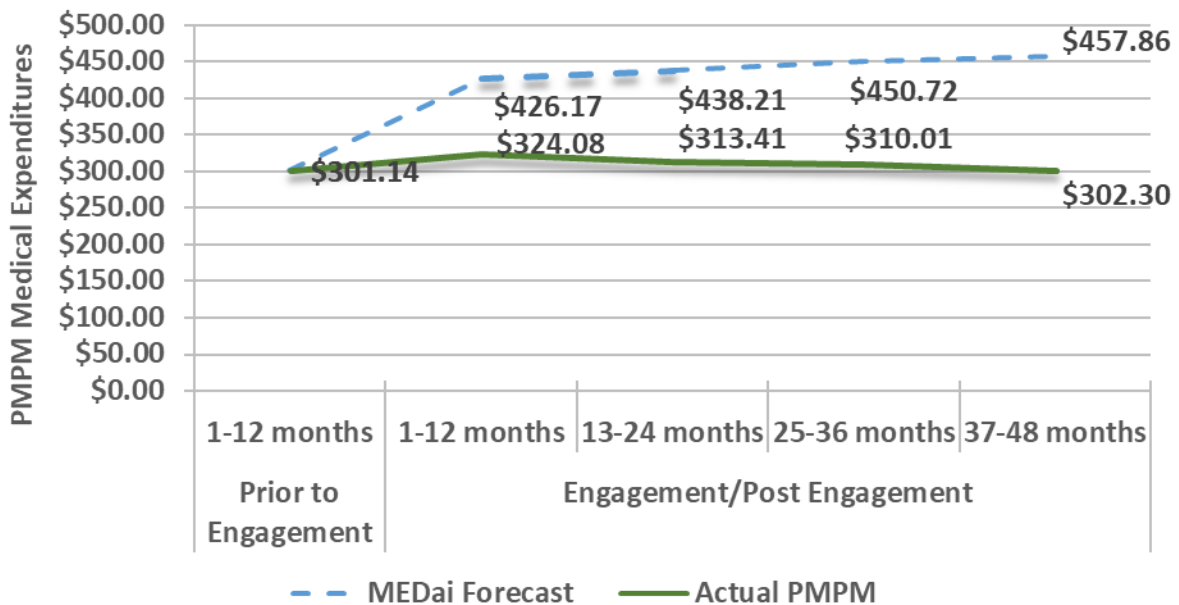
**Exhibit 7-12 – Members with COPD as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants**



Medical Expenditures – Total and by Category of Service

MEDai projected that members with COPD would incur an average of \$426 in PMPM expenditures over the 12-month forecast period. The actual amount was \$324, or 76% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$438 in PMPM expenditures. The actual amount was \$313, or 72% of forecast. For months 25 to 35, the MEDai forecast with trend applied was \$450 in PMPM expenditures. The actual amount was \$310, or 69% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$457 in PMPM expenditures. The actual amount was \$302, or 69% 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 nearly all services, although physician costs declined slightly (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	\$54.62	\$57.14	\$2.52	5%
Outpatient Hospital	\$41.21	\$56.33	\$15.11	37%
Physician	\$106.51	\$102.42	(\$4.08)	-4%
Pharmacy	\$56.33	\$61.32	\$4.99	9%
Behavioral Health	\$0.42	\$0.62	\$0.21	49%
All Other	\$42.06	\$46.25	\$4.19	10%
Total	\$301.14	\$324.08	\$22.93	8%

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 \$1.7 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	9,916	\$102.09	\$1,012,342
Months 13 - 24	3,869	\$124.80	\$482,841
Months 25 - 36	1,202	\$140.71	\$169,128
Months 37 - 48	269	\$155.56	\$41,847
Total	15,256	\$111.84	\$1,706,158

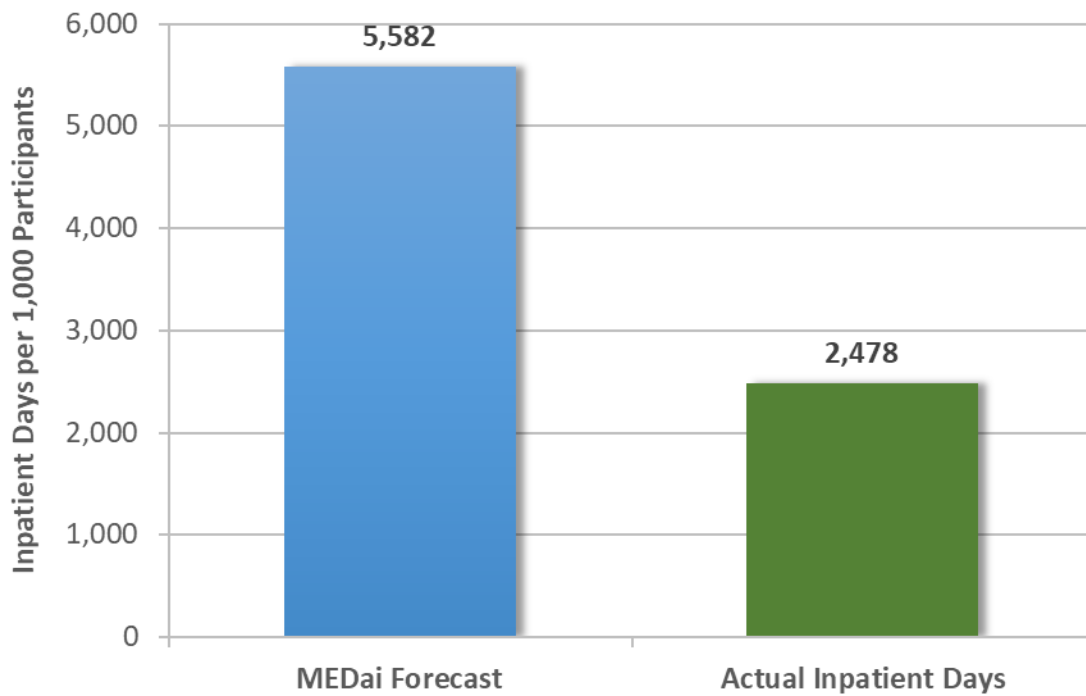
Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2017 included 310 members who were not participating in health coaching and for whom diabetes was the most expensive diagnosis.

Utilization

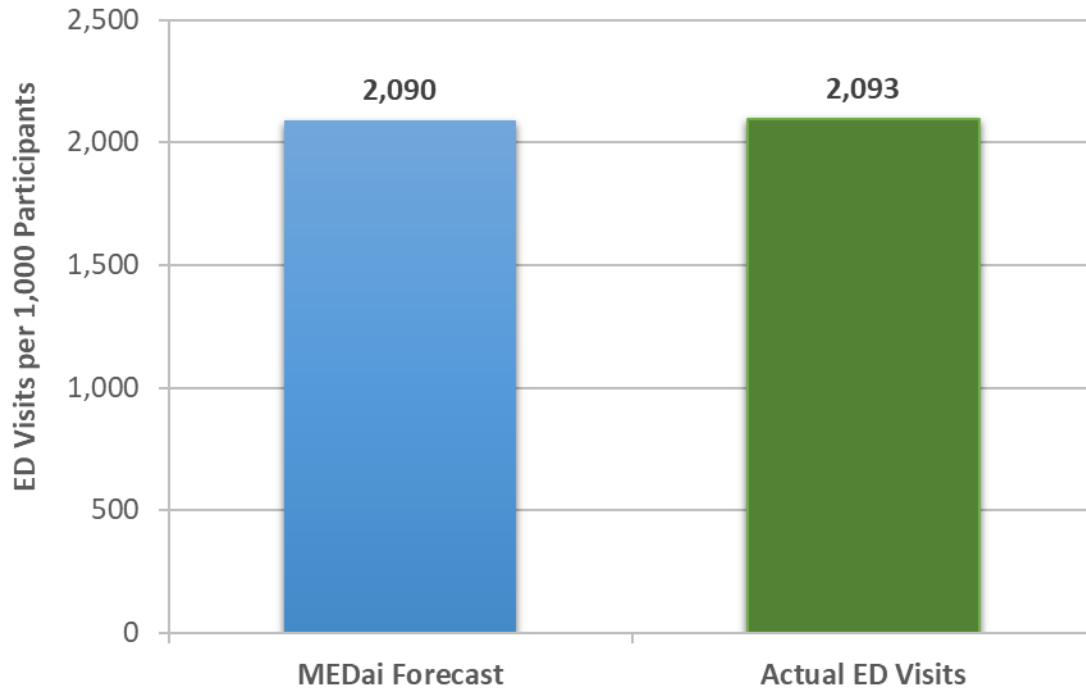
MEDai projected that members with diabetes would incur 5,582 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 2,478, or 44 percent of forecast (Exhibit 7-16).

**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 2,090 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 2,093, or 100 percent of forecast (Exhibit 7-17).

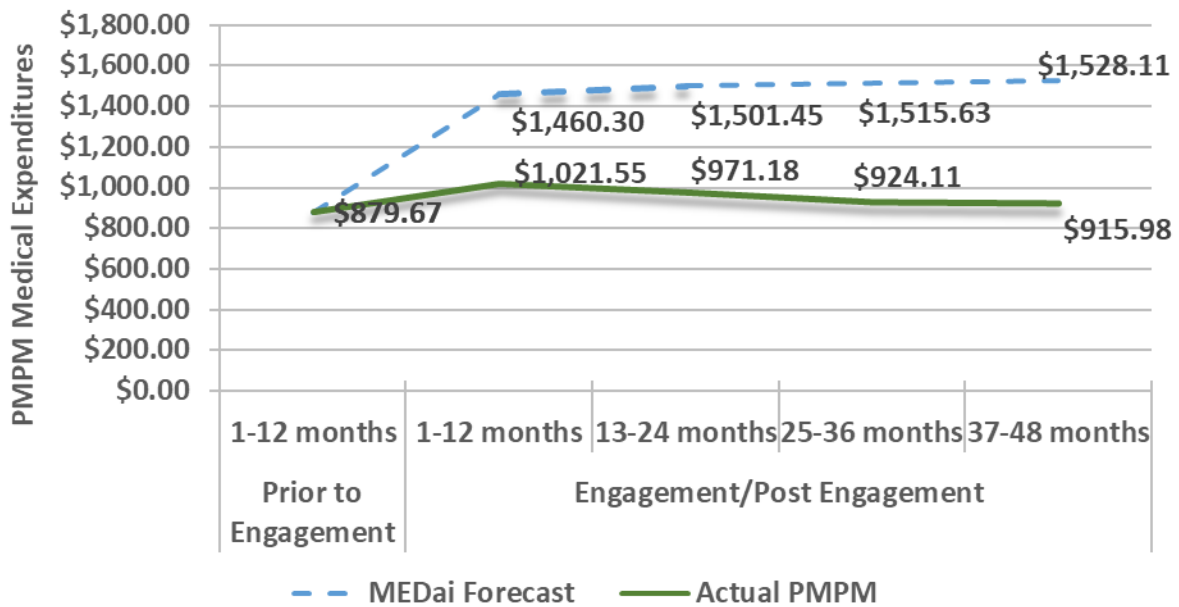
**Exhibit 7-17 – Members with Diabetes as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants**



Medical Expenditures – Total and by Category of Service

MEDai projected that members with diabetes would incur an average of \$1,460 in PMPM expenditures over the 12-month forecast period. The actual amount was \$1,022, or 70% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,501 in PMPM expenditures. The actual amount was \$971, or 65% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,516 in PMPM expenditures. The actual amount was \$924, or 61% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,528 in PMPM expenditures. The actual amount was \$916, or 60% 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 nearly all services (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	\$195.80	\$279.76	\$83.96	43%
Outpatient Hospital	\$145.91	\$141.70	(\$4.21)	-3%
Physician	\$193.76	\$211.51	\$17.75	9%
Pharmacy	\$201.22	\$227.28	\$26.06	13%
Behavioral Health	\$14.02	\$4.80	(\$9.23)	-66%
All Other	\$128.95	\$156.50	\$27.55	21%
Total	\$879.67	\$1,021.55	\$141.88	16%

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 \$3.1 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	4,196	\$438.75	\$1,840,993
Months 13 - 24	1,651	\$530.27	\$875,469
Months 25 - 36	531	\$591.52	\$314,098
Months 37 - 48	122	\$612.13	\$74,680
Total	6,500	\$477.73	\$3,105,240

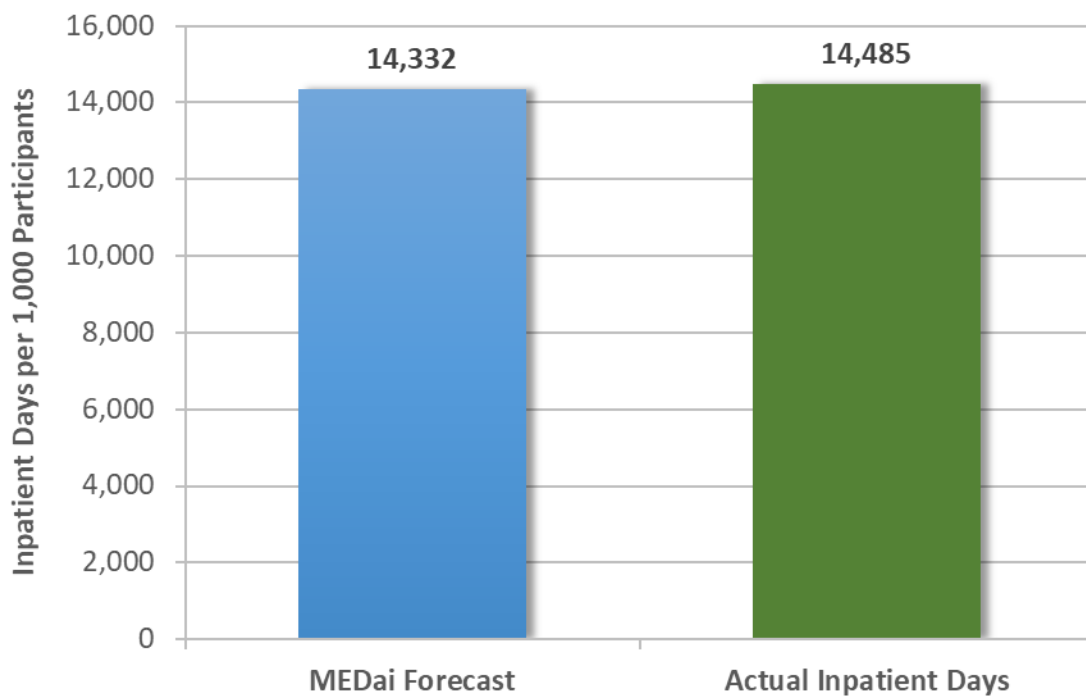
Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2017 included 23 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 14,332 inpatient days per 1,000 over the 12 month forecast period. The actual rate was exactly 14,485, or 101 percent of forecast (Exhibit 7-21).

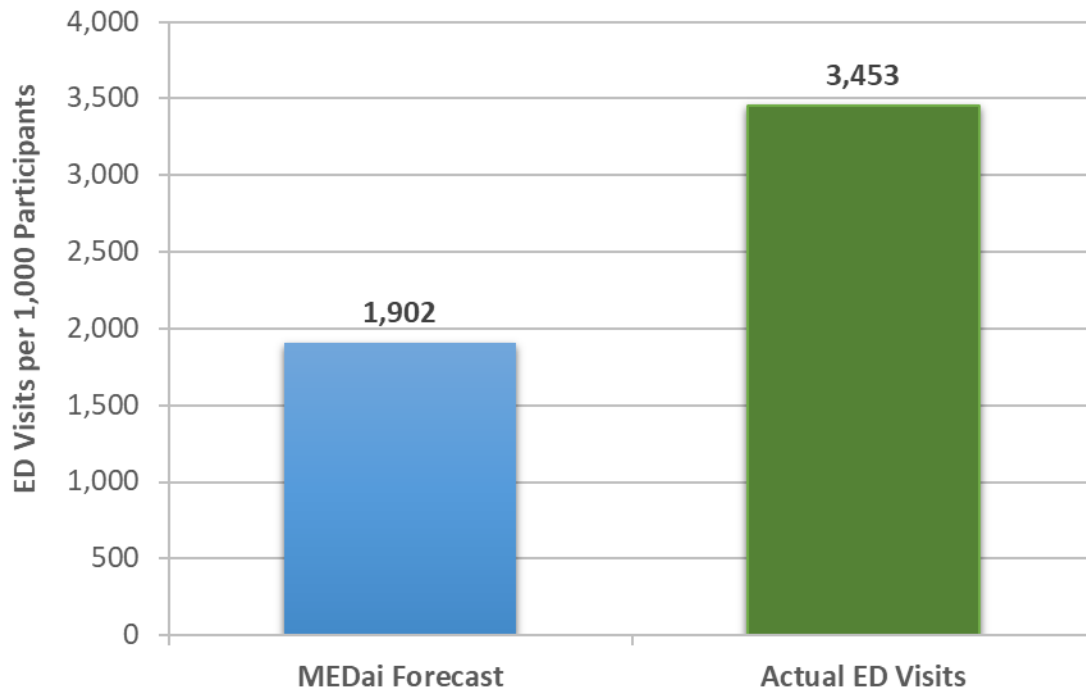
**Exhibit 7-21 – Members with Heart Failure as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



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 1,902 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 3,453, or 182 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**

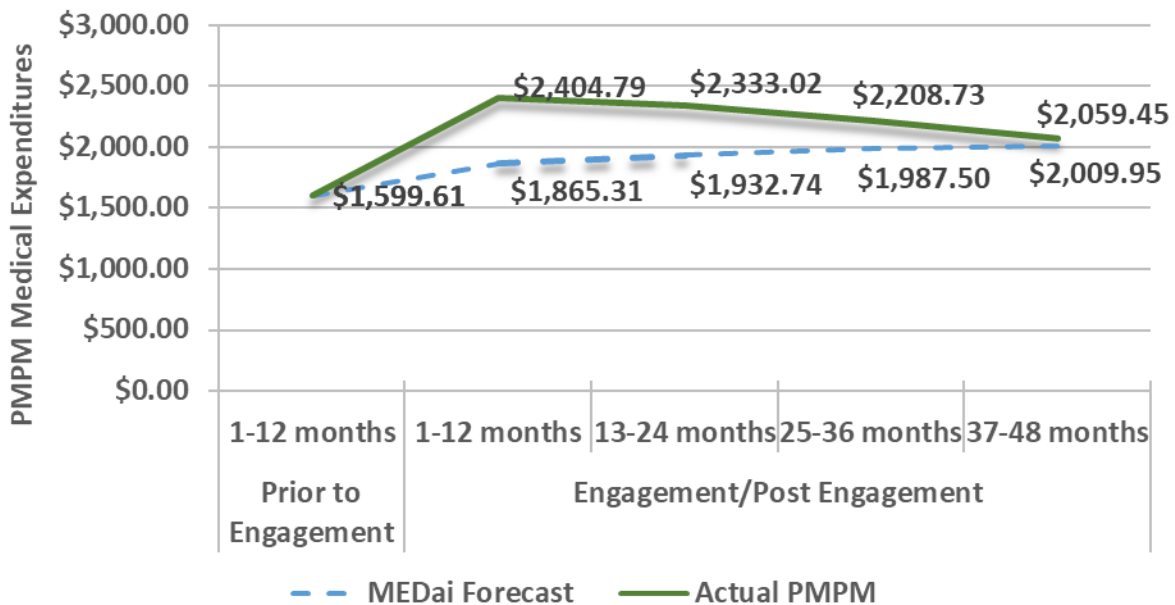


Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with heart failure would incur an average of \$1,865 in PMPM expenditures over the 12-month forecast period. The actual amount was \$2,405, or 129% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,933 in PMPM expenditures. The actual amount was \$2,333, or 121% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,988 in PMPM expenditures. The actual amount was \$2,209, or 111% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$2,010 in PMPM expenditures. The actual amount was \$2,060, or 102% 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 nearly all services (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	\$694.03	\$1,258.90	\$564.86	81%
Outpatient Hospital	\$340.53	\$466.25	\$125.73	37%
Physician	\$264.32	\$403.98	\$139.67	53%
Pharmacy	\$125.06	\$87.52	(\$37.54)	-30%
Behavioral Health	\$0.00	\$0.00	\$0.00	--
All Other	\$175.68	\$188.14	\$12.46	7%
Total	\$1,599.61	\$2,404.79	\$805.17	50%

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 difference. The resultant deficit equaled approximately (\$216,000) (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	298	(\$539.48)	(\$160,764)
Months 13 - 24	115	(\$400.28)	(\$46,032)
Months 25 - 36	38	(\$221.23)	(\$8,407)
Months 37 - 48	12	(\$49.50)	(\$594)
Total	463	(\$466.09)	(\$215,797)

Results for this diagnosis should be interpreted with caution given the small size of the population.

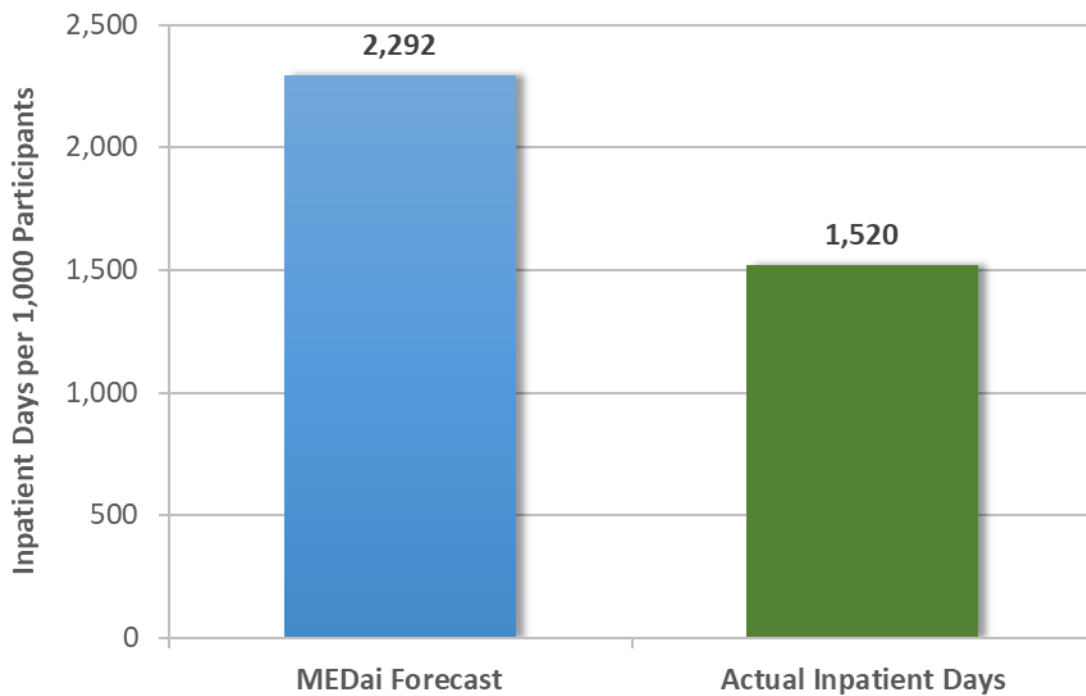
Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2017 included 728 members who were not participating in health coaching and for whom hypertension was the most expensive diagnosis.

