

State Fiscal Year 2018



ANNUAL REPORT

SoonerCare Health Management Program Evaluation

Prepared for:

*State of Oklahoma
Oklahoma Health Care Authority*

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PHPG

SoonerCare
Oklahoma Health Care Authority

READER NOTE

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

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

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EXECUTIVE SUMMARY

Introduction

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

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

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

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

First Generation SoonerCare HMP

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

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

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

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

provider services. The CCU also is responsible for:

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

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

Program Implementation

Implementation of the second generation program began with identification and recruitment of patient centered medical home (PCMH) providers (primary care providers). Every SoonerCare Choice member is aligned with one of the 800+ PCMH providers throughout the state. The OHCA analyzed the MEDai and chronic disease profiles of members at each PCMH site and provided the information to Telligen.

Telligen segmented the practices by size (large, medium and small) and location (urban and 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

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

SFY 2014³. Telligen has added provider sites over time, while some early participants have discontinued their involvement; in October 2018 SoonerCare HMP health coaches were working with providers in 36 locations.

The health coach, practice facilitator and provider form the core team for the program. The team focuses first on assessing the practice's operations and determining how the health coach can best be integrated into the office's routine. The practice facilitator then addresses opportunities for enhancing process flow, while the health coach begins reviewing patient rosters to identify coaching candidates based on MEDai chronic impact scores and disease states.

Once established in a practice, a health coach, on a typical day, may see both existing SoonerCare HMP members scheduled for a medical appointment and potential new members identified by the coach as enrolled in SoonerCare and eligible for the program. Depending on the preference of the practice, health coaches meet with members either before or after the member's visit with the provider.

Health coaches also may schedule sessions with members outside of the medical appointment process. On such occasions, members come to the office specifically to meet with their coach. Health coaches apply motivational interviewing and other components of the coaching model throughout their workday.

Telligen also has community resource specialists available to help members with non-clinical programs, such as obtaining food or housing assistance. Health coaches are able to make referrals to the specialists when needs are identified and help is desired.

Telligen receives monthly payments specific to its health coaching and practice facilitation field activities, as well as payments for "centralized operations" costs.

SFY 2015 Contract Amendment

During SFY 2014, the OHCA and Telligen executed a contract amendment to modify and expand operations starting in SFY 2015. The amendment included three components: intervention quality enhancement; chronic pain and opioid drug utilization initiative and staff increase. Specifically:

- ***Intervention Quality Enhancement.*** The OHCA authorized Telligen to begin providing telephonic case management (health coaching) in addition to face-to-face (embedded) case management. Telephonic health coaches would focus on engaging new members, actively pursuing members needing assistance with care transitions and serving high risk members not assigned to a primary care provider with an embedded coach.

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

- **Chronic Pain and Opioid Drug Utilization.** The OHCA authorized Telligen to hire practice facilitators and substance use resource specialists dedicated to improving the effectiveness of providers caring for members with chronic pain and opioid drug use. The new staff would assist providers with implementation of a chronic pain management toolkit and principles of proper prescribing.
- **Staff Increase.** The OHCA authorized Telligen to expand outreach to a greater number of providers and members and implement the chronic pain and opioid drug utilization initiative. As a result, Telligen added nine health coaches; five embedded in provider offices (also able to perform telephonic coaching) and four telephonic only, bringing the total number to 37. Telligen also hired two substance use resource specialists in SFY 2015 to support the chronic pain and opioid drug utilization initiative.

SoonerCare HMP Independent Evaluation

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

1. Health coaching participant satisfaction and perceived health status;
2. Health coaching participant self-management of chronic conditions;
3. Impact of health coaching on quality of care, as measured by participant utilization of preventive and chronic care management services and adherence to national, evidence-based disease management practice guidelines;
4. Health coaching cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs;
5. Practice facilitation participant satisfaction;
6. Impact of practice facilitation on quality of care, as measured by patient adherence to national, evidence-based disease management practice guidelines;
7. Practice facilitation cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs; and
8. Impact of the Chronic Pain and Opioid Drug Utilization targeted pain management program on participating providers and their patients.

PHPG is presenting evaluation findings in a series of annual reports. This is the fifth Annual Evaluation report addressing progress toward achievement of program objectives. (PHPG also is evaluating the SoonerCare CCU; findings have been issued in a separate report⁴.)

⁴ See SoonerCare CCU SFY 2018 Evaluation Report, June 2019.

Evaluation Findings

Health Coaching Participant Satisfaction and Perceived Health Status

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

PHPG has completed 2,375 initial surveys with SoonerCare HMP participants, as well as 932 six-month follow-up surveys with participants who previously completed an initial survey. The purpose of the follow-up survey was to identify changes in attitudes and health status over time.

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

Nearly all of the initial survey respondents (99 percent) indicated that their health coach asked questions about health problems or concerns, and the great majority stated their coach also provided answers and instructions for taking care of their health problems or concerns (93 percent); answered questions about their health (89 percent); and helped with management of medications (83 percent). Thirty-six percent stated that their coach helped to identify changes in health that might be an early sign of a problem and helped them to talk to and work with their regular provider and his/her staff.

“I don’t think I’d be here today if it wasn’t for SoonerCare and my health coach. She helped me with my depression when my sister died. She would stay on the phone and listen to me. She also helped me to lower my cholesterol to normal and it was very high. My cardiologist was happy about that too!” – SoonerCare HMP member

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 92 to 97 percent, depending on the item. This attitude carried over to the members’ overall satisfaction with their health coaches; 91 percent reported being very satisfied. Results for the follow-up survey were closely aligned to the initial survey.

Health coaching employs motivational interviewing to identify lifestyle changes that members would like to make. Once identified, it is the health coach’s responsibility to collaborate with

⁵ The outlier activity was helping to make and keep health care appointments for mental health or substance abuse problems. Sixty-nine percent of “yes” respondents reported they were very satisfied with the help they received; another 29 percent reported they were somewhat satisfied.

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

Seventy-nine percent of initial survey respondents confirmed that their health coach asked them what change in their life would make the biggest difference in their health. Eighty-one percent of this subset (or 64 percent of total) stated that they actually selected an area to make a change.

The most common choice involved some combination of weight loss or gain, improved diet and exercise. This was followed by tobacco use cessation and management of a chronic physical health condition, such as asthma, diabetes or hypertension.

A large majority of the respondents (85 percent) who selected an area stated that they went on to develop an action plan with goals. Among those with an action plan, 79 percent reported achieving one or more goals. Among the members who reported having a goal but not yet achieving it, 59 percent stated they were "very confident" they would ultimately accomplish it. Results for the follow-up survey were even more encouraging, with 81 percent of respondents reporting achievement of one or more goals and 68 percent of the remainder stating they were "very confident" of achieving their goal.

"My daughter has a very debilitating disease which she won't get better. Having the support of her nurse coach has helped so much. I used to have to try and get hold of my doctor or his nurse and it could take days or weeks to hear back. (My coach) always calls right back and has helped me to know when to go to Urgent Care or not. I've called her about side effects from medication and she'll tell me when it is serious and when it isn't. She also has put me in touch with a support group for other kids that have the same condition as my daughter. – Parent of SoonerCare HMP member

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

A majority of respondents reported discussing each of the activities with their health coach. (The portion across activities ranged from 58 percent to 89 percent.) A significant percentage also reported continuing to make changes with respect to exercise, diet, water intake and medication management. Smaller percentages reported working to reduce tobacco, alcohol or other substance use.

Thirty-eight percent of initial survey respondents and 46 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion, 140 in

total, reported using a community resource specialist to help resolve a problem. The nature of the help included housing/rental assistance, food assistance and arranging transportation to medical appointments, all consistent with the specialists' defined mission.

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as their point of contact with the program. Ninety percent of initial survey respondents and 92 percent of follow-up survey respondents stated they were very satisfied. Nearly all respondents (96 percent of initial survey and 97 percent of follow-up survey) said they would recommend the program to a friend with health care needs like theirs.

The ultimate objectives of the SoonerCare HMP are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of initial survey respondents (54 percent) said "fair", while 29 percent said "good", 16 percent said "poor" and one percent said "excellent".

When next asked if their health status had changed since enrolling in the SoonerCare HMP, 40 percent said it was "better" and 52 percent said it was "about the same"; only eight percent said it was "worse". Among those members who reported a positive change, nearly all (94 percent) credited the SoonerCare HMP with contributing to their improved health.

The results were even more encouraging among follow-up survey respondents. As slightly larger segment (30 percent) reported their current health status as "good", while the portion reporting their health as "poor" dropped to 12 percent. Forty-eight percent of respondents reported that their health had improved, with 96 percent crediting this improvement to the program.

Impact of Health Coaching on Quality of Care

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

"The Health Management program really works. Knowing (my health coach) is going to call me and ask if I'm using my nicotine gum and eating better makes me do it. Otherwise I know I wouldn't stick with it. I love the program and my nurse." – SoonerCare HMP member

PHPG evaluated the impact of SoonerCare HMP health coaching on quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP

population. The evaluation included 19 diagnosis-specific measures and three population-wide preventive measures (22 in total). For example, the quality of care for participants with asthma was analyzed with respect to their use of appropriate medications and their overall medication management.

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

The health coaching participant compliance rate exceeded the comparison group rate on 12 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for 10 of the 12 measures, consistent with findings for earlier fiscal years.

The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care. These categories also showed the greatest strength in prior evaluations.

“I want to say that (my health coach) is the best medical professional I have ever worked with. I love her and don’t want to do without her. She has helped me so much. She sent me exercises that I can do that don’t end up hurting me the next day because of my arthritis. Any problem I have, she says, ‘let’s see what we can do about that’ and then sends me paperwork on it.” – SoonerCare HMP member

PHPG also compared SFY 2018 compliance rates for health coaching participants to SFY 2015 compliance rates to document three-year trend rates. The results were encouraging, with compliance rates improving for 20 measures and declining for only two, although the movement up or down generally was modest.

Health Coaching Cost Effectiveness

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

Most potential SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits, hospitalizations and total expenditures. MEDai’s advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants’ risk factors and recent clinical experience. Members also can be identified and referred to the program by providers with embedded health coaches at their sites. This includes members whose MEDai scores are relatively low but are determined by the provider and health coach to be “at risk” based on the individual’s total profile.

PHPG conducted the utilization and expenditure evaluation by comparing participants’ actual claims experience to MEDai forecasts absent health coaching. PHPG performed the analysis for

selected chronic conditions⁶ and for the participant population as a whole. MEDai forecasted that health coaching participants, as a group, would incur 2,745 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,427, or 52 percent of forecast.

MEDai forecasted that health coaching participants, as a group, would incur 2,343 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,687, or 72 percent of forecast.

PHPG documented total per member per month (PMPM) medical expenditures for all health coaching participants, as a group, and compared actual medical expenditures to forecast for the first 60 months of engagement. MEDai forecasts for the first 12 months were trended in months 13 to 60 based on the PMPM trend rate of a comparison group comprised of SoonerCare members found eligible for the SoonerCare HMP who declined to enroll (“eligible but not engaged population”)⁷.

The trended MEDai forecast projected that the participant population would incur an average of \$1,126 in PMPM expenditures in the first 60 months of engagement. The actual amount was \$657, or 58 percent of forecast (\$469 PMPM medical savings).

PHPG calculated an aggregate dollar impact for all health coaching participants by multiplying total months of engagement through SFY 2018 by average PMPM savings. The resultant medical savings were approximately \$88.2 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2018, inclusive of the health coaching portion of SoonerCare HMP administrative expenses. SoonerCare HMP administrative expenses include Telligen invoiced amounts plus salary, benefit and overhead costs for persons working in the OHCA’s SoonerCare HMP unit. Aggregate administrative expenses for the health coaching portion of the SoonerCare HMP were approximately \$32.3 million.

The SoonerCare HMP health coaching component registered net savings of approximately \$56 million. The savings figure is noteworthy given the inclusion in health coaching of “at risk” members referred by providers, a group that was not part of the first generation SoonerCare HMP. These members have lower projected costs, and therefore lower documentable savings under the MEDai methodology, even though by intervening at an early stage the health coach may help to avert significant future health costs.

It also is encouraging that, while average PMPM medical savings across 60 months was \$469, the amount increased with enrollment tenure. Average PMPM savings in the initial 12-month

⁶ The conditions evaluated were asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, heart failure and hypertension. Condition-specific findings are presented in chapter four.

⁷ MEDai forecasts extend only 12 months.

engagement period equaled \$443, versus \$623 in months 49 to 60. This suggests that the impact of health coaching increases over time, which bodes well for the program’s long-term impact on participants.

Practice Facilitation Participant Satisfaction

Practice facilitation is integral to the performance of the SoonerCare HMP. PHPG conducts a survey of participating providers at practice facilitation sites to inquire about awareness of SoonerCare HMP objectives and components; interactions with Telligen health coaches and practice facilitators; and the program’s impact with respect to patient management and outcomes. PHPG has surveyed 37 providers since the start of the program.

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP favorably. The most common reason cited for participating was to receive focused training in evidence-based practice guidelines for chronic conditions. Eighty-one percent of the surveyed practices reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. Similarly, 90 percent of the providers credited the program with improving their management of patients with chronic conditions.

“We are still very new in this service. She (practice facilitator) just selected our measure for improvement. So far, so good!” – SoonerCare HMP participating provider

Overall, 86 percent of the providers described themselves as “very satisfied” with the experience and seven percent as “somewhat satisfied”. Ninety percent of those surveyed would recommend the program to a colleague.

Providers also were asked for their perceptions of the health coaching model. Respondents first were asked to rate the importance of the activities performed by the health coach supporting their practice (e.g., learning about patients and their health needs; giving easy to understand instructions about taking care of health problems/concerns; helping patients to identify changes in their health; helping patients to talk to and work with the provider and his/her staff etc.). A majority rated each of the activities as “very important”.

Respondents next were asked to rate their satisfaction with health coaching activities, in terms of assistance provided to their patients. The level of satisfaction was extremely high across all activities, with at least 23 out of 32 respondents with a health coach currently onsite describing themselves as “very satisfied” on each item. (Most of the remainder had only recently completed practice facilitation and described themselves as “not certain”.) The providers’ enthusiasm was further reflected in their overall satisfaction with having a health coach supporting their practice (93 percent “very satisfied”).

Impact of Practice Facilitation on Quality of Care

SoonerCare HMP practice facilitation is intended to improve quality of care by educating practices on effective treatment of patients with chronic conditions and adoption of clinical best practices.

PHPG evaluated the impact of SoonerCare HMP practice facilitation on quality of care through calculation of HEDIS measures applicable to the SoonerCare HMP population. The evaluation included the same 19 diagnosis-specific measures and three population-wide preventive measures examined to measure the impact of health coaching on quality of care.

“Every office needs a (health coach like her). She is wonderful. The patients tell her things they won’t tell the provider.” – SoonerCare HMP participating provider

The quality of care analysis targeted members aligned with practice facilitation providers who were not participating in health coaching. PHPG determined the total number of members in each

measurement category, the number meeting the clinical standard and the resultant “percent compliant”.

The results were evaluated against the same two comparison data sets as used in the health coaching evaluation. The first data set contained compliance rates for the general SoonerCare population. The second data set contained national compliance rates for Medicaid MCOs. The national rates were used when data for the general SoonerCare population was not available but a national rate was.

The practice facilitation participant compliance rate exceeded the comparison group rate on nine of 17 measures for which there was a comparison group percentage. The difference was statistically significant for five of the nine measures. As with the health coaching quality of care analysis, the most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

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.

“More coaches – we love them!” – SoonerCare HMP participating provider

At year five of the evaluation cycle, the impact of practice facilitation on quality of care appears positive for some chronic diseases but not all. The long-term benefit to participants of practice facilitation will continue to be measured through the quality of care longitudinal analysis and through the expenditure analysis discussed below.

Practice Facilitation Cost Effectiveness

Practice facilitation, like health coaching, should demonstrate its effectiveness through an observable impact on member service utilization and expenditures. Improvement in quality of care should yield better outcomes in the form of fewer emergency department visits, fewer hospitalizations and lower acute care costs.

PHPG conducted the practice facilitation utilization and expenditure evaluation by comparing the actual claims experience of members aligned with PCMH practice facilitation providers to MEDai forecasts. The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program.

MEDai projected that members aligned with PCMH practice facilitation providers, as a group, would incur 875 inpatient days per 1,000 participants over the 12-month forecast period. The actual rate was 588, or 67 percent of forecast.

MEDai projected that members aligned with PCMH practice facilitation providers, as a group, would incur 1,337 emergency department visits per 1,000 participants over the 12-month forecast period. The actual rate was 1,171, or 88 percent of forecast.

PHPG documented total per member per month (PMPM) medical expenditures for all members aligned with PCMH providers as a group and compared actual medical expenditures to forecast for the first 60 months of the program. MEDai forecasts for the first 12 months were trended in months 13 to 60 using the same methodology as applied in the health coaching cost effectiveness analysis.

The trended MEDai forecast projected that the members would incur an average of \$628 in PMPM expenditures in the first 60 months of the program. The actual amount was \$365, or 58 percent of forecast.

PHPG calculated an aggregate dollar impact for members in total by multiplying total months of enrollment, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant medical savings equaled approximately \$102.6 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs, inclusive of the practice facilitation portion of SoonerCare HMP administrative expenses. SoonerCare HMP administrative expenses include Telligen invoiced amounts plus salary, benefit and overhead costs for persons working in the OHCA's SoonerCare HMP unit. SFY 2014 through

SFY 2018 aggregate administrative expenses for the practice facilitation portion of the SoonerCare HMP were approximately \$18.6 million. **The SoonerCare HMP practice facilitation component registered net savings of approximately \$84 million.**

Chronic Pain and Opioid Drug Utilization

The SoonerCare adult population includes significant numbers of members with physical disabilities and chronic pain. Providers in Oklahoma (and nationally) have become over-reliant on prescription opioids as a long-term treatment protocol for chronic pain. Other treatment options often go untried, leading to patient dependence on prescribed opioids.

One strategy in balancing a patient's pain management needs with the risk of drug misuse and abuse includes physician training and continued education in evidence-based approaches to pain, including pharmacologic and nonpharmacologic treatments, opioid prescribing and patient monitoring.

The OHCA has partnered with Telligen to conduct targeted practice facilitation of PCMH providers who are among the program's top opioid prescribers. The practice facilitators, who are trained in pain management, work with providers over a six-month period to improve patient care management, including by introducing patients to alternative treatments and reducing reliance on opioids.

PHPG was engaged in 2018 to conduct a focused study of the pain management component of the SoonerCare HMP. Specifically, PHPG was asked to assess performance through calendar year 2018 and report on the initiative's impact with respect to provider prescribing and member opioid use. PHPG evaluated the program through a combination of surveys and claims data analysis.

PHPG surveyed 24 providers who had undergone practice facilitation, to inquire about their reasons for participating and perceptions of the program's effectiveness. The two reasons cited most often for participating were to "improve care management/education of patients with chronic pain" (89 percent) and "improve monitoring of patient prescription pain medicine use" (83 percent).

Twenty of the 24 providers (83 percent) reported making changes in the management of their patients with chronic pain as a result of participating in practice facilitation. The types of changes made included: incorporating forms/tools into patient monitoring; improved documentation; limiting/titrating medications/lowering Morphine Milligram Equivalent (MME); and having better discussions with patients about their chronic pain and medication needs.

PHPG also surveyed adult patients of the providers who underwent practice facilitation, to inquire about the providers' effectiveness and approach to pain management. PHPG targeted patients who were long term prescription opioid users.

The patients were asked to name the conditions for which they were receiving treatment. The most common condition treated was back pain, followed by arthritis, neck pain and knee pain. A large majority (73 percent) reported that they had been managing their chronic pain for three or more years.

A large majority (74 percent) also reported that their provider had worked with them to develop a pain treatment plan to reduce their pain. The subgroup with a treatment plan was asked whether any alternatives to medication had been proposed by their provider and, if so, whether they had tried the alternative(s) and experienced pain relief.

Patients reported discussing a wide variety of alternatives with their providers, the most common being ice/heat applications (69 percent), positioning of the body (67 percent), directed exercise/physical therapy (51 percent) and deep breathing exercises (46 percent). Many of the techniques were tried and found to be helpful in reducing pain. For example, 71 percent of patients who discussed use of ice/heat applications tried them and found relief; 73 percent of patients who discussed positioning strategies tried them and also found relief.

“I asked (my doctor) to lower my pain medication because I didn’t want to be on heavy duty meds. He helped me find the right pill and dosage. I have more pain but I would rather that than stay on the hard pain pills – SoonerCare member

Patients also reported discussing several lifestyle changes intended to reduce pain, including getting more sleep, getting more exercise and reducing stress. Forty-four percent reported trying to get more sleep and experiencing relief as a result; 38 percent reported getting relief through more exercise; and 31 percent reported getting relief by reducing stress.

The adoption of new pain management techniques occurred in conjunction with changes in prescription opioid use. Nearly all respondents reported making some type of change, with the most common being changing at least one old medication to a new/different one (29 percent); stopping all prescription pain medication (24 percent); and reducing the number of pills or dosage taken (20 percent).

The change in medication use reported by survey respondents was consistent with findings from PHPG’s analysis of provider claims. PHPG analyzed provider claims data, pre- and post-practice facilitation, to identify changes in prescribing patterns, including prescription volume and dosage. PHPG also analyzed changes in emergency department and inpatient utilization and expenditures among patients who were users of prescription opioids, as a proxy for measuring the program’s impact on health outcomes.

PHPG first examined the number of patients receiving one or more prescriptions for pain medication during the twelve months prior to the initiation of practice facilitation and the twelve months following its completion. The total number receiving a prescription declined by 15 percent.

PHPG next examined the number of prescriptions written, stratified by days' supply (e.g., 30-day supply, 60-day supply etc.), during the twelve months prior to the initiation of practice facilitation and the twelve months following its completion. The number of prescriptions written declined across all "days' supply" categories.

Practice facilitation includes an emphasis on monitoring patient drug use as part of an overall pain management plan. PHPG examined the number of providers filing claims for opioid drug screens and the total number of patients receiving one or more screens. The number of providers increased 800 percent (from two to 18); the number of patients receiving screens increased nearly 400 percent and total number of tests increased over 300 percent.

The ultimate objective of practice facilitation is to enable providers to manage care more effectively, thereby improving patient health. PHPG evaluated the program's impact on patient health by analyzing emergency department and inpatient hospital utilization among patients who were prescribed pain medication.

Emergency department and inpatient hospital utilization both declined post-facilitation. Emergency department visits fell by four percent and related expenditures by six percent. Hospital admissions also fell by four percent and related expenditures by 10 percent.

SoonerCare HMP Return on Investment

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

PHPG examined the program's return on investment (ROI) through SFY 2018, by comparing health coaching and practice facilitation administrative expenditures to medical savings. Both program components have achieved a positive ROI, with the program as a whole generating net savings of \$191 million and a return on investment of 276.8 percent. Put another way, **the second generation SoonerCare HMP, over the five-year period evaluated, yielded approximately \$2.77 in net medical savings for every dollar in administrative expenditures.**

CHAPTER 1 – INTRODUCTION

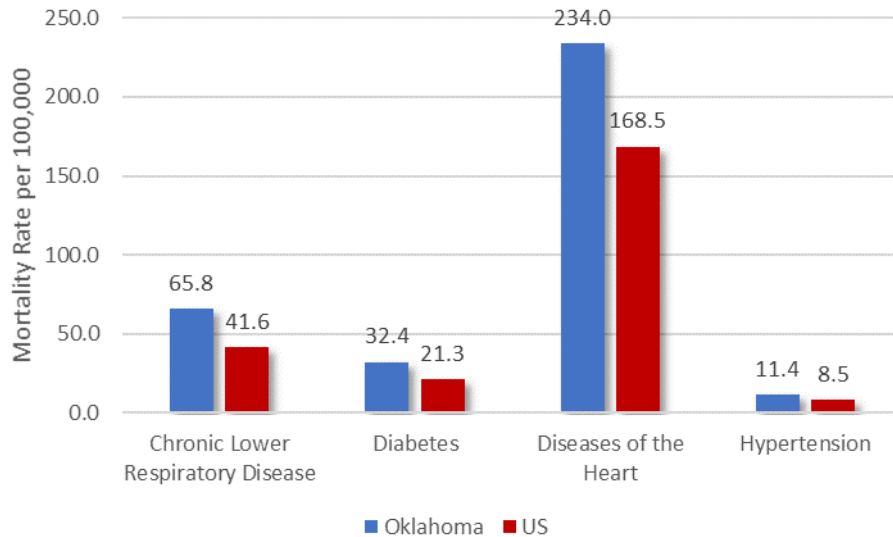
Chronic Disease Management

Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, about half of all adults have one or more chronic health conditions such as diabetes or heart disease. More than one in four Americans has multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living⁸.

Ninety percent of the nation’s \$3.3 trillion in annual health expenditures are for persons with chronic physical and mental health conditions⁹. 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 21.3¹⁰.

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

Exhibit 1-1 – Chronic Disease Mortality Rates, 2015 – OK and US (Selected Conditions)¹¹



⁸ <https://www.cdc.gov/chronicdisease/about/multiple-chronic.htm>

⁹ <https://www.cdc.gov/chronicdisease/about/costs/index.htm#ref1>

¹⁰ https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_06_tables.pdf. Age adjusted rates. 2015 is the most recent year available.

¹¹ Ibid. Rate for chronic lower respiratory disease, also known as chronic obstructive pulmonary disease, includes asthma, chronic bronchitis and emphysema. Hypertension rate includes essential hypertension and hypertensive renal disease.

Chronic diseases also are among the costliest of all health problems. Persons with multiple chronic conditions account for over 70 percent of health spending nationally¹². Providing care to individuals with chronic diseases, many of whom meet the federal disability standard, has placed a significant burden on state Medicaid budgets.

In Oklahoma, the CDC estimates that total expenditures related to treating selected major chronic conditions will approach \$10 billion in 2019 and nearly \$10.5 billion in 2020. The estimated portion attributable to SoonerCare members will equal \$1.2 billion (state and federal) in 2019 and \$1.26 billion in 2020¹³ (Exhibit 1-2).

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

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

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

Holistic programs seek to address proactively the individual needs of patients through planned, ongoing follow-up, assessment and education.¹⁴ Under the Chronic Care Model, as first developed by Dr. Edward H. Wagner, community providers collaborate to effect positive changes for health care recipients with chronic diseases.

¹² <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf>

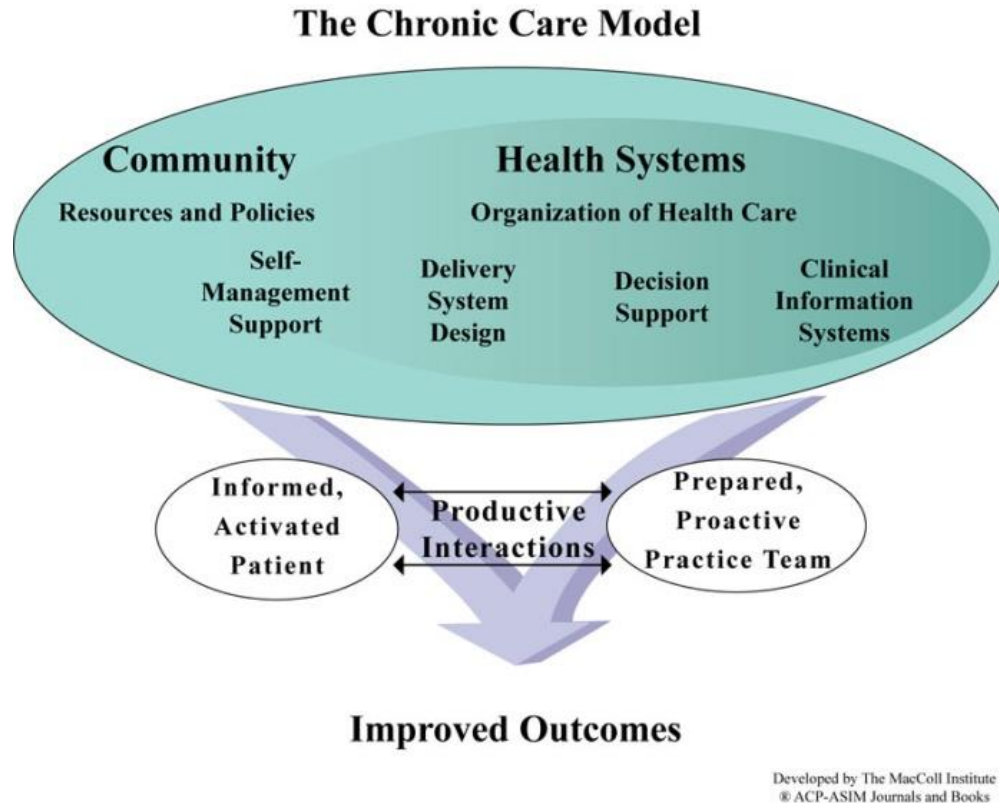
¹³ Expenditure estimates developed using CDC Chronic Disease Cost Calculator.

¹⁴ Wagner, E.H., “Chronic Disease Management: What Will It Take to Improve Care for Chronic Illness?,” *Effective Clinical Practice*, 1:2-4 (1998).

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

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

Exhibit 1-3 – The Chronic Care Model



Development of a Strategy for Holistic Chronic Care

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

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

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

“First Generation” SoonerCare HMP

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

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen¹⁵ was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated primary care providers.

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

¹⁵ Prior to August 2011, Telligen was known as the Iowa Foundation for Medical Care.

Nurse Care Management

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

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

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

Practice Facilitation and Provider Education

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

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

Program Performance

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

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

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

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

To enhance member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with registered nurse health coaches embedded at primary care practice sites. The health coaches would work closely with practice staff and provide coaching services to participating members. Health coaches could either be dedicated to a single practice with one or more providers or shared between multiple practice sites within a geographic area¹⁶.

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 facilitation¹⁷. 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

¹⁶ The description of Health Coaching and second generation Practice Facilitation are taken from the OHCA’s October 2012 RFP for a second generation Health Management Program contractor.

¹⁷ The health coaching model has since undergone some refinements, as described later in the chapter.

begins reviewing patient rosters to identify coaching candidates based on MEDai chronic impact scores and disease states. (Providers also can refer members for health coaching. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be “at risk” based on the individual’s total profile.)

Once established in a practice, a health coach on a typical day may see both existing SoonerCare HMP members scheduled for a medical appointment and potential new members identified by the coach as enrolled in SoonerCare and eligible for the program. Depending on the preference of the practice, health coaches meet with members either before or after the member’s visit with the provider.

Some providers prefer that the health coach meet with a member before his or her medical appointment to help prepare the member for the appointment, including identifying important information the member should share with the provider. Others prefer that the coach meet with the member after the appointment to review instructions the member may have received from the provider. Occasionally, a provider may ask a health coach to attend the medical appointment; this tends to be limited to appointments with members who have difficulty understanding the provider’s instructions.

Health coaches also may schedule sessions with members outside of the medical appointment process. On such occasions, members come to the office specifically to meet with their coach.

Health coaches apply motivational interviewing and other components of the coaching model throughout their workday. The narrative below in italics is excerpted from Telligen’s training manual for health coaches and summarizes its health coaching model, as well as its approach to integration of health coaching and practice facilitation activities¹⁸.

The Health Coach (HC) will utilize the principles and health coaching framework from the Miller and Rollnick model (2012). This is a SoonerCare Choice Member-centered, evidence-based approach that takes practice, feedback and time to master. An abbreviated summary of the Motivational Interview (MI) approach is provided below.

As presented by Miller & Rollnick (2012)¹⁹, there are four major principles that form the ‘spirit’ of MI: Partnership, Acceptance, Compassion and Evocation.

- *Partnership: Unlike the traditional medical model, where the practitioner is the expert, in the MI approach, the HC and the member will form a partnership. Together, they will identify the member’s priorities, readiness to change and health goals. The practitioner will guide the member and help him/her to work through ambivalence to change by selectively reinforcing and evoking the member’s motivation to change.*

¹⁸ Telligen Health Coach Training Manual – OK HMP, June 2013. The manual was developed and training was conducted in partnership with Health Sciences Institute.

¹⁹ Motivational Interviewing, Third Edition, W Miller & S Rollnick, 2012

- *Acceptance: In the MI model, the HC looks at the member through a SoonerCare Choice Member-centered and empathetic lens. Acceptance includes believing in the absolute worth of the member, affirming the member's strengths and efforts, supporting the member's autonomy or choice, and providing reflections that show accurate empathy.*
- *Compassion: Without a deep underlying compassion for members, their circumstances, and their challenges, it is nearly impossible to employ the important skill of empathic listening. And without empathic listening, it is difficult to establish rapport and engage the SoonerCare Choice Member in a discussion about behavior change.*
- *Evocation: Evocation is perhaps the most important principle because it sets the MI-based health coaching approach apart from all others and is linked to clinical outcomes. By evoking change talk – desire, ability, reasons and need to change, commitment for change, activation towards change, and steps already taken toward change – the HC creates the best-case scenario in health coaching.*

Miller & Rollnick (2012) also present a health coaching framework. The sequence and length of time spent in each phase will vary depending on the member's readiness to change, the complexity of chronic illness, their understanding of the disease and any behavioral or social limitations.

- 1) *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.

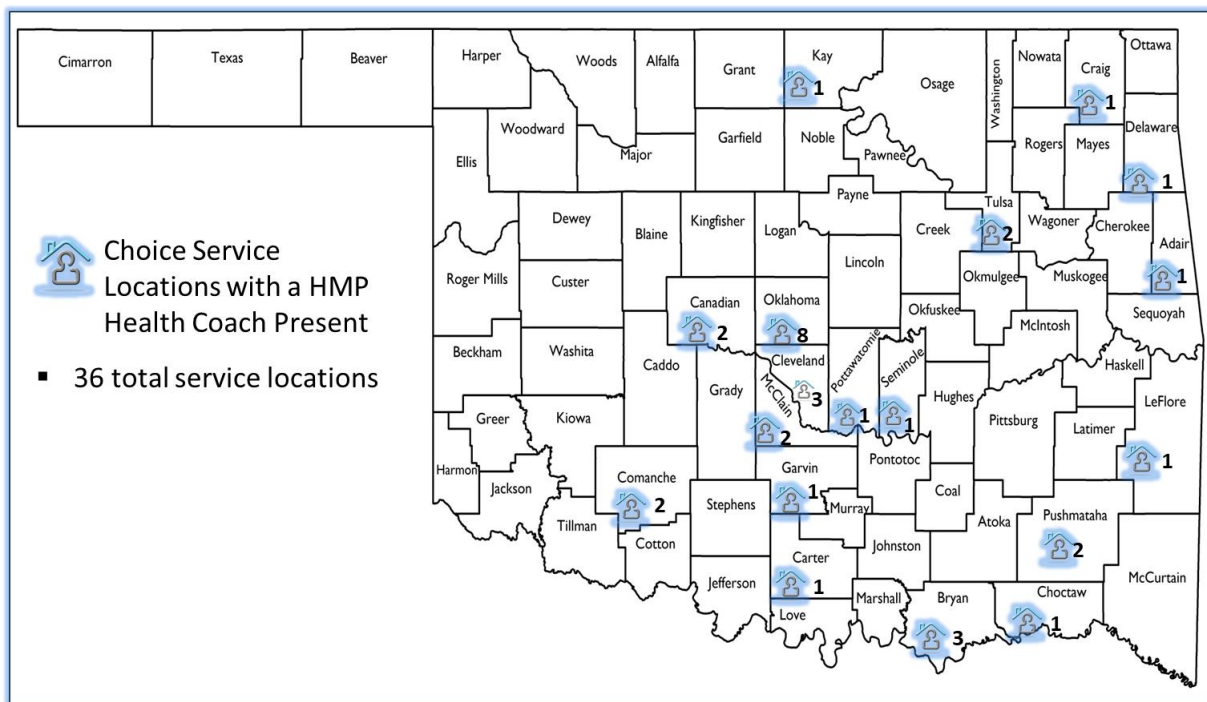
Telligen segmented the practices by size (large, medium and small) and location (urban and rural) and targeted the most promising within each category based on patient mix and ability to support a health coach. The purpose of the segmentation was to ensure diversity in the group ultimately selected.

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 36, as of October 2018 (Exhibit 1-4).

Exhibit 1-4 – Practice Facilitation/Health Coach Sites (October 2018)



Initial Transition of Members

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

Post-Transition HMP Enrollment

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

Expansion of HMP and Introduction of Telephonic Health Coaching – SFY 2015

During SFY 2014, the OHCA and Telligen executed a contract amendment to modify and expand operations starting in SFY 2015²⁰. The amendment included three components: intervention quality enhancement; the chronic pain and opioid drug utilization initiative and staff increase. Specifically:

- **Intervention Quality Enhancement.** The OHCA authorized Telligen to begin providing telephonic case management (health coaching) in addition to face-to-face (embedded) case management. Telephonic health coaches would focus their efforts on engaging new members, actively pursuing members needing assistance with care transitions and serving high risk members not assigned to a primary care provider with an embedded coach.
- **Chronic Pain and Opioid Drug Utilization.** The OHCA authorized Telligen to hire practice facilitators and substance use resource specialists dedicated to improving the effectiveness of providers caring for members with chronic pain and opioid drug use. The new staff would assist providers with implementation of a chronic pain management toolkit and principles of proper prescribing.
- **Staff Increase.** The OHCA authorized Telligen to expand outreach to a greater number of providers and members and implement the chronic pain and opioid drug utilization initiative. As a result, Telligen added nine health coaches; five embedded in provider offices (also able to perform telephonic coaching) and four telephonic only, bringing the total number to 37. Telligen also hired two substance use resource specialists in SFY 2015 to support the chronic pain and opioid drug utilization initiative.

The chronic pain and opioid drug utilization initiative is distinct from the core health management program. PHPG conducted a targeted evaluation of the initiative in SFY 2018, the results of which are presented in a standalone chapter in the report (chapter eight).

²⁰ Amendment Four to the Contract between Oklahoma Health Care Authority and Telligen.

SoonerCare HMP Operations

Telligen receives monthly payments specific to its health coaching and practice facilitation field activities, as well as payments for “centralized operations” costs. Telligen also has two community resource specialists available to help members with non-clinical programs, such as obtaining food or housing assistance. Health coaches are able to make referrals to the specialists when needs are identified and help is desired.

Telligen payments and OHCA administrative costs are presented in greater detail in the SoonerCare HMP cost effectiveness sections of the report.

SoonerCare Chronic Care Unit

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

The CCU also is responsible for:

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

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

Characteristics of Health Coaching Participants

During SFY 2018, a total of 9,505 members were enrolled in the SoonerCare HMP for at least part of one month. PHPG, in consultation with the OHCA, removed certain groups from the utilization, expenditure and quality of care portions of the evaluation to improve the integrity of the results. Specifically:

- Members who were enrolled for fewer than three months in SFY 2018.
- Members who were enrolled for three months or longer, but who also were enrolled in the CCU for a portion of SFY 2018, if their CCU tenure exceeded their HMP tenure.
- Members receiving disease management through Oklahoma University's Harold Hamm Diabetes Center, to isolate the impact of the SoonerCare HMP from activities occurring at the center²¹.
- Members enrolled in a Health Access Network for three months or longer, to isolate the impact of the SoonerCare HMP from HAN care management activities²².

The revised evaluation dataset included 5,940 SoonerCare HMP participants, compared to 6,018 members in the SFY 2017 evaluation, 6,259 in the SFY 2016 evaluation and 5,447 in the SFY 2015 evaluation. The average tenure in the SoonerCare HMP for participants in the SFY 2018 evaluation was 11.5 months, down from 14.7 months in SFY 2017. Demographic and health data for these members is presented starting on the next page.

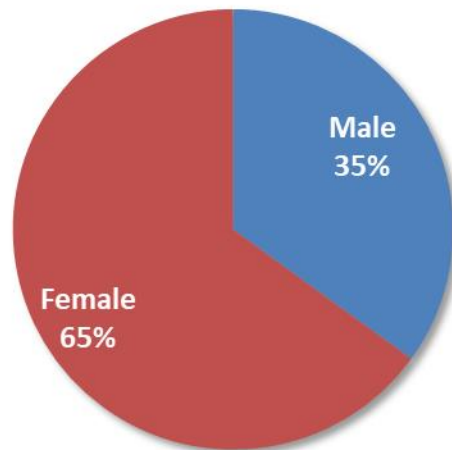
²¹ There were 11 members who received services from the center and who also were enrolled in either the SoonerCare HMP or CCU.

²² There were 482 members aligned with a HAN PCMH provider for three months or longer who also were enrolled in either the SoonerCare HMP or CCU at some point during the year. The corresponding figure in SFY 2017 was 506.

Participants by Gender and Age

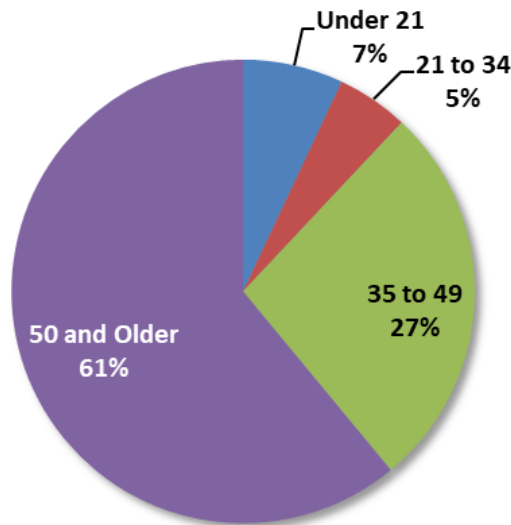
Most SoonerCare HMP participants are women, with females outnumbering males by approximately two to one (Exhibit 1-5).

Exhibit 1-5 – Gender Mix for SoonerCare HMP Participants



Not surprisingly, SoonerCare HMP participants are older than the general Medicaid population. Only seven percent of SoonerCare HMP participants are under the age of 21, compared to approximately 65 percent of the general SoonerCare population (Exhibit 1-6).²³

Exhibit 1-6 – Age Distribution for SoonerCare HMP Participants



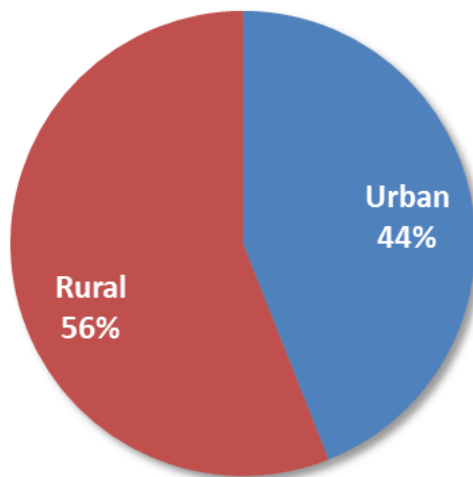
²³ Source for total SoonerCare percentage: OHCA March 2018 Enrollment Report.

Participants by Place of Residence

Fifty-six percent of SoonerCare HMP participants resided in rural Oklahoma in SFY 2018, while 44 percent resided in urban counties comprising the greater Oklahoma City, Tulsa and Lawton metropolitan areas (Exhibit 1-7). By contrast, approximately 42 percent of the general SoonerCare population resides in rural counties and 58 percent in urban counties²⁴.

The high rural percentage was attributable to the placement of SoonerCare HMP participating practices. At the OHCA's request, Telligen recruited practices throughout most of the state, including rural counties in northeast, southeast and southwest Oklahoma. This was done to ensure diversity among participants.

Exhibit 1-7 – SoonerCare HMP Participants by Location: Urban/Rural Mix



²⁴ Source: SoonerCare Fast Facts. Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

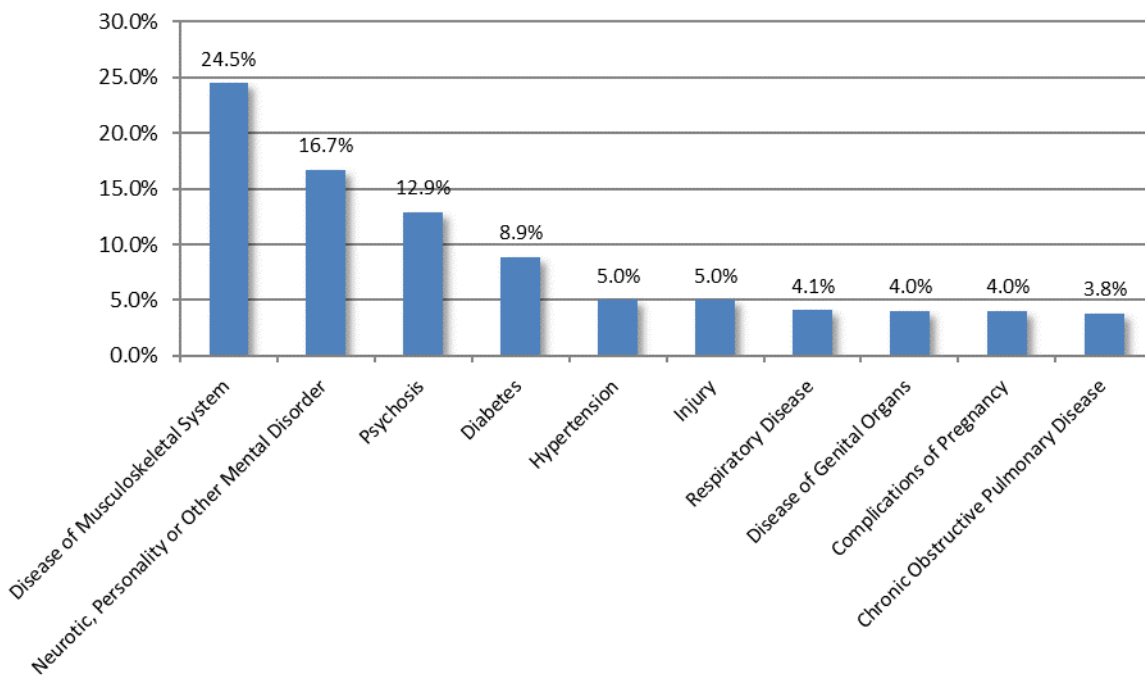
Participants by Most Common Diagnostic Categories²⁵

Program participants are treated for numerous chronic and acute physical conditions. The most common diagnostic category among participants in SFY 2018 was disease of the musculoskeletal system, which includes osteoarthritis, other types of arthritis, backbone disease, rheumatism and other bone and cartilage diseases and deformities (Exhibit 1-8).

Two behavioral health categories were included among the top five, along with diabetes and injuries, while the remaining five categories include a mix of chronic and acute conditions. The top ten categories accounted for 89 percent of the SoonerCare HMP population.

The composition of the top 10 categories was unchanged from prior years. The percentages also were nearly identical, with conditions shifting by less than two percentage points.

Exhibit 1-8 – Most Common Diagnostic Categories for Health Coaching Participants²⁶



²⁵ Ranking of most common diagnoses calculated using primary diagnosis code from paid claims.

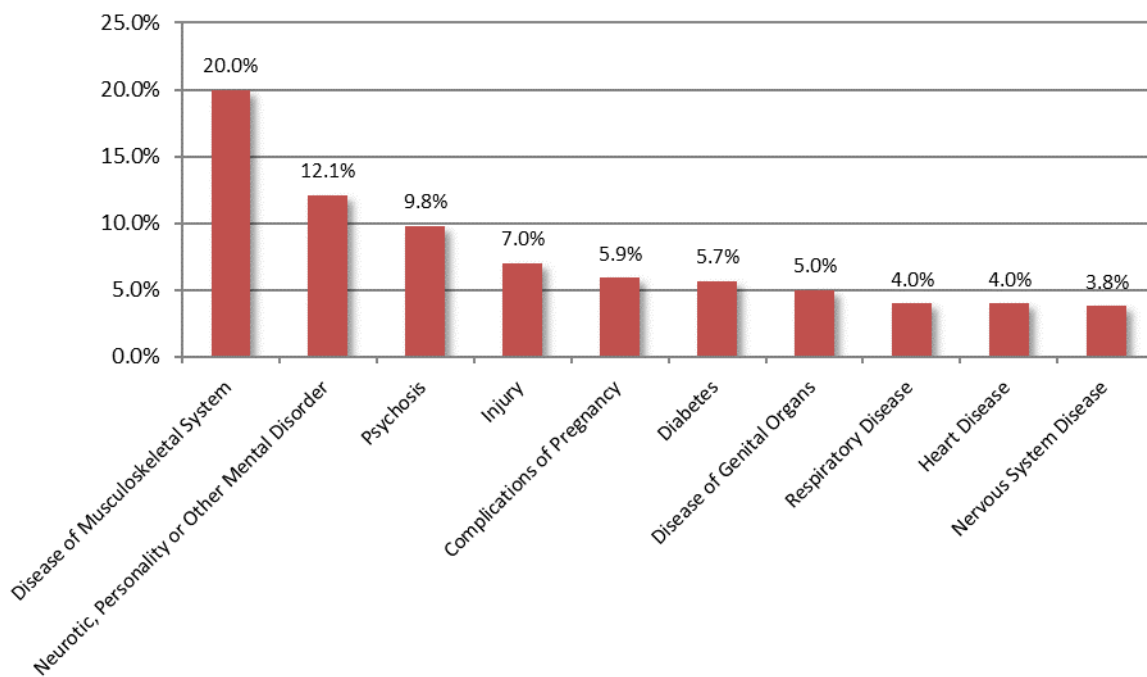
²⁶ It is the OHCA’s policy not to enroll pregnant members in the SoonerCare HMP, and to disenroll those who become pregnant. The “complications of pregnancy” group may represent members not yet disenrolled, postpartum members being treated for a complication and/or member who have had miscarriages.

Participants by Most Expensive Diagnostic Categories²⁷

Disease of the musculoskeletal system also was the most expensive diagnostic category in SFY 2018 based on paid claim amounts, followed by seven of the nine categories from the prior exhibit, although in slightly different order (Exhibit 1-9). (Heart disease and nervous system disorder replaced hypertension and COPD.)

The top ten most expensive disease categories accounted for 77 percent of the population. The ranking and percentages were again nearly identical to those reported in prior years.

Exhibit 1-9 – Most Expensive Diagnostic Categories for Health Coaching Participants



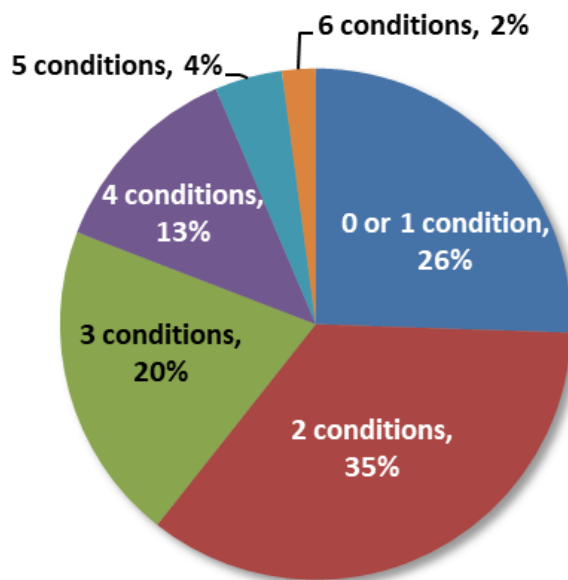
²⁷ Ranking of most costly diagnoses calculated using primary diagnosis code from paid claims.

Co-morbidities among Participants

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

PHPG examined the number of physical chronic conditions per participant and found that nearly 75 percent in SFY 2018 had at least two of six high priority chronic physical conditions²⁸ (asthma, COPD, coronary artery disease, diabetes, heart failure and hypertension) (Exhibit 1-10). The SFY 2017 distribution was very similar to the distribution in SFY 2014 and SFY2015.

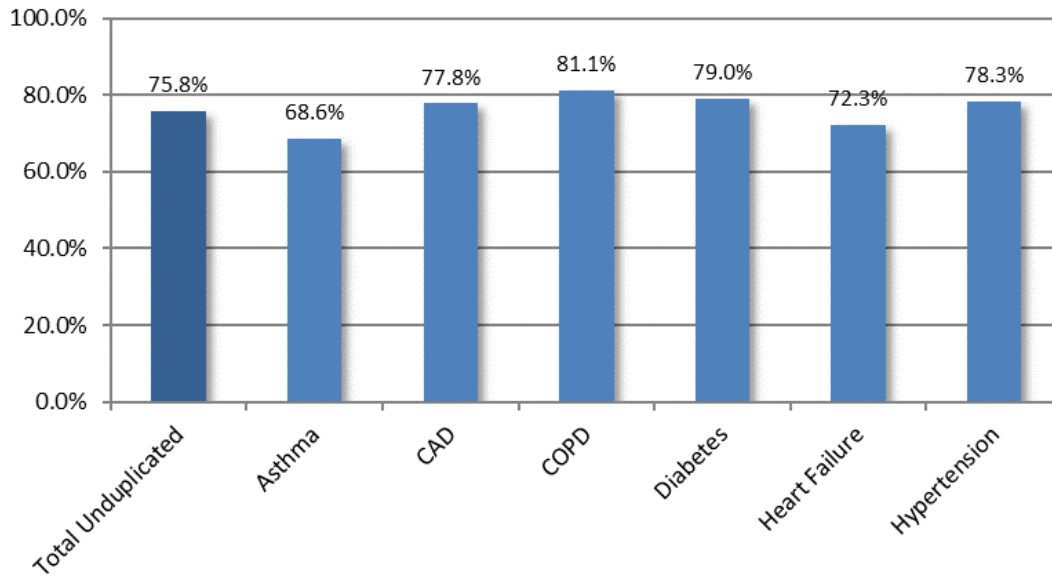
Exhibit 1-10 – Number of Physical Health Chronic Conditions



²⁸ These conditions are used by MEDai as part of its calculation of chronic impact scores.

Seventy-six percent of the participant population in SFY 2018 also had both a physical and behavioral health condition. Among the six priority physical health conditions, the co-morbidity prevalence ranged from approximately 81 percent in the case of persons with COPD to 69 percent among persons with asthma (Exhibit 1-11).²⁹ The percentages once again were almost unchanged from prior years.

Exhibit 1-11 – Behavioral Health Co-morbidity Rate



Conclusion

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

²⁹ Behavioral health comorbidity defined as diagnosis codes 290-319 being one of the participant’s top three most common or most expensive diagnosis, by claim count and paid amount, respectively.

SoonerCare HMP Independent Evaluation

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

1. Health coaching participant satisfaction and perceived health status;
2. Health coaching participant self-management of chronic conditions;
3. Impact of health coaching on quality of care, as measured by participant utilization of preventive and chronic care management services and adherence to national, evidence-based disease management practice guidelines;
4. Health coaching cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs;
5. Practice facilitation participant satisfaction;
6. Impact of practice facilitation on quality of care, as measured by provider adherence to national, evidence-based disease management practice guidelines; and
7. Practice facilitation cost effectiveness, as measured by avoidance of unnecessary service utilization (e.g., inpatient days, emergency department visits) and associated expenditures, while taking into account program administrative costs.

PHPG is presenting evaluation findings in a series of annual reports to be issued over a six-year period³⁰. This is the fifth Annual Evaluation report addressing progress toward achievement of program objectives during the current SoonerCare HMP contract cycle.

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

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

The chronic pain and opioid drug utilization initiative is addressed in a standalone chapter. Utilization, expenditure and survey data are for SFY 2018.

³⁰ Telligen's contract initially was for a five-year period but was extended to six years. PHPG's evaluation likewise was extended to include the sixth year of the contract.

CHAPTER 2 – HEALTH COACHING – PARTICIPANT SATISFACTION

Introduction

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

Satisfaction is measured through participant telephone surveys. PHPG conducts initial surveys on a sample of SoonerCare HMP participants drawn from rosters furnished by the OHCA. PHPG attempts to re-survey all participants who complete an initial survey after an additional six months in the program, to identify any changes in perceptions over time.

Initial Survey

Initial survey data collection began in late February 2015. At that time, the OHCA provided a roster of all participants dating back to the start of the program in July 2013. The OHCA periodically updates the roster and, as of February 2019 has provided contact information for 17,883 individuals.

PHPG mails introductory letters to a sample of participants, informing them that they have been selected to participate in an evaluation of the SoonerCare HMP and will be contacted by telephone to complete a survey asking their opinions of the program. Surveyors make multiple call attempts at different times of the day and different days of the week before closing a case. PHPG seeks to complete 50 surveys per month, or 600 per year.

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

- Program awareness and engagement status
- Decision to enroll in the SoonerCare HMP
- Experience with health coaching and satisfaction with health coach
- Experience with community resource specialists and satisfaction (if applicable)
- Overall satisfaction with the SoonerCare HMP
- Health status and lifestyle

Six-month Follow-up Survey

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

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

Survey Population Size, Margin of Error and Confidence Levels

The SFY 2014 evaluation report included data from 138 initial surveys conducted during a ten-week period, from late February through April 2015. The SFY 2015 evaluation included data from an additional 602 initial surveys conducted from May 2015 through April 2016, as well as data from 133 six-month follow-up surveys.

The SFY 2016 evaluation included data from 529 initial surveys conducted from May 2016 through April 2017. The SFY 2016 evaluation also included data from 267 six-month follow-up surveys.

The SFY 2017 evaluation included data from 501 initial surveys conducted from May 2017 through February 2018. The SFY 2017 evaluation also included data from 225 six-month follow-up surveys. (These survey counts are prior to the exclusions described below.)

The SFY 2018 evaluation includes data from 605 initial surveys conducted from March 2018 through February 2019. The SFY 2018 evaluation also included data from 307 six-month follow-up surveys. (These survey counts are prior to the exclusions described below.)

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

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

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

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

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

Survey	Sample Size	Confidence Level	Margin of Error
Initial	2,375	95%	+/- 2.01%
Six-month Follow-up	932	95%	+/- 3.21%

SoonerCare HMP Participant Survey Findings

Respondent Demographics

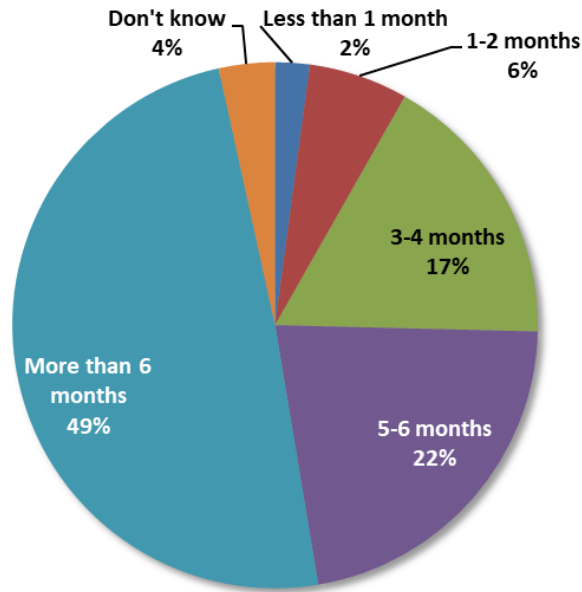
Initial Survey Respondents

The gender split among SoonerCare HMP initial survey respondents in aggregate was 65 percent female and 35 percent male. The great majority of surveys (87 percent) were conducted with the actual SoonerCare HMP participant. The remaining surveys were conducted with a relative of the participant, primarily parents/guardians of minors, but also a small number of spouses, siblings and adult children of members.

The initial survey targeted members who were still active participants in the SoonerCare HMP. After screening out persons no longer participating in the program, the initial survey respondent sample included 2,261 persons (across all years).

Respondent tenure in the program among the 2,261 active participants ranged from less than one month to more than six months (Exhibit 2-2 on the following page).

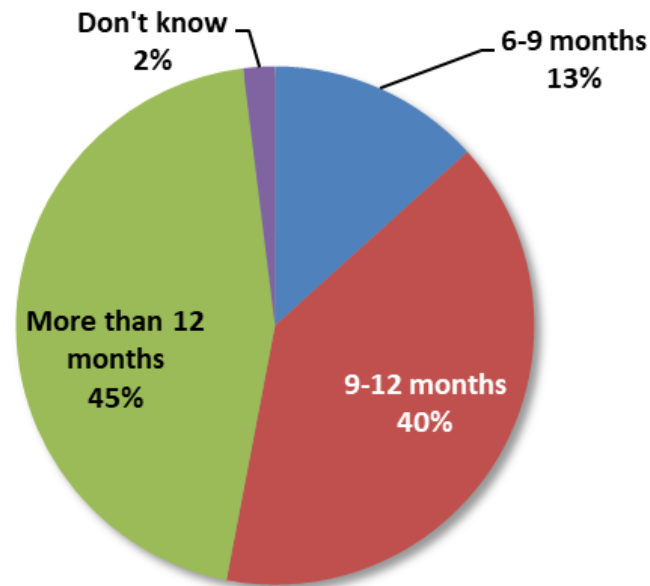
Exhibit 2-2 – Respondent Tenure in SoonerCare HMP – Initial Survey



Follow-up Survey Respondents

The gender split among follow-up survey respondents was very similar to the initial survey group; 65 percent were female and 35 percent were male. The average tenure of follow-up respondents was significantly greater, with the largest segment (45 percent) reporting tenure of more than 12 months (Exhibit 2-3 on the following page).

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



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

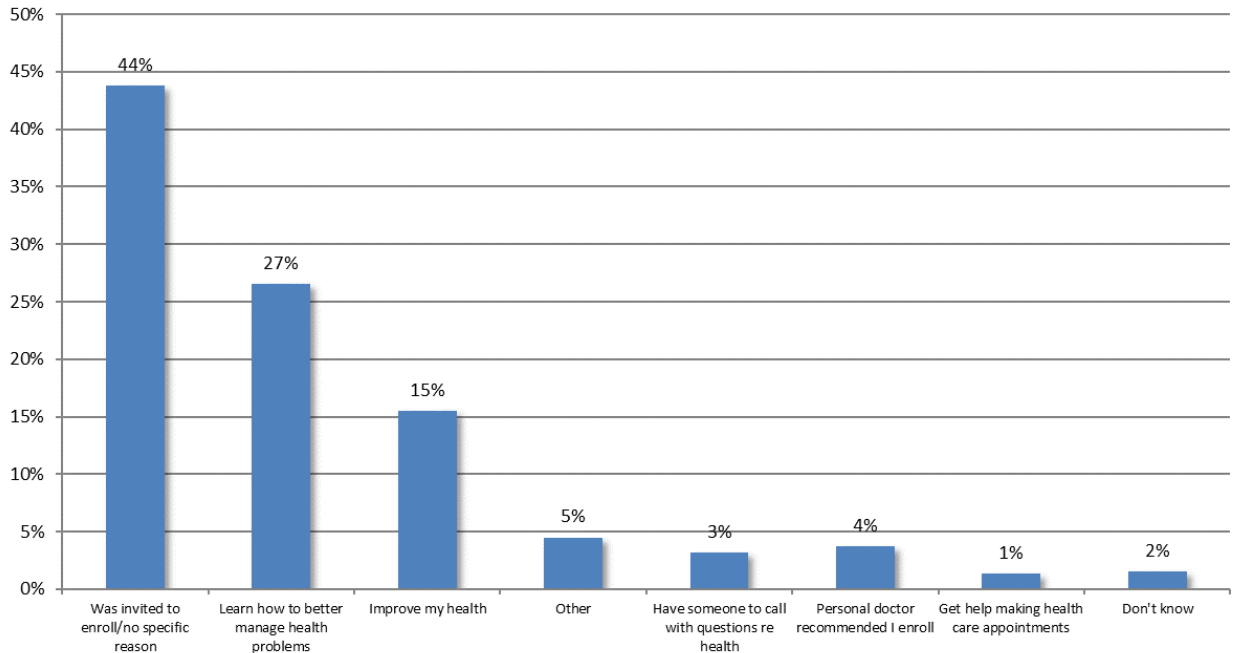
Follow-up survey data is presented alongside initial survey data as applicable. This allows for comparison of program perceptions between participants based on their tenure.

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

Primary Reason for Enrolling

The SoonerCare HMP seeks to teach participants how to better manage their chronic conditions and improve their health. These were the primary reasons cited by participants who had a goal in mind when enrolling. However, the largest segment, at 44 percent, enrolled simply because they were asked (Exhibit 2-4).

Exhibit 2-4 – Primary Reason for Enrolling in SoonerCare HMP – Initial Survey (Aggregate)³¹



Although the percentages varied somewhat, the top three reasons given for enrolling were consistent across time periods and accounted for approximately 85 percent of the responses (Exhibit 2-5 on the following page).

The fourth highest category, “other”, included getting help making lifestyle changes (e.g., losing weight and stopping tobacco use) and getting help with mental health or emotional issues.

³¹ This question was not asked on the follow-up survey.

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

Reason	Primary Reason for Enrolling (Percent Naming) February 2015 – February 2019					Aggregate
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	
1. Was invited to enroll/no specific reason	36.4%	42.3%	43.5%	41.9%	48.6%	43.8%
2. Learn how to better manage health problems	25.4%	26.4%	25.1%	31.6%	24.0%	26.5%
3. Improve my health	23.7%	16.4%	17.2%	15.9%	11.2%	15.5%
4. Other	4.2%	6.5%	5.4%	2.6%	3.6%	4.5%
5. Have someone to call with questions regarding health	2.5%	3.1%	3.8%	1.4%	4.3%	3.2%
6. Get help making personal health care appointments	3.4%	1.3%	0.8%	1.2%	1.5%	1.3%
7. Personal doctor recommended I enroll	1.7%	3.3%	3.0%	4.2%	4.6%	3.7%
8. Don't know/not sure	2.5%	1.1%	1.2%	1.2%	2.2%	1.5%

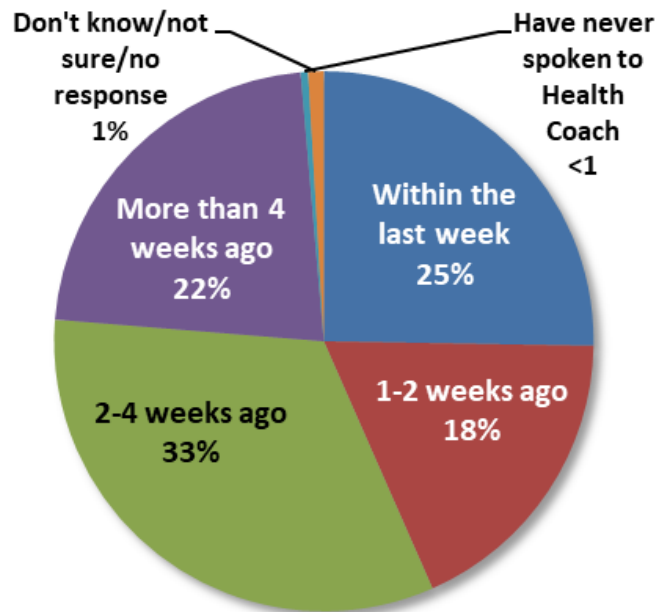
Notes: Percentages on this and other tables may not total to 100 percent due to rounding.

Health Coach Contact

The health coach is the “face” of the SoonerCare HMP for most participants. Survey respondents were asked a series of questions about their interaction with the health coach, starting with their most recent contact.

Forty-three percent of initial survey respondents reported speaking to their health coach within the previous two weeks (Exhibit 2-6).

Exhibit 2-6 – Most Recent Contact with Health Coach – Initial Survey (Aggregate)



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

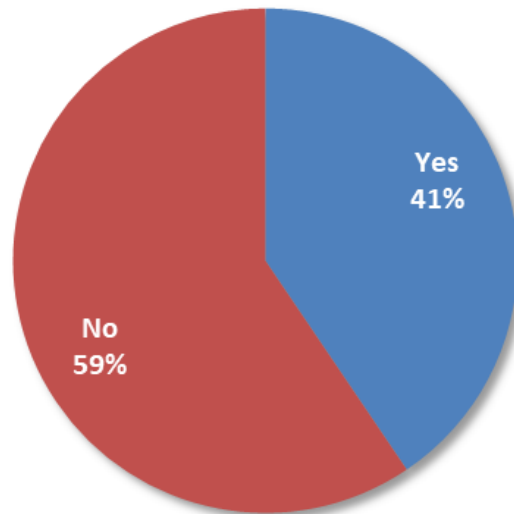
**Exhibit 2-7 – Most Recent Contact with Health Coach –
Initial Survey (Longitudinal) & Follow-up**

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	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Within last week	24.1%	22.6%	21.1%	26.7%	30.1%	25.3%	24.6%	18.7%	16.4%	21.8%	20.1%
1 to 2 weeks ago	35.3%	23.3%	16.7%	13.2%	15.4%	18.1%	14.8%	15.9%	12.3%	14.7%	14.4%
2 to 4 weeks ago	23.3%	27.4%	33.4%	37.5%	35.6%	32.9%	20.5%	27.1%	28.7%	33.9%	29.0%
More than 4 weeks ago	16.4%	25.0%	28.0%	21.3%	17.4%	22.3%	38.5%	37.9%	39.6%	28.7%	35.1%
Have never spoken to health coach	0.9%	0.2%	0.6%	0.4%	0.5%	0.4%	0.8%	0.0%	0.0%	0.0%	0.1%
Don't know/not sure/no response	0.0%	1.5%	0.2%	1.0%	1.2%	0.9%	0.8%	0.5%	3.2%	1.0%	1.4%

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

Although a majority of initial survey respondents had spoken to their health coach within the past four weeks, only 41 percent were able to provide the name of their health 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

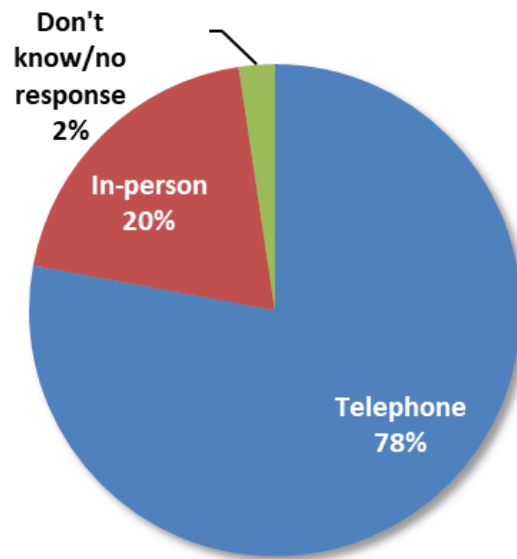
Able to Name Health Coach											
Response	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Yes	39.3%	37.0%	42.6%	42.6%	40.8%	40.6%	34.4%	37.5%	45.5%	42.7%	40.9%
No	60.7%	63.0%	57.4%	57.4%	59.2%	59.4%	65.6%	62.5%	54.6%	57.3%	59.1%

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

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

The majority of initial survey respondents reported that their most recent contact occurred by telephone rather than face-to-face (Exhibit 2-10).

Exhibit 2-10 – Most Recent Contact Method – Initial Survey (Aggregate)



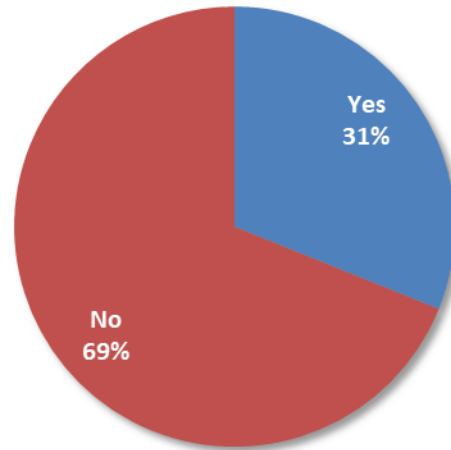
The percentage reporting a telephone rather than in-person contact increased across survey periods, among both initial survey respondents and follow-up survey respondents. (Exhibit 2-11).

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

Health Coach Contact Method											
Response	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Telephone	50.9%	66.9%	73.6%	82.8%	92.8%	77.9%	81.1%	79.7%	81.4%	91.5%	85.2%
In-person	49.1%	31.3%	25.4%	10.7%	6.2%	19.7%	18.9%	20.3%	16.8%	6.2%	14.2%
Don't know/no response	0.0%	1.8%	1.0%	6.5%	1.0%	2.4%	0.0%	0.0%	1.8%	0.3%	0.6%

Note: Percentages on this and other tables may not total to 100 percent due to rounding. Health coaches are required to provide a contact telephone number to their members. Approximately 86 percent of initial respondents and 90 percent of follow-up respondents confirmed that they were given a number. However, only 31 percent of the initial survey respondents who remembered being given a number stated they had ever tried to call their health coach (Exhibit 2-12).

Exhibit 2-12 – Tried to Call Health Coach – Initial Survey (Aggregate)



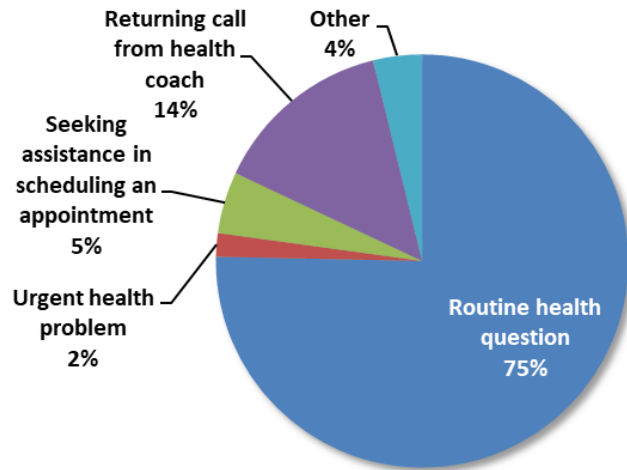
The percentage increased in the most recent survey period among initial survey respondents. The percentage also has increased among follow-up survey respondents in recent periods (Exhibit 2-13).

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

		Tried to Call Health Coach										
Response	Initial Survey						Follow-up Survey					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	
Yes	16.0%	28.3%	34.1%	31.1%	34.3%	31.1%	16.4%	26.7%	38.0%	36.4%	31.5%	
No	84.0%	71.7%	65.7%	69.0%	65.5%	68.8%	83.6%	73.3%	61.0%	63.3%	68.2%	
Don't know/not sure	0.0%	0.0%	0.2%	0.0%	0.2%	0.1%	0.0%	0.0%	1.1%	0.4%	0.4%	

Note: Percentages on this and other tables may not total to 100 percent due to rounding. Among those who had tried calling, a majority (75 percent of initial survey respondents) reported their most recent call concerned a routine health question (Exhibit 2-14).

Exhibit 2-14 – Reason for Most Recent Call – Initial Survey (Aggregate)



A majority of follow-up survey respondents also called with a routine health question (Exhibit 2-15). However, in the most recent survey period, a higher percentage of both respondent groups reported returning a call from the health coach.

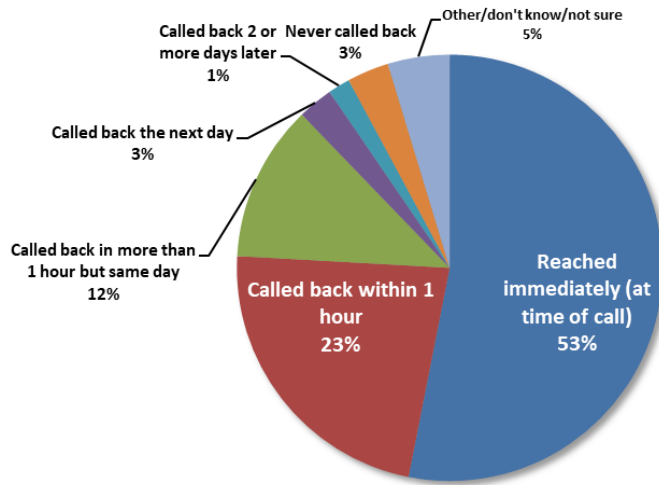
Exhibit 2-15 – Reason for Most Recent Call – Initial Survey (Longitudinal) & Follow-up

Response	Reason for Most Recent Call										
	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Routine question	64.7%	80.7%	79.1%	74.6%	68.8%	75.2%	61.1%	85.2%	81.7%	70.9%	76.4%
Urgent problem	0.0%	2.2%	1.3%	1.6%	2.4%	1.8%	5.6%	0.0%	0.0%	2.9%	1.6%
Assistance in scheduling appointment	11.8%	2.2%	7.2%	1.6%	6.5%	4.8%	0.0%	5.6%	2.8%	3.9%	3.7%
Returning call from health coach	0.0%	9.6%	7.8%	21.4%	19.4%	14.1%	22.2%	5.6%	15.5%	18.5%	15.0%
Other	23.5%	5.2%	3.9%	0.8%	2.9%	3.8%	11.1%	3.7%	0.0%	3.9%	3.3%

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

Eighty-eight percent of initial survey respondents who called the number reached their coach immediately or heard back later the same day. Over 90 percent reported eventually getting a call back (Exhibit 2-16).

Exhibit 2-16 – Health Coach Call-Back Time – Initial Survey (Aggregate)



Nearly 90 percent of follow-up survey respondents also reported reaching their health coach the same day (Exhibit 2-17).

Exhibit 2-17 – Health Coach Call-Back Time – Initial Survey (Longitudinal) & Follow-up

Response	Health Coach Call-Back Time										
	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Reached immediately (time of call)	47.1%	59.3%	55.7%	42.1%	54.7%	53.1%	61.1%	50.0%	43.7%	57.3%	52.0%
Called back within 1 hour	23.5%	21.5%	24.8%	23.8%	21.2%	22.8%	11.1%	35.2%	23.9%	12.6%	20.7%
Called back > 1 hour-same day	17.6%	5.2%	5.4%	23.8%	13.5%	11.9%	5.6%	3.7%	18.3%	16.5%	13.4%
Called back the next day	5.9%	2.2%	3.4%	4.8%	0.6%	2.7%	16.7%	1.9%	2.8%	0.0%	2.4%
Called back 2+ days later	5.9%	1.5%	0.7%	1.6%	2.4%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%
Never called back	0.0%	3.7%	3.4%	2.4%	3.5%	3.2%	5.6%	0.0%	4.2%	6.8%	4.5%
Other/don't know/not sure	0.0%	6.6%	6.7%	1.6%	4.1%	4.7%	0.0%	9.3%	7.0%	6.8%	6.9%

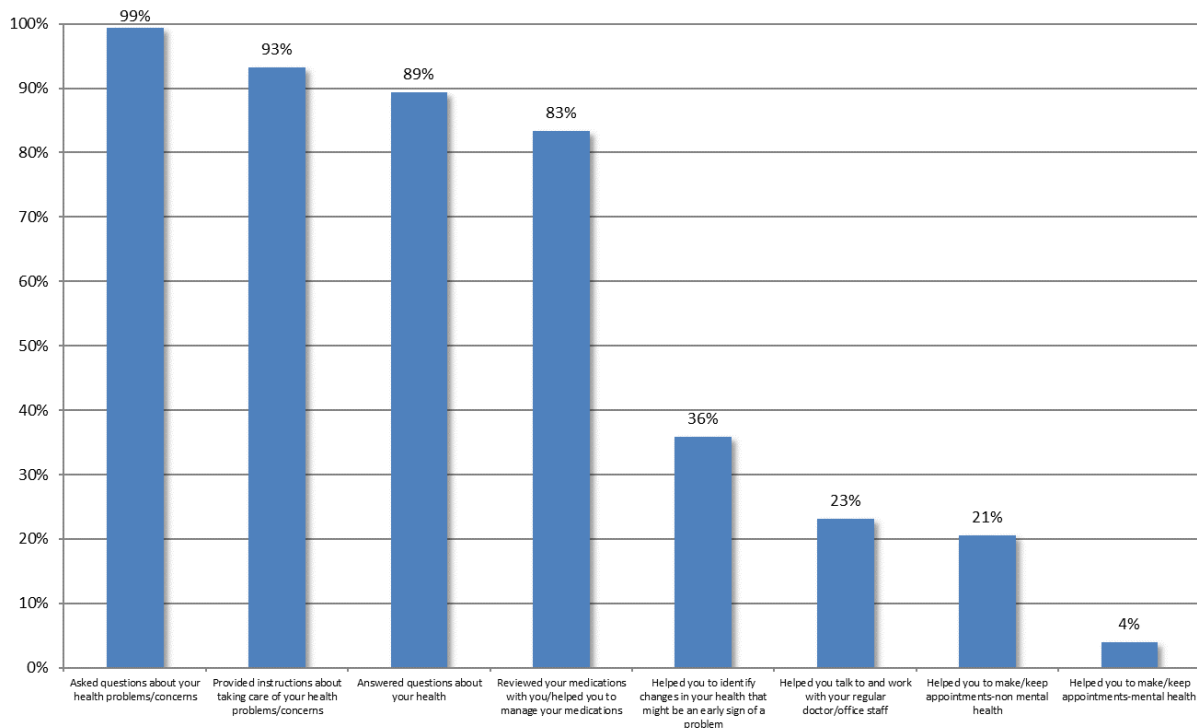
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Health Coaching Activities

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

Nearly all of the initial survey respondents (99 percent) stated that their health coach asked questions about health problems or concerns. The great majority also stated their health coach provided answers and instructions for taking care of their health problems or concerns (93 percent), answered questions about their health (89 percent) and assisted with medications (83 percent) (Exhibit 2-18). Respondents reported that other activities occurred with less frequency.

Exhibit 2-18 – Health Coach Activity – Initial Survey (Aggregate)



The rate at which activities occurred was generally consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-19 on the following page). However, there were several notable changes. Among initial survey respondents, the portion reporting assistance with medications increased by nearly 30 percentage points from the first to fourth survey groups, before declining slightly in the fifth survey group. Conversely, the portion reporting help talking and working with their doctor decreased by over 30 percentage points from the first to fifth survey groups.

The portion of respondents stating they were helped to identify changes in their health that might be an early sign of a problem increased both among initial and follow-up survey respondents. The increase was 12 percentage points across initial survey groups and 11 percentage points from the first to third follow-up survey groups, although the second follow-up survey group reported the highest rate.

**Exhibit 2-19 – Health Coach Activity –
Initial Survey (Longitudinal) & Follow-up**

Response	Health Coach Activity										
	Initial Survey (% “yes”)						Follow-up Survey (% “yes”)				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
1. Asked questions about your health problems/ concerns	98.3%	99.1%	99.4%	99.6%	99.5%	99.3%	98.3%	100.0%	100.0%	99.4%	99.5%
2. Provided instructions about taking care of your health problems/ concerns	83.9%	93.0%	96.2%	94.5%	91.5%	93.2%	95.0%	97.2%	98.2%	97.1%	97.1%
3. Helped you to identify changes in health that might be an early sign of a problem	24.6%	39.3%	41.6%	36.6%	29.7%	35.9%	24.8%	45.6%	35.9%	41.8%	38.9%
4. Answered questions about your health	78.8%	89.7%	91.8%	90.5%	88.4%	89.4%	90.9%	97.2%	91.4%	93.5%	93.5%
5. Helped you talk to and work with your regular doctor/staff	44.9%	30.4%	24.6%	20.7%	12.8%	23.1%	25.6%	23.0%	22.3%	15.7%	20.6%
6. Helped you make/ keep appointments with other doctors, such as specialists	27.1%	25.3%	23.4%	16.3%	16.0%	20.5%	22.3%	19.4%	18.6%	19.0%	19.4%
7. Helped you to make/ keep appointments for MH/SA problems	14.4%	6.5%	3.8%	2.4%	1.0%	4.0%	5.0%	5.5%	0.9%	1.0%	2.7%
8. Reviewed your medications and helped you manage	59.3%	81.0%	88.0%	88.2%	82.2%	83.3%	80.2%	94.5%	91.8%	86.6%	89.0%

Respondents were asked to rate their satisfaction with each “yes” activity. The overwhelming majority across all survey groups reported being very satisfied with the help they received (Exhibit 2-20). The only activity registering somewhat lower “very satisfied” ratings was

assistance with mental health/substance abuse problems. However, satisfaction rates have increased in recent survey periods and nearly all respondents rating this activity, both initial and follow-up, reported being either very or somewhat satisfied.

Exhibit 2-20 – Satisfaction with Health Coach Activity (“Very Satisfied”)³³ – Initial Survey (Longitudinal) & Follow-up

Satisfaction with Health Coach Activity											
Response	Initial Survey (% “very satisfied”)						Follow-up Survey (% “very satisfied”)				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
1. Asked questions about your health problems/ concerns	84.3%	91.0%	92.7%	91.2%	93.6%	91.8%	93.3%	95.4%	86.4%	94.4%	92.4%
2. Provided instructions about taking care of your health problems/ concerns	86.7%	93.1%	94.0%	93.5%	96.2%	93.9%	93.9%	96.7%	87.4%	95.2%	93.4%
3. Helped you to identify changes in health that might be an early sign of a problem	87.9%	95.3%	97.1%	97.7%	98.3%	96.6%	100.0%	94.7%	95.1%	96.9%	96.1%
4. Answered questions about your health	90.3%	93.6%	95.4%	95.7%	96.4%	95.1%	95.5%	96.7%	93.5%	96.1%	95.5%
5. Helped you talk to and work with your regular doctor/staff	98.1%	90.9%	94.5%	97.1%	100.0%	94.9%	96.9%	94.0%	98.1%	95.9%	96.2%
6. Helped you make/ keep appointments with other doctors, such as specialists	93.8%	87.0%	92.6%	95.1%	94.9%	91.9%	100.0%	90.7%	90.5%	91.5%	92.4%
7. Helped you to make/ keep appointments for MH/SA problems	93.8%	62.3%	58.1%	76.9%	100.0%	69.4%	80.0%	83.3%	80.0%	75.0%	80.8%
8. Reviewed your medications and helped you manage	88.4%	91.8%	95.7%	94.6%	96.1%	94.4%	95.9%	96.6%	94.1%	95.9%	95.6%

Health coaching employs motivational interviewing to identify lifestyle changes that members would like to make. Once identified, it is the health coach’s responsibility to collaborate with

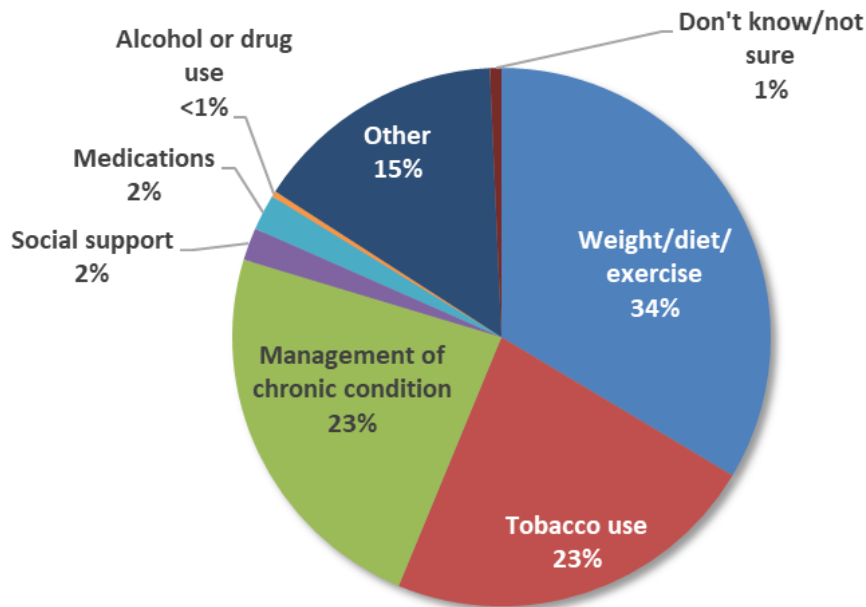
³³ Satisfaction percentages shown in Appendix B for this and later tables are for all survey respondents, rather than the subset answering “yes” to an activity. The two data sets therefore do not match for these questions.

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

Seventy-nine percent of initial survey respondents and 80 percent of follow-up survey respondents confirmed that their health coach asked them what change in their life would make the biggest difference in their health. Eighty-one percent of the initial survey group subset that answered “yes” (or 64 percent of total) stated that they actually selected an area to make a change. Among follow-up survey respondents, 76 percent of the subset that answered “yes” (or 61 percent of total) reported selecting an area to make a change.

The most common choice among initial survey respondents involved some combination of weight loss or gain, improved diet and exercise (Exhibit 2-21). This was followed by tobacco use cessation and management of a chronic physical health condition, such as asthma, diabetes or hypertension. The “other” category included recovery from acute conditions, improved medication management, general health improvement and doing a better job of keeping doctor’s appointments.

Exhibit 2-21 – Area Selected for Development of Action Plan – Initial Survey (Aggregate)



The area selected for making a change was generally consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-22). However, the portion in both survey groups listing weight/diet/exercise as their action plan area declined in recent

survey periods; the decline occurred primarily with respect to the percentage of members listing weight loss as their goal.

Exhibit 2-22 – Area Selected for Development of Action Plan – Initial Survey (Longitudinal) & Follow-up

Response	Action Plan										
	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Management of chronic condition	21.5%	18.7%	22.3%	27.0%	27.0%	23.4%	18.8%	15.3%	21.6%	25.7%	21.3%
Weight/ diet/ exercise	36.5%	39.7%	41.0%	29.1%	24.3%	33.6%	44.9%	42.7%	33.6%	29.7%	36.0%
Tobacco use	14.0%	26.5%	20.8%	23.7%	22.0%	22.7%	23.2%	26.7%	25.6%	27.2%	26.3%
Medications	0.0%	1.5%	1.8%	2.4%	3.5%	2.2%	2.9%	0.8%	3.2%	1.5%	1.9%
Alcohol or drug use	0.0%	0.9%	0.3%	0.0%	0.3%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%
Social support	0.0%	3.9%	2.4%	0.3%	1.7%	2.0%	2.9%	0.8%	0.8%	1.5%	1.3%
Other/don't know/not sure	28.0%	8.7%	11.3%	16.0%	22.3%	15.9%	7.2%	13.7%	14.4%	14.4%	13.5%

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

A large majority who selected an area for change stated that they went on to develop an action plan with goals (85 percent of initial survey respondents and 89 percent of follow-up survey respondents). Among those with an action plan, 79 percent of initial survey respondents and 81 percent of follow-up survey respondents reported achieving one or more goals. Exhibit 2-23 on the following page provides examples of the goals members reported achieving.

Exhibit 2-23 – Examples of Achieved Goals

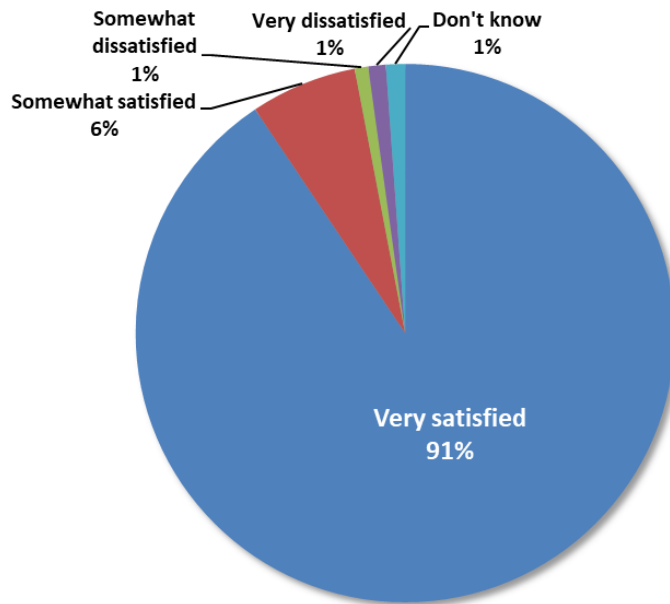
Action Plan Area	Goals Achieved
Weight/Diet/Exercise	<ul style="list-style-type: none"> • Losing weight • Eating better, including more fruits/vegetables and less sugar; reading labels on food • Exercising more; enrolling in an exercise class • Walking more; improving mobility • Learning portion control • Lowering cholesterol
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 • Keeping medical appointments • Seeing pain specialist • Monitoring blood pressure at home
Management of mental health condition	<ul style="list-style-type: none"> • Starting counseling • Treating depression • Adhering to medication to address condition • Controlling weight while taking ADHD medications • Controlling anxiety; communicating with people outside of immediate family • Learning relaxation techniques • Learning how to say “no” to people
Tobacco use	<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, 59 percent of initial survey respondents and 68 percent of follow-up survey respondents stated they were “very confident” they would ultimately accomplish it.

Regardless of their status, members were overwhelmingly positive about the role of the health coach, with 97 percent of initial survey respondents and 98 percent of follow-up survey respondents stating that their coach had been “very helpful” to them in achieving their goal.

This positive attitude carried over to the members’ overall satisfaction with their health coaches. Ninety-one percent of initial survey respondents stated they were “very satisfied” with their coach (Exhibit 2-24 on the following page).

Exhibit 2-24 – Satisfaction with Health Coach – Initial Survey (Aggregate)



The high level of satisfaction was registered across survey time periods and between the initial and follow-up surveys (Exhibit 2-25).

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

Satisfaction with Health Coach											
Response	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Very satisfied	84.3%	87.7%	92.5%	91.0%	93.1%	90.6%	85.1%	95.1%	84.8%	94.9%	90.9%
Somewhat satisfied	11.3%	7.5%	5.2%	6.8%	4.8%	6.4%	7.4%	3.5%	13.2%	4.4%	6.9%
Somewhat dissatisfied	0.0%	1.3%	0.6%	1.1%	0.4%	0.8%	1.7%	0.5%	0.5%	0.0%	0.5%
Very dissatisfied	1.7%	0.9%	1.5%	0.7%	1.0%	1.1%	0.8%	1.0%	1.5%	0.7%	1.0%
Don't know/not sure/no response	2.6%	2.6%	0.2%	0.4%	0.8%	1.1%	5.0%	0.0%	0.0%	0.0%	0.8%

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

Community Resource Specialists

Telligen has community resource specialists available to help members with non-clinical issues, such as obtaining food or housing assistance. Health coaches also are able to make referrals to specialists, including behavioral health providers, when needs are identified and help is desired.

Thirty-eight percent of initial survey respondents and 46 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion – 110 initial survey respondents (13 percent) and 30 follow-up survey respondents (eight percent) – reported using the resource specialists to help resolve a problem (Exhibit 2-26). The nature of the help included housing/rental assistance, food assistance and arranging child care and transportation to medical appointments, all consistent with the specialists’ defined mission. A few respondents also reported receiving assistance with obtaining health-related items, such as eyeglasses, shower chairs and nebulizers³⁴.

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

Community Resource Specialist - Awareness and Use											
Response	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Yes - aware	35.9%	38.9%	32.2%	35.4%	46.2%	38.4%	37.2%	49.5%	37.9%	52.5%	45.9%
No – not aware	63.2%	51.2%	58.7%	51.9%	40.9%	50.9%	54.5%	45.4%	47.0%	35.2%	43.5%
DK/not sure/no response	0.9%	9.9%	9.1%	12.7%	12.9%	10.7%	8.3%	5.1%	15.1%	12.3%	10.6%
<i>If aware...</i>											
Yes – have used	19.0%	10.4%	11.9%	11.0%	15.2%	12.8%	6.7%	9.4%	8.4%	6.3%	7.7%
No – have not used	81.0%	89.1%	88.1%	87.9%	84.8%	86.9%	93.3%	90.6%	91.6%	93.7%	92.4%
DK/not sure/no response	0.0%	0.5%	0.0%	1.2%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%

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

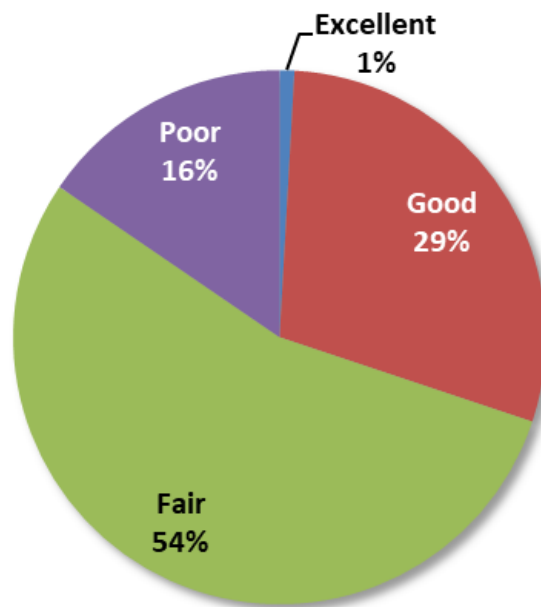
³⁴As noted, Community Resource Specialists also are responsible for assisting with behavioral health referrals. Survey respondents did not report this activity, which may reflect a lack of awareness of the Specialists’ role in providing this assistance.

Seventy-six of the 110 initial survey respondents and 25 of the 30 follow-up survey respondents stated that the community resource specialist was “very helpful” in resolving their problem. A common complaint among the few respondents who found the resource specialist not to be helpful was that the member was given a referral telephone number (e.g., to a housing agency) but no other assistance.

Health Status and Lifestyle

The ultimate objectives of health coaching are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of initial survey respondents said “fair” (Exhibit 2-27).

Exhibit 2-27 – Current Health Status – Initial Survey (Aggregate)



The “fair” health status was the largest segment across all survey time periods for both the initial and follow-up survey groups (Exhibit 2-28 on the following page). The portion of respondents reporting their health as “fair” increased across several time periods for both survey groups, while the portion reporting their health as “good” or “poor” declined, although the percentages stabilized in the latest reporting period.

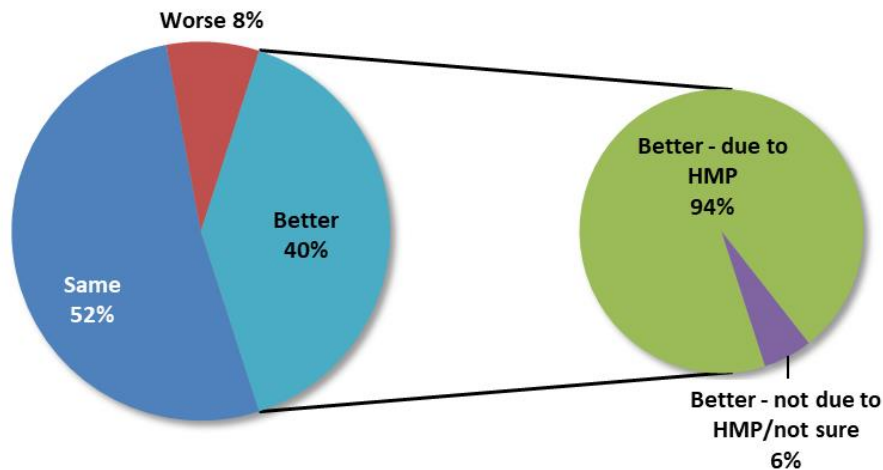
Exhibit 2-28 – Current Health Status – Initial Survey (Longitudinal) & Follow-up

Response	Current Health Status										
	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Excellent	3.4%	1.5%	0.8%	0.4%	0.3%	0.9%	1.7%	0.5%	0.0%	0.3%	0.5%
Good	31.4%	38.4%	31.7%	20.5%	25.4%	29.2%	40.5%	39.6%	22.7%	24.4%	30.1%
Fair	46.6%	41.4%	54.4%	63.0%	60.2%	54.3%	40.5%	50.7%	66.4%	61.4%	57.0%
Poor	18.6%	18.5%	12.7%	15.9%	14.1%	15.5%	17.4%	9.2%	10.9%	13.9%	12.4%
Don't know/not sure/no response	0.0%	0.2%	0.4%	0.2%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%

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

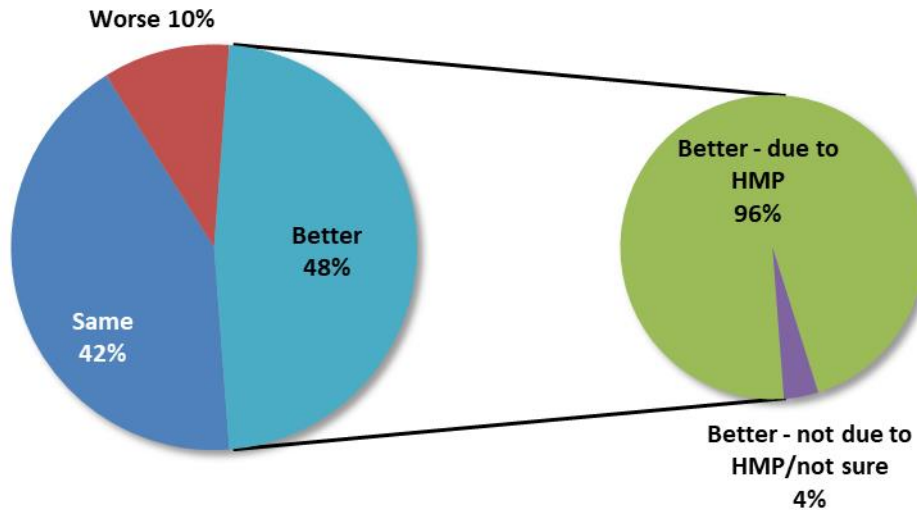
When next asked if their health status had changed since enrolling in the SoonerCare HMP, the largest segment of initial survey respondents (52 percent) said it was “about the same”. However, 40 percent said their health was “better” and only eight percent said it was “worse”. Among those respondents who reported a positive change, nearly all (94 percent) credited the SoonerCare HMP with contributing to their improved health (Exhibit 2-29).

Exhibit 2-29 – Health Status as Compared to Pre-HMP Enrollment – Initial Survey (Aggregate)



The results were even more encouraging among follow-up survey respondents. The largest segment (48 percent) reported improved health, with nearly all (96 percent) again crediting this improvement to the program (Exhibit 2-30).

Exhibit 2-30 – Health Status as Compared to Pre-HMP Enrollment – Follow-up Survey



Respondents in the follow-up survey who stated that the SoonerCare HMP contributed to their improvement in health were asked to provide examples of the program’s impact. The answers generally mirrored the achieved goals shown in Exhibit 2-23.

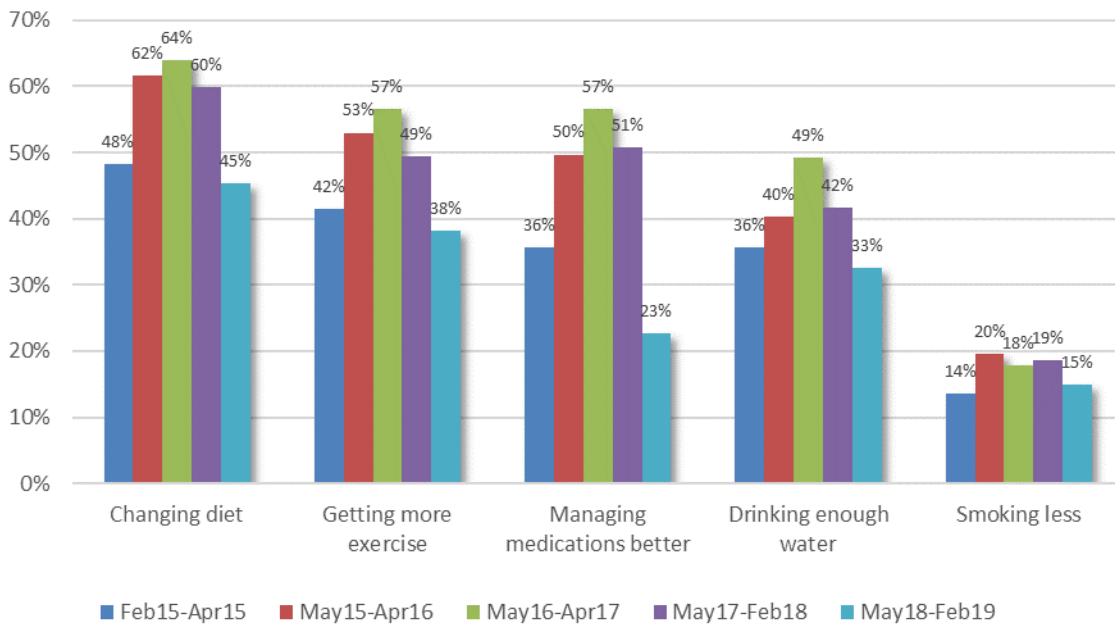
Respondents in both the initial and follow-up survey groups also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change³⁵. Respondents were asked whether their health coach discussed behavior changes with respect to: smoking, exercise, diet, medication management, water intake and alcohol/substance consumption. If yes, respondents were asked about the impact of the health coach’s intervention on their behavior (no change, temporary change or continuing change).

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

³⁵ The areas of inquiry overlap somewhat with the content of action plans adopted by members. However, the questions in this section were asked of all members, regardless of what they reported with respect to having an action plan.

The percentage that reported continuing change generally increased from the first to third initial survey groups, before dropping in the most recent time periods. The decline was particularly sharp in the most recent survey period and may merit follow-up by the OHCA with its vendor to determine if there are steps that should be taken to reverse the trend (Exhibit 2 – 31).

Exhibit 2-31 – Changes in Behavior – “Continuing Change” – Initial Survey³⁶



The results for the initial survey, in aggregate, and the follow-up survey were very similar across the six behaviors (Exhibit 2-32 on the following page).

³⁶ The sixth behavior, drinking or using other substances less, was identified as an area of continuing change by 1.3 percent of the initial survey group and 1.6 percent of the follow-up survey group. It is omitted from the exhibit due to the difference in scale versus the other behavior items.

Exhibit 2-32– Changes in Behavior – Initial Survey (Aggregate) & Follow-up

Behavior	Survey	Discussion and Change in Behavior					
		N/A – Not Discussed ³⁷	Discussed – No Change	Discussed – Temporary Change	Discussed – Continuing Change	Discussed – But Not Applicable	Unsure/ No Response
1. Smoking less or using other tobacco products less	Initial	18.2%	6.0%	1.4%	17.4%	54.0%	3.0%
	Follow-up	12.8%	5.9%	1.4%	14.9%	62.8%	2.1%
2. Moving around more or getting more exercise	Initial	19.1%	7.9%	2.1%	48.5%	19.4%	2.9%
	Follow-up	17.6%	8.7%	3.0%	49.0%	19.4%	2.3%
3. Changing your diet	Initial	15.6%	8.4%	2.5%	56.7%	14.3%	2.5%
	Follow-up	9.9%	8.2%	3.6%	61.9%	14.8%	1.6%
4. Managing and taking your medications better	Initial	16.4%	1.8%	0.1%	43.5%	34.8%	3.5%
	Follow-up	10.5%	0.4%	0.4%	41.7%	43.7%	3.4%
5. Making sure to drink enough water throughout the day	Initial	28.8%	6.2%	1.3%	40.3%	17.8%	5.6%
	Follow-up	19.9%	10.3%	1.8%	39.0%	20.8%	8.3%
6. Drinking or using other substances less	Initial	37.9%	0.6%	0.0%	1.3%	56.4%	3.7%
	Follow-up	38.1%	0.1%	0.0%	1.6%	56.8%	3.4%

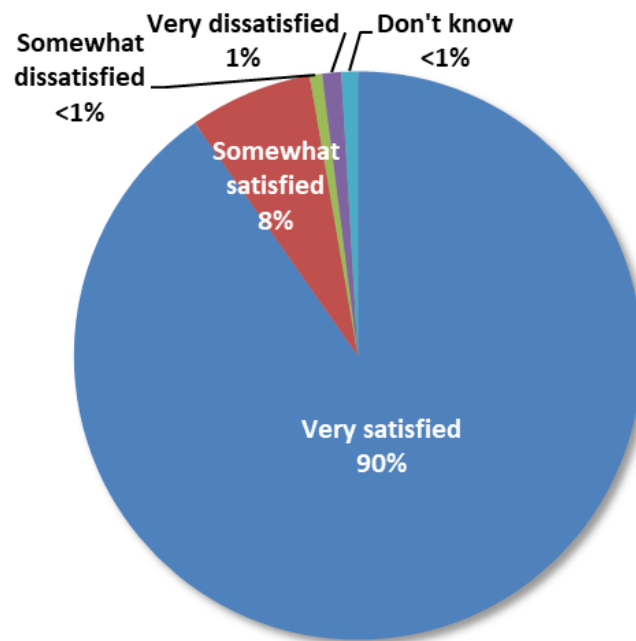
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

³⁷ “N/A – not discussed” includes members for whom no inquiry was made. “Discussed but not applicable” column refers to members for whom an inquiry was made but the category did not apply (e.g., non-tobacco users).

Overall Satisfaction

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as the face of the program. Ninety percent of initial survey respondents reported being “very satisfied” (Exhibit 2-33). An even higher percentage (96 percent of initial survey respondents and 97 percent of follow-up survey respondents) said they would recommend the program to a friend with health care needs like theirs.

Exhibit 2-33 – Overall Satisfaction with SoonerCare HMP – Initial Survey (Aggregate)



The “very satisfied” percentage increased across the first three survey time periods among initial survey respondents before declining slightly in the fourth time period; the percentage then rebounded in the most recent period. The “very satisfied” percentage followed the same trajectory. (Exhibit 2-34 on the following page).

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

Response	Satisfaction with SoonerCare HMP										
	Initial Survey						Follow-up Survey				
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	May 2018 – Feb 2019	Aggregate
Very satisfied	81.9%	87.9%	92.3%	90.7%	92.1%	90.3%	89.9%	95.4%	84.9%	94.0%	91.5%
Somewhat satisfied	12.9%	8.6%	5.7%	7.3%	5.2%	7.0%	8.4%	3.2%	14.2%	5.0%	7.4%
Somewhat dissatisfied	0.9%	0.9%	0.2%	1.2%	0.5%	0.7%	0.8%	0.9%	0.0%	0.0%	0.4%
Very dissatisfied	1.7%	0.6%	1.6%	0.4%	1.5%	1.1%	0.0%	0.5%	0.9%	1.0%	0.7%
Don't know/not sure/no response	2.6%	2.0%	0.2%	0.4%	0.7%	0.9%	0.8%	0.0%	0.0%	0.0%	0.1%

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

Participant appreciation of the health coach and SoonerCare HMP overall is further reflected in the types of comments made during the survey. While not all of the comments were positive, the great majority were. For example³⁸:

“I don’t think I’d be here today if it wasn’t for SoonerCare and my health coach. She helped me with my depression when my sister died. She would stay on the phone and listen to me. She also helped me to lower my cholesterol to normal and it was very high. My cardiologist was happy about that too!”

“My daughter has a very debilitating disease which she won’t get better. Having the support of her nurse coach has helped so much. I used to have to try and get a hold of my doctor or his nurse and it could take days or weeks to hear back. (My health coach) always calls right back and has helped me know when to go to Urgent Care or not. I’ve called her about side effects from medication and she’ll tell me when it is serious and when it isn’t. She also put me in touch with a support group for other kids that have the same condition as my daughter. She has another patient she calls with the same thing and she put me in touch with her.”

³⁸ First ten comments are from most recent survey period. Subsequent comments are from earlier survey periods.

“Having the health coach available to call when I have a question about my husband’s trauma is so helpful. I used to have to take him to the ER a lot or try and call his surgeon for basic questions but now I can call her. She also calls the day after she knows that he has a doctor appointment to see how it went. I think this is a great program.”

“The Health Management Program really works. Knowing (my health coach) is going to call me and ask if I’ve been using my nicotine gum and eating better makes me do it. Otherwise, I know I wouldn’t stick with it. I love the program and my nurse.”

“My nurse is great. She has helped me stop smoking. She has been the only one that could help me. She doesn’t talk down to me or judge me. This program is my favorite part of SoonerCare.”

“My new nurse has been a godsend. The first one didn’t help me much but this new one has helped me get a nebulizer and blood pressure cuff. It is nice to know that she is always there when I need her.”

“The health coach got my daughter an appointment with the neurologist after I tried for two months. I told her I was having trouble and she said to let her handle it and she did.”

“I want to say that (my health coach) is the best medical personnel I have ever worked with. I love her and don’t want to do without her. She has helped me so much. She sent me exercises that I can do that don’t end up hurting me the next day because of my arthritis. Any problem I have, she says, ‘let’s see what we can do about that’ and then sends me paperwork on it.”

“I wish I knew the name of my coach because she has done so much for me. Before, I didn’t believe diet was so important with my high blood pressure. I changed the way I make food and started eating things I am supposed to for my high blood pressure and now I feel so much better and am off my high blood pressure medicine. I can now ride my bike with my youngest girl and I am able to be much more active. I can’t thank her enough.”

“I always feel so much better about myself after I talk to (my health coach). She always seems to know when to call, when I need her. My physical health hasn’t changed that much but my mental health sure has. Although, (she) did suggest that I stop drinking Mountain Dew and I lost 30 pounds in a couple months so that is great.”

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

"(My health coach) is fantastic! She has helped me in so many ways manage my M.S. I was having trouble getting all of my prescriptions filled since (Medicaid) only gives me six punches a month. (She) did some research and found medications that combined a few of the pills I was taking into one, then found discount pharmacies and places that donate drugs from people who don't use them anymore for the others. Between all of that I am now able to take all of my pills every month."

"(My health coach) is truly an inspiration. She has helped me eat better. She reminds me every month on what to eat, to stretch and exercise. She has helped me get through my depression as well."

"(My health coach) really cares about me, even more than my doctors. I was admitted Christmas Eve for open heart surgery and (she) called me Christmas day to check on me and wish me Merry Christmas. My doctor sure did not do that."

"(My health coach) has been the best. I don't know what I'd do without her. She never gives up on me. She even gave me her cell phone number to call. And, she sent me a birthday card. She really does care."

"My health coach has been very helpful in helping me quit smoking and lose weight. She has sent me very useful information that has helped me and my whole family eat better."

"(My health coach) is incredible. She has done everything she can to help me with my chronic pain. My PCP was dragging his feet on getting me into a pain management specialist, and (she) called him and insisted he give me the referral. I now am getting shots to help with my arthritis and feel so much better. I cannot say enough good things about (her)."

"(The nurse) has helped save my son's life. When he started the program, he weighed 740 lbs., he has lost over 200 lbs. so far. (She) has been so supportive and helps us so much. She is the best nurse we could ask for."

"(She) was sent to us by God. Our teenage son had bladder control issues for years. The doctors thought it was due to an emotional problem. (She) asked if he had ever had a spinal injury, which he had years ago. She asked his doctor to

check and sure enough he had a pinched nerve which was causing the problem. A few adjustments and he was all fixed! I love her for that.”

“My health coach has been wonderful...I am bi-polar and I was in a bad downward spiral. My health coach helped me through this period and helped me find a new doctor and get back on my meds. She never rushes or pushes me and I appreciate that. If the program only helps one person, like me, then it is worth it.”

“My nurse is great. She makes me comfortable enough that I can talk to her about anything. She tells me if I have any problem to just call her and she will help make appointments, or anything else that I may need. I appreciate her and the whole SoonerCare program a lot.”

“(My health coach) has been wonderful. Not only has she helped me with my physical help but she provides great emotional support too. My depression and anxiety is so much better now that I have her to talk to. She has even helped me improve the relationship with my daughter. I can’t say enough good things about her and the program.”

“My physical health has not changed much since I got my Health Coach but my attitude sure has. Some days she calls and I am really down because of the chronic pain I have. She listens to me and it really helps. She has also helped educate me on my medications and how to take them the right way.”

“My health coach is wonderful. She has been very supportive with my diet. She has even offered to go work out with me.”

“I love (my health coach), please don’t take her away from me. She has been a big help, whatever I need, she gets right on it. She helped me get a ride to the Rheumatologist, which is far away. I don’t know how I would have gotten there otherwise.”

“I did not know (she) was a Health Coach. She just came into the room during my doctor appointment and offered to help me to eat better and exercise more to control my diabetes and with stress. She has given me a lot of support and encouragement to eat better and walk more. I think of her as more of a counselor than a health nurse. It is a great program, don’t stop it.”

“I do not normally do these surveys, but as soon as you told me it was about (my health coach), I knew that I had to do it. She is so wonderful and has helped me so much. She is always there at my doctor appointments and has been very motivational in helping me lose weight. The loss of weight has greatly improved my knee and back pain.”

Summary Findings

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

CHAPTER 3 – HEALTH COACHING QUALITY OF CARE ANALYSIS

Introduction

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

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

- Asthma measures
 - Use of appropriate medications for people with asthma
 - Medication management for people with asthma – 50 percent³⁹
 - Medication management for people with asthma – 75 percent

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

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

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

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

³⁹ The 50 percent measure has been discontinued by NCQA/HEDIS but is being reported here as part of the longitudinal analysis of quality measures.

- Percentage of members prescribed ACE/ARB therapy or diuretics with annual medication monitoring
- Mental Health measures
 - Follow-up after hospitalization for mental illness – 7 days
 - Follow-up after hospitalization for mental illness – 30 days
- Preventive health measures
 - Adult access to preventive/ambulatory health services
 - Children and adolescents’ access to PCPs
 - Adult body mass index (BMI) assessment

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

Methodology

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

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

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

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

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

Asthma

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

- *Use of Appropriate Medications for People with Asthma:* Percent with persistent asthma who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or 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 3-1⁴⁰). The difference was statistically significant for one measure.

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Use of Appropriate Medications for People with Asthma	48	44	91.7%	81.1%	10.6%
2. Medication Management for People with Asthma – 50 Percent	42	30	71.4%	59.8%	11.6%
3. Medication Management for People with Asthma – 75 Percent	42	13	31.0%	39.3%	(7.6%)

⁴⁰ In the interest of space, the population size for the comparison group is not presented in the tables. However, in all instances, it was many multiples of the health coaching population, as would be expected for a total program number. For example, the denominator for asthma measures was 15,824.

There was a small decline in the compliance rate for individuals with asthma who were appropriately prescribed medications from SFY 2015 to SFY 2018, although the compliance rate was still very high at 91.8 percent (Exhibit 3-2). The compliance rate for asthma medication management at the 50th and 75th percentiles was slightly higher.

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

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Appropriate Medications for People with Asthma	93.5%	92.2%	91.8%	91.7%	(1.8%)
2. Medication Management for People with Asthma – 50 Percent	68.2%	69.5%	68.2%	71.4%	3.2%
3. Medication Management for People with Asthma – 75 Percent	27.3%	28.3%	27.3%	31.0%	3.7%

Cardiovascular Disease

The quality of care for health coaching participants with cardiovascular disease (coronary artery disease and/or heart failure) was evaluated through two clinical measures:

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

The compliance rate for the comparison group exceeded the health coaching population rate for beta blocker treatment after a heart attack (Exhibit 3-3). The difference was statistically significant, although this result should be viewed with caution given the small health coaching population.

Over 77 percent of the health coaching population received at least one LDL-C Screening. A comparison group was not identified for this measure in SFY 2018.

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Persistence of Beta Blocker Treatment after Heart Attack	12	7	58.3%	78.5%	(20.2%)
2. LDL-C Screening	285	221	77.5%	--	--

The compliance rate for beta blocker treatment increased by 12 percentage points from SFY 2015 to SFY 2018; the LDL-C screening rate also rose slightly (Exhibit 3-4).

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

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	46.2%	53.8%	50.0%	58.3%	12.1%
2. LDL-C Screening	76.8%	77.3%	77.1%	77.5%	0.7%

COPD

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

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

The compliance rate for the health coaching population exceeded the comparison group rate on two of three measures (Exhibit 3-5) and was lower for the third. The difference was statistically significant for one measure.

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	167	56	33.5%	31.6%	1.9%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	127	69	54.3%	68.2%	(13.9%)
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	127	102	80.3%	81.4%	(1.1%)

The compliance rates for all three COPD measures increased modestly from SFY 2015 to SFY 2018 (Exhibit 3-6).

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

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	31.8%	32.0%	32.5%	33.5%	1.7%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	50.4%	52.2%	51.5%	54.3%	3.9%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	76.5%	76.9%	77.7%	80.3%	3.8%

Diabetes

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

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

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

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. LDL-C Screening	900	732	81.3%	65.8%	15.5%
2. Retinal Eye Exam	900	375	41.7%	30.1%	11.6%
3. HbA1c Test	900	811	90.1%	74.2%	15.9%
4. Medical Attention for Nephropathy	900	709	78.8%	52.9%	25.9%
5. ACE/ARB Therapy	900	621	69.0%	---	---

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

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

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	78.3%	79.4%	79.9%	81.3%	3.0%
2. Retinal Eye Exam	38.1%	39.3%	39.8%	41.7%	3.6%
3. HbA1c Test	87.2%	87.5%	88.1%	90.1%	2.9%
4. Medical Attention for Nephropathy	77.0%	77.4%	78.1%	78.8%	1.8%
5. ACE/ARB Therapy	66.5%	67.5%	67.9%	69.0%	2.5%

Hypertension

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

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

The compliance rate for the comparison group exceeded the health coaching population rate on the one measure having a comparison group percentage (Exhibit 3-9). The difference was statistically significant, although the actual percentage variance was small.

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. LDL-C Screening	1,969	1,350	68.6%	---	---
2. ACE/ARB Therapy	1,969	1,340	68.1%	---	---
3. Diuretics	1,969	926	47.0%	---	---

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics ⁴¹	1,078	931	86.4%	88.2%	(1.8%)

The compliance rate for the health coaching population increased slightly for all four measures from SFY 2015 to SFY 2018 (Exhibit 3-10).

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

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	67.8%	67.5%	67.8%	68.6%	0.8%
2. ACE/ARB Therapy	65.8%	66.3%	66.9%	68.1%	2.3%
3. Diuretics	44.9%	45.6%	46.1%	47.0%	2.1%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	83.7%	84.4%	85.0%	86.4%	2.7%

⁴¹ Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

Mental Health

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

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

The compliance rate for the health coaching population exceeded the comparison group rate on both measures (Exhibit 3-11). The difference was statistically significant in both cases.

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Follow-up after Hospitalization for Mental Illness – Seven Days	144	55	38.2%	24.1%	14.1%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	144	100	69.4%	46.9%	22.5%

The compliance rate for both measures increased slightly from SFY 2015 to SFY 2018 (Exhibit 3-12).

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

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	34.3%	34.7%	35.9%	38.2%	3.9%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	67.2%	67.3%	68.3%	69.4%	2.2%

Prevention

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

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

The compliance rate for the health coaching population exceeded the comparison group rate on all three measures (Exhibit 3-13). The difference was statistically significant for all three measures.

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	4,280	4,130	96.5%	83.2%	13.3%
2. Child Access to PCP	670	659	98.4%	92.1%	6.3%
3. Adult BMI	3,281	501	15.3%	10.6%	4.7%

The compliance rate for all three measures was nearly unchanged from SFY 2015 to SFY 2018 (Exhibit 3-14).

Exhibit 3-14 – Preventive Measures – 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.1%	96.0%	96.1%	96.5%	0.4%
2. Child Access to PCP	98.7%	98.6%	98.5%	98.4%	(0.3%)
3. Adult BMI	14.2%	13.8%	14.0%	15.3%	1.1%

Summary of Key Findings

The health coaching participant compliance rate exceeded the comparison group rate on 12 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for 10 of the 12, suggesting that the program is having a positive effect on quality of care, although there is room for continued improvement.

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

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

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

CHAPTER 4 – HEALTH COACHING – UTILIZATION, EXPENDITURE & COST EFFECTIVENESS ANALYSIS

Introduction

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

Most SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits hospitalizations and total expenditures. MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience⁴².

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

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

Methodology

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

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

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

⁴² Providers also can refer members for health coaching. This includes members whose MEDai scores are relatively low but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

The subsequent evaluation examined participants in six priority diagnostic categories used by MEDai as part of its calculation of the chronic impact score for potential SoonerCare HMP participants: asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), heart failure, diabetes mellitus and hypertension⁴³. The evaluation also examined the SoonerCare HMP population as a whole.