Utilization

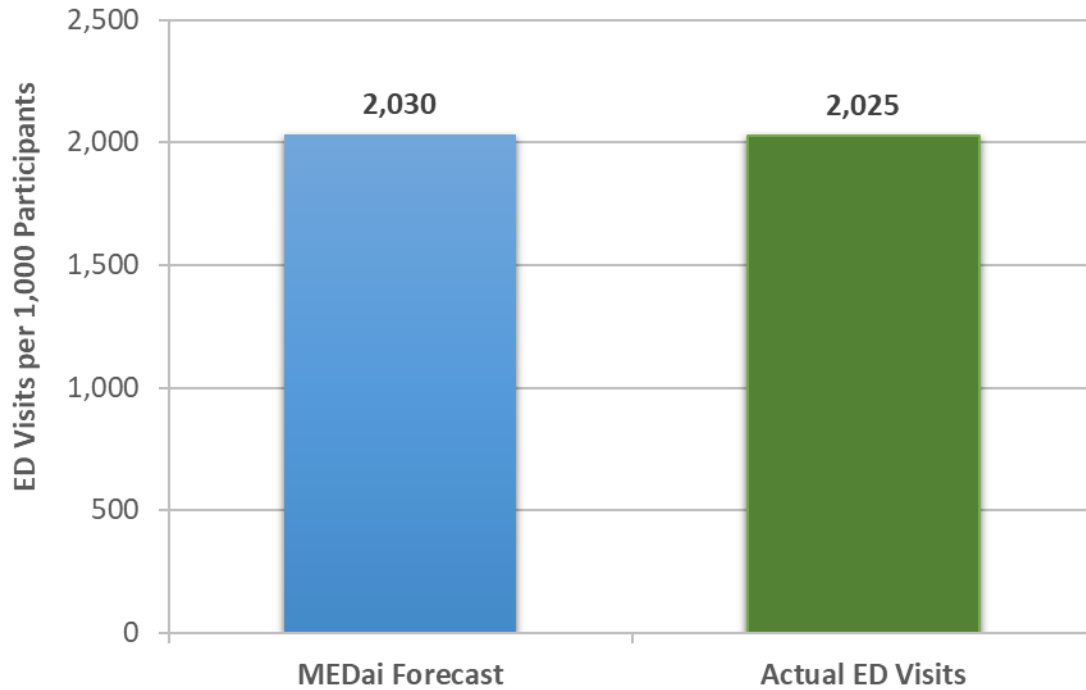
MEDai projected that members with hypertension would incur 2,292 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 1,520, or 66 percent of forecast (Exhibit 7-26).

**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 2,030 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 2,025, or 100 percent of forecast (Exhibit 7-27).

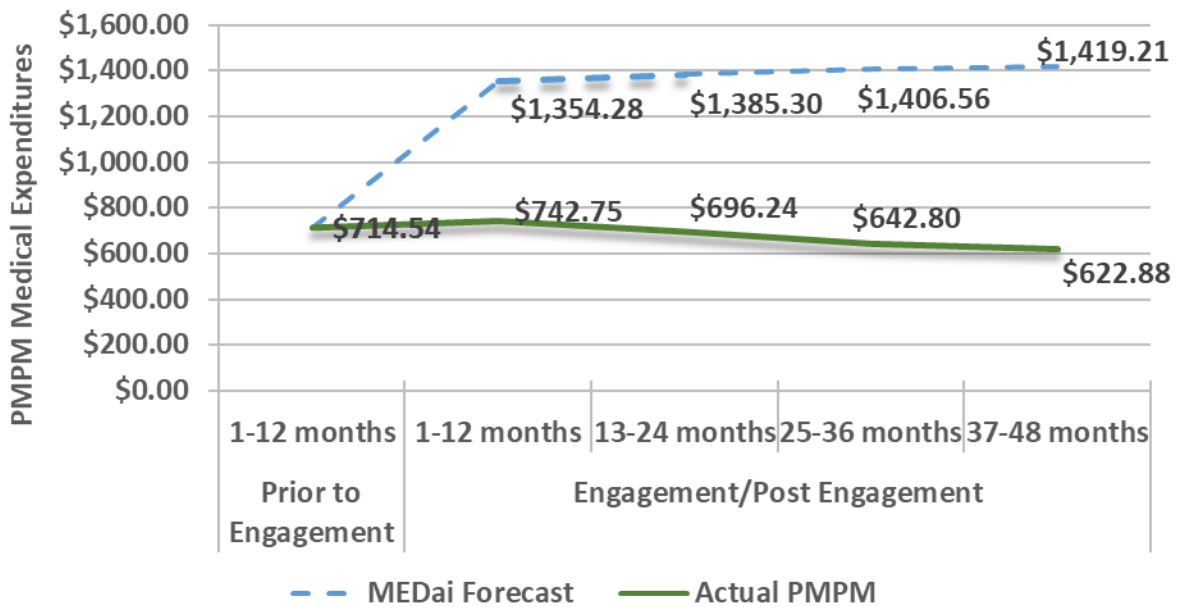
**Exhibit 7-27 – Members with Hypertension as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants**



Medical Expenditures – Total and by Category of Service

MEDai projected that members with hypertension would incur an average of \$1,354 in PMPM expenditures over the 12-month forecast period. The actual amount was \$743, or 55% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,385 in PMPM expenditures. The actual amount was \$696, or 50% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,407 in PMPM expenditures. The actual amount was \$643, or 46% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,419 in PMPM expenditures. The actual amount was \$623, or 44% 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 PMPM 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	\$233.25	\$217.28	(\$15.97)	-7%
Outpatient Hospital	\$104.44	\$112.17	\$7.73	7%
Physician	\$190.12	\$163.30	(\$26.82)	-14%
Pharmacy	\$112.14	\$164.50	\$52.36	47%
Behavioral Health	\$4.25	\$3.47	(\$0.78)	-18%
All Other	\$70.35	\$82.03	\$11.68	17%
Total	\$714.54	\$742.75	\$28.21	4%

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 \$7.8 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	7,793	\$611.53	\$4,765,616
Months 13 - 24	3,076	\$689.06	\$2,119,543
Months 25 - 36	1,012	\$763.76	\$772,923
Months 37 - 48	224	\$796.33	\$178,378
Total	12,105	\$647.37	\$7,836,460

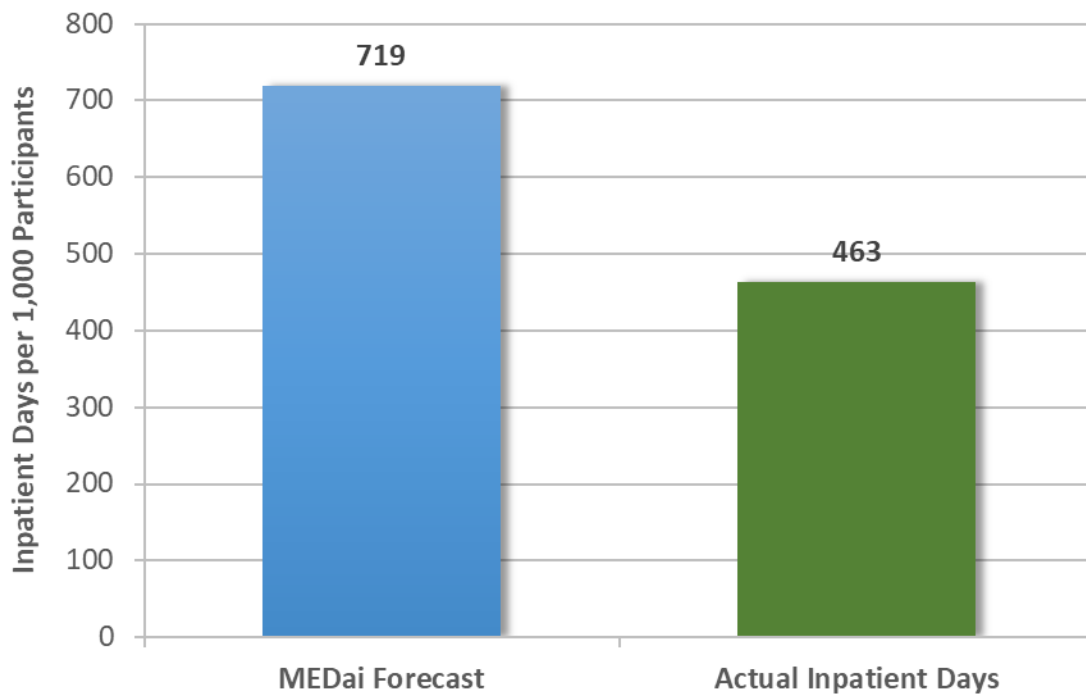
Utilization and Expenditure Evaluation – All Others

The SoonerCare HMP practice facilitation sites in SFY 2017 included 6,862 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

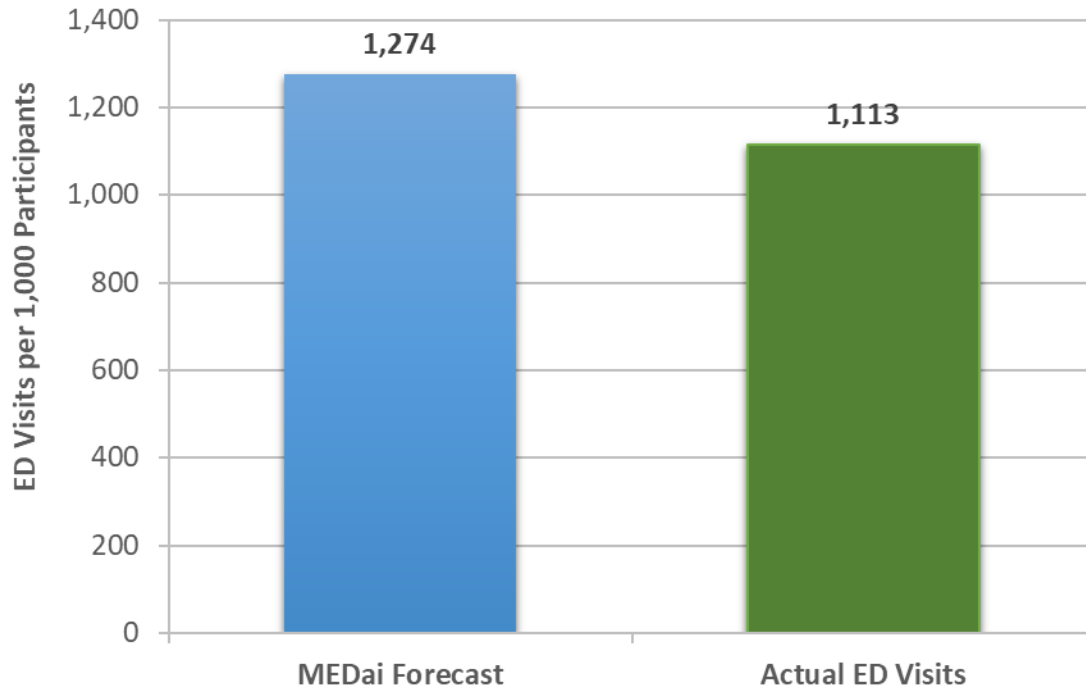
MEDai projected members in the “all others” group would incur 719 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 463, or 64 percent of forecast (Exhibit 7-31).

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 1,274 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,113, or 87 percent of forecast (Exhibit 7-32).

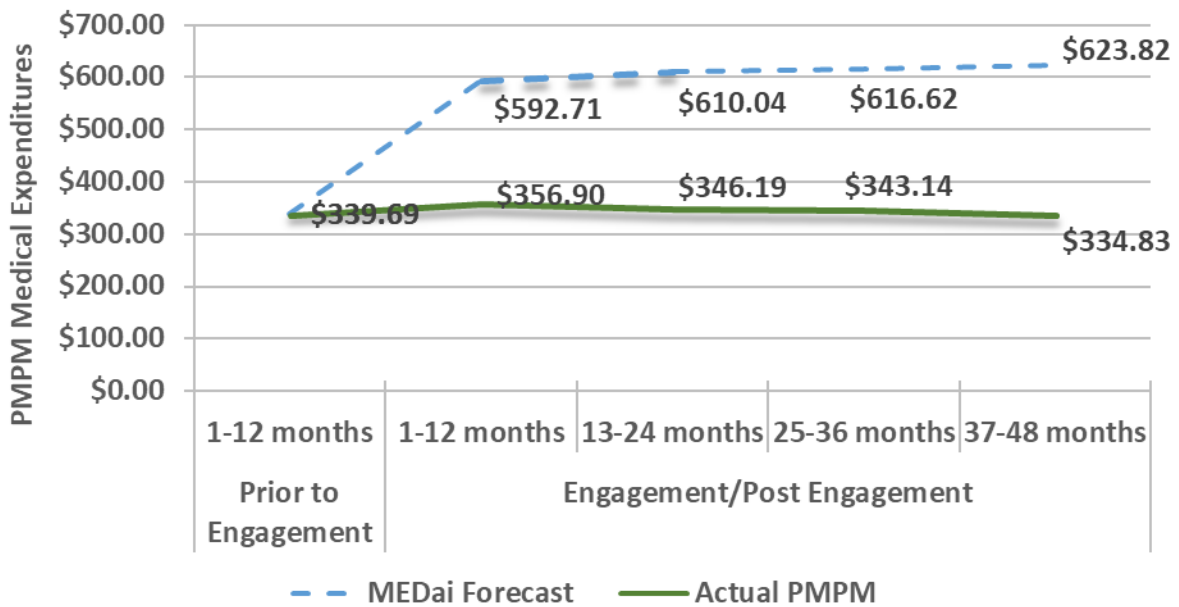
Exhibit 7-32 – All Other Members
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members in the “all others” group would incur an average of \$593 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 \$610 in PMPM expenditures. The actual amount was \$346, or 57% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$616 in PMPM expenditures. The actual amount was \$343, or 56% of forecast. . For months 37 to 48, the MEDai forecast with trend applied was \$623 in PMPM expenditures. The actual amount was \$334, or 54% 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 of increase was a moderate five 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	\$38.43	\$42.53	\$4.10	11%
Outpatient Hospital	\$37.85	\$42.89	\$5.04	13%
Physician	\$76.11	\$83.18	\$7.07	9%
Pharmacy	\$54.76	\$61.55	\$6.79	12%
Behavioral Health	\$81.04	\$76.76	(\$4.28)	-5%
All Other	\$51.49	\$49.99	(\$1.50)	-3%
Total	\$339.69	\$356.90	\$17.21	5%

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 \$59.9 million (Exhibit 7-35).

**Exhibit 7-35 – All Other Members
Aggregate Savings**

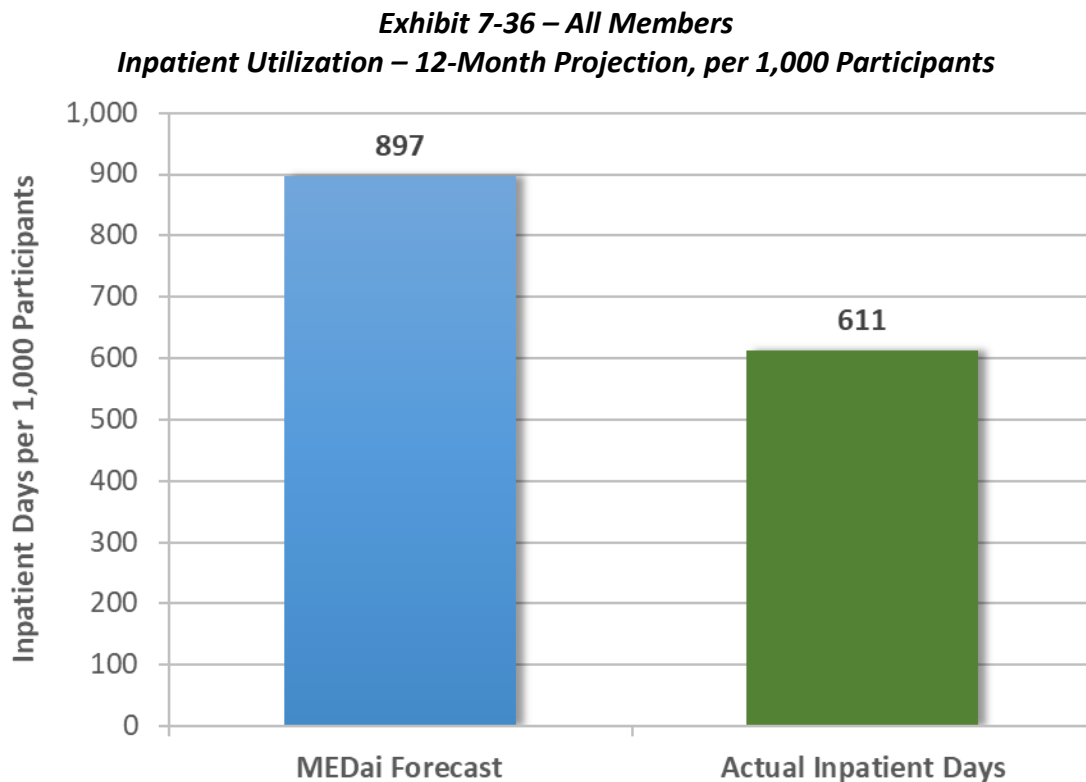
Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	158,233	\$235.81	\$37,312,881
Months 13 - 24	61,128	\$263.85	\$16,128,882
Months 25 - 36	18,871	\$273.48	\$5,160,825
Months 37 - 48	4,323	\$288.99	\$1,249,289
Total	242,555	\$246.76	\$59,851,877

Utilization and Expenditure Evaluation – All Members

This section presents consolidated trend data across all 10,107 members aligned with a practice facilitation provider who did not participate in health coaching but met the other criteria for inclusion in the analysis.

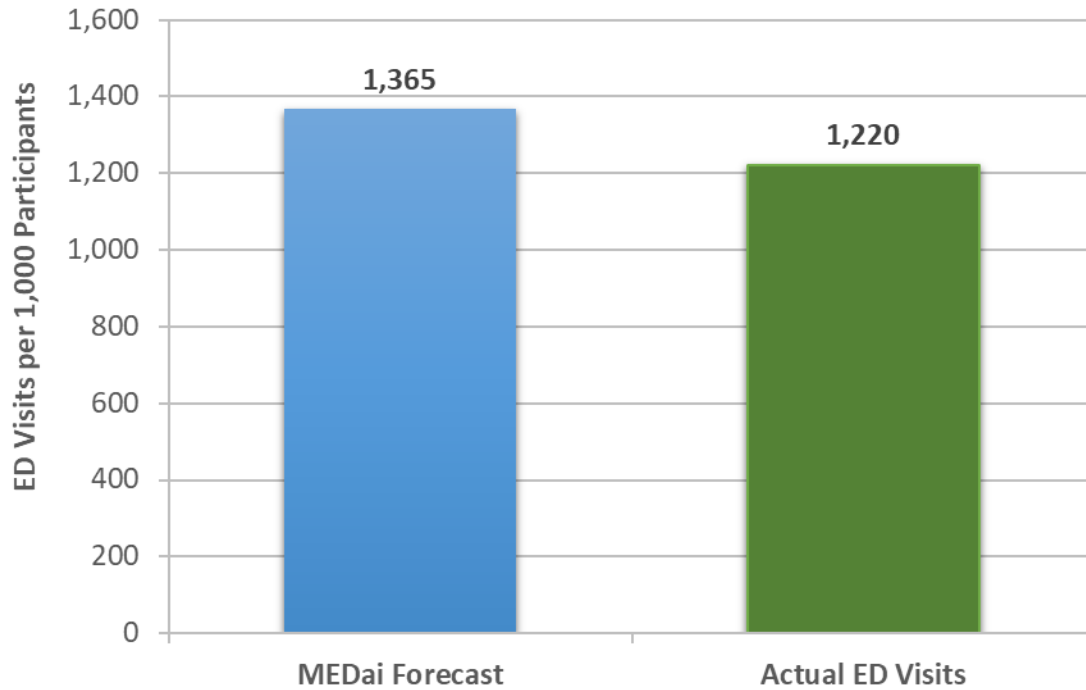
Utilization

MEDai projected members in total would incur 897 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 611, or 68 percent of forecast (Exhibit 7-36).



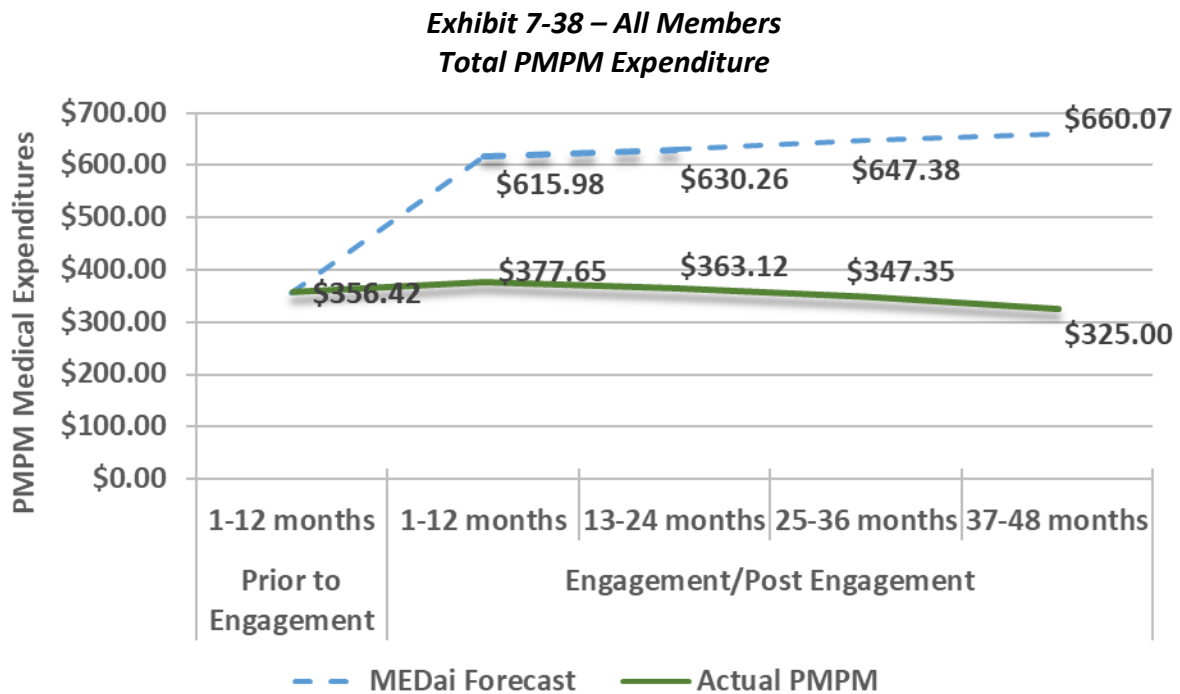
MEDai projected members in total would incur 1,365 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,220, or 89 percent of forecast (Exhibit 7-37).

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 \$616 in PMPM expenditures over the 12-month forecast period. The actual amount was \$378, or 61% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$630 in PMPM expenditures. The actual amount was \$363, or 58% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$647 in PMPM expenditures. The actual amount was \$347, or 54% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$660 in PMPM expenditures. The actual amount was \$325, or 49% of forecast (Exhibit 7-38).



At the category-of-service level in the first 12 months, expenditures increased for all services except behavioral health and “all other” (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	\$52.38	\$58.25	\$5.86	11%
Outpatient Hospital	\$43.12	\$49.73	\$6.61	15%
Physician	\$85.41	\$90.91	\$5.50	6%
Pharmacy	\$59.21	\$67.94	\$8.73	15%
Behavioral Health	\$64.10	\$59.41	(\$4.69)	-7%
All Other	\$52.19	\$51.41	(\$0.77)	-1%
Total	\$356.42	\$377.65	\$21.23	6%

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 \$78.5 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	202,008	\$238.33	\$48,143,747
Months 13 - 24	78,729	\$267.14	\$21,031,798
Months 25 - 36	24,764	\$300.03	\$7,430,055
Months 37 - 48	5,589	\$335.07	\$1,872,690
Total	311,090	\$252.27	\$78,478,291

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 2017 aggregate administrative expenses for practice facilitation were approximately \$13.4 million (Exhibit 7-41). This equated to \$42.92 on a PMPM basis. The PMPM calculation was performed using total member months (311,090) for members included in the expenditure analysis.