Participants in each diagnostic category were included in the analysis only if it was their most expensive at the time of engagement. A member's most expensive diagnostic category at the time of engagement was defined as the diagnostic category associated with the greatest medical expenditures during the pre-engaged (1-12 months) and engaged periods. As participants have significant rates of physical co-morbidities, categorizing them in this manner allows for a targeted analysis of both the absolute and relative impact of health coaching on the various chronic impact conditions driving participant utilization.

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

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

Participants were included in the analysis only if they had three months or more of engagement experience as of June 30, 2018 and had MEDai forecast data available at the time of engagement.⁴⁴

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

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

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

⁴³ MEDai examines diagnoses beyond the six listed, but these six are among the most common found among SoonerCare HMP and CCU participants and are significant contributors to member utilization and expenditures.

⁴⁴ See chapter one for information on other exclusions made prior to the utilization/expenditure analysis.

Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 1,426 health coaching participants with an asthma diagnosis⁴⁵. Asthma was the most expensive diagnosis at the time of engagement for 52 percent of participants with this diagnosis (Exhibit 4-1).

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

Participants w/Asthma	Number Most Expensive	Percent Most Expensive
1,426	747	52%

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

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

Condition	Percent w/Comorbidity
Asthma	---
Coronary Artery Disease	12%
COPD	46%
Diabetes	28%
Heart Failure	9%
Hypertension	50%

⁴⁵ All participation and expenditure data in the chapter is for the portion of the SoonerCare HMP population remaining after application of the exclusions described in chapter one.

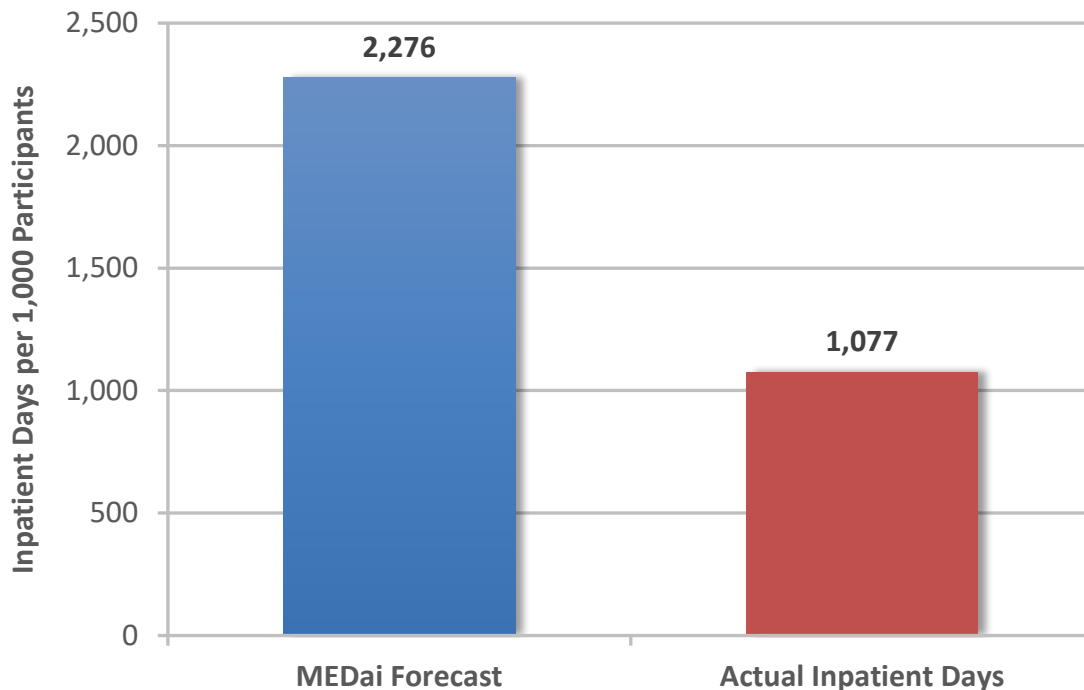
Utilization

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

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

MEDai forecasted that participants with asthma would incur 2,276 inpatient days per 1,000 participants in the first 12 months of engagement⁴⁶. The actual rate was 1,077, or 47 percent of forecast (Exhibit 4-3). (As a point of comparison, the rate for all Oklahomans in 2017, across all diagnoses, was 584 days per 1,000.⁴⁷)

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

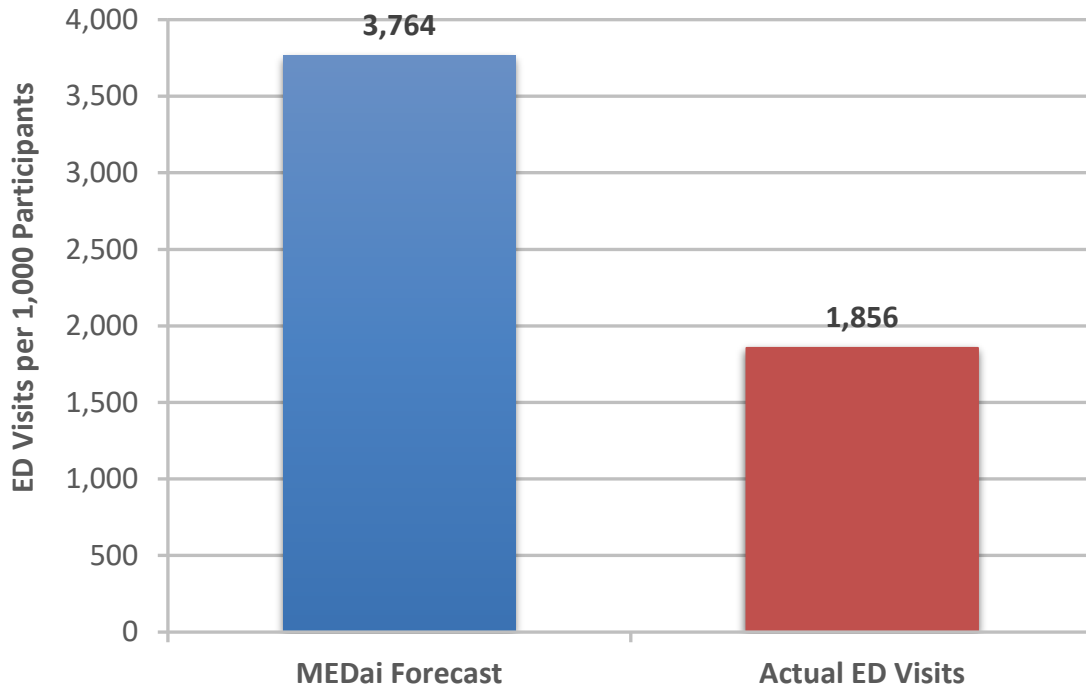


⁴⁶ All MEDai forecasts assume no intervention in terms of care management. Rate calculated for portion of year that each participant was engaged in program.

⁴⁷ Source: <http://kff.org/other/state-indicator/inpatient-days-by-ownership/> 2017 is the most recent year available.

MEDai forecasted that participants with asthma would incur 3,764 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,856, or 49 percent of forecast (Exhibit 4-4). (As a point of comparison, the rate for all Oklahomans in 2017, across all diagnoses, was 492 visits per 1,000.⁴⁸)

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



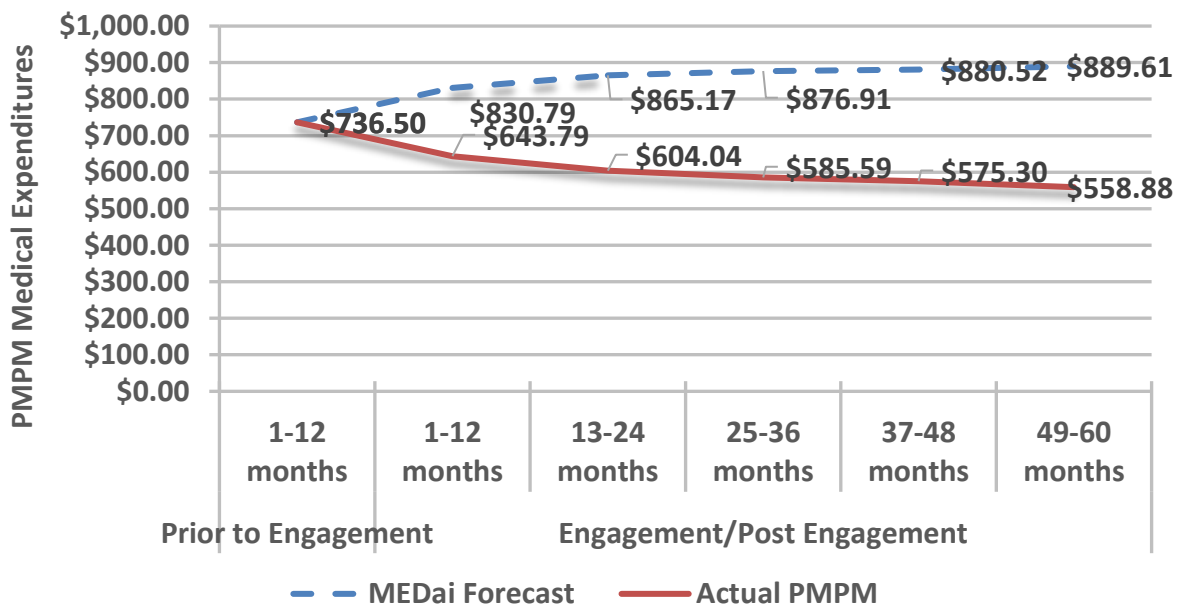
⁴⁸ Source: <http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/> 2017 is the most recent year available.

Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with asthma during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement⁴⁹. MEDai forecasted that participants with asthma would incur an average of \$831 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$644, or 77 percent of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$865 in PMPM expenditures. The actual amount was \$604, or 70% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$877 in PMPM expenditures. The actual amount was \$586, or 67% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$881 in PMPM expenditures. The actual amount was \$575, or 65% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$890 in PMPM expenditures. The actual amount was \$559, or 63% of forecast (Exhibit 4-5).

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



⁴⁹ PMPM rate calculated for portion of year that each participant was engaged in program.

At the category-of-service level, all costs declined during the first 12 months of engagement. The most significant declines occurred within hospital and behavioral health expenditures (Exhibit 4-6).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$119.67	\$97.81	(\$21.86)	-18%
Outpatient Hospital	\$120.26	\$92.57	(\$27.69)	-23%
Physician	\$172.54	\$161.09	(\$11.45)	-7%
Pharmacy	\$141.57	\$139.74	(\$1.84)	-1%
Behavioral Health	\$92.40	\$75.47	(\$16.93)	-18%
All Other	\$90.07	\$77.12	(\$12.95)	-14%
Total	\$736.50	\$643.79	(\$92.72)	-13%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with asthma as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately \$4.7 million (Exhibit 4-7).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	14,440	\$187.00	\$2,700,300
Months 13 - 24	5,104	\$261.13	\$1,332,811
Months 25 - 36	1,666	\$291.32	\$485,345
Months 37 - 48	397	\$305.22	\$121,172
Months 49 -60	130	\$330.73	\$42,994
Total	21,737	\$215.42	\$4,682,622

Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 574 health coaching participants with a coronary artery disease diagnosis (CAD). Coronary artery disease was the most expensive diagnosis at the time of engagement for 25 percent of participants with this diagnosis (Exhibit 4-8).

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

Participants w/CAD	Number Most Expensive	Percent Most Expensive
574	144	25%

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

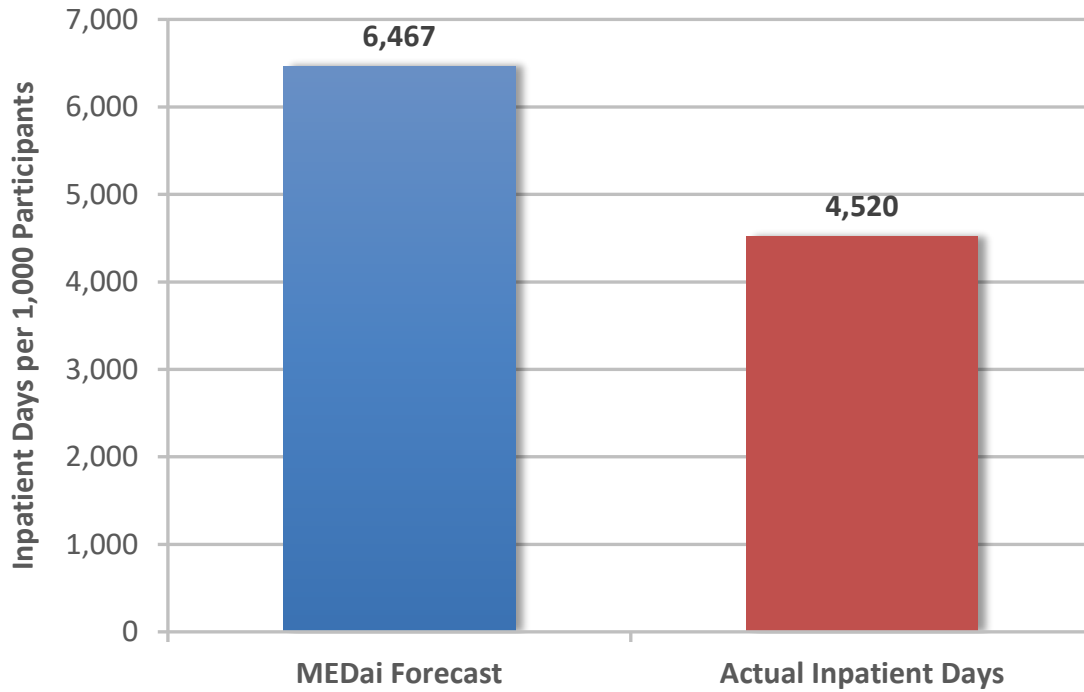
Exhibit 4-9 – Participants with CAD Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	24%
Coronary Artery Disease	---
COPD	58%
Diabetes	53%
Heart Failure	36%
Hypertension	90%

Utilization

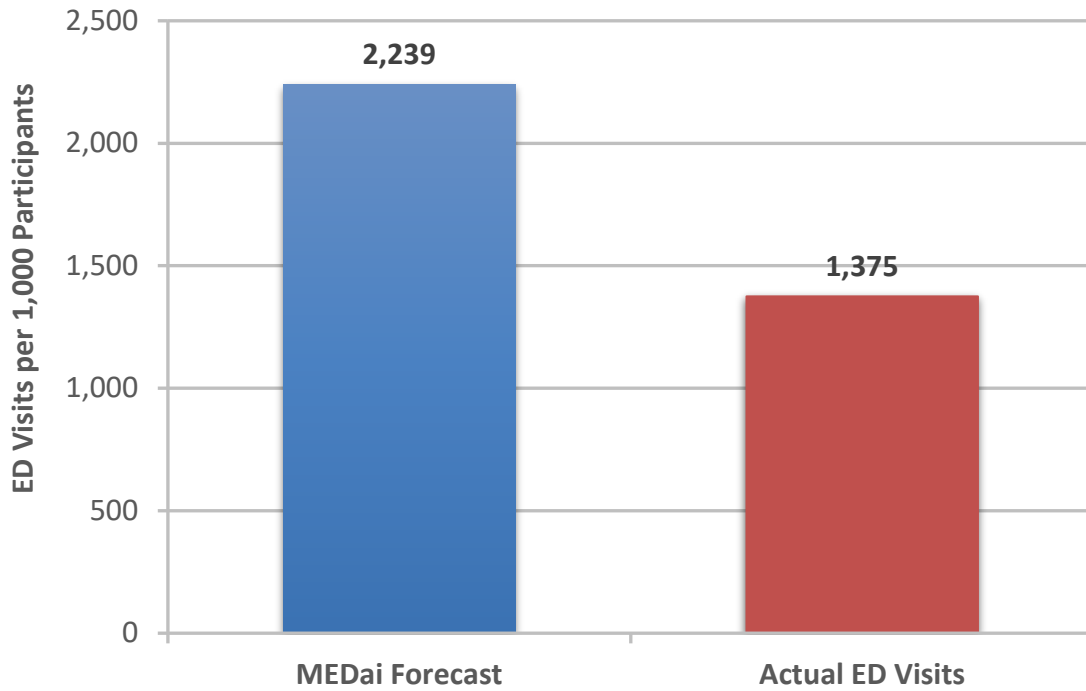
MEDai forecasted that participants with coronary artery disease would incur 6,467 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 4,520, or 70 percent of forecast (Exhibit 4-10).

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



MEDai forecasted that participants with coronary artery disease would incur 2,239 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,375, or 61 percent of forecast (Exhibit 4-11).

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

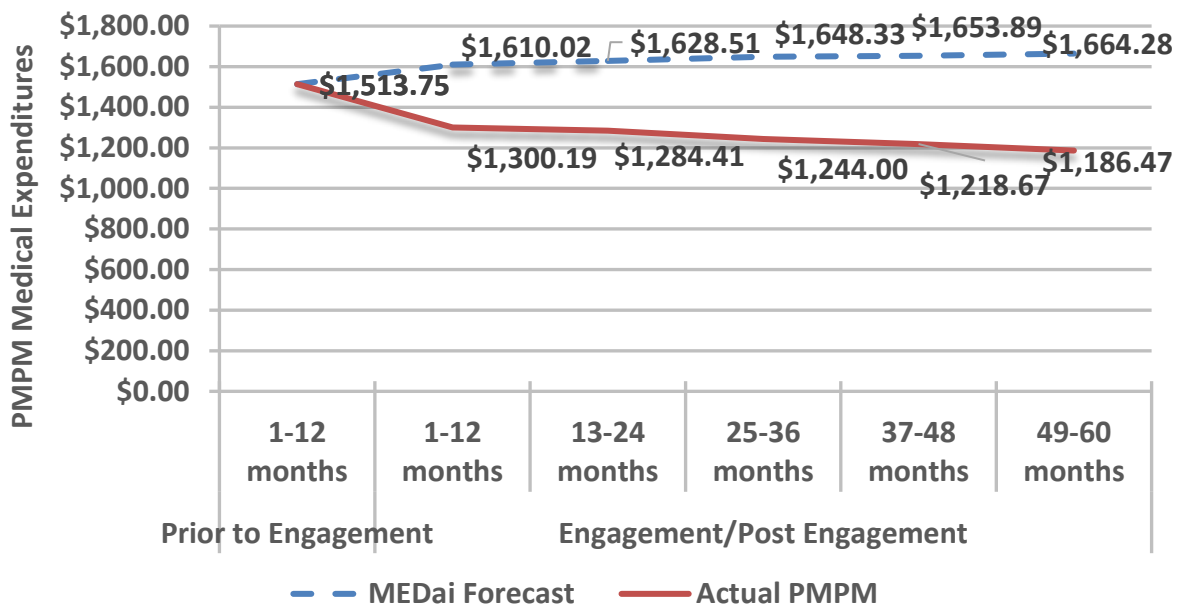


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with coronary artery disease during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with coronary artery disease would incur an average of \$1,610 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$1,300, or 81 percent of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,629 in PMPM expenditures. The actual amount was \$1,284, or 79 percent of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,648 in PMPM expenditures. The actual amount was \$1,244, or 75 percent of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,654 in PMPM expenditures. The actual amount was \$1,219, or 74 percent of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,664 in PMPM expenditures. The actual amount was \$1,186, or 71 percent of forecast (Exhibit 4-12).

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



At the category-of-service level, all costs declined during the first 12 months of engagement. The most significant declines occurred within hospital and physician expenditures (Exhibit 4-13).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$633.24	\$537.04	(\$96.20)	-15%
Outpatient Hospital	\$184.30	\$141.10	(\$43.21)	-23%
Physician	\$303.53	\$248.87	(\$54.66)	-18%
Pharmacy	\$199.92	\$190.30	(\$9.62)	-5%
Behavioral Health	\$28.12	\$27.11	(\$1.02)	-4%
All Other	\$164.63	\$155.77	(\$8.86)	-5%
Total	\$1,513.75	\$1,300.19	(\$213.56)	-14%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with coronary artery disease as their most expensive diagnosis by multiplying total months of engagement in SFY 2018 by average PMPM savings. The resultant savings equaled approximately \$1.6 million (Exhibit 4-14).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	3,206	\$309.83	\$993,323
Months 13 - 24	1,102	\$344.11	\$379,204
Months 25 - 36	364	\$404.36	\$147,187
Months 37 - 48	89	\$435.23	\$38,735
Months 49 -60	30	\$477.81	\$14,334
Total	4,791	\$328.28	\$1,572,783

COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 1,530 health coaching participants with a chronic obstructive pulmonary disease (COPD) diagnosis. COPD was the most expensive diagnosis at the time of engagement for 35 percent of participants with this diagnosis (Exhibit 4-15).

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

Participants w/COPD	Number Most Expensive	Percent Most Expensive
1,530	532	35%

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

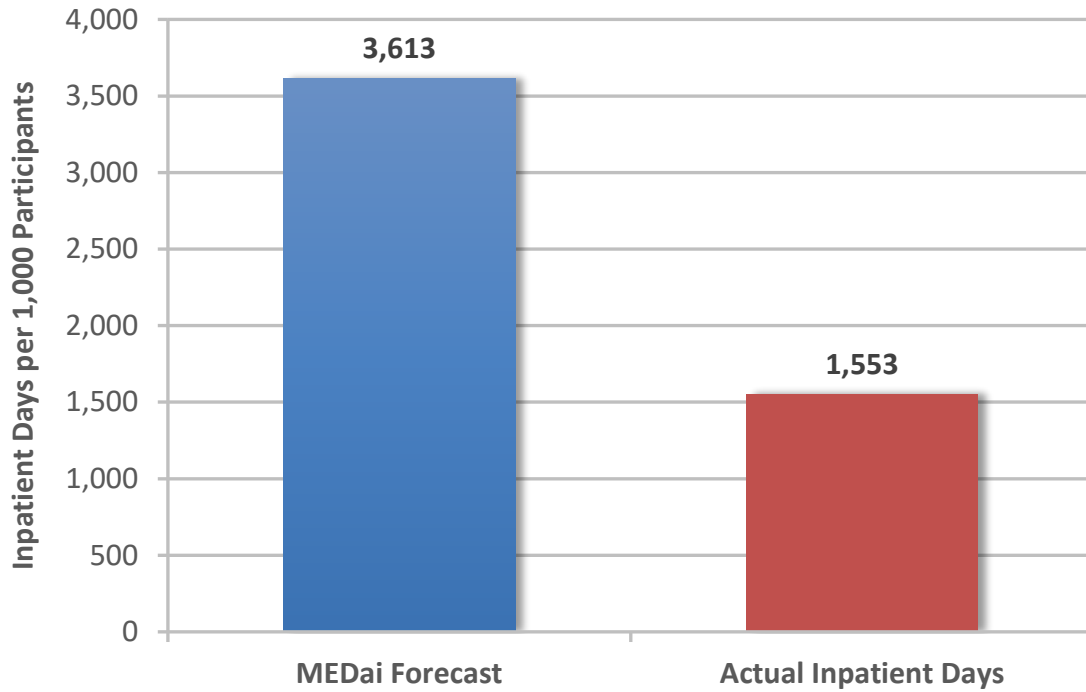
Exhibit 4-16 – Participants with COPD Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	34%
Coronary Artery Disease	25%
COPD	---
Diabetes	38%
Heart Failure	14%
Hypertension	73%

Utilization

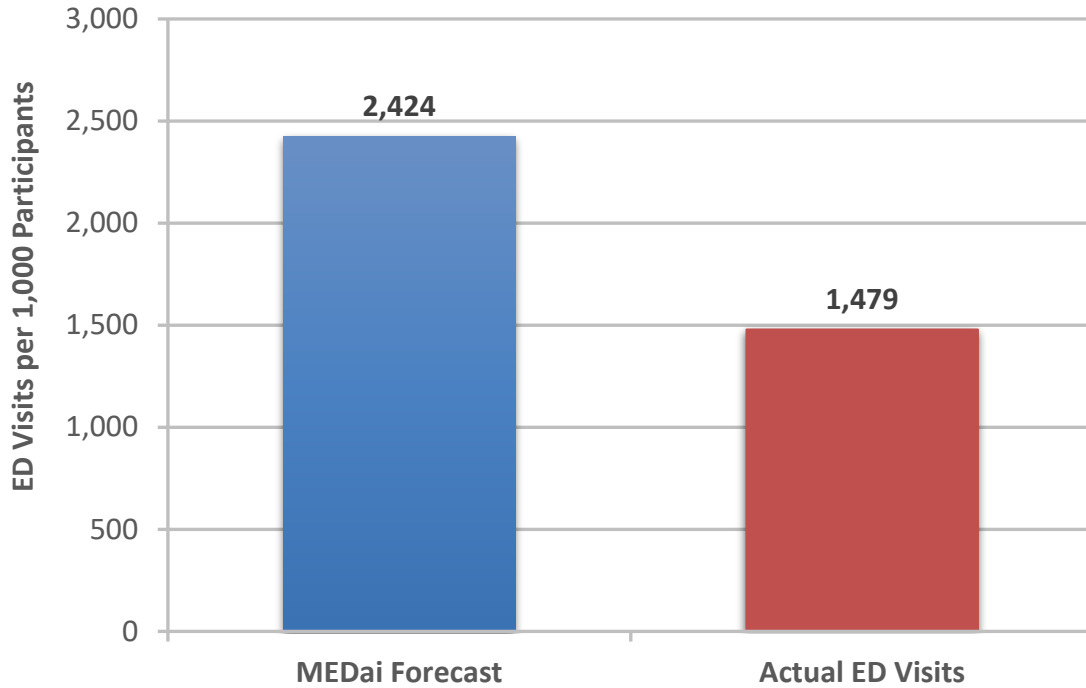
MEDai forecasted that participants with COPD would incur 3,613 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,553, or 43 percent of forecast (Exhibit 4-17).

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



MEDai forecasted that participants with COPD would incur 2,424 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,479, or 61 percent of forecast (Exhibit 4-18).

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

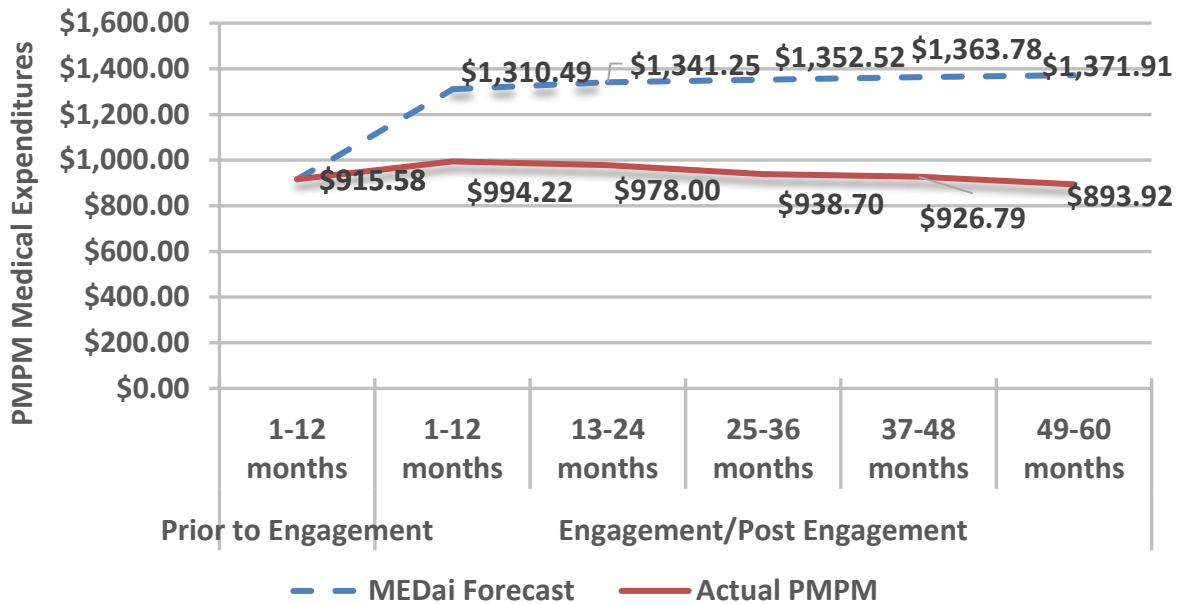


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with COPD during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with COPD would incur an average of \$1,310 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$994, or 76% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,341 in PMPM expenditures. The actual amount was \$978, or 73% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,353 in PMPM expenditures. The actual amount was \$939, or 69% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,364 in PMPM expenditures. The actual amount was \$927, or 68% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,372 in PMPM expenditures. The actual amount was \$894, or 65% of forecast (Exhibit 4-19).

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



At the category-of-service level in the first 12 months of engagement, inpatient hospital, physician and behavioral health expenditures declined, while other service costs increased, with pharmacy costs experiencing the most significant growth (Exhibit 4-20).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$202.21	\$182.64	(\$19.57)	-10%
Outpatient Hospital	\$104.73	\$110.86	\$6.12	6%
Physician	\$181.66	\$173.19	(\$8.47)	-5%
Pharmacy	\$222.64	\$318.34	\$95.70	43%
Behavioral Health	\$76.78	\$74.65	(\$2.13)	-3%
All Other	\$127.56	\$134.55	\$6.98	5%
Total	\$915.58	\$994.22	\$78.64	9%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with COPD as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately \$6.1 million (Exhibit 4-21).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	12,118	\$316.27	\$3,832,559
Months 13 - 24	4,078	\$363.25	\$1,481,336
Months 25 - 36	1,403	\$413.82	\$580,583
Months 37 - 48	349	\$436.99	\$152,511
Months 49 -60	111	\$477.99	\$53,057
Total	18,059	\$337.78	\$6,100,046

Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 1,190 health coaching participants with a diabetes diagnosis. Diabetes was the most expensive diagnosis at the time of engagement for 68 percent of participants with this diagnosis (Exhibit 4-22).

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

Participants w/Diabetes	Number Most Expensive	Percent Most Expensive
1,190	810	68%

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

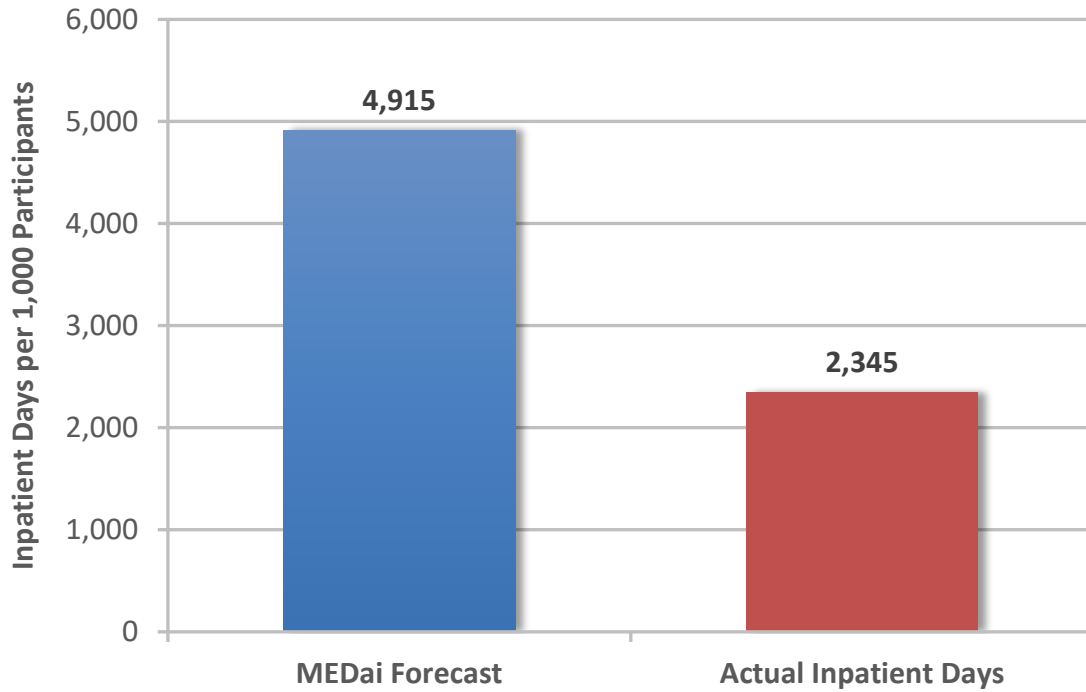
Exhibit 4-23 – Participants with Diabetes Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	26%
Coronary Artery Disease	22%
COPD	37%
Diabetes	---
Heart Failure	15%
Hypertension	81%

Utilization

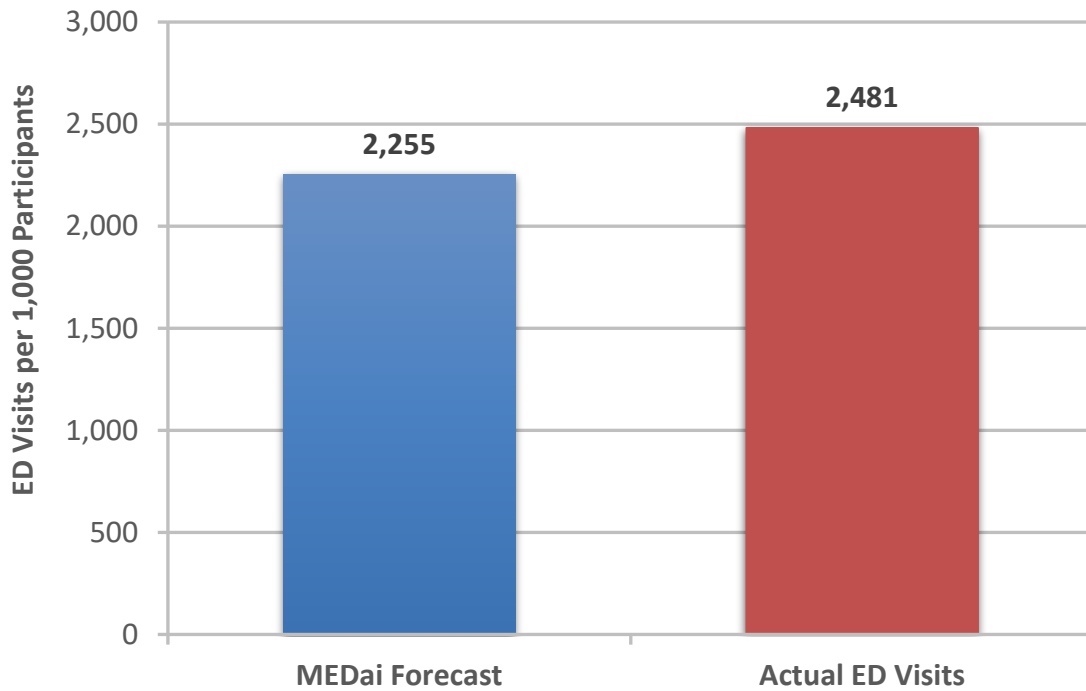
MEDai forecasted that participants with diabetes would incur 4,915 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 2,345, or 48 percent of forecast (Exhibit 4-24).

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



MEDai forecasted that participants with diabetes would incur 2,255 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,481, or 110 percent of forecast (Exhibit 4-25).

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

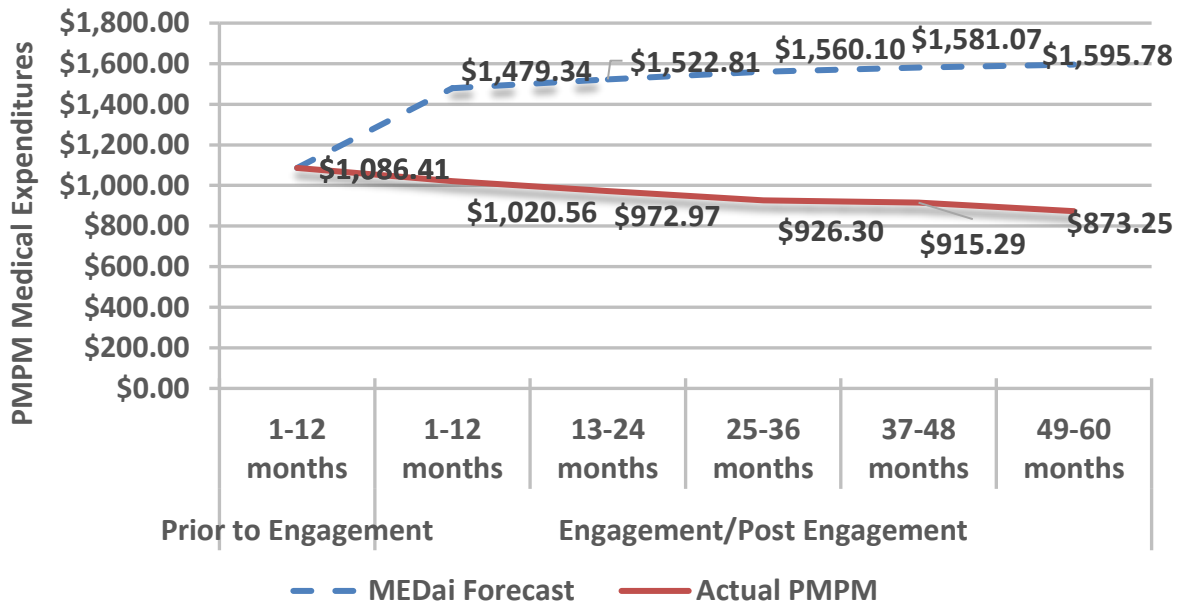


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with diabetes during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with diabetes would incur an average of \$1,479 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$1,021, or 69% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,523 in PMPM expenditures. The actual amount was \$973, or 64% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,560 in PMPM expenditures. The actual amount was \$926, or 59% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,581 in PMPM expenditures. The actual amount was \$915, or 58% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,596 in PMPM expenditures. The actual amount was \$873, or 55% of forecast (Exhibit 4-26).

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



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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$288.68	\$243.61	(\$45.08)	-16%
Outpatient Hospital	\$122.31	\$127.14	\$4.83	4%
Physician	\$213.12	\$185.30	(\$27.82)	-13%
Pharmacy	\$269.83	\$276.93	\$7.09	3%
Behavioral Health	\$56.36	\$59.29	\$2.93	5%
All Other	\$136.10	\$128.30	(\$7.80)	-6%
Total	\$1,086.41	\$1,020.56	(\$65.85)	-6%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with diabetes as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately \$13.9 million (Exhibit 4-28).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	18,509	\$458.78	\$8,491,571
Months 13 - 24	6,453	\$549.84	\$3,548,113
Months 25 - 36	2,155	\$633.80	\$1,365,845
Months 37 - 48	518	\$665.78	\$344,875
Months 49 -60	171	\$722.53	\$123,553
Total	27,806	\$498.96	\$13,873,957

Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 299 health coaching participants with a heart failure diagnosis. Heart failure was the most expensive diagnosis at the time of engagement for 18 percent of participants with this diagnosis (Exhibit 4-29). Results for this diagnosis should be interpreted with caution given the small size of the population.

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

Participants w/Heart Failure	Number Most Expensive	Percent Most Expensive
299	54	18%

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

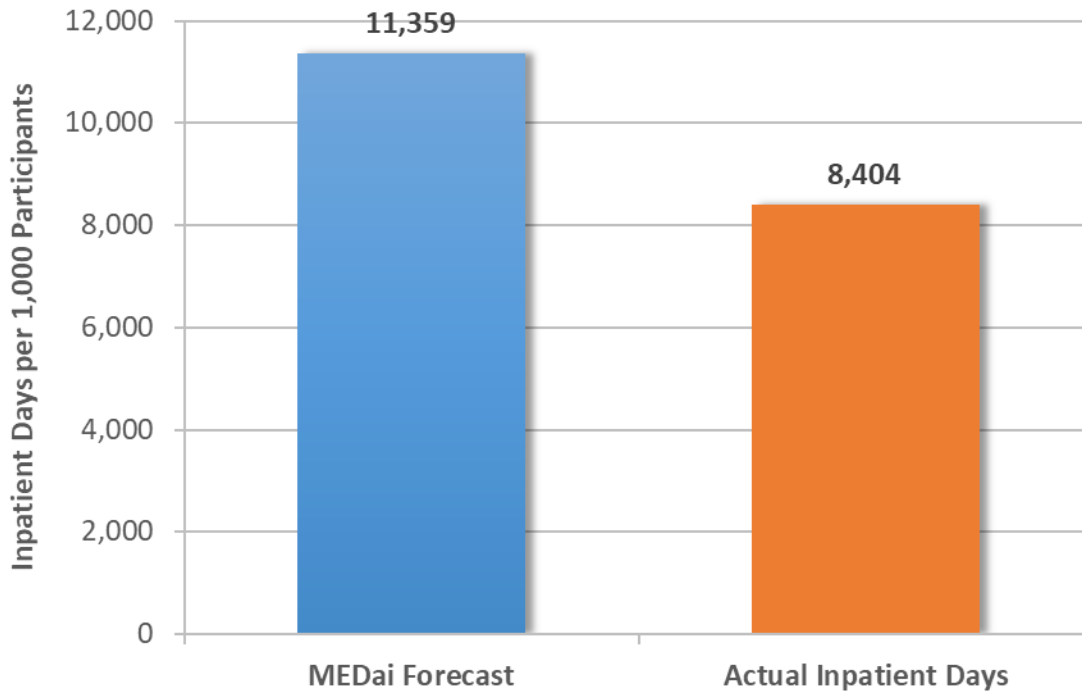
Exhibit 4-30 – Participants with Heart Failure Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	61%
COPD	66%
Diabetes	54%
Heart Failure	---
Hypertension	93%

Utilization

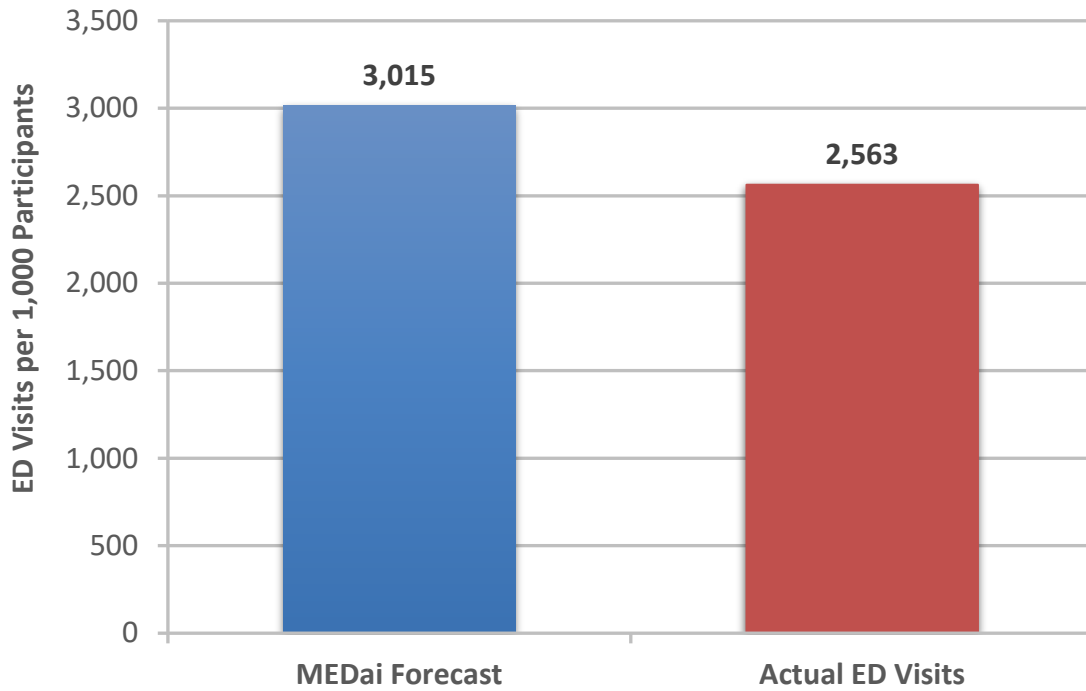
MEDai forecasted that participants with heart failure would incur 11,359 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 8,404, or 74 percent of forecast (Exhibit 4-31).

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



MEDai forecasted that participants with heart failure would incur 3,015 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,563, or 85 percent of forecast (Exhibit 4-32).

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

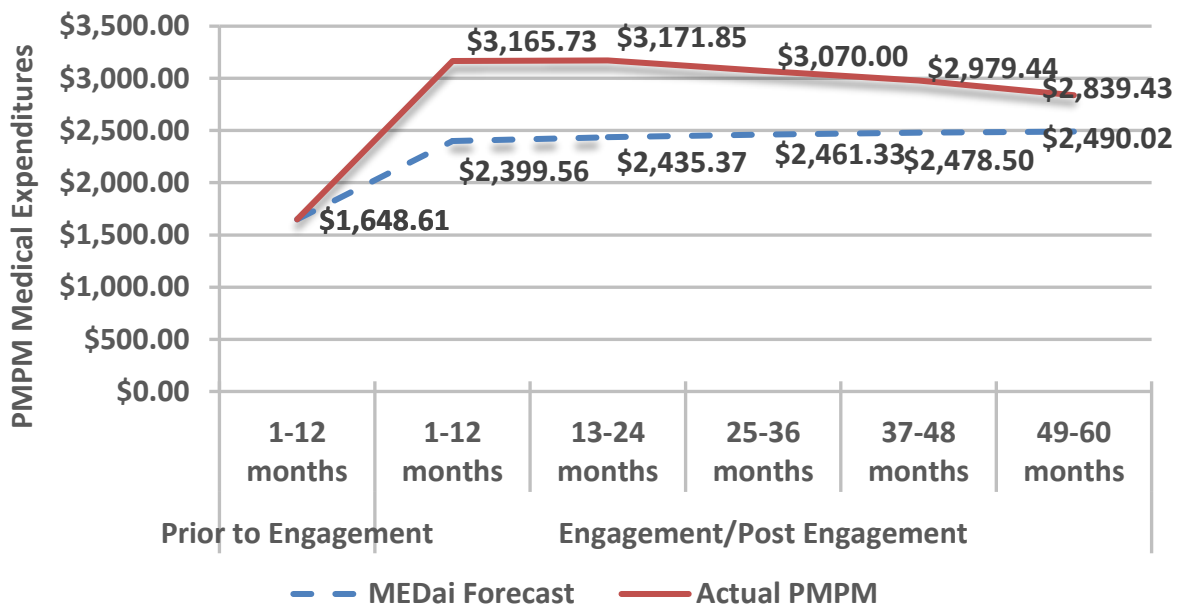


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with heart failure during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with heart failure would incur an average of \$2,400 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$3,166, or 132% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$2,435 in PMPM expenditures. The actual amount was \$3,172, or 130% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$2,461 in PMPM expenditures. The actual amount was \$3,070, or 125% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$2,479 in PMPM expenditures. The actual amount was \$2,979, or 120% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$2,490 in PMPM expenditures. The actual amount was \$2,839, or 114% of forecast (Exhibit 4-33). As noted, results for this diagnosis should be interpreted with caution given the small size of the population.

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



At the category-of-service level, the most significant increases in the first 12 months of engagement occurred within hospital and physician expenditures (Exhibit 4-34).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$713.73	\$2,024.11	\$1,310.38	184%
Outpatient Hospital	\$173.30	\$246.12	\$72.82	42%
Physician	\$254.89	\$386.26	\$131.37	52%
Pharmacy	\$221.67	\$232.64	\$10.97	5%
Behavioral Health	\$54.09	\$62.79	\$8.70	16%
All Other	\$230.93	\$213.81	(\$17.12)	-7%
Total	\$1,648.61	\$3,165.73	\$1,517.12	92%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with heart failure as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant deficit equaled (\$1.2 million) (Exhibit 4-35).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	1,096	(\$766.17)	(\$839,723)
Months 13 - 24	371	(\$736.48)	(\$273,235)
Months 25 - 36	124	(\$608.66)	(\$75,474)
Months 37 - 48	31	(\$500.94)	(\$15,529)
Months 49 -60	10	(\$349.41)	(\$3,494)
Total	1,632	(\$739.86)	(\$1,207,455)

Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2018 included 2,746 health coaching participants with a hypertension diagnosis. Hypertension was the most expensive diagnosis at the time of engagement for 56 percent of participants with this diagnosis (Exhibit 4-36).

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

Participants w/Hypertension	Number Most Expensive	Percent Most Expensive
2,746	1,537	56%

A significant portion of participants with hypertension also were diagnosed with another chronic impact condition, although the comorbidity rate lagged that of the other diagnosis groups, which may have contributed to the relatively high percentage of hypertensive participants for whom hypertension was the most expensive condition (Exhibit 4-37).

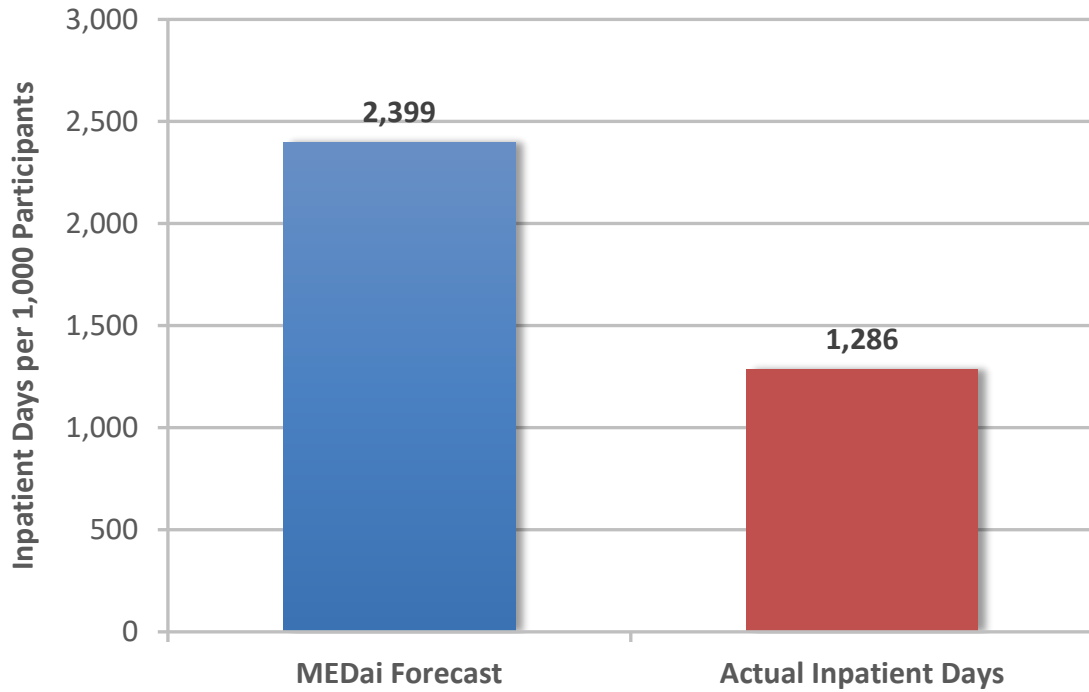
Exhibit 4-37 – Participants with Hypertension Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	18%
COPD	43%
Diabetes	44%
Heart Failure	12%
Hypertension	---

Utilization

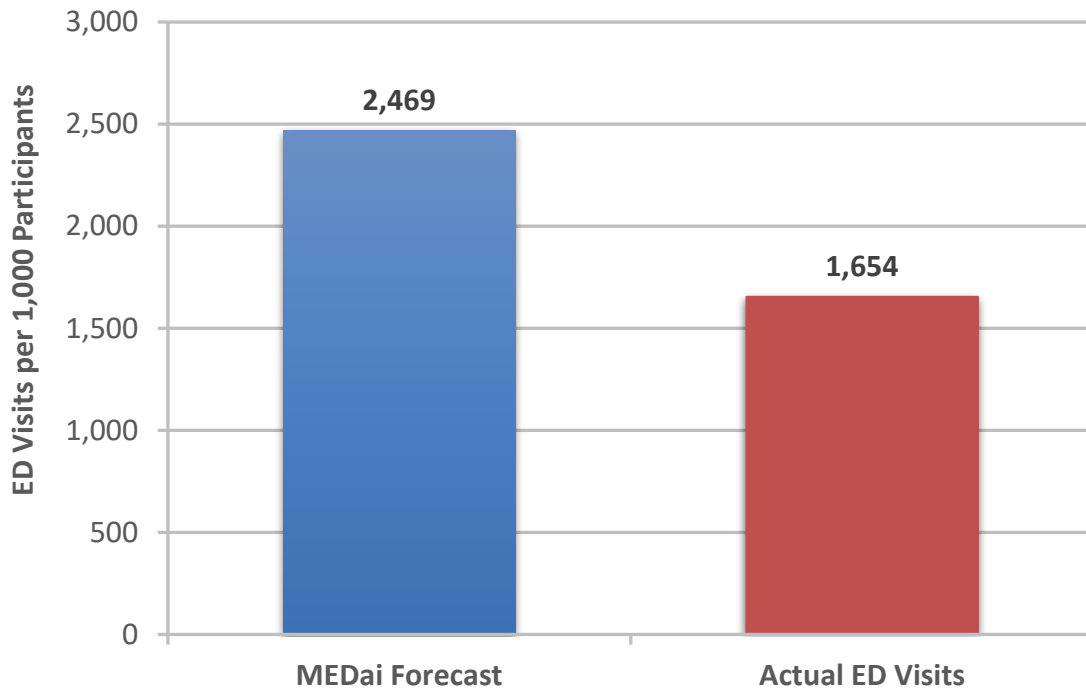
MEDai forecasted that participants with hypertension would incur 2,399 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,286, or 54 percent of forecast (Exhibit 4-38).

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



MEDai forecasted that participants with hypertension would incur 2,469 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,654, or 67 percent of forecast (Exhibit 4-39).

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

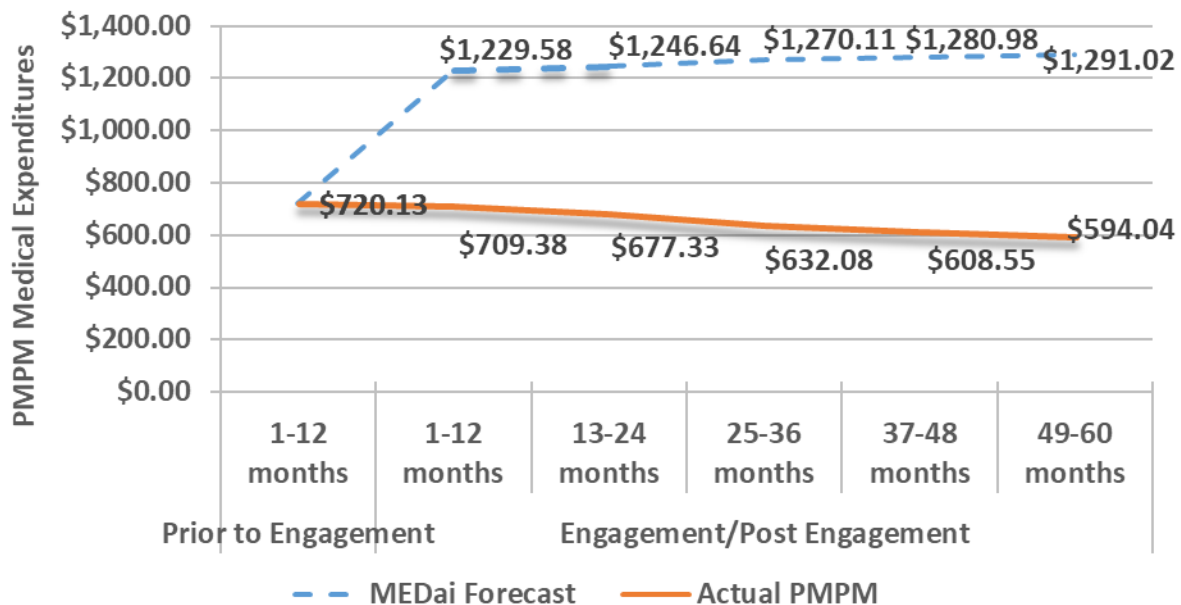


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with hypertension during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with hypertension would incur an average of \$1,230 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$709, or 58% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,247 in PMPM expenditures. The actual amount was \$677, or 54% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,270 in PMPM expenditures. The actual was \$632, or 50% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,281 in PMPM expenditures. The actual was \$609, or 48% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,291 in PMPM expenditures. The actual was \$594, or 46% of forecast (Exhibit 4-40).

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



At the category-of-service level in the first 12 months of engagement, inpatient hospital expenditures declined significantly, while pharmacy expenditures increased and most other service costs were relatively flat (Exhibit 4-41).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$168.51	\$113.68	(\$54.83)	-33%
Outpatient Hospital	\$103.14	\$104.63	\$1.49	1%
Physician	\$164.45	\$157.95	(\$6.50)	-4%
Pharmacy	\$144.40	\$197.56	\$53.17	37%
Behavioral Health	\$50.69	\$47.98	(\$2.72)	-5%
All Other	\$88.94	\$87.58	(\$1.36)	-2%
Total	\$720.13	\$709.38	(\$10.75)	-1%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with hypertension as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately \$28 million (Exhibit 4-42).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	33,671	\$520.20	\$17,515,557
Months 13 - 24	11,765	\$569.31	\$6,697,926
Months 25 - 36	3,957	\$638.03	\$2,524,690
Months 37 - 48	963	\$672.43	\$647,552
Months 49 -60	318	\$696.98	\$221,641
Total	50,674	\$544.80	\$27,607,366

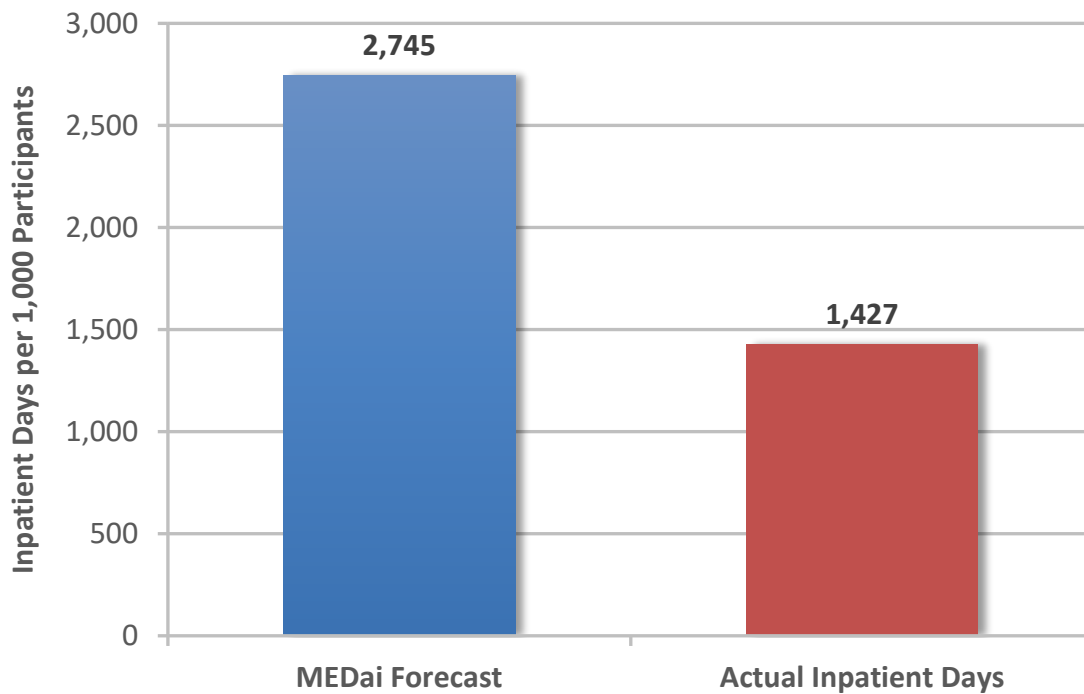
Utilization and Expenditure Evaluation – All Participants

This section presents consolidated trend data across all 5,940 SoonerCare HMP health coaching participants, regardless of diagnosis. For approximately 73 percent of participants, the most expensive diagnosis at the time of engagement was one of the six target chronic impact conditions.

Utilization

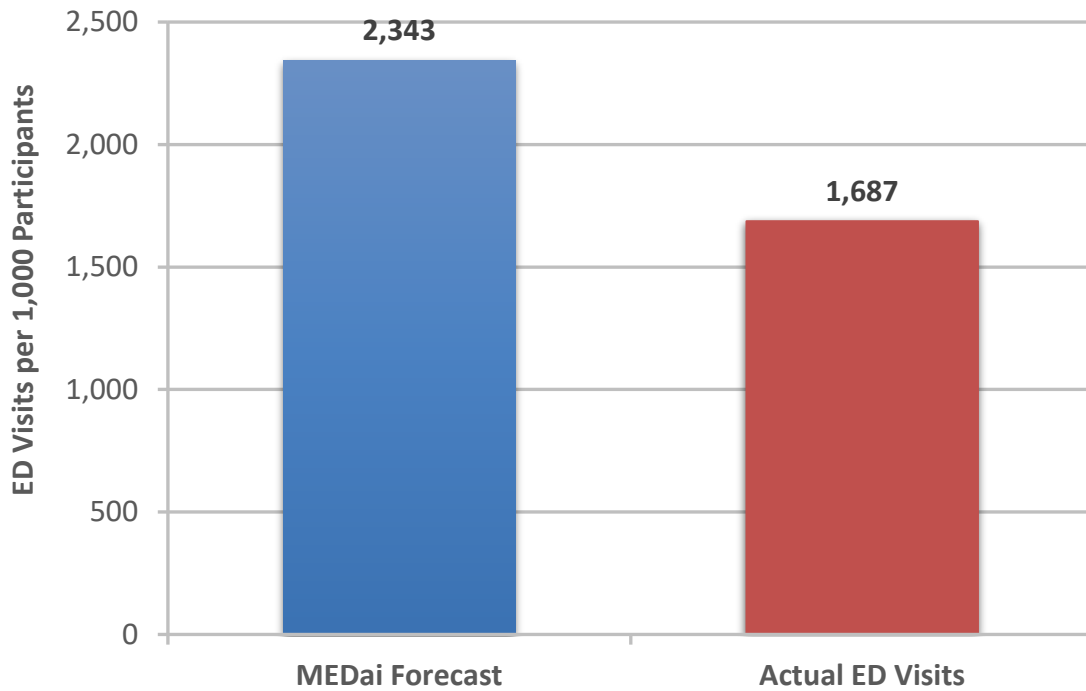
MEDai forecasted that SoonerCare HMP participants as a group would incur 2,745 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,427, or 52 percent of forecast (Exhibit 4-43).

**Exhibit 4-43 – All SoonerCare HMP Health Coaching Participants
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants**



MEDai forecasted that SoonerCare HMP participants as a group would incur 2,343 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,687, or 72 percent of forecast (Exhibit 4-44).

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

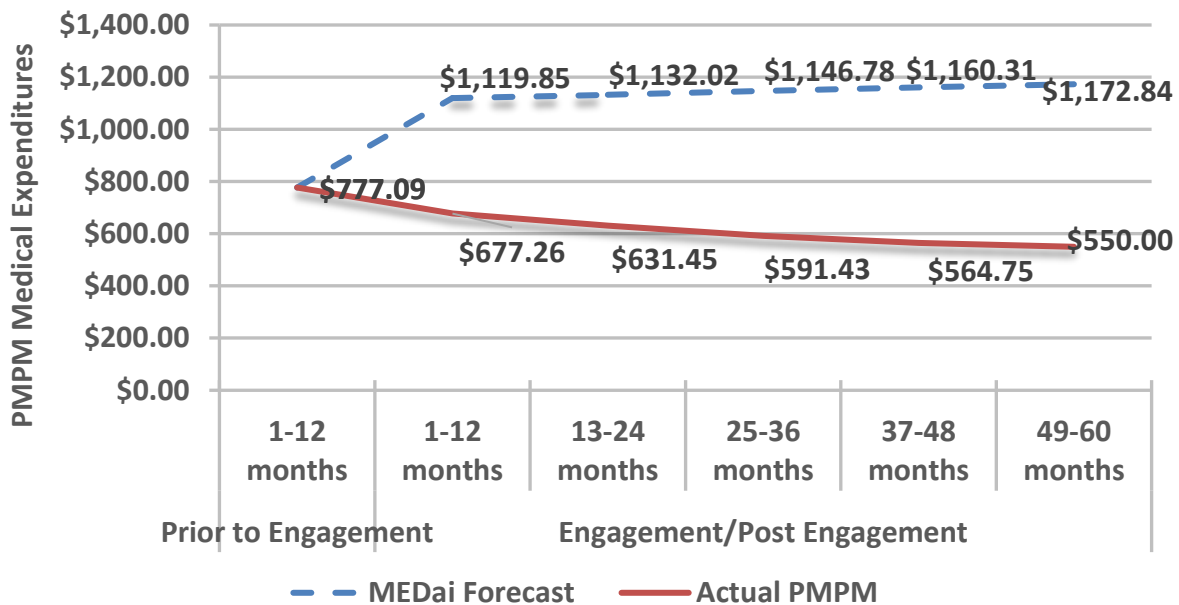


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for all SoonerCare HMP participants as a group and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that the participant population would incur an average of \$1,120 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$677, or 60% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,132 in PMPM expenditures. The actual amount was \$631, or 56% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,147 in PMPM expenditures. The actual amount was \$591, or 52% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,160 in PMPM expenditures. The actual amount was \$565, or 49% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,173 in PMPM expenditures. The actual amount was \$550, or 47% of forecast (Exhibit 4-45).

**Exhibit 4-45 – All SoonerCare HMP Health Coaching Participants
Total PMPM Expenditures**



At the category-of-service level in the first 12 months of engagement, all costs declined except pharmacy (Exhibit 4-46).

**Exhibit 4-46 – All SoonerCare HMP Health Coaching Participants
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$178.33	\$137.87	(\$40.46)	-23%
Outpatient Hospital	\$105.92	\$92.32	(\$13.60)	-13%
Physician	\$173.26	\$140.94	(\$32.32)	-19%
Pharmacy	\$160.49	\$171.38	\$10.89	7%
Behavioral Health	\$60.80	\$50.62	(\$10.18)	-17%
All Other	\$98.28	\$84.13	(\$14.15)	-14%
Total	\$777.09	\$677.26	(\$99.82)	-13%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for all SoonerCare HMP participants by multiplying total months of engagement by average PMPM savings. The resultant savings equaled \$88 million (Exhibit 4-47).

**Exhibit 4-47 – All SoonerCare HMP Health Coaching Participants
Aggregate Savings**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	124,010	\$442.59	\$54,885,185
Months 13 - 24	44,190	\$500.57	\$22,120,149
Months 25 - 36	14,873	\$555.35	\$8,259,668
Months 37 - 48	3,650	\$595.56	\$2,173,780
Months 49 -60	1,208	\$622.83	\$752,382
Total	187,931	\$469.27	\$88,191,164

This was a noteworthy outcome given the relatively short enrollment tenure of many participants. It also is noteworthy given that the health coaching population includes “at risk” members referred by providers. These members have lower projected costs, and therefore lower documentable savings under the MEDai methodology, even though by intervening at an early stage, the health coach may help to avert significant future health costs.

It also is encouraging that average PMPM savings continued to rise from the initial 12-month engagement period to subsequent time periods (a trend first observed in the SFY 2015 evaluation report). This suggests that the impact of health coaching increases over time, which bodes well for the program’s long-term success.

SoonerCare HMP Health Coaching Cost Effectiveness Analysis

Over time, the SoonerCare HMP should demonstrate its efficacy through a reduction in the relative PMPM and aggregate costs of engaged members versus what would have occurred absent health coaching. PHPG performed a cost effectiveness analysis by carrying forward and expanding the medical expenditure impact findings from the previous section and adding program administrative expenses to the analysis. To be cost effective, health coaching must demonstrate lower expenditures even after factoring in the program's administrative component.⁵⁰

Administrative Expenses

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

OHCA salary and benefit costs were included for staff assigned to the SoonerCare HMP unit. Costs were prorated for employees working less than full time on the SoonerCare HMP. (In SFY 2018, all employees were full time.)

Overhead expenses (rent, travel, etc.) were allocated based on the unit's share of total OHCA salary/benefit expenses in each fiscal year⁵¹. 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 activities⁵². 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

⁵⁰ For the purposes of the cost effectiveness analysis only, PHPG altered MEDai forecasts for members whose cost for the year prior to engagement exceeded \$144,000, as MEDai forecasts have an upper limit of \$144,000. To ensure they would not skew the cost effectiveness test results, PHPG set the forecasts for these members equal to prior year costs, assuming no increase or decrease in medical costs.

⁵¹ Portion of unit devoted to administration/oversight of health coaching activities. Allocation percentages were 0.60 percent in SFY 2014, 0.46 percent in SFY 2015, 0.79 percent in SFY 2016, 0.78 percent in SFY 2017 and 0.79 percent in SFY 2018.

⁵² Practice facilitation expenses include both the general program and pain management practice facilitation.

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

remaining dollars for centralized operations are included in the practice facilitation cost effectiveness analysis presented in chapter seven.)

SFY 2014 through SFY 2018 aggregate administrative expenses for health coaching totaled approximately \$23.8 million (Exhibit 4-48). This equated to \$160.85 on a PMPM basis. The PMPM calculation was performed using total member months (147,658) for health coaching participants meeting the criteria outlined in chapter one (e.g., enrolled for at least three months)⁵⁴.

Exhibit 4-48 – SoonerCare HMP Health Coaching Administrative Expense

Cost Component	SFY 2014 - 2018 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	\$928,285	\$4.94
OHCA SoonerCare HMP overhead (50% allocation)	\$83,137	\$0.44
Telligen health coaches	\$26,326,392	\$140.09
Telligen Central Operations (50% allocation)	\$4,964,343	\$26.42
Total Administrative Expense	\$32,302,157	\$171.88

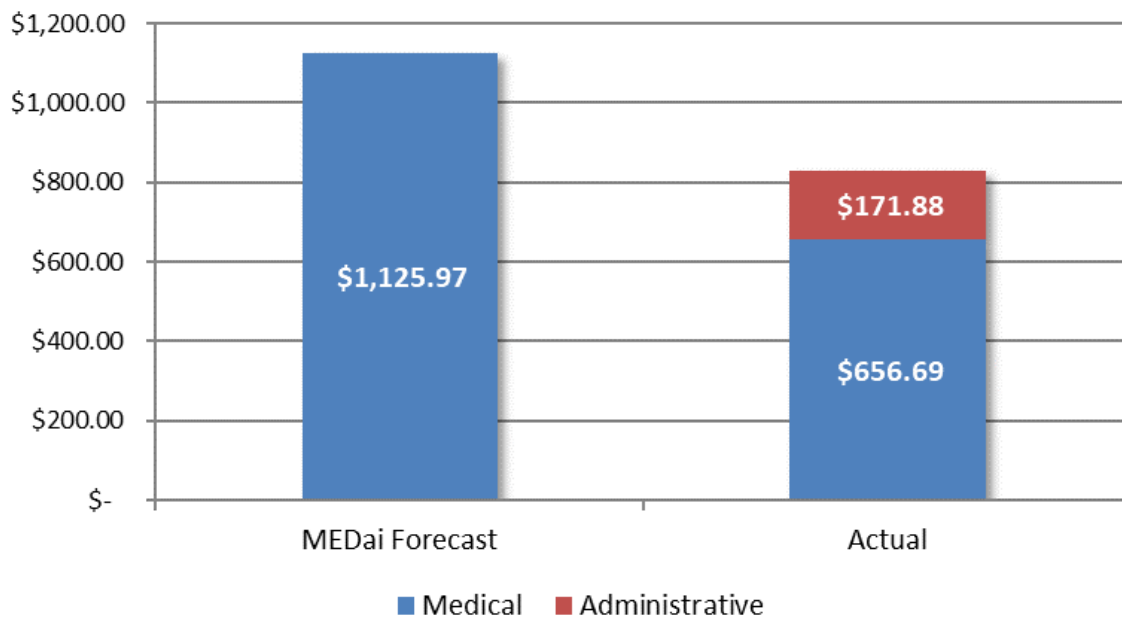
⁵⁴ This methodology overstates the PMPM amount, in that it excludes member months for participants who did not meet the analysis criteria. However, it is appropriate for determining cost effectiveness, as it accounts for all administrative expenses.

Cost Effectiveness Calculation⁵⁵

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

SoonerCare HMP health coaching participants, as a group, were forecasted to incur average medical costs of \$1,125.97⁵⁶. Their actual average PMPM medical costs were \$656.69. With the addition of \$171.88 in average PMPM administrative expenses, total actual costs were \$828.57. Medical expenses accounted for 79 percent of the total and administrative expenses for the other 21 percent. Overall, SoonerCare HMP health coaching participant PMPM expenses, inclusive of administrative costs, were 73.6 percent of forecast (Exhibit 4-49).

Exhibit 4-49 – SoonerCare HMP Health Coaching PMPM Savings



⁵⁵ PMPM and aggregate values differ slightly due to rounding.

⁵⁶ This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24, months 25 – 36, months 37 – 48 and months 49 – 60, as shown in exhibit 4-45. Member month counts are shown in exhibit 4-47.

On an aggregate basis, the health coaching portion of the second generation SoonerCare HMP achieved cumulative net savings during its initial 60 months of operation (July 2013 through June 2018) of \$55.9 million, up from \$3.4 million in its first 12 months, \$12.8 million cumulative savings in its first 24 months, \$27.0 million cumulative savings in its first 36 months and \$41.5 million cumulative savings in its first 48 months (Exhibit 4-50).

***Exhibit 4-50 – All SoonerCare HMP Health Coaching Participants
Aggregate Savings – Net of Administrative Expenses***

Medical Savings	Administrative Costs	Net Savings
\$88,191,164	(\$32,302,157)	\$55,889,007

CHAPTER 5 – PRACTICE FACILITATION – PROVIDER SATISFACTION

Introduction

Providers are an integral component of the SoonerCare HMP and the practice-based health coaching model. Prior to the initiation of health coaching within a practice, the provider and his or her staff participate in practice facilitation to document existing process flows and devise a plan for enhancing care management of patients with chronic conditions.

PHPG attempts to survey all provider offices that participate in practice facilitation to gather information on provider perceptions and satisfaction with the experience. The OHCA provides to PHPG the names of primary care practices and providers who have completed the initial onsite portion of practice facilitation.

PHPG or the OHCA informs providers in advance that they will be contacted by telephone to complete a survey. Providers also are given the option of completing and returning a paper version of the survey by mail, fax or email.

The survey instrument consists of 19 questions in four areas:

- Decision to participate in the SoonerCare HMP
- Practice facilitation activities
- Practice facilitation outcomes
- Health coaching activities

Survey responses can be furnished by providers and/or members of the practice staff. Only practice staff members with direct experience and knowledge of the program are permitted to respond to the survey in lieu of the provider. PHPG screens non-physician respondents to verify their involvement with the program before conducting the survey. A copy of the survey instrument is included in Appendix D.

Survey Population Size

PHPG has conducted surveys with 37 providers at 28 practice locations since the initiation of the second generation HMP. Although the surveys were conducted over an extended period (February 2015 to February 2019), findings are presented for all 37, due to the small sample 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 has compared surveys across years and has identified no significant differences in responses over time.

Practice Facilitation Survey Findings

Decision to Participate in the SoonerCare HMP

Eighteen of the 37 surveys were completed by the individual in the practice who actually made the decision to participate. Fifteen of the 18 gave as their primary reason “improving care management of patients with chronic conditions/improving outcomes”. (Two stated “receiving assistance in redesigning practice workflows” and one did not respond.)

Secondary reasons cited by one or more respondents included:

- Gaining access to practice facilitator and/or embedded health coach (12 respondents)
- Continuing education (nine respondents)
- Increasing income (three respondents)
- Reducing costs (three respondents)
- Improving care management of patients with chronic conditions/improving outcomes (two respondents)
- Receiving assistance in redesigning practice workflows (one respondent)

Practice Facilitation Activities

Respondents were asked to rate the importance of the specific activities typically performed by practice facilitators. Respondents were asked to rate their importance regardless of the practice’s actual experience.

Each of the activities was rated “very important” by a majority of the respondents (Exhibit 5-1 on the following page). The highest rated item was “receiving focused training in evidence-based practice guidelines for chronic conditions”.

Exhibit 5-1 – Importance of Practice Facilitation Components

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
1. Receiving information on the prevalence of chronic diseases among your patients	67.6%	27.0%	5.4%	0.0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	81.1%	18.9%	0.0%	0.0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	86.1%	13.9%	0.0%	0.0%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	73.0%	27.0%	0.0%	0.0%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	78.4%	21.6%	0.0%	0.0%
6. Having a Practice Facilitator on-site to work with you and your staff	64.9%	27.0%	5.4%	2.7%
7. Receiving quarterly reports on your progress with respect to identified performance measures	73.0%	27.0%	0.0%	0.0%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	78.4%	21.6%	0.0%	0.0%

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

Helpfulness of Program Components

Respondents next were asked to rate the helpfulness of the same practice facilitation components in terms of improving their management of patients with chronic conditions. The overall level of satisfaction was high, with all eight activities rated as “very helpful” by half or more of the respondents (Exhibit 5-2).

Exhibit 5-2 – Helpfulness of Practice Facilitation Components

Practice Facilitation Component	Level of Helpfulness				
	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	Don't know
1. Receiving information on the prevalence of chronic diseases among your patients	64.9%	27.0%	5.4%	0.0%	2.7%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	75.7%	18.9%	2.7%	0.0%	2.7%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	78.4%	18.9%	0.0%	0.0%	2.7%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	59.5%	29.7%	2.7%	0.0%	8.1%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	73.0%	24.3%	0%	0.0%	2.7%
6. Having a practice facilitator on-site to work with you and your staff	73.0%	18.9%	2.7%	2.7%	2.7%
7. Receiving quarterly reports on your progress with respect to identified performance measures	58.6%	34.5%	3.4%	0.0%	3.4%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	70.3%	24.3%	0.0%	0.0%	5.4%

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

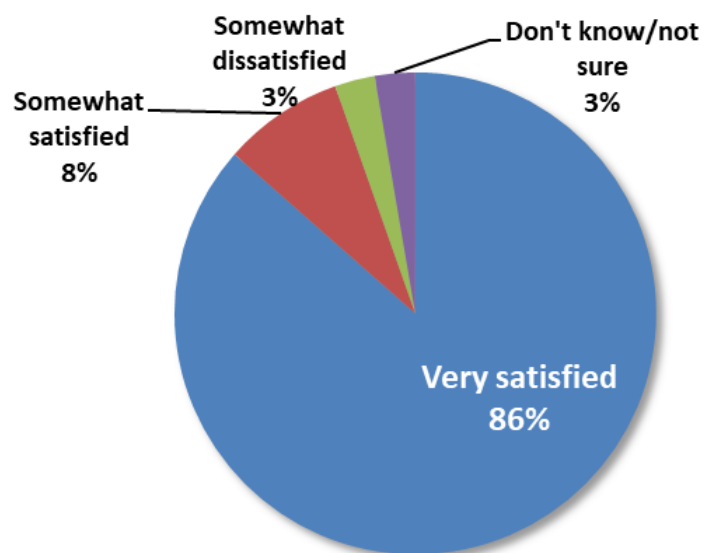
Practice Facilitation Outcomes

Thirty of 37 respondents (81.1 percent) reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. (Three stated they did not make changes and four were unsure.) The types of changes made included:

- Better education of patients with chronic conditions, including provision of educational materials (21 respondents)
- More frequent foot/eye exams and/or HbA1c testing of diabetic patients (20 respondents)
- Identification of tests/exams to manage chronic conditions (19 respondents)
- Improved documentation (19 respondents)
- Increased staff involvement in chronic care workups (18 respondents)
- Increased attention/diligence in use of charts (16 respondents)
- Use of flow sheets/forms provided by the practice facilitator or created through CareMeasures (10 respondents)

Thirty-one of the 37 respondents (90 percent) stated that their practice had become more effective in managing patients with chronic conditions as a result of their participation in practice facilitation. This translated into a high level of satisfaction with the overall practice facilitation experience (Exhibit 5-3).

Exhibit 5-3 – Overall Satisfaction with Practice Facilitation Experience



Consistent with this result, 90 percent of respondents said they would recommend the practice facilitation program to other physicians caring for patients with chronic conditions. The others did not know/were not sure.

Health Coach Activities

Thirty-two of the 37 respondents stated they had a health coach currently assigned to their practice. The 32 respondents were asked to rate the importance of the activities performed by the health coach. A majority rated each of the activities as “very important” (Exhibit 5-4).

Exhibit 5-4 – Importance of Health Coaching Activities

Health Coaching Activity	Level of Importance				
	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not sure
1. Learning about your patients and their health care needs	93.8%	3.1%	0.0%	0.0%	3.1%
2. Giving easy to understand instructions about taking care of health problems or concerns	93.8%	6.3%	0.0%	0.0%	0.0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	90.6%	6.3%	0.0%	0.0%	3.1%
4. Answering patient questions about their health	90.6%	9.4%	0.0%	0.0%	0.0%
5. Helping patients to talk to and work with you and practice staff	81.3%	15.6%	0.0%	0.0%	3.1%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	78.1%	21.9%	0.0%	0.0%	0.0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	78.1%	21.9%	0.0%	0.0%	0.0%
8. Reviewing patient medications and helping patients to manage their medications	75.0%	25.0%	0.0%	0.0%	0.0%

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

Respondents next were asked to rate their satisfaction with health coaching activities, in terms of assistance provided to their patients. The level of satisfaction was very high across all activities (Exhibit 5-5).

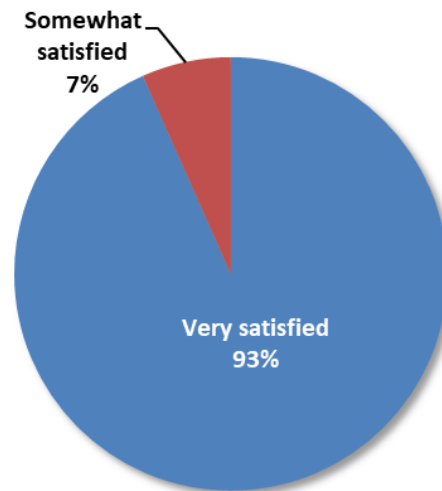
Exhibit 5-5 – Satisfaction with Health Coaching Activities

Health Coaching Activity	Level of Satisfaction				
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Sure
1. Learning about your patients and their health care needs	90.3%	3.2%	0.0%	0.0%	6.5%
2. Giving easy to understand instructions about taking care of health problems or concerns	78.1%	6.3%	0.0%	0.0%	15.6%
3. Helping patients to identify changes in their health that might be an early sign of a problem	78.1%	9.4%	0.0%	0.0%	12.5%
4. Answering patient questions about their health	75.0%	12.5%	0.0%	0.0%	12.5%
5. Helping patients to talk to and work with you and practice staff	84.4%	3.1%	0.0%	0.0%	12.5%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	75.0%	9.4%	0.0%	0.0%	15.6%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	78.1%	6.3%	0.0%	0.0%	15.6%
8. Reviewing patient medications and helping patients to manage their medications	71.9%	9.4%	0.0%	0.0%	18.8%

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

The providers' enthusiasm was further reflected in their overall satisfaction with having a health coach assigned to their practice (Exhibit 5-6).

Exhibit 5-6 – Overall Satisfaction with Health Coach



It also carried over to the types of comments made when asked to suggest ways to improve the program:

- “Health coach has been very helpful to many of our patients and staff”
- “We are still very new in this service. She just selected our measure for improvement. So far, so good!”
- “Excellent program”
- “Let us keep them – we love them!”
- “Doing a great job!”
- “Clone her” (health coach)
- “Every office needs a (health coach like her). She is wonderful. The patients tell her things they won’t tell the provider.”
- “More coaches – we love them!”

In terms of suggestions, one provider questioned the OHCA’s methodology for identifying health coaching participants. In this provider’s opinion, the criteria can result in the enrollment of patients with fewer needs than other patients who do not qualify. Another recommended more frequent assessments of member needs. Several providers stated they wanted easier access to the health coach’s notes and several recommended that the OHCA not impose limits on which patients can be referred to the health coach (e.g., allow referral of non-Medicaid patients).

Summary of Key Findings

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP very favorably. The most common reason cited for participating was to receive focused training on evidence-based practice guidelines for chronic conditions. Ninety-seven percent of respondents (36 out of 37) credited the program with helping them to achieve this objective.

Overall, 94 percent of providers described themselves as very or somewhat satisfied with their practice facilitation experience. One hundred percent described themselves as very or somewhat satisfied with having a health coach assigned to their practice.

CHAPTER 6 – PRACTICE FACILITATION – QUALITY OF CARE ANALYSIS

Introduction

SoonerCare HMP practice facilitation is intended to improve quality of care by educating practices on effective treatment of patients with chronic conditions and adoption of clinical best practices.

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

- Asthma measures
 - Use of appropriate medications for people with asthma
 - Medication management for people with asthma – 50 percent⁵⁸
 - Medication management for people with asthma – 75 percent

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

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

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

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

⁵⁸ The 50 percent measure has been discontinued by NCQA/HEDIS but is being reported here as part of the longitudinal analysis of quality measures.

- Percentage of members prescribed ACE/ARB therapy or diuretics with annual medication monitoring
- Mental Health measures
 - Follow-up after hospitalization for mental illness – 7 days
 - Follow-up after hospitalization for mental illness – 30 days
- Preventive health measures
 - Adult access to preventive/ambulatory health services
 - Children and adolescents' access to PCPs
 - Adult body mass index (BMI) assessment

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

Methodology

The quality of care analysis dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA. To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the program were excluded from the analysis. This was done to avoid double counting the program's impact.

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

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

For each measure, the first exhibit displayed presents SoonerCare practice facilitation site patients and a comparison group (general SoonerCare population or national Medicaid MCO benchmark). The second exhibit presents SoonerCare practice facilitation site patient year-over-year compliance percentages.

Statistically significant differences between members aligned with practice facilitation providers and the comparison group at a 95 percent confidence level are noted in the exhibits through bold face type of the value shown in the "% point difference" column. However, all results

should be interpreted with caution given the small size of the practice facilitation member population.

Asthma

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

- *Use of Appropriate Medications for People with Asthma*: Percent with persistent asthma who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers or 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	40	36	90.0%	81.1%	9.9%
2. Medication Management for People with Asthma – 50 Percent	39	23	59.0%	59.8%	(0.8%)
3. Medication Management for People with Asthma – 75 Percent	39	10	25.6%	39.3%	(13.7%)

There was a slight increase in the rate for two measures, while the third showed no change from SFY 2015 to SFY 2018 (Exhibit 6-2).

Exhibit 6-2 – Asthma Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Appropriate Medications for People with Asthma	90.0%	88.8%	88.1%	90.0%	---
2. Medication Management for People with Asthma – 50 Percent	56.8%	58.5%	57.5%	59.0%	2.2%
3. Medication Management for People with Asthma – 75 Percent	24.3%	24.4%	22.5%	25.6%	1.3%

Cardiovascular Disease

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

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

The compliance rate for the comparison group exceeded the practice facilitation population rate on the one measure having a comparison group percentage (Exhibit 6-3). The difference was statistically significant, although this result should be viewed with caution given the very small practice facilitation population.

Exhibit 6-3 – Cardiovascular Disease Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Persistence of Beta Blocker Treatment after Heart Attack	6	3	50.0%	78.5%	(28.5%)
2. LDL-C Screening	51	40	78.4%	--	--

The compliance rates for both cardiovascular measures increased from SFY 2015 to SFY 2018 (Exhibit 6-4).

Exhibit 6-4 – Cardiovascular Disease Clinical Measures - 2015 - 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	33.3%	37.5%	42.9%	50.0%	16.7%
2. LDL-C Screening	76.0%	78.6%	77.4%	78.4%	2.4%

COPD

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

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

The compliance rate for the comparison group exceeded the practice facilitation population rate on all three measures (Exhibit 6-5). The difference was statistically significant for two of the three measures.

Exhibit 6-5 – COPD Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	85	14	16.5%	31.6%	(15.1%)
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	43	15	34.9%	68.2%	(33.3%)
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	43	31	72.1%	81.4%	(9.3%)

The compliance rate for all three measures increased moderately from SFY 2015 to SFY 2018 (Exhibit 6-6).

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

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	10.5%	12.8%	13.5%	16.5%	6.0%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	30.0%	31.1%	31.8%	34.9%	4.9%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	67.5%	68.8%	70.5%	72.1%	4.6%

Diabetes

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

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

The compliance rate for the practice facilitation population exceeded the comparison group rate on all of the four measures having a comparison group percentage (Exhibit 6-7). The difference was statistically significant for one measure.

Exhibit 6-7 – Diabetes Clinical Measures – Practice Facilitation Members vs Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. LDL-C Screening	265	183	69.1%	65.8%	3.3%
2. Retinal Eye Exam	265	77	29.1%	30.1%	1.0%
3. HbA1c Test	265	204	77.0%	74.2%	2.8%
4. Medical Attention for Nephropathy	265	194	73.2%	52.9%	20.3%
5. ACE/ARB Therapy	265	155	58.5%	---	---

The compliance rate increased slightly for all five diabetes clinical measures from SFY 2015 to SFY 2018 (Exhibit 6-8).

Exhibit 6-8 – Diabetes Clinical Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	66.4%	67.5%	68.1%	69.1%	2.7%
2. Retinal Eye Exam	26.5%	27.9%	28.1%	29.1%	2.6%
3. HbA1c Test	73.1%	73.9%	74.4%	77.0%	3.9%
4. Medical Attention for Nephropathy	72.3%	72.1%	72.2%	73.2%	0.9%
5. ACE/ARB Therapy	57.7%	56.5%	56.7%	58.5%	0.8%

Hypertension

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

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

The compliance rate for the comparison group exceeded the practice facilitation population rate on the one measure having a comparison group percentage (Exhibit 6-9). The difference was statistically significant.

Exhibit 6-9 – Hypertension Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. LDL-C Screening	628	385	61.3%	---	---
2. ACE/ARB Therapy	628	385	61.3%	---	---
3. Diuretics	628	268	42.7%	---	---

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics ⁵⁹	265	218	82.3%	88.2%	(5.9%)

The compliance rate increased slightly for all four hypertension clinical measures from SFY 2015 to SFY 2018 (Exhibit 6-10).

Exhibit 6-10 – Hypertension Clinical Measures - 2015 - 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. LDL-C Screening	58.2%	59.2%	59.7%	61.3%	3.1%
2. ACE/ARB Therapy	60.1%	59.8%	60.2%	61.3%	1.2%
3. Diuretics	41.4%	41.8%	42.3%	42.7%	1.3%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	79.1%	80.4%	80.7%	82.3%	3.2%

⁵⁹ Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

Mental Health

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

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

The compliance rate for the practice facilitation population exceeded the comparison group rate on both measures (Exhibit 6-11). The difference was statistically significant in both cases.

Exhibit 6-11 – Mental Health Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Follow-up after Hospitalization for Mental Illness – Seven Days	168	69	41.1%	24.1%	17.0%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	168	120	71.4%	46.9%	24.5%

The compliance rate for one mental health measure rose slightly, while the other declined slightly from SFY 2015 to SFY 2018 (Exhibit 6-12).

Exhibit 6-12 – Mental Health Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	41.8%	41.4%	41.0%	41.1%	(0.7%)
2. Follow-up after Hospitalization for Mental Illness – 30 Days	70.9%	70.1%	69.9%	71.4%	0.5%

Prevention

The quality of preventive care for members aligned with a practice facilitation provider was evaluated through three clinical measures:

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

The compliance rate for the practice facilitation population exceeded the comparison group rate on two of three measures (Exhibit 6-13). The difference was statistically significant in all cases, although the actual percentage variance for the measure that declined was small.

Exhibit 6-13 – Preventive Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	2,101	2,017	96.0%	83.2%	12.8%
2. Child Access to PCP	6,535	6,470	99.0%	92.1%	6.9%
3. Adult BMI	1,640	167	10.2%	10.6%	(0.4%)

The compliance rates for one of the three measures increased slightly, while the other two measures declined slightly from SFY 2015 to SFY 2018 (Exhibit 6-14).

Exhibit 6-14 – Preventive Measures - 2015 – 2018

Measure	Percent Compliant				2015-2018 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.6%	97.1%	96.9%	96.0%	(0.6%)
2. Child Access to PCP	99.1%	99.2%	99.0%	99.0%	(0.1%)
3. Adult BMI	9.0%	9.6%	9.9%	10.2%	1.2%

Summary of Key Findings

The practice facilitation participant compliance rate exceeded the comparison group rate on nine of 17 measures for which there was a comparison group percentage. The difference was statistically significant for five of the nine measures.

As with the health coaching quality of care analysis, the most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care. The overlap is not surprising, since any practice changes affecting health coaching participants would likely carry over to other patients with the same care needs.

Conversely, the comparison group compliance rate exceeded the participant compliance rate on eight of 17 measures; the difference was statistically significant for six of the eight measures.

The SFY 2018 results were consistent with findings for earlier fiscal years. The long-term benefits to participants will continue to be measured through the quality of care longitudinal analysis and through the utilization and expenditure analysis presented in the next chapter.

CHAPTER 7 – PRACTICE FACILITATION – EXPENDITURE & COST EFFECTIVENESS ANALYSIS

Introduction

Practice facilitation, if effective, should have an observable impact on service utilization and expenditures for patients with chronic conditions. Improvement in the quality of care should yield better outcomes in the form of lower acute care costs.

This section presents information for members with chronic conditions treated at practice facilitation sites. The analysis includes detailed findings for the same six chronic impact conditions evaluated in the health coaching expenditure evaluation: asthma, coronary artery disease, COPD, diabetes, heart failure and hypertension. It also includes findings for other members aligned with practice facilitation providers (i.e., outside of the chronic impact group) and for members aligned with practice facilitation providers in total.

Similar to the method used for the health coaching evaluation, PHPG calculated aggregate and PMPM medical expenditures for members treated during the evaluation period. PHPG then compared actual expenditures to trended MEDai forecasts.

Methodology for Creation of Expenditure Dataset

The practice facilitation dataset was developed from the complete Medicaid claims and eligibility extract provided by the OHCA.

To be included in the analysis, members had to have been aligned with a PCMH provider who underwent practice facilitation. They also had to have been seen by a PCMH provider at least once following their own PCMH provider's initiation into practice facilitation. Members participating in the health coaching portion of the SoonerCare HMP were excluded from the analysis. This was done to avoid double counting the impact of the program.

Members with more than one diagnosis were included in their diagnostic category with the greatest expenditures during the post-initiation period.

Findings are presented starting on the following page in similar format to the health coaching data presented in chapter four. Actual hospital days, ED visits and PMPM expenditures are compared to MEDai forecasts. Appendix E contains detailed expenditure exhibits.

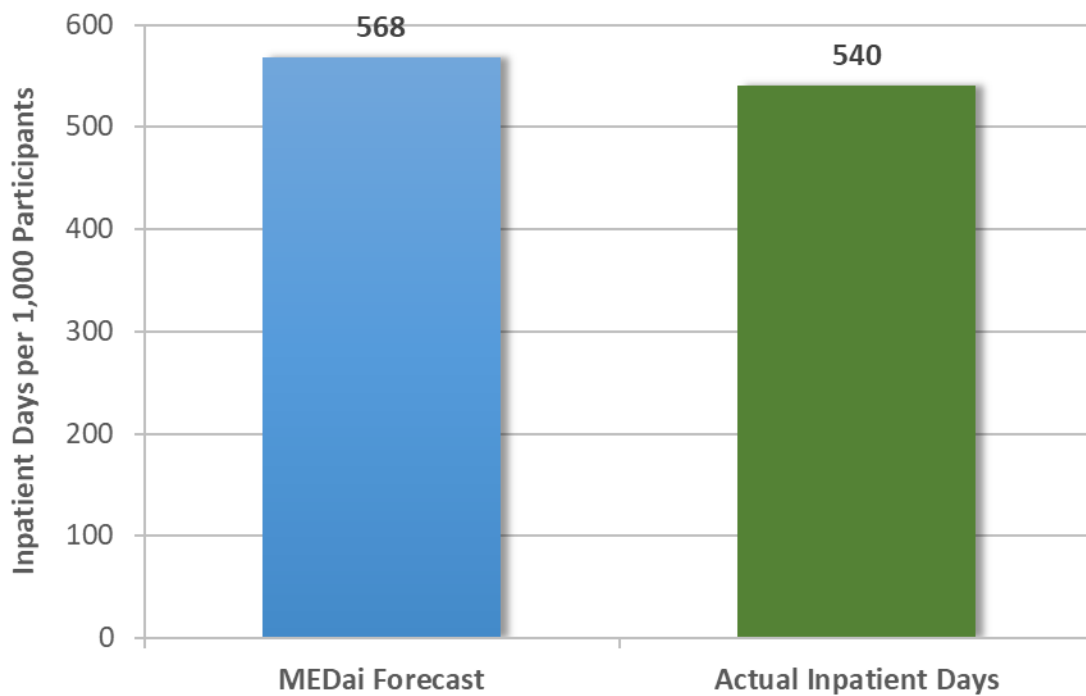
Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 1,562 members who were not participating in health coaching and for whom asthma was the most expensive diagnosis.

Utilization

MEDai projected that members with asthma would incur 568 inpatient days per 1,000 over the 12-month forecast period⁶⁰. The actual rate was 540, or 95 percent of forecast (Exhibit 7-1). (As noted in chapter four, the rate for all Oklahomans in 2017 was 584 days per 1,000.)

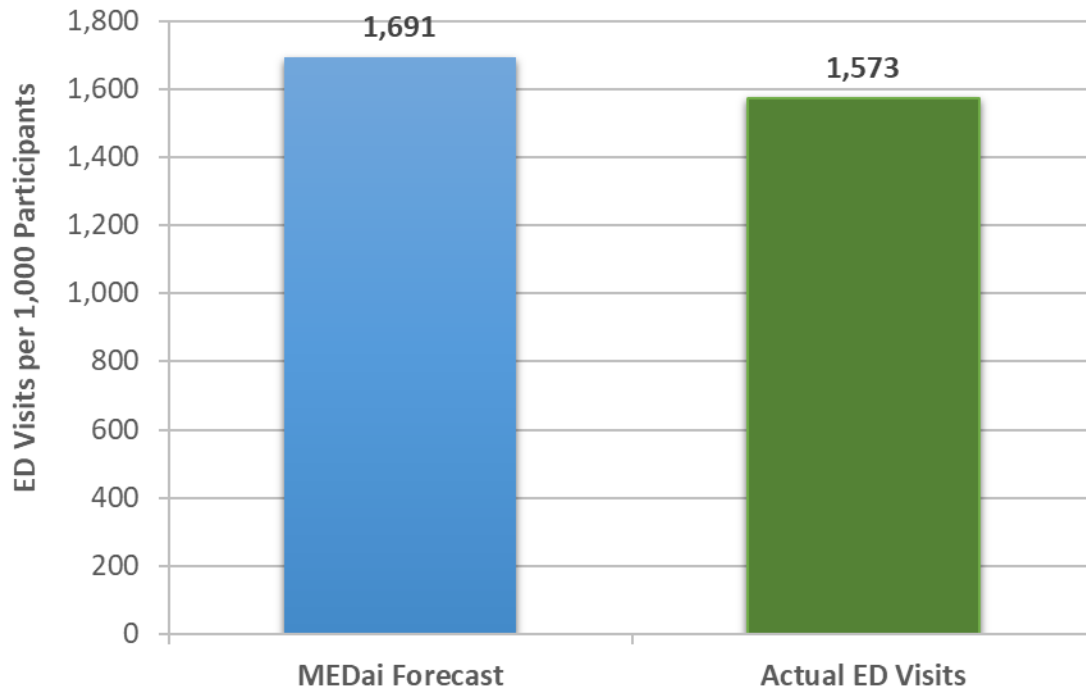
**Exhibit 7-1 – Members with Asthma as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



⁶⁰ As with the health coaching analysis, all MEDai forecasts assume no intervention in terms of care management. PMPM rate calculated for portion of year that each participant was engaged in program.

MEDai projected that members with asthma would incur 1,691 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,573, or 93 percent of forecast (Exhibit 7-2). (As noted in chapter four, the rate for all Oklahomans in 2017 was 492 visits per 1,000.)

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

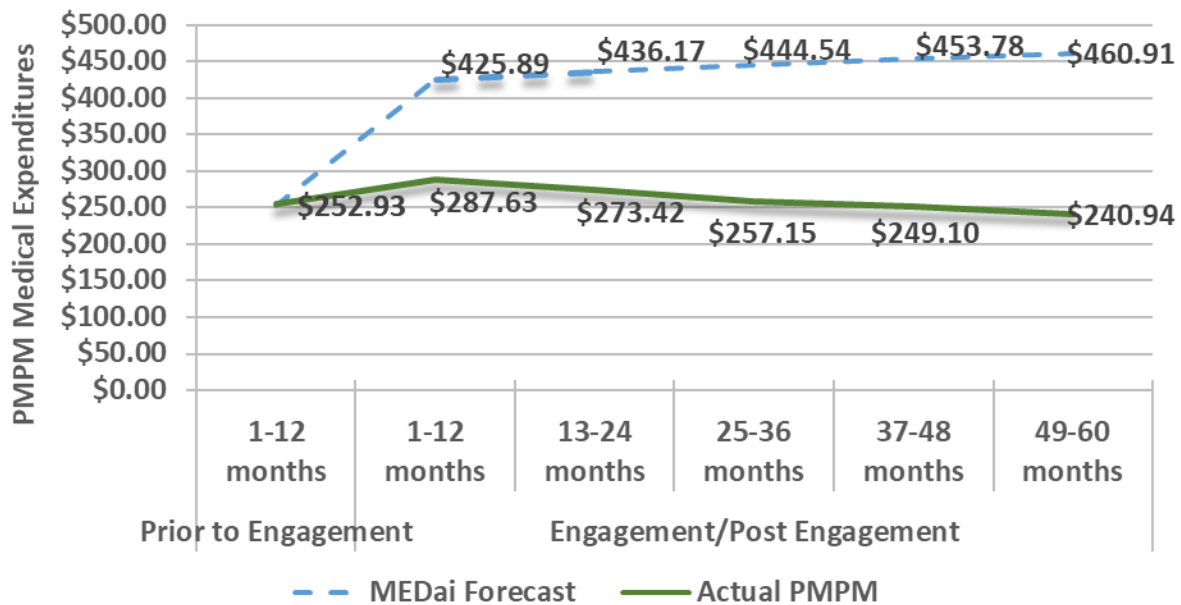


Medical Expenditures – Total and by Category of Service

MEDai projected that members with asthma would incur an average of \$426 in PMPM expenditures over the 12-month forecast period. The actual amount was \$288, or 68% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$436 in PMPM expenditures. The actual amount was \$273, or 63% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$445 in PMPM expenditures. The actual amount was \$257, or 58% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$454 in PMPM expenditures. The actual amount was \$249, or 55% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$461 in PMPM expenditures. The actual amount was \$241, or 52% of forecast (Exhibit 7-3).

**Exhibit 7-3 – Participants with Asthma as Most Expensive Diagnosis
Total PMPM Expenditures**



At the category-of-service level in the first 12 months, expenditures increased for nearly all services (Exhibit 7-4).

**Exhibit 7-4 – Members with Asthma as Most Expensive Diagnosis
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$39.57	\$44.60	\$5.04	13%
Outpatient Hospital	\$39.58	\$51.00	\$11.43	29%
Physician	\$86.23	\$96.84	\$10.61	12%
Pharmacy	\$45.95	\$58.05	\$12.10	26%
Behavioral Health	\$1.19	\$1.56	\$0.37	31%
All Other	\$40.42	\$35.58	(\$4.84)	-12%
Total	\$252.93	\$287.63	\$34.70	14%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with asthma by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$5.9 million (Exhibit 7-5).

**Exhibit 7-5 – Members with Asthma as Most Expensive Diagnosis
Aggregate Savings**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	26,515	\$138.26	\$3,666,053
Months 13 - 24	9,239	\$162.75	\$1,503,626
Months 25 - 36	3,107	\$187.39	\$582,234
Months 37 - 48	752	\$204.68	\$153,916
Months 49 - 60	247	\$219.97	\$54,332
Total	39,860	\$149.53	\$5,960,161

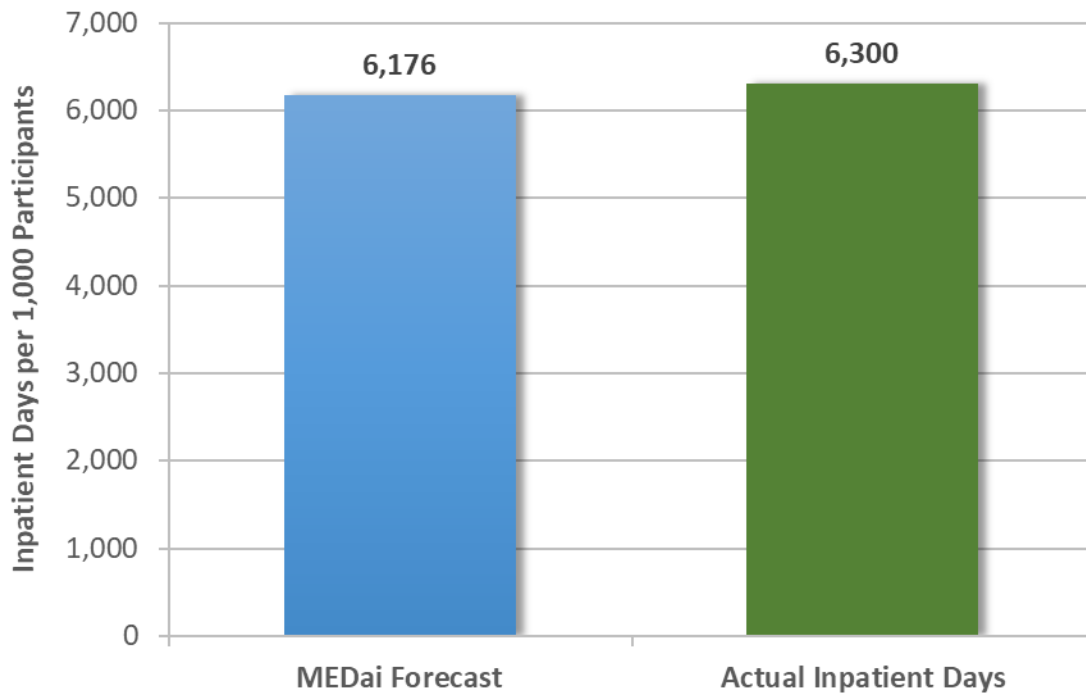
Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 35 members who were not participating in health coaching and for whom coronary artery disease (CAD) was the most expensive diagnosis. Results for this diagnosis should be interpreted with caution given the small size of the population.

Utilization

MEDai projected that members with coronary artery disease would incur 6,176 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 6,300, or 102 percent of forecast (Exhibit 7-6).

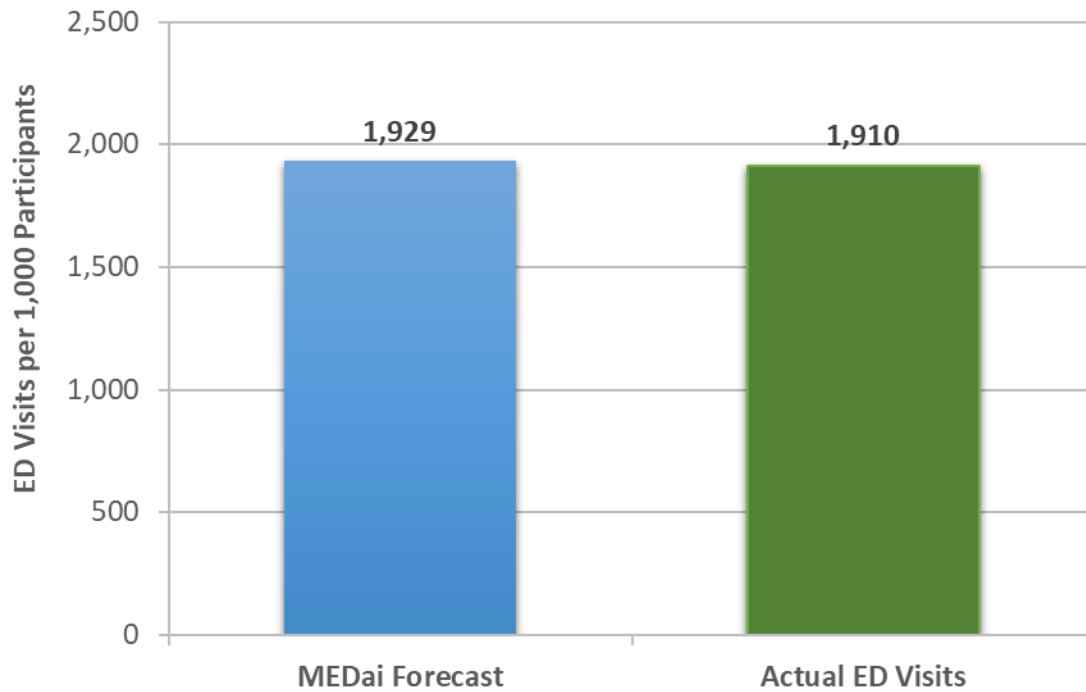
**Exhibit 7-6 – Members with CAD as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



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

MEDai projected that members with coronary artery disease would incur 1,929 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,910, or 99 percent of forecast (Exhibit 7-7).

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



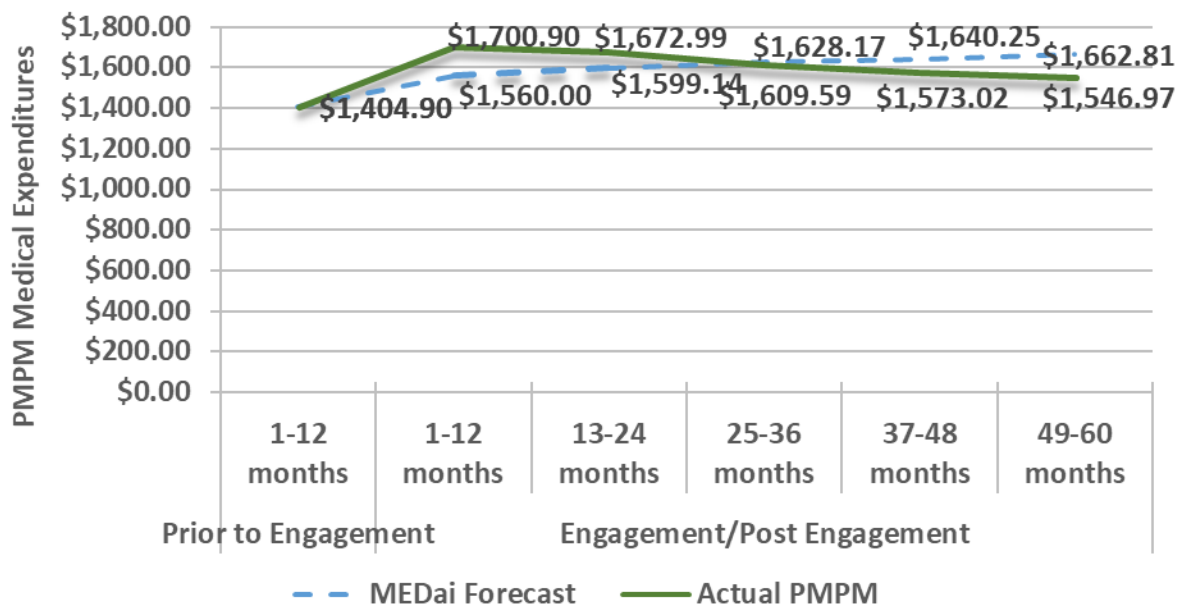
Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with coronary artery disease would incur an average of \$1,560 in PMPM expenditures over the 12-month forecast period. The actual amount was \$1,701, or 109% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,599 in PMPM expenditures. The actual amount was \$1,673, or 105% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,628 in PMPM expenditures. The actual amount was \$1,610, or 99% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,640 in PMPM expenditures. The actual amount was \$1,573, or 96% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,663 in PMPM expenditures. The actual amount was \$1,547, or 93% of forecast (Exhibit 7-8).

**Exhibit 7-8 – Members with CAD as Most Expensive Diagnosis
Total PMPM Expenditures**



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

At the category-of-service level in the first 12 months, expenditures increased for all services except inpatient hospital (Exhibit 7-9).

**Exhibit 7-9 – Members with CAD as Most Expensive Diagnosis
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$774.37	\$757.13	(\$17.24)	-2%
Outpatient Hospital	\$85.88	\$285.37	\$199.49	232%
Physician	\$220.84	\$276.31	\$55.47	25%
Pharmacy	\$226.09	\$226.18	\$0.09	0%
Behavioral Health	\$0.22	\$0.55	\$0.33	150%
All Other	\$97.50	\$155.35	\$57.85	59%
Total	\$1,404.90	\$1,700.90	\$296.00	21%

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

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with coronary artery disease by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant deficit equaled approximately (\$128,000) (Exhibit 7-10).

**Exhibit 7-10 – Members with CAD as Most Expensive Diagnosis
Aggregate Deficit**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	802	(\$140.90)	(\$113,000)
Months 13 - 24	274	(\$73.85)	(\$20,235)
Months 25 - 36	91	\$18.58	\$1,691
Months 37 - 48	24	\$67.23	\$1,614
Months 49 - 60	13	\$115.84	\$1,506
Total	1,204	(\$106.66)	(\$128,424)

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

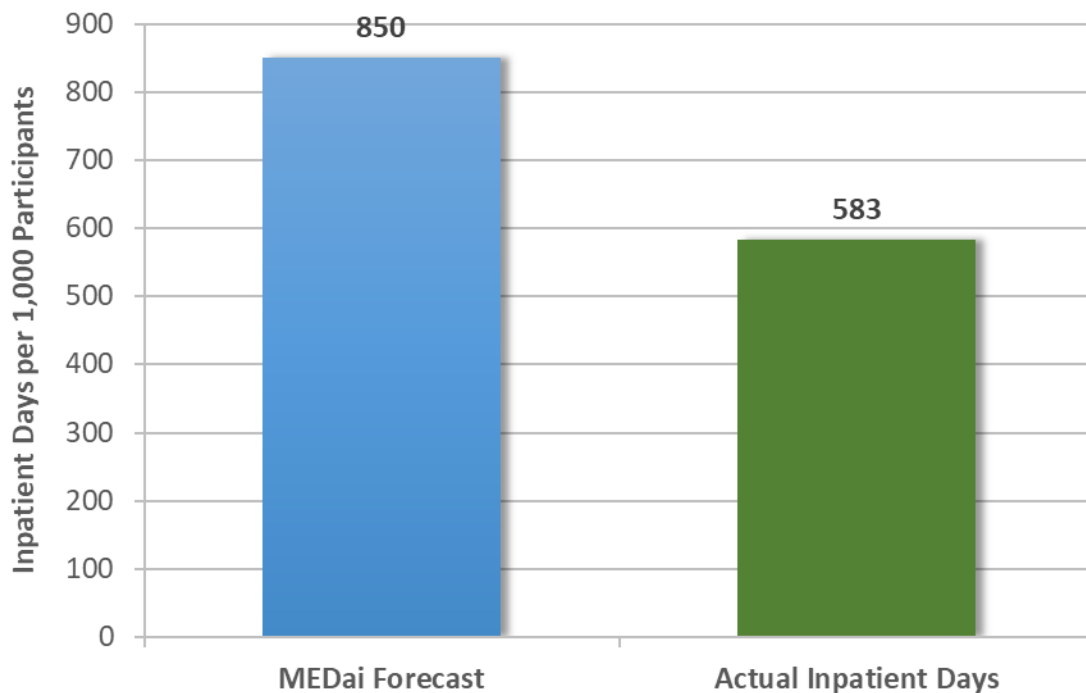
COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 672 members who were not participating in health coaching and for whom COPD was the most expensive diagnosis.

Utilization

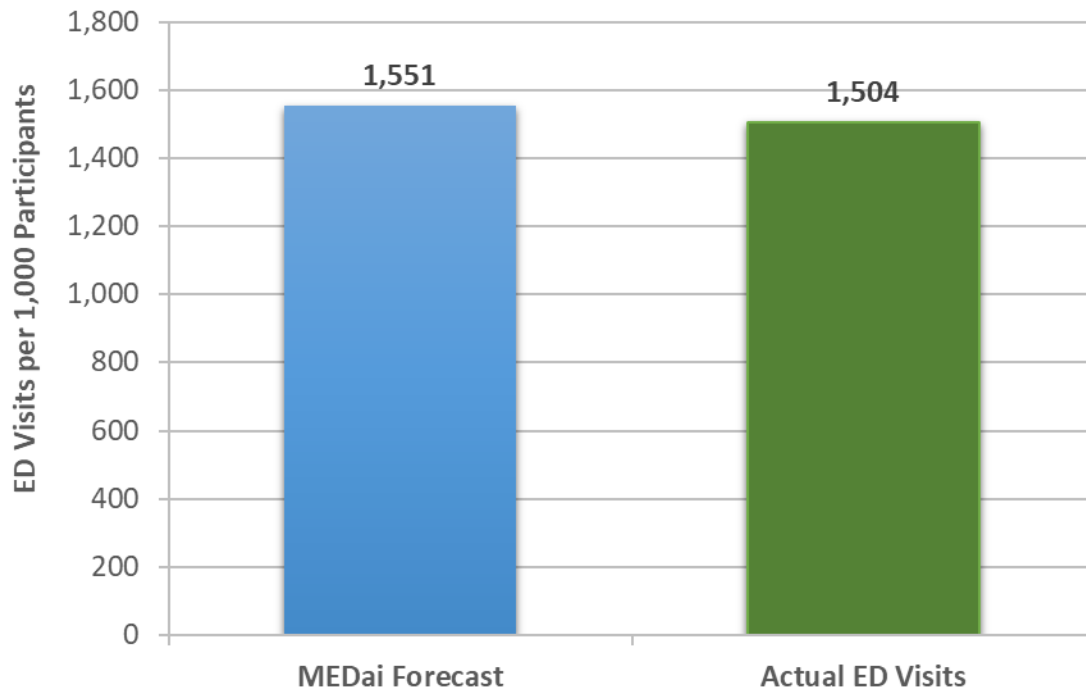
MEDai projected that members with COPD would incur 850 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 583, or 69 percent of forecast (Exhibit 7-11).

**Exhibit 7-11 – Members with COPD as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



MEDai projected that members with COPD would incur 1,551 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,504, or 97 percent of forecast (Exhibit 7-12).

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

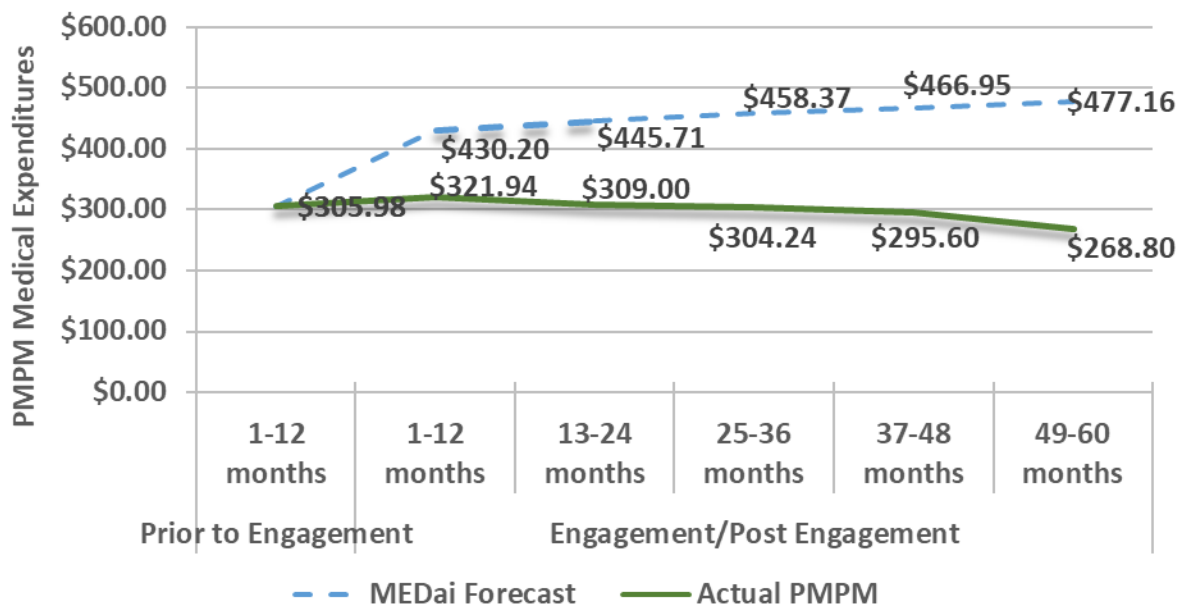


Medical Expenditures – Total and by Category of Service

MEDai projected that members with COPD would incur an average of \$430 in PMPM expenditures over the 12-month forecast period. The actual amount was \$322, or 75% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$446 in PMPM expenditures. The actual amount was \$309, or 69% of forecast. For months 25 to 35, the MEDai forecast with trend applied was \$458 in PMPM expenditures. The actual amount was \$304, or 66% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$467 in PMPM expenditures. The actual amount was \$296, or 63% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$477 in PMPM expenditures. The actual amount was \$269, or 56% of forecast (Exhibit 7-13).

**Exhibit 7-13 – Members with COPD as Most Expensive Diagnosis
Total PMPM Expenditures**



At the category-of-service level in the first 12 months, expenditures increased for all services except physician (Exhibit 7-14).

**Exhibit 7-14 – Members with COPD as Most Expensive Diagnosis
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$55.69	\$56.79	\$1.10	2%
Outpatient Hospital	\$42.00	\$55.96	\$13.96	33%
Physician	\$108.56	\$101.76	(\$6.80)	-6%
Pharmacy	\$57.40	\$60.92	\$3.52	6%
Behavioral Health	\$0.42	\$0.62	\$0.20	47%
All Other	\$41.92	\$45.90	\$3.98	9%
Total	\$305.98	\$321.94	\$15.95	5%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with COPD by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$2.3 million (Exhibit 7-15).

**Exhibit 7-15 – Members with COPD as Most Expensive Diagnosis
Aggregate Savings**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	13,091	\$108.26	\$1,417,258
Months 13 - 24	4,462	\$136.71	\$609,983
Months 25 - 36	1,456	\$154.13	\$224,420
Months 37 - 48	354	\$171.35	\$60,659
Months 49 - 60	127	\$208.36	\$26,462
Total	19,490	\$120.00	\$2,338,782

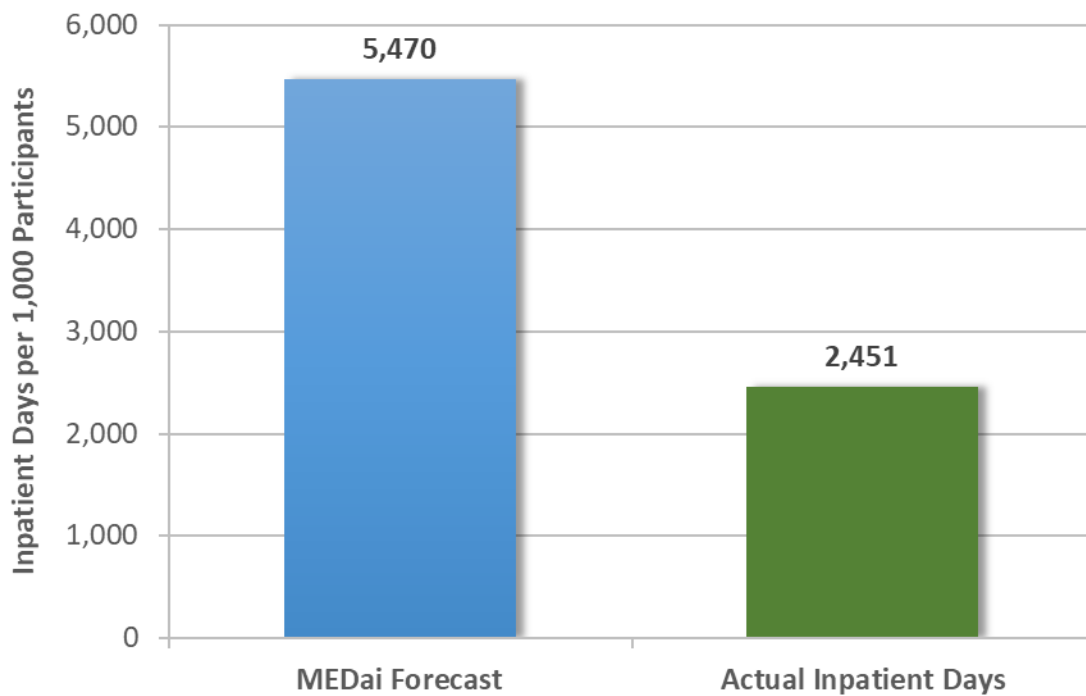
Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 305 members who were not participating in health coaching and for whom diabetes was the most expensive diagnosis.