Exhibit 7-41 – SoonerCare HMP - Practice Facilitation Administrative Expenses

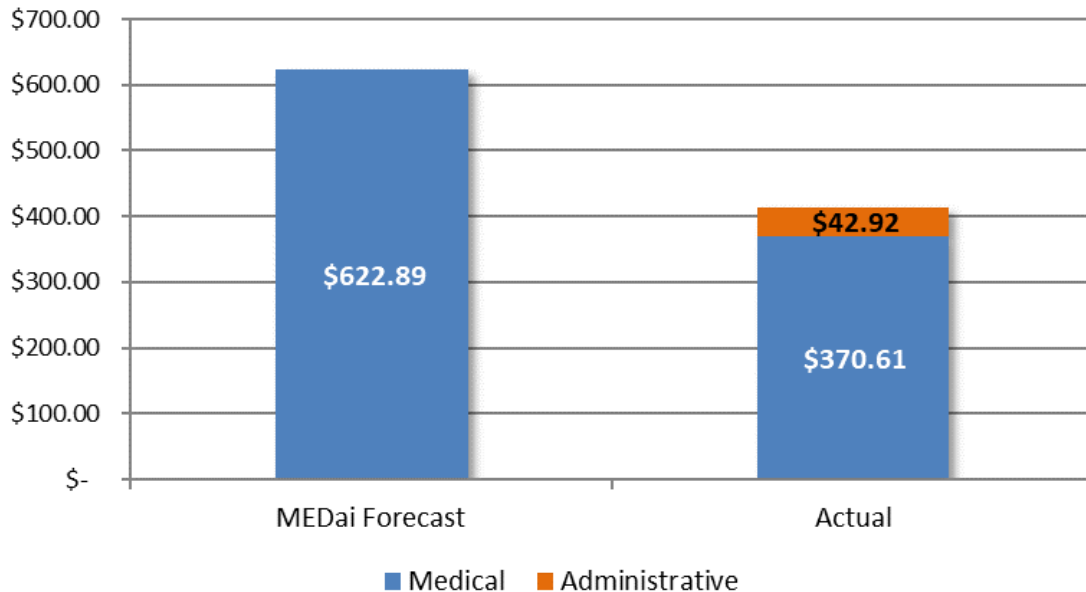
Cost Component	SFY 2014 - 2017 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	\$754,738	\$2.43
OHCA SoonerCare HMP overhead (50% allocation)	\$73,717	\$0.24
Telligen practice facilitators	\$8,615,898	\$27.70
Telligen Central Operations (50% allocation)	\$3,908,183	\$12.56
Total Administrative Expense	\$13,352,536	\$42.92

Cost Effectiveness Calculation⁶⁰

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2017, 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 \$622.89⁶¹. Their actual average PMPM medical costs were \$370.61. With the addition of \$42.92 in average PMPM administrative expenses, total actual costs were \$413.54. Medical expenses accounted for 90 percent of the total and administrative expenses accounted for the other 10 percent. Overall, net SoonerCare HMP practice facilitation-related PMPM expenses were 66.4 percent of forecast (Exhibit 7-42).

Exhibit 7-42 – SoonerCare HMP - Practice Facilitation PMPM Savings



On an aggregate basis, the practice facilitation portion of the SoonerCare HMP achieved a net savings in excess of \$65.1 million, up from \$45.6 million at the end of SFY 2016 (Exhibit 7-43 on the following page). These net savings compare favorably to the practice facilitation component of the first generation SoonerCare HMP, which generated a cumulative net savings of \$58 million over the entire five-year evaluation, a benchmark the second generation HMP has already exceeded.⁶²

⁶⁰ PMPM and aggregate values differ slightly due to rounding.

⁶¹ This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24 and months 25 – 36, as shown in exhibit 7-38.

⁶² SoonerCare HMP Comprehensive Evaluation Report, May 2014, page 94.

**Exhibit 7-43 – SoonerCare HMP - Practice Facilitation
Aggregate Savings – Net of Administrative Expenses**

Medical Savings	Administrative Costs	Net Savings
\$78,478,291	(\$13,352,536)	\$65,125,755

CHAPTER 8 – 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 2017, by comparing health coaching and practice facilitation administrative expenditures to medical savings. The results are presented in Exhibit 8-1 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 287.5 percent, up from 275.1 percent in the prior year. Put another way, the second generation *SoonerCare HMP, through four years, yielded nearly \$2.88 in net medical savings for every dollar in administrative expenditures.*

Exhibit 8-1 – SoonerCare HMP ROI (State and Federal Dollars)

Component	Medical Savings	Administrative Costs	Net Savings	Return on Investment
Health Coaching	\$65,291,817	(\$23,750,828)	\$41,540,989	174.9%
Practice Facilitation	\$78,478,291	(\$13,352,536)	\$65,125,755	487.7%
TOTAL	\$143,770,108	(\$37,103,364)	\$106,666,744	287.5%

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.



JOEL NICO GOMEZ
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. 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 these services 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](tel: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](tel: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?⁶³
 - 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]

⁶³ 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 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 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					
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					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
1) Are you currently enrolled in SoonerCare?									
A. Yes	138 99.30%	602 97.30%	529 97.24%	501 99.80%	1770 98.12%	133 98.50%	267 92.71%	225 100.00%	625 96.45%
B. No	1 0.70%	17 2.70%	15 2.8%	1 0.2%	34 1.9%	2 1.50%	21 7.29%	0 0.00%	23 3.55%
2) Have you heard of the Health Management Program (HMP)?									
A. Yes	121 87.70%	554 92.00%	514 97.16%	501 100.00%	1690 95.48%	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>
B. No	16 11.60%	47 7.80%	15 2.84%	0 0.00%	78 4.41%				
C. Don't know/not sure	1 0.70%	1 0.20%	0 0.00%	0 0.00%	2 0.11%				
3) Were you contacted and offered a chance to enroll in the HMP?									
A. Yes	122 89.70%	553 91.60%	514 97.16%	501 100.00%	1690 95.48%	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>
B. No	7 5.10%	47 7.80%	15 2.84%	0 0.00%	69 3.90%				
C. Don't know/not sure	9 6.60%	2 0.30%	0 0.00%	0 0.00%	11 0.62%				

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
4) Did you decide to participate?									
A. Yes	120 95.20%	552 99.80%	512 99.61%	499 99.60%	1683 99.35%	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>
B. No	6 4.80%	1 0.20%	2 0.39%	2 0.40%	11 0.65%				
5) Are you still participating today in the SoonerCare HMP?									
A. Yes	118 98.30%	542 98.20%	500 97.66%	496 99.40%	1656 98.40%	122 93.80%	218 81.65%	220 98.65%	560 89.89%
B. No/Don't know	2 1.70%	10 1.80%	12 2.34%	3 0.60%	27 1.60%	11 8.50%	49 18.35%	3 1.35%	63 10.11%
6) How long have you been participating in the SoonerCare HMP?									
A. Less than 1 month	9 7.60%	5 0.90%	14 2.80%	13 2.62%	41 2.48%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
B. 1 to 2 months	39 33.10%	18 3.30%	8 1.60%	36 7.26%	101 6.10%	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%	198 11.96%	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%	343 20.71%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
E. More than 6 months	28 23.70%	352 64.90%	385 77.00%	160 32.26%	925 55.86%	<i>See below</i>	<i>See below</i>	<i>See below</i>	<i>See below</i>

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
F. 6 to 9 months						8 6.60%	9 4.13%	50 22.73%	67 11.96%
G. 9 to 12 months						68 55.70%	62 28.44%	75 34.09%	205 36.61%
H. More than 12 months						44 36.10%	147 67.43%	91 41.36%	282 50.36%
<i>For initial survey, tenures greater than six months are not further stratified</i>									
I. Don't know/not sure	2 1.70%	18 3.30%	9 1.80%	19 3.83%	48 2.90%	2 1.60%	0 0.00%	4 1.82%	6 1.07%
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%	128 7.74%	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>
B. Received a call from my Health Coach	37 31.40%	191 35.20%	149 29.80%	276 55.98%	653 39.50%				
C. Received a call from someone else	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%	747 45.19%				
E. Other	0 0.00%	8 1.50%	8 1.60%	12 2.43%	28 1.69%				
F. Don't know/not sure	4 3.40%	21 3.90%	42 8.40%	30 6.09%	97 5.87%				

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
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%	455 27.44%	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>
B. Learn how to identify changes in health	0 0.00%	0 0.00%	0 0.0%	0 0.0%	0 0.0%				
C. Have someone to call with questions about health	3 2.50%	17 3.10%	19 3.81%	7 1.41%	46 2.77%				
D. Get help making health care appointments	4 3.40%	7 1.30%	4 0.80%	6 1.21%	21 1.27%				
E. Personal doctor recommended I enroll	2 1.70%	18 3.30%	15 3.01%	21 4.23%	56 3.38%				
F. Improve my health	28 23.70%	89 16.40%	86 17.23%	79 15.90%	282 17.01%				
G. Was invited to enroll/no specific reason	43 36.40%	229 42.30%	217 43.49%	208 41.85%	697 42.04%				
H. Other	5 4.20%	35 6.50%	27 5.41%	13 2.62%	80 4.83%				
I. Don't know/not sure	3 2.50%	6 1.10%	6 1.20%	6 1.21%	21 1.27%				

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
9) Among the reasons you gave, what was your 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%	455 27.48%	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%				
C. Have someone to call with questions about health	3 2.50%	17 3.10%	19 3.80%	7 1.41%	46 2.78%				
D. Get help making health care appointments	4 3.40%	7 1.30%	1 0.20%	6 1.21%	18 1.09%				
E. Personal doctor recommended I enroll	2 1.70%	17 3.10%	15 3.00%	21 4.23%	55 3.32%				
F. Improve my health	28 23.70%	89 16.40%	83 16.60%	77 15.52%	277 16.73%				
G. Was invited to enroll/no specific reason	42 35.60%	229 42.30%	220 44.00%	208 41.94%	699 42.21%				
H. Other	5 4.20%	35 6.50%	32 6.40%	13 2.62%	85 5.13%				
I. Don't know/not sure	3 2.50%	6 1.10%	6 1.20%	6 1.21%	21 1.27%				

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
10) How soon after you started participating in the SoonerCare HMP were you contacted by your Health Coach?									
A. Contacted at time of enrollment	67 <i>56.80%</i>	498 <i>91.90%</i>	430 <i>86.17%</i>	389 <i>78.74%</i>	1384 <i>83.73%</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>
B. Less than 1 week	34 <i>28.80%</i>	14 <i>2.60%</i>	7 <i>1.40%</i>	20 <i>4.05%</i>	75 <i>4.54%</i>				
C. 1 to 2 weeks	2 <i>1.70%</i>	2 <i>0.40%</i>	8 <i>1.60%</i>	26 <i>5.26%</i>	38 <i>2.30%</i>				
D. More than 2 weeks	0 <i>0.00%</i>	2 <i>0.40%</i>	3 <i>0.60%</i>	3 <i>0.61%</i>	8 <i>0.48%</i>				
E. Have not been contacted - enrolled 2 weeks ago or less	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>				
F. Have not been contacted - enrolled 2 to 4 weeks ago	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>				
G. Have not been contacted - enrolled more than 4 weeks ago	1 <i>0.80%</i>	2 <i>0.40%</i>	5 <i>1.00%</i>	2 <i>0.40%</i>	10 <i>0.60%</i>				
H. Don't know/not sure	14 <i>11.90%</i>	24 <i>4.40%</i>	46 <i>9.22%</i>	54 <i>10.93%</i>	138 <i>8.35%</i>				

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
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%	670 40.53%	42 34.40%	81 37.50%	100 45.45%	223 39.96%
B. No	71 60.70%	342 63.00%	286 57.43%	284 57.37%	983 59.47%	80 65.60%	135 62.50%	120 54.55%	335 60.04%
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%	388 23.50%	30 24.60%	40 18.69%	36 16.36%	106 19.06%
B. 1 to 2 weeks ago	41 35.30%	127 23.30%	83 16.70%	65 13.16%	316 19.14%	18 14.80%	34 15.89%	27 12.27%	79 14.21%
C. 2 to 4 weeks ago	27 23.30%	149 27.40%	166 33.40%	185 37.45%	527 31.92%	25 20.50%	58 27.10%	63 28.64%	146 26.26%
D. More than 4 weeks ago	19 16.40%	136 25.00%	139 27.97%	105 21.26%	399 24.17%	47 38.50%	81 37.85%	87 39.55%	215 38.67%
E. Have never spoken to Health Coach	1 0.90%	1 0.20%	3 0.60%	2 0.40%	7 0.42%	1 0.80%	0 0.00%	0 0.00%	1 0.18%
F. Don't know/not sure/no response	0 0.00%	8 1.50%	1 0.20%	5 1.01%	14 0.85%	1 0.80%	1 0.47%	7 3.18%	9 1.62%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
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%	1198 72.56%	99 81.10%	173 79.72%	179 81.36%	451 80.68%
B. In person	57 49.10%	170 31.30%	126 25.35%	53 10.73%	406 24.59%	23 18.90%	44 20.28%	37 16.82%	104 18.60%
C. Don't know/not sure/no response	0 0.00%	10 1.80%	5 1.01%	32 6.48%	47 2.85%	0 0.00%	0 0.00%	4 1.82%	4 0.72%
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%	1435 86.76%	110 90.20%	203 93.12%	187 85.00%	500 89.29%
B. No	5 4.30%	38 7.00%	31 6.20%	53 10.73%	127 7.68%	10 8.20%	7 3.21%	21 9.55%	38 6.79%
C. Don't know/not sure/no response	6 5.10%	28 5.20%	26 5.20%	32 6.48%	92 5.56%	2 1.60%	8 3.67%	12 5.45%	22 3.93%
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%	430 29.97%	18 16.40%	54 26.73%	71 37.97%	143 28.66%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
B. No	89 84.00%	342 71.70%	291 65.69%	282 68.95%	1004 69.97%	92 83.60%	148 73.27%	114 60.96%	354 70.94%
C. Don't know/not sure	0 0.00%	0 0.00%	1 0.23%	0 0.00%	1 0.07%	0 0.00%	0 0.00%	2 1.07%	2 0.40%
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%	335 77.73%	11 61.10%	46 85.19%	58 81.69%	115 80.42%
B. Urgent health problem	0 0.00%	3 2.20%	2 1.31%	2 1.59%	7 1.62%	1 5.60%	0 0.00%	0 0.00%	1 0.70%
C. Seeking assistance in scheduling an appointment	2 11.80%	3 2.20%	11 7.19%	2 1.59%	18 4.18%	0 0.00%	3 5.56%	2 2.82%	5 3.50%
D. Returning call from Health Coach	0 0.00%	13 9.60%	12 7.84%	27 21.43%	52 12.06%	4 22.20%	3 5.56%	11 15.49%	18 12.59%
E. Other	4 23.50%	7 5.20%	6 3.92%	1 0.79%	18 4.18%	2 11.10%	2 3.70%	0 0.00%	4 2.80%
F. Don't know/not sure	0 0.00%	0 0.00%	1 0.65%	0 0.00%	1 0.23%	0 0.00%	0 0.00%	0 0.00%	0 0.00%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
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%	224 52.46%	11 61.10%	27 50.00%	31 43.66%	69 48.25%
B. Called back within 1 hour	4 23.50%	29 21.50%	37 24.83%	30 23.81%	100 23.42%	2 11.10%	19 35.19%	17 23.94%	38 26.57%
C. Called back in more than 1 hour but same day	3 17.60%	7 5.20%	8 5.37%	30 23.81%	48 11.24%	1 5.60%	2 3.70%	13 18.31%	16 11.19%
D. Called back the next day	1 5.90%	3 2.20%	5 3.36%	6 4.76%	15 3.51%	3 16.70%	1 1.85%	2 2.82%	6 4.20%
E. Called back 2 or more days later	1 5.90%	2 1.50%	1 0.67%	2 1.59%	6 1.41%	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%	13 3.04%	1 5.60%	0 0.00%	3 4.23%	4 2.80%
G. Other	0 0.00%	3 2.20%	0 0.00%	0 0.00%	3 0.70%	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%	18 4.22%	0 0.00%	5 9.26%	5 7.04%	10 6.99%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
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									
A. Yes	116 98.30%	537 99.10%	497 99.40%	490 99.59%	1640 99.27%	119 98.30%	217 100.00%	220 100.00%	556 99.64%
B. No	2 1.70%	4 0.70%	2 0.40%	2 0.41%	10 0.61%	2 1.70%	0 0.00%	0 0.00%	2 0.36%
C. Don't know/not sure	0 0.00%	1 0.20%	1 0.20%	0 0.00%	2 0.12%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
(b) Provided instructions about taking care of your health problems or concerns									
A. Yes	99 83.90%	504 93.00%	481 96.20%	465 94.51%	1549 93.77%	115 95.00%	211 97.24%	216 98.18%	542 97.13%
B. No	18 15.30%	34 6.30%	16 3.20%	23 4.67%	91 5.51%	6 5.00%	6 2.76%	3 1.36%	15 2.69%
C. Don't know/not sure	1 0.80%	4 0.70%	3 0.60%	4 0.81%	12 0.73%	0 0.00%	0 0.00%	1 0.45%	1 0.18%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
(c) Helped you to identify changes in your health that might be an early sign of a problem									
A. Yes	29 24.60%	213 39.30%	208 41.60%	180 36.59%	630 38.14%	30 24.80%	99 45.62%	79 35.91%	208 37.28%
B. No	89 75.40%	325 60.00%	281 56.20%	306 62.20%	1001 60.59%	91 75.20%	115 53.00%	139 63.18%	345 61.83%
C. Don't know/not sure	0 0.00%	4 0.70%	11 2.20%	6 1.22%	21 1.27%	0 0.00%	3 1.38%	2 0.91%	5 0.90%
(d) Answered questions about your health									
A. Yes	93 78.80%	486 89.70%	459 91.80%	445 90.45%	1483 89.77%	110 90.90%	211 97.24%	201 91.36%	522 93.55%
B. No	23 19.50%	52 9.60%	39 7.80%	41 8.33%	155 9.38%	11 9.10%	6 2.76%	16 7.27%	33 5.91%
C. Don't know/not sure	1 0.80%	5 0.90%	2 0.40%	6 1.22%	14 0.85%	0 0.00%	0 0.00%	3 1.36%	3 0.54%
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff									
A. Yes	53 44.90%	165 30.40%	123 24.65%	102 20.73%	443 26.83%	31 25.60%	50 23.04%	49 22.27%	130 23.30%
B. No	64 54.20%	374 69.00%	372 74.55%	388 78.86%	1198 72.56%	90 74.40%	166 76.50%	170 77.27%	426 76.34%
C. Don't know/not sure	1 0.80%	3 0.60%	4 0.80%	2 0.41%	10 0.61%	0 0.00%	1 0.46%	1 0.45%	2 0.36%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?									
A. Yes	32 27.10%	137 25.30%	117 23.45%	80 16.29%	366 22.18%	27 22.30%	42 19.35%	41 18.64%	110 19.71%
B. No	86 72.90%	404 74.50%	380 76.15%	409 83.30%	1279 77.52%	94 77.70%	175 80.65%	179 81.36%	448 80.29%
C. Don't know/not sure	0 0.00%	1 0.20%	2 0.40%	2 0.41%	5 0.30%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems									
A. Yes	17 14.40%	35 6.50%	19 3.81%	12 2.44%	83 5.03%	6 5.00%	12 5.53%	2 0.91%	20 3.58%
B. No	101 85.60%	506 93.40%	478 95.79%	480 97.56%	1565 94.79%	115 95.00%	205 94.47%	218 99.09%	538 96.42%
C. Don't know/not sure	0 0.00%	1 0.20%	2 0.40%	0 0.00%	3 0.18%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
(h) Reviewed your medications with you and helped you to manage your medications									
A. Yes	70 59.30%	439 81.00%	439 87.98%	434 88.21%	1382 83.71%	97 80.20%	205 94.47%	202 91.82%	504 90.32%
B. No	46 39.00%	90 16.60%	46 9.22%	42 8.54%	224 13.57%	22 18.20%	9 4.15%	7 3.18%	38 6.81%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
C. Don't know/not sure	2 1.70%	13 2.40%	14 2.81%	16 3.25%	45 2.73%	2 1.70%	3 1.38%	11 5.00%	16 2.87%
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 82.20%	487 89.90%	460 92.18%	446 90.65%	1490 90.25%	111 91.70%	206 94.93%	190 86.36%	507 90.70%
B. Somewhat satisfied	16 13.60%	40 7.40%	28 5.61%	36 7.32%	120 7.27%	5 4.10%	7 3.23%	27 12.27%	39 6.98%
C. Somewhat dissatisfied	1 0.80%	4 0.70%	2 0.40%	5 1.02%	12 0.73%	2 1.70%	2 0.92%	0 0.00%	4 0.72%
D. Very dissatisfied	1 0.80%	4 0.70%	6 1.20%	2 0.41%	13 0.79%	1 0.80%	1 0.46%	3 1.36%	5 0.89%
E. Don't know/Not Applicable	3 2.50%	7 1.30%	3 0.60%	3 0.61%	16 0.97%	3 2.50%	1 0.46%	0 0.00%	4 0.72%
(b) Provided instructions about taking care of your health problems or concerns									
A. Very satisfied	85 72.00%	471 86.90%	451 90.38%	433 88.01%	1440 87.22%	108 89.30%	204 94.01%	188 85.45%	500 89.61%
B. Somewhat satisfied	11 9.30%	30 5.50%	25 5.01%	26 5.28%	92 5.57%	4 3.30%	6 2.76%	23 10.45%	33 5.91%
C. Somewhat dissatisfied	1 0.80%	1 0.20%	2 0.40%	3 0.61%	7 0.42%	2 1.70%	1 0.46%	2 0.91%	5 0.90%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
D. Very dissatisfied	1 0.80%	4 0.70%	2 0.40%	1 0.20%	8 0.48%	1 0.80%	0 0.00%	2 0.91%	3 0.54%
E. Don't know/Not Applicable	20 16.90%	36 6.60%	19 3.81%	29 5.89%	104 6.30%	6 5.00%	6 2.76%	5 2.27%	17 3.05%
(c) Helped you to identify changes in your health that might be an early sign of a problem									
A. Very satisfied	29 24.60%	203 37.50%	198 39.68%	173 35.16%	603 36.52%	29 24.00%	90 41.47%	77 35.00%	196 35.13%
B. Somewhat satisfied	4 3.40%	8 1.50%	6 1.20%	4 0.81%	22 1.33%	0 0.00%	4 1.84%	4 1.82%	8 1.43%
C. Somewhat dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	1 0.06%	0 0.00%	1 0.46%	0 0.00%	1 0.18%
D. Very dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	1 0.06%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
E. Don't know/Not Applicable	85 72.00%	329 60.70%	295 59.12%	315 64.02%	1024 62.02%	92 76.00%	122 56.22%	139 63.18%	353 63.26%
(d) Answered questions about your health									
A. Very satisfied	84 71.20%	452 83.40%	440 88.18%	426 86.59%	1402 84.92%	105 86.80%	203 93.55%	187 85.00%	495 88.71%
B. Somewhat satisfied	9 7.60%	26 4.80%	19 3.81%	18 3.66%	72 4.36%	3 2.50%	6 2.76%	12 5.45%	21 3.76%
C. Somewhat dissatisfied	0 0.00%	2 0.40%	1 0.20%	1 0.20%	4 0.24%	2 1.70%	1 0.46%	0 0.00%	3 0.54%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
D. Very dissatisfied	0 <i>0.00%</i>	3 <i>0.60%</i>	1 <i>0.20%</i>	0 <i>0.00%</i>	4 <i>0.24%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	1 <i>0.45%</i>	1 <i>0.18%</i>
E. Don't know/Not Applicable	25 <i>21.20%</i>	59 <i>10.90%</i>	38 <i>7.62%</i>	47 <i>9.55%</i>	169 <i>10.24%</i>	11 <i>9.10%</i>	7 <i>3.23%</i>	20 <i>9.09%</i>	38 <i>6.81%</i>
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff									
A. Very satisfied	52 <i>44.10%</i>	159 <i>29.30%</i>	120 <i>24.05%</i>	99 <i>20.12%</i>	430 <i>26.04%</i>	31 <i>25.60%</i>	47 <i>21.66%</i>	51 <i>23.18%</i>	129 <i>23.12%</i>
B. Somewhat satisfied	1 <i>0.80%</i>	13 <i>2.40%</i>	6 <i>1.20%</i>	2 <i>0.41%</i>	22 <i>1.33%</i>	1 <i>0.80%</i>	3 <i>1.38%</i>	1 <i>0.45%</i>	5 <i>0.90%</i>
C. Somewhat dissatisfied	0 <i>0.00%</i>	2 <i>0.40%</i>	0 <i>0.00%</i>	1 <i>0.20%</i>	3 <i>0.18%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>
D. Very dissatisfied	0 <i>0.00%</i>	1 <i>0.20%</i>	1 <i>0.20%</i>	0 <i>0.00%</i>	2 <i>0.12%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>
E. Don't know/Not Applicable	65 <i>55.10%</i>	367 <i>67.70%</i>	372 <i>74.55%</i>	390 <i>79.27%</i>	1194 <i>72.32%</i>	89 <i>73.60%</i>	167 <i>76.96%</i>	168 <i>76.36%</i>	424 <i>75.99%</i>
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?									
A. Very satisfied	30 <i>25.40%</i>	127 <i>23.40%</i>	113 <i>22.65%</i>	78 <i>15.85%</i>	348 <i>21.08%</i>	27 <i>22.30%</i>	39 <i>17.97%</i>	38 <i>17.27%</i>	104 <i>18.64%</i>
B. Somewhat satisfied	2 <i>1.70%</i>	17 <i>3.10%</i>	9 <i>1.80%</i>	4 <i>0.81%</i>	32 <i>1.94%</i>	0 <i>0.00%</i>	2 <i>0.92%</i>	4 <i>1.82%</i>	6 <i>1.08%</i>

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
C. Somewhat dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	1 0.06%	0 0.00%	2 0.92%	0 0.00%	2 0.36%
D. Very dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	1 0.06%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
E. Don't know/Not Applicable	86 72.90%	396 73.10%	377 75.55%	410 83.33%	1269 76.86%	94 77.70%	174 80.18%	178 80.91%	446 79.93%
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems									
A. Very satisfied	15 12.70%	33 6.10%	18 3.61%	10 2.03%	76 4.60%	4 3.30%	10 4.61%	4 1.82%	18 3.23%
B. Somewhat satisfied	1 0.80%	18 3.30%	13 2.61%	3 0.61%	35 2.12%	1 0.80%	2 0.92%	1 0.45%	4 0.72%
C. Somewhat dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	1 0.06%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
D. Very dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	1 0.06%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
E. Don't know/Not Applicable	102 86.40%	489 90.20%	468 93.79%	479 97.36%	1538 93.16%	116 95.90%	205 94.47%	215 97.73%	536 96.06%
(h) Reviewed your medications with you and helped you to manage your medications									
A. Very satisfied	61 51.70%	412 76.00%	423 84.77%	421 85.57%	1317 79.77%	93 76.90%	198 91.24%	190 86.36%	481 86.20%
B. Somewhat satisfied	7 5.90%	32 5.90%	15 3.01%	19 3.86%	73 4.42%	3 2.50%	5 2.30%	10 4.55%	18 3.23%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
C. Somewhat dissatisfied	0 <i>0.00%</i>	4 <i>0.70%</i>	2 <i>0.40%</i>	3 <i>0.61%</i>	9 <i>0.55%</i>	1 <i>0.80%</i>	1 <i>0.46%</i>	1 <i>0.45%</i>	3 <i>0.54%</i>
D. Very dissatisfied	1 <i>0.80%</i>	1 <i>0.20%</i>	2 <i>0.40%</i>	2 <i>0.41%</i>	6 <i>0.36%</i>	0 <i>0.00%</i>	1 <i>0.46%</i>	1 <i>0.45%</i>	2 <i>0.36%</i>
E. Don't know/Not Applicable	46 <i>39.00%</i>	96 <i>17.70%</i>	57 <i>11.42%</i>	47 <i>9.55%</i>	246 <i>14.90%</i>	24 <i>19.80%</i>	12 <i>5.53%</i>	18 <i>8.18%</i>	54 <i>9.68%</i>
20) Did your Health Coach ask your thoughts on what change in your life would make the biggest difference to your health?									
A. Yes	91 <i>77.10%</i>	409 <i>75.50%</i>	380 <i>76.15%</i>	405 <i>82.48%</i>	1285 <i>77.88%</i>	93 <i>76.90%</i>	168 <i>77.42%</i>	167 <i>75.91%</i>	428 <i>76.70%</i>
B. No	24 <i>20.30%</i>	94 <i>17.30%</i>	71 <i>14.23%</i>	57 <i>11.61%</i>	246 <i>14.91%</i>	20 <i>16.50%</i>	28 <i>12.90%</i>	32 <i>14.55%</i>	80 <i>14.34%</i>
C. Don't know/not sure	3 <i>2.50%</i>	39 <i>7.20%</i>	48 <i>9.62%</i>	29 <i>5.91%</i>	119 <i>7.21%</i>	8 <i>6.60%</i>	21 <i>9.68%</i>	21 <i>9.55%</i>	50 <i>8.96%</i>
21) Did you select an area where you would like to make a change?									
A. Yes	79 <i>86.80%</i>	339 <i>82.90%</i>	327 <i>86.28%</i>	335 <i>82.31%</i>	1080 <i>83.98%</i>	68 <i>73.10%</i>	130 <i>77.38%</i>	125 <i>74.85%</i>	323 <i>75.47%</i>
B. No	11 <i>12.10%</i>	70 <i>17.10%</i>	49 <i>12.93%</i>	68 <i>16.71%</i>	198 <i>15.40%</i>	25 <i>26.90%</i>	38 <i>22.62%</i>	42 <i>25.15%</i>	105 <i>24.53%</i>
C. Don't know/not sure	1 <i>1.10%</i>	0 <i>0.00%</i>	3 <i>0.79%</i>	4 <i>0.98%</i>	8 <i>0.62%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
22) What did you select? (Multiple categories allowed.)									
A. Management of chronic condition	20 21.50%	62 18.70%	73 22.32%	91 27.00%	246 22.59%	13 18.80%	20 15.27%	27 21.60%	60 18.52%
B. Weight	23 24.70%	94 28.30%	100 30.58%	58 17.21%	275 25.25%	17 24.60%	43 32.82%	22 17.60%	82 25.31%
C. Diet	11 11.80%	38 11.40%	34 10.40%	40 11.87%	123 11.29%	14 20.30%	13 9.92%	20 16.00%	47 14.51%
D. Tobacco use	13 14.00%	88 26.50%	68 20.80%	80 23.74%	249 22.87%	16 23.20%	35 26.72%	32 25.60%	83 25.62%
E. Medications	0 0.00%	5 1.50%	6 1.83%	8 2.37%	19 1.74%	2 2.90%	1 0.76%	4 3.20%	7 2.16%
F. Alcohol or drug use	0 0.00%	3 0.90%	1 0.31%	0 0.00%	4 0.37%	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%	22 2.02%	2 2.90%	1 0.76%	1 0.80%	4 1.23%
H. Other	26 28.00%	29 8.70%	36 11.01%	54 16.02%	145 13.31%	5 7.20%	18 13.74%	18 14.40%	41 12.65%
I. Don't know/not sure	0 0.00%	0 0.00%	1 0.31%	5 1.48%	6 0.55%	0 0.00%	0 0.00%	1 0.80%	1 0.31%
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%	903 84.08%	53 77.90%	112 86.15%	120 96.00%	285 88.24%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
B. No	3 3.80%	61 18.00%	63 19.33%	37 11.21%	164 15.27%	15 22.10%	18 13.85%	4 3.20%	37 11.46%
C. Don't know/not sure	0 0.00%	3 0.90%	2 0.61%	2 0.61%	7 0.65%	0 0.00%	0 0.00%	1 0.80%	1 0.31%
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%	695 77.0%	41 77.40%	86 76.79%	104 86.67%	231 81.05%
B. No	38 50.00%	54 19.60%	50 19.16%	66 22.68%	208 23.03%	12 22.60%	26 23.21%	16 13.33%	54 18.95%
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%
25) What was the goal you achieved?	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>
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%	190 28.02%	8 19.50%	11 12.79%	23 22.12%	42 18.18%
B. No	17 43.60%	139 64.10%	162 81.00%	170 76.58%	488 71.98%	33 80.50%	75 87.21%	81 77.88%	189 81.82%
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%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
27) What is the goal you're trying to achieve?	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>
28) How confident are you that you will be able to achieve this goal?									
A. Very confident	15 71.40%	49 62.00%	21 55.26%	29 55.77%	114 60.00%	6 75.00%	9 81.82%	15 65.22%	30 71.43%
B. Somewhat confident	4 19.00%	24 30.40%	13 34.21%	20 38.46%	61 32.11%	2 25.00%	2 18.18%	8 34.78%	12 28.57%
C. Not very confident	2 9.50%	3 3.80%	4 10.53%	2 3.85%	11 5.79%	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%	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%	4 2.11%	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%	657 96.33%	41 100.00%	85 98.84%	92 93.88%	218 96.89%
B. Somewhat helpful	2 5.70%	3 1.30%	5 2.42%	1 0.46%	11 1.61%	0 0.00%	1 1.16%	4 4.08%	5 2.22%
C. Not very helpful	0 0.00%	1 0.40%	0 0.00%	0 0.00%	1 0.15%	0 0.00%	0 0.00%	1 1.02%	1 0.44%
D. Not at all helpful	0 0.00%	0 0.00%	0 0.00%	1 0.46%	1 0.15%	0 0.00%	0 0.00%	1 1.02%	1 0.44%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
E. Don't know/not sure/no response	0 0.00%	12 5.40%	0 0.00%	0 0.00%	12 1.76%	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?	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>
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%	1432 89.84%	103 85.10%	193 95.07%	173 84.80%	469 88.83%
B. Somewhat satisfied	13 11.30%	41 7.50%	25 5.21%	31 6.83%	110 6.90%	9 7.40%	7 3.45%	27 13.24%	43 8.14%
C. Somewhat dissatisfied	0 0.00%	7 1.30%	3 0.63%	5 1.10%	15 0.94%	2 1.70%	1 0.49%	1 0.49%	4 0.76%
D. Very dissatisfied	2 1.70%	5 0.90%	7 1.46%	3 0.66%	17 1.07%	1 0.80%	2 0.99%	3 1.47%	6 1.14%
E. Don't know/not sure/no response	3 2.60%	14 2.60%	1 0.21%	2 0.44%	20 1.25%	6 5.00%	0 0.00%	0 0.00%	6 1.14%
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%	585 35.61%	45 37.20%	107 49.54%	83 37.90%	235 42.27%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
B. No	74 63.20%	278 51.20%	290 58.70%	254 51.94%	896 54.53%	66 54.50%	98 45.37%	103 47.03%	267 48.02%
C. Don't know/not sure/no response	1 0.90%	54 9.90%	45 9.11%	62 12.68%	162 9.86%	10 8.30%	11 5.09%	33 15.07%	54 9.71%
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%	68 11.62%	3 6.70%	10 9.43%	7 8.43%	20 8.55%
B. No	34 81.00%	188 89.10%	140 88.05%	152 87.86%	514 87.86%	42 93.30%	96 90.57%	76 91.57%	214 91.45%
C. Don't know/not sure	0 0.00%	1 0.50%	0 0.00%	2 1.16%	3 0.51%	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. Housing/rent	2 25.00%	1 4.50%	0 0.00%	1 5.26%	4 5.88%	0 0.00%	1 10.00%	1 14.29%	2 10.00%
B. Food	2 25.00%	4 18.20%	4 21.05%	2 10.53%	12 17.65%	0 0.00%	3 30.00%	2 28.57%	5 25.00%
C. Child care	0 0.00%	1 4.50%	0 0.00%	0 0.00%	1 1.47%	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%	13 19.12%	2 66.70%	0 0.00%	4 57.14%	6 30.00%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
E. Don't know/not sure	1 12.50%	0 0.00%	0 0.00%	1 5.26%	2 2.94%	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%	36 52.94%	1 33.30%	6 60.00%	0 0.00%	7 35.00%
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%	48 71.64%	3 100.00%	7 77.78%	7 100.00%	17 89.47%
B. Somewhat helpful	0 0.00%	2 9.50%	0 0.00%	1 5.26%	3 4.48%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
C. Not very helpful	0 0.00%	0 0.00%	1 5.26%	0 0.00%	1 1.49%	0 0.00%	1 11.11%	0 0.00%	1 5.26%
D. Not at all helpful	1 12.50%	2 9.50%	3 15.79%	3 15.79%	9 13.43%	0 0.00%	1 11.11%	0 0.00%	1 5.26%
E. Don't know/not sure	1 12.50%	1 4.80%	0 0.00%	4 21.05%	6 8.96%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
36) What did the Resource Center do?	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>
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%	1474 89.60%	107 89.90%	206 95.37%	185 84.86%	498 90.05%
B. Somewhat satisfied	15 12.90%	47 8.60%	28 5.69%	36 7.30%	126 7.66%	10 8.40%	7 3.24%	31 14.22%	48 8.68%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
C. Somewhat dissatisfied	1 0.90%	5 0.90%	1 0.20%	6 1.22%	13 0.79%	1 0.80%	2 0.93%	0 0.00%	3 0.54%
D. Very dissatisfied	2 1.70%	3 0.60%	8 1.63%	2 0.41%	15 0.91%	0 0.00%	1 0.46%	2 0.92%	3 0.54%
E. Don't know/not sure/no response	3 2.60%	11 2.00%	1 0.20%	2 0.41%	17 1.03%	1 0.80%	0 0.00%	0 0.00%	1 0.18%
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%	1565 95.19%	117 96.70%	213 98.16%	209 95.87%	539 96.94%
B. No	2 1.70%	5 0.90%	8 1.63%	5 1.02%	20 1.22%	2 1.70%	2 0.92%	2 0.92%	6 1.08%
C. Don't know/not sure/no response	8 6.90%	29 5.30%	8 1.63%	14 2.85%	59 3.59%	2 1.70%	2 0.92%	7 3.21%	11 1.98%
39) Do you have any suggestions for improving the SoonerCare HMP?									
A. Yes (member-specific responses documented)	12 10.30%	47 8.60%	33 6.86%	37 7.47%	129 7.89%	10 8.30%	13 5.99%	14 6.42%	37 6.65%
B. No/no response	104 89.70%	497 91.40%	448 93.14%	458 92.53%	1507 92.11%	111 91.70%	204 94.01%	204 93.58%	519 93.35%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
40) Overall, how would you rate your health today?									
A. Excellent	4 3.40%	8 1.50%	4 0.81%	2 0.41%	18 1.09%	2 1.70%	1 0.46%	0 0.00%	3 0.54%
B. Good	37 31.40%	208 38.40%	157 31.65%	101 20.53%	503 30.54%	49 40.50%	86 39.63%	50 22.73%	185 33.15%
C. Fair	55 46.60%	224 41.40%	270 54.44%	310 63.01%	859 52.16%	49 40.50%	110 50.69%	146 66.36%	305 54.66%
D. Poor	22 18.60%	100 18.50%	63 12.70%	78 15.85%	263 15.97%	21 17.40%	20 9.22%	24 10.91%	65 11.65%
E. Don't know/not sure	0 0.00%	1 0.20%	2 0.40%	1 0.20%	4 0.24%	0 0.00%	0 0.00%	0 0.00%	0 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%	703 42.71%	58 47.90%	107 49.31%	112 50.91%	277 49.64%
B. Worse	4 3.40%	48 8.90%	47 9.48%	42 8.55%	141 8.57%	10 8.30%	20 9.22%	20 9.09%	50 8.96%
C. About the same	68 57.60%	258 47.70%	225 45.36%	251 51.12%	802 48.72%	53 43.80%	90 41.47%	88 40.00%	231 41.40%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
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%	666 94.74%	53 91.40%	103 96.26%	111 99.11%	267 96.39%
B. No	2 4.30%	10 4.30%	17 7.59%	5 2.53%	34 4.84%	4 6.90%	4 3.74%	1 0.89%	9 3.25%
C. Don't know/not sure	0 0.00%	0 0.00%	0 0.00%	3 1.52%	3 0.43%	1 1.70%	0 0.00%	0 0.00%	1 0.36%
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 discussed	28 23.70%	64 11.80%	54 10.93%	103 21.11%	249 15.17%	11 9.20%	11 5.07%	28 12.79%	50 9.01%
B. Discussed - no change	9 7.60%	26 4.80%	45 9.11%	32 6.56%	112 6.83%	10 8.40%	18 8.29%	9 4.11%	37 6.67%
C. Discussed - temporary change	3 2.50%	11 2.00%	3 0.61%	10 2.05%	27 1.65%	0 0.00%	4 1.84%	2 0.91%	6 1.08%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
D. Discussed - continuing change	16	106	88	91	301	16	31	31	78
	13.60%	19.60%	17.81%	18.65%	18.34%	13.40%	14.29%	14.16%	14.05%
E. Don't know/not sure	3	24	16	8	51	4	1	7	12
	2.50%	4.40%	3.24%	1.64%	3.11%	3.40%	0.46%	3.20%	2.16%
F. Not applicable	59	310	288	244	901	78	152	142	372
	50.00%	57.30%	58.30%	50.00%	54.91%	65.50%	70.05%	64.84%	67.03%
(b) Moving around more or getting more exercise									
A. N/A - not discussed	20	82	69	98	269	15	25	42	82
	16.90%	15.20%	13.91%	20.00%	16.35%	12.60%	11.52%	19.18%	14.77%
B. Discussed - no change	12	35	39	35	121	7	24	19	50
	10.20%	6.50%	7.86%	7.14%	7.36%	5.90%	11.06%	8.68%	9.01%
C. Discussed - temporary change	4	7	11	20	42	2	12	6	20
	3.40%	1.30%	2.22%	4.08%	2.55%	1.70%	5.53%	2.74%	3.60%
D. Discussed - continuing change	49	287	281	242	859	67	105	104	276
	41.50%	53.00%	56.65%	49.39%	52.22%	56.30%	48.39%	47.49%	49.73%
E. Don't know/not sure	4	21	14	12	51	3	1	7	11
	3.40%	3.90%	2.82%	2.45%	3.10%	2.50%	0.46%	3.20%	1.98%
F. Not applicable	29	109	82	83	303	25	50	41	116
	24.60%	20.10%	16.53%	16.94%	18.42%	21.00%	23.04%	18.72%	20.90%
(c) Changing your diet									
A. N/A - not discussed	19	83	59	69	230	15	22	16	53
	16.10%	15.30%	11.90%	14.08%	13.98%	12.60%	10.14%	7.31%	9.55%
B. Discussed - no change	15	27	41	40	123	8	19	20	47
	12.70%	5.00%	8.27%	8.16%	7.48%	6.70%	8.76%	9.13%	8.47%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
C. Discussed - temporary change	2 1.70%	11 2.00%	16 3.23%	21 4.29%	50 3.04%	2 1.70%	11 5.07%	14 6.39%	27 4.86%
D. Discussed - continuing change	57 48.30%	334 61.70%	317 63.91%	293 59.80%	1001 60.85%	73 61.30%	133 61.29%	142 64.84%	348 62.70%
E. Don't know/not sure	3 2.50%	21 3.90%	13 2.62%	8 1.63%	45 2.74%	2 1.70%	0 0.00%	5 2.28%	7 1.26%
F. Not applicable	22 18.60%	65 12.00%	50 10.08%	59 12.04%	196 11.91%	19 16.00%	32 14.75%	22 10.05%	73 13.15%
(d) Managing and taking your medications better									
A. N/A - not discussed	18 15.30%	88 16.30%	66 13.31%	64 13.06%	236 14.35%	19 16.00%	14 6.45%	12 5.48%	45 8.11%
B. Discussed - no change	18 15.30%	3 0.60%	5 1.01%	8 1.63%	34 2.07%	0 0.00%	1 0.46%	0 0.00%	1 0.18%
C. Discussed - temporary change	0 0.00%	0 0.00%	1 0.20%	0 0.00%	1 0.06%	0 0.00%	0 0.00%	3 1.37%	3 0.54%
D. Discussed - continuing change	42 35.60%	269 49.70%	281 56.65%	249 50.82%	841 51.12%	57 47.90%	111 51.15%	120 54.79%	288 51.89%
E. Don't know/not sure	3 2.50%	21 3.90%	13 2.62%	11 2.24%	48 2.92%	3 2.50%	1 0.46%	10 4.57%	14 2.52%
F. Not applicable	37 31.40%	160 29.60%	130 26.21%	158 32.24%	485 29.48%	40 33.60%	90 41.47%	74 33.79%	204 36.76%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
(e) Making sure to drink enough water throughout the day									
A. N/A - not discussed	51 43.20%	198 36.60%	114 22.98%	125 25.51%	488 29.67%	42 35.30%	48 22.12%	36 16.44%	126 22.70%
B. Discussed - no change	7 5.90%	15 2.80%	39 7.86%	40 8.16%	101 6.14%	6 5.00%	32 14.75%	29 13.24%	67 12.07%
C. Discussed - temporary change	1 0.80%	3 0.60%	5 1.01%	17 3.47%	26 1.58%	0 0.00%	3 1.38%	9 4.11%	12 2.16%
D. Discussed - continuing change	42 35.60%	218 40.30%	244 49.19%	204 41.63%	708 43.04%	44 37.00%	85 39.17%	88 40.18%	217 39.10%
E. Don't know/not sure	3 2.50%	26 4.80%	28 5.65%	23 4.69%	80 4.86%	7 5.90%	6 2.76%	23 10.50%	36 6.49%
F. Not applicable	14 11.90%	81 15.00%	66 13.31%	81 16.53%	242 14.71%	20 16.80%	43 19.82%	34 15.53%	97 17.48%
(f) Drinking or using other substances less									
A. N/A - not discussed	33 28.00%	160 29.60%	153 30.97%	221 45.66%	567 34.64%	39 32.80%	52 23.96%	86 39.27%	177 31.89%
B. Discussed - no change	6 5.10%	3 0.60%	4 0.81%	1 0.21%	14 0.86%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
C. Discussed - temporary change	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%
D. Discussed - continuing change	2 1.70%	9 1.70%	5 1.01%	8 1.65%	24 1.47%	1 0.80%	4 1.84%	5 2.28%	10 1.80%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
E. Don't know/not sure	3 2.50%	24 4.40%	23 4.66%	12 2.48%	62 3.79%	5 4.20%	2 0.92%	13 5.94%	20 3.60%
F. Not applicable	74 62.70%	345 63.80%	309 62.55%	242 50.00%	970 59.25%	74 62.20%	159 73.27%	115 52.51%	348 62.70%
44 - 47) Comparison to NCM program	<i>(Insufficient data to report)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>
48 - 49) Dropouts (question 3 on follow-up survey) - Why did you decide to disenroll from the SoonerCare HMP?	<i>(Insufficient data to report)</i>	<i>(Question moved to follow-up survey)</i>	<i>(Question moved to follow-up survey)</i>	<i>(Question moved to follow-up survey)</i>	<i>(Question moved to follow-up survey)</i>				
A. Not aware of program/did not know was enrolled		<i>N/A - follow-up survey only</i>				2 20.00%	1 2.04%	0 0.00%	3 4.76%
B. Did not understand purpose of the program						0 0.00%	0 0.00%	0 0.00%	0 0.00%
C. Did not wish to self-manage care/receive health education						2 20.00%	5 10.20%	0 0.00%	7 11.11%
D. Satisfied with doctor/current health care access without program						1 10.00%	2 4.08%	0 0.00%	3 4.76%
E. Dislike nurse care manager						0 0.00%	0 0.00%	0 0.00%	0 0.00%
F Changed doctors						2 20.00%	5 10.20%	0 0.00%	7 11.11%
G. Disenrolled by doctor						0 0.00%	0 0.00%	0 0.00%	0 0.00%

Survey Questions (numbering based on initial survey)	Initial Survey					5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	5/17 – 2/18 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	Aggregate				
H. Disenrolled by nurse care manager						0 0.00%	0 0.00%	0 0.00%	0 0.00%
I. Disenrolled by other						0 0.00%	0 0.00%	0 0.00%	0 0.00%
J. Have no health needs at this time						1 10.00%	11 22.45%	1 25.00%	13 20.63%
K. Other						2 20.00%	20 40.82%	3 75.00%	25 39.68%
L. Don't know/not sure						0 0.00%	5 10.20%	0 0.00%	5 7.94%

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.