Utilization

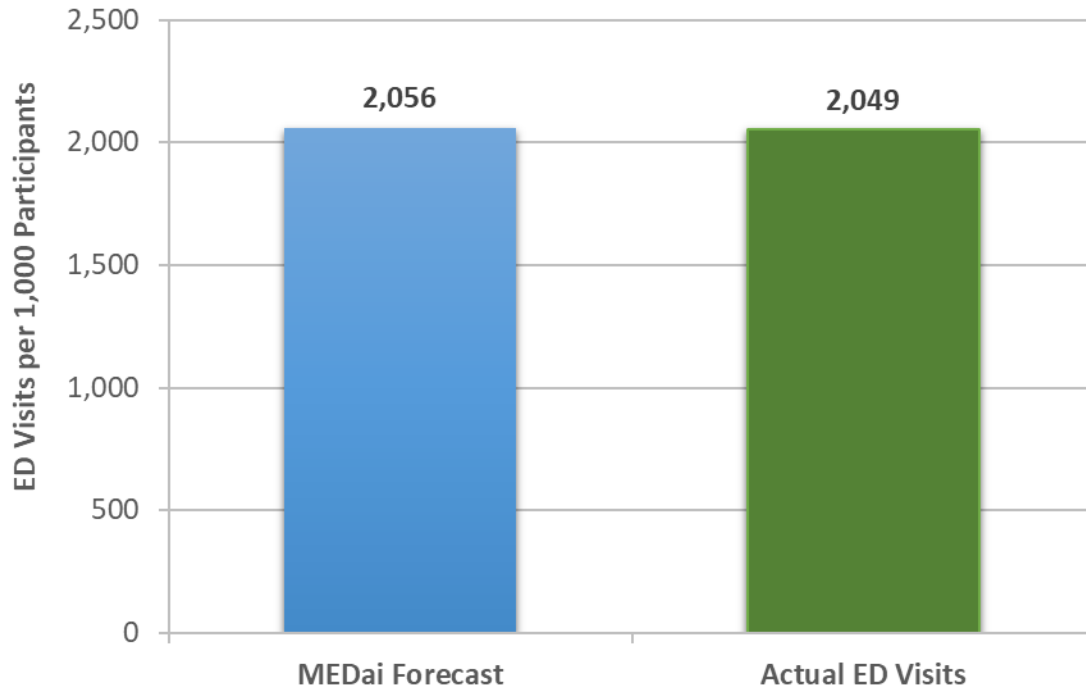
MEDai projected that members with diabetes would incur 5,470 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 2,451, or 45 percent of forecast (Exhibit 7-16).

**Exhibit 7-16 – Members with Diabetes as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



MEDai projected that members with diabetes would incur 2,056 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 2,049, or 100 percent of forecast (Exhibit 7-17).

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

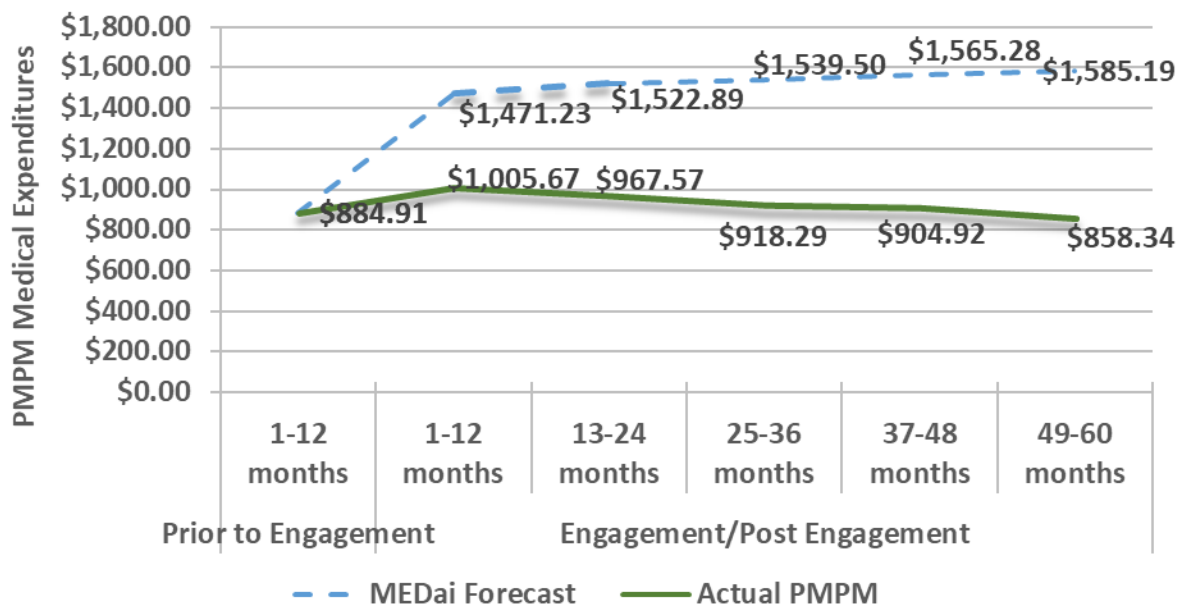


Medical Expenditures – Total and by Category of Service

MEDai projected that members with diabetes would incur an average of \$1,471 in PMPM expenditures over the 12-month forecast period. The actual amount was \$1,006, or 68% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,523 in PMPM expenditures. The actual amount was \$968, or 64% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,540 in PMPM expenditures. The actual amount was \$918, or 60% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,565 in PMPM expenditures. The actual amount was \$905, or 58% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,585 in PMPM expenditures. The actual amount was \$858, or 54% of forecast (Exhibit 7-18).

**Exhibit 7-18 – Members with Diabetes as Most Expensive Diagnosis
Total PMPM Expenditures**



At the category-of-service level in the first 12 months, expenditures increased for all services except outpatient hospital and behavioral health (Exhibit 7-19).

**Exhibit 7-19 – Members with Diabetes as Most Expensive Diagnosis
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$197.02	\$275.64	\$78.62	40%
Outpatient Hospital	\$146.79	\$139.57	(\$7.22)	-5%
Physician	\$194.93	\$208.31	\$13.37	7%
Pharmacy	\$202.41	\$223.79	\$21.38	11%
Behavioral Health	\$14.11	\$4.73	(\$9.38)	-67%
All Other	\$129.64	\$153.64	\$24.00	19%
Total	\$884.91	\$1,005.67	\$120.77	14%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with diabetes by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$4.3 million (Exhibit 7-20).

**Exhibit 7-20 – Members with Diabetes as Most Expensive Diagnosis
Aggregate Savings**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	5,660	\$465.56	\$2,635,043
Months 13 - 24	1,924	\$555.32	\$1,068,434
Months 25 - 36	648	\$621.21	\$402,547
Months 37 - 48	161	\$660.36	\$106,319
Months 49 - 60	59	\$726.85	\$42,884
Total	8,452	\$503.46	\$4,255,227

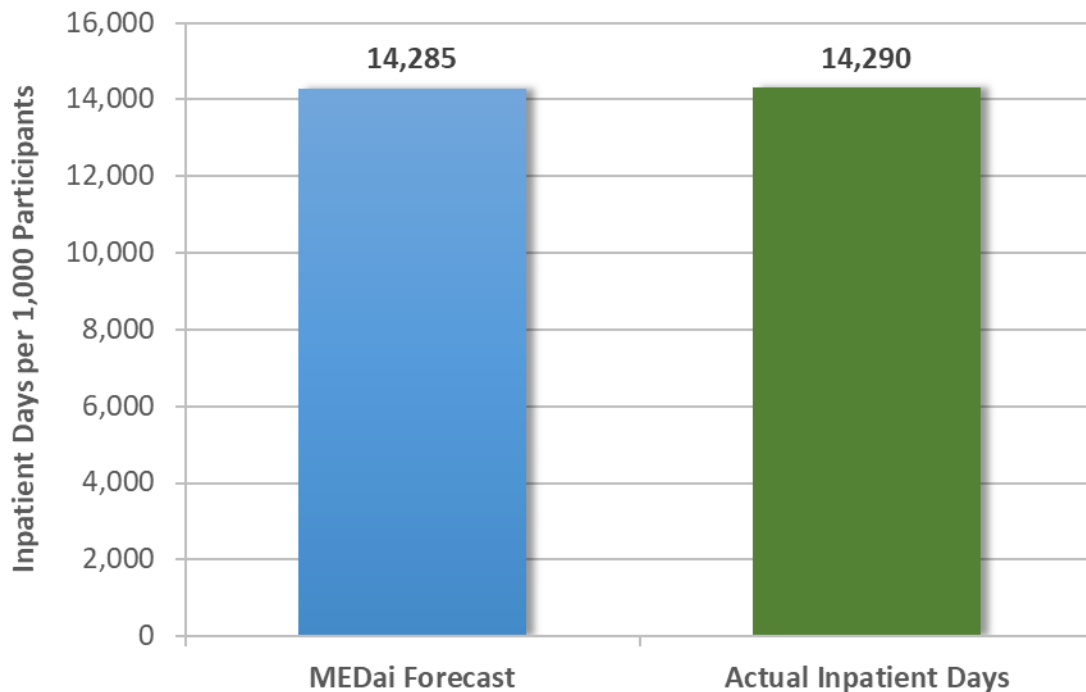
Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 22 members who were not participating in health coaching and for whom heart failure was the most expensive diagnosis. Results for this diagnosis should be interpreted with caution given the small size of the population.

Utilization

MEDai projected that members with heart failure would incur 14,285 inpatient days per 1,000 over the 12-month forecast period. The actual rate was exactly 14,290, or 100 percent of forecast (Exhibit 7-21).

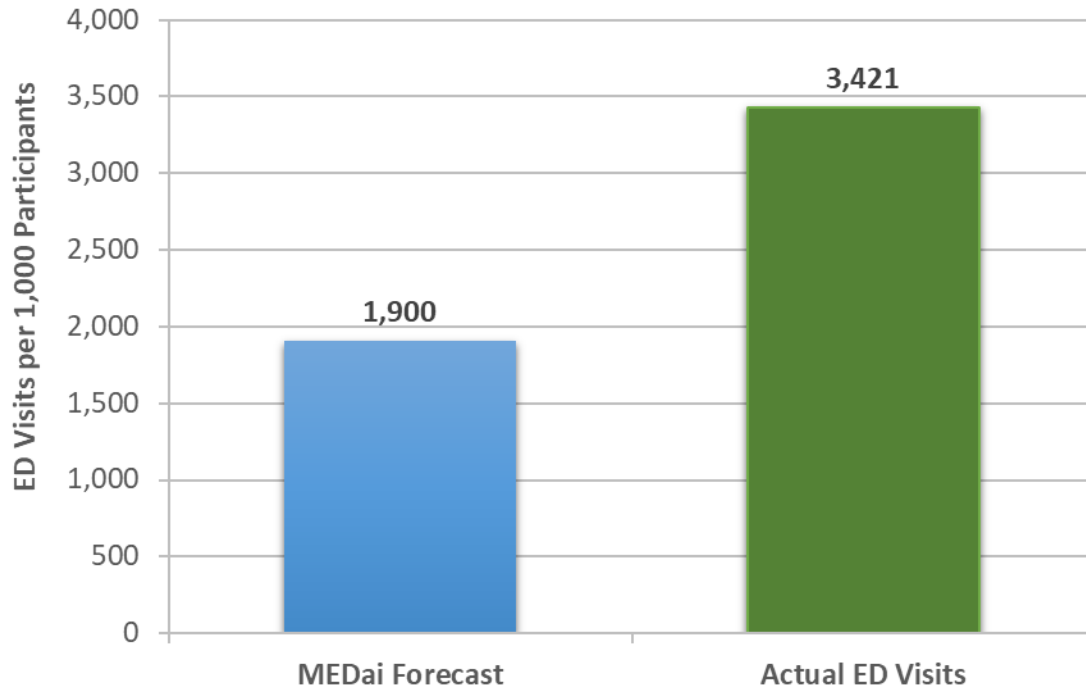
**Exhibit 7-21 – Members with Heart Failure as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



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

MEDai projected that members with heart failure would incur 1,900 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 3,421, or 180 percent of forecast (Exhibit 7-22).

**Exhibit 7-22 – Members with Heart Failure as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants**



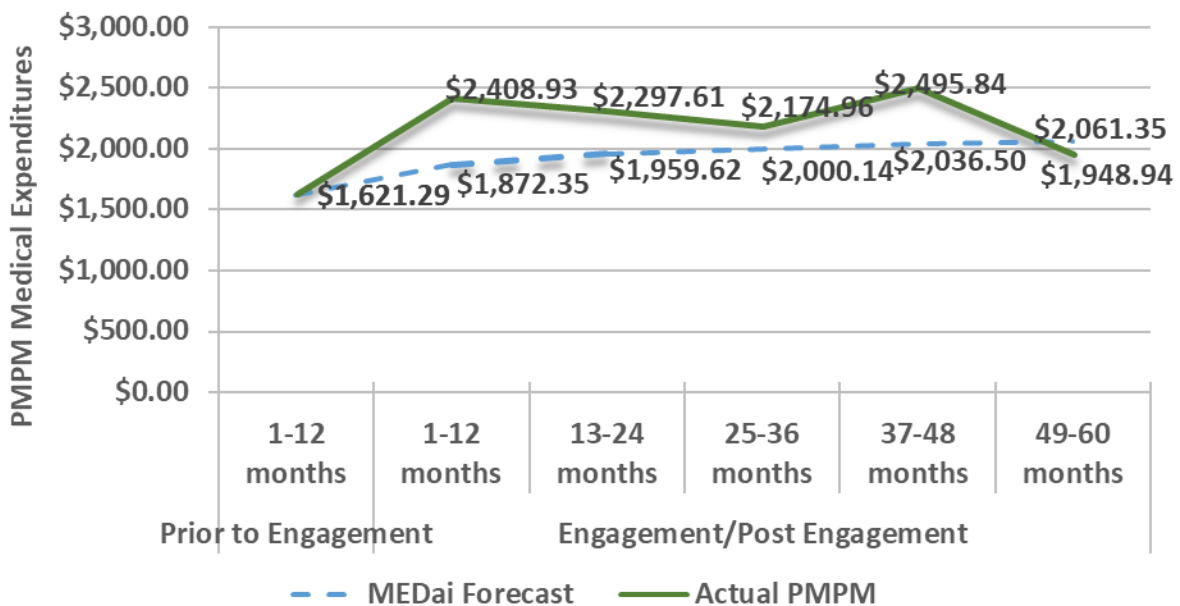
Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with heart failure would incur an average of \$1,872 in PMPM expenditures over the 12-month forecast period. The actual amount was \$2,409, or 129% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,960 in PMPM expenditures. The actual amount was \$2,298, or 117% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$2,000 in PMPM expenditures. The actual amount was \$2,175, or 109% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$2,037 in PMPM expenditures. The actual amount was \$2,496, or 123% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$2,061 in PMPM expenditures. The actual amount was \$1,949, or 95% of forecast (Exhibit 7-23).

**Exhibit 7-23 – Members with Heart Failure as Most Expensive Diagnosis
Total PMPM Expenditures**



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

At the category-of-service level in the first 12 months, expenditures increased for all services except pharmacy and behavioral health, for which the 22 members did not incur any claims (Exhibit 7-24).

**Exhibit 7-24 – Members with Heart Failure as Most Expensive Diagnosis
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$703.81	\$1,261.74	\$557.92	79%
Outpatient Hospital	\$345.01	\$466.83	\$121.82	35%
Physician	\$267.83	\$404.48	\$136.64	51%
Pharmacy	\$126.73	\$87.63	(\$39.10)	-31%
Behavioral Health	-	-	-	-
All Other	\$177.91	\$188.25	\$10.35	6%
Total	\$1,621.29	\$2,408.93	\$787.64	49%

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

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with heart failure by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant deficit equaled approximately (\$270,000) (Exhibit 7-25).

**Exhibit 7-25 – Members with Heart Failure as Most Expensive Diagnosis
Aggregate Deficit**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	397	(\$536.58)	(\$213,021)
Months 13 - 24	133	(\$337.99)	(\$44,953)
Months 25 - 36	44	(\$174.82)	(\$7,692)
Months 37 - 48	12	(\$459.34)	(\$5,512)
Months 49 - 60	13	\$112.41	\$1,461
Total	599	(\$450.28)	(\$269,717)

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

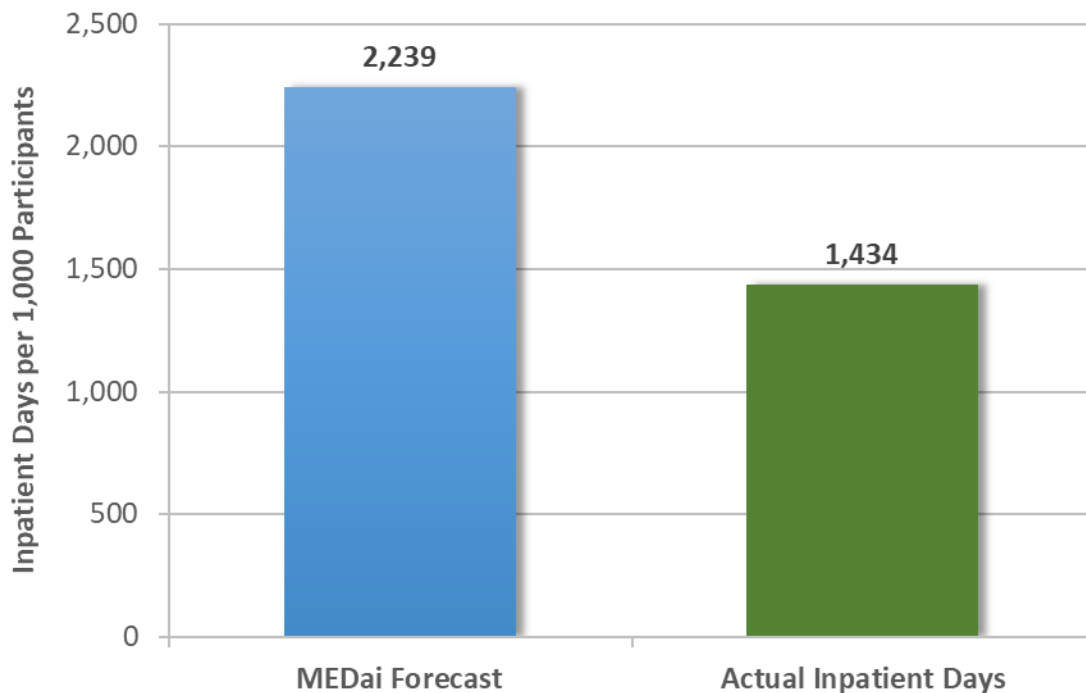
Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2018 included 713 members who were not participating in health coaching and for whom hypertension was the most expensive diagnosis.

Utilization

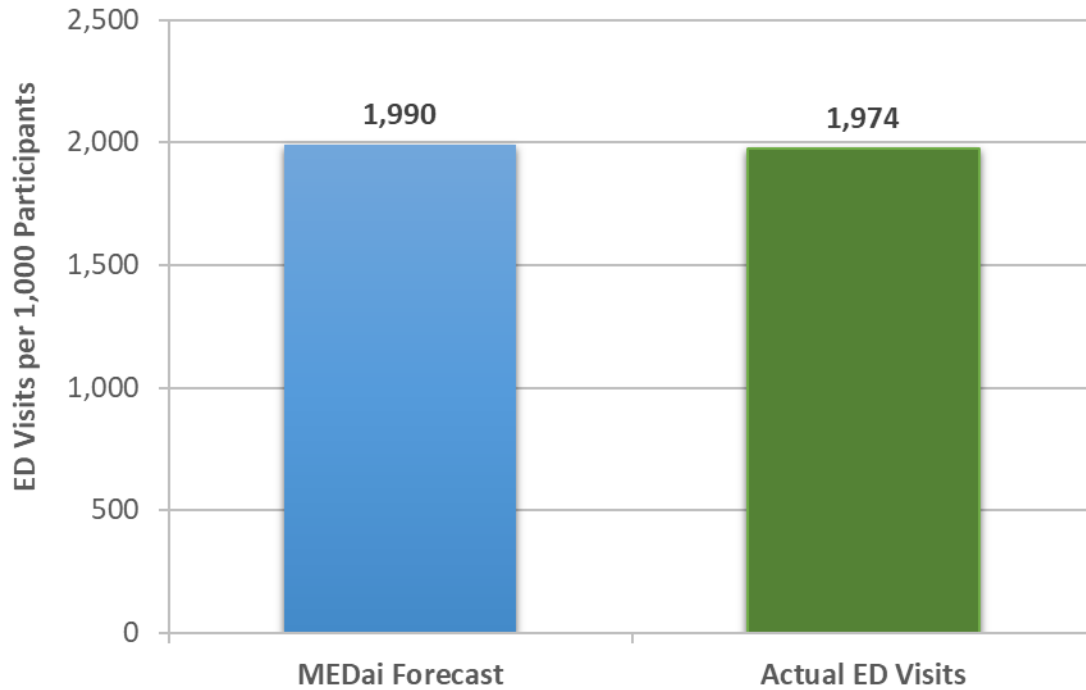
MEDai projected that members with hypertension would incur 2,239 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 1,434, or 64 percent of forecast (Exhibit 7-26).

**Exhibit 7-26 – Members with Hypertension as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



MEDai projected that members with hypertension would incur 1,990 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,974, or 99 percent of forecast (Exhibit 7-27).

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

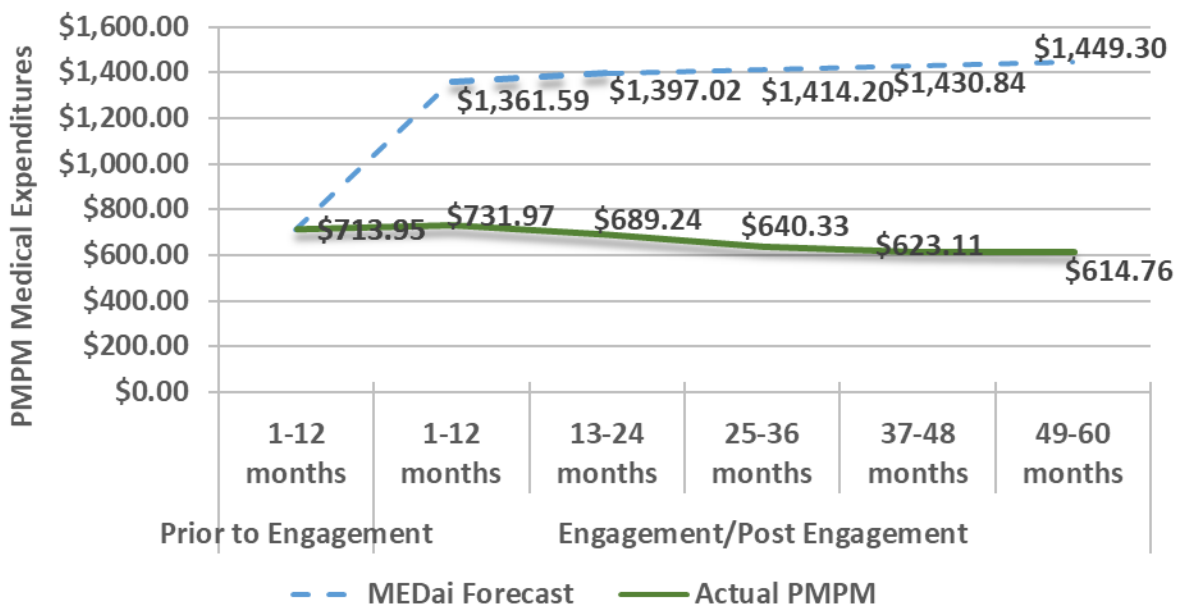


Medical Expenditures – Total and by Category of Service

MEDai projected that members with hypertension would incur an average of \$1,362 in PMPM expenditures over the 12-month forecast period. The actual amount was \$732, or 54% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,397 in PMPM expenditures. The actual amount was \$689, or 49% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,414 in PMPM expenditures. The actual amount was \$640, or 45% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,431 in PMPM expenditures. The actual amount was \$623, or 44% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,449 in PMPM expenditures. The actual amount was \$615, or 42% of forecast (Exhibit 7-28).

**Exhibit 7-28 – Members with Hypertension as Most Expensive Diagnosis
Total PMPM Expenditures**



At the category-of-service level in the first 12 months, expenditures decreased for several services, with physician costs declining by the greatest dollar amount (Exhibit 7-29).

**Exhibit 7-29 – Members with Hypertension as Most Expensive Diagnosis
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$233.11	\$214.21	(\$18.90)	-8%
Outpatient Hospital	\$104.37	\$110.56	\$6.19	6%
Physician	\$189.94	\$160.92	(\$29.03)	-15%
Pharmacy	\$112.07	\$162.13	\$50.06	45%
Behavioral Health	\$4.25	\$3.42	(\$0.82)	-19%
All Other	\$70.20	\$80.73	\$10.53	15%
Total	\$713.95	\$731.97	\$18.03	3%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with hypertension by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$10.2 million (Exhibit 7-30).

**Exhibit 7-30 – Members with Hypertension as Most Expensive Diagnosis
Aggregate Savings**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	10,253	\$629.62	\$6,455,470
Months 13 - 24	3,535	\$707.78	\$2,501,988
Months 25 - 36	1,209	\$773.87	\$935,612
Months 37 - 48	290	\$807.73	\$234,243
Months 49 - 60	98	\$834.54	\$81,785
Total	15,385	\$663.57	\$10,209,098

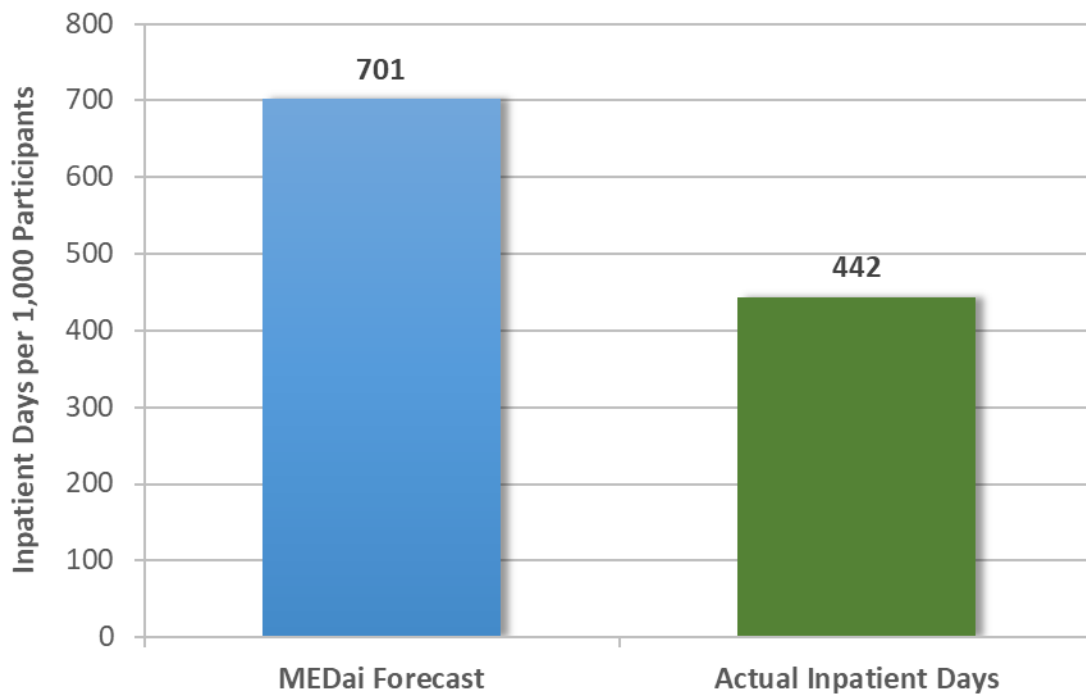
Utilization and Expenditure Evaluation – All Others

The SoonerCare HMP practice facilitation sites in SFY 2018 included 6,725 members who did not fall into one of the six priority diagnostic categories and who were not participating in health coaching. Although these members fell outside the universe of the six conditions, the holistic nature of the SoonerCare HMP suggests they also should have benefited from practice improvements undertaken at the participating sites.

Utilization

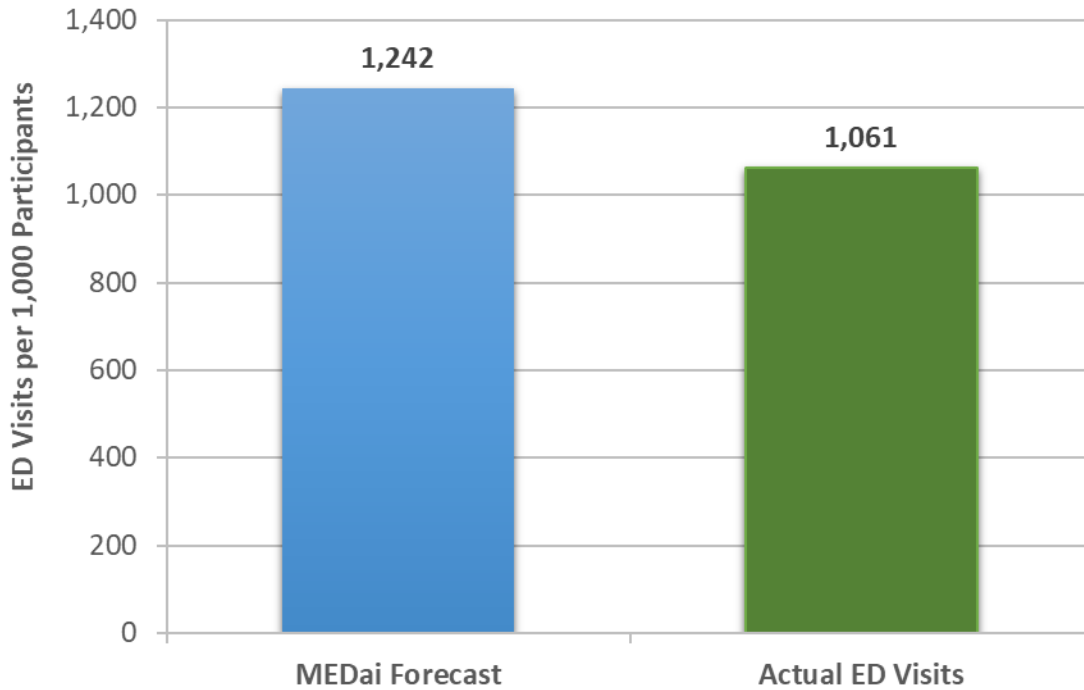
MEDai projected members in the “all others” group would incur 701 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 442, or 63 percent of forecast (Exhibit 7-31).

**Exhibit 7-31 – All Other Members
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



MEDai projected members in the “all others” group would incur 1,242 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,061, or 85 percent of forecast (Exhibit 7-32).

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

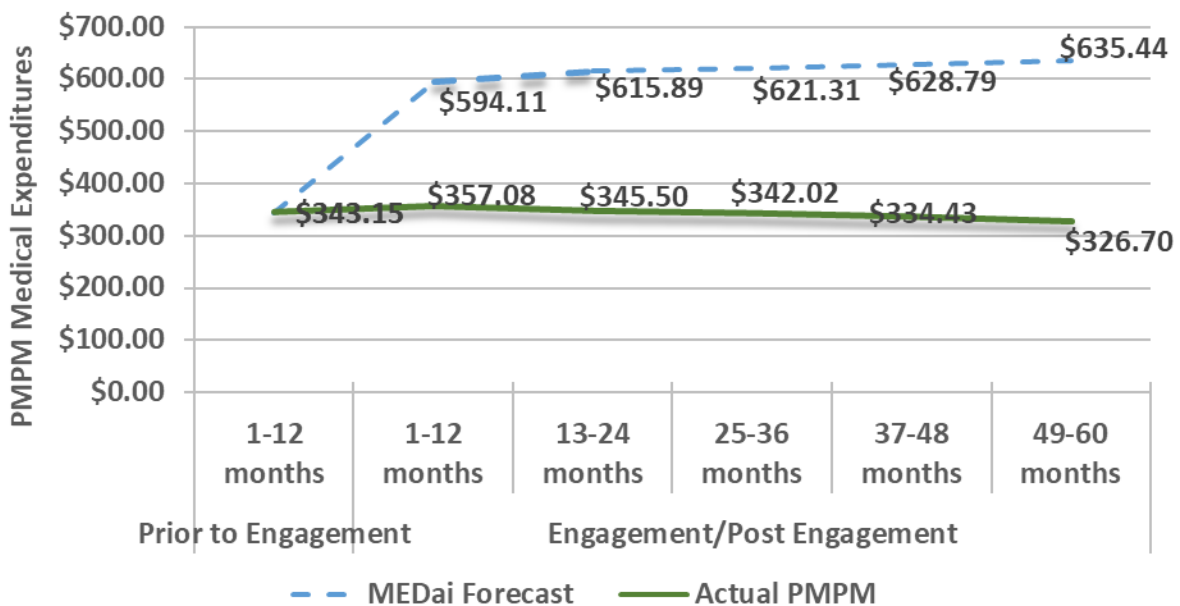


Medical Expenditures – Total and by Category of Service

MEDai projected that members in the “all others” group would incur an average of \$594 in PMPM expenditures over the 12-month forecast period. The actual amount was \$357, or 60% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$616 in PMPM expenditures. The actual amount was \$346, or 56% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$621 in PMPM expenditures. The actual amount was \$342, or 55% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$629 in PMPM expenditures. The actual amount was \$334, or 53% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$635 in PMPM expenditures. The actual amount was \$327, or 51% of forecast (Exhibit 7-33).

**Exhibit 7-33 – All Other Members
Total PMPM Expenditures**



At the category-of-service level in the first 12 months, expenditures increased for most services, although the overall rate was only four percent (Exhibit 7-34).

**Exhibit 7-34 – All Other Members
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$38.84	\$42.57	\$3.73	10%
Outpatient Hospital	\$38.25	\$42.92	\$4.68	12%
Physician	\$76.89	\$83.22	\$6.33	8%
Pharmacy	\$55.35	\$61.61	\$6.27	11%
Behavioral Health	\$81.87	\$76.80	(\$5.07)	-6%
All Other	\$51.97	\$49.95	(\$2.01)	-4%
Total	\$343.15	\$357.08	\$13.92	4%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members in the “all others” group by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$75.7 million (Exhibit 7-35).

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

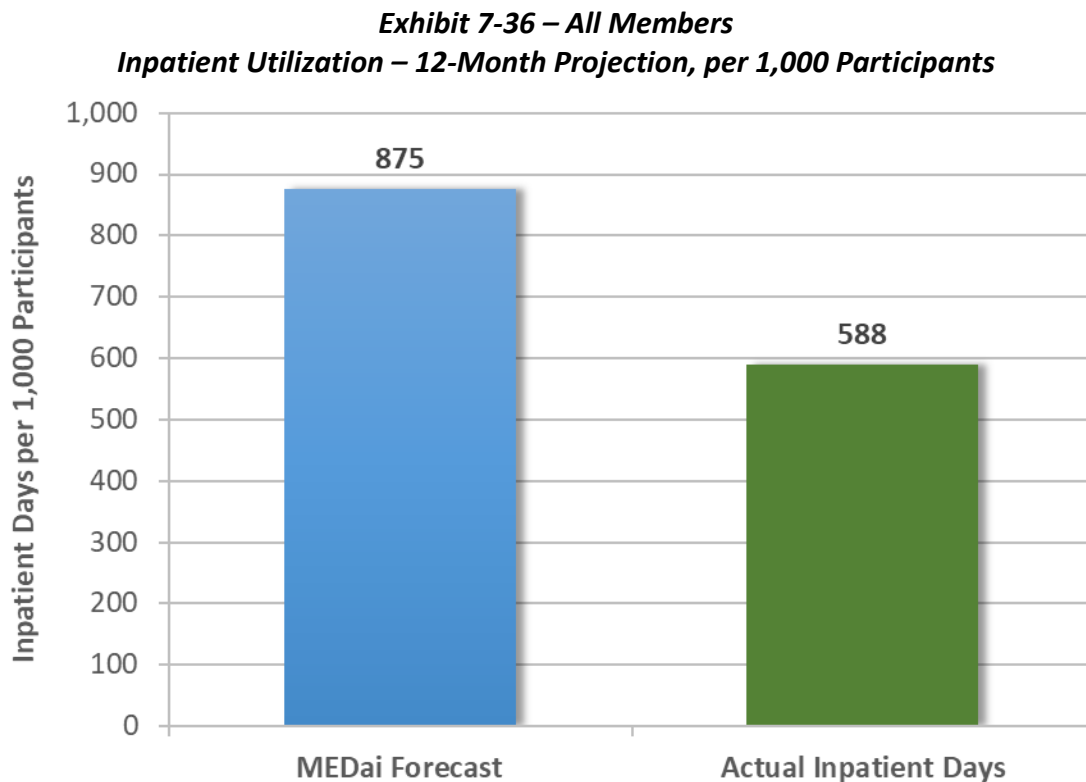
Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	204,131	\$237.03	\$48,385,967
Months 13 - 24	69,696	\$270.39	\$18,845,243
Months 25 - 36	22,543	\$279.29	\$6,296,110
Months 37 - 48	5,547	\$294.36	\$1,632,814
Months 49 - 60	1,836	\$308.74	\$566,848
Total	303,753	\$249.30	\$75,726,982

Utilization and Expenditure Evaluation – All Members

This section presents consolidated trend data across all 9,925 members aligned with a practice facilitation provider who did not participate in health coaching but met the other criteria for inclusion in the analysis.

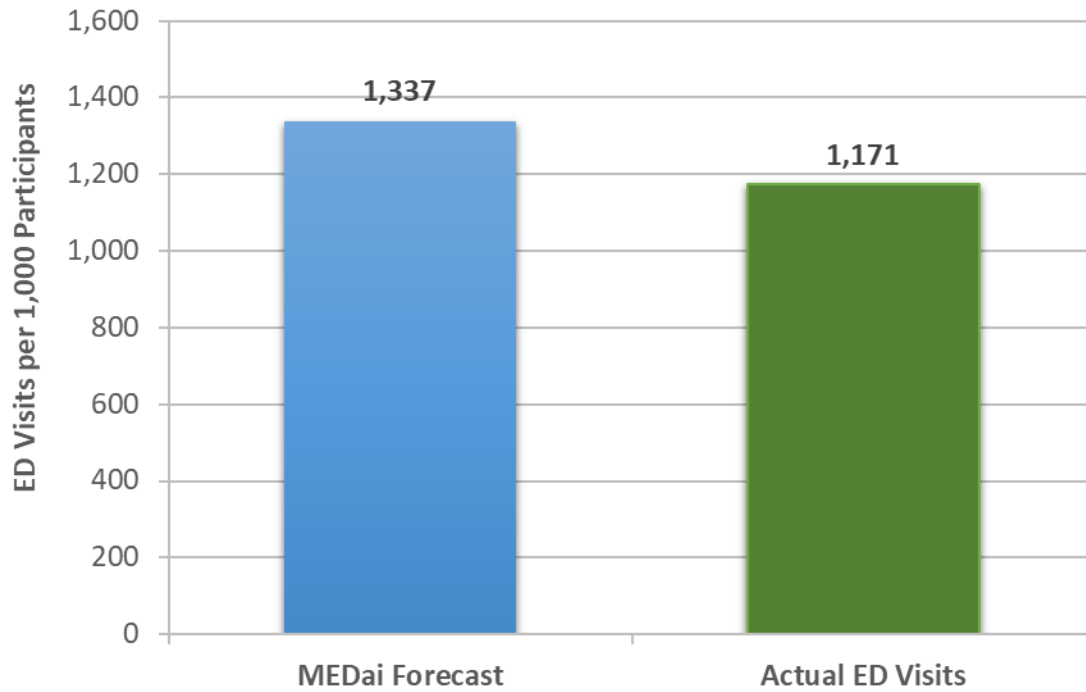
Utilization

MEDai projected members in total would incur 875 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 588, or 67 percent of forecast (Exhibit 7-36).



MEDai projected members in total would incur 1,337 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,171, or 88 percent of forecast (Exhibit 7-37).

Exhibit 7-37 – All Members
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants

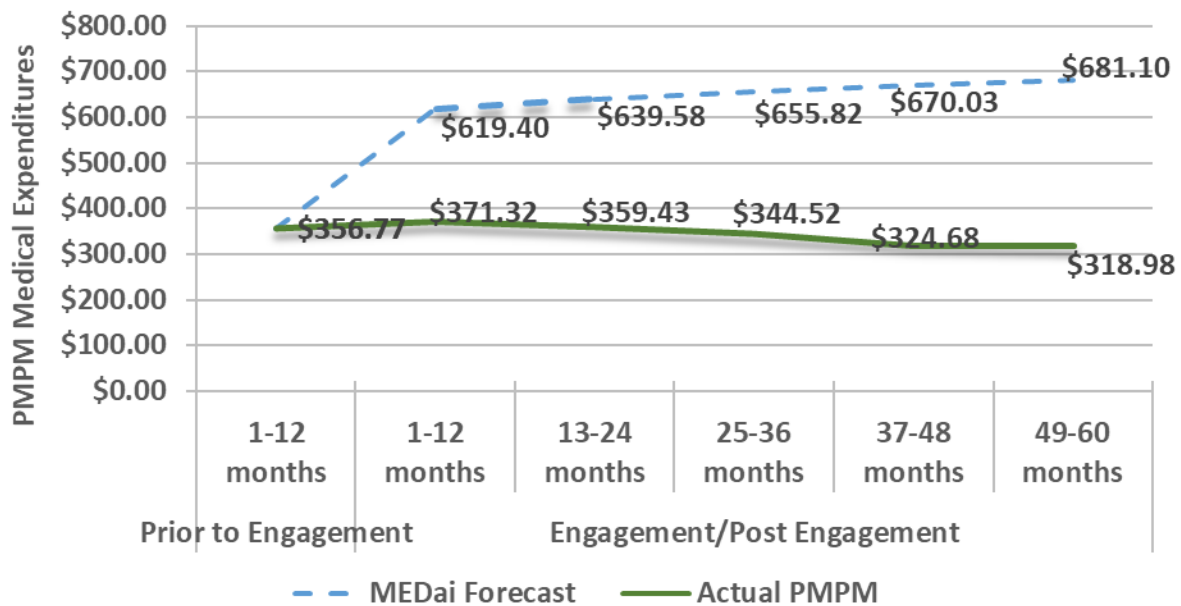


Medical Expenditures – Total and by Category of Service

MEDai projected that members in total would incur an average of \$619 in PMPM expenditures over the 12-month forecast period. The actual amount was \$371, or 60% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$640 in PMPM expenditures. The actual amount was \$359, or 56% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$656 in PMPM expenditures. The actual amount was \$345, or 53% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$670 in PMPM expenditures. The actual amount was \$325, or 49% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$681 in PMPM expenditures. The actual amount was \$319, or 47% of forecast (Exhibit 7-38).

**Exhibit 7-38 – All Members
Total PMPM Expenditure**



At the category-of-service level in the first 12 months, expenditures increased for most services, although the overall rate was only four percent (Exhibit 7-39).

**Exhibit 7-39 – All Members
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$52.45	\$57.29	\$4.84	9%
Outpatient Hospital	\$43.17	\$48.92	\$5.75	13%
Physician	\$85.50	\$89.39	\$3.89	5%
Pharmacy	\$59.30	\$66.82	\$7.52	13%
Behavioral Health	\$64.16	\$58.40	(\$5.76)	-9%
All Other	\$52.19	\$50.49	(\$1.69)	-3%
Total	\$356.77	\$371.32	\$14.54	4%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for all members included in the analysis by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled nearly \$103 million (Exhibit 7-40).

**Exhibit 7-40 – All Members
Aggregate Savings**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	261,557	\$248.08	\$64,888,340
Months 13 - 24	89,840	\$280.15	\$25,168,619
Months 25 - 36	29,516	\$311.30	\$9,188,425
Months 37 - 48	7,196	\$345.35	\$2,485,111
Months 49 - 60	2,386	\$362.12	\$864,027
Total	390,495	\$262.73	\$102,594,522

Practice Facilitation Cost Effectiveness Analysis

PHPG conducted a formal cost effectiveness analysis of practice facilitation by adding SoonerCare HMP administrative expenses to the medical expenditure data presented in the summary portion of the previous section. The combined medical and administrative expenses represent the appropriate values for measuring the overall cost effectiveness of the practice facilitation program.

Administrative Expenses

SoonerCare HMP administrative expenses were calculated using the same methodology as described in chapter four for health coaching. SFY 2014 – SFY 2018 aggregate administrative expenses for practice facilitation were approximately \$18.6 million (Exhibit 7-41). This equated to \$47.52 on a PMPM basis. The PMPM calculation was performed using total member months (390,495) for members included in the expenditure analysis.

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

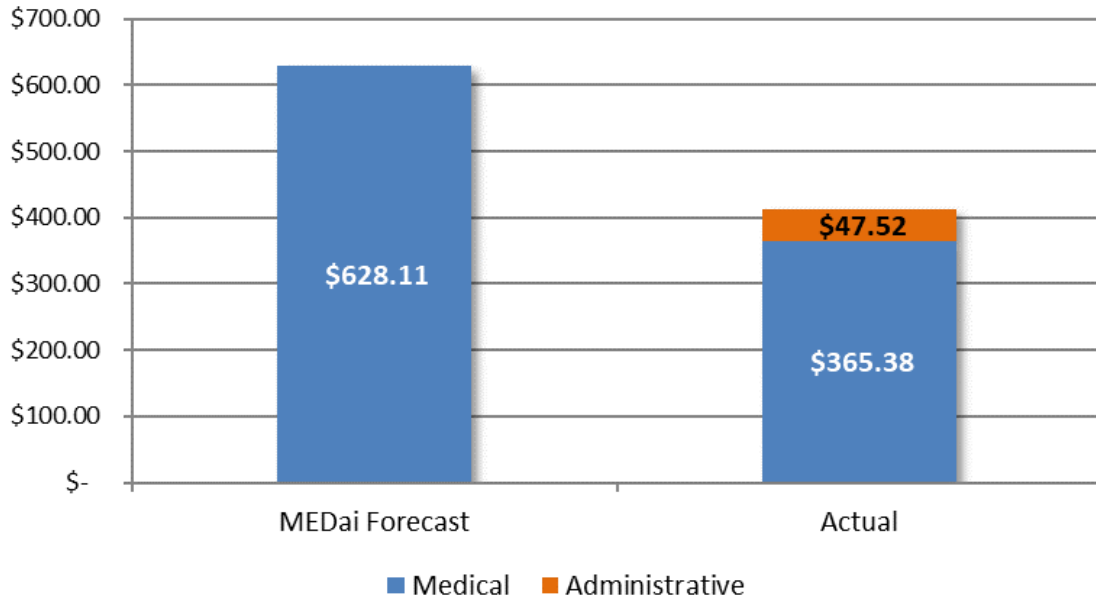
Cost Component	SFY 2014 - 2018 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	\$928,825	\$2.38
OHCA SoonerCare HMP overhead (50% allocation)	\$83,137	\$0.21
Telligen practice facilitators	\$12,582,336	\$32.22
Telligen Central Operations (50% allocation)	\$4,964,343	\$12.71
Total Administrative Expense	\$18,558,102	\$47.52

Cost Effectiveness Calculation⁶¹

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

SoonerCare HMP members aligned with a practice facilitation provider and included in the expenditure analysis were forecasted to incur average medical costs of \$628.11⁶². Their actual average PMPM medical costs were \$365.38. With the addition of \$47.52 in average PMPM administrative expenses, total actual costs were \$413.20. Medical expenses accounted for 88 percent of the total and administrative expenses accounted for the other 12 percent. Overall, net SoonerCare HMP practice facilitation-related PMPM expenses were 65.7 percent of forecast (Exhibit 7-42).

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



⁶¹ PMPM and aggregate values differ slightly due to rounding.

⁶² This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24, months 25 – 36, months 37 – 48 and months 49 – 60, as shown in exhibit 7-38. Member month counts are shown in exhibit 7-40.

On an aggregate basis, the practice facilitation portion of the second generation SoonerCare HMP achieved a net savings in excess of \$84.0 million, up from \$65.1 million at the end of SFY 2017 (Exhibit 7-43).

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

Medical Savings	Administrative Costs	Net Savings
\$102,594,522	(\$18,558,102)	\$84,036,420

CHAPTER 8 – CHRONIC PAIN & OPIOID DRUG UTILIZATION

Introduction

According to a 2017 National Academies of Sciences, Engineering, and Medicine (NASEM) Consensus Report, drug overdose, driven largely by overdose related to the use of opioids, is now the leading cause of unintentional injury death in the United States⁶³.

The SoonerCare adult population includes significant numbers of members with physical disabilities and chronic pain. Providers in Oklahoma (and nationally) have become over-reliant on prescription opioids and benzodiazepines⁶⁴ as a long-term treatment protocol for chronic pain. Other treatment options often go untried, leading to patient dependence on prescribed opioids.

One strategy in balancing a patient's pain management needs with the risk of drug misuse and abuse includes physician training and continued education in evidence-based approaches to pain, including pharmacologic and nonpharmacologic treatments, opioid prescribing and patient monitoring.

The OHCA has partnered with Telligen to conduct targeted practice facilitation of PCMH providers who are among the program's top opioid prescribers. The practice facilitators, who are trained in pain management, work with providers over a six-month period to improve patient care management. The areas addressed include:

- How to conduct initial patient assessments for chronic pain and risk of opioid dependency;
- Methods for monitoring medication use, including conducting urine drug screenings at every visit;
- Alternative pain management techniques that can be offered to patients; and
- Assistance in making patient referrals to physician pain management specialists.

The program began in January 2016. Since that time, approximately 60 practices have undergone the six-month practice facilitation intervention.

PHPG was engaged in 2018 to conduct a focused study of the pain management component of the SoonerCare HMP. Specifically, PHPG was asked to assess performance and report on the initiative's impact with respect to provider prescribing and member opioid use.

⁶³ National Academies of Sciences, Engineering, and Medicine Consensus Study Report: Pain Management and the Opioid Epidemic Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use July 2017

⁶⁴ Benzodiazepines are commonly used to treat anxiety but also can be prescribed for certain types of pain (e.g., nerve pain).

The following hypotheses were evaluated:

- Hypothesis #1: Practices that undergo pain management practice facilitation will become more effective in treating patients with alternatives to opioids and/or benzodiazepines to transition to safer treatment alternatives.
- Hypothesis #2: Patients at these practices who are dependent on opioids and/or benzodiazepines will reduce their use of the drugs post-facilitation, both in absolute terms and compared to patients of practices that have not undergone facilitation.
- Hypothesis #3: Patients at these practices who are dependent on opioids and/or benzodiazepines will experience lower ED and inpatient hospital utilization rates.
- Hypothesis #4: The pain management program will be cost-effective, taking into consideration its impact on patient utilization and program administration costs.

Evaluation Approach

The evaluation approach included qualitative techniques (provider and patient surveys) to assess Hypothesis #1, and quantitative methods (using administrative claims) to assess Hypotheses #2 through #4. In preparation for survey development, PHPG met with three providers who participated in pain management practice facilitation to discuss their expectations and experience with the program. These interviews, conducted in the summer of 2018, provided the evaluation team with additional insight into practice facilitation and informed the development of the final provider and patient survey tools.

PHPG's approach to performance assessment is described on the following pages and included the following activities:

- Structured survey of providers who have undergone practice facilitation, to inquire about its effectiveness.
- Structured survey of adult patients of practice facilitation providers who are long term users of prescription opioids, to inquire about the providers' effectiveness and approach to pain management.
- Claims Analysis before and after practice facilitation, to identify patterns of -
 - Prescription drug prescribing patterns among practice facilitation providers and
 - ED and inpatient hospital utilization and expenditures among long term opioid users of practice facilitation providers.

Structured Provider Survey

PHPG attempted to survey all providers who had undergone practice facilitation. Respondents were contacted by phone and given the option of completing the survey over the phone or receiving and returning a written version.

As part of the survey, providers were asked how they learned about the pain management practice facilitation program, whether they had made changes in their practices or referral practices and their perceptions regarding the importance and helpfulness of various aspects of the program. Program components assessed included:

- Training on conducting initial patient pain assessments;
- Training on methods for monitoring medication use;
- Training on monitoring pain/functional status;
- Receiving ongoing education and assistance after completion of onsite activities by the practice facilitator;
- Receiving copies of pain/substance use risk assessment tools;
- Receiving information on alternative pain management techniques;
- Receiving assistance in referring to pain management resources;
- Having a practice facilitation nurse onsite; and
- Receiving training on motivational interviewing.

A copy of the survey instrument is included in Appendix F.

Structured Patient Survey

Respondents were selected from a universe of patients who were treated at practice facilitation sites. The survey universe was stratified by number of prescriptions filled such that PHPG targeted patients with highest counts. Patients were notified by mail in advance of being contacted. The survey was conducted by phone and structured to ask about their experience with the provider and not explicitly about their pain medicine use.

As part of the survey, respondents verified items such as SoonerCare eligibility, engagement with their PCMH provider and the date of their most recent provider visit. Respondents also identified the type of pain being treated (e.g., back, knee, arthritis, cancer), rated their level of pain control and were asked about their experience with alternatives to opioid treatment (e.g., acupuncture, massage therapy, other lifestyle practices).

Finally, respondents were asked about their experience receiving pain management from the provider and whether/how their use of opioids and/or benzodiazepines had changed over time (e.g., reduced dosage, discontinuation etc.). A copy of the survey instrument is included in Appendix F.

Claims Analysis

PHPG examined provider prescribing practices, emergency department and inpatient hospital use pre- and post-practice facilitation and compared to providers not involved in practice facilitation. PHPG identified pain management practice facilitation sites with start dates between January 1, 2016 and July 31, 2017. Claims volume by provider was reviewed to ensure the adequacy of data. Forty participating providers were included in the sample.

PHPG created an “anchor date” for each member associated with a pain management practice facilitation site, based on the practice facilitation start date plus 60 days. Pharmacy and medical claims then were categorized based on dates of service in the twelve months prior to the modified practice facilitation start date and twelve months following the modified practice facilitation start date⁶⁵.

Opioid, benzodiazepine and buprenorphine prescriptions were identified based on NDC listing published by the federal Centers for Disease Control (CDC) in September 2018. Morphine Milligram Equivalent Conversion Factors were obtained from the CDC NDC listing.

HMP Pain Management Practice Facilitation Program Findings

Structured Provider Survey

PHPG contacted all providers who participated in practice facilitation in October and November of 2018. PHPG completed surveys with 24 providers, including 22 Family/General Practice physicians, one Internist and one office manager answering on behalf of the provider.

Readers should exercise caution when reviewing survey results, given the small universe of respondents. Although percentages are presented, the findings should be treated as qualitative, offering a general sense of the attitudes of the provider population.

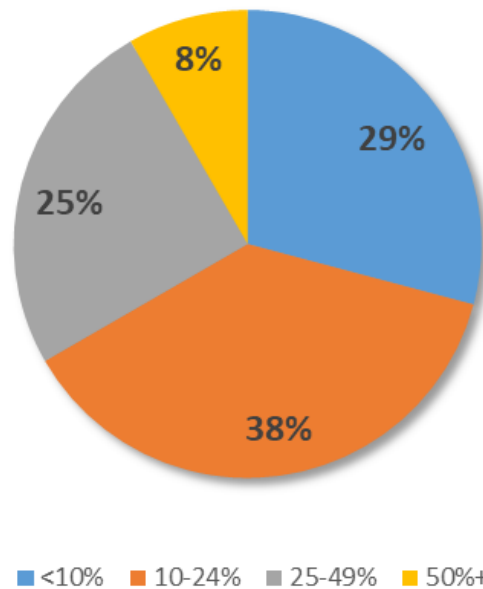
Provider Characteristics

Respondents were long-time Medicaid providers, with 21 of 24 reporting that they had participated in Medicaid for more than five years. Medicaid, on average, accounted for approximately twenty-five percent of the providers’ caseloads.

⁶⁵ PHPG initially sought to remove members with cancer from the analysis, as it is common for cancer patients to be prescribed high doses of opioids for pain relief. When analyzing the claims data, PHPG identified a larger than expected population with a cancer diagnosis on one or more claims. Rather than exclude patients inappropriately, PHPG elected to make no exclusions for the 2018 analysis, while continuing to research the issue. This likely resulted in an understatement of the program’s impact on opioid use, as cancer patients would not be targeted for reduced reliance on opioids. PHPG anticipates excluding cancer patients in future years once data issues have been investigated and resolved.

Respondents were asked to estimate the percentage of their patients who were being treated for chronic pain, using a predefined range. The largest segment reported the number to be 10 – 24 percent; the second largest segment reported the number to be less than 10 percent (Exhibit 8-1).

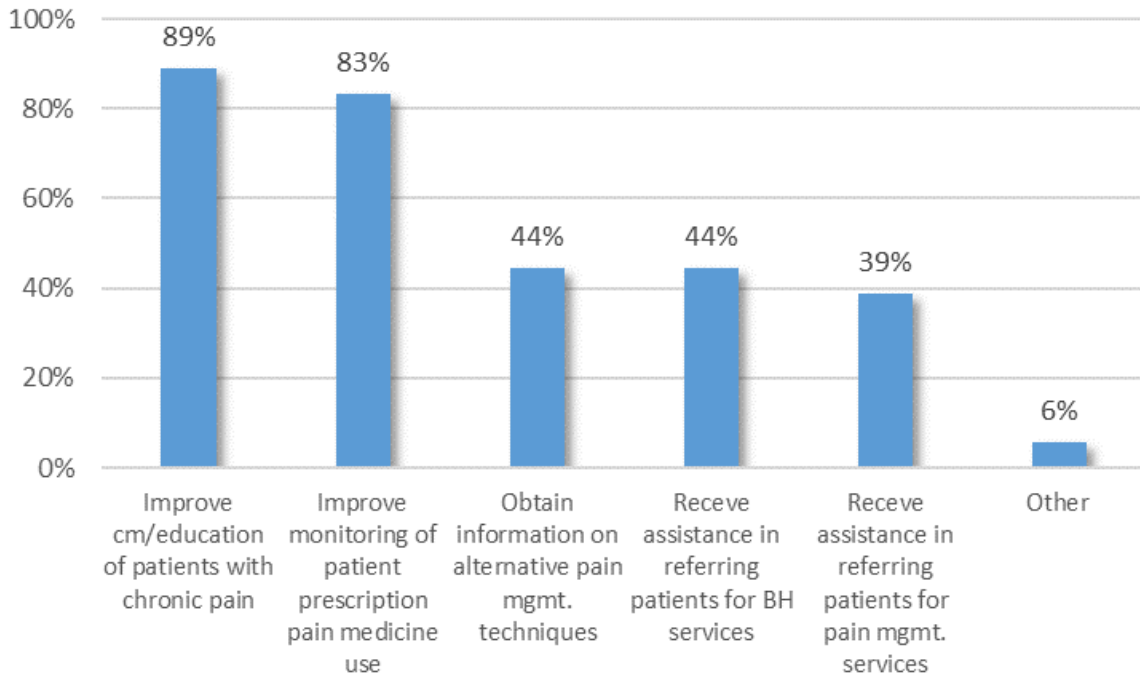
Exhibit 8-1 – Percentage of Patients being Treated for Chronic Pain



Respondents were asked how they learned about the program. The greatest percentage of respondents reported learning of the program from Telligen (44 percent), followed by the OHCA (33 percent), another provider (11 percent) or through attendance at a meeting (11 percent).

Respondents also were asked why they decided to participate (multiple reasons were allowed). Large majorities cited “improve care management/education of patients with chronic pain” (89 percent) and “improve monitoring of patient prescription pain medicine use” (83 percent). Other potential reasons were cited less frequently (Exhibit 8-2 on the following page).

Exhibit 8-2 – Reason(s) for Deciding to Participate



Provider Assessment of Practice Facilitation Activities

Respondents were asked to rate the importance of the specific pain management activities typically performed by practice facilitators. Respondents were asked to rate their importance regardless of the practice’s actual experience.

All but two of the activities were rated “very important” by a majority of the respondents (Exhibit 8-3 on the following page). The highest rated item was “receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain”.

Exhibit 8-3 – Importance of Pain Management Practice Facilitation Components

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
1. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain	79.2%	16.7%	4.2%	0.0%
2. Receiving training on conducting patient pain assessments at initial visits	70.8%	25.0%	4.2%	0.0%
3. Receiving copies of patient pain and substance use risk assessment tools	58.3%	33.3%	8.3%	0.0%
4. Receiving training on methods for monitoring patient pain and functional status at follow-up visits	66.7%	29.2%	4.2%	0.0%
5. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits	69.6%	21.7%	8.7%	0.0%
6. Receiving information on alternative pain management techniques	58.3%	25.0%	16.7%	0.0%
7. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)	58.3%	20.8%	20.8%	0.0%
8. Receiving training on how to have a conversation with patients regarding pain management (motivational interviewing)	45.8%	29.2%	25.0%	0.0%
9. Having a Practice Facilitation nurse on-site to work with you and your staff	50.0%	33.3%	8.3%	8.3%
10. Receiving ongoing education and assistance after conclusion of the initial onsite activities	62.5%	33.3%	4.2%	0.0%

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

Respondents next were asked to rate the helpfulness of the same practice facilitation components in terms of improving their management of patients with chronic conditions. The overall level of satisfaction was high, with all ten activities rated as “very helpful” or “somewhat helpful” by a large majority of respondents (Exhibit 8-4 on the following page).