<u>Exhibit</u>	<u>Description</u>
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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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)	Percent Change (Engaged 37-48 Month FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	147,645	32,497	93,805	21,936	38,552	10,960	12,457	4,875	2,844								
Aggregate Expenditures																	
Inpatient Services	\$25,876,878	\$5,651,585	\$13,388,559	\$2,754,841	\$5,019,903	\$1,317,780	\$1,515,629	\$567,496	\$328,407								
Outpatient Services	\$15,372,248	\$3,361,558	\$8,966,652	\$1,847,339	\$3,359,284	\$884,109	\$1,009,831	\$380,188	\$219,585								
Physician Services	\$25,149,271	\$5,498,981	\$13,695,167	\$2,818,004	\$5,133,476	\$1,349,313	\$1,544,624	\$580,527	\$334,645								
Prescribed Drugs	\$23,282,727	\$5,101,368	\$16,645,907	\$3,428,794	\$6,245,973	\$1,643,371	\$1,880,569	\$706,377	\$407,592								
Psychiatric Services	\$8,825,358	\$1,926,290	\$4,919,063	\$1,010,395	\$1,844,854	\$482,863	\$555,264	\$206,934	\$119,250								
Dental Services	\$1,777,978	\$387,736	\$726,000	\$149,223	\$271,779	\$71,208	\$81,855	\$30,575	\$17,624								
Lab and X-Ray	\$5,312,712	\$1,154,086	\$3,677,536	\$752,126	\$1,378,633	\$360,810	\$414,064	\$154,550	\$88,911								
Medical Supplies and Orthotics	\$1,890,314	\$411,658	\$1,006,043	\$206,391	\$376,872	\$98,678	\$113,567	\$42,412	\$24,411								
Home Health and Home Care	\$1,351,826	\$294,689	\$790,409	\$162,298	\$295,769	\$77,262	\$88,997	\$33,206	\$19,131								
Nursing Facility	\$174,786.64	\$37,979.64	\$117,148	\$23,749	\$44,024	\$11,327	\$13,153.00	\$4,871	\$2,799								
Targeted Case Management	\$104,217	\$22,619	\$88,948	\$18,211	\$33,258	\$8,669	\$10,003.28	\$3,737	\$2,148								
Transportation	\$2,131,268	\$462,965	\$1,086,355	\$221,587	\$406,672	\$106,042	\$122,070.97	\$45,624	\$26,129								
Other Practitioner	\$610,994	\$132,713	\$336,827	\$68,876	\$126,457	\$32,950	\$38,028.39	\$14,125	\$8,119								
Other Institutional	\$3,637	\$791	\$11,919	\$2,406	\$4,485	\$1,147	\$1,344.85	\$493.00	\$283								
Other	\$923,479	\$201,452	\$344,155	\$70,569	\$129,073	\$33,653	\$38,889	\$14,450	\$8,309								
Total	\$112,787,693	\$24,646,471	\$65,800,688	\$13,534,808	\$24,670,513	\$6,479,180	\$7,427,892	\$2,785,564	\$1,607,344								
PMPM Expenditures																	
Inpatient Services	\$175.26	\$173.91	\$142.73	\$125.59	\$130.21	\$120.24	\$121.67	\$116.41	\$115.47	-18.6%	-8.8%	-6.6%	-5.1%	-27.8%	-4.3%	-3.2%	-0.8%
Outpatient Services	\$104.12	\$103.44	\$95.59	\$84.21	\$87.14	\$80.67	\$81.07	\$77.99	\$77.21	-8.2%	-8.8%	-7.0%	-4.8%	-18.6%	-4.2%	-3.3%	-1.0%
Physician Services	\$170.34	\$169.22	\$146.00	\$128.46	\$133.16	\$123.11	\$124.00	\$119.08	\$117.67	-14.3%	-8.8%	-6.9%	-5.1%	-24.1%	-4.2%	-3.3%	-1.2%
Prescribed Drugs	\$157.69	\$156.98	\$177.45	\$156.31	\$162.01	\$149.94	\$150.96	\$144.90	\$143.32	12.5%	-8.7%	-6.8%	-5.1%	-0.4%	-4.1%	-3.4%	-1.1%
Psychiatric Services	\$59.77	\$59.28	\$52.44	\$46.06	\$47.85	\$44.06	\$44.57	\$42.45	\$41.93	-12.3%	-8.7%	-6.9%	-5.9%	-22.3%	-4.4%	-3.7%	-1.2%
Dental Services	\$12.04	\$11.93	\$7.74	\$6.80	\$7.05	\$6.50	\$6.57	\$6.27	\$6.20	-6.8%	-8.9%	-6.8%	-5.7%	-43.0%	-4.5%	-3.5%	-1.2%
Lab and X-Ray	\$35.98	\$35.51	\$39.20	\$34.29	\$35.76	\$32.92	\$33.24	\$31.70	\$31.26	9.0%	-8.8%	-7.0%	-5.9%	-3.5%	-4.0%	-3.7%	-1.4%
Medical Supplies and Orthotics	\$12.80	\$12.67	\$10.72	\$9.41	\$9.78	\$9.00	\$9.12	\$8.70	\$8.58	-16.2%	-8.9%	-6.7%	-5.8%	-25.7%	-4.3%	-3.4%	-1.3%
Home Health and Home Care	\$9.16	\$9.07	\$8.43	\$7.40	\$7.67	\$7.05	\$7.14	\$6.81	\$6.73	-8.0%	-9.0%	-6.9%	-5.8%	-18.4%	-4.7%	-3.4%	-1.2%
Nursing Facility	\$1.18	\$1.17	\$1.25	\$1.08	\$1.14	\$1.03	\$1.06	\$1.00	\$0.98	5.5%	-8.6%	-7.5%	-6.8%	-7.4%	-4.5%	-3.3%	-1.5%
Targeted Case Management	\$0.71	\$0.70	\$0.95	\$0.83	\$0.86	\$0.79	\$0.80	\$0.77	\$0.76	34.3%	-9.0%	-6.9%	-6.0%	19.3%	-4.7%	-3.1%	-1.5%
Transportation	\$14.44	\$14.25	\$11.58	\$10.10	\$10.55	\$9.68	\$9.80	\$9.36	\$9.19	-19.8%	-8.9%	-7.1%	-6.2%	-29.1%	-4.2%	-3.3%	-1.8%
Other Practitioner	\$4.14	\$4.08	\$3.59	\$3.14	\$3.28	\$3.01	\$3.05	\$2.90	\$2.85	-13.2%	-8.6%	-6.9%	-6.5%	-23.1%	-4.3%	-3.6%	-1.5%
Other Institutional	\$0.02	\$0.02	\$0.13	\$0.11	\$0.12	\$0.10	\$0.11	\$0.10	\$0.10	415.9%	-8.5%	-7.2%	-7.8%	350.8%	-4.6%	-3.4%	-1.6%
Other	\$6.25	\$6.20	\$3.67	\$3.22	\$3.35	\$3.07	\$3.12	\$2.96	\$2.92	-41.3%	-8.7%	-6.8%	-6.4%	-48.1%	-4.6%	-3.5%	-1.4%
Total	\$763.91	\$758.42	\$701.46	\$617.01	\$639.93	\$591.17	\$596.28	\$571.40	\$565.17	-8.2%	-8.8%	-6.8%	-5.2%	-18.6%	-4.2%	-3.3%	-1.1%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,110.52	63.2%
Months 13-24	\$1,121.79	57.0%
Months 25-36	\$1,133.04	52.6%
Months 37-48	\$1,147.82	49.2%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated)	Percent Change (Engaged 37-48 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/ Engaged 25-36 Month FY17)
Member Months	21,163	4,435	11,179	2,395	4,495	1,197	1,405	532	310								
Aggregate Expenditures																	
Inpatient Services	\$2,479,220	\$523,429	\$1,109,901	\$224,677	\$415,001	\$106,880	\$125,925	\$47,001	\$27,231								
Outpatient Services	\$2,491,550	\$526,899	\$1,050,549	\$212,996	\$392,144	\$101,062	\$118,450	\$44,398	\$25,735								
Physician Services	\$3,576,179	\$755,272	\$1,828,696	\$370,509	\$683,413	\$176,727	\$206,584	\$77,343	\$44,810								
Prescribed Drugs	\$2,934,256	\$619,308	\$1,586,020	\$321,380	\$592,417	\$152,883	\$179,213	\$66,873	\$38,764								
Psychiatric Services	\$1,914,738	\$404,104	\$856,604	\$173,356	\$319,619	\$82,134	\$96,916	\$36,040	\$20,919								
Dental Services	\$435,127	\$91,918	\$146,041	\$29,599	\$54,491	\$14,014	\$16,505	\$6,156	\$3,570								
Lab and X-Ray	\$675,369	\$142,274	\$412,138	\$83,341	\$153,802	\$39,478	\$46,486	\$17,326	\$10,058								
Medical Supplies and Orthotics	\$130,787	\$27,552	\$52,212	\$10,558	\$19,462	\$4,989	\$5,901	\$2,196	\$1,216								
Home Health and Home Care	\$49,086	\$10,358	\$31,733	\$6,428	\$11,822	\$3,038	\$3,581	\$1,334	\$773								
Nursing Facility																	
Targeted Case Management	\$12,494	\$2,636	\$16,383	\$3,318	\$6,106	\$1,570	\$1,846	\$689	\$398								
Transportation	\$240,547	\$50,629	\$93,149	\$18,817	\$34,698	\$8,877	\$10,481	\$3,912	\$2,254								
Other Practitioner	\$165,090	\$34,664	\$65,227	\$13,149	\$24,390	\$6,238	\$7,384	\$2,739	\$1,584								
Other Institutional		\$1,268	\$1,268	\$252	\$475	\$119	\$143	\$52	\$30								
Other	\$159,298	\$33,571	\$57,817	\$11,687	\$21,597	\$5,519	\$6,550	\$2,430	\$1,406								
Total	\$15,263,742	\$3,222,615	\$7,307,737	\$1,480,067	\$2,729,438	\$703,530	\$825,965	\$308,490	\$178,748								
PMPM Expenditures																	
Inpatient Services	\$117.15	\$118.02	\$99.28	\$93.81	\$92.33	\$89.29	\$89.63	\$88.35	\$87.84	-15.2%	-7.0%	-2.9%	-2.0%	-20.5%	-4.8%	-1.1%	-0.6%
Outpatient Services	\$117.73	\$118.80	\$93.98	\$88.93	\$87.24	\$84.43	\$84.31	\$83.45	\$83.02	-20.2%	-7.2%	-3.4%	-1.5%	-25.1%	-5.1%	-1.2%	-0.5%
Physician Services	\$168.98	\$170.30	\$163.58	\$154.70	\$152.04	\$147.64	\$147.03	\$145.38	\$144.55	-3.2%	-7.1%	-3.3%	-1.7%	-9.2%	-4.6%	-1.5%	-0.6%
Prescribed Drugs	\$138.65	\$139.64	\$141.87	\$134.19	\$131.79	\$127.72	\$127.55	\$125.70	\$125.04	2.3%	-7.1%	-3.2%	-2.0%	-3.9%	-4.8%	-1.6%	-0.5%
Psychiatric Services	\$90.48	\$91.12	\$76.63	\$72.38	\$71.11	\$68.62	\$68.98	\$67.74	\$67.48	-15.3%	-7.2%	-3.0%	-2.2%	-20.6%	-5.2%	-1.3%	-0.4%
Dental Services	\$20.56	\$20.73	\$13.06	\$12.36	\$12.12	\$11.71	\$11.75	\$11.57	\$11.52	-36.5%	-7.2%	-3.1%	-2.0%	-40.4%	-5.3%	-1.2%	-0.5%
Lab and X-Ray	\$31.91	\$32.08	\$36.87	\$34.80	\$34.22	\$32.98	\$33.09	\$32.57	\$32.44	15.5%	-7.2%	-3.3%	-1.9%	8.5%	-5.2%	-1.3%	-0.4%
Medical Supplies and Orthotics	\$6.18	\$6.21	\$4.67	\$4.41	\$4.33	\$4.17	\$4.20	\$4.13	\$3.92	-24.4%	-7.3%	-3.0%	-6.6%	-29.0%	-5.5%	-1.0%	-4.9%
Home Health and Home Care	\$2.32	\$2.34	\$2.84	\$2.68	\$2.63	\$2.54	\$2.55	\$2.51	\$2.50	22.4%	-7.3%	-3.1%	-2.1%	14.9%	-5.4%	-1.2%	-0.5%
Nursing Facility																	
Targeted Case Management	\$0.59	\$0.59	\$1.47	\$1.39	\$1.36	\$1.31	\$1.31	\$1.30	\$1.29	148.2%	-7.3%	-3.3%	-2.1%	133.1%	-5.3%	-1.2%	-0.8%
Transportation	\$11.37	\$11.42	\$8.33	\$7.86	\$7.72	\$7.42	\$7.46	\$7.35	\$7.27	-26.7%	-7.4%	-3.4%	-2.5%	-31.2%	-5.6%	-0.9%	-1.1%
Other Practitioner	\$7.80	\$7.82	\$5.83	\$5.49	\$5.43	\$5.21	\$5.26	\$5.15	\$5.11	-25.2%	-7.0%	-3.1%	-2.8%	-29.8%	-5.1%	-1.2%	-0.8%
Other Institutional			\$0.11	\$0.11	\$0.11	\$0.10	\$0.10	\$0.10	\$0.10								
Other	\$7.53	\$7.57	\$5.17	\$4.88	\$4.80	\$4.61	\$4.66	\$4.57	\$4.54	-31.3%	-7.1%	-3.0%	-2.7%	-35.5%	-5.5%	-0.9%	-0.7%
Total	\$721.25	\$726.63	\$653.70	\$617.98	\$607.22	\$587.74	\$587.88	\$579.87	\$576.61	-9.4%	-7.1%	-3.2%	-1.9%	-15.0%	-4.9%	-1.3%	-0.6%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$829.24	78.8%
Months 13-24	\$862.27	70.4%
Months 25-36	\$863.65	68.1%
Months 37-48	\$848.51	68.0%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/ Engaged 25-36 Month FY17)
Member Months	4,149	984	2,450	531	961	266	304	118	69								
Aggregate Expenditures																	
Inpatient Services	\$2,585,760	\$620,367	\$1,342,589	\$281,676	\$517,404	\$139,885	\$158,556	\$61,201	\$35,458								
Outpatient Services	\$753,082	\$180,455	\$352,908	\$74,027	\$135,732	\$36,668	\$41,642	\$16,027	\$9,290								
Physician Services	\$1,239,835	\$297,757	\$622,751	\$130,451	\$240,034	\$64,958	\$73,610	\$28,283	\$16,386								
Prescribed Drugs	\$816,457	\$196,108	\$476,100	\$99,736	\$183,379	\$49,531	\$56,053	\$21,555	\$12,495								
Psychiatric Services	\$114,881	\$27,547	\$67,843	\$14,174	\$26,097	\$7,010	\$7,999	\$3,060	\$1,776								
Dental Services	\$32,375	\$7,743	\$7,938	\$1,660	\$3,048	\$820	\$935	\$359	\$208								
Lab and X-Ray	\$174,282	\$41,700	\$122,074	\$25,522	\$46,966	\$12,621	\$14,406	\$5,511	\$3,199								
Medical Supplies and Orthotics	\$79,345	\$19,014	\$26,587	\$5,543	\$10,211	\$2,734	\$3,136	\$1,197	\$694								
Home Health and Home Care	\$95,704	\$22,935	\$73,468	\$15,343	\$28,215	\$7,569	\$8,636	\$3,308	\$1,918								
Nursing Facility																	
Targeted Case Management	\$5,750	\$1,378	\$3,340	\$699	\$1,284	\$346	\$393	\$151	\$87								
Transportation	\$180,056	\$43,190	\$98,302	\$20,578	\$37,740	\$10,135	\$11,587	\$4,443	\$2,560								
Other Practitioner	\$9,423	\$2,255	\$5,696	\$1,190	\$2,194	\$589	\$670	\$257	\$149								
Other Institutional																	
Other	\$95,893	\$22,994	\$52,560	\$10,993	\$20,240	\$5,419	\$6,201	\$2,374	\$1,374								
Total	\$6,182,844	\$1,483,443	\$3,252,156	\$681,591	\$1,252,544	\$338,286	\$383,825	\$147,726	\$85,593								
PMPM Expenditures																	
Inpatient Services	\$623.22	\$630.45	\$548.00	\$530.46	\$538.40	\$525.88	\$521.56	\$518.65	\$513.89	-12.1%	-1.8%	-3.1%	-1.5%	-15.9%	-0.9%	-1.4%	-0.9%
Outpatient Services	\$181.51	\$183.39	\$144.04	\$139.41	\$141.24	\$137.85	\$136.98	\$135.82	\$134.63	-20.6%	-1.9%	-3.0%	-1.7%	-24.0%	-1.1%	-1.5%	-0.9%
Physician Services	\$298.83	\$302.60	\$254.18	\$245.67	\$249.78	\$244.20	\$242.14	\$239.69	\$237.48	-14.9%	-1.7%	-3.1%	-1.9%	-18.8%	-0.6%	-1.8%	-0.9%
Prescribed Drugs	\$196.78	\$199.30	\$194.33	\$187.83	\$190.82	\$186.21	\$184.39	\$182.67	\$181.08	-1.2%	-1.8%	-3.4%	-1.8%	-5.8%	-0.9%	-1.9%	-0.9%
Psychiatric Services	\$27.69	\$27.99	\$27.69	\$26.69	\$27.16	\$26.36	\$26.31	\$25.94	\$25.74	0.0%	-1.9%	-3.1%	-2.2%	-4.7%	-1.3%	-1.6%	-0.7%
Dental Services	\$7.80	\$7.87	\$3.24	\$3.13	\$3.17	\$3.08	\$3.08	\$3.04	\$3.01	-58.5%	-2.1%	-3.1%	-2.0%	-60.3%	-1.3%	-1.5%	-0.8%
Lab and X-Ray	\$42.01	\$42.38	\$49.83	\$48.06	\$48.87	\$47.45	\$47.39	\$46.70	\$46.36	18.6%	-1.9%	-3.0%	-2.2%	13.4%	-1.3%	-1.6%	-0.7%
Medical Supplies and Orthotics	\$19.12	\$19.32	\$10.85	\$10.44	\$10.63	\$10.28	\$10.32	\$10.15	\$10.05	-43.3%	-2.1%	-2.9%	-2.6%	-46.0%	-1.5%	-1.3%	-0.9%
Home Health and Home Care	\$23.07	\$23.31	\$29.99	\$28.90	\$29.36	\$28.46	\$28.41	\$28.04	\$27.79	30.0%	-2.1%	-3.2%	-2.2%	24.0%	-1.5%	-1.5%	-0.9%
Nursing Facility																	
Targeted Case Management	\$1.39	\$1.40	\$1.36	\$1.32	\$1.34	\$1.30	\$1.29	\$1.28	\$1.26	-1.6%	-2.0%	-3.3%	-2.2%	-5.9%	-1.4%	-1.6%	-1.1%
Transportation	\$43.40	\$43.89	\$40.12	\$38.75	\$39.27	\$38.10	\$38.12	\$37.65	\$37.10	-7.5%	-2.1%	-2.9%	-2.7%	-11.7%	-1.7%	-1.2%	-1.5%
Other Practitioner	\$2.27	\$2.29	\$2.32	\$2.24	\$2.28	\$2.22	\$2.20	\$2.18	\$2.16	2.4%	-1.8%	-3.4%	-2.1%	-2.2%	-1.1%	-1.5%	-1.1%
Other Institutional																	
Other	\$23.11	\$23.37	\$21.45	\$20.70	\$21.06	\$20.37	\$20.40	\$20.12	\$19.91	-7.2%	-1.8%	-3.1%	-2.4%	-11.4%	-1.6%	-1.2%	-1.1%
Total	\$1,490.20	\$1,507.56	\$1,327.41	\$1,283.60	\$1,303.38	\$1,271.75	\$1,262.58	\$1,251.92	\$1,240.47	-10.9%	-1.8%	-3.1%	-1.8%	-14.9%	-0.9%	-1.6%	-0.9%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,606.35	82.6%
Months 13-24	\$1,622.79	80.3%
Months 25-36	\$1,640.28	77.0%
Months 37-48	\$1,643.34	75.5%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	16,172	3,741	9,337	2,128	3,559	964	1,180	473	275								
Aggregate Expenditures																	
Inpatient Services	\$3,188,068	\$759,064	\$1,713,518	\$371,242	\$644,335	\$167,301	\$204,490	\$81,420	\$47,114								
Outpatient Services	\$1,652,132	\$393,103	\$1,040,456	\$225,474	\$390,582	\$101,349	\$124,107	\$49,273	\$28,540								
Physician Services	\$2,866,159	\$681,748	\$1,625,979	\$352,101	\$611,328	\$159,102	\$194,295	\$77,057	\$44,502								
Prescribed Drugs	\$3,512,074	\$835,565	\$2,987,431	\$647,703	\$1,121,509	\$291,891	\$355,591	\$141,298	\$82,002								
Psychiatric Services	\$1,210,882	\$288,194	\$700,641	\$151,670	\$263,283	\$68,075	\$83,558	\$33,057	\$19,127								
Dental Services	\$126,639	\$30,070	\$89,997	\$19,464	\$33,774	\$8,730	\$10,727	\$4,244	\$2,454								
Lab and X-Ray	\$712,298	\$168,809	\$524,915	\$113,410	\$197,181	\$50,893	\$62,631	\$24,718	\$14,261								
Medical Supplies and Orthotics	\$477,168	\$113,189	\$273,460	\$59,054	\$102,637	\$26,436	\$32,638	\$12,877	\$7,458								
Home Health and Home Care	\$248,863	\$59,134	\$175,436	\$37,953	\$65,830	\$16,990	\$20,864	\$8,260	\$4,773								
Nursing Facility	\$16,442	\$3,904	\$17,355	\$3,748	\$6,463	\$1,683	\$2,014.14	\$816	\$470.40								
Targeted Case Management	\$15,407	\$3,655	\$11,321	\$2,449	\$4,251	\$1,098	\$1,347	\$533	\$307								
Transportation	\$299,389	\$71,139	\$123,677	\$26,739	\$46,351	\$11,950	\$14,731	\$5,827	\$3,347								
Other Practitioner	\$54,883	\$12,993	\$23,432	\$5,060	\$8,802	\$2,274	\$2,786	\$1,105	\$637								
Other Institutional	-	\$666	\$144	\$248	\$64	\$78	\$	\$31	\$18								
Other	\$62,924	\$14,966	\$23,701	\$5,122	\$8,906	\$2,291	\$2,827	\$1,117	\$644								
Total	\$14,443,329	\$3,435,532	\$9,331,986	\$2,021,332	\$3,505,480	\$910,128	\$1,112,682	\$441,636	\$255,654								
PMPM Expenditures																	
Inpatient Services	\$197.14	\$202.90	\$183.52	\$174.46	\$181.04	\$173.55	\$173.30	\$172.14	\$171.33	-6.9%	-1.3%	-4.3%	-1.1%	-14.0%	-0.5%	-0.8%	-0.5%
Outpatient Services	\$102.16	\$105.08	\$111.43	\$105.96	\$109.74	\$105.13	\$105.18	\$104.17	\$103.78	9.1%	-1.5%	-4.2%	-1.3%	0.8%	-0.8%	-0.9%	-0.4%