Exhibit 8-4 – Helpfulness of Pain Management Practice Facilitation Components

Practice Facilitation Component	Level of Helpfulness				
	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	N/A ⁶⁶
1. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain	78.3%	17.4%	4.3%	0.0%	0.0%
2. Receiving training on conducting patient pain assessments at initial visits	47.8%	39.1%	4.3%	0.0%	8.7%
3. Receiving copies of patient pain and substance use risk assessment tools	52.2%	39.1%	4.3%	0.0%	4.3%
4. Receiving training on methods for monitoring patient pain and functional status at follow-up visits	52.2%	34.8%	4.3%	0.0%	8.7%
5. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits	52.2%	30.4%	8.7%	0.0%	8.7%
6. Receiving information on alternative pain management techniques	39.1%	34.8%	17.4%	0.0%	8.7%
7. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)	30.4%	30.4%	30.4%	0.0%	8.7%
8. Receiving training on how to have a conversation with patients regarding pain management (motivational interviewing)	34.8%	34.8%	21.7%	0.0%	8.7%
9. Having a Practice Facilitation nurse on-site to work with you and your staff	43.5%	34.8%	8.7%	8.7%	4.3%
10. Receiving ongoing education and assistance after conclusion of the initial onsite activities	69.6%	21.7%	8.7%	0.0%	0.0%

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

⁶⁶ Did not occur or was already doing

Provider Practice Changes

Twenty of 24 respondents (83 percent) reported making changes in the management of their patients with chronic pain as a result of participating in practice facilitation. The types of changes made included:

- Incorporating forms/tools into patient monitoring (seven respondents)
- Improved documentation (five respondents)
- Limiting/titrating medications/lowering Morphine Milligram Equivalent (MME) (four respondents)
- Having better discussions with patients about their chronic pain and medication needs (three respondents)
- Increased referrals to pain management specialists (one respondent)

Respondents were asked if they attempted to refer patients to a pain management provider. Eighty-eight percent stated they had made a referral attempt, with 24 percent of this subset reporting that making a referral typically is “very difficult” and 66 percent reporting that it typically is “somewhat difficult”; only 10 percent described it as “not at all difficult”.

Respondents who reported having difficulty were asked to cite the most common barriers (multiple responses allowed). The reported barriers included:

- Lack of providers willing to take Medicaid (18 respondents)
- Providers require patients not to use any prescription opioids (six respondents)
- Lack of providers in geographic (rural) area (two respondents)
- Providers rely too heavily on prescription opioids (one respondent)

Structured Patient Survey

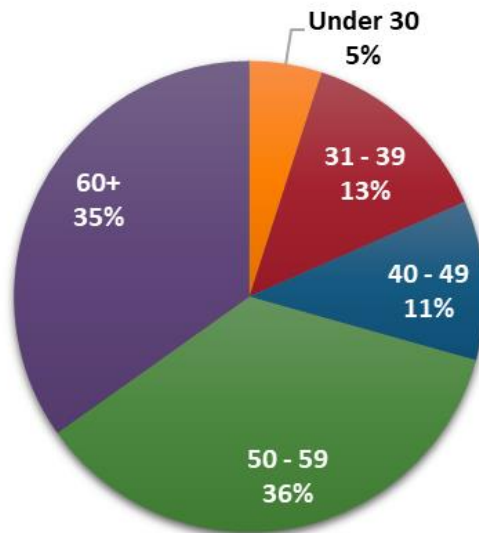
Patient Characteristics

PHPG conducted 201 patient surveys by phone, from, October 2018 through February 2019. The survey universe included patients of practices that underwent facilitation and who were long-term prescription opioid users, defined as three or more years. PHPG stratified the population by number of prescriptions filled and targeted patients with the highest counts.

Readers should exercise caution when reviewing survey results, given the relatively small number of respondents and the sample selection method, which was not random. Although percentages are presented, the findings should be treated as qualitative, offering a general sense of the attitudes of the patient population.

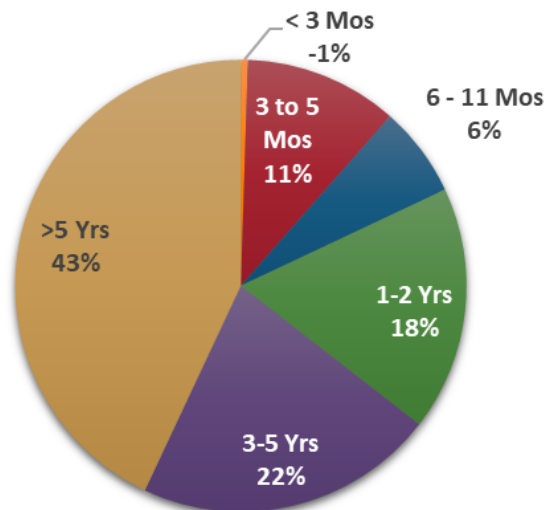
The gender split among survey respondents was 66 percent female and 34 percent male. Over 70 percent of the respondents were 50 years of age or older (Exhibit 8-5).

Exhibit 8-5 – Patient Survey Respondent Age



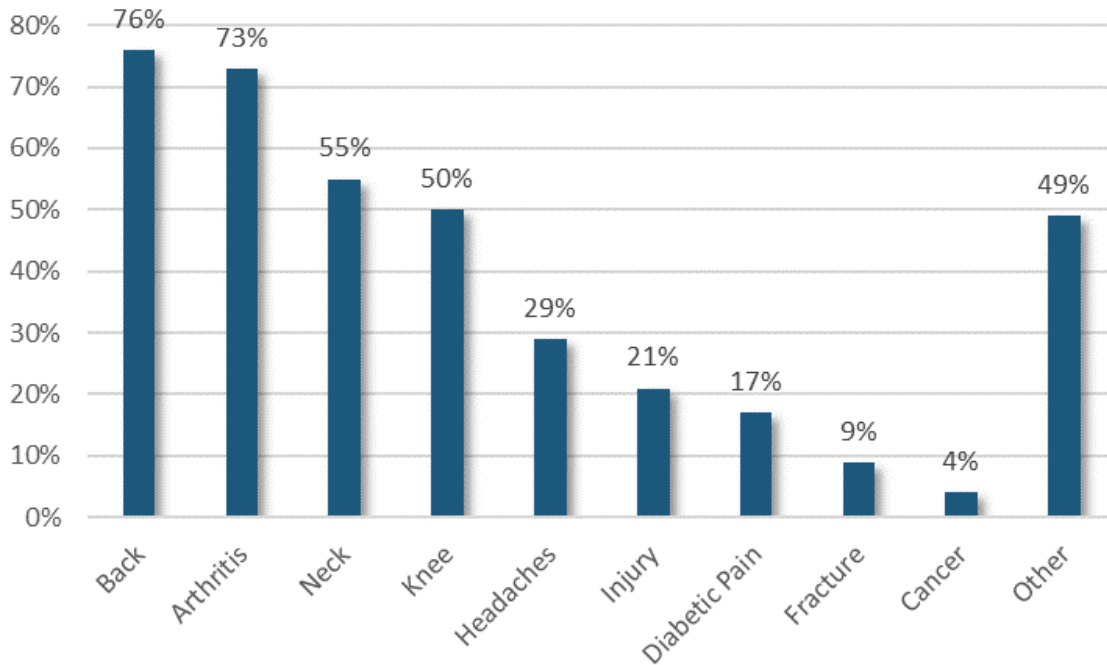
Sixty-five percent of respondents reported being with their current provider for over three years, with 43 percent reporting a tenure of five or more years (Exhibit 8-6).

Exhibit 8-6 – Patient Tenure with Provider



Respondents were asked to name the conditions for which they were receiving treatment (multiple answers were allowed). The most common condition treated was back pain, followed by arthritis (Exhibit 8-7).

Exhibit 8-7 – Condition(s) for which Patient Receives Pain Management⁶⁷

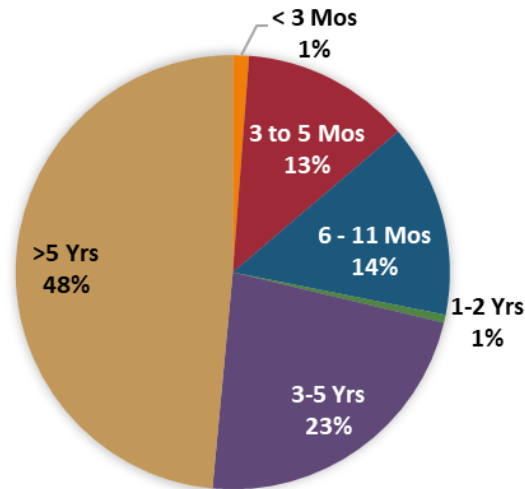


Respondents were asked about their overall health status. The largest segment (48 percent) described their health as “fair”, while 39 percent described it as “poor”. Only thirteen percent reported their health as “good” and one percent as “excellent”.

Respondents were asked how long they had been receiving treatment for pain. Seventy-one percent reported receiving treatment for three or more years (Exhibit 8-8 on the following page).

⁶⁷ The “other” conditions reported included nerve pain, stomach pain, rotator cuff injury, carpal tunnel syndrome and pain in other joints.

Exhibit 8-8 – Patient Report of Length of Time Managing Pain



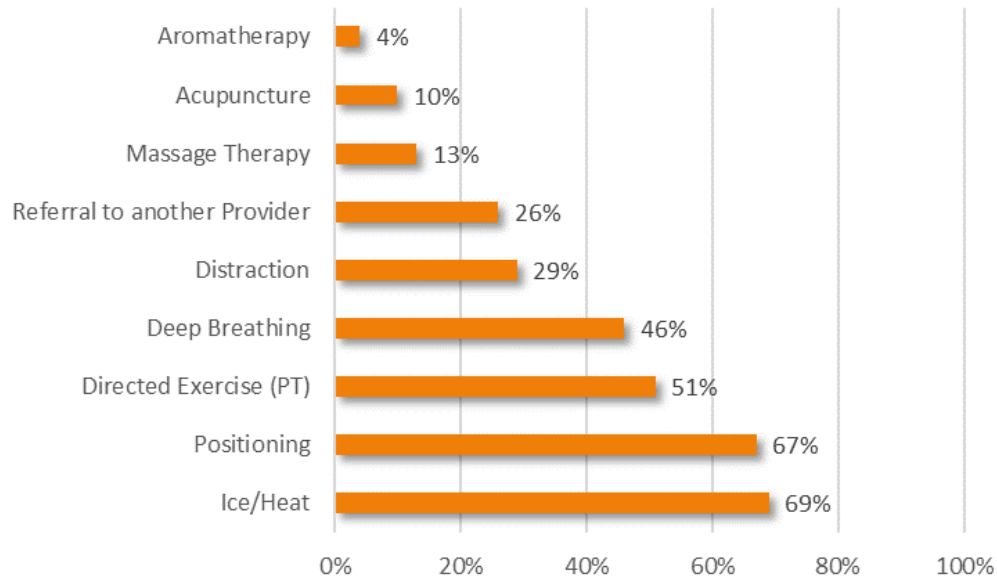
Patient Report of Alternatives to Medication Treatment

Respondents were asked if their provider worked with them to develop a pain treatment plan to reduce their pain; 74 percent said “yes”. Respondents who answered “yes” were next asked to indicate “yes” or “no” regarding whether their doctor had discussed one or more alternatives to medication for helping patients with pain to feel better. The alternative techniques included on the survey were:

- Acupuncture
- Aromatherapy
- Deep breathing
- Directed exercise (physical therapy)
- Distraction techniques
- Ice/Heat
- Massage therapy
- Positioning
- Referral to another Provider

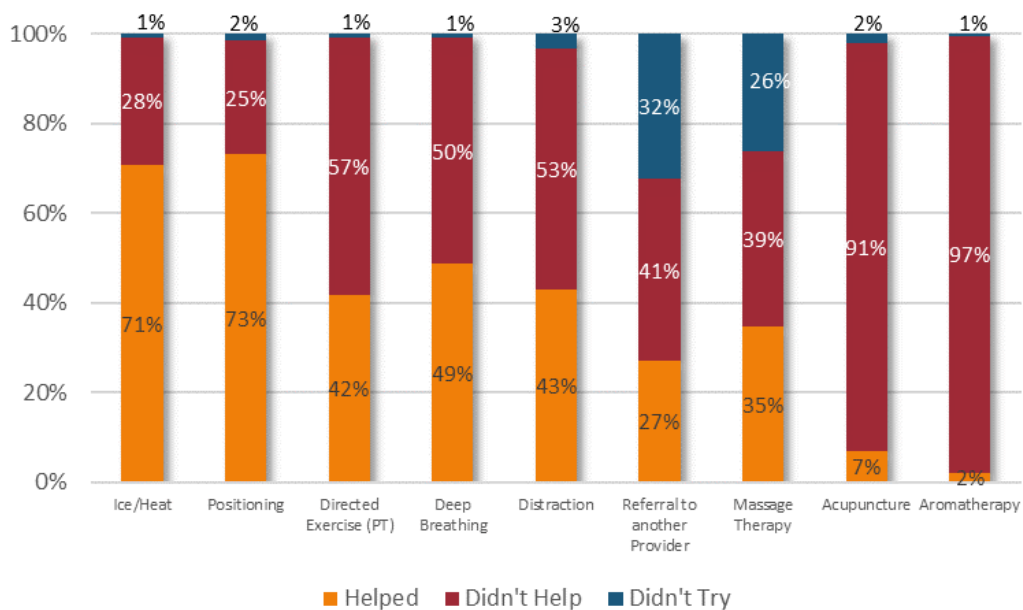
The three most common techniques identified were ice/heat, positioning and directed exercise/physical therapy; each was mentioned by more than 50 percent of respondents (Exhibit 8-9 on the following page).

Exhibit 8-9 – Alternative Pain Management Techniques Identified by Respondents



Among those who said “yes” to a specific pain management technique, respondents then were asked if they tried the technique and if it helped. For those who tried the technique, positioning was rated as helpful by 73 percent of respondents and ice/heat was rated as helpful by 71 percent of respondents. Other techniques received lower “helpfulness” ratings (Exhibit 8-10).

Exhibit 8-10 – Patient Report of Alternative Techniques Tried and Assessment of Helpfulness

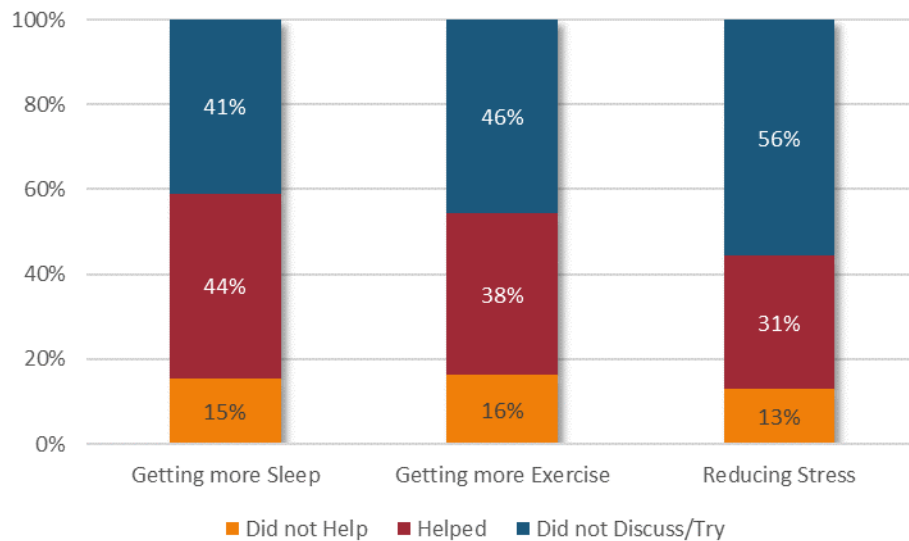


Respondents also were asked if they discussed, and tried, any of several potential lifestyle changes to reduce pain. Lifestyle approaches included:

- Getting more exercise
- Getting more sleep
- Reducing stress

Respondents who answered “yes” to making the lifestyle change were asked if it helped. Forty-four percent reported getting more sleep and that it helped; 38 percent reported getting more exercise and that it helped; and 31 percent reported reducing stress and that it helped (Exhibit 8-11).

Exhibit 8-11 – Patient Report of Life Style Changes and Assessment of Helpfulness



Patient Report of Prescription Pain Medication Treatment

Respondents were asked about their current use of prescription pain management and whether their provider had made any changes since beginning treatment. Eighty-seven percent reported that their provider was currently treating their pain with medication and 63 percent reported that their provider had made a change since treatment first started.

Respondents reported a variety of changes, including reductions in dosage and medication type. Twenty-four percent reported they had stopped taking prescription pain medication altogether (Exhibit 8-12 on the following page).

Exhibit 8-12 – Patient Report of Pain Management Medication Changes

Medication Change Reported	Percent
Changed at least one old medication to a new (different) one	29%
Stopped taking prescription pain medication	24%
Reduced number of pills or dosage taken	20%
Stopped taking at least one medication but continue with others	8%
Take same medication but prescription is for fewer days	8%
Stopped at least one but take other(s) at a higher dosage	7%
Take old medication along with new medication	3%

Changes in medication management were also noted in the comments, positive and negative, made by respondents during the survey.

“My doctor says SoonerCare won’t pay for both my Xanax and my pain medication now. I had to pick one or the other. I picked Xanax but now I’m in a lot of pain.”

“It’s not (my doctor’s) fault but I had to stop taking my anxiety pills with the new law. I need my pain medication more but still need my anxiety pills too.”

“I asked (my doctor) to lower my pain medication because I didn’t want to be on heavy duty meds. He helped me find the right pill and dosage. I have more pain but I would rather that than stay on the hard pain pills.”

“My doctor does what he can to help me with my pain but now that the (pain medication) laws have changed there isn’t much he can do.”

“I had to choose between my anxiety medication and my pain medication since they say that I can’t have both anymore. I chose my anxiety med because I can’t go out and function without it, but now my pain is so bad.”

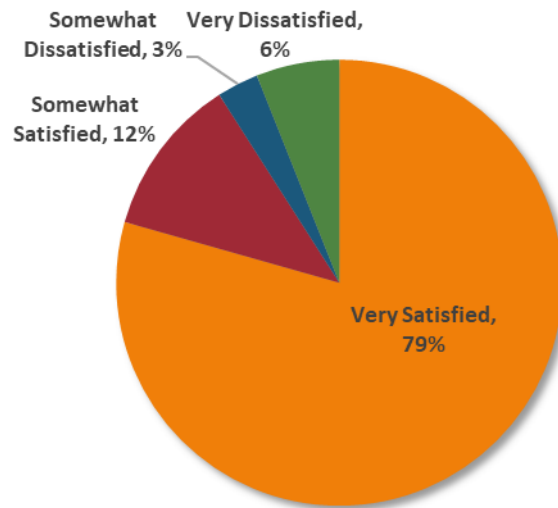
Patient Satisfaction

Respondents fell into three equal categories in terms of changes in pain level since treatment began, with 31 percent reporting “more pain”, 32 percent reporting “the same amount of pain”, 31 percent reporting “somewhat less pain” and five percent reporting “very little pain”.

Despite ongoing pain, and the struggles some patients experienced when changing their medication regimen, respondents reported high levels of satisfaction with their providers. Eighty-eight percent stated their provider listened carefully to them when discussing pain treatment and explained options for treating pain in a way that was easy to understand.

Ninety-one percent stated they were either “very satisfied” (79 percent) or “satisfied” (12 percent) overall with how their provider has helped them manage pain (Exhibit 8-13).

Exhibit 8-13 – Overall Satisfaction with Provider



Respondent satisfaction with their provider was also reflected in respondent comments, such as these:

“(My doctor) is my favorite doctor. He listens and really cares how I’m doing.”

“I have been going to (my doctor) for years and years. I love him, he does everything he can to help me with my arthritis pain.”

Pain Management Practice Facilitation Program Claims Analysis

PHPG conducted an analysis of administrative claims to assess the pain management practice facilitation program performance relative to Hypotheses 2 through 4. Specifically, PHPG examined prescribing patterns pre- and post-practice facilitation.

Total Number of Prescriptions Written

PHPG examined the number of patients receiving one or more prescriptions for pain medication⁶⁸ during the twelve months prior to the initiation of practice facilitation and the twelve months following its completion. The data also was stratified based on the number of prescriptions written for a patient during the period examined.

The total number receiving a prescription declined by 15 percent. The number also declined within each of the prescription count categories (Exhibit 8-14).

Exhibit 8-14 – Patient Count by Number of Prescriptions: Pre- and Post-Facilitation

Patient Count by Number of Prescriptions	Number of Patients		Change	Percentage Change
	12 Months prior to Practice Facilitation	12 Months following Practice Facilitation		
1 prescription	1,272	1,088	(184)	-14.5%
2 prescriptions	539	447	(92)	-17.1%
3 prescriptions	323	263	(60)	-18.6%
4 prescriptions	288	219	(69)	-24.0%
5 prescriptions	228	210	(18)	-7.9%
6 prescriptions	222	192	(30)	-13.5%
7 prescriptions	180	175	(5)	-2.8%
8 prescriptions	185	168	(17)	-9.2%
9 prescriptions	191	143	(48)	-25.1%
10+ prescriptions	1,350	1,154	(196)	-14.5%
Total	4,778	4,059	(719)	-15.0%

⁶⁸ opioid, benzodiazepine or buprenorphine

Total Days' Supply

PHPG examined the number of prescriptions written, stratified by days' supply, during the twelve months prior to the initiation of practice facilitation and the twelve months following its completion. The number of prescriptions written declined across all "days' supply" categories (Exhibit 8-15).

Exhibit 8-15 – Total Prescribed Days' Supply

Total Days' Supply	Number of Patients		Change	Percentage Change
	12 Months prior to Practice Facilitation	12 Months following Practice Facilitation		
15 or fewer	727	658	(69)	-9.5%
16 to 30	705	575	(130)	-18.4%
31 to 60	491	394	(97)	-19.8%
61 to 90	311	250	(61)	-19.6%
91 to 180	751	628	(123)	-16.4%
181+	1,793	1,554	(239)	-13.3%
Total Prescriptions	4,778	4,059	(719)	-15.0%

Drug Screens

Practice facilitation includes an emphasis on monitoring patient drug use as part of an overall pain management plan. PHPG examined the number of providers filing claims for opioid drug screens⁶⁹ and the total number of patients receiving one or more screens. The number of providers increased by 800 percent; the number of patients receiving screens and total number of tests also rose significantly (Exhibit 8-16).

Exhibit 8-16 – Total Prescribed Days' Supply

Category	12 Months prior to Practice Facilitation	12 Months following Practice Facilitation	Change	Percentage Change
Patients	69	341	272	394%
Providers	2	18	16	800%
Number of Tests	105	452	347	330%

⁶⁹ Procedure code 80305

ED and Inpatient Hospital Utilization (Hypothesis #3)

The ultimate objective of practice facilitation is to enable providers to manage care more effectively, thereby improving patient health. PHPG evaluated the program’s impact on patient health by analyzing emergency department and inpatient hospital utilization among patients who were prescribed pain medication.

Emergency department and inpatient hospital utilization both declined post-facilitation. Related expenditures also fell (Exhibit 8-17).

Exhibit 8-17 – ED and IP Utilization and Expenditures

Category	12 Months prior to Practice Facilitation	12 Months following Practice Facilitation	Change	Percentage Change
Emergency Department				
Visits	22,858	22,014	(844)	-3.7%
Expenditures	\$3,027,609	\$2,835,108	(\$192,501)	-6.4%
Inpatient Hospital				
Admissions	3,374	3,236	(138)	-4.1%
Expenditures	\$18,245,962	\$16,639,606	(\$1,606,356)	-10.3%

Summary Findings

SoonerCare providers who participated in practice facilitation consider the program to be helpful in improving their pain management skills. Patients of these providers report receiving help in managing their pain through alternatives to opioid prescription drugs.

The program also appears to be having a positive effect on prescribing patterns, as measured by the number of patients receiving pain medication prescriptions, as well as the average number of prescriptions per patient and dosage size.

Health outcomes among patients who are opioid users have improved post-facilitation, as measured by emergency department and inpatient hospital utilization and expenditures. This outcome supports the program’s value as one tool among many being employed by the OHCA to address the state’s opioid crisis.

CHAPTER 9 – SOONERCARE HMP RETURN ON INVESTMENT

Introduction

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

ROI Results

PHPG examined the program’s return on investment (ROI) through SFY 2018, by comparing health coaching and practice facilitation administrative expenditures to medical savings. The results are presented in Exhibit 9-1 below.

As the exhibit illustrates, both program components have achieved a positive ROI, with the program as a whole generating a return on investment of 276.8 percent. Put another way, the second generation *SoonerCare HMP, through five years, yielded approximately \$2.77 in net medical savings for every dollar in administrative expenditures.*

Exhibit 9-1 – SoonerCare HMP ROI (State and Federal Dollars)

Component	Medical Savings	Administrative Costs	Net Savings	Return on Investment
Health Coaching	\$88,191,164	(\$32,302,157)	\$55,889,007	173.0%
Practice Facilitation	\$102,594,522	(\$18,558,102)	\$84,036,420	452.8%
TOTAL	\$190,785,686	(\$50,860,259)	\$140,777,667	276.8%

APPENDIX A – HEALTH COACHING PARTICIPANT SURVEY INSTRUMENT

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



Kevin S. Corbett
CHIEF EXECUTIVE OFFICER

J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

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

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

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

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

If you have any questions about the survey, you can reach PHPG toll-free at [1-888-941-9358](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?⁷⁰
 - a. Yes
 - b. No → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]
 - c. Don't Know/Not Sure → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]

2. Some SoonerCare members with health needs receive help through a special program known as the SoonerCare Health Management Program. Have you heard of it? [IF RESPONDENT SAYS 'NO' OR 'NOT SURE'] The program includes Health Coaches in doctors' offices who help members with their care. Does that sound familiar?
 - a. Yes
 - b. No
 - c. Don't Know/Not Sure

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

4. Did you decide to participate?
 - a. Yes
 - b. No → [GO TO Q50]
 - c. Not yet, but still considering → [INFORM THAT WE MAY CALL BACK AT A LATER DATE AND END CALL]

⁷⁰ All questions include a "don't know/not sure" or similar option which is unprompted by the surveyor; this response is listed on the instrument to allow surveyors to document such a response. Questions are reworded for parents/guardians completing the survey on behalf of program participants.

- d. Don't Know/Not Sure → [END CALL]
- 5. Are you still participating today in the SoonerCare Health Management Program?
 - a. Yes
 - b. No → [GO TO Q48]
 - c. Don't Know/Not Sure → [END CALL]
- 6. How long have you been participating in the SoonerCare Health Management Program?
 - a. Less than 1 month
 - b. One to two months
 - c. Three to four months
 - d. Four to six months
 - e. More than six months
 - f. Don't Know/Not Sure

Now I want to ask about your decision to enroll in the SoonerCare Health Management Program.

- 7. How did you learn about the SoonerCare Health Management Program?
 - a. Received information in the mail
 - b. Received a call from my Health Coach
 - c. Received a call from someone else SPECIFY _____
 - d. Doctor referred me while I was in his/her office
 - e. Other. SPECIFY: _____
 - f. Don't Know/Not Sure
- 8. What were your reasons for deciding to participate in the SoonerCare Health Management Program? [CHECK ALL THAT APPLY]
 - a. Learn how to better manage health problems
 - b. Learn how to identify changes in health
 - c. Have someone to call with questions about health
 - d. Get help making health care appointments
 - e. Personal doctor recommended I enroll
 - f. Improve my health
 - g. Was invited to enroll/no specific reason
 - h. Other. SPECIFY: _____
 - i. Don't Know/Not Sure

9. Among the reasons you gave, what was your 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					

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

46. ~~Overall, what do you prefer — the program as it was before July 2013 with a Nurse Care Manager or the program as it is today, with a Health Coach in the doctor's office? [REVERSE ORDER FROM PREVIOUS SURVEY.] [RECORD "NO PREFERENCE/SAME" IF VOLUNTEERED BY RESPONDENT; DO NOT OFFER AS OPTION.]~~

- ~~a. Program before, with Nurse Care Manager~~
- ~~b. Program today, with Health Coach~~
- ~~c. No preference/programs are about the same → [GO TO Q52]~~
- ~~d. Don't Know/Not Sure → [GO TO Q52]~~

47. ~~Why do you prefer [MEMBER'S CHOICE]? [RECORD ANSWER AND GO TO Q52]~~

Questions 48 and 49 are asked of follow-up survey respondents only

48. [IF RESPONDENT ANSWERED "NO" TO Q5] About when did you decide to no longer participate?

- a. Month/Year [SPECIFY] _____
- b. Don't Know/Not Sure

49. Why did you decide to no longer participate in the program [RECORD ANSWER & SKIP TO Q52]?

- a. Not aware of program/did not know was enrolled

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

Questions 50 and 51 have been discontinued

~~50. [IF RESPONDENT ANSWERED "NO" TO Q4] About when did you decide to not participate?~~

- ~~a. Month/Year [SPECIFY] _____~~
- ~~b. Don't Know/Not Sure~~

~~51. Why did you decide not to participate in the program?~~

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

DEMOGRAPHICS

52. I'm now going to ask about your race. I will read you a list of choices. You may choose 1 or more. This question is being used for demographic purposes only and you may also choose not to respond.

- a. White or Caucasian
- b. Black or African-American
- c. Asian
- d. Native Hawaiian or other Pacific Islander
- e. American Indian
- f. Hispanic or Latino
- g. Other. SPECIFY: _____

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

APPENDIX B – DETAILED HEALTH COACHING PARTICIPANT SURVEY RESULTS

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

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
1) Are you currently enrolled in SoonerCare?											
A. Yes	138 99.30%	602 97.30%	529 97.24%	501 99.80%	605 100.00%	2375 98.59%	133 98.50%	267 92.71%	225 100.00%	307 100.00%	932 97.59%
B. No	1 0.70%	17 2.70%	15 2.8%	1 0.2%	0 0.00%	34 1.4%	2 1.50%	21 7.29%	0 0.00%	0 0.00%	23 2.41%
2) Have you heard of the Health Management Program (HMP)?											
A. Yes	121 87.70%	554 92.00%	514 97.16%	501 100.00%	605 100.00%	2295 96.63%	<i>N/A - not asked</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. No	16 11.60%	47 7.80%	15 2.84%	0 0.00%	0 0.00%	78 3.28%					
C. Don't know/not sure	1 0.70%	1 0.20%	0 0.00%	0 0.00%	0 0.00%	2 0.08%					
3) Were you contacted and offered a chance to enroll in the HMP?											
A. Yes	122	553	514	501	605	2295	<i>N/A - not</i>	<i>N/A - not</i>	<i>N/A - not</i>	<i>N/A - not</i>	<i>N/A - not</i>

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	88.4%	91.60%	97.16%	100.00%	100.00%	96.63%	<i>asked</i>	<i>asked</i>	<i>asked</i>	<i>asked</i>	<i>asked</i>
B. No	7 5.10%	47 7.80%	15 2.84%	0 0.00%	0 0.00%	69 2.91%					
C. Don't know/not sure	9 6.50%	2 0.30%	0 0.00%	0 0.00%	0 0.00%	11 0.46%					
4) Did you decide to participate?											
A. Yes	120 95.20%	552 99.80%	512 99.61%	499 99.60%	605 100.00%	2288 99.52%	<i>N/A - not asked</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. No	6 4.80%	1 0.20%	2 0.39%	2 0.40%	0 0.00%	11 0.48%					
5) Are you still participating today in the SoonerCare HMP?											
A. Yes	118 98.30%	542 98.20%	500 97.66%	496 99.40%	605 100.00%	2261 98.82%	122 91.70%	218 81.65%	220 97.78%	307 100.00%	867 93.23%
B. No/Don't know	2 1.70%	10 1.80%	12 2.34%	3 0.60%	0 0.00%	27 1.18%	11 8.30%	49 18.35%	5 2.22%	0 0.00%	63 6.77%
6) How long have you been											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
participating in the SoonerCare HMP?											
A. Less than 1 month	9 7.60%	5 0.90%	14 2.80%	13 2.62%	7 1.16%	48 2.12%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
B. 1 to 2 months	39 33.10%	18 3.30%	8 1.60%	36 7.26%	37 6.12%	138 6.10%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
C. 3 to 4 months	33 28.00%	40 7.40%	27 5.40%	98 19.76%	190 31.40%	388 17.16%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
D. 5 to 6 months	7 5.90%	109 20.10%	57 11.40%	170 34.27%	154 25.45%	497 21.98%	0 0.00%	0 0.00%	0 0.00%	3 0.98%	3 0.35%
E. More than 6 months	28 23.70%	352 64.90%	385 77.00%	160 32.26%	187 30.91%	1112 49.18%	<i>See below</i>	<i>See below</i>	<i>See below</i>	<i>See below</i>	<i>See below</i>
F. 6 to 9 months	<i>For initial survey, tenures greater than six months are not further stratified</i>						8 6.60%	9 4.13%	50 22.73%	48 15.64%	115 13.26%
G. 9 to 12 months							68 55.70%	62 28.44%	75 34.09%	138 44.95%	343 39.56%
H. More than 12 months							44 36.10%	147 67.43%	91 41.36%	107 34.85%	389 44.87%

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
I. Don't know/not sure	2 1.70%	18 3.30%	9 1.80%	19 3.83%	30 4.96%	78 3.45%	2 1.60%	0 0.00%	4 1.82%	11 3.58%	17 1.96%
7) How did you learn about the SoonerCare HMP?											
A. Received information in the mail	10 8.50%	17 3.10%	28 5.60%	73 14.81%	90 14.88%	218 9.65%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked
B. Received a call from my Health Coach	37 31.40%	191 35.20%	149 29.80%	276 55.98%	398 65.79%	1051 46.55%					
C. Received a call from someone else	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%					
D. Doctor referred me while I was in his/her office	67 56.80%	305 56.30%	273 54.60%	102 20.69%	59 9.75%	806 35.70%					
E. Other	0 0.00%	8 1.50%	8 1.60%	12 2.43%	7 1.16%	35 1.55%					
F. Don't	4	21	42	30	51	148					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
know/not sure	3.40%	3.90%	8.40%	6.09%	8.43%	6.55%					
8) What were your reasons for deciding to participate in the SoonerCare HMP? (Multiple answers allowed.)											
A. Learn how to better manage health problems	30 25.40%	143 26.40%	125 25.05%	157 31.59%	145 23.97%	600 26.51%					
B. Learn how to identify changes in health	0 0.00%	0 0.00%	0 0.0%	0 0.0%	0 0.00%	0 0.0%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked
C. Have someone to call with questions about health	3 2.50%	17 3.10%	19 3.81%	7 1.41%	26 4.30%	72 3.18%					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
D. Get help making health care appointments	4 3.40%	7 1.30%	4 0.80%	6 1.21%	9 1.49%	30 1.33%					
E. Personal doctor recommended I enroll	2 1.70%	18 3.30%	15 3.01%	21 4.23%	28 4.63%	84 3.71%					
F. Improve my health	28 23.70%	89 16.40%	86 17.23%	79 15.90%	68 11.24%	350 15.47%					
G. Was invited to enroll/no specific reason	43 36.40%	229 42.30%	217 43.49%	208 41.85%	294 48.60%	991 43.79%					
H. Other	5 4.20%	35 6.50%	27 5.41%	13 2.62%	22 3.64%	102 4.51%					
I. Don't know/not sure	3 2.50%	6 1.10%	6 1.20%	6 1.21%	13 2.15%	34 1.50%					
9) Among the reasons you gave, what was your											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
most important reason for deciding to participate?											
A. Learn how to better manage health problems	31 26.30%	142 26.20%	124 24.80%	158 31.85%	145 23.97%	600 26.54%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked
B. Learn how to identify changes in health	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%					
C. Have someone to call with questions about health	3 2.50%	17 3.10%	19 3.80%	7 1.41%	26 4.30%	72 3.18%					
D. Get help making health care appointments	4 3.40%	7 1.30%	1 0.20%	6 1.21%	9 1.49%	27 1.19%					
E. Personal doctor recommend-	2	17	15	21	28	83					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
ed I enroll	1.70%	3.10%	3.00%	4.23%	4.63%	3.67%					
F. Improve my health	28 23.70%	89 16.40%	83 16.60%	77 15.52%	68 11.24%	345 15.26%					
G. Was invited to enroll/no specific reason	42 35.60%	229 42.30%	220 44.00%	208 41.94%	294 48.60%	993 43.92%					
H. Other	5 4.20%	35 6.50%	32 6.40%	13 2.62%	22 3.64%	107 4.73%					
I. Don't know/not sure	3 2.50%	6 1.10%	6 1.20%	6 1.21%	13 2.15%	34 1.50%					
10) How soon after you started participating in the SoonerCare HMP were you contacted by your Health Coach?											
A. Contacted	67	498	430	389	470	1854	N/A - not	N/A - not	N/A - not	N/A - not	N/A - not

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
at time of enrollment	56.80%	91.90%	86.17%	78.74%	77.69%	82.11%	<i>asked</i>	<i>asked</i>	<i>asked</i>	<i>asked</i>	<i>asked</i>
B. Less than 1 week	34 28.80%	14 2.60%	7 1.40%	20 4.05%	37 6.12%	112 4.96%					
C. 1 to 2 weeks	2 1.70%	2 0.40%	8 1.60%	26 5.26%	20 3.31%	58 2.57%					
D. More than 2 weeks	0 0.00%	2 0.40%	3 0.60%	3 0.61%	0 0.00%	8 0.35%					
E. Have not been contacted - enrolled 2 weeks ago or less	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%					
F. Have not been contacted - enrolled 2 to 4 weeks ago	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.17%	1 0.04%					
G. Have not been contacted - enrolled more	1	2	5	2	2	12					

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
than 4 weeks ago	0.80%	0.40%	1.00%	0.40%	0.33%	0.53%					
H. Don't know/not sure	14 11.90%	24 4.40%	46 9.22%	54 10.93%	75 12.40%	213 9.43%					
11) Can you tell me the name of your Health Coach?											
A. Yes	46 39.30%	201 37.00%	212 42.57%	211 42.63%	247 40.83%	917 40.61%	42 34.40%	81 37.50%	100 45.45%	131 42.67%	354 40.92%
B. No	71 60.70%	342 63.00%	286 57.43%	284 57.37%	358 59.17%	1341 59.39%	80 65.60%	135 62.50%	120 54.55%	176 57.33%	511 59.08%
12) About when was the last time you spoke to your Health Coach?											
A. Within last week	28 24.10%	123 22.60%	105 21.13%	132 26.72%	182 30.08%	570 25.27%	30 24.60%	40 18.69%	36 16.36%	67 21.82%	173 20.05%
B. 1 to 2 weeks ago	41 35.30%	127 23.30%	83 16.70%	65 13.16%	93 15.37%	409 18.13%	18 14.80%	34 15.89%	27 12.27%	45 14.66%	124 14.37%
C. 2 to 4	27	149	166	185	215	742	25	58	63	104	250

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
weeks ago	23.30%	27.40%	33.40%	37.45%	35.54%	32.89%	20.50%	27.10%	28.64%	33.88%	28.97%
D. More than 4 weeks ago	19 16.40%	136 25.00%	139 27.97%	105 21.26%	105 17.36%	504 22.34%	47 38.50%	81 37.85%	87 39.55%	88 28.66%	303 35.11%
E. Have never spoken to Health Coach	1 0.90%	1 0.20%	3 0.60%	2 0.40%	3 0.50%	10 0.44%	1 0.80%	0 0.00%	0 0.00%	0 0.00%	1 0.12%
F. Don't know/not sure/no response	0 0.00%	8 1.50%	1 0.20%	5 1.01%	7 1.16%	21 0.93%	1 0.80%	1 0.47%	7 3.18%	3 0.98%	12 1.39%
13) Did you speak to your Health Coach over the telephone or in person at your doctor's office?											
A. Telephone	59 50.90%	364 66.90%	366 73.64%	409 82.79%	552 92.77%	1750 77.92%	99 81.10%	173 79.72%	179 81.36%	287 93.49%	738 85.22%
B. In person	57 49.10%	170 31.30%	126 25.35%	53 10.73%	37 6.22%	443 19.72%	23 18.90%	44 20.28%	37 16.82%	19 6.19%	123 14.20%
C. Don't know/not sure/no	0	10	5	32	6	53	0	0	4	1	5

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
response	0.00%	1.80%	1.01%	6.48%	1.01%	2.36%	0.00%	0.00%	1.82%	0.33%	0.58%
14) Did your Health Coach give you a telephone number to call if you needed help with your care?											
A. Yes	106 90.60%	477 87.80%	443 88.60%	409 82.79%	496 82.39%	1931 85.59%	110 90.20%	203 93.12%	187 85.00%	283 92.18%	783 90.31%
B. No	5 4.30%	38 7.00%	31 6.20%	53 10.73%	70 11.63%	197 8.73%	10 8.20%	7 3.21%	21 9.55%	9 2.93%	47 5.42%
C. Don't know/not sure/no response	6 5.10%	28 5.20%	26 5.20%	32 6.48%	36 5.98%	128 5.67%	2 1.60%	8 3.67%	12 5.45%	15 4.89%	37 4.27%
15) Have you tried to call your Health Coach at the number you were given?											
A. Yes	17 16.00%	135 28.30%	151 34.09%	127 31.05%	170 34.27%	600 31.07%	18 16.40%	54 26.73%	71 37.97%	103 36.40%	246 31.46%
B. No	89	342	291	282	325	1329	92	148	114	179	533

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	84.00%	71.70%	65.69%	68.95%	65.52%	68.82%	83.60%	73.27%	60.96%	63.25%	68.16%
C. Don't know/not sure	0	0	1	0	1	2	0	0	2	1	3
	0.00%	0.00%	0.23%	0.00%	0.20%	0.10%	0.00%	0.00%	1.07%	0.35%	0.38%
16) Thinking about the last time you called your Health Coach, what was the reason for your call?											
A. Routine health question	11	109	121	94	117	452	11	46	58	73	188
	64.70%	80.70%	79.08%	74.60%	68.82%	75.21%	61.10%	85.19%	81.69%	70.87%	76.42%
B. Urgent health problem	0	3	2	2	4	11	1	0	0	3	4
	0.00%	2.20%	1.31%	1.59%	2.35%	1.83%	5.60%	0.00%	0.00%	2.91%	1.63%
C. Seeking assistance in scheduling an appointment	2	3	11	2	11	29	0	3	2	4	9
	11.80%	2.20%	7.19%	1.59%	6.47%	4.83%	0.00%	5.56%	2.82%	3.88%	3.66%
D. Returning call from Health Coach	0	13	12	27	33	85	4	3	11	19	37

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	9.60%	7.84%	21.43%	19.41%	14.14%	22.20%	5.56%	15.49%	18.45%	15.04%
E. Other	4 23.50%	7 5.20%	6 3.92%	1 0.79%	5 2.94%	23 3.83%	2 11.10%	2 3.70%	0 0.00%	4 3.88%	8 3.25%
F. Don't know/not sure	0 0.00%	0 0.00%	1 0.65%	0 0.00%	0 0.00%	1 0.17%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
17) Did you reach your Health Coach immediately? If no, how quickly did you get a call back?											
A. Reached immediately (at time of call)	8 47.10%	80 59.30%	83 55.70%	53 42.06%	93 54.71%	317 53.10%	11 61.10%	27 50.00%	31 43.66%	59 57.28%	128 52.03%
B. Called back within 1 hour	4 23.50%	29 21.50%	37 24.83%	30 23.81%	36 21.18%	136 22.78%	2 11.10%	19 35.19%	17 23.94%	13 12.62%	51 20.73%
C. Called back in more than 1 hour but same day	3 17.60%	7 5.20%	8 5.37%	30 23.81%	23 13.53%	71 11.89%	1 5.60%	2 3.70%	13 18.31%	17 16.50%	33 13.41%
D. Called back	1	3	5	6	1	16	3	1	2	0	6

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
the next day	5.90%	2.20%	3.36%	4.76%	0.59%	2.68%	16.70%	1.85%	2.82%	0.00%	2.44%
E. Called back 2 or more days later	1 5.90%	2 1.50%	1 0.67%	2 1.59%	4 2.35%	10 1.68%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
F. Never called back	0 0.00%	5 3.70%	5 3.36%	3 2.38%	6 3.53%	19 3.18%	1 5.60%	0 0.00%	3 4.23%	7 6.80%	11 4.47%
G. Other	0 0.00%	3 2.20%	0 0.00%	0 0.00%	1 0.59%	4 0.67%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
H. Don't know/not sure	0 0.00%	6 4.40%	10 6.71%	2 1.59%	6 3.53%	24 4.02%	0 0.00%	5 9.26%	5 7.04%	7 6.80%	17 6.91%
18) I'm going to mention some things your Health Coach may have done for you. Has your Health Coach:											
(a) Asked questions about your health problems or concerns											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
A. Yes	116 98.30%	537 99.10%	497 99.40%	490 99.59%	599 99.50%	2239 99.33%	119 98.30%	217 100.00%	220 100.00%	304 99.35%	860 99.54%
B. No	2 1.70%	4 0.70%	2 0.40%	2 0.41%	3 0.50%	13 0.58%	2 1.70%	0 0.00%	0 0.00%	1 0.33%	3 0.35%
C. Don't know/not sure	0 0.00%	1 0.20%	1 0.20%	0 0.00%	0 0.00%	2 0.09%	0 0.00%	0 0.00%	0 0.00%	1 0.33%	1 0.12%
(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%	551 91.53%	2100 93.17%	115 95.00%	211 97.24%	216 98.18%	297 97.06%	839 97.11%
B. No	18 15.30%	34 6.30%	16 3.20%	23 4.67%	48 7.97%	139 6.17%	6 5.00%	6 2.76%	3 1.36%	8 2.61%	23 2.66%
C. Don't know/not sure	1 0.80%	4 0.70%	3 0.60%	4 0.81%	3 0.50%	15 0.67%	0 0.00%	0 0.00%	1 0.45%	1 0.33%	2 0.23%
(c) Helped you to identify changes in your health that might be											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
an early sign of a problem											
A. Yes	29 24.60%	213 39.30%	208 41.60%	180 36.59%	179 29.73%	809 35.89%	30 24.80%	99 45.62%	79 35.91%	128 41.83%	336 38.89%
B. No	89 75.40%	325 60.00%	281 56.20%	306 62.20%	418 69.44%	1419 62.95%	91 75.20%	115 53.00%	139 63.18%	174 56.86%	519 60.07%
C. Don't know/not sure	0 0.00%	4 0.70%	11 2.20%	6 1.22%	5 0.83%	26 1.15%	0 0.00%	3 1.38%	2 0.91%	4 1.31%	9 1.04%
(d) Answered questions about your health											
A. Yes	93 78.80%	486 89.70%	459 91.80%	445 90.45%	532 88.37%	2015 89.40%	110 90.90%	211 97.24%	201 91.36%	286 93.46%	808 93.52%
B. No	23 19.50%	52 9.60%	39 7.80%	41 8.33%	66 10.96%	221 9.80%	11 9.10%	6 2.76%	16 7.27%	19 6.21%	52 6.02%
C. Don't know/not sure	1 0.80%	5 0.90%	2 0.40%	6 1.22%	4 0.66%	18 0.80%	0 0.00%	0 0.00%	3 1.36%	1 0.33%	4 0.46%
(e) Helped you talk to and work with your regular doctor and your											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
regular doctor's office staff											
A. Yes	53 44.90%	165 30.40%	123 24.65%	102 20.73%	77 12.79%	520 23.08%	31 25.60%	50 23.04%	49 22.27%	48 15.69%	178 20.60%
B. No	64 54.20%	374 69.00%	372 74.55%	388 78.86%	523 86.88%	1721 76.39%	90 74.40%	166 76.50%	170 77.27%	257 83.99%	683 79.05%
C. Don't know/not sure	1 0.80%	3 0.60%	4 0.80%	2 0.41%	2 0.33%	12 0.53%	0 0.00%	1 0.46%	1 0.45%	1 0.33%	3 0.35%
(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%	96 15.95%	462 20.52%	27 22.30%	42 19.35%	41 18.64%	58 18.95%	168 19.44%
B. No	86 72.90%	404 74.50%	380 76.15%	409 83.30%	505 83.89%	1784 79.22%	94 77.70%	175 80.65%	179 81.36%	248 81.05%	696 80.56%
C. Don't know/not sure	0 0.00%	1 0.20%	2 0.40%	2 0.41%	1 0.17%	6 0.27%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems												
	A. Yes	17 14.40%	35 6.50%	19 3.81%	12 2.44%	6 1.00%	89 3.95%	6 5.00%	12 5.53%	2 0.91%	3 0.98%	23 2.66%
	B. No	101 85.60%	506 93.40%	478 95.79%	480 97.56%	595 98.84%	2160 95.87%	115 95.00%	205 94.47%	218 99.09%	303 99.02%	841 97.34%
C. Don't know/not sure	0 0.00%	1 0.20%	2 0.40%	0 0.00%	1 0.17%	4 0.18%	0 0.00%	0 0.00%	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%	495 82.23%	1877 83.31%	97 80.20%	205 94.47%	202 91.82%	265 86.60%	769 89.00%
	B. No	46 39.00%	90 16.60%	46 9.22%	42 8.54%	65 10.80%	289 12.83%	22 18.20%	9 4.15%	7 3.18%	29 9.48%	67 7.75%

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
C. Don't know/not sure	2 1.70%	13 2.40%	14 2.81%	16 3.25%	42 6.98%	87 3.86%	2 1.70%	3 1.38%	11 5.00%	12 3.92%	28 3.24%
19) (For each activity performed) How satisfied are you with the help you received?											
(a) Asked questions about your health problems or concerns											
A. Very satisfied	97 82.20%	487 89.90%	460 92.18%	446 90.65%	559 92.86%	2049 90.95%	111 91.70%	206 94.93%	190 86.36%	285 93.14%	792 91.56%
B. Somewhat satisfied	16 13.60%	40 7.40%	28 5.61%	36 7.32%	30 4.98%	150 6.66%	5 4.10%	7 3.23%	27 12.27%	15 4.90%	54 6.24%
C. Somewhat dissatisfied	1 0.80%	4 0.70%	2 0.40%	5 1.02%	2 0.33%	14 0.62%	2 1.70%	2 0.92%	0 0.00%	0 0.00%	4 0.46%
D. Very dissatisfied	1 0.80%	4 0.70%	6 1.20%	2 0.41%	6 1.00%	19 0.84%	1 0.80%	1 0.46%	3 1.36%	2 0.65%	7 0.81%
E. Don't	3	7	3	3	5	21	3	1	0	4	8

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
know/Not Applicable	2.50%	1.30%	0.60%	0.61%	0.83%	0.93%	2.50%	0.46%	0.00%	1.31%	0.92%
(b) Provided instructions about taking care of your health problems or concerns											
A. Very satisfied	85 72.00%	471 86.90%	451 90.38%	433 88.01%	526 87.38%	1966 87.26%	108 89.30%	204 94.01%	188 85.45%	280 91.50%	780 90.28%
B. Somewhat satisfied	11 9.30%	30 5.50%	25 5.01%	26 5.28%	18 2.99%	110 4.88%	4 3.30%	6 2.76%	23 10.45%	12 3.92%	45 5.21%
C. Somewhat dissatisfied	1 0.80%	1 0.20%	2 0.40%	3 0.61%	0 0.00%	7 0.31%	2 1.70%	1 0.46%	2 0.91%	0 0.00%	5 0.58%
D. Very dissatisfied	1 0.80%	4 0.70%	2 0.40%	1 0.20%	3 0.50%	11 0.49%	1 0.80%	0 0.00%	2 0.91%	2 0.65%	5 0.58%
E. Don't know/Not Applicable	20 16.90%	36 6.60%	19 3.81%	29 5.89%	55 9.14%	159 7.06%	6 5.00%	6 2.76%	5 2.27%	12 3.92%	29 3.36%
(c) Helped you to identify changes in											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
your health that might be an early sign of a problem											
A. Very satisfied	29 24.60%	203 37.50%	198 39.68%	173 35.16%	173 28.74%	776 34.44%	29 24.00%	90 41.47%	77 35.00%	124 40.52%	320 37.04%
B. Somewhat satisfied	4 3.40%	8 1.50%	6 1.20%	4 0.81%	3 0.50%	25 1.11%	0 0.00%	4 1.84%	4 1.82%	3 0.98%	11 1.27%
C. Somewhat dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	0 0.00%	1 0.04%	0 0.00%	1 0.46%	0 0.00%	0 0.00%	1 0.12%
D. Very dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	0 0.00%	1 0.04%	0 0.00%	0 0.00%	0 0.00%	1 0.33%	1 0.12%
E. Don't know/Not Applicable	85 72.00%	329 60.70%	295 59.12%	315 64.02%	426 70.76%	1450 64.36%	92 76.00%	122 56.22%	139 63.18%	178 58.17%	531 61.46%
(d) Answered questions about your health											
A. Very satisfied	84 71.20%	452 83.40%	440 88.18%	426 86.59%	508 84.39%	1910 84.78%	105 86.80%	203 93.55%	187 85.00%	273 89.22%	768 88.89%
B. Somewhat satisfied	9 7.60%	26 4.80%	19 3.81%	18 3.66%	15 2.49%	87 3.86%	3 2.50%	6 2.76%	12 5.45%	10 3.27%	31 3.59%

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
C. Somewhat dissatisfied	0	2	1	1	2	6	2	1	0	0	3
	0.00%	0.40%	0.20%	0.20%	0.33%	0.27%	1.70%	0.46%	0.00%	0.00%	0.35%
D. Very dissatisfied	0	3	1	0	2	6	0	0	1	1	2
	0.00%	0.60%	0.20%	0.00%	0.33%	0.27%	0.00%	0.00%	0.45%	0.33%	0.23%
E. Don't know/Not Applicable	25	59	38	47	75	244	11	7	20	22	60
	21.20%	10.90%	7.62%	9.55%	12.46%	10.83%	9.10%	3.23%	9.09%	7.19%	6.94%
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff											
A. Very satisfied	52	159	120	99	77	507	31	47	51	47	176
	44.10%	29.30%	24.05%	20.12%	12.79%	22.50%	25.60%	21.66%	23.18%	15.36%	20.37%
B. Somewhat satisfied	1	13	6	2	0	22	1	3	1	1	6
	0.80%	2.40%	1.20%	0.41%	0.00%	0.98%	0.80%	1.38%	0.45%	0.33%	0.69%
C. Somewhat dissatisfied	0	2	0	1	0	3	0	0	0	0	0
	0.00%	0.40%	0.00%	0.20%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%
D. Very dissatisfied	0	1	1	0	0	2	0	0	0	1	1

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
E. Don't know/Not Applicable	0.00%	0.20%	0.20%	0.00%	0.00%	0.09%	0.00%	0.00%	0.00%	0.33%	0.12%
	65	367	372	390	525	1719	89	167	168	257	681
	55.10%	67.70%	74.55%	79.27%	87.21%	76.30%	73.60%	76.96%	76.36%	83.99%	78.82%
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?											
A. Very satisfied	30	127	113	78	93	441	27	39	38	54	158
	25.40%	23.40%	22.65%	15.85%	15.45%	19.57%	22.30%	17.97%	17.27%	17.65%	18.29%
B. Somewhat satisfied	2	17	9	4	4	36	0	2	4	3	9
	1.70%	3.10%	1.80%	0.81%	0.66%	1.60%	0.00%	0.92%	1.82%	0.98%	1.04%
C. Somewhat dissatisfied	0	1	0	0	0	1	0	2	0	0	2
	0.00%	0.20%	0.00%	0.00%	0.00%	0.04%	0.00%	0.92%	0.00%	0.00%	0.23%
D. Very dissatisfied	0	1	0	0	1	2	0	0	0	2	2
	0.00%	0.20%	0.00%	0.00%	0.17%	0.09%	0.00%	0.00%	0.00%	0.65%	0.23%
E. Don't know/Not Applicable	86	396	377	410	504	1773	94	174	178	247	693

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	72.90%	73.10%	75.55%	83.33%	83.72%	78.70%	77.70%	80.18%	80.91%	80.72%	80.21%
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems											
A. Very satisfied	15 12.70%	33 6.10%	18 3.61%	10 2.03%	8 1.33%	84 3.73%	4 3.30%	10 4.61%	4 1.82%	3 0.98%	21 2.43%
B. Somewhat satisfied	1 0.80%	18 3.30%	13 2.61%	3 0.61%	0 0.00%	35 1.55%	1 0.80%	2 0.92%	1 0.45%	0 0.00%	4 0.46%
C. Somewhat dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	0 0.00%	1 0.04%	0 0.00%	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%	0 0.00%	1 0.04%	0 0.00%	0 0.00%	0 0.00%	1 0.33%	1 0.12%
E. Don't know/Not Applicable	102 86.40%	489 90.20%	468 93.79%	479 97.36%	594 98.67%	2132 94.63%	116 95.90%	205 94.47%	215 97.73%	302 98.69%	838 96.99%

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
(h) Reviewed your medications with you and helped you to manage your medications											
A. Very satisfied	61	412	423	421	474	1791	93	198	190	257	738
	52.63%	76.00%	84.77%	85.57%	78.74%	79.49%	76.90%	91.24%	86.36%	83.99%	85.42%
B. Somewhat satisfied	7	32	15	19	15	88	3	5	10	10	28
	6.14%	5.90%	3.01%	3.86%	2.49%	3.91%	2.50%	2.30%	4.55%	3.27%	3.24%
C. Somewhat dissatisfied	0	4	2	3	0	9	1	1	1	0	3
	0.00%	0.70%	0.40%	0.61%	0.00%	0.40%	0.80%	0.46%	0.45%	0.00%	0.35%
D. Very dissatisfied	1	1	2	2	4	10	0	1	1	1	3
	0.88%	0.20%	0.40%	0.41%	0.66%	0.44%	0.00%	0.46%	0.45%	0.33%	0.35%
E. Don't know/Not Applicable	46	96	57	47	109	355	24	12	18	38	92
	40.35%	17.70%	11.42%	9.55%	18.11%	15.76%	19.80%	5.53%	8.18%	12.42%	10.65%
20) Did your Health Coach ask your thoughts on what change in your life would make											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
the biggest difference to your health?											
A. Yes	91 77.10%	409 75.50%	380 76.15%	405 82.48%	484 80.40%	1769 78.55%	93 76.90%	168 77.42%	167 75.91%	259 84.64%	687 79.51%
B. No	24 20.30%	94 17.30%	71 14.23%	57 11.61%	78 12.96%	324 14.39%	20 16.50%	28 12.90%	32 14.55%	25 8.17%	105 12.15%
C. Don't know/not sure	3 2.50%	39 7.20%	48 9.62%	29 5.91%	40 6.64%	159 7.06%	8 6.60%	21 9.68%	21 9.55%	22 7.19%	72 8.33%
21) Did you select an area where you would like to make a change?											
A. Yes	79 86.80%	339 82.90%	327 86.28%	335 82.31%	346 71.49%	1426 80.56%	68 73.10%	130 77.38%	125 74.85%	202 77.99%	525 76.42%
B. No	11 12.10%	70 17.10%	49 12.93%	68 16.71%	137 28.31%	335 18.93%	25 26.90%	38 22.62%	42 25.15%	57 22.01%	162 23.58%
C. Don't know/not sure	1 1.10%	0 0.00%	3 0.79%	4 0.98%	1 0.21%	9 0.51%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
22) What did you select?											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
(Multiple categories allowed.)											
A. Management of chronic condition	20 21.50%	62 18.70%	73 22.32%	91 27.00%	90 27.00%	336 23.41%	13 18.80%	20 15.27%	27 21.60%	52 25.70%	112 21.33%
B. Weight	23 24.70%	94 28.30%	100 30.58%	58 17.21%	55 15.90%	330 23.00%	17 24.60%	43 32.82%	22 17.60%	35 17.30%	117 22.29%
C. Diet	11 11.80%	38 11.40%	34 10.40%	40 11.87%	29 8.38%	152 10.59%	14 20.30%	13 9.92%	20 16.00%	25 12.38%	72 13.71%
D. Tobacco use	13 14.00%	88 26.50%	68 20.80%	80 23.74%	76 21.97%	325 22.65%	16 23.20%	35 26.72%	32 25.60%	55 27.23%	138 26.29%
E. Medications	0 0.00%	5 1.50%	6 1.83%	8 2.37%	12 3.47%	31 2.16%	2 2.90%	1 0.76%	4 3.20%	3 1.49%	10 1.90%
F. Alcohol or drug use	0 0.00%	3 0.90%	1 0.31%	0 0.00%	1 0.29%	5 0.35%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
G. Social support	0 0.00%	13 3.90%	8 2.45%	1 0.30%	6 1.73%	28 1.95%	2 2.90%	1 0.76%	1 0.80%	3 1.49%	7 1.33%
H. Other	26 28.00%	29 8.70%	36 11.01%	54 16.02%	73 21.10%	218 15.19%	5 7.20%	18 13.74%	18 14.40%	28 13.86%	69 13.14%
I. Don't know/not	0	0	1	5	4	10	0	0	1	1	2

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
sure	0.00%	0.00%	0.31%	1.48%	1.16%	0.70%	0.00%	0.00%	0.80%	0.50%	0.38%
23) Did you and your Health Coach develop an Action Plan with goals?											
A. Yes	76 96.20%	275 81.10%	261 80.06%	291 88.18%	306 88.44%	1209 85.14%	53 77.90%	112 86.15%	120 96.00%	184 91.09%	469 89.33%
B. No	3 3.80%	61 18.00%	63 19.33%	37 11.21%	35 10.12%	199 14.01%	15 22.10%	18 13.85%	4 3.20%	16 7.92%	53 10.10%
C. Don't know/not sure	0 0.00%	3 0.90%	2 0.61%	2 0.61%	5 1.45%	12 0.85%	0 0.00%	0 0.00%	1 0.80%	2 0.99%	3 0.57%
24) Have you achieved one or more goals in your Action Plan?											
A. Yes	38 50.00%	221 80.40%	211 80.8%	225 77.3%	254 83.0%	949 78.5%	41 77.40%	86 76.79%	104 86.67%	151 82.07%	382 81.45%
B. No	38 50.00%	54 19.60%	50 19.16%	66 22.68%	52 17.0%	260 21.51%	12 22.60%	26 23.21%	16 13.33%	33 17.93%	87 18.55%
C. Don't know/not sure	0	0	0	0	0	0	0	0	0	0	0

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	0.00%	0.00%	0.00%	0.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
25) What was the goal you achieved?	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)
26) Do you have a goal you are currently trying to achieve?											
A. Yes	22 56.40%	78 35.90%	38 19.00%	52 23.42%	54 22.31%	244 26.52%	8 19.50%	11 12.79%	23 22.12%	37 24.50%	79 20.68%
B. No	17 43.60%	139 64.10%	162 81.00%	170 76.58%	188 77.69%	676 73.48%	33 80.50%	75 87.21%	81 77.88%	114 75.50%	303 79.32%
C. Don't know/not sure	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
27) What is the goal you're trying to achieve?	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)
28) How confident are you that you will be able to achieve this goal?											
A. Very	15	49	21	29	30	144	6	9	15	24	54

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
confident	71.40%	62.00%	55.26%	55.77%	55.56%	59.02%	75.00%	81.82%	65.22%	64.86%	68.35%
B. Somewhat confident	4 19.00%	24 30.40%	13 34.21%	20 38.46%	19 35.19%	80 32.79%	2 25.00%	2 18.18%	8 34.78%	13 35.14%	25 31.65%
C. Not very confident	2 9.50%	3 3.80%	4 10.53%	2 3.85%	4 7.41%	15 6.15%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
D. Not at all confident	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 1.85%	1 0.41%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
E. Don't know/not sure	0 0.00%	3 3.80%	0 0.00%	1 1.92%	0 0.00%	4 1.64%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
29) How helpful has your Health Coach been in helping you to achieve your goals?											
A. Very helpful	33 94.30%	208 92.90%	202 97.58%	214 99.07%	232 99.57%	889 97.16%	41 100.00%	85 98.84%	92 93.88%	137 98.56%	355 97.53%
B. Somewhat helpful	2 5.70%	3 1.30%	5 2.42%	1 0.46%	1 0.43%	12 1.31%	0 0.00%	1 1.16%	4 4.08%	2 1.44%	7 1.92%
C. Not very	0	1	0	0	0	1	0	0	1	0	1

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
helpful	0.00%	0.40%	0.00%	0.00%	0.00%	0.11%	0.00%	0.00%	1.02%	0.00%	0.27%
D. Not at all helpful	0 0.00%	0 0.00%	0 0.00%	1 0.46%	0 0.00%	1 0.11%	0 0.00%	0 0.00%	1 1.02%	0 0.00%	1 0.27%
E. Don't know/not sure/no response	0 0.00%	12 5.40%	0 0.00%	0 0.00%	0 0.00%	12 1.31%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
30) Do you have any suggestions for how your Health Coach could be more helpful to you in achieving your goals?	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)
31) Overall, how satisfied are you with your Health Coach?											
A. Very satisfied	97 84.30%	478 87.70%	444 92.50%	413 90.97%	469 93.06%	1901 90.61%	103 85.10%	193 95.07%	173 84.80%	260 94.89%	729 90.90%
B. Somewhat satisfied	13	41	25	31	24	134	9	7	27	12	55

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	11.30%	7.50%	5.21%	6.83%	4.76%	6.39%	7.40%	3.45%	13.24%	4.38%	6.86%
C. Somewhat dissatisfied	0 0.00%	7 1.30%	3 0.63%	5 1.10%	2 0.40%	17 0.81%	2 1.70%	1 0.49%	1 0.49%	0 0.00%	4 0.50%
D. Very dissatisfied	2 1.70%	5 0.90%	7 1.46%	3 0.66%	5 0.99%	22 1.05%	1 0.80%	2 0.99%	3 1.47%	2 0.73%	8 1.00%
E. Don't know/not sure/no response	3 2.60%	14 2.60%	1 0.21%	2 0.44%	4 0.79%	24 1.14%	6 5.00%	0 0.00%	0 0.00%	0 0.00%	6 0.75%
32) Did you know that the SoonerCare HMP has a Resource Center to help members deal with non-medical problems?											
A. Yes	42 35.90%	211 38.90%	159 32.19%	173 35.38%	276 46.23%	861 38.44%	45 37.20%	107 49.54%	83 37.90%	158 52.49%	393 45.86%
B. No	74 63.20%	278 51.20%	290 58.70%	254 51.94%	244 40.87%	1140 50.89%	66 54.50%	98 45.37%	103 47.03%	106 35.22%	373 43.52%
C. Don't know/not sure/no	1	54	45	62	77	239	10	11	33	37	91

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
response	0.90%	9.90%	9.11%	12.68%	12.90%	10.67%	8.30%	5.09%	15.07%	12.29%	10.62%
33) Have you or your Health Coach used the Resource Center to help you with a problem?											
A. Yes	8 19.00%	22 10.40%	19 11.95%	19 10.98%	42 15.22%	110 12.78%	3 6.70%	10 9.43%	7 8.43%	10 6.33%	30 7.65%
B. No	34 81.00%	188 89.10%	140 88.05%	152 87.86%	234 84.78%	748 86.88%	42 93.30%	96 90.57%	76 91.57%	148 93.67%	362 92.35%
C. Don't know/not sure	0 0.00%	1 0.50%	0 0.00%	2 1.16%	0 0.00%	3 0.35%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
34) Thinking about the last time you used the Resource Center, what problem did you or your Health Coach ask for help in resolving?											
A.	2	1	0	1	5	9	0	1	1	0	2

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
Housing/rent	25.00%	4.50%	0.00%	5.26%	11.90%	8.18%	0.00%	10.00%	14.29%	0.00%	6.67%
B. Food	2 25.00%	4 18.20%	4 21.05%	2 10.53%	17 40.48%	29 26.36%	0 0.00%	3 30.00%	2 28.57%	1 10.00%	6 20.00%
C. Child care	0 0.00%	1 4.50%	0 0.00%	0 0.00%	0 0.00%	1 0.91%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
D. Transportation	3 37.50%	4 18.20%	2 10.53%	4 21.05%	9 21.43%	22 20.00%	2 66.70%	0 0.00%	4 57.14%	2 20.00%	8 26.67%
E. Don't know/not sure	1 12.50%	0 0.00%	0 0.00%	1 5.26%	0 0.00%	2 1.82%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
F. Other	0 0.00%	12 54.50%	13 68.42%	11 57.89%	11 26.19%	47 42.73%	1 33.30%	6 60.00%	0 0.00%	7 70.00%	14 46.67%
35) How helpful was the Resource Center in resolving the problem?											
A. Very helpful	6 75.00%	16 76.20%	15 78.95%	11 57.89%	28 66.67%	76 69.72%	3 100.00%	7 77.78%	7 100.00%	8 80.00%	25 86.21%
B. Somewhat helpful	0 0.00%	2 9.50%	0 0.00%	1 5.26%	3 7.14%	6 5.50%	0 0.00%	0 0.00%	0 0.00%	1 10.00%	1 3.45%

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
C. Not very helpful	0 0.00%	0 0.00%	1 5.26%	0 0.00%	3 7.14%	4 3.67%	0 0.00%	1 11.11%	0 0.00%	0 0.00%	1 3.45%
D. Not at all helpful	1 12.50%	2 9.50%	3 15.79%	3 15.79%	3 7.14%	12 11.01%	0 0.00%	1 11.11%	0 0.00%	1 10.00%	2 6.90%
E. Don't know/not sure	1 12.50%	1 4.80%	0 0.00%	4 21.05%	5 11.90%	11 10.09%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
36) What did the Resource Center do?	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)
37) Overall, how satisfied are you with your whole experience in the HMP?											
A. Very satisfied	95 81.90%	478 87.90%	454 92.28%	447 90.67%	548 92.10%	2022 90.27%	107 89.90%	206 95.37%	185 84.86%	283 94.02%	781 91.45%
B. Somewhat satisfied	15 12.90%	47 8.60%	28 5.69%	36 7.30%	31 5.21%	157 7.01%	10 8.40%	7 3.24%	31 14.22%	15 4.98%	63 7.38%
C. Somewhat dissatisfied	1 0.90%	5 0.90%	1 0.20%	6 1.22%	3 0.50%	16 0.71%	1 0.80%	2 0.93%	0 0.00%	0 0.00%	3 0.35%
D. Very	2	3	8	2	9	24	0	1	2	3	6

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
dissatisfied	1.70%	0.60%	1.63%	0.41%	1.51%	1.07%	0.00%	0.46%	0.92%	1.00%	0.70%
E. Don't know/not sure/no response	3 2.60%	11 2.00%	1 0.20%	2 0.41%	4 0.67%	21 0.94%	1 0.80%	0 0.00%	0 0.00%	0 0.00%	1 0.12%
38) Would you recommend the SoonerCare HMP to a friend who has health care needs like yours?											
A. Yes	106 91.40%	510 93.80%	476 96.75%	473 96.14%	575 96.64%	2140 95.58%	117 96.70%	213 98.16%	209 95.87%	292 97.01%	831 96.97%
B. No	2 1.70%	5 0.90%	8 1.63%	5 1.02%	11 1.85%	31 1.38%	2 1.70%	2 0.92%	2 0.92%	3 1.00%	9 1.05%
C. Don't know/not sure/no response	8 6.90%	29 5.30%	8 1.63%	14 2.85%	9 1.51%	68 3.04%	2 1.70%	2 0.92%	7 3.21%	6 1.99%	17 1.98%
39) Do you have any suggestions											

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
for improving the SoonerCare HMP?											
A. Yes <i>(member-specific responses documented)</i>	12 10.30%	47 8.60%	33 6.86%	37 7.47%	42 7.02%	171 7.65%	10 8.30%	13 5.99%	14 6.42%	14 4.65%	51 5.95%
B. No/no response	104 89.70%	497 91.40%	448 93.14%	458 92.53%	556 92.98%	2063 92.35%	111 91.70%	204 94.01%	204 93.58%	287 95.35%	806 94.05%
40) Overall, how would you rate your health today?											
A. Excellent	4 3.40%	8 1.50%	4 0.81%	2 0.41%	2 0.33%	20 0.89%	2 1.70%	1 0.46%	0 0.00%	1 0.33%	4 0.46%
B. Good	37 31.40%	208 38.40%	157 31.65%	101 20.53%	152 25.42%	655 29.18%	49 40.50%	86 39.63%	50 22.73%	74 24.42%	259 30.08%
C. Fair	55 46.60%	224 41.40%	270 54.44%	310 63.01%	360 60.20%	1219 54.30%	49 40.50%	110 50.69%	146 66.36%	186 61.39%	491 57.03%
D. Poor	22 18.60%	100 18.50%	63 12.70%	78 15.85%	84 14.05%	347 15.46%	21 17.40%	20 9.22%	24 10.91%	42 13.86%	107 12.43%
E. Don't know/not sure	0	1	2	1	0	4	0	0	0	0	0

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	0.00%	0.20%	0.40%	0.20%	0.00%	0.18%	0.00%	0.00%	0.00%	0.00%	0.00%
41) Compared to before you enrolled in the SoonerCare HMP, how has your health changed?											
A. Better	46 39.00%	235 43.40%	224 45.16%	198 40.33%	194 32.55%	897 40.01%	58 47.90%	107 49.31%	112 50.91%	133 43.89%	410 47.62%
B. Worse	4 3.40%	48 8.90%	47 9.48%	42 8.55%	37 6.21%	178 7.94%	10 8.30%	20 9.22%	20 9.09%	37 12.21%	87 10.10%
C. About the same	68 57.60%	258 47.70%	225 45.36%	251 51.12%	365 61.24%	1167 52.05%	53 43.80%	90 41.47%	88 40.00%	133 43.89%	364 42.28%
42) (If better) Do you think the SoonerCare HMP has contributed to your improvement in health?											
A. Yes	44 95.70%	225 95.70%	207 92.41%	190 95.96%	181 93.30%	847 94.43%	53 91.40%	103 96.26%	111 99.11%	128 96.24%	395 96.34%
B. No	2	10	17	5	10	44	4	4	1	5	14

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	4.30%	4.30%	7.59%	2.53%	5.15%	4.91%	6.90%	3.74%	0.89%	3.76%	3.41%
C. Don't know/not sure	0	0	0	3	3	6	1	0	0	0	1
	0.00%	0.00%	0.00%	1.52%	1.55%	0.67%	1.70%	0.00%	0.00%	0.00%	0.24%
43) I'm going to mention a few areas where Health Coaches sometimes try to help members improve their health by changing behaviors. For each, tell me if your Health Coach spoke to you, and if so, whether you changed your behavior as a result.											
(a) Smoking less or using other tobacco products less A. N/A - not	28	64	54	103	158	407	11	11	28	60	110

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
discussed	23.70%	11.80%	10.93%	21.11%	26.42%	18.18%	9.20%	5.07%	12.79%	19.80%	12.82%
B. Discussed - no change	9	26	45	32	22	134	10	18	9	14	51
	7.60%	4.80%	9.11%	6.56%	3.68%	5.98%	8.40%	8.29%	4.11%	4.62%	5.94%
C. Discussed - temporary change	3	11	3	10	4	31	0	4	2	6	12
	2.50%	2.00%	0.61%	2.05%	0.67%	1.38%	0.00%	1.84%	0.91%	1.98%	1.40%
D. Discussed - continuing change	16	106	88	91	89	390	16	31	31	50	128
	13.60%	19.60%	17.81%	18.65%	14.88%	17.42%	13.40%	14.29%	14.16%	16.50%	14.92%
E. Don't know/not sure	3	24	16	8	16	67	4	1	7	6	18
	2.50%	4.40%	3.24%	1.64%	2.68%	2.99%	3.40%	0.46%	3.20%	1.98%	2.10%
F. Not applicable	59	310	288	244	309	1210	78	152	142	167	539
	50.00%	57.30%	58.30%	50.00%	51.67%	54.04%	65.50%	70.05%	64.84%	55.12%	62.82%
(b) Moving around more or getting more exercise											
A. N/A - not discussed	20	82	69	98	160	429	15	25	42	69	151
	16.90%	15.20%	13.91%	20.00%	26.76%	19.13%	12.60%	11.52%	19.18%	22.77%	17.60%
B. Discussed - no change	12	35	39	35	57	178	7	24	19	25	75

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
C. Discussed - temporary change	10.20%	6.50%	7.86%	7.14%	9.53%	7.94%	5.90%	11.06%	8.68%	8.25%	8.74%
	4	7	11	20	6	48	2	12	6	6	26
	3.40%	1.30%	2.22%	4.08%	1.00%	2.14%	1.70%	5.53%	2.74%	1.98%	3.03%
D. Discussed - continuing change	49	287	281	242	228	1087	67	105	104	144	420
	41.50%	53.00%	56.65%	49.39%	38.13%	48.46%	56.30%	48.39%	47.49%	47.52%	48.95%
E. Don't know/not sure	4	21	14	12	15	66	3	1	7	9	20
	3.40%	3.90%	2.82%	2.45%	2.51%	2.94%	2.50%	0.46%	3.20%	2.97%	2.33%
F. Not applicable	29	109	82	83	132	435	25	50	41	50	166
	24.60%	20.10%	16.53%	16.94%	22.07%	19.39%	21.00%	23.04%	18.72%	16.50%	19.35%
(c) Changing your diet											
A. N/A - not discussed	19	83	59	69	119	349	15	22	16	32	85
	16.10%	15.30%	11.90%	14.08%	19.90%	15.56%	12.60%	10.14%	7.31%	10.56%	9.91%
B. Discussed - no change	15	27	41	40	65	188	8	19	20	23	70
	12.70%	5.00%	8.27%	8.16%	10.87%	8.38%	6.70%	8.76%	9.13%	7.59%	8.16%
C. Discussed - temporary change	2	11	16	21	6	56	2	11	14	4	31
	1.70%	2.00%	3.23%	4.29%	1.00%	2.50%	1.70%	5.07%	6.39%	1.32%	3.61%
D. Discussed - continuing	57	334	317	293	271	1272	73	133	142	183	531

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
change	48.30%	61.70%	63.91%	59.80%	45.32%	56.71%	61.30%	61.29%	64.84%	60.40%	61.89%
E. Don't know/not sure	3	21	13	8	12	57	2	0	5	7	14
F. Not applicable	2.50%	3.90%	2.62%	1.63%	2.01%	2.54%	1.70%	0.00%	2.28%	2.31%	1.63%
	22	65	50	59	125	321	19	32	22	54	127
	18.60%	12.00%	10.08%	12.04%	20.90%	14.31%	16.00%	14.75%	10.05%	17.82%	14.80%
(d) Managing and taking your medications better											
A. N/A - not discussed	18	88	66	64	131	367	19	14	12	45	90
	15.30%	16.30%	13.31%	13.06%	21.91%	16.36%	16.00%	6.45%	5.48%	14.85%	10.49%
B. Discussed - no change	18	3	5	8	6	40	0	1	0	2	3
	15.30%	0.60%	1.01%	1.63%	1.00%	1.78%	0.00%	0.46%	0.00%	0.66%	0.35%
C. Discussed - temporary change	0	0	1	0	0	1	0	0	3	0	3
	0.00%	0.00%	0.20%	0.00%	0.00%	0.04%	0.00%	0.00%	1.37%	0.00%	0.35%
D. Discussed - continuing change	42	269	281	249	136	977	57	111	120	70	358
	35.60%	49.70%	56.65%	50.82%	22.74%	43.56%	47.90%	51.15%	54.79%	23.10%	41.72%
E. Don't know/not	3	21	13	11	30	78	3	1	10	15	29

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
sure	2.50%	3.90%	2.62%	2.24%	5.02%	3.48%	2.50%	0.46%	4.57%	4.95%	3.38%
F. Not applicable	37	160	130	158	295	780	40	90	74	171	375
	31.40%	29.60%	26.21%	32.24%	49.33%	34.77%	33.60%	41.47%	33.79%	56.44%	43.71%
(e) Making sure to drink enough water throughout the day											
A. N/A - not discussed	51	198	114	125	158	646	42	48	36	45	171
	43.20%	36.60%	22.98%	25.51%	26.42%	28.80%	35.30%	22.12%	16.44%	14.85%	19.93%
B. Discussed - no change	7	15	39	40	38	139	6	32	29	21	88
	5.90%	2.80%	7.86%	8.16%	6.35%	6.20%	5.00%	14.75%	13.24%	6.93%	10.26%
C. Discussed - temporary change	1	3	5	17	4	30	0	3	9	3	15
	0.80%	0.60%	1.01%	3.47%	0.67%	1.34%	0.00%	1.38%	4.11%	0.99%	1.75%
D. Discussed - continuing change	42	218	244	204	195	903	44	85	88	118	335
	35.60%	40.30%	49.19%	41.63%	32.61%	40.26%	37.00%	39.17%	40.18%	38.94%	39.04%
E. Don't know/not sure	3	26	28	23	46	126	7	6	23	35	71
	2.50%	4.80%	5.65%	4.69%	7.69%	5.62%	5.90%	2.76%	10.50%	11.55%	8.28%
F. Not applicable	14	81	66	81	157	399	20	43	34	81	178

Survey Questions (numbering based on initial survey)	Initial Survey						Six-Month Follow-up Survey				
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate	5/15-4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	Aggregate
	11.90%	15.00%	13.31%	16.53%	26.25%	17.79%	16.80%	19.82%	15.53%	26.73%	20.75%
(f) Drinking or using other substances less											
A. N/A - not discussed	33	160	153	221	281	848	39	52	86	150	327
	28.00%	29.60%	30.97%	45.66%	46.99%	37.94%	32.80%	23.96%	39.27%	49.50%	38.11%
B. Discussed - no change	6	3	4	1	0	14	0	0	0	1	1
	5.10%	0.60%	0.81%	0.21%	0.00%	0.63%	0.00%	0.00%	0.00%	0.33%	0.12%
C. Discussed - temporary change	0	0	0	0	0	0	0	0	0	0	0
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
D. Discussed - continuing change	2	9	5	8	5	29	1	4	5	4	14
	1.70%	1.70%	1.01%	1.65%	0.84%	1.30%	0.80%	1.84%	2.28%	1.32%	1.63%
E. Don't know/not sure	3	24	23	12	21	83	5	2	13	9	29
	2.50%	4.40%	4.66%	2.48%	3.51%	3.71%	4.20%	0.92%	5.94%	2.97%	3.38%
F. Not applicable	74	345	309	242	291	1261	74	159	115	139	487
	62.70%	63.80%	62.55%	50.00%	48.66%	56.42%	62.20%	73.27%	52.51%	45.87%	56.76%

APPENDIX C – DETAILED HEALTH COACHING PARTICIPANT EXPENDITURE DATA

Appendix C includes detailed expenditure data for SoonerCare HMP health coaching participants. The exhibits are listed below.

<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 (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	179,840	32,195	124,010	30,205	44,190	5,638	14,873	2,416	3,650	806		1,208
Aggregate Expenditures												
Inpatient Services	\$32,070,662	\$6,193,784	\$17,096,860	\$3,708,301	\$5,678,902	\$658,999	\$1,795,079	\$279,449	\$420,978	\$92,571		\$135,232
Outpatient Services	\$19,048,952	\$3,676,704	\$11,448,398	\$2,481,746	\$3,799,911	\$440,627	\$1,196,988	\$187,157	\$281,607	\$62,022		\$90,684
Physician Services	\$31,159,771	\$6,010,500	\$17,478,396	\$3,783,229	\$5,808,827	\$675,351	\$1,829,741	\$285,117	\$429,219	\$94,573		\$138,333
Prescribed Drugs	\$28,862,879	\$5,580,153	\$21,252,645	\$4,606,738	\$7,065,222	\$819,249	\$2,226,923	\$346,353	\$522,607	\$115,015		\$168,316
Psychiatric Services	\$10,934,245	\$2,108,886	\$6,277,736	\$1,358,674	\$2,085,802	\$240,948	\$657,132	\$101,868	\$153,154	\$33,904		\$49,599
Dental Services	\$2,201,257	\$423,279	\$926,088	\$200,087	\$307,316	\$35,537	\$96,879	\$15,024	\$22,605	\$4,981		\$7,325
Lab and X-Ray	\$6,573,385	\$1,260,673	\$4,686,667	\$1,009,131	\$1,557,499	\$178,866	\$489,703	\$75,639	\$114,067	\$25,156		\$36,921
Medical Supplies and Orthotics	\$2,339,436	\$449,121	\$1,282,615	\$276,573	\$425,885	\$49,014	\$134,317	\$20,749	\$31,294	\$6,883		\$10,131
Home Health and Home Care	\$1,674,259	\$322,432	\$1,008,522	\$218,113	\$334,335	\$38,566	\$105,330	\$16,332	\$24,541	\$5,410		\$7,967
Nursing Facility	\$216,278.29	\$41,491.65	\$149,015	\$31,867	\$49,672	\$5,647	\$15,542	\$2,389	\$3,592	\$793		\$1,166
Targeted Case Management	\$128,921	\$24,704	\$113,379	\$24,430	\$37,584	\$4,327	\$11,834	\$1,831	\$2,754	\$607		\$894
Transportation	\$2,637,250	\$505,982	\$1,383,812	\$297,457	\$459,159	\$52,487	\$144,374	\$22,303	\$33,496	\$7,368		\$10,877
Other Practitioner	\$755,887	\$144,894	\$429,189	\$92,362	\$142,825	\$16,368	\$44,959	\$6,930	\$10,412	\$2,293		\$3,381
Other Institutional	\$4,498	\$863	\$15,144	\$3,225	\$5,055	\$570	\$1,587	\$242	\$363	\$80		\$118
Other	\$1,143,790	\$220,311	\$638,947	\$94,292	\$145,821	\$16,747	\$46,005	\$7,115	\$10,662	\$2,252		\$2,464
Total	\$139,751,471	\$26,963,778	\$83,987,413	\$18,186,725	\$27,903,814	\$3,233,302	\$8,796,391	\$1,368,499	\$2,061,351	\$454,007		\$664,409
PMPM Expenditures												
Inpatient Services	\$178.33	\$192.38	\$137.87	\$122.77	\$128.51	\$116.89	\$120.69	\$115.67	\$115.34	\$114.85		\$111.95
Outpatient Services	\$105.92	\$114.20	\$92.32	\$82.16	\$85.99	\$78.15	\$80.48	\$77.47	\$77.15	\$76.95		\$75.07
Physician Services	\$173.26	\$186.69	\$140.94	\$125.25	\$131.45	\$119.79	\$123.02	\$118.01	\$117.59	\$117.34		\$114.51
Prescribed Drugs	\$160.49	\$173.32	\$171.38	\$152.52	\$159.88	\$145.31	\$149.73	\$143.36	\$143.18	\$142.70		\$139.33
Psychiatric Services	\$60.80	\$65.50	\$50.62	\$44.98	\$47.20	\$42.74	\$44.18	\$42.16	\$41.96	\$42.06		\$41.06
Dental Services	\$12.24	\$13.15	\$7.47	\$6.62	\$6.95	\$6.30	\$6.51	\$6.22	\$6.19	\$6.18		\$6.06
Lab and X-Ray	\$36.55	\$39.16	\$37.79	\$33.41	\$35.25	\$31.73	\$32.93	\$31.31	\$31.25	\$31.21		\$30.56
Medical Supplies and Orthotics	\$13.01	\$13.95	\$10.34	\$9.16	\$9.64	\$8.69	\$9.03	\$8.59	\$8.57	\$8.54		\$8.39
Home Health and Home Care	\$9.31	\$10.01	\$8.13	\$7.22	\$7.57	\$6.84	\$7.08	\$6.76	\$6.72	\$6.71		\$6.60
Nursing Facility	\$1.20	\$1.29	\$1.20	\$1.06	\$1.12	\$1.00	\$1.05	\$0.99	\$0.98	\$0.98		\$0.97
Targeted Case Management	\$0.72	\$0.77	\$0.91	\$0.81	\$0.85	\$0.77	\$0.80	\$0.76	\$0.75	\$0.75		\$0.74
Transportation	\$14.66	\$15.72	\$11.16	\$9.85	\$10.39	\$9.31	\$9.71	\$9.23	\$9.18	\$9.14		\$9.00
Other Practitioner	\$4.20	\$4.50	\$3.46	\$3.06	\$3.23	\$2.90	\$3.02	\$2.87	\$2.85	\$2.84		\$2.80
Other Institutional	\$0.03	\$0.03	\$0.12	\$0.11	\$0.11	\$0.10	\$0.11	\$0.10	\$0.10	\$0.10		\$0.10
Other	\$6.36	\$6.84	\$3.54	\$3.14	\$3.30	\$2.97	\$3.09	\$2.95	\$2.92	\$2.92		\$2.87
Total	\$777.09	\$837.51	\$677.26	\$602.11	\$631.45	\$573.48	\$591.43	\$566.43	\$564.75	\$563.28		\$550.81

Category of Service	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 Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-22.7%	-6.8%	-6.1%	-4.4%	-2.9%	-36.2%	-4.8%	-1.0%	-0.7%	-2.5%
Outpatient Services	-12.8%	-6.9%	-6.4%	-4.1%	-2.7%	-28.1%	-4.9%	-0.9%	-0.7%	-2.4%
Physician Services	-18.7%	-6.7%	-6.4%	-4.4%	-2.6%	-32.9%	-4.4%	-1.5%	-0.6%	-2.4%
Prescribed Drugs	6.8%	-6.7%	-6.4%	-4.4%	-2.7%	-12.0%	-4.7%	-1.3%	-0.5%	-2.4%
Psychiatric Services	-16.7%	-6.8%	-6.4%	-5.0%	-2.1%	-31.3%	-5.0%	-1.3%	-0.2%	-2.4%
Dental Services	-39.0%	-6.9%	-6.9%	-4.9%	-2.1%	-49.6%	-8.8%	-1.3%	-0.6%	-1.9%
Lab and X-Ray	3.4%	-6.7%	-6.6%	-5.1%	-2.2%	-14.7%	-5.0%	-1.3%	-0.3%	-2.1%
Medical Supplies and Orthotics	-20.5%	-6.8%	-6.3%	-5.1%	-2.2%	-34.4%	-5.1%	-1.2%	-0.6%	-1.8%
Home Health and Home Care	-12.6%	-7.0%	-6.4%	-5.1%	-1.9%	-27.9%	-5.3%	-1.2%	-0.7%	-1.7%
Nursing Facility	-0.1%	-7.0%	-6.5%	-5.8%	-1.9%	-18.1%	-5.1%	-1.3%	-0.5%	-1.9%
Targeted Case Management	27.5%	-7.0%	-6.4%	-5.2%	-1.9%	5.4%	-5.1%	-1.2%	-0.7%	-1.7%
Transportation	-23.9%	-6.9%	-6.6%	-5.5%	-1.9%	-37.3%	-5.5%	-0.8%	-1.0%	-1.5%
Other Practitioner	-17.7%	-6.6%	-6.5%	-5.6%	-1.9%	-32.1%	-5.1%	-1.2%	-0.8%	-1.6%
Other Institutional	388.1%	-6.3%	-6.7%	-6.8%	-1.7%	298.4%	-5.3%	-1.0%	-0.9%	-1.5%
Other	-44.3%	-6.8%	-6.3%	-5.6%	-1.8%	-54.1%	-5.3%	-0.9%	-0.9%	-1.8%
Total	-12.8%	-6.8%	-6.3%	-4.5%	-2.6%	-28.1%	-4.8%	-1.2%	-0.6%	-2.4%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,119.85	60.5%
Months 13-24	\$1,132.02	55.8%
Months 25-36	\$1,146.78	51.6%
Months 37-48	\$1,160.31	48.7%
Months 49-60	\$1,172.84	46.9%

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

HMP Health Coaching Detail - Asthma											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	25,511	4,348	14,440	3,261	5,104	609	1,666	261	397	87	130
Aggregate Expenditures											
Inpatient Services	\$3,052,866	\$573,646	\$1,412,339	\$302,439	\$468,747	\$53,746	\$148,716	\$22,791	\$34,781	\$7,550	\$11,029
Outpatient Services	\$3,067,846	\$576,296	\$1,336,691	\$286,142	\$442,948	\$50,804	\$140,029	\$21,579	\$32,886	\$7,151	\$10,456
Physician Services	\$4,401,708	\$825,528	\$2,336,112	\$497,417	\$772,208	\$88,795	\$244,071	\$37,487	\$57,244	\$12,434	\$18,188
Prescribed Drugs	\$3,611,689	\$677,433	\$2,017,808	\$431,788	\$669,205	\$76,788	\$211,676	\$32,464	\$49,544	\$10,780	\$15,776
Psychiatric Services	\$2,357,148	\$442,410	\$1,089,715	\$233,111	\$360,959	\$41,340	\$114,394	\$17,478	\$26,736	\$5,817	\$8,510
Dental Services	\$535,471	\$100,343	\$185,728	\$39,688	\$61,540	\$7,049	\$19,485	\$2,980	\$4,558	\$988	\$1,453
Lab and X-Ray	\$830,783	\$155,414	\$523,958	\$111,819	\$173,621	\$19,820	\$54,868	\$8,381	\$12,845	\$2,787	\$4,091
Medical Supplies and Orthotics	\$160,847	\$30,060	\$66,360	\$14,148	\$21,970	\$2,507	\$6,963	\$1,061	\$1,568	\$352	\$518
Home Health and Home Care	\$60,419	\$11,333	\$40,371	\$8,638	\$13,349	\$1,527	\$4,228	\$647	\$988	\$214	\$316
Nursing Facility											
Targeted Case Management	\$15,373	\$2,880	\$20,834	\$4,452	\$6,895	\$788	\$2,179	\$334	\$509	\$111	\$163
Transportation	\$295,881	\$55,333	\$118,409	\$25,260	\$39,155	\$4,457	\$12,375	\$1,894	\$2,879	\$626	\$924
Other Practitioner	\$202,935	\$37,845	\$82,860	\$17,632	\$27,514	\$3,125	\$8,707	\$1,323	\$2,021	\$438	\$645
Other Institutional			\$1,606	\$398	\$595	\$60	\$169	\$25	\$89	\$8	\$12
Other	\$196,012	\$36,714	\$73,515	\$15,698	\$24,371	\$2,774	\$2,729	\$1,178	\$1,796	\$380	\$574
Total	\$18,788,977	\$3,525,235	\$9,296,307	\$1,988,570	\$3,083,017	\$353,579	\$975,588	\$149,622	\$228,395	\$49,646	\$72,655
PMPM Expenditures											
Inpatient Services	\$119.67	\$131.93	\$97.81	\$92.74	\$91.84	\$88.25	\$89.27	\$87.61	\$87.78	\$86.78	\$84.84
Outpatient Services	\$120.26	\$132.54	\$92.57	\$87.75	\$86.78	\$83.42	\$84.05	\$82.68	\$82.20	\$82.20	\$80.43
Physician Services	\$172.54	\$189.86	\$161.09	\$152.54	\$151.29	\$145.80	\$143.63	\$144.19	\$144.92	\$143.91	\$139.91
Prescribed Drugs	\$141.57	\$155.80	\$139.74	\$132.41	\$131.11	\$126.09	\$127.06	\$124.38	\$124.80	\$123.91	\$121.36
Psychiatric Services	\$92.40	\$101.75	\$75.47	\$71.48	\$70.72	\$67.88	\$68.66	\$67.35	\$66.86	\$66.86	\$65.46
Dental Services	\$20.99	\$23.08	\$12.86	\$12.17	\$12.06	\$11.57	\$11.70	\$11.42	\$11.48	\$11.36	\$11.18
Lab and X-Ray	\$32.57	\$35.74	\$36.29	\$34.29	\$34.02	\$32.93	\$32.93	\$32.11	\$32.36	\$32.04	\$31.47
Medical Supplies and Orthotics	\$6.30	\$6.91	\$4.60	\$4.34	\$4.30	\$4.12	\$4.18	\$4.07	\$3.95	\$4.05	\$3.99
Home Health and Home Care	\$2.37	\$2.61	\$2.80	\$2.65	\$2.62	\$2.51	\$2.54	\$2.48	\$2.49	\$2.46	\$2.43
Nursing Facility											
Targeted Case Management	\$0.60	\$0.66	\$1.44	\$1.37	\$1.35	\$1.29	\$1.31	\$1.28	\$1.28	\$1.27	\$1.25
Transportation	\$11.60	\$12.73	\$8.20	\$7.75	\$7.67	\$7.32	\$7.43	\$7.26	\$7.25	\$7.19	\$7.11
Other Practitioner	\$7.95	\$8.70	\$5.74	\$5.41	\$5.39	\$5.13	\$5.23	\$5.07	\$5.09	\$5.03	\$4.96
Other Institutional			\$0.11	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10
Other	\$7.68	\$8.44	\$5.09	\$4.81	\$4.77	\$4.55	\$4.64	\$4.51	\$4.52	\$4.48	\$4.41
Total	\$736.50	\$810.77	\$643.79	\$609.80	\$604.04	\$580.59	\$585.59	\$573.27	\$575.30	\$570.65	\$558.88

Category of Service	Percent Change (Engaged 3-12 Month Accumulated / Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated / Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated / Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated / Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-18.3%	-6.1%	-2.8%	-1.9%	-3.2%	-29.7%	-4.8%	-1.1%	-0.6%	-2.2%
Outpatient Services	-23.0%	-6.2%	-3.1%	-1.4%	-2.9%	-33.8%	-4.9%	-0.9%	-0.6%	-2.1%
Physician Services	-6.6%	-6.1%	-3.2%	-1.6%	-3.0%	-19.7%	-4.4%	-1.5%	-0.5%	-2.1%
Prescribed Drugs	-1.3%	-6.2%	-3.1%	-1.8%	-2.8%	-15.0%	-4.8%	-1.4%	-0.4%	-2.1%
Psychiatric Services	-18.3%	-6.3%	-2.9%	-1.9%	-2.8%	-29.7%	-5.0%	-1.4%	-0.2%	-2.1%
Dental Services	-38.7%	-6.3%	-3.0%	-1.8%	-2.7%	-47.3%	-4.9%	-1.4%	-0.5%	-1.6%
Lab and X-Ray	11.4%	-6.3%	-3.2%	-1.8%	-2.7%	-4.1%	-5.1%	-1.3%	-0.2%	-1.8%
Medical Supplies and Orthotics	-27.1%	-6.3%	-2.9%	-5.5%	-37.2%	0.9%	-5.1%	-1.2%	-0.5%	-1.5%
Home Health and Home Care	18.0%	-6.4%	-3.0%	-2.0%	-2.4%	1.6%	-5.3%	-1.2%	-0.6%	-1.4%
Nursing Facility										
Targeted Case Management	139.4%	-6.4%	-3.2%	-2.0%	-2.3%	106.1%	-5.2%	-1.3%	-0.6%	-1.4%
Transportation	-29.3%	-6.4%	-3.2%	-2.4%	-2.0%	-39.1%	-5.5%	-0.9%	-0.9%	-1.2%
Other Practitioner	-27.9%	-6.1%	-3.1%	-2.6%	-2.5%	-37.9%	-5.1%	-1.2%	-0.8%	-1.3%
Other Institutional		-5.7%	-3.4%	-3.7%	-2.3%		-5.4%	-1.0%	-0.8%	-1.2%
Other	-33.7%	-6.2%	-2.8%	-2.5%	-2.4%	-43.0%	-5.4%	-0.9%	-0.8%	-1.5%
Total	-12.6%	-6.2%	-3.1%	-1.8%	-2.9%	-24.8%	-4.8%	-1.3%	-0.5%	-2.1%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$830.79	77.5%
Months 13-24	\$865.17	69.8%
Months 25-36	\$876.91	66.8%
Months 37-48	\$880.52	65.3%
Months 49-60	\$889.61	62.8%

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

HMP Health Coaching Detail - CAD											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	5,157	1,008	3,206	756	1,102	141	364	60	89	20	30
Aggregate Expenditures											
Inpatient Services	\$3,265,644	\$679,884	\$1,721,754	\$379,165	\$584,785	\$67,381	\$187,129	\$28,573	\$44,923	\$10,069	\$14,710
Outpatient Services	\$950,455	\$197,373	\$462,357	\$99,449	\$153,389	\$17,657	\$49,142	\$7,500	\$11,775	\$2,644	\$3,666
Physician Services	\$1,565,290	\$325,454	\$797,884	\$175,133	\$271,298	\$31,263	\$86,809	\$13,199	\$20,764	\$4,657	\$6,812
Prescribed Drugs	\$1,030,971	\$214,514	\$610,099	\$134,000	\$207,209	\$23,830	\$66,128	\$10,075	\$15,840	\$3,559	\$5,208
Psychiatric Services	\$145,039	\$30,158	\$86,902	\$19,059	\$29,476	\$3,380	\$9,428	\$1,429	\$2,252	\$506	\$740
Dental Services	\$40,828	\$8,453	\$10,163	\$2,226	\$3,444	\$395	\$1,102	\$167	\$263	\$59	\$87
Lab and X-Ray	\$219,834	\$45,552	\$156,317	\$34,242	\$53,036	\$6,069	\$16,972	\$2,567	\$4,053	\$908	\$1,333
Medical Supplies and Orthotics	\$100,089	\$20,744	\$34,014	\$7,428	\$11,527	\$1,316	\$3,694	\$557	\$879	\$197	\$289
Home Health and Home Care	\$120,798	\$25,094	\$94,088	\$20,620	\$31,861	\$3,646	\$10,180	\$1,544	\$2,429	\$544	\$801
Nursing Facility											
Targeted Case Management	\$7,255	\$1,505	\$4,278	\$938	\$1,450	\$166	\$463	\$70	\$111	\$25	\$37
Transportation	\$227,259	\$47,203	\$125,926	\$27,624	\$42,614	\$4,874	\$13,658	\$2,071	\$3,244	\$728	\$1,075
Other Practitioner	\$11,885	\$2,462	\$7,291	\$1,596	\$2,477	\$283	\$790	\$120	\$188	\$42	\$62
Other Institutional											
Other	\$121,039	\$25,146	\$67,326	\$14,766	\$22,848	\$2,609	\$7,310	\$1,108	\$1,740	\$390	\$574
Total	\$7,806,385	\$1,623,542	\$4,168,400	\$916,245	\$1,415,414	\$162,870	\$452,800	\$68,980	\$108,461	\$24,328	\$35,594
PMPM Expenditures											
Inpatient Services	\$633.24	\$674.49	\$537.04	\$501.54	\$530.66	\$477.88	\$514.09	\$476.22	\$504.76	\$503.47	\$490.32
Outpatient Services	\$184.30	\$195.81	\$141.10	\$131.55	\$139.19	\$125.23	\$135.01	\$125.00	\$132.30	\$132.20	\$128.86
Physician Services	\$303.53	\$322.87	\$248.87	\$231.66	\$246.19	\$221.73	\$238.49	\$219.98	\$233.31	\$232.87	\$227.08
Prescribed Drugs	\$199.92	\$212.81	\$190.30	\$177.25	\$188.03	\$169.01	\$181.67	\$167.91	\$177.98	\$177.95	\$173.61
Psychiatric Services	\$28.12	\$29.92	\$27.11	\$25.21	\$26.75	\$23.97	\$25.90	\$23.82	\$25.30	\$25.30	\$24.67
Dental Services	\$7.92	\$8.39	\$3.17	\$2.94	\$3.12	\$2.80	\$3.03	\$2.79	\$2.96	\$2.95	\$2.89
Lab and X-Ray	\$42.63	\$45.19	\$48.76	\$45.29	\$48.13	\$43.05	\$46.63	\$42.78	\$45.53	\$45.40	\$44.43
Medical Supplies and Orthotics	\$19.41	\$20.58	\$10.61	\$10.46	\$9.82	\$10.15	\$9.34	\$10.15	\$9.29	\$9.87	\$9.65
Home Health and Home Care	\$23.42	\$24.89	\$29.35	\$27.28	\$28.91	\$25.86	\$27.97	\$25.73	\$27.29	\$27.20	\$26.71
Nursing Facility											
Targeted Case Management	\$1.41	\$1.49	\$1.33	\$1.24	\$1.32	\$1.18	\$1.27	\$1.17	\$1.24	\$1.24	\$1.22
Transportation	\$44.07	\$46.83	\$39.28	\$36.54	\$38.67	\$34.57	\$37.52	\$34.57	\$36.45	\$36.39	\$35.82
Other Practitioner	\$2.30	\$2.44	\$2.27	\$2.11	\$2.25	\$2.01	\$2.17	\$2.00	\$2.12	\$2.11	\$2.07
Other Institutional											
Other	\$23.47	\$24.95	\$21.00	\$19.53	\$20.73	\$18.50	\$20.08	\$18.47	\$19.55	\$19.50	\$19.14
Total	\$1,513.75	\$1,610.66	\$1,300.19	\$1,211.96	\$1,284.40	\$1,155.11	\$1,243.97	\$1,149.66	\$1,218.66	\$1,216.41	\$1,186.47

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month/ Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-15.2%	-1.2%	-3.1%	-1.8%	-2.9%	-25.6%	-4.7%	-0.3%	5.7%	-2.6%
Outpatient Services	-23.4%	-1.4%	-3.0%	-2.0%	-2.6%	-32.8%	-2.0%	-0.2%	5.8%	-2.5%
Physician Services	-18.0%	-1.1%	-3.1%	-2.2%	-2.7%	-28.3%	-4.3%	-0.8%	5.9%	-2.5%
Prescribed Drugs	-4.8%	-1.2%	-3.4%	-2.9%	-2.5%	-16.7%	-4.6%	-0.6%	6.0%	-2.4%
Psychiatric Services	-3.6%	-1.3%	-3.2%	-2.3%	-2.5%	-15.7%	-4.9%	-0.6%	6.2%	-2.5%
Dental Services	-60.0%	-1.4%	-3.1%	-2.3%	-2.4%	-64.9%	-4.8%	-0.6%	5.8%	-2.0%
Lab and X-Ray	14.4%	-1.3%	-3.1%	-2.3%	-2.4%	0.2%	-5.0%	-0.6%	6.1%	-2.2%
Medical Supplies and Orthotics	-45.3%	-1.4%	-3.0%	-2.7%	-2.3%	-52.3%	-5.0%	-0.5%	5.9%	-1.9%
Home Health and Home Care	25.3%	-1.5%	-3.3%	-2.4%	-2.1%	9.6%	-5.2%	-0.5%	5.7%	-1.8%
Nursing Facility										
Targeted Case Management	-5.1%	-1.4%	-3.3%	-2.4%	-2.0%	-16.9%	-5.0%	-0.6%	5.8%	-1.8%
Transportation	-10.9%	-1.5%	-3.0%	-2.9%	-1.7%	-22.0%	-5.4%	-0.1%	5.4%	-1.6%
Other Practitioner	-1.3%	-1.2%	-3.4%	-2.4%	-2.2%	-13.6%	-5.0%	-0.5%	5.6%	-1.7%
Other Institutional										
Other	-10.5%	-1.3%	-3.1%	-2.6%	-2.1%	-21.7%	-5.3%	-0.2%	5.5%	-1.9%
Total	-14.1%	-1.2%	-3.1%	-2.0%	-2.6%	-24.8%	-4.7%	-0.5%	5.8%	-2.5%

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

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

HMP Health Coaching Detail - COPD											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	19,880	3,708	12,118	2,781	4,078	519	1,403	223	349	74	111
Aggregate Expenditures											
Inpatient Services	\$4,019,955	\$831,886	\$2,213,249	\$499,730	\$733,142	\$88,807	\$242,148	\$37,659	\$59,589	\$12,475	\$18,224
Outpatient Services	\$2,082,089	\$429,957	\$1,343,361	\$302,905	\$444,362	\$53,780	\$146,950	\$22,843	\$36,110	\$7,570	\$11,068
Physician Services	\$3,611,324	\$745,164	\$2,098,681	\$472,703	\$695,711	\$84,383	\$229,919	\$35,624	\$56,319	\$11,817	\$17,284
Prescribed Drugs	\$4,426,060	\$913,986	\$3,857,648	\$870,217	\$1,276,266	\$154,757	\$421,017	\$65,426	\$103,728	\$21,726	\$31,795
Psychiatric Services	\$1,526,395	\$315,512	\$904,591	\$203,950	\$299,452	\$36,169	\$98,849	\$15,291	\$24,216	\$5,089	\$7,445
Dental Services	\$159,465	\$32,826	\$116,096	\$26,099	\$38,409	\$4,635	\$12,687	\$1,960	\$3,103	\$650	\$955
Lab and X-Ray	\$896,697	\$184,399	\$677,078	\$152,163	\$224,152	\$26,971	\$74,036	\$11,405	\$18,054	\$3,793	\$5,567
Medical Supplies and Orthotics	\$600,658	\$123,490	\$352,595	\$79,136	\$116,661	\$14,024	\$38,575	\$5,937	\$9,428	\$1,969	\$2,899
Home Health and Home Care	\$313,565	\$64,701	\$226,441	\$51,005	\$74,849	\$9,018	\$24,684	\$3,819	\$6,038	\$1,265	\$1,863
Nursing Facility	\$30,706.65	\$4,264.82	\$22,385	\$5,030	\$7,354	\$891	\$2,391	\$377	\$596	\$125	\$184
Targeted Case Management	\$19,399	\$3,992	\$14,606	\$3,285	\$4,832	\$582	\$1,593	\$246	\$389	\$82	\$120
Transportation	\$377,138	\$77,749	\$159,571	\$35,894	\$52,685	\$6,334	\$17,422	\$2,691	\$4,236	\$889	\$1,313
Other Practitioner	\$69,068	\$14,185	\$30,218	\$6,785	\$10,005	\$1,202	\$3,295	\$509	\$805	\$168	\$248
Other Institutional			\$193	\$58	\$282	\$34	\$92	\$14	\$23	\$5	\$7
Other	\$79,290	\$16,367	\$30,581	\$6,880	\$10,121	\$1,215	\$3,343	\$516	\$815	\$171	\$251
Total	\$18,201,810	\$3,758,481	\$12,047,959	\$2,715,974	\$3,982,282	\$482,802	\$1,317,002	\$204,320	\$323,449	\$67,794	\$99,225
PMPM Expenditures											
Inpatient Services	\$202.21	\$224.35	\$182.64	\$179.69	\$179.78	\$171.11	\$172.59	\$168.87	\$170.74	\$168.58	\$164.18
Outpatient Services	\$104.73	\$115.95	\$110.86	\$108.92	\$108.97	\$103.62	\$104.74	\$102.44	\$103.47	\$102.30	\$99.71
Physician Services	\$181.66	\$200.96	\$173.19	\$169.98	\$170.60	\$163.59	\$163.88	\$159.75	\$161.37	\$159.68	\$155.71
Prescribed Drugs	\$222.64	\$246.49	\$318.34	\$312.92	\$312.96	\$298.18	\$300.08	\$293.39	\$297.22	\$293.60	\$286.44
Psychiatric Services	\$76.78	\$85.09	\$74.65	\$73.34	\$73.43	\$69.69	\$70.46	\$68.57	\$69.49	\$68.77	\$67.07
Dental Services	\$8.02	\$8.85	\$9.58	\$9.38	\$9.42	\$8.93	\$9.04	\$8.79	\$8.89	\$8.78	\$8.61
Lab and X-Ray	\$45.11	\$49.73	\$55.87	\$54.72	\$54.97	\$51.97	\$52.77	\$51.14	\$51.73	\$51.26	\$50.15
Medical Supplies and Orthotics	\$30.21	\$33.30	\$29.10	\$28.46	\$27.02	\$27.02	\$27.49	\$26.62	\$27.01	\$26.12	\$26.61
Home Health and Home Care	\$15.77	\$17.45	\$18.69	\$18.34	\$18.35	\$17.38	\$17.59	\$17.13	\$17.30	\$17.09	\$16.78
Nursing Facility	\$1.04	\$1.15	\$1.81	\$1.81	\$1.72	\$1.70	\$1.69	\$1.71	\$1.71	\$1.69	\$1.66
Targeted Case Management	\$0.98	\$1.08	\$1.21	\$1.18	\$1.19	\$1.12	\$1.14	\$1.10	\$1.11	\$1.10	\$1.08
Transportation	\$18.97	\$20.97	\$13.17	\$12.91	\$12.92	\$12.20	\$12.42	\$12.07	\$12.14	\$12.01	\$11.83
Other Practitioner	\$3.47	\$3.83	\$2.49	\$2.44	\$2.45	\$2.32	\$2.35	\$2.28	\$2.31	\$2.28	\$2.24
Other Institutional	\$3.99	\$4.41	\$0.07	\$0.07	\$0.07	\$0.07	\$0.06	\$0.06	\$0.07	\$0.06	\$0.06
Other	\$3.99	\$4.41	\$2.52	\$2.47	\$2.48	\$2.34	\$2.38	\$2.33	\$2.33	\$2.31	\$2.27
Total	\$915.58	\$1,013.61	\$994.22	\$976.62	\$978.00	\$930.25	\$938.70	\$916.23	\$926.79	\$916.14	\$893.92

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-9.7%	-1.6%	-4.0%	-1.1%	-3.8%	-19.9%	-4.8%	-1.3%	-0.2%	-2.6%
Outpatient Services	5.8%	-1.7%	-3.9%	-1.2%	-3.6%	-6.1%	-4.9%	-1.1%	-0.1%	-2.5%
Physician Services	-4.7%	-1.5%	-3.9%	-1.5%	-3.5%	-15.4%	-4.3%	-1.7%	0.0%	-2.5%
Prescribed Drugs	43.0%	-1.7%	-1.0%	-1.0%	-3.6%	26.9%	-4.7%	-1.6%	0.1%	-2.4%
Psychiatric Services	-2.8%	-1.6%	-4.1%	-1.5%	-3.3%	-13.8%	-5.0%	-1.6%	0.3%	-2.5%
Dental Services	19.4%	-1.7%	-4.0%	-1.7%	-3.2%	6.0%	-4.8%	-1.6%	-0.1%	-2.0%
Lab and X-Ray	23.9%	-1.6%	-4.0%	-2.0%	-3.0%	10.0%	-5.0%	-1.6%	0.2%	-2.2%
Medical Supplies and Orthotics	-3.7%	-1.7%	-3.9%	-1.7%	-3.3%	-14.6%	-5.0%	-1.5%	0.0%	-1.9%
Home Health and Home Care	18.5%	-1.8%	-4.1%	-1.7%	-3.0%	5.1%	-5.3%	-1.4%	-0.2%	-1.8%
Nursing Facility	77.3%	-2.4%	-5.5%	0.1%	-2.9%	57.2%	-5.0%	-1.6%	0.0%	-2.0%
Targeted Case Management	23.5%	-1.7%	-4.2%	-1.9%	-2.8%	9.7%	-5.1%	-1.5%	-0.1%	-1.8%
Transportation	-30.6%	-1.9%	-3.9%	-2.3%	-2.6%	-38.4%	-5.4%	-1.1%	-0.5%	-1.6%
Other Practitioner	-28.2%	-1.6%	-4.3%	-1.7%	-3.0%	-36.2%	-5.0%	-1.5%	-0.3%	-1.7%
Other Institutional		-2.4%	-5.0%	-0.4%	-2.9%		-5.3%	-1.2%	-0.3%	-1.6%
Other	-36.7%	-1.7%	-4.0%	-2.0%	-3.0%	-44.0%	-5.3%	-1.1%	-0.3%	-1.9%
Total	8.6%	-1.6%	-4.0%	-1.3%	-3.5%	-3.6%	-4.7%	-1.5%	0.0%	-2.4%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,310.49	75.9%
Months 13-24	\$1,341.25	72.9%
Months 25-36	\$1,352.52	69.4%
Months 37-48	\$1,363.78	68.0%
Months 49-60	\$1,371.91	65.2%

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

HMP Health Coaching Detail - Diabetes											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	28,460	5,711	18,509	4,283	6,453	799	2,155	343	518	114	171
Aggregate Expenditures											
Inpatient Services	\$8,215,965	\$1,638,899	\$4,508,924	\$977,275	\$1,498,549	\$173,671	\$477,437	\$73,645	\$113,315	\$24,396	\$35,639
Outpatient Services	\$3,481,026	\$693,723	\$2,353,210	\$509,367	\$781,687	\$90,437	\$248,373	\$38,413	\$59,228	\$12,730	\$18,612
Physician Services	\$6,065,360	\$1,207,401	\$3,429,772	\$742,196	\$1,140,718	\$132,491	\$362,173	\$55,934	\$86,185	\$18,553	\$27,138
Prescribed Drugs	\$7,679,504	\$1,529,178	\$5,125,618	\$1,109,008	\$1,705,206	\$197,223	\$541,942	\$83,380	\$128,798	\$27,688	\$40,520
Psychiatric Services	\$1,603,938	\$319,046	\$1,097,382	\$237,392	\$364,496	\$42,099	\$115,927	\$17,799	\$27,431	\$5,924	\$8,666
Dental Services	\$202,967	\$43,839	\$96,262	\$20,802	\$31,944	\$3,695	\$10,160	\$1,562	\$2,407	\$518	\$762
Lab and X-Ray	\$1,109,693	\$220,116	\$841,676	\$181,855	\$279,259	\$32,233	\$88,638	\$13,631	\$20,998	\$4,533	\$6,654
Medical Supplies and Orthotics	\$923,704	\$182,895	\$539,536	\$116,138	\$179,340	\$20,582	\$57,028	\$8,713	\$13,464	\$2,890	\$4,254
Home Health and Home Care	\$518,940	\$103,207	\$304,470	\$65,874	\$100,813	\$11,648	\$32,076	\$4,933	\$7,588	\$1,634	\$2,406
Nursing Facility			\$40,479	\$8,751	\$13,399	\$1,551	\$4,244	\$656	\$1,008	\$218	\$320
Targeted Case Management	\$35,474	\$7,045	\$18,818	\$4,057	\$6,236	\$719	\$1,981	\$304	\$467	\$101	\$148
Transportation	\$582,496	\$115,939	\$335,326	\$72,282	\$111,117	\$12,754	\$35,260	\$5,420	\$8,301	\$1,790	\$2,643
Other Practitioner	\$163,900	\$32,520	\$109,124	\$23,486	\$36,307	\$4,162	\$11,530	\$1,762	\$2,713	\$583	\$860
Other Institutional			\$1,347	\$290	\$447	\$51	\$142	\$22	\$33	\$7	\$11
Other	\$318,224	\$63,349	\$87,588	\$18,944	\$29,062	\$3,347	\$9,260	\$1,422	\$2,183	\$470	\$692
Total	\$30,919,191	\$6,157,157	\$18,889,533	\$4,087,717	\$6,278,580	\$736,661	\$1,996,171	\$307,595	\$474,119	\$102,035	\$149,325
PMPM Expenditures											
Inpatient Services	\$288.68	\$286.97	\$243.61	\$228.18	\$232.23	\$217.36	\$221.55	\$214.71	\$218.76	\$214.00	\$208.41
Outpatient Services	\$122.31	\$121.47	\$127.14	\$118.93	\$121.14	\$113.19	\$115.25	\$111.99	\$114.34	\$111.66	\$108.84
Physician Services	\$213.12	\$211.42	\$185.30	\$173.29	\$176.77	\$165.82	\$168.06	\$163.07	\$166.38	\$162.75	\$158.70
Prescribed Drugs	\$269.83	\$267.93	\$276.93	\$258.93	\$264.25	\$246.84	\$251.48	\$243.09	\$248.64	\$242.88	\$236.96
Psychiatric Services	\$56.36	\$55.87	\$55.43	\$55.43	\$56.48	\$52.69	\$53.79	\$51.89	\$52.95	\$51.96	\$50.68
Dental Services	\$7.76	\$7.68	\$5.20	\$4.86	\$4.95	\$4.62	\$4.71	\$4.55	\$4.65	\$4.54	\$4.45
Lab and X-Ray	\$38.99	\$38.54	\$45.47	\$42.46	\$43.28	\$40.34	\$41.13	\$39.74	\$40.54	\$39.77	\$38.91
Medical Supplies and Orthotics	\$32.46	\$32.03	\$29.15	\$27.12	\$27.79	\$25.76	\$26.46	\$25.40	\$25.99	\$25.35	\$24.88
Home Health and Home Care	\$18.23	\$18.07	\$16.45	\$15.38	\$15.62	\$14.58	\$14.88	\$14.38	\$14.65	\$14.33	\$14.07
Nursing Facility			\$2.19	\$2.04	\$2.08	\$1.94	\$1.97	\$1.91	\$1.95	\$1.91	\$1.87
Targeted Case Management	\$1.25	\$1.23	\$1.02	\$0.95	\$0.97	\$0.90	\$0.92	\$0.89	\$0.90	\$0.88	\$0.87
Transportation	\$20.47	\$20.30	\$18.12	\$16.88	\$17.22	\$15.96	\$16.36	\$15.80	\$16.02	\$15.70	\$15.46
Other Practitioner	\$5.76	\$5.69	\$5.90	\$5.48	\$5.63	\$5.21	\$5.35	\$5.14	\$5.24	\$5.11	\$5.03
Other Institutional			\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.06	\$0.06	\$0.06	\$0.06
Other	\$11.18	\$11.09	\$4.73	\$4.42	\$4.50	\$4.19	\$4.30	\$4.15	\$4.21	\$4.13	\$4.05
Total	\$1,086.41	\$1,078.12	\$1,020.56	\$954.41	\$972.97	\$909.46	\$926.30	\$896.78	\$915.29	\$895.05	\$873.25

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-15.6%	-4.7%	-4.6%	-1.3%	-4.7%	-20.5%	-4.7%	-1.2%	-0.3%	-2.6%
Outpatient Services	3.9%	-4.7%	-4.9%	-0.8%	-4.8%	-2.1%	-4.8%	-1.1%	-0.3%	-2.5%
Physician Services	-13.1%	-4.6%	-4.9%	-1.0%	-4.6%	-18.0%	-4.3%	-1.7%	-0.2%	-2.5%
Prescribed Drugs	2.6%	-4.6%	-4.8%	-1.1%	-4.7%	-3.3%	-4.7%	-1.5%	-0.1%	-2.4%
Psychiatric Services	5.2%	-4.7%	-4.8%	-1.6%	-4.3%	-0.8%	-4.9%	-1.5%	0.1%	-2.5%
Dental Services	-33.0%	-4.8%	-4.8%	-1.4%	-4.2%	-36.7%	-4.8%	-1.5%	-0.2%	-2.0%
Lab and X-Ray	16.6%	-4.8%	-5.0%	-1.4%	-4.0%	10.2%	-5.0%	-1.5%	0.1%	-2.2%
Medical Supplies and Orthotics	-10.2%	-4.7%	-4.8%	-1.8%	-4.3%	-15.3%	-5.0%	-1.4%	-0.2%	-1.9%
Home Health and Home Care	-9.8%	-5.0%	-4.7%	-1.6%	-3.9%	-14.9%	-5.2%	-1.3%	-0.3%	-1.8%
Nursing Facility		-5.1%	-5.1%	-1.2%	-3.8%		-5.0%	-1.5%	-0.1%	-2.0%
Targeted Case Management	-18.4%	-4.9%	-4.9%	-1.8%	-3.8%	-23.2%	-5.1%	-1.4%	-0.3%	-1.8%
Transportation	-11.5%	-5.0%	-5.0%	-2.1%	-3.5%	-16.9%	-5.4%	-1.0%	-0.6%	-1.6%
Other Practitioner	2.4%	-4.6%	-4.9%	-2.1%	-4.0%	-3.7%	-5.0%	-1.4%	-0.5%	-1.7%
Other Institutional		-4.8%	-4.8%	-1.9%	-3.8%		-5.3%	-1.1%	-0.5%	-1.6%
Other	-57.7%	-4.8%	-4.6%	-1.9%	-3.9%	-60.1%	-5.3%	-1.0%	-0.5%	-1.9%
Total	-6.1%	-4.7%	-4.8%	-1.2%	-4.6%	-11.5%	-4.7%	-1.4%	-0.2%	-2.4%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,479.34	69.0%
Months 13-24	\$1,522.81	63.9%
Months 25-36	\$1,560.10	59.4%
Months 37-48	\$1,581.07	57.9%
Months 49-60	\$1,595.78	54.7%