Physician Services	\$177.23	\$182.24	\$174.14	\$165.46	\$171.77	\$165.04	\$164.66	\$162.91	\$161.83	-1.7%	-1.4%	-4.1%	-1.7%	-9.2%	-0.3%	-1.3%	-0.7%
Prescribed Drugs	\$217.17	\$223.35	\$319.96	\$304.37	\$315.12	\$302.79	\$301.35	\$298.73	\$298.19	47.3%	-1.5%	-4.4%	-1.0%	36.3%	-0.5%	-1.3%	-0.2%
Psychiatric Services	\$74.88	\$77.04	\$75.04	\$71.27	\$73.98	\$70.62	\$70.81	\$69.89	\$69.55	0.2%	-1.4%	-4.3%	-1.8%	-7.5%	-0.9%	-1.0%	-0.5%
Dental Services	\$7.83	\$8.04	\$9.64	\$9.15	\$9.49	\$9.06	\$9.09	\$8.97	\$8.92	23.1%	-1.5%	-4.2%	-1.9%	13.8%	-1.0%	-0.9%	-0.6%
Lab and X-Ray	\$44.05	\$45.12	\$56.22	\$53.29	\$55.40	\$52.79	\$53.08	\$52.26	\$51.86	27.6%	-1.5%	-4.2%	-2.3%	18.1%	-0.9%	-1.0%	-0.8%
Medical Supplies and Orthotics	\$29.51	\$30.26	\$29.29	\$27.75	\$28.84	\$27.42	\$27.66	\$27.22	\$27.12	-0.7%	-1.5%	-4.1%	-1.9%	-8.3%	-1.2%	-0.7%	-0.4%
Home Health and Home Care	\$15.39	\$15.81	\$18.79	\$17.83	\$18.50	\$17.62	\$17.68	\$17.46	\$17.35	22.1%	-1.6%	-4.4%	-1.8%	12.8%	-1.2%	-0.9%	-0.6%
Nursing Facility	\$1.02	\$1.04	\$1.86	\$1.76	\$1.82	\$1.75	\$1.71	\$1.73	\$1.71	82.8%	-2.3%	-6.0%	0.2%	68.8%	-0.9%	-1.2%	-0.9%
Targeted Case Management	\$0.95	\$0.98	\$1.21	\$1.15	\$1.19	\$1.14	\$1.14	\$1.13	\$1.12	27.3%	-1.5%	-4.4%	-2.1%	17.8%	-1.0%	-1.0%	-0.9%
Transportation	\$18.51	\$19.02	\$13.25	\$12.57	\$13.02	\$12.40	\$12.48	\$12.32	\$12.17	-28.4%	-1.7%	-4.1%	-2.5%	-33.9%	-1.3%	-0.6%	-1.2%
Other Practitioner	\$3.39	\$3.47	\$2.51	\$2.38	\$2.47	\$2.36	\$2.36	\$2.34	\$2.32	-26.1%	-1.5%	-4.5%	-1.9%	-31.5%	-0.8%	-1.0%	-0.8%
Other Institutional	-	-	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	-	-2.3%	-5.4%	-0.3%	-	-1.1%	-0.8%	-0.9%
Other	\$3.89	\$4.00	\$2.54	\$2.41	\$2.50	\$2.38	\$2.40	\$2.36	\$2.34	-34.8%	-1.4%	-4.3%	-2.3%	-39.8%	-1.3%	-0.7%	-0.8%
Total	\$893.11	\$918.35	\$999.46	\$949.87	\$984.96	\$944.12	\$942.95	\$933.69	\$929.65	11.9%	-1.5%	-4.3%	-1.4%	3.4%	-0.6%	-1.1%	-0.4%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,304.27	76.6%
Months 13-24	\$1,332.55	73.9%
Months 25-36	\$1,345.01	70.1%
Months 37-48	\$1,356.13	68.6%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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)	Percent Change (Engaged 37-48 Month FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	22,749	5,069	14,226	3,119	5,654	1,559	1,812	693	404								
Aggregate Expenditures																	
Inpatient Services	\$6,577,066	\$1,495,431	\$3,531,650	\$726,003	\$1,324,879	\$348,812	\$403,792	\$153,717	\$88,919								
Outpatient Services	\$2,787,303	\$634,261	\$1,843,844	\$379,158	\$691,250	\$182,750	\$209,960	\$80,460	\$46,498								
Physician Services	\$4,857,959	\$1,104,645	\$2,687,576	\$552,838	\$1,008,227	\$266,840	\$306,239	\$117,144	\$67,632								
Prescribed Drugs	\$6,150,326	\$1,397,973	\$4,016,610	\$825,434	\$1,507,983	\$398,492	\$458,563	\$175,112	\$101,110								
Psychiatric Services	\$1,284,892	\$291,422	\$859,990	\$176,540	\$322,397	\$84,722	\$98,129	\$37,227	\$21,507								
Dental Services	\$177,127	\$40,158	\$75,460	\$15,514	\$28,250	\$7,426	\$8,598	\$3,269	\$1,889								
Lab and X-Ray	\$889,578	\$201,505	\$659,821	\$135,540	\$247,025	\$65,002	\$75,007	\$28,547	\$16,465								
Medical Supplies and Orthotics	\$740,809	\$167,639	\$423,398	\$86,667	\$158,759	\$41,623	\$48,315	\$18,324	\$10,574								
Home Health and Home Care	\$415,733	\$94,327	\$238,596	\$49,017	\$89,166	\$23,395	\$27,143	\$10,309	\$5,954								
Nursing Facility			\$31,728	\$6,521	\$11,848	\$3,112	\$3,588.16	\$1,372	\$790.60								
Targeted Case Management	\$28,429	\$6,451	\$14,761	\$3,024	\$5,517	\$1,440	\$1,677	\$637	\$367								
Transportation	\$466,557	\$106,082	\$263,044	\$53,845	\$98,363	\$25,706	\$29,841	\$11,340	\$6,511								
Other Practitioner	\$131,380	\$29,786	\$85,639	\$17,514	\$32,145	\$8,408	\$9,768	\$3,695	\$2,130								
Other Institutional			\$1,056	\$217	\$396	\$104	\$120	\$46	\$26								
Other	\$254,875	\$57,926	\$68,643	\$14,103	\$25,715	\$6,749	\$7,838	\$2,971	\$1,713								
Total	\$24,762,034	\$5,627,606	\$14,801,816	\$3,041,935	\$5,551,918	\$1,464,580	\$1,688,576	\$644,169	\$372,084								
PMPM Expenditures																	
Inpatient Services	\$289.11	\$295.02	\$248.25	\$232.77	\$234.33	\$223.74	\$222.84	\$221.81	\$220.10	-14.1%	-5.6%	-4.9%	-1.2%	-21.1%	-3.9%	-0.9%	-0.8%
Outpatient Services	\$122.52	\$125.13	\$129.61	\$121.56	\$122.26	\$117.22	\$115.87	\$116.10	\$115.09	5.8%	-5.7%	-5.2%	-0.7%	-2.8%	-3.6%	-1.0%	-0.9%
Physician Services	\$213.55	\$217.92	\$188.92	\$177.25	\$178.32	\$171.16	\$169.01	\$169.04	\$167.40	-11.5%	-5.6%	-5.2%	-0.9%	-18.7%	-3.4%	-1.2%	-1.0%
Prescribed Drugs	\$270.36	\$275.79	\$282.34	\$264.65	\$266.71	\$255.61	\$253.07	\$252.69	\$250.27	4.4%	-5.5%	-5.1%	-1.1%	-4.0%	-3.4%	-1.1%	-1.0%
Psychiatric Services	\$56.48	\$57.49	\$60.45	\$56.60	\$57.02	\$54.34	\$54.15	\$53.72	\$53.23	7.0%	-5.7%	-5.0%	-1.7%	-1.5%	-4.0%	-1.2%	-0.9%
Dental Services	\$7.79	\$7.92	\$5.30	\$4.97	\$5.00	\$4.76	\$4.74	\$4.72	\$4.68	-31.9%	-5.8%	-5.0%	-1.5%	-37.2%	-4.2%	-1.0%	-0.9%
Lab and X-Ray	\$39.10	\$39.75	\$46.38	\$43.46	\$43.69	\$41.69	\$41.39	\$41.19	\$40.75	18.6%	-5.8%	-5.3%	-1.5%	9.3%	-4.1%	-1.2%	-1.1%
Medical Supplies and Orthotics	\$32.56	\$33.07	\$29.76	\$27.79	\$28.08	\$26.70	\$26.66	\$26.44	\$26.17	-8.6%	-5.7%	-5.0%	-1.8%	-16.0%	-3.9%	-1.0%	-1.0%
Home Health and Home Care	\$18.27	\$18.61	\$16.77	\$15.72	\$15.77	\$15.01	\$14.98	\$14.88	\$14.74	-8.2%	-6.0%	-5.0%	-1.6%	-15.5%	-4.5%	-0.9%	-0.9%
Nursing Facility			\$2.23	\$2.09	\$2.10	\$1.98	\$1.98	\$1.96	\$1.96		-6.0%	-5.5%	-1.2%		-4.5%	-0.8%	-1.2%
Targeted Case Management	\$1.25	\$1.27	\$1.04	\$0.97	\$0.98	\$0.92	\$0.93	\$0.92	\$0.91	-17.0%	-6.0%	-5.2%	-1.9%	-23.8%	-4.7%	-0.6%	-1.2%
Transportation	\$20.51	\$20.93	\$18.49	\$17.26	\$17.40	\$16.49	\$16.47	\$16.36	\$16.12	-9.8%	-5.9%	-5.3%	-2.1%	-17.5%	-4.5%	-0.8%	-1.5%
Other Practitioner	\$5.78	\$5.88	\$6.02	\$5.62	\$5.69	\$5.39	\$5.39	\$5.33	\$5.27	4.2%	-5.6%	-5.2%	-2.2%	-4.4%	-4.0%	-1.1%	-1.1%
Other Institutional			\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07		-5.8%	-5.1%	-1.9%		-4.3%	-0.9%	-1.1%
Other	\$11.20	\$11.43	\$4.83	\$4.52	\$4.55	\$4.33	\$4.33	\$4.29	\$4.24	-56.9%	-5.7%	-4.9%	-2.0%	-60.4%	-4.3%	-1.0%	-1.1%
Total	\$1,088.49	\$1,110.20	\$1,040.48	\$975.29	\$981.95	\$939.44	\$931.89	\$929.54	\$921.00	-4.4%	-5.6%	-5.1%	-1.2%	-12.2%	-3.7%	-1.1%	-0.9%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,471.22	70.7%
Months 13-24	\$1,515.37	64.8%
Months 25-36	\$1,549.65	60.1%
Months 37-48	\$1,560.08	59.0%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	Percent Change (Engaged 3-12 Month Accumulated/Pre-Engagement Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated)	Percent Change (Engaged 37-48 Month FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	1,521	328	836	186	322	90	103	41	24								
Aggregate Expenditures																	
Inpatient Services	\$1,066,764	\$243,158	\$1,720,500	\$369,898	\$663,848	\$178,609	\$205,900	\$80,793	\$46,695								
Outpatient Services	\$259,227	\$58,970	\$209,298	\$44,999	\$80,737	\$21,717	\$25,052	\$9,819	\$5,664								
Physician Services	\$381,317	\$86,754	\$328,627	\$70,549	\$126,749	\$34,022	\$39,377	\$15,389	\$8,903								
Prescribed Drugs	\$331,604	\$75,392	\$197,851	\$42,515	\$76,458	\$20,582	\$23,671	\$9,283	\$5,370								
Psychiatric Services	\$80,926	\$18,372	\$53,425	\$11,450	\$20,598	\$5,521	\$6,375	\$2,490	\$1,436								
Dental Services	\$40,816	\$9,250	\$3,083	\$662	\$1,186	\$318	\$367	\$144	\$83								
Lab and X-Ray	\$47,163	\$10,715	\$42,510	\$9,123	\$16,378	\$4,392	\$5,083	\$1,980	\$1,140								
Medical Supplies and Orthotics	\$87,050	\$19,722	\$28,311	\$6,062	\$10,917	\$2,923	\$3,384	\$1,322	\$761								
Home Health and Home Care	\$79,979	\$18,180	\$48,262	\$10,352	\$18,581	\$4,965	\$5,757	\$2,246	\$1,295								
Nursing Facility			\$12,914	\$2,772	\$4,966	\$1,330	\$1,536.66	\$602	\$346.01								
Targeted Case Management	\$12,836	\$2,912	\$5,705	\$1,224	\$2,193	\$585	\$678	\$266	\$153								
Transportation	\$55,981	\$12,721	\$25,690	\$5,501	\$9,895	\$2,636	\$3,059	\$1,194	\$684								
Other Practitioner	\$7,082	\$1,602	\$4,853	\$1,037	\$1,875	\$500	\$579	\$225	\$130								
Other Institutional			\$9,167	\$1,964	\$3,523	\$943	\$1,091	\$427	\$245								
Other	\$14,761	\$3,354	\$1,480	\$318	\$571	\$153	\$177	\$69	\$40								
Total	\$2,465,507	\$561,103	\$2,691,678	\$578,425	\$1,038,476	\$279,195	\$322,086	\$126,247	\$72,943								
PMPM Expenditures																	
Inpatient Services	\$701.36	\$741.34	\$2,058.01	\$1,988.70	\$2,061.64	\$1,984.54	\$1,999.03	\$1,970.56	\$1,945.61	193.4%	0.2%	-3.0%	-2.7%	168.3%	-0.2%	-0.7%	-1.3%
Outpatient Services	\$170.43	\$179.79	\$250.36	\$241.93	\$250.74	\$241.30	\$243.22	\$239.48	\$235.99	46.9%	0.2%	-3.0%	-3.0%	34.6%	-0.3%	-0.8%	-1.5%
Physician Services	\$250.70	\$264.49	\$393.09	\$379.30	\$393.63	\$378.02	\$382.30	\$375.35	\$370.95	56.8%	0.1%	-2.9%	-3.0%	43.4%	-0.3%	-0.7%	-1.2%
Prescribed Drugs	\$218.02	\$229.85	\$236.66	\$228.57	\$237.45	\$228.68	\$229.81	\$226.42	\$223.77	8.6%	0.3%	-3.2%	-2.6%	-0.6%	0.0%	-1.0%	-1.2%
Psychiatric Services	\$53.21	\$56.01	\$63.91	\$61.56	\$63.97	\$61.34	\$61.89	\$60.73	\$59.82	20.1%	0.1%	-3.2%	-3.3%	9.9%	-0.4%	-1.0%	-1.5%
Dental Services	\$26.84	\$28.20	\$3.69	\$3.56	\$3.68	\$3.54	\$3.57	\$3.51	\$3.46	-86.3%	-0.1%	-3.2%	-3.1%	-87.4%	-0.6%	-0.8%	-1.5%
Lab and X-Ray	\$31.01	\$32.67	\$50.85	\$49.05	\$50.86	\$48.80	\$49.35	\$48.29	\$47.49	64.0%	0.0%	-3.0%	-3.8%	50.1%	-0.5%	-1.0%	-1.7%
Medical Supplies and Orthotics	\$57.23	\$60.13	\$33.87	\$32.59	\$33.90	\$32.48	\$32.85	\$32.24	\$31.73	-40.8%	0.1%	-3.1%	-3.4%	-45.8%	-0.4%	-0.7%	-1.6%
Home Health and Home Care	\$52.58	\$55.43	\$57.73	\$55.65	\$57.70	\$55.16	\$55.89	\$54.77	\$53.94	9.8%	0.0%	-3.1%	-3.5%	0.4%	-0.9%	-0.7%	-1.5%
Nursing Facility			\$15.45	\$14.90	\$15.42	\$14.77	\$14.92	\$14.67	\$14.42	-	-0.2%	-3.3%	-3.4%	-	-0.9%	-0.7%	-1.8%
Targeted Case Management	\$8.44	\$8.88	\$6.82	\$6.58	\$6.81	\$6.50	\$6.59	\$6.48	\$6.36	-19.1%	-0.2%	-3.3%	-3.4%	-25.9%	-1.2%	-0.4%	-1.8%
Transportation	\$36.81	\$38.78	\$30.73	\$29.57	\$30.73	\$29.29	\$29.70	\$29.11	\$28.50	-16.5%	0.0%	-3.4%	-4.0%	-23.8%	-0.9%	-0.6%	-2.1%
Other Practitioner	\$4.66	\$4.89	\$5.81	\$5.57	\$5.82	\$5.55	\$5.62	\$5.50	\$5.40	24.7%	0.3%	-3.5%	-3.9%	14.1%	-0.4%	-1.0%	-1.7%
Other Institutional			\$10.97	\$10.56	\$10.94	\$10.48	\$10.59	\$10.40	\$10.21	-	-0.2%	-3.2%	-3.6%	-	-0.7%	-0.8%	-1.8%
Other	\$9.70	\$10.23	\$1.77	\$1.71	\$1.77	\$1.70	\$1.72	\$1.68	\$1.65	-81.8%	0.1%	-3.2%	-3.6%	-83.3%	-0.7%	-0.8%	-1.7%
Total	\$1,620.98	\$1,710.68	\$3,219.71	\$3,109.81	\$3,225.08	\$3,102.17	\$3,127.05	\$3,079.21	\$3,039.30	98.6%	0.2%	-3.0%	-2.8%	81.8%	-0.2%	-0.7%	-1.3%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$2,381.98	135.2%
Months 13-24	\$2,421.51	133.2%
Months 25-36	\$2,445.92	127.8%
Months 37-48	\$2,466.37	123.2%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	43,285	9,727	25,729	5,795	10,282	2,897	3,322	1,288	751								
Aggregate Expenditures																	
Inpatient Services	\$7,324,049	\$1,600,898	\$2,997,710	\$616,578	\$1,129,178	\$294,940	\$339,222	\$127,015	\$73,503								
Outpatient Services	\$4,483,513	\$981,106	\$2,759,712	\$568,075	\$1,038,814	\$271,872	\$310,711	\$116,912	\$67,525								
Physician Services	\$7,150,644	\$1,563,674	\$4,167,237	\$857,536	\$1,569,102	\$410,604	\$470,039	\$176,658	\$101,835								
Prescribed Drugs	\$6,275,471	\$1,374,989	\$5,211,472	\$1,072,326	\$1,965,266	\$513,950	\$588,811	\$220,913	\$127,471								
Psychiatric Services	\$2,204,233	\$481,145	\$1,265,801	\$259,974	\$476,834	\$124,240	\$142,869	\$53,244	\$30,683								
Dental Services	\$343,312	\$74,725	\$185,618	\$38,150	\$69,778	\$18,205	\$20,927	\$7,817	\$4,506								
Lab and X-Ray	\$1,641,301	\$357,103	\$1,126,422	\$230,728	\$423,935	\$110,685	\$126,801	\$47,411	\$27,275								
Medical Supplies and Orthotics	\$343,943	\$74,981	\$165,119	\$33,871	\$62,138	\$16,194	\$18,638	\$6,960	\$4,006								
Home Health and Home Care	\$389,518	\$85,049	\$194,133	\$39,865	\$72,954	\$18,978	\$21,860	\$8,156	\$4,699								
Nursing Facility	\$159,094.48	\$34,658.48	\$56,164	\$11,324	\$21,191	\$5,401	\$6,298.43	\$2,322	\$1,334.75								
Targeted Case Management	\$28,141	\$6,119	\$35,935	\$7,345	\$13,502	\$3,496	\$4,041	\$1,507	\$866								
Transportation	\$636,141	\$137,907	\$404,377	\$82,609	\$151,961	\$39,533	\$45,430	\$17,009	\$9,741								
Other Practitioner	\$108,486	\$23,588	\$77,483	\$15,850	\$29,213	\$7,583	\$8,746	\$3,250	\$1,868								
Other Institutional																	
Other	\$221,371	\$48,319	\$68,106	\$13,965	\$25,657	\$6,659	\$7,696	\$2,859	\$1,644								
Total	\$31,309,219	\$6,844,262	\$18,715,290	\$3,848,193	\$7,049,522	\$1,842,340	\$2,112,089	\$792,034	\$456,956								
PMPM Expenditures																	
Inpatient Services	\$169.21	\$164.58	\$116.51	\$106.40	\$109.82	\$101.81	\$102.11	\$98.61	\$97.87	-31.1%	-5.7%	-7.0%	-4.2%	-35.4%	-4.3%	-3.1%	-0.8%
Outpatient Services	\$103.58	\$100.86	\$107.26	\$98.03	\$101.03	\$93.85	\$93.53	\$90.77	\$89.91	3.6%	-5.8%	-7.4%	-3.9%	-2.8%	-4.3%	-3.3%	-0.9%
Physician Services	\$165.20	\$160.76	\$161.97	\$147.98	\$152.61	\$141.73	\$141.49	\$137.16	\$135.60	-2.0%	-5.8%	-7.3%	-4.2%	-7.9%	-4.2%	-3.2%	-1.1%
Prescribed Drugs	\$144.98	\$141.36	\$202.55	\$185.04	\$191.14	\$177.41	\$177.25	\$171.52	\$169.73	39.7%	-4.2%	-7.3%	-4.2%	30.9%	-4.1%	-3.3%	-1.0%
Psychiatric Services	\$50.92	\$49.46	\$49.20	\$44.86	\$46.38	\$42.89	\$43.01	\$41.34	\$40.86	-3.4%	-5.7%	-7.3%	-5.0%	-9.3%	-4.4%	-3.6%	-1.2%
Dental Services	\$7.93	\$7.68	\$7.21	\$6.58	\$6.79	\$6.28	\$6.30	\$6.07	\$6.00	-9.0%	-5.9%	-7.2%	-4.8%	-14.3%	-4.5%	-3.4%	-1.1%
Lab and X-Ray	\$37.92	\$36.71	\$43.78	\$39.81	\$41.23	\$38.21	\$38.17	\$36.81	\$36.32	15.5%	-5.8%	-7.4%	-4.9%	8.5%	-4.0%	-3.7%	-1.3%
Medical Supplies and Orthotics	\$7.95	\$7.71	\$6.42	\$5.84	\$6.04	\$5.59	\$5.61	\$5.40	\$5.33	-19.2%	-5.8%	-7.2%	-4.9%	-24.2%	-4.4%	-3.3%	-1.3%
Home Health and Home Care	\$9.00	\$8.74	\$7.55	\$6.88	\$7.10	\$6.55	\$6.58	\$6.33	\$6.26	-16.2%	-6.0%	-7.3%	-4.9%	-21.3%	-4.8%	-3.3%	-1.2%
Nursing Facility	\$3.68	\$3.56	\$2.18	\$1.95	\$2.06	\$1.86	\$1.90	\$1.80	\$1.78	-40.6%	-5.6%	-8.0%	-6.3%	-45.2%	-4.6%	-3.3%	-1.4%
Targeted Case Management	\$0.65	\$0.63	\$1.40	\$1.27	\$1.31	\$1.21	\$1.22	\$1.17	\$1.15	114.8%	-6.0%	-7.4%	-5.2%	101.5%	-4.8%	-3.0%	-1.5%
Transportation	\$14.70	\$14.18	\$15.72	\$14.26	\$14.78	\$13.65	\$13.68	\$13.21	\$12.97	6.9%	-6.0%	-7.5%	-5.2%	0.5%	-4.3%	-3.2%	-1.8%
Other Practitioner	\$2.51	\$2.43	\$3.01	\$2.74	\$2.84	\$2.62	\$2.63	\$2.52	\$2.49	20.2%	-5.7%	-7.3%	-5.5%	12.8%	-4.3%	-3.6%	-1.4%
Other Institutional																	
Other	\$5.11	\$4.97	\$2.65	\$2.41	\$2.50	\$2.30	\$2.32	\$2.22	\$2.19	-48.2%	-5.7%	-7.2%	-5.5%	-51.5%	-4.6%	-3.4%	-1.4%
Total	\$723.33	\$703.64	\$727.40	\$664.05	\$685.62	\$635.95	\$635.79	\$614.93	\$608.46	0.6%	-5.7%	-7.3%	-4.3%	-5.6%	-4.2%	-3.3%	-1.1%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,222.38	59.5%
Months 13-24	\$1,241.54	55.2%
Months 25-36	\$1,262.11	50.4%
Months 37-48	\$1,270.91	47.9%

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](tel: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](tel: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 most important 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 assesses 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.

<u><i>Exhibit</i></u>	<u><i>Description</i></u>
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

HMP Practice Facilitation Detail - All Members																	
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY16/ Engaged 25-36 Month FY17)
Member Months	227,534	48,513	202,008	43,110	78,729	21,489	24,764	9,681	5,589								
Aggregate Expenditures																	
Inpatient Services	\$11,919,256	\$2,604,263	\$11,766,376	\$2,391,418	\$4,411,971	\$1,129,859	\$1,330,004	\$498,293	\$282,189								
Outpatient Services	\$9,811,968	\$2,145,507	\$10,046,523	\$2,045,272	\$3,765,365	\$966,791	\$1,130,881	\$425,762	\$239,946								
Physician Services	\$19,434,643	\$4,250,905	\$18,365,007	\$3,735,873	\$6,880,825	\$1,766,794	\$2,067,501	\$778,459	\$437,865								
Prescribed Drugs	\$13,473,193	\$2,951,547	\$13,724,719	\$2,793,038	\$5,146,127	\$1,322,189	\$1,549,488	\$582,016	\$327,693								
Psychiatric Services	\$14,584,768	\$3,185,013	\$12,000,321	\$2,435,552	\$4,495,258	\$1,149,615	\$1,353,847	\$504,547	\$283,707								
Dental Services	\$4,506,450	\$982,753	\$3,422,197	\$695,029	\$1,280,752	\$327,581	\$385,634	\$144,044	\$81,017								
Lab and X-Ray	\$2,323,807	\$505,062	\$2,806,068	\$567,448	\$1,051,230	\$268,866	\$315,985	\$117,942	\$66,206								
Medical Supplies and Orthotics	\$701,281	\$152,641	\$625,172	\$126,722	\$233,856	\$59,842	\$70,403	\$26,340	\$14,793								
Home Health and Home Care	\$360,308	\$78,545	\$352,547	\$71,560	\$131,509	\$33,647	\$39,692	\$14,810	\$8,326								
Nursing Facility	\$0.00	\$0.00	\$23,921	\$4,767	\$8,972	\$2,246	\$2,682	\$989	\$555								
Targeted Case Management	\$117,555	\$25,514	\$107,757	\$21,794	\$40,246	\$10,247	\$12,109	\$4,524	\$2,536								
Transportation	\$1,243,840	\$270,193	\$1,136,523	\$229,061	\$425,186	\$108,269	\$127,639	\$47,705	\$26,658								
Other Practitioner	\$1,556,865	\$338,164	\$1,150,243	\$232,416	\$431,387	\$109,819	\$129,799	\$48,211	\$27,041								
Other Institutional	\$25,204	\$5,482	\$59,565	\$11,880	\$22,346	\$5,594	\$6,716	\$2,462	\$1,379								
Other	\$1,038,930	\$226,637	\$702,204	\$142,237	\$262,911	\$66,992	\$79,284	\$29,459	\$16,529								
Total	\$81,098,069	\$17,722,227	\$76,289,140	\$15,504,068	\$28,587,941	\$7,328,355	\$8,601,663	\$3,225,563	\$1,816,441								
PMPM Expenditures																	
Inpatient Services	\$52.38	\$53.68	\$58.25	\$55.47	\$56.04	\$52.58	\$53.71	\$51.47	\$50.49	11.2%	-3.8%	-4.2%	-6.0%	3.3%	-5.2%	-2.1%	-1.9%
Outpatient Services	\$43.12	\$44.23	\$49.73	\$47.44	\$47.83	\$44.99	\$45.67	\$43.98	\$42.93	15.3%	-3.8%	-4.5%	-6.0%	7.3%	-5.2%	-2.2%	-2.4%
Physician Services	\$85.41	\$87.62	\$90.91	\$86.66	\$87.40	\$82.22	\$83.49	\$80.41	\$78.34	6.4%	-3.9%	-4.5%	-6.2%	-1.1%	-5.1%	-2.2%	-2.6%
Prescribed Drugs	\$59.21	\$60.84	\$67.94	\$64.79	\$65.37	\$61.53	\$62.57	\$60.12	\$58.63	14.7%	-3.8%	-4.3%	-6.3%	6.5%	-5.0%	-2.3%	-2.5%
Psychiatric Services	\$64.10	\$65.65	\$59.41	\$56.50	\$57.10	\$53.50	\$54.67	\$52.12	\$50.76	-7.3%	-3.9%	-4.3%	-7.1%	-13.9%	-5.3%	-2.6%	-2.6%
Dental Services	\$19.81	\$20.26	\$16.94	\$16.12	\$16.27	\$15.24	\$15.57	\$14.88	\$14.50	-14.5%	-4.0%	-4.3%	-6.9%	-20.4%	-5.4%	-2.4%	-2.6%
Lab and X-Ray	\$10.21	\$10.41	\$13.89	\$13.16	\$13.35	\$12.51	\$12.76	\$12.18	\$11.85	36.0%	-3.9%	-4.4%	-7.2%	26.4%	-4.9%	-2.6%	-2.8%
Medical Supplies and Orthotics	\$3.08	\$3.15	\$3.09	\$2.94	\$2.97	\$2.78	\$2.84	\$2.72	\$2.65	0.4%	-4.0%	-4.3%	-6.9%	-6.6%	-5.3%	-2.3%	-2.7%
Home Health and Home Care	\$1.58	\$1.62	\$1.75	\$1.66	\$1.67	\$1.57	\$1.60	\$1.53	\$1.49	10.2%	-4.3%	-4.0%	-7.1%	-5.7%	-2.3%	-2.6%	-2.6%
Nursing Facility	\$0.00	\$0.00	\$0.12	\$0.11	\$0.11	\$0.10	\$0.11	\$0.10	\$0.10	-	-3.8%	-5.0%	-8.4%	-5.5%	-2.3%	-2.9%	-2.9%
Targeted Case Management	\$0.52	\$0.53	\$0.53	\$0.51	\$0.51	\$0.48	\$0.49	\$0.47	\$0.45	3.2%	-4.2%	-4.4%	-7.2%	-3.9%	-5.7%	-2.0%	-2.9%
Transportation	\$5.47	\$5.57	\$5.63	\$5.31	\$5.40	\$5.04	\$5.15	\$4.93	\$4.77	2.9%	-4.0%	-4.6%	-7.5%	-4.6%	-5.2%	-2.2%	-3.2%
Other Practitioner	\$6.84	\$6.97	\$5.69	\$5.39	\$5.48	\$5.11	\$5.24	\$4.98	\$4.84	-16.8%	-3.8%	-4.3%	-7.7%	-22.7%	-5.2%	-2.6%	-2.8%
Other Institutional	\$0.11	\$0.11	\$0.29	\$0.28	\$0.28	\$0.26	\$0.27	\$0.25	\$0.25	166.2%	-3.7%	-4.4%	-9.0%	143.9%	-5.5%	-2.3%	-2.9%
Other	\$4.57	\$4.67	\$3.48	\$3.30	\$3.34	\$3.12	\$3.20	\$3.04	\$2.96	-23.9%	-3.9%	-4.1%	-7.6%	-29.4%	-5.5%	-2.4%	-2.8%
Total	\$356.42	\$365.31	\$377.65	\$359.64	\$363.12	\$341.03	\$347.35	\$333.18	\$325.00	6.0%	-3.8%	-4.3%	-6.4%	-1.6%	-5.2%	-2.3%	-2.5%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$615.98	61.3%
Months 13-24	\$630.26	57.6%
Months 25-36	\$647.38	53.7%
Months 37-48	\$660.07	49.2%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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)	Percent Change (Engaged 37-48 Month FY16/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/ Engaged 25-36 Month FY17)
Member Months	23,363	4,941	20,306	4,519	8,080	2,259	2,610	1,004	586									
Aggregate Expenditures																		
Inpatient Services	\$925,142	\$195,357	\$929,782	\$187,855	\$346,243	\$89,364	\$105,287	\$39,298	\$22,724									
Outpatient Services	\$925,790	\$195,380	\$1,063,411	\$215,026	\$396,150	\$102,026	\$119,580	\$44,821	\$26,069									
Physician Services	\$2,017,388	\$425,904	\$2,019,569	\$408,300	\$753,815	\$194,753	\$227,654	\$85,232	\$49,380									
Prescribed Drugs	\$1,075,043	\$226,706	\$1,210,338	\$244,760	\$451,514	\$116,435	\$136,487	\$50,930	\$29,695									
Psychiatric Services	\$27,790	\$5,856	\$32,446	\$6,554	\$12,113	\$3,105	\$3,664	\$1,363	\$791									
Dental Services	\$492,930	\$103,775	\$306,183	\$61,909	\$114,111	\$29,312	\$34,523	\$12,877	\$7,467									
Lab and X-Ray	\$152,576	\$32,092	\$185,812	\$37,504	\$69,187	\$17,765	\$20,919	\$7,797	\$4,526									
Medical Supplies and Orthotics	\$68,079	\$14,311	\$52,327	\$10,561	\$19,480	\$4,990	\$5,903	\$2,196	\$1,217									
Home Health and Home Care	\$3,897	\$821	\$4,362	\$882	\$1,626	\$417	\$492	\$183	\$106									
Nursing Facility																		
Targeted Case Management	\$949	\$200	\$2,158	\$436	\$802	\$206	\$243	\$91	\$52									
Transportation	\$92,963	\$19,590	\$74,865	\$15,092	\$27,826	\$7,120	\$8,406	\$3,137	\$1,808									
Other Practitioner	\$127,233	\$26,715	\$112,749	\$22,689	\$42,082	\$10,764	\$12,741	\$4,726	\$2,733									
Other Institutional	\$277	\$58																
Other	\$7,684	\$1,622	\$3,876	\$782	\$1,443	\$369	\$438	\$163	\$94									
Total	\$5,917,740	\$1,248,386	\$5,997,879	\$1,212,351	\$2,236,392	\$576,627	\$676,336	\$252,812	\$146,662									
PMPM Expenditures																		
Inpatient Services	\$39.60	\$39.54	\$45.79	\$41.57	\$42.85	\$39.56	\$40.34	\$39.14	\$38.78	15.6%	-6.4%	-5.9%	-3.9%	5.1%	-4.8%	-1.1%	-0.9%	
Outpatient Services	\$39.63	\$39.54	\$52.37	\$47.58	\$49.03	\$45.16	\$45.82	\$44.64	\$44.49	32.2%	-6.4%	-6.6%	-2.9%	20.3%	-5.1%	-1.2%	-0.3%	
Physician Services	\$86.35	\$86.20	\$99.46	\$90.35	\$93.29	\$86.21	\$87.22	\$84.89	\$84.27	15.2%	-6.2%	-6.5%	-3.4%	4.8%	-4.6%	-1.5%	-0.7%	
Prescribed Drugs	\$46.01	\$45.88	\$59.60	\$54.16	\$55.88	\$51.54	\$52.29	\$50.73	\$50.67	29.5%	-6.4%	-6.4%	-3.1%	18.0%	-4.8%	-1.6%	-0.1%	
Psychiatric Services	\$1.19	\$1.19	\$1.60	\$1.45	\$1.50	\$1.37	\$1.40	\$1.36	\$1.35	34.3%	-6.2%	-6.3%	-3.9%	22.4%	-5.3%	-1.3%	-0.6%	
Dental Services	\$21.10	\$21.00	\$15.08	\$13.70	\$14.12	\$12.98	\$13.23	\$12.83	\$12.74	-28.5%	-6.3%	-6.3%	-3.7%	-34.8%	-5.3%	-1.2%	-0.5%	
Lab and X-Ray	\$6.53	\$6.50	\$9.15	\$8.30	\$8.56	\$7.86	\$8.01	\$7.77	\$7.72	40.1%	-6.4%	-6.4%	-3.6%	27.8%	-5.2%	-1.3%	-0.5%	
Medical Supplies and Orthotics	\$2.91	\$2.90	\$2.58	\$2.34	\$2.41	\$2.21	\$2.26	\$2.19	\$2.08	-11.6%	-6.4%	-6.2%	-8.2%	-19.3%	-5.5%	-1.0%	-5.1%	
Home Health and Home Care	\$0.17	\$0.17	\$0.21	\$0.20	\$0.20	\$0.18	\$0.19	\$0.18	\$0.18	28.8%	-6.3%	-6.4%	-3.8%	17.5%	-5.5%	-1.2%	-0.7%	
Nursing Facility																		
Targeted Case Management	\$0.04	\$0.04	\$0.11	\$0.10	\$0.10	\$0.09	\$0.09	\$0.09	\$0.09	161.7%	-6.6%	-6.4%	-3.8%	139.0%	-5.3%	-1.2%	-1.0%	
Transportation	\$3.98	\$3.96	\$3.69	\$3.34	\$3.44	\$3.15	\$3.22	\$3.12	\$3.08	-7.3%	-6.6%	-6.5%	-4.2%	-15.8%	-5.6%	-0.9%	-1.3%	
Other Practitioner	\$5.45	\$5.41	\$5.55	\$5.02	\$5.21	\$4.77	\$4.88	\$4.71	\$4.66	2.0%	-6.2%	-6.3%	-4.5%	-7.1%	-5.1%	-1.2%	-0.9%	
Other Institutional	\$0.01	\$0.01																
Other	\$0.33	\$0.33	\$0.19	\$0.17	\$0.18	\$0.16	\$0.17	\$0.16	\$0.16	-42.0%	-6.4%	-6.0%	-4.4%	-47.3%	-5.5%	-0.9%	-0.9%	
Total	\$253.30	\$252.66	\$295.37	\$268.28	\$276.78	\$255.26	\$259.13	\$251.81	\$250.28	16.6%	-6.3%	-6.4%	-3.4%	6.2%	-4.9%	-1.4%	-0.6%	

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$423.17	69.8%
Months 13-24	\$432.98	63.9%
Months 25-36	\$441.50	58.7%
Months 37-48	\$449.85	55.6%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	647	142	623	134	241	66	77	30	17								
Aggregate Expenditures																	
Inpatient Services	\$497,115	\$113,086	\$471,225	\$102,071	\$179,890	\$48,578	\$55,283	\$21,474	\$11,938								
Outpatient Services	\$55,152	\$12,546	\$177,688	\$38,487	\$67,731	\$18,270	\$20,839	\$8,076	\$4,498								
Physician Services	\$141,837	\$32,266	\$172,130	\$37,229	\$65,775	\$17,766	\$20,220	\$7,823	\$4,341								
Prescribed Drugs	\$145,188	\$33,031	\$140,876	\$30,472	\$53,793	\$14,502	\$16,531	\$6,430	\$3,581								
Psychiatric Services	\$139	\$32	\$343	\$74	\$131	\$35	\$40	\$15	\$9								
Dental Services	\$1,980	\$449	\$89	\$19	\$34	\$9	\$10	\$4	\$2								
Lab and X-Ray	\$16,117	\$3,650	\$18,849	\$4,067	\$7,191	\$1,927	\$2,209	\$851	\$473								
Medical Supplies and Orthotics	\$8,845	\$2,008	\$21,649	\$4,663	\$8,251	\$2,204	\$2,540	\$976	\$542								
Home Health and Home Care	\$2,316	\$525	\$2,052	\$443	\$782	\$209	\$240	\$92	\$51								
Nursing Facility																	
Targeted Case Management																	
Transportation	\$30,886	\$7,002	\$49,345	\$10,653	\$18,773	\$5,028	\$5,773	\$2,229	\$1,230								
Other Practitioner	\$2,524	\$572	\$4,865	\$1,048	\$1,857	\$497	\$568	\$220	\$122								
Other Institutional																	
Other																	
Total	\$902,099	\$205,167	\$1,059,111	\$229,224	\$404,208	\$109,026	\$124,253	\$48,191	\$26,787								
PMPM Expenditures																	
Inpatient Services	\$768.34	\$796.38	\$756.38	\$761.72	\$746.43	\$736.03	\$717.96	\$715.80	\$702.24	-1.6%	-1.3%	-3.8%	-2.2%	-4.4%	-3.4%	-2.7%	-1.9%
Outpatient Services	\$85.24	\$88.35	\$285.21	\$287.22	\$281.04	\$276.81	\$270.63	\$269.20	\$264.61	234.6%	-1.5%	-3.7%	-2.2%	225.1%	-3.6%	-2.8%	-1.7%
Physician Services	\$219.22	\$227.23	\$276.29	\$277.83	\$272.92	\$269.18	\$262.60	\$260.78	\$255.34	26.0%	-1.2%	-3.8%	-2.8%	22.3%	-3.1%	-3.1%	-2.1%
Prescribed Drugs	\$224.40	\$232.61	\$226.12	\$227.40	\$223.21	\$219.73	\$214.69	\$214.32	\$210.67	0.8%	-1.3%	-3.8%	-1.9%	-2.2%	-3.4%	-2.5%	-1.7%
Psychiatric Services	\$0.21	\$0.22	\$0.55	\$0.55	\$0.54	\$0.53	\$0.52	\$0.52	\$0.51	156.1%	-1.4%	-3.9%	-3.0%	148.4%	-3.8%	-2.9%	-1.9%
Dental Services	\$3.06	\$3.16	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	\$0.13	\$0.13	-95.3%	-1.5%	-3.8%	-2.9%	-95.4%	-3.8%	-2.8%	-2.0%
Lab and X-Ray	\$24.91	\$25.71	\$30.26	\$30.35	\$29.84	\$29.20	\$28.69	\$28.37	\$27.83	21.5%	-1.4%	-3.8%	-3.0%	18.1%	-3.8%	-2.8%	-1.9%
Medical Supplies and Orthotics	\$13.67	\$14.14	\$34.75	\$34.80	\$34.24	\$33.40	\$32.98	\$32.54	\$31.86	154.2%	-1.5%	-3.7%	-3.4%	146.0%	-4.0%	-2.6%	-2.1%
Home Health and Home Care	\$3.58	\$3.70	\$3.29	\$3.30	\$3.24	\$3.17	\$3.11	\$3.08	\$3.02	-8.0%	-1.5%	-4.0%	-3.0%	-10.7%	-4.0%	-2.8%	-2.0%
Nursing Facility																	
Targeted Case Management																	
Transportation	\$47.74	\$49.31	\$79.21	\$79.50	\$77.90	\$76.18	\$74.98	\$74.31	\$72.35	65.9%	-1.7%	-3.7%	-3.5%	61.2%	-4.2%	-2.5%	-2.6%
Other Practitioner	\$3.90	\$4.03	\$7.81	\$7.82	\$7.71	\$7.53	\$7.38	\$7.32	\$7.16	100.2%	-1.3%	-4.3%	-3.0%	94.1%	-3.6%	-2.8%	-2.3%
Other Institutional																	
Other																	
Total	\$1,394.28	\$1,444.84	\$1,700.02	\$1,710.63	\$1,677.21	\$1,651.91	\$1,613.67	\$1,606.37	\$1,575.72	21.9%	-1.3%	-3.8%	-2.4%	18.4%	-3.4%	-2.8%	-1.9%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,549.35	109.7%
Months 13-24	\$1,585.67	105.8%
Months 25-36	\$1,610.52	100.2%
Months 37-48	\$1,619.97	97.3%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	11,022	2,301	9,916	2,077	3,869	1,038	1,202	462	269								
Aggregate Expenditures																	
Inpatient Services	\$602,003	\$136,746	\$566,582	\$122,585	\$214,043	\$56,992	\$65,700	\$25,062	\$14,383								
Outpatient Services	\$454,250	\$103,069	\$558,527	\$120,913	\$210,622	\$56,070	\$64,725	\$24,632	\$14,150								
Physician Services	\$1,173,905	\$266,927	\$1,015,624	\$220,005	\$383,633	\$102,559	\$118,072	\$44,884	\$25,709								
Prescribed Drugs	\$620,842	\$140,840	\$608,038	\$131,604	\$229,233	\$61,185	\$70,304	\$26,763	\$15,404								
Psychiatric Services	\$4,584	\$1,041	\$6,157	\$1,330	\$2,323	\$616	\$713	\$270	\$155								
Dental Services	\$143,993	\$32,625	\$129,850	\$28,045	\$48,929	\$12,977	\$15,042	\$5,701	\$3,268								
Lab and X-Ray	\$127,105	\$28,793	\$123,625	\$26,664	\$46,633	\$12,344	\$14,331	\$5,418	\$3,100								
Medical Supplies and Orthotics	\$54,834	\$12,412	\$54,327	\$11,708	\$20,477	\$5,407	\$6,298	\$2,380	\$1,367								
Home Health and Home Care	\$43,023	\$9,762	\$69,338	\$14,974	\$26,128	\$6,916	\$8,020	\$3,038	\$1,741								
Nursing Facility	-	-	-	-	-	-	-	-	-								
Targeted Case Management	-	-	\$3,926	\$846	\$1,480	\$391	\$454	\$172	\$98								
Transportation	\$52,293	\$11,848	\$45,383	\$9,795	\$17,007	\$4,516	\$5,252	\$1,990	\$1,134								
Other Practitioner	\$37,300	\$8,422	\$31,338	\$6,760	\$11,766	\$3,134	\$3,628	\$1,376	\$787								
Other Institutional	-	-	-	-	-	-	-	-	-								
Other	\$5,074	\$1,151	\$845	\$182	\$319	\$84	\$98	\$37	\$21								
Total	\$3,319,206	\$753,633	\$3,213,560	\$695,412	\$1,212,594	\$323,193	\$372,636	\$141,723	\$81,318								
PMPM Expenditures																	
Inpatient Services	\$54.62	\$59.43	\$57.14	\$59.02	\$55.32	\$54.91	\$54.66	\$54.25	\$53.47	4.6%	-3.2%	-1.2%	-2.2%	-0.7%	-7.0%	-1.2%	-1.4%
Outpatient Services	\$41.21	\$44.79	\$56.33	\$58.22	\$54.44	\$54.02	\$53.85	\$53.32	\$52.60	36.7%	-3.4%	-1.1%	-2.3%	30.0%	-7.2%	-1.3%	-1.3%
Physician Services	\$106.51	\$116.00	\$102.42	\$105.92	\$99.16	\$98.80	\$98.23	\$97.15	\$95.57	-3.8%	-3.2%	-0.9%	-2.7%	-8.7%	-6.7%	-1.7%	-1.6%
Prescribed Drugs	\$56.33	\$61.21	\$61.32	\$63.36	\$59.25	\$58.95	\$58.49	\$57.93	\$57.27	8.9%	-3.4%	-1.3%	-2.1%	3.5%	-7.0%	-1.7%	-1.1%
Psychiatric Services	\$0.42	\$0.45	\$0.62	\$0.64	\$0.60	\$0.59	\$0.59	\$0.59	\$0.58	49.3%	-3.3%	-1.2%	-2.8%	41.6%	-7.3%	-1.4%	-1.4%
Dental Services	\$13.06	\$14.18	\$13.10	\$13.50	\$12.65	\$12.50	\$12.51	\$12.34	\$12.15	0.2%	-3.4%	-1.0%	-2.9%	-4.8%	-7.4%	-1.3%	-1.5%
Lab and X-Ray	\$11.53	\$12.51	\$12.47	\$12.84	\$12.05	\$11.89	\$11.92	\$11.73	\$11.52	8.1%	-3.3%	-1.1%	-3.3%	2.6%	-7.4%	-1.4%	-1.7%
Medical Supplies and Orthotics	\$4.97	\$5.39	\$5.48	\$5.64	\$5.29	\$5.21	\$5.24	\$5.15	\$5.08	10.1%	-3.4%	-1.0%	-3.0%	4.5%	-7.6%	-1.1%	-1.3%
Home Health and Home Care	\$3.90	\$4.24	\$6.99	\$7.21	\$6.75	\$6.66	\$6.67	\$6.58	\$6.47	79.1%	-3.4%	-1.2%	-3.0%	69.9%	-7.6%	-1.3%	-1.6%
Nursing Facility	-	-	-	-	-	-	-	-	-								
Targeted Case Management	-	-	\$0.40	\$0.41	\$0.38	\$0.38	\$0.38	\$0.37	\$0.37	-	-3.4%	-1.3%	-3.3%	-	-7.5%	-1.4%	-1.8%
Transportation	\$4.74	\$5.15	\$4.58	\$4.72	\$4.40	\$4.35	\$4.37	\$4.31	\$4.21	-3.5%	-4.0%	-0.6%	-3.6%	-8.4%	-7.7%	-1.0%	-2.2%
Other Practitioner	\$3.38	\$3.66	\$3.16	\$3.25	\$3.04	\$3.02	\$3.02	\$2.98	\$2.92	-6.6%	-3.8%	-0.8%	-3.1%	-11.1%	-7.2%	-1.4%	-1.8%
Other Institutional	-	-	-	-	-	-	-	-	-								
Other	\$0.46	\$0.50	\$0.09	\$0.09	\$0.08	\$0.08	\$0.08	\$0.08	\$0.08	-81.5%	-3.3%	-1.1%	-3.3%	-82.4%	-7.7%	-1.1%	-1.8%
Total	\$301.14	\$327.52	\$324.08	\$334.82	\$313.41	\$311.36	\$310.01	\$306.76	\$302.30	7.6%	-3.3%	-1.1%	-2.5%	2.2%	-7.0%	-1.5%	-1.5%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$426.17	76.0%
Months 13-24	\$438.21	71.5%
Months 25-36	\$450.72	68.8%
Months 37-48	\$457.86	66.0%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	4,474	990	4,196	937	1,651	456	531	208	122								
Aggregate Expenditures																	
Inpatient Services	\$875,993	\$198,954	\$1,173,872	\$253,334	\$439,015	\$120,225	\$134,611	\$52,919	\$30,647								
Outpatient Services	\$652,800	\$148,397	\$594,556	\$128,408	\$222,195	\$61,133	\$67,942	\$26,884	\$15,569								
Physician Services	\$866,888	\$197,207	\$887,494	\$191,717	\$331,904	\$91,403	\$101,469	\$40,079	\$23,144								
Prescribed Drugs	\$900,269	\$204,508	\$953,681	\$205,678	\$356,995	\$98,078	\$109,169	\$43,049	\$24,861								
Psychiatric Services	\$62,747	\$14,246	\$20,134	\$4,341	\$7,524	\$2,058	\$2,305	\$903	\$522								
Dental Services	\$45,076	\$10,218	\$32,615	\$7,044	\$12,170	\$3,330	\$3,730	\$1,464	\$846								
Lab and X-Ray	\$162,167	\$36,749	\$204,750	\$44,155	\$76,419	\$20,916	\$23,344	\$9,175	\$5,293								
Medical Supplies and Orthotics	\$118,007	\$26,690	\$112,843	\$24,250	\$42,181	\$11,504	\$12,914	\$5,059	\$2,920								
Home Health and Home Care	\$29,243	\$6,634	\$51,558	\$11,127	\$19,204	\$5,246	\$5,886	\$2,309	\$1,334								
Nursing Facility	-	-	-	-	-	-	-	-	-								
Targeted Case Management	-	-	-	-	-	-	-	-	-								
Transportation	\$76,005	\$17,279	\$90,214	\$19,394	\$33,626	\$9,146	\$10,268	\$4,030	\$2,314								
Other Practitioner	\$32,191	\$7,296	\$37,746	\$8,113	\$14,120	\$3,847	\$4,322	\$1,689	\$973								
Other Institutional	\$1,013	\$230	\$1,074	\$231	\$403	\$109	\$123	\$48	\$28								
Other	\$113,239	\$25,731	\$125,888	\$25,775	\$47,668	\$13,014	\$14,616	\$5,723	\$3,300								
Total	\$3,935,639	\$894,139	\$4,286,426	\$923,567	\$1,603,425	\$440,010	\$490,701	\$193,331	\$111,749								
PMPM Expenditures																	
Inpatient Services	\$195.80	\$200.96	\$279.76	\$270.37	\$265.91	\$263.65	\$253.51	\$254.42	\$251.21	42.9%	-5.0%	-4.7%	-0.9%	34.5%	-2.5%	-3.5%	-1.3%
Outpatient Services	\$145.91	\$149.90	\$141.70	\$137.04	\$134.58	\$134.06	\$127.95	\$129.25	\$127.62	-2.9%	-5.0%	-4.9%	-0.3%	-8.6%	-2.2%	-3.6%	-1.3%
Physician Services	\$193.76	\$199.20	\$211.51	\$204.61	\$201.03	\$200.45	\$191.09	\$192.69	\$189.70	9.2%	-5.0%	-4.9%	-0.7%	2.7%	-2.0%	-3.9%	-1.6%
Prescribed Drugs	\$201.22	\$206.57	\$227.28	\$219.51	\$216.23	\$215.08	\$205.59	\$206.96	\$203.78	13.0%	-4.9%	-4.9%	-0.9%	6.3%	-2.0%	-3.8%	-1.5%
Psychiatric Services	\$14.02	\$14.39	\$4.80	\$4.63	\$4.56	\$4.51	\$4.34	\$4.34	\$4.28	-65.8%	-5.0%	-4.8%	-1.5%	-67.8%	-2.6%	-3.8%	-1.5%
Dental Services	\$10.08	\$10.32	\$7.77	\$7.52	\$7.37	\$7.30	\$7.02	\$7.04	\$6.93	-22.8%	-5.2%	-4.7%	-1.3%	-27.2%	-2.9%	-3.6%	-1.6%
Lab and X-Ray	\$36.25	\$37.12	\$48.80	\$47.12	\$46.29	\$45.87	\$43.96	\$44.11	\$43.38	34.6%	-5.1%	-5.0%	-1.3%	27.0%	-2.7%	-3.8%	-1.7%
Medical Supplies and Orthotics	\$26.38	\$26.96	\$26.89	\$25.88	\$25.55	\$25.23	\$24.32	\$24.32	\$23.93	2.0%	-5.0%	-4.8%	-1.6%	-4.0%	-2.5%	-3.6%	-1.6%
Home Health and Home Care	\$6.54	\$6.70	\$12.29	\$11.88	\$11.63	\$11.50	\$11.09	\$11.10	\$10.93	88.0%	-5.3%	-4.7%	-1.4%	77.2%	-3.1%	-3.5%	-1.5%
Nursing Facility	-	-	-	-	-	-	-	-	-								
Targeted Case Management	-	-	-	-	-	-	-	-	-								
Transportation	\$16.99	\$17.45	\$21.50	\$20.70	\$20.37	\$20.06	\$19.34	\$19.37	\$18.97	26.6%	-5.3%	-5.1%	-1.9%	18.6%	-3.1%	-3.4%	-2.1%
Other Practitioner	\$7.20	\$7.37	\$9.00	\$8.66	\$8.55	\$8.44	\$8.14	\$8.12	\$7.98	25.0%	-4.9%	-4.8%	-2.0%	17.5%	-2.6%	-3.8%	-1.7%
Other Institutional	\$0.23	\$0.23	\$0.26	\$0.25	\$0.24	\$0.24	\$0.23	\$0.23	\$0.23	13.1%	-4.7%	-5.3%	-1.7%	6.5%	-2.9%	-3.5%	-1.8%
Other	\$25.31	\$25.99	\$30.00	\$27.51	\$28.87	\$28.54	\$27.53	\$27.51	\$27.05	18.5%	-3.8%	-4.7%	-1.7%	5.8%	3.8%	-3.6%	-1.7%
Total	\$879.67	\$903.17	\$1,021.55	\$985.66	\$971.18	\$964.93	\$924.11	\$929.48	\$915.98	16.1%	-4.9%	-4.8%	-0.9%	9.1%	-2.1%	-3.7%	-1.5%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,460.30	70.0%
Months 13-24	\$1,501.45	64.7%
Months 25-36	\$1,515.63	61.0%
Months 37-48	\$1,528.11	59.9%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	367	79	298	64	115	30	38	15	12								
Aggregate Expenditures																	
Inpatient Services	\$254,710	\$59,709	\$375,152	\$81,746	\$140,442	\$37,182	\$43,947	\$17,297	\$12,969								
Outpatient Services	\$124,973	\$29,204	\$138,944	\$30,213	\$52,014	\$13,736	\$16,270	\$6,386	\$4,779								
Physician Services	\$97,004	\$22,700	\$120,387	\$26,194	\$45,050	\$11,899	\$14,115	\$5,535	\$4,154								
Prescribed Drugs	\$45,895	\$10,737	\$26,080	\$5,673	\$9,794	\$2,587	\$3,052	\$1,200	\$901								
Psychiatric Services	-	-	-	-	-	-	-	-	-								
Dental Services	\$6,048	\$1,411	\$460	\$100	\$172	\$45	\$54	\$21	\$16								
Lab and X-Ray	\$18,490	\$4,322	\$22,194	\$4,822	\$8,331	\$2,187	\$2,596	\$1,014	\$757								
Medical Supplies and Orthotics	\$22,468	\$5,234	\$7,864	\$1,704	\$2,944	\$774	\$919	\$360	\$269								
Home Health and Home Care	\$7,049	\$1,647	\$7,313	\$1,591	\$2,737	\$719	\$854	\$334	\$250								
Nursing Facility	-	-	-	-	-	-	-	-	-								
Targeted Case Management	-	-	\$1,107	\$241	\$412	\$109	\$129	\$51	\$38								
Transportation	\$8,497	\$1,987	\$16,443	\$3,569	\$6,146	\$1,611	\$1,915	\$750	\$558								
Other Practitioner	\$1,922	\$447	\$684	\$149	\$255	\$68	\$80	\$31	\$23								
Other Institutional	-	-	-	-	-	-	-	-	-								
Other	-	-	-	-	-	-	-	-	-								
Total	\$587,058	\$137,398	\$716,627	\$156,000	\$268,298	\$70,915	\$83,932	\$32,980	\$24,713								
PMPM Expenditures																	
Inpatient Services	\$694.03	\$755.81	\$1,258.90	\$1,277.27	\$1,221.23	\$1,239.39	\$1,156.51	\$1,153.13	\$1,080.73	81.4%	-3.0%	-5.3%	-6.6%	69.0%	-3.0%	-7.0%	-6.3%
Outpatient Services	\$340.53	\$369.67	\$466.25	\$472.08	\$452.30	\$457.85	\$428.16	\$425.77	\$398.25	36.9%	-3.0%	-5.3%	-7.0%	27.7%	-3.0%	-7.0%	-6.5%
Physician Services	\$264.32	\$287.34	\$403.98	\$409.29	\$391.74	\$396.64	\$371.45	\$369.02	\$346.19	52.8%	-3.0%	-5.2%	-6.8%	42.4%	-3.1%	-7.0%	-6.2%
Prescribed Drugs	\$125.06	\$135.91	\$87.52	\$88.64	\$85.17	\$86.23	\$80.32	\$80.00	\$75.05	-30.0%	-2.7%	-5.7%	-6.6%	-34.8%	-2.7%	-7.2%	-6.2%
Psychiatric Services	-	-	-	-	-	-	-	-	-								
Dental Services	\$16.48	\$17.86	\$1.54	\$1.56	\$1.50	\$1.50	\$1.41	\$1.40	\$1.31	-90.6%	-3.0%	-5.7%	-7.3%	-91.3%	-3.4%	-7.1%	-6.5%
Lab and X-Ray	\$50.38	\$54.71	\$74.48	\$75.34	\$72.45	\$72.89	\$68.31	\$67.58	\$63.09	47.8%	-2.7%	-5.7%	-7.6%	37.7%	-3.2%	-7.3%	-6.6%
Medical Supplies and Orthotics	\$61.22	\$66.25	\$26.39	\$26.62	\$25.60	\$25.79	\$24.19	\$24.00	\$22.41	-56.9%	-3.0%	-5.5%	-7.3%	-59.8%	-3.1%	-7.0%	-6.6%
Home Health and Home Care	\$19.21	\$20.85	\$24.54	\$24.85	\$23.80	\$23.95	\$22.47	\$22.28	\$20.83	27.8%	-3.0%	-5.6%	-7.3%	19.2%	-3.6%	-7.0%	-6.5%
Nursing Facility	-	-	-	-	-	-	-	-	-								
Targeted Case Management	-	-	\$3.71	\$3.77	\$3.59	\$3.62	\$3.40	\$3.38	\$3.15	-7.3%	-3.4%	-5.2%	-7.3%	-3.9%	-3.9%	-6.7%	-6.8%
Transportation	\$23.15	\$25.15	\$55.18	\$55.76	\$53.44	\$53.71	\$50.39	\$50.02	\$46.48	138.3%	-3.2%	-5.7%	-7.8%	121.8%	-3.7%	-6.9%	-7.1%
Other Practitioner	\$5.24	\$5.66	\$2.30	\$2.32	\$2.22	\$2.25	\$2.11	\$2.09	\$1.95	-56.2%	-3.5%	-4.9%	-7.5%	-59.0%	-3.1%	-7.2%	-6.7%
Other Institutional	-	-	-	-	-	-	-	-	-								
Other	-	-	-	-	-	-	-	-	-								
Total	\$1,599.61	\$1,739.21	\$2,404.79	\$2,437.51	\$2,333.02	\$2,363.84	\$2,208.73	\$2,198.66	\$2,059.45	50.3%	-3.0%	-5.3%	-6.8%	40.2%	-3.0%	-7.0%	-6.3%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,865.31	128.9%
Months 13-24	\$1,932.74	120.7%
Months 25-36	\$1,987.50	111.1%
Months 37-48	\$2,009.45	102.5%

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 (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/Engaged 25-36 Month FY17)
Member Months	8,314	1,838	7,793	1,729	3,076	849	1,012	390	224								
Aggregate Expenditures																	
Inpatient Services	\$1,939,230	\$430,256	\$1,693,273	\$359,061	\$627,041	\$164,289	\$190,769	\$72,455	\$40,943								
Outpatient Services	\$868,331	\$192,904	\$874,171	\$185,484	\$323,513	\$84,910	\$98,032	\$37,393	\$21,089								
Physician Services	\$1,580,634	\$351,036	\$1,272,575	\$270,023	\$470,383	\$123,671	\$142,854	\$54,490	\$30,672								
Prescribed Drugs	\$932,298	\$207,244	\$1,281,956	\$271,989	\$474,570	\$124,692	\$144,146	\$54,889	\$30,926								
Psychiatric Services	\$35,331	\$7,832	\$27,074	\$5,740	\$10,018	\$2,624	\$3,044	\$1,152	\$648								
Dental Services	\$91,931	\$20,319	\$72,042	\$15,289	\$26,588	\$6,979	\$8,094	\$3,069	\$1,727								
Lab and X-Ray	\$240,257	\$53,090	\$294,328	\$62,092	\$108,787	\$28,492	\$32,991	\$12,498	\$7,021								
Medical Supplies and Orthotics	\$48,127	\$10,655	\$31,307	\$6,627	\$11,563	\$3,031	\$3,519	\$1,334	\$750								
Home Health and Home Care	\$29,806	\$6,609	\$49,786	\$10,542	\$18,383	\$4,800	\$5,579	\$2,113	\$1,189								
Nursing Facility																	
Targeted Case Management			\$5,025	\$1,060	\$1,853	\$483	\$563	\$213	\$120								
Transportation	\$114,359	\$25,178	\$120,781	\$25,452	\$44,533	\$11,651	\$13,509	\$5,134	\$2,871								
Other Practitioner	\$50,430	\$11,146	\$43,980	\$9,274	\$16,280	\$4,244	\$4,939	\$1,863	\$1,046								
Other Institutional			\$513	\$108	\$189	\$49	\$58	\$22	\$12								
Other	\$9,985	\$2,214	\$21,477	\$4,546	\$7,940	\$2,073	\$2,418	\$912	\$512								
Total	\$5,940,719	\$1,318,484	\$5,788,288	\$1,227,285	\$2,141,640	\$561,987	\$650,515	\$247,535	\$139,525								
PMPM Expenditures																	
Inpatient Services	\$233.25	\$234.09	\$217.28	\$207.67	\$209.85	\$193.51	\$188.51	\$185.78	\$182.78	-6.8%	-6.2%	-7.5%	-3.0%	-11.3%	-6.8%	-4.0%	-1.6%
Outpatient Services	\$104.44	\$104.95	\$112.17	\$107.28	\$105.17	\$100.01	\$96.87	\$95.88	\$94.15	7.4%	-6.2%	-7.9%	-2.8%	2.2%	-6.8%	-4.1%	-1.8%
Physician Services	\$190.12	\$190.99	\$163.30	\$156.17	\$152.92	\$145.67	\$141.16	\$139.72	\$136.93	-14.1%	-6.4%	-7.7%	-3.0%	-18.2%	-6.7%	-4.1%	-2.0%
Prescribed Drugs	\$112.14	\$112.76	\$164.50	\$157.31	\$154.28	\$146.87	\$142.44	\$140.74	\$138.06	46.7%	-6.2%	-7.7%	-3.1%	39.5%	-6.6%	-4.2%	-1.9%
Psychiatric Services	\$4.25	\$4.26	\$3.47	\$3.32	\$3.26	\$3.09	\$3.01	\$2.95	\$2.89	-18.2%	-6.3%	-7.6%	-3.8%	-22.1%	-6.9%	-4.5%	-2.0%
Dental Services	\$11.06	\$11.06	\$9.24	\$8.84	\$8.64	\$8.22	\$8.00	\$7.87	\$7.71	-16.4%	-6.5%	-7.5%	-3.6%	-20.0%	-7.0%	-4.3%	-2.0%
Lab and X-Ray	\$28.90	\$28.88	\$37.77	\$35.91	\$35.37	\$33.56	\$32.60	\$32.05	\$31.34	30.7%	-6.4%	-7.8%	-3.9%	24.3%	-6.6%	-4.5%	-2.2%
Medical Supplies and Orthotics	\$5.79	\$5.80	\$4.02	\$3.83	\$3.76	\$3.57	\$3.48	\$3.42	\$3.35	-30.6%	-6.4%	-7.5%	-3.8%	-33.9%	-6.9%	-4.2%	-2.1%
Home Health and Home Care	\$3.58	\$3.60	\$6.39	\$6.10	\$5.98	\$5.65	\$5.51	\$5.42	\$5.31	78.2%	-6.5%	-7.8%	-3.7%	69.6%	-7.3%	-4.2%	-2.1%
Nursing Facility																	
Targeted Case Management			\$0.64	\$0.61	\$0.60	\$0.57	\$0.56	\$0.55	\$0.53		-6.6%	-7.6%	-4.0%		-7.3%	-3.9%	-2.3%
Transportation	\$13.76	\$13.70	\$15.50	\$14.72	\$14.48	\$13.72	\$13.35	\$13.16	\$12.82	12.7%	-6.6%	-7.8%	-4.0%	7.5%	-6.8%	-4.1%	-2.6%
Other Practitioner	\$6.07	\$6.06	\$5.64	\$5.36	\$5.29	\$5.00	\$4.88	\$4.78	\$4.67	-7.0%	-6.2%	-7.8%	-4.3%	-11.6%	-6.8%	-4.4%	-2.3%
Other Institutional			\$0.07	\$0.06	\$0.06	\$0.06	\$0.06	\$0.06	\$0.05		-6.5%	-7.4%	-4.9%		-7.1%	-4.2%	-2.4%
Other	\$1.20	\$1.20	\$2.76	\$2.63	\$2.58	\$2.44	\$2.39	\$2.34	\$2.29	129.5%	-6.3%	-7.5%	-4.3%	118.2%	-7.1%	-4.3%	-2.2%
Total	\$714.54	\$717.35	\$742.75	\$709.82	\$696.24	\$661.94	\$642.80	\$634.71	\$622.88	3.9%	-6.3%	-7.7%	-3.1%	-1.0%	-6.7%	-4.1%	-1.9%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,354.28	54.8%
Months 13-24	\$1,385.30	50.3%
Months 25-36	\$1,406.56	45.7%
Months 37-48	\$1,419.21	43.9%

Exhibit E-8 – Detailed Expenditure Data – All Other Members

HMP Practice Facilitation Detail - All Others																	
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (FY17 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY17 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY17 Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (FY17 Total)	Engaged Period: 37 to 48 Months (FY17 Total)	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 FY16/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY17)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY17)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY17)	Percent Change (Engaged 37-48 Month FY17/ Engaged 25-36 Month FY17)
Member Months	179,842	37,947	158,233	33,349	61,128	16,348	18,871	7,411	4,323								
Aggregate Expenditures																	
Inpatient Services	\$6,911,901	\$1,556,418	\$6,730,114	\$1,456,062	\$2,522,592	\$673,529	\$773,199	\$304,484	\$173,837								
Outpatient Services	\$6,807,413	\$1,535,571	\$6,786,973	\$1,470,215	\$2,541,821	\$680,409	\$776,271	\$307,151	\$174,510								
Physician Services	\$13,687,709	\$3,085,492	\$13,161,350	\$2,849,578	\$4,930,954	\$1,319,417	\$1,508,581	\$595,909	\$337,915								
Prescribed Drugs	\$9,847,950	\$2,224,401	\$9,738,979	\$2,112,532	\$3,652,044	\$979,102	\$1,118,428	\$441,792	\$250,768								
Psychiatric Services	\$14,574,949	\$3,279,854	\$12,146,701	\$2,625,324	\$4,552,618	\$1,213,238	\$1,393,113	\$545,812	\$309,410								
Dental Services	\$3,752,877	\$843,678	\$2,940,854	\$636,085	\$1,099,946	\$293,520	\$336,938	\$132,301	\$75,018								
Lab and X-Ray	\$1,624,196	\$363,803	\$2,001,655	\$430,966	\$749,862	\$199,922	\$229,105	\$89,896	\$50,874								
Medical Supplies and Orthotics	\$386,387	\$86,760	\$354,537	\$76,511	\$132,761	\$35,374	\$40,655	\$15,960	\$9,037								
Home Health and Home Care	\$248,320	\$55,815	\$173,847	\$37,575	\$64,995	\$17,297	\$19,885	\$7,804	\$4,423								
Nursing Facility	-	-	\$24,338	\$5,162	\$9,139	\$2,381	\$2,771	\$1,075	\$608								
Targeted Case Management	\$117,582	\$26,308	\$97,567	\$21,020	\$36,457	\$9,676	\$11,150	\$4,379	\$2,475								
Transportation	\$877,968	\$196,643	\$757,896	\$162,553	\$283,603	\$75,224	\$86,525	\$33,976	\$19,140								
Other Practitioner	\$1,316,242	\$294,744	\$937,731	\$201,704	\$351,866	\$93,311	\$107,524	\$41,990	\$23,744								
Other Institutional	\$24,131	\$5,412	\$59,089	\$12,549	\$22,427	\$5,785	\$6,769	\$2,610	\$1,474								
Other	\$912,183	\$205,151	\$561,768	\$121,220	\$210,558	\$55,900	\$64,498	\$25,197	\$14,252								
Total	\$61,089,810	\$13,760,050	\$56,473,400	\$12,219,054	\$21,161,644	\$5,654,086	\$6,475,411	\$2,550,336	\$1,447,485								
PMPM Expenditures																	
Inpatient Services	\$38.43	\$41.02	\$42.53	\$43.66	\$41.27	\$41.20	\$40.97	\$41.09	\$40.21	10.7%	-3.0%	-0.7%	-1.9%	6.5%	-5.6%	-0.3%	-2.1%
Outpatient Services	\$37.85	\$40.47	\$42.89	\$44.09	\$41.58	\$41.62	\$41.14	\$41.45	\$40.37	13.3%	-3.1%	-1.1%	-1.9%	8.9%	-5.6%	-0.4%	-2.6%
Physician Services	\$76.11	\$81.31	\$83.18	\$85.45	\$80.67	\$80.71	\$79.94	\$80.41	\$78.17	9.3%	-3.0%	-0.9%	-2.2%	5.1%	-5.5%	-0.4%	-2.8%
Prescribed Drugs	\$54.76	\$58.62	\$61.55	\$63.35	\$59.74	\$59.89	\$59.27	\$59.61	\$58.01	12.4%	-2.9%	-0.8%	-2.1%	8.1%	-5.5%	-0.5%	-2.7%
Psychiatric Services	\$81.04	\$86.43	\$76.76	\$78.72	\$74.48	\$74.21	\$73.82	\$73.65	\$71.57	-5.3%	-3.0%	-0.9%	-3.0%	-8.9%	-5.7%	-0.8%	-2.8%
Dental Services	\$20.87	\$22.23	\$18.59	\$19.07	\$17.99	\$17.95	\$17.85	\$17.85	\$17.35	-10.9%	-3.2%	-0.8%	-2.8%	-14.2%	-5.9%	-0.6%	-2.8%
Lab and X-Ray	\$9.03	\$9.59	\$12.65	\$12.92	\$12.27	\$12.23	\$12.14	\$12.13	\$11.77	40.1%	-3.0%	-1.0%	-3.1%	34.8%	-5.4%	-0.8%	-3.0%
Medical Supplies and Orthotics	\$2.15	\$2.29	\$2.24	\$2.29	\$2.17	\$2.16	\$2.15	\$2.15	\$2.09	4.3%	-3.1%	-0.8%	-3.0%	0.3%	-5.7%	-0.5%	-2.9%
Home Health and Home Care	\$1.38	\$1.47	\$1.10	\$1.13	\$1.06	\$1.06	\$1.05	\$1.05	\$1.02	-20.4%	-3.2%	-0.9%	-2.9%	-23.4%	-6.1%	-0.5%	-2.8%
Nursing Facility	-	-	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15	\$0.14	-	-2.8%	-1.8%	-4.3%	-	-5.9%	-0.4%	-3.1%
Targeted Case Management	\$0.65	\$0.69	\$0.62	\$0.63	\$0.60	\$0.59	\$0.59	\$0.57	\$0.57	-5.7%	-3.3%	-0.9%	-3.1%	-9.1%	-6.1%	-0.2%	-3.1%
Transportation	\$4.88	\$5.18	\$4.79	\$4.87	\$4.64	\$4.60	\$4.59	\$4.58	\$4.43	-1.9%	-3.1%	-1.2%	-3.4%	-5.9%	-5.6%	-0.4%	-3.4%
Other Practitioner	\$7.32	\$7.77	\$5.93	\$6.05	\$5.76	\$5.71	\$5.70	\$5.67	\$5.49	-19.0%	-2.9%	-1.0%	-3.6%	-22.1%	-5.6%	-0.7%	-3.1%
Other Institutional	\$0.13	\$0.14	\$0.37	\$0.38	\$0.37	\$0.35	\$0.36	\$0.35	\$0.34	178.3%	-1.8%	-2.2%	-4.9%	163.9%	-6.0%	-0.5%	-3.1%
Other	\$5.07	\$5.41	\$3.55	\$3.63	\$3.44	\$3.42	\$3.42	\$3.40	\$3.30	-30.0%	-3.0%	-0.8%	-3.5%	-32.8%	-5.9%	-0.6%	-3.0%
Total	\$339.69	\$362.61	\$356.90	\$366.40	\$346.19	\$345.86	\$343.14	\$344.13	\$334.83	5.1%	-3.0%	-0.9%	-2.4%	1.0%	-5.6%	-0.5%	-2.7%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$592.71	60.2%
Months 13-24	\$610.04	56.7%
Months 25-36	\$616.62	55.6%
Months 37-48	\$623.82	53.7%