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

HMP Health Coaching Detail - Heart Failure											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	1,868	347	1,096	260	371	49	124	21	31	7	10
Aggregate Expenditures											
Inpatient Services	\$1,333,250	\$266,486	\$2,218,422	\$497,921	\$752,333	\$88,485	\$243,423	\$37,522	\$59,124	\$12,430	\$18,158
Outpatient Services	\$323,725	\$64,498	\$269,750	\$60,452	\$91,470	\$10,733	\$29,611	\$4,559	\$7,174	\$1,511	\$2,209
Physician Services	\$476,140	\$94,824	\$423,341	\$94,714	\$143,657	\$16,908	\$46,515	\$7,138	\$11,270	\$2,368	\$3,463
Prescribed Drugs	\$414,072	\$82,468	\$254,971	\$57,120	\$86,616	\$10,158	\$27,965	\$4,295	\$6,797	\$1,426	\$2,087
Psychiatric Services	\$101,040	\$20,113	\$68,821	\$15,396	\$23,328	\$2,730	\$7,529	\$1,154	\$1,820	\$384	\$562
Dental Services	\$50,914	\$10,097	\$3,971	\$888	\$1,344	\$158	\$434	\$67	\$105	\$22	\$32
Lab and X-Ray	\$58,868	\$11,705	\$54,750	\$12,240	\$18,548	\$2,170	\$6,000	\$917	\$1,445	\$305	\$448
Medical Supplies and Orthotics	\$108,567	\$21,517	\$36,495	\$8,124	\$12,357	\$1,440	\$3,993	\$609	\$964	\$202	\$298
Home Health and Home Care	\$99,871	\$19,892	\$62,174	\$13,912	\$21,041	\$2,460	\$6,799	\$1,042	\$1,640	\$345	\$508
Nursing Facility			\$16,634	\$3,720	\$5,625	\$659	\$1,816	\$279	\$439	\$93	\$136
Targeted Case Management	\$16,017	\$3,181	\$7,347	\$1,643	\$2,483	\$291	\$801	\$123	\$193	\$41	\$60
Transportation	\$69,884	\$13,903	\$33,074	\$7,384	\$11,198	\$1,303	\$3,612	\$554	\$867	\$183	\$270
Other Practitioner	\$8,831	\$1,749	\$6,243	\$1,390	\$2,121	\$246	\$683	\$104	\$164	\$35	\$51
Other Institutional			\$11,799	\$2,632	\$3,989	\$465	\$1,289	\$197	\$310	\$65	\$96
Other	\$18,430	\$3,660	\$1,907	\$427	\$646	\$75	\$209	\$32	\$50	\$11	\$16
Total	\$3,079,609	\$614,102	\$3,469,641	\$777,963	\$1,176,757	\$138,281	\$380,679	\$58,593	\$92,363	\$19,419	\$28,394
PMPM Expenditures											
Inpatient Services	\$713.73	\$767.97	\$2,024.11	\$1,915.08	\$2,027.85	\$1,805.82	\$1,963.09	\$1,786.77	\$1,907.24	\$1,775.67	\$1,815.79
Outpatient Services	\$173.30	\$185.87	\$246.32	\$232.51	\$246.55	\$219.04	\$219.04	\$217.09	\$231.43	\$215.82	\$220.89
Physician Services	\$254.89	\$273.27	\$386.26	\$364.28	\$387.22	\$345.05	\$375.12	\$339.90	\$363.56	\$338.24	\$346.32
Prescribed Drugs	\$221.67	\$237.66	\$232.64	\$219.69	\$233.47	\$207.31	\$225.53	\$204.50	\$219.24	\$203.73	\$208.70
Psychiatric Services	\$54.09	\$57.96	\$62.79	\$59.22	\$62.88	\$55.72	\$60.72	\$54.97	\$58.71	\$54.89	\$56.21
Dental Services	\$27.26	\$29.10	\$3.62	\$3.41	\$3.62	\$3.22	\$3.22	\$3.17	\$3.39	\$3.16	\$3.25
Lab and X-Ray	\$31.51	\$33.73	\$49.95	\$47.08	\$49.99	\$44.28	\$48.39	\$43.69	\$46.61	\$43.59	\$44.78
Medical Supplies and Orthotics	\$58.12	\$62.01	\$33.24	\$33.24	\$33.31	\$29.38	\$32.21	\$29.02	\$31.08	\$28.88	\$29.76
Home Health and Home Care	\$53.46	\$57.32	\$56.73	\$53.51	\$56.71	\$50.20	\$54.83	\$49.61	\$52.89	\$49.29	\$50.82
Nursing Facility			\$15.18	\$14.31	\$15.16	\$13.45	\$14.64	\$13.28	\$14.15	\$13.22	\$13.61
Targeted Case Management	\$8.57	\$9.17	\$6.70	\$6.32	\$6.69	\$5.94	\$6.46	\$5.86	\$6.24	\$5.83	\$6.01
Transportation	\$37.41	\$40.07	\$30.18	\$28.40	\$30.18	\$26.59	\$29.13	\$26.36	\$27.97	\$26.13	\$27.00
Other Practitioner	\$4.73	\$5.04	\$5.70	\$5.35	\$5.72	\$5.03	\$5.51	\$4.97	\$5.30	\$4.93	\$5.09
Other Institutional			\$10.77	\$10.12	\$10.75	\$9.49	\$10.39	\$9.40	\$10.01	\$9.33	\$9.64
Other	\$9.87	\$10.57	\$1.74	\$1.74	\$1.74	\$1.54	\$1.68	\$1.53	\$1.62	\$1.51	\$1.56
Total	\$1,648.61	\$1,769.75	\$3,165.73	\$2,992.16	\$3,171.85	\$2,822.06	\$3,069.99	\$2,790.13	\$2,979.44	\$2,774.21	\$2,839.43

Category of Service	Percent Change (Engaged 3-12 Month Accumulated / Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated / Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated / Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated / Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	183.6%	0.2%	-3.2%	-2.8%	-4.8%	149.4%	-5.7%	-1.1%	-0.8%	-0.8%
Outpatient Services	42.0%	0.2%	-3.1%	-3.1%	-4.6%	25.1%	-5.8%	-1.1%	-1.0%	-1.0%
Physician Services	51.5%	0.2%	-3.1%	-3.1%	-4.7%	33.3%	-5.3%	-1.5%	-1.2%	-1.2%
Prescribed Drugs	4.9%	0.4%	-3.4%	-2.8%	-4.8%	-7.6%	-5.6%	-1.4%	-1.1%	-1.1%
Psychiatric Services	16.1%	0.1%	-3.4%	-3.3%	-4.3%	2.2%	-5.9%	-1.4%	-1.2%	-1.2%
Dental Services	-86.7%	0.0%	-3.4%	-3.2%	-4.1%	-88.3%	-5.8%	-1.4%	-1.2%	-1.2%
Lab and X-Ray	58.5%	0.1%	-3.2%	-3.7%	-3.9%	39.6%	-6.0%	-1.3%	-1.4%	-1.4%
Medical Supplies and Orthotics	-42.8%	0.2%	-3.3%	-3.5%	-4.3%	-49.6%	-6.0%	-1.2%	-1.3%	-1.3%
Home Health and Home Care	6.1%	0.0%	-3.3%	-3.5%	-3.9%	-6.7%	-6.2%	-1.2%	-1.2%	-1.2%
Nursing Facility		-0.1%	-3.4%	-3.4%	-3.8%		-6.0%	-1.3%	-1.5%	-1.5%
Targeted Case Management	-21.8%	-0.1%	-3.4%	-3.4%	-3.7%	-31.1%	-6.0%	-1.3%	-1.5%	-1.5%
Transportation	-19.3%	0.0%	-3.5%	-4.0%	-3.4%	-29.1%	-6.4%	-0.9%	-1.8%	-1.8%
Other Practitioner	20.5%	0.4%	-3.6%	-3.9%	-3.9%	6.0%	-3.9%	-6.0%	-1.5%	-1.5%
Other Institutional		-0.1%	-3.3%	-3.6%	-3.7%		-6.2%	-1.0%	-1.6%	-1.6%
Other	-82.4%	0.1%	-3.4%	-3.7%	-3.8%	-84.5%	-6.3%	-0.9%	-1.4%	-1.4%
Total	92.0%	0.2%	-3.2%	-2.9%	-4.7%	69.1%	-5.7%	-1.1%	-0.8%	-0.8%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$2,399.56	131.9%
Months 13-24	\$2,435.37	130.2%
Months 25-36	\$2,461.33	124.7%
Months 37-48	\$2,478.50	120.2%
Months 49-60	\$2,490.02	114.0%

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

HMP Health Coaching Detail - Hypertension											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	53,875	10,590	33,671	7,942	11,765	1,483	3,957	635	963	212	318
Aggregate Expenditures											
Inpatient Services	\$9,078,533	\$1,754,484	\$3,827,687	\$829,977	\$1,276,672	\$147,495	\$401,767	\$62,545	\$94,222	\$20,719	\$30,267
Outpatient Services	\$5,556,598	\$1,073,085	\$3,522,873	\$763,161	\$1,174,311	\$135,497	\$368,264	\$57,553	\$86,597	\$19,072	\$27,886
Physician Services	\$8,859,772	\$1,709,128	\$5,318,497	\$1,151,260	\$1,774,615	\$205,514	\$556,801	\$86,763	\$130,614	\$28,779	\$42,095
Prescribed Drugs	\$7,779,508	\$1,504,037	\$6,652,191	\$1,440,718	\$2,221,479	\$256,213	\$697,130	\$108,319	\$163,441	\$35,970	\$52,639
Psychiatric Services	\$2,730,987	\$526,754	\$1,615,387	\$349,585	\$538,829	\$61,996	\$169,079	\$26,210	\$39,406	\$8,723	\$12,762
Dental Services	\$424,887	\$81,575	\$236,771	\$51,153	\$78,863	\$9,085	\$24,768	\$3,841	\$5,779	\$1,273	\$1,873
Lab and X-Ray	\$2,031,385	\$390,084	\$1,435,991	\$309,568	\$478,805	\$54,870	\$150,004	\$23,203	\$34,992	\$7,717	\$11,326
Medical Supplies and Orthotics	\$425,747	\$81,804	\$210,508	\$45,389	\$70,182	\$8,044	\$22,043	\$3,405	\$5,136	\$1,130	\$1,663
Home Health and Home Care	\$482,574	\$93,056	\$247,708	\$53,575	\$82,426	\$9,473	\$25,872	\$4,012	\$6,028	\$1,329	\$1,957
Nursing Facility	\$196,957.86	\$37,863.38	\$71,359	\$15,195	\$23,884	\$2,693	\$7,437	\$1,139	\$1,713	\$378	\$556
Targeted Case Management	\$34,825	\$6,684	\$45,788	\$9,853	\$15,247	\$1,745	\$4,780	\$738	\$1,111	\$245	\$361
Transportation	\$786,862	\$150,721	\$515,271	\$110,893	\$171,528	\$19,568	\$53,744	\$8,315	\$12,488	\$2,747	\$4,055
Other Practitioner	\$134,240	\$25,753	\$98,738	\$21,255	\$32,980	\$3,767	\$10,341	\$1,595	\$2,396	\$528	\$778
Other Institutional											
Other	\$274,213	\$52,842	\$86,864	\$18,758	\$28,971	\$3,314	\$9,104	\$1,408	\$2,110	\$466	\$686
Total	\$38,797,089	\$7,487,871	\$23,885,631	\$5,170,341	\$7,968,794	\$919,272	\$2,501,136	\$389,046	\$586,031	\$129,075	\$188,904
PMPM Expenditures											
Inpatient Services	\$168.51	\$165.67	\$113.68	\$104.50	\$108.51	\$99.46	\$101.53	\$98.50	\$97.84	\$97.73	\$95.18
Outpatient Services	\$103.14	\$101.33	\$104.63	\$96.09	\$99.81	\$91.37	\$93.07	\$90.63	\$89.32	\$89.96	\$87.69
Physician Services	\$164.45	\$161.39	\$157.95	\$144.96	\$150.84	\$138.58	\$140.71	\$136.63	\$135.63	\$135.75	\$132.38
Prescribed Drugs	\$144.40	\$142.02	\$147.50	\$181.40	\$188.82	\$172.77	\$176.18	\$170.58	\$169.72	\$169.67	\$165.53
Psychiatric Services	\$50.69	\$49.74	\$47.98	\$44.02	\$45.80	\$41.80	\$42.73	\$41.28	\$40.92	\$41.15	\$40.13
Dental Services	\$7.89	\$7.70	\$7.03	\$6.44	\$6.70	\$6.13	\$6.26	\$6.05	\$6.01	\$6.01	\$5.89
Lab and X-Ray	\$37.71	\$36.84	\$42.65	\$38.98	\$40.70	\$37.00	\$37.91	\$36.54	\$36.34	\$36.40	\$35.62
Medical Supplies and Orthotics	\$7.90	\$7.72	\$6.25	\$5.71	\$5.97	\$5.42	\$5.57	\$5.36	\$5.33	\$5.33	\$5.23
Home Health and Home Care	\$8.96	\$8.79	\$7.36	\$6.75	\$7.01	\$6.39	\$6.54	\$6.32	\$6.26	\$6.27	\$6.15
Nursing Facility	\$3.66	\$3.58	\$2.12	\$1.91	\$2.03	\$1.82	\$1.88	\$1.79	\$1.78	\$1.78	\$1.75
Targeted Case Management	\$0.65	\$0.63	\$1.36	\$1.24	\$1.30	\$1.18	\$1.21	\$1.16	\$1.15	\$1.15	\$1.13
Transportation	\$14.61	\$14.23	\$15.30	\$13.96	\$14.58	\$13.19	\$13.58	\$13.09	\$12.97	\$12.96	\$12.75
Other Practitioner	\$2.49	\$2.43	\$2.93	\$2.68	\$2.80	\$2.54	\$2.61	\$2.51	\$2.49	\$2.49	\$2.45
Other Institutional											
Other	\$5.09	\$4.99	\$2.36	\$2.46	\$2.46	\$2.23	\$2.30	\$2.22	\$2.19	\$2.20	\$2.16
Total	\$720.13	\$707.07	\$709.38	\$651.01	\$677.33	\$619.87	\$632.08	\$612.67	\$608.55	\$608.84	\$594.04

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month/ Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month/ Pre-Engaged)	Percent Change (Engaged 13-24 Month/ Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month/ Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month/ Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month/ Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-32.5%	-4.5%	-6.4%	-3.6%	-2.7%	-36.9%	-4.8%	-1.0%	-0.8%	-2.6%
Outpatient Services	1.4%	-4.6%	-6.8%	-3.4%	-2.5%	-5.2%	-4.9%	-0.8%	-0.7%	-2.5%
Physician Services	-3.9%	-4.5%	-6.7%	-3.6%	-2.4%	-10.2%	-4.4%	-1.4%	-0.6%	-2.5%
Prescribed Drugs	36.8%	-4.4%	-6.7%	-3.7%	-2.5%	27.7%	-4.8%	-1.3%	-0.5%	-2.4%
Psychiatric Services	-5.4%	-4.5%	-4.2%	-1.9%	-1.5%	-11.5%	-1.3%	-0.3%	-0.3%	-2.5%
Dental Services	-10.8%	-4.7%	-6.6%	-4.1%	-1.9%	-16.4%	-4.9%	-1.3%	-0.7%	-2.0%
Lab and X-Ray	13.1%	-4.6%	-6.9%	-4.1%	-2.0%	5.8%	-5.1%	-1.2%	-0.4%	-2.2%
Medical Supplies and Orthotics	-20.9%	-4.6%	-6.6%	-4.3%	-2.0%	-26.0%	-5.1%	-1.1%	-0.6%	-1.9%
Home Health and Home Care	-17.9%	-4.8%	-6.7%	-4.3%	-1.7%	-23.2%	-5.3%	-1.1%	-0.8%	-1.8%
Nursing Facility	-42.0%	-4.2%	-7.4%	-5.4%	-1.7%	-46.5%	-5.1%	-1.2%	-0.6%	-2.0%
Targeted Case Management	110.4%	-4.7%	-6.8%	-4.5%	-1.7%	96.6%	-5.2%	-1.2%	-0.7%	-1.8%
Transportation	4.8%	-4.7%	-6.8%	-4.5%	-1.7%	-1.9%	-5.5%	-0.8%	-1.1%	-1.6%
Other Practitioner	17.7%	-4.4%	-6.8%	-4.8%	-1.7%	10.1%	-5.1%	-1.1%	-0.9%	-1.7%
Other Institutional										
Other	-49.3%	-4.5%	-6.6%	-4.8%	-1.6%	-52.7%	-5.4%	-0.8%	-0.9%	-1.9%
Total	-1.5%	-4.5%	-6.7%	-3.7%	-2.4%	-7.9%	-4.8%	-1.2%	-0.6%	-2.4%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,229.58	57.7%
Months 13-24	\$1,246.64	54.3%
Months 25-36	\$1,270.11	49.8%
Months 37-48	\$1,280.98	47.5%
Months 49-60	\$1,291.02	46.0%

APPENDIX D – PRACTICE FACILITATION SITE SURVEY MATERIALS

Appendix D includes the advance letter sent to practice facilitation sites and practice facilitation survey instrument (mail version).



JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

<Title> <First> <Last>
<Practice Name>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip>

Dear Provider,

The Oklahoma Health Care Authority would like to hear about your experiences with the Practice Facilitation initiative being carried out by Telligen. These services support providers caring for SoonerCare members. Pacific Health Policy Group (PHPG), an outside company, has been contracted by the Oklahoma Health Care Authority to survey providers and practices that have participated in this initiative.

The purpose of the survey is to gather information on the initiative's value and how it can be improved from a provider's perspective. The survey will be over the phone and should take about 15 minutes of your time.

In the next few days, someone will be calling you to conduct the survey. We look forward to your input and hope you will agree to help.

The survey is voluntary, and all of your answers will be kept confidential. Your answers will be combined with those of other providers being surveyed and will not be reported individually to the Oklahoma Health Care Authority.

If you have any questions about the survey, you can reach PHPG toll-free at [1-888-941-9358](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>Exhibit</u>	<u>Description</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 (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	275,670	48,136	261,557	59,549	89,840	11,111	29,516	4,752	7,196	1,607	2,386
Aggregate Expenditures											
Inpatient Services	\$14,459,413	\$2,540,157	\$14,985,471	\$3,219,096	\$4,984,034	\$572,063	\$1,572,587	\$242,584	\$362,548	\$80,359	\$117,392
Outpatient Services	\$11,900,485	\$2,088,517	\$12,794,176	\$2,747,653	\$4,253,203	\$487,838	\$1,336,090	\$207,210	\$308,613	\$68,667	\$100,400
Physician Services	\$23,569,875	\$4,135,231	\$23,880,494	\$5,015,488	\$7,776,148	\$895,324	\$2,445,485	\$377,984	\$563,249	\$125,378	\$183,390
Prescribed Drugs	\$16,346,613	\$2,873,400	\$17,477,290	\$3,752,572	\$5,813,474	\$667,346	\$1,831,622	\$282,134	\$421,382	\$93,689	\$137,107
Psychiatric Services	\$17,688,132	\$3,103,364	\$15,275,399	\$3,275,078	\$5,076,062	\$580,804	\$1,599,399	\$245,552	\$365,432	\$81,725	\$119,559
Dental Services	\$5,461,276	\$954,826	\$4,354,133	\$931,935	\$1,446,269	\$165,517	\$455,611	\$69,976	\$104,218	\$23,200	\$34,118
Lab and X-Ray	\$2,814,827	\$491,020	\$3,567,416	\$761,348	\$1,186,177	\$134,947	\$373,051	\$57,066	\$85,185	\$18,979	\$27,855
Medical Supplies and Orthotics	\$849,495	\$148,214	\$794,985	\$169,813	\$263,950	\$30,094	\$83,143	\$12,740	\$19,019	\$4,226	\$6,221
Home Health and Home Care	\$436,794	\$76,486	\$448,717	\$96,170	\$148,513	\$17,004	\$46,893	\$7,201	\$10,711	\$2,385	\$3,513
Nursing Facility			\$30,318	\$6,397	\$10,105	\$1,134	\$3,161	\$479	\$714	\$159	\$234
Targeted Case Management	\$142,356	\$24,801	\$136,993	\$29,236	\$45,424	\$5,178	\$14,300	\$2,191	\$3,263	\$726	\$1,070
Transportation	\$1,506,656	\$262,816	\$1,444,012	\$307,490	\$479,444	\$54,258	\$150,694	\$23,055	\$34,274	\$7,616	\$11,244
Other Practitioner	\$1,885,454	\$328,589	\$1,461,912	\$311,670	\$486,619	\$55,232	\$153,186	\$23,386	\$34,778	\$7,737	\$11,409
Other Institutional	\$30,538	\$5,324	\$75,486	\$15,921	\$25,160	\$2,814	\$7,911	\$1,194	\$1,774	\$395	\$583
Other	\$1,259,520	\$220,590	\$893,263	\$191,058	\$296,666	\$33,756	\$93,626	\$14,242	\$21,272	\$4,743	\$6,982
Total	\$98,351,425	\$17,253,355	\$97,120,066	\$20,830,925	\$32,291,248	\$3,703,308	\$10,168,758	\$1,567,095	\$2,336,425	\$519,984	\$761,077
PMPM Expenditures											
Inpatient Services	\$52.45	\$52.77	\$57.29	\$54.06	\$55.48	\$51.49	\$53.28	\$51.05	\$50.38	\$50.01	\$49.20
Outpatient Services	\$43.17	\$43.39	\$48.92	\$46.14	\$47.34	\$43.91	\$43.60	\$42.89	\$42.89	\$42.73	\$42.08
Physician Services	\$85.50	\$85.91	\$89.39	\$84.22	\$86.56	\$80.58	\$82.85	\$79.54	\$78.27	\$78.02	\$76.86
Prescribed Drugs	\$59.30	\$59.69	\$66.82	\$63.02	\$64.71	\$60.06	\$62.06	\$59.37	\$58.56	\$58.30	\$57.46
Psychiatric Services	\$64.16	\$64.47	\$58.40	\$55.00	\$56.50	\$52.27	\$54.19	\$51.67	\$50.78	\$50.86	\$50.11
Dental Services	\$19.81	\$19.84	\$16.65	\$16.65	\$16.10	\$14.90	\$15.44	\$14.73	\$14.48	\$14.44	\$14.30
Lab and X-Ray	\$10.21	\$10.20	\$13.64	\$12.79	\$13.20	\$12.15	\$12.64	\$12.01	\$11.84	\$11.81	\$11.67
Medical Supplies and Orthotics	\$3.08	\$3.08	\$3.04	\$2.85	\$2.94	\$2.71	\$2.82	\$2.68	\$2.64	\$2.63	\$2.61
Home Health and Home Care	\$1.58	\$1.59	\$1.72	\$1.61	\$1.65	\$1.53	\$1.59	\$1.52	\$1.49	\$1.48	\$1.47
Nursing Facility			\$0.12	\$0.11	\$0.10	\$0.10	\$0.11	\$0.10	\$0.10	\$0.10	\$0.10
Targeted Case Management	\$0.52	\$0.52	\$0.49	\$0.49	\$0.51	\$0.47	\$0.48	\$0.46	\$0.45	\$0.45	\$0.45
Transportation	\$5.47	\$5.46	\$5.52	\$5.16	\$5.34	\$4.88	\$5.11	\$4.85	\$4.76	\$4.74	\$4.71
Other Practitioner	\$6.84	\$6.83	\$5.59	\$5.23	\$5.42	\$4.97	\$5.19	\$4.92	\$4.83	\$4.81	\$4.78
Other Institutional	\$0.11	\$0.11	\$0.29	\$0.27	\$0.28	\$0.25	\$0.27	\$0.25	\$0.25	\$0.25	\$0.24
Other	\$4.57	\$4.58	\$3.42	\$3.21	\$3.30	\$3.04	\$3.17	\$3.02	\$2.96	\$2.95	\$2.93
Total	\$356.77	\$358.43	\$371.32	\$349.81	\$359.43	\$333.30	\$344.52	\$329.78	\$324.68	\$323.57	\$318.98

Category of Service	Percent Change (Engaged 3-12 Month Accumulated / Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated / Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated / Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated / Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	9.2%	-3.2%	-4.0%	-5.4%	-2.3%	2.4%	-4.8%	-0.8%	-2.0%	-1.6%
Outpatient Services	13.3%	-3.2%	-4.2%	-1.9%	-5.4%	6.3%	-4.8%	-0.7%	-2.0%	-1.5%
Physician Services	4.5%	-3.2%	-4.3%	-5.5%	-1.8%	-2.0%	-4.3%	-1.3%	-1.9%	-1.5%
Prescribed Drugs	12.7%	-3.2%	-4.1%	-5.6%	-1.9%	5.6%	-4.7%	-1.1%	-1.8%	-1.4%
Psychiatric Services	-9.0%	-3.3%	-4.1%	-6.3%	-1.3%	-14.7%	-5.0%	-1.1%	-1.6%	-1.5%
Dental Services	-16.0%	-3.3%	-4.1%	-6.2%	-1.3%	-21.1%	-4.8%	-1.1%	-2.0%	-1.0%
Lab and X-Ray	33.6%	-3.2%	-4.3%	-6.3%	-1.4%	25.3%	-5.0%	-1.1%	-1.7%	-1.1%
Medical Supplies and Orthotics	-1.4%	-3.3%	-4.1%	-6.2%	-1.4%	-7.4%	-5.0%	-1.0%	-1.9%	-0.9%
Home Health and Home Care	8.3%	-3.6%	-3.9%	-6.3%	-1.1%	1.6%	-5.2%	-1.0%	-2.1%	-0.8%
Nursing Facility		-3.0%	-4.8%	-7.4%	-1.1%		-5.0%	-1.1%	-1.9%	-1.0%
Targeted Case Management	1.4%	-3.5%	-4.2%	-6.4%	-1.1%	-4.7%	-5.1%	-1.1%	-2.0%	-0.8%
Transportation	1.0%	-3.3%	-4.3%	-6.7%	-1.1%	-5.4%	-5.4%	-0.6%	-2.3%	-0.6%
Other Practitioner	-18.3%	-3.1%	-4.2%	-6.9%	-1.1%	-23.3%	-5.0%	-1.0%	-2.2%	-0.7%
Other Institutional	160.6%	-3.0%	-4.3%	-8.0%	-0.9%	141.7%	-5.3%	-0.8%	-2.2%	-0.6%
Other	-25.3%	-3.3%	-3.9%	-6.8%	-1.0%	-30.0%	-5.3%	-0.7%	-2.2%	-0.8%
Total	4.1%	-3.2%	-4.1%	-5.8%	-1.8%	-2.4%	-4.7%	-1.1%	-1.9%	-1.4%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$619.40	59.9%
Months 13-24	\$639.58	56.2%
Months 25-36	\$655.82	52.5%
Months 37-48	\$670.03	48.5%
Months 49-60	\$681.10	46.8%

Exhibit E-2 – Detailed Expenditure Data – Members w/Asthma as Most Expensive Diagnosis

HMP Practice Facilitation Detail - Asthma											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	28,361	4,998	26,515	6,209	9,239	1,159	3,107	497	752	166	247
Aggregate Expenditures											
Inpatient Services	\$1,122,113	\$196,971	\$1,182,655	\$252,873	\$391,181	\$44,938	\$124,343	\$19,056	\$29,036	\$6,313	\$9,222
Outpatient Services	\$1,122,391	\$196,601	\$1,352,281	\$288,870	\$447,438	\$51,288	\$141,364	\$21,785	\$33,288	\$7,219	\$10,555
Physician Services	\$2,445,669	\$428,280	\$2,567,721	\$548,152	\$851,666	\$97,852	\$268,965	\$41,310	\$63,083	\$13,703	\$20,043
Prescribed Drugs	\$1,303,188	\$228,144	\$1,539,184	\$328,846	\$509,995	\$58,481	\$161,211	\$24,724	\$37,905	\$8,210	\$12,015
Psychiatric Services	\$33,688	\$5,898	\$41,260	\$8,813	\$13,676	\$1,563	\$4,325	\$661	\$1,011	\$220	\$322
Dental Services	\$597,154	\$104,224	\$389,195	\$85,011	\$128,854	\$14,743	\$40,756	\$6,233	\$9,534	\$2,067	\$3,039
Lab and X-Ray	\$184,827	\$32,251	\$236,131	\$50,319	\$78,106	\$8,919	\$24,690	\$3,772	\$5,780	\$1,254	\$1,841
Medical Supplies and Orthotics	\$82,443	\$14,364	\$96,479	\$14,152	\$21,988	\$2,508	\$6,964	\$1,062	\$1,569	\$352	\$518
Home Health and Home Care	\$4,723	\$826	\$5,547	\$1,186	\$1,835	\$210	\$580	\$89	\$136	\$29	\$43
Nursing Facility											
Targeted Case Management	\$1,149	\$201	\$2,743	\$585	\$906	\$104	\$287	\$44	\$67	\$15	\$21
Transportation	\$112,660	\$19,698	\$95,124	\$20,259	\$31,401	\$3,575	\$9,925	\$1,519	\$2,309	\$502	\$741
Other Practitioner	\$154,067	\$26,834	\$143,175	\$30,426	\$47,474	\$5,392	\$15,024	\$2,283	\$3,488	\$755	\$1,114
Other Institutional		\$58									
Other	\$9,316	\$1,632	\$4,927	\$1,051	\$1,629	\$186	\$517	\$79	\$120	\$26	\$38
Total	\$5,917,740	\$1,248,386	\$5,997,879	\$1,212,351	\$2,236,392	\$576,627	\$676,336	\$252,812	\$146,662	\$40,665	\$59,513
PMPM Expenditures											
Inpatient Services	\$39.57	\$39.41	\$44.60	\$40.73	\$42.34	\$38.77	\$40.02	\$38.34	\$38.61	\$38.03	\$37.33
Outpatient Services	\$39.58	\$39.34	\$51.00	\$46.52	\$48.43	\$44.25	\$45.50	\$43.83	\$44.27	\$43.49	\$42.73
Physician Services	\$86.23	\$85.69	\$96.84	\$88.28	\$92.18	\$84.43	\$86.57	\$83.12	\$83.89	\$82.55	\$81.15
Prescribed Drugs	\$45.95	\$45.65	\$52.96	\$52.96	\$55.20	\$50.46	\$51.89	\$49.75	\$49.75	\$50.41	\$48.64
Psychiatric Services	\$1.19	\$1.18	\$1.56	\$1.42	\$1.48	\$1.35	\$1.39	\$1.33	\$1.34	\$1.32	\$1.30
Dental Services	\$21.06	\$20.85	\$14.68	\$13.37	\$13.95	\$12.72	\$13.12	\$12.54	\$12.68	\$12.45	\$12.30
Lab and X-Ray	\$6.52	\$6.45	\$8.91	\$8.10	\$8.45	\$7.70	\$7.95	\$7.59	\$7.69	\$7.56	\$7.45
Medical Supplies and Orthotics	\$2.91	\$2.87	\$2.51	\$2.28	\$2.38	\$2.16	\$2.24	\$2.14	\$2.09	\$2.12	\$2.10
Home Health and Home Care	\$0.17	\$0.17	\$0.21	\$0.19	\$0.20	\$0.18	\$0.19	\$0.18	\$0.18	\$0.18	\$0.18
Nursing Facility											
Targeted Case Management	\$0.04	\$0.04	\$0.10	\$0.09	\$0.10	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09
Transportation	\$3.97	\$3.94	\$3.59	\$3.26	\$3.40	\$3.08	\$3.19	\$3.06	\$3.07	\$3.02	\$3.00
Other Practitioner	\$5.43	\$5.37	\$5.40	\$4.90	\$5.14	\$4.65	\$4.84	\$4.59	\$4.64	\$4.55	\$4.51
Other Institutional		\$0.01									
Other	\$0.33	\$0.33	\$0.19	\$0.17	\$0.18	\$0.17	\$0.17	\$0.16	\$0.16	\$0.16	\$0.16
Total	\$252.93	\$251.30	\$287.63	\$262.29	\$273.42	\$250.01	\$257.15	\$246.71	\$249.10	\$244.97	\$240.94

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	12.7%	-5.1%	-5.5%	-3.5%	-3.3%	3.3%	-4.8%	-1.1%	-0.8%	-1.8%
Outpatient Services	28.9%	-5.0%	-6.1%	-2.7%	-3.5%	18.3%	-4.9%	-0.9%	-0.8%	-1.7%
Physician Services	12.3%	-4.8%	-6.1%	-3.1%	-3.3%	3.0%	-4.4%	-1.5%	-0.7%	-1.7%
Prescribed Drugs	26.3%	-4.9%	-6.0%	-2.9%	-3.5%	16.0%	-4.7%	-1.4%	-0.6%	-1.6%
Psychiatric Services	31.0%	-4.9%	-6.0%	-3.4%	-3.1%	20.3%	-5.0%	-1.4%	-0.4%	-1.7%
Dental Services	-30.3%	-5.0%	-5.9%	-3.3%	-3.0%	-35.9%	-4.9%	-1.4%	-0.7%	-1.2%
Lab and X-Ray	36.7%	-5.1%	-6.0%	-3.3%	-3.0%	25.6%	-5.0%	-1.4%	-0.4%	-1.4%
Medical Supplies and Orthotics	-13.7%	-5.1%	-5.8%	-6.9%	-0.6%	-20.7%	-5.1%	-1.3%	-0.7%	-1.1%
Home Health and Home Care	25.6%	-5.1%	-6.0%	-3.5%	-2.7%	15.5%	-5.3%	-1.2%	-0.8%	-1.0%
Nursing Facility										
Targeted Case Management	155.3%	-5.2%	-5.9%	-3.5%	-2.6%	134.9%	-5.1%	-1.3%	-0.8%	-1.0%
Transportation	-9.7%	-5.3%	-6.0%	-3.9%	-2.3%	-17.2%	-5.5%	-0.9%	-1.1%	-0.8%
Other Practitioner	-0.6%	-4.8%	-5.9%	-4.1%	-2.8%	-8.7%	-5.1%	-1.3%	-1.0%	-0.9%
Other Institutional										
Other	-43.4%	-5.1%	-5.6%	-4.0%	-2.7%	-48.2%	-5.4%	-0.9%	-1.0%	-1.1%
Total	13.7%	-4.9%	-6.0%	-3.1%	-3.3%	4.4%	-4.7%	-1.3%	-0.7%	-1.6%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$425.89	67.5%
Months 13-24	\$436.17	62.7%
Months 25-36	\$444.54	57.8%
Months 37-48	\$453.78	54.9%
Months 49-60	\$460.91	52.3%

Exhibit E-3 – Detailed Expenditure Data – Members w/CAD as Most Expensive Diagnosis

HMP Practice Facilitation Detail - CAD											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	786	139	802	179	274	33	91	14	24	7	13
Aggregate Expenditures											
Inpatient Services	\$608,657	\$111,542	\$607,220	\$135,996	\$204,047	\$24,157	\$65,196	\$9,913	\$16,827	\$4,889	\$8,955
Outpatient Services	\$67,502	\$12,350	\$228,864	\$51,177	\$76,814	\$9,082	\$24,572	\$3,733	\$6,340	\$1,842	\$3,377
Physician Services	\$173,578	\$31,741	\$221,601	\$49,471	\$74,602	\$8,827	\$23,827	\$3,606	\$6,122	\$1,781	\$3,266
Prescribed Drugs	\$177,706	\$32,518	\$181,398	\$40,522	\$60,997	\$7,203	\$19,478	\$2,947	\$5,038	\$1,457	\$2,673
Psychiatric Services	\$170	\$31	\$441	\$98	\$148	\$17	\$47	\$7	\$12	\$4	\$6
Dental Services	\$2,421	\$441	\$115	\$26	\$39	\$5	\$12	\$3	\$3	\$1	\$2
Lab and X-Ray	\$19,705	\$3,589	\$24,250	\$5,401	\$8,148	\$957	\$2,601	\$392	\$667	\$194	\$357
Medical Supplies and Orthotics	\$10,817	\$1,972	\$27,834	\$6,185	\$9,346	\$1,096	\$2,988	\$449	\$763	\$222	\$409
Home Health and Home Care	\$2,833	\$517	\$2,640	\$589	\$886	\$104	\$282	\$43	\$72	\$21	\$39
Nursing Facility											
Targeted Case Management											
Transportation	\$37,773	\$6,887	\$63,499	\$14,154	\$21,269	\$2,496	\$6,800	\$1,027	\$1,735	\$505	\$935
Other Practitioner	\$3,086	\$562	\$6,256	\$1,390	\$2,103	\$246	\$669	\$101	\$171	\$50	\$92
Other Institutional											
Other											
Total	\$1,104,249	\$202,150	\$1,364,120	\$305,009	\$458,399	\$54,191	\$146,473	\$22,220	\$37,753	\$10,965	\$20,111
PMPM Expenditures											
Inpatient Services	\$774.37	\$802.46	\$757.13	\$759.75	\$744.70	\$732.03	\$716.44	\$708.10	\$701.15	\$698.49	\$688.85
Outpatient Services	\$85.88	\$88.85	\$285.37	\$285.90	\$280.34	\$275.22	\$270.02	\$266.66	\$264.18	\$259.74	\$259.74
Physician Services	\$220.84	\$228.35	\$276.31	\$276.37	\$272.27	\$267.49	\$261.83	\$257.60	\$255.08	\$254.44	\$251.25
Prescribed Drugs	\$226.09	\$233.94	\$226.18	\$222.62	\$218.28	\$214.04	\$210.51	\$209.94	\$209.94	\$208.16	\$205.65
Psychiatric Services	\$0.22	\$0.22	\$0.55	\$0.55	\$0.54	\$0.53	\$0.52	\$0.51	\$0.51	\$0.51	\$0.50
Dental Services	\$3.08	\$3.17	\$0.14	\$0.14	\$0.14	\$0.14	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13
Lab and X-Ray	\$25.07	\$25.82	\$30.24	\$30.17	\$29.74	\$28.99	\$28.58	\$27.97	\$27.79	\$27.70	\$27.44
Medical Supplies and Orthotics	\$13.76	\$14.19	\$34.71	\$34.55	\$34.11	\$33.20	\$32.84	\$32.06	\$31.81	\$31.67	\$31.47
Home Health and Home Care	\$3.60	\$3.72	\$3.29	\$3.29	\$3.23	\$3.15	\$3.10	\$3.05	\$3.02	\$3.00	\$2.99
Nursing Facility											
Targeted Case Management											
Transportation	\$48.06	\$49.55	\$79.18	\$79.07	\$77.63	\$75.65	\$74.73	\$73.33	\$72.29	\$72.13	\$71.89
Other Practitioner	\$3.93	\$4.04	\$7.80	\$7.77	\$7.68	\$7.46	\$7.35	\$7.21	\$7.14	\$7.10	\$7.07
Other Institutional											
Other											
Total	\$1,404.90	\$1,454.32	\$1,700.90	\$1,703.96	\$1,672.99	\$1,642.15	\$1,609.59	\$1,587.12	\$1,573.02	\$1,566.47	\$1,546.97

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-2.2%	-1.6%	-3.8%	-2.1%	-1.8%	-5.3%	-3.6%	-3.3%	-1.4%	-1.4%
Outpatient Services	232.3%	-1.8%	-3.7%	-2.2%	-1.7%	221.8%	-3.7%	-3.1%	-1.3%	-1.3%
Physician Services	25.1%	-1.5%	-3.8%	-2.6%	-1.5%	21.0%	-3.2%	-3.7%	-1.2%	-1.3%
Prescribed Drugs	0.0%	-1.6%	-3.9%	-1.9%	-2.0%	-3.2%	-3.6%	-3.6%	-1.1%	-1.2%
Psychiatric Services	154.2%	-1.7%	-3.9%	-2.7%	-1.3%	145.9%	-3.8%	-3.6%	-0.9%	-1.2%
Dental Services	-95.3%	-1.8%	-3.8%	-2.7%	-1.2%	-95.5%	-3.7%	-3.6%	-1.3%	-0.7%
Lab and X-Ray	20.6%	-1.7%	-3.9%	-2.8%	-1.3%	16.9%	-3.9%	-3.5%	-1.0%	-0.9%
Medical Supplies and Orthotics	152.2%	-1.7%	-3.7%	-3.2%	-1.1%	143.6%	-3.9%	-3.4%	-1.2%	-0.6%
Home Health and Home Care	-8.7%	-1.8%	-4.0%	-2.8%	-0.9%	-11.7%	-4.1%	-3.4%	-1.4%	-0.6%
Nursing Facility										
Targeted Case Management										
Transportation	64.8%	-2.0%	-3.7%	-3.3%	-0.5%	59.6%	-4.3%	-3.1%	-1.6%	-0.3%
Other Practitioner	98.7%	-1.6%	-4.3%	-2.9%	-1.0%	92.1%	-3.9%	-3.4%	-1.5%	-0.4%
Other Institutional										
Other										
Total	21.1%	-1.6%	-3.8%	-2.3%	-1.7%	17.2%	-3.6%	-3.4%	-1.3%	-1.2%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,560.00	109.0%
Months 13-24	\$1,599.14	104.6%
Months 25-36	\$1,628.17	98.9%
Months 37-48	\$1,640.25	95.9%
Months 49-60	\$1,662.81	93.0%

Exhibit E-4 – Detailed Expenditure Data – Members w/COPD as Most Expensive Diagnosis

HMP Practice Facilitation Detail - COPD											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	13,340	2,318	13,091	3,175	4,462	593	1,456	254	354	85	127
Aggregate Expenditures											
Inpatient Services	\$742,876	\$140,873	\$743,381	\$176,799	\$243,367	\$29,324	\$78,135	\$12,435	\$18,503	\$4,119	\$6,018
Outpatient Services	\$560,218	\$105,968	\$732,566	\$174,039	\$239,462	\$28,840	\$76,975	\$12,250	\$18,210	\$4,059	\$5,935
Physician Services	\$1,448,156	\$274,251	\$1,332,083	\$316,459	\$436,359	\$52,726	\$140,331	\$22,259	\$33,092	\$7,383	\$10,800
Prescribed Drugs	\$765,657	\$144,815	\$797,483	\$189,445	\$260,677	\$31,444	\$83,598	\$13,294	\$19,819	\$4,414	\$6,460
Psychiatric Services	\$5,655	\$1,071	\$8,074	\$1,917	\$2,640	\$317	\$847	\$134	\$200	\$45	\$65
Dental Services	\$177,471	\$33,478	\$170,141	\$40,291	\$55,608	\$6,679	\$17,865	\$2,824	\$4,205	\$986	\$1,377
Lab and X-Ray	\$156,670	\$29,565	\$161,955	\$38,331	\$52,974	\$6,341	\$17,013	\$2,682	\$3,992	\$892	\$1,309
Medical Supplies and Orthotics	\$67,563	\$12,729	\$71,136	\$16,810	\$23,257	\$2,780	\$7,475	\$1,177	\$1,758	\$390	\$575
Home Health and Home Care	\$53,063	\$10,040	\$90,899	\$21,562	\$29,686	\$3,558	\$9,527	\$1,507	\$2,240	\$499	\$735
Nursing Facility											
Targeted Case Management			\$5,143	\$1,217	\$1,682	\$201	\$539	\$85	\$126	\$28	\$42
Transportation	\$52,293	\$8,643	\$59,471	\$14,088	\$19,327	\$2,320	\$6,237	\$986	\$1,459	\$326	\$481
Other Practitioner	\$45,943	\$8,643	\$41,050	\$9,712	\$13,373	\$1,606	\$4,308	\$680	\$1,012	\$225	\$332
Other Institutional											
Other	\$6,257	\$1,183	\$1,107	\$262	\$362	\$43	\$116	\$18	\$27	\$6	\$9
Total	\$4,081,821	\$762,615	\$4,214,490	\$1,000,930	\$1,378,775	\$166,181	\$442,967	\$70,331	\$104,642	\$23,324	\$34,137
PMPM Expenditures											
Inpatient Services	\$55.69	\$60.77	\$56.79	\$55.68	\$54.54	\$49.45	\$53.66	\$48.96	\$52.27	\$48.46	\$47.38
Outpatient Services	\$42.00	\$45.72	\$54.82	\$55.96	\$53.67	\$48.63	\$52.87	\$48.23	\$51.44	\$47.76	\$46.74
Physician Services	\$108.56	\$118.31	\$101.76	\$99.67	\$97.79	\$88.91	\$96.38	\$87.64	\$93.48	\$86.86	\$85.04
Prescribed Drugs	\$57.40	\$62.47	\$60.92	\$59.67	\$58.42	\$53.03	\$57.42	\$52.34	\$55.99	\$51.93	\$50.87
Psychiatric Services	\$0.42	\$0.46	\$0.62	\$0.60	\$0.59	\$0.54	\$0.58	\$0.53	\$0.56	\$0.53	\$0.51
Dental Services	\$13.30	\$14.44	\$13.00	\$12.69	\$12.46	\$11.26	\$11.27	\$11.12	\$11.88	\$11.01	\$10.84
Lab and X-Ray	\$11.74	\$12.75	\$12.37	\$12.07	\$11.87	\$10.69	\$11.68	\$10.56	\$11.28	\$10.49	\$10.31
Medical Supplies and Orthotics	\$5.06	\$5.49	\$5.43	\$5.29	\$5.21	\$4.69	\$5.13	\$4.63	\$4.96	\$4.59	\$4.53
Home Health and Home Care	\$3.98	\$4.33	\$6.94	\$6.79	\$6.65	\$6.00	\$6.54	\$5.93	\$6.33	\$5.87	\$5.79
Nursing Facility			\$0.39	\$0.38	\$0.34	\$0.34	\$0.37	\$0.34	\$0.33	\$0.33	\$0.33
Targeted Case Management			\$4.54	\$4.44	\$4.33	\$3.91	\$4.28	\$3.88	\$4.12	\$3.83	\$3.79
Transportation	\$3.92	\$3.73	\$3.14	\$3.06	\$3.00	\$2.71	\$2.96	\$2.68	\$2.86	\$2.65	\$2.61
Other Practitioner	\$3.44	\$3.73	\$3.14	\$3.06	\$3.00	\$2.71	\$2.96	\$2.68	\$2.86	\$2.65	\$2.61
Other Institutional											
Other	\$0.47	\$0.51	\$0.08	\$0.08	\$0.08	\$0.07	\$0.08	\$0.07	\$0.08	\$0.07	\$0.07
Total	\$305.98	\$329.00	\$321.94	\$315.25	\$309.00	\$280.24	\$304.24	\$276.89	\$295.60	\$274.40	\$268.80

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	2.0%	-4.0%	-1.6%	-2.6%	-9.3%	-8.4%	-11.2%	-1.0%	-1.0%	-2.2%
Outpatient Services	33.3%	-4.1%	-1.5%	-2.7%	-9.1%	-19.9%	-11.3%	-0.8%	-1.0%	-2.1%
Physician Services	-6.3%	-3.9%	-1.4%	-3.0%	-9.0%	-15.8%	-10.8%	-1.4%	-0.9%	-2.1%
Prescribed Drugs	6.1%	-4.1%	-1.7%	-2.5%	-9.1%	-4.5%	-11.1%	-1.3%	-0.8%	-2.1%
Psychiatric Services	45.5%	-4.0%	-1.6%	-3.0%	-8.9%	30.7%	-11.4%	-1.3%	-0.5%	-2.1%
Dental Services	-2.3%	-4.1%	-1.5%	-3.2%	-8.7%	-12.1%	-11.2%	-1.3%	-0.9%	-1.6%
Lab and X-Ray	5.3%	-4.0%	-1.6%	-3.5%	-8.6%	-5.3%	-11.4%	-1.3%	-0.6%	-1.8%
Medical Supplies and Orthotics	7.3%	-4.1%	-1.5%	-3.3%	-8.8%	-3.6%	-11.4%	-1.2%	-0.9%	-1.5%
Home Health and Home Care	74.6%	-4.2%	-1.6%	-3.3%	-8.5%	56.8%	-11.6%	-1.1%	-1.0%	-1.4%
Nursing Facility										
Targeted Case Management		-4.1%	-1.8%	-3.5%	-8.4%	-11.5%	-11.5%	-1.2%	-1.0%	-1.4%
Transportation	15.9%	-4.7%	-1.1%	-3.8%	-8.2%	-11.8%	-11.8%	-0.8%	-1.3%	-1.2%
Other Practitioner	-9.0%	-4.4%	-1.3%	-3.4%	-8.6%	-11.4%	-11.4%	-1.1%	-1.1%	-1.3%
Other Institutional										
Other	-82.0%	-4.1%	-1.5%	-3.6%	-8.5%	-83.8%	-11.7%	-0.8%	-1.2%	-1.5%
Total	5.2%	-4.0%	-1.5%	-2.8%	-9.1%	-4.2%	-11.1%	-1.2%	-0.9%	-2.0%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$430.20	74.8%
Months 13-24	\$445.71	69.3%
Months 25-36	\$458.37	66.4%
Months 37-48	\$466.95	63.3%
Months 49-60	\$477.16	56.3%

Exhibit E-5 – Detailed Expenditure Data – Members w/Diabetes as Most Expensive Diagnosis

HMP Practice Facilitation Detail - Diabetes											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	5,481	1,007	5,660	1,464	1,924	273	648	117	161	39	59
Aggregate Expenditures											
Inpatient Services	\$1,079,862	\$203,868	\$1,560,122	\$386,250	\$509,932	\$70,916	\$163,317	\$28,705	\$39,975	\$9,328	\$13,891
Outpatient Services	\$804,560	\$151,760	\$789,945	\$195,389	\$258,037	\$35,841	\$82,474	\$14,532	\$20,293	\$4,724	\$7,041
Physician Services	\$1,068,429	\$201,540	\$1,179,020	\$291,526	\$385,671	\$53,767	\$123,136	\$21,667	\$30,194	\$7,050	\$10,512
Prescribed Drugs	\$1,109,430	\$209,161	\$1,266,676	\$312,994	\$414,503	\$57,508	\$132,377	\$23,207	\$32,421	\$7,560	\$11,278
Psychiatric Services	\$77,330	\$14,583	\$26,745	\$6,611	\$8,735	\$1,211	\$2,794	\$489	\$681	\$160	\$238
Dental Services	\$55,505	\$10,429	\$43,314	\$10,698	\$14,133	\$1,963	\$4,522	\$792	\$1,103	\$258	\$386
Lab and X-Ray	\$199,700	\$37,533	\$271,852	\$67,102	\$88,707	\$12,288	\$28,304	\$4,960	\$6,911	\$1,618	\$2,421
Medical Supplies and Orthotics	\$145,234	\$27,227	\$149,650	\$36,807	\$48,920	\$6,739	\$15,638	\$2,723	\$3,806	\$886	\$1,300
Home Health and Home Care	\$36,030	\$6,787	\$68,496	\$16,938	\$22,298	\$3,094	\$7,137	\$1,251	\$1,740	\$406	\$610
Nursing Facility											
Targeted Case Management											
Transportation	\$93,662	\$17,657	\$119,703	\$29,488	\$39,002	\$5,376	\$12,449	\$2,181	\$3,021	\$707	\$1,063
Other Practitioner	\$39,639	\$7,448	\$50,068	\$12,322	\$16,376	\$2,256	\$5,234	\$912	\$1,269	\$296	\$445
Other Institutional	\$1,247	\$234	\$1,426	\$351	\$467	\$64	\$149	\$26	\$36	\$8	\$13
Other	\$139,550	\$26,311	\$165,102	\$39,215	\$54,826	\$7,158	\$17,519	\$2,903	\$4,241	\$942	\$1,413
Total	\$4,850,177	\$914,538	\$5,692,119	\$1,405,693	\$1,861,606	\$258,182	\$595,049	\$104,348	\$145,691	\$33,942	\$50,642
PMPM Expenditures											
Inpatient Services	\$197.02	\$202.45	\$275.64	\$263.83	\$365.04	\$259.77	\$252.03	\$245.34	\$248.29	\$239.17	\$235.44
Outpatient Services	\$146.79	\$150.70	\$139.57	\$133.46	\$134.11	\$131.29	\$127.27	\$124.20	\$126.05	\$121.13	\$119.34
Physician Services	\$194.93	\$200.14	\$208.31	\$199.13	\$200.45	\$196.95	\$190.03	\$185.19	\$187.54	\$180.77	\$178.18
Prescribed Drugs	\$202.41	\$202.71	\$223.79	\$213.79	\$215.44	\$210.65	\$204.29	\$198.35	\$201.37	\$193.84	\$191.15
Psychiatric Services	\$14.11	\$14.48	\$4.73	\$4.52	\$4.54	\$4.44	\$4.31	\$4.18	\$4.23	\$4.09	\$4.03
Dental Services	\$10.13	\$10.36	\$7.65	\$7.31	\$7.35	\$7.19	\$6.98	\$6.77	\$6.85	\$6.61	\$6.55
Lab and X-Ray	\$36.43	\$37.27	\$48.03	\$45.83	\$46.11	\$45.01	\$43.68	\$42.39	\$42.93	\$41.49	\$41.04
Medical Supplies and Orthotics	\$26.50	\$27.04	\$26.44	\$25.14	\$24.69	\$24.13	\$23.28	\$22.13	\$23.64	\$22.72	\$22.54
Home Health and Home Care	\$6.57	\$6.74	\$12.10	\$11.57	\$11.59	\$11.33	\$11.01	\$10.69	\$10.81	\$10.42	\$10.34
Nursing Facility											
Targeted Case Management											
Transportation	\$17.09	\$17.53	\$21.15	\$20.14	\$20.27	\$19.69	\$19.21	\$18.64	\$18.76	\$18.12	\$18.02
Other Practitioner	\$7.23	\$7.40	\$8.85	\$8.42	\$8.51	\$8.26	\$8.08	\$7.79	\$7.88	\$7.59	\$7.54
Other Institutional	\$0.23	\$0.23	\$0.25	\$0.24	\$0.24	\$0.23	\$0.23	\$0.22	\$0.22	\$0.22	\$0.22
Other	\$25.46	\$26.13	\$29.17	\$26.79	\$28.50	\$26.22	\$27.04	\$24.81	\$26.34	\$24.15	\$23.95
Total	\$884.91	\$908.18	\$1,005.67	\$960.17	\$967.57	\$945.72	\$918.29	\$891.86	\$904.92	\$870.31	\$858.34

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged 3-12 Month)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	39.9%	-3.8%	-4.9%	-1.5%	-5.2%	30.3%	-1.5%	-5.6%	-2.5%	-1.6%
Outpatient Services	-4.9%	-3.9%	-5.1%	-1.0%	-5.3%	-11.4%	-5.4%	-5.4%	-2.5%	-1.5%
Physician Services	6.9%	-3.8%	-5.2%	-1.3%	-5.0%	-0.5%	-1.1%	-6.0%	-2.4%	-1.4%
Prescribed Drugs	10.6%	-3.7%	-5.2%	-1.4%	-5.1%	2.9%	-1.5%	-5.8%	-2.3%	-1.4%
Psychiatric Services	-66.5%	-3.9%	-5.0%	-1.8%	-4.7%	-68.8%	-1.7%	-5.8%	-2.1%	-1.4%
Dental Services	-24.4%	-4.0%	-5.0%	-1.8%	-4.5%	-29.4%	-1.6%	-5.8%	-2.4%	-0.9%
Lab and X-Ray	31.8%	-4.0%	-5.3%	-1.7%	-4.4%	23.0%	-1.8%	-5.8%	-2.1%	-1.1%
Medical Supplies and Orthotics	-0.2%	-3.8%	-5.1%	-2.1%	-4.7%	-7.0%	-1.8%	-5.7%	-2.4%	-0.8%
Home Health and Home Care	84.1%	-4.2%	-5.0%	-1.9%	-4.3%	71.7%	-2.0%	-5.7%	-2.5%	-0.8%
Nursing Facility										
Targeted Case Management										
Transportation	23.8%	-4.2%	-5.2%	-2.3%	-3.9%	14.9%	-2.2%	-5.4%	-2.8%	-0.5%
Other Practitioner	22.3%	-3.8%	-5.1%	-2.4%	-4.4%	13.8%	-1.8%	-5.7%	-2.6%	-0.6%
Other Institutional	10.7%	-3.7%	-5.4%	-2.2%	-4.2%	3.1%	-2.1%	-5.5%	-2.7%	-0.5%
Other	14.6%	-2.3%	-5.1%	-2.6%	-9.1%	2.5%	-2.1%	-5.4%	-2.7%	-0.8%
Total	13.6%	-3.8%	-5.1%	-1.5%	-5.1%	5.7%	-1.5%	-5.7%	-2.4%	-1.4%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,471.23	68.4%
Months 13-24	\$1,522.89	63.5%
Months 25-36	\$1,539.50	59.6%
Months 37-48	\$1,565.28	57.8%
Months 49-60	\$1,585.19	54.1%

Exhibit E-6 – Detailed Expenditure Data – Members w/Heart Failure as Most Expensive Diagnosis

HMP Practice Facilitation Detail - Heart Failure											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	440	73	397	99	133	18	44	6	12	0	13
Aggregate Expenditures											
Inpatient Services	\$309,678	\$54,967	\$500,910	\$125,758	\$159,997	\$19,555	\$50,123	\$6,175	\$15,716	\$2,747	\$13,276
Outpatient Services	\$151,804	\$26,831	\$185,331	\$46,387	\$59,221	\$7,206	\$18,550	\$2,279	\$5,793	\$1,014	\$4,907
Physician Services	\$117,846	\$20,841	\$160,577	\$40,190	\$51,328	\$6,278	\$16,089	\$1,974	\$5,033	\$879	\$4,254
Prescribed Drugs	\$55,761	\$9,866	\$34,791	\$8,711	\$11,149	\$1,355	\$3,479	\$427	\$1,091	\$190	\$921
Psychiatric Services											
Dental Services	\$7,342	\$1,294	\$613	\$153	\$196	\$24	\$61	\$7	\$19	\$3	\$16
Lab and X-Ray	\$22,456	\$3,966	\$29,587	\$7,393	\$9,478	\$1,147	\$2,957	\$361	\$918	\$161	\$783
Medical Supplies and Orthotics	\$27,264	\$4,797	\$10,473	\$2,609	\$3,348	\$405	\$1,047	\$128	\$326	\$57	\$277
Home Health and Home Care	\$8,563	\$1,514	\$9,756	\$2,443	\$3,115	\$378	\$973	\$119	\$303	\$53	\$258
Nursing Facility											
Targeted Case Management			\$1,477	\$370	\$470	\$57	\$147	\$18	\$46	\$8	\$39
Transportation	\$10,321	\$1,824	\$21,919	\$5,475	\$6,991	\$845	\$2,182	\$267	\$676	\$119	\$580
Other Practitioner	\$2,333	\$410	\$912	\$228	\$290	\$35	\$91	\$11	\$28	\$5	\$24
Other Institutional											
Other											
Total	\$713,368	\$126,310	\$956,344	\$239,717	\$305,583	\$37,285	\$95,698	\$11,767	\$29,950	\$5,237	\$25,336
PMPM Expenditures											
Inpatient Services	\$703.81	\$752.98	\$1,261.74	\$1,270.28	\$1,202.98	\$1,086.37	\$1,139.15	\$1,029.18	\$1,309.64	\$1,021.26	\$1,021.26
Outpatient Services	\$345.01	\$367.55	\$466.83	\$468.83	\$445.27	\$400.35	\$421.88	\$379.90	\$482.76	\$377.46	\$377.46
Physician Services	\$267.83	\$285.50	\$404.48	\$405.96	\$385.92	\$348.76	\$365.65	\$328.93	\$419.44	\$327.25	\$327.25
Prescribed Drugs	\$126.73	\$135.14	\$87.63	\$87.99	\$83.83	\$75.30	\$79.07	\$71.12	\$90.91	\$70.87	\$70.87
Psychiatric Services											
Dental Services	\$16.69	\$17.73	\$1.54	\$1.54	\$1.47	\$1.32	\$1.39	\$1.25	\$1.59	\$1.25	\$1.25
Lab and X-Ray	\$51.04	\$54.32	\$74.53	\$74.68	\$71.26	\$63.70	\$67.20	\$60.18	\$76.53	\$60.24	\$60.24
Medical Supplies and Orthotics	\$61.96	\$65.71	\$26.38	\$26.35	\$25.18	\$22.48	\$23.79	\$21.26	\$27.15	\$21.28	\$21.28
Home Health and Home Care	\$19.46	\$20.74	\$24.57	\$24.68	\$23.42	\$21.00	\$22.12	\$19.87	\$25.25	\$19.87	\$19.87
Nursing Facility											
Targeted Case Management			\$3.72	\$3.74	\$3.53	\$3.19	\$3.95	\$3.01	\$3.82	\$3.02	\$3.02
Transportation	\$23.46	\$24.98	\$55.21	\$55.31	\$52.56	\$46.96	\$49.60	\$44.58	\$56.37	\$44.59	\$44.59
Other Practitioner	\$5.30	\$5.62	\$2.30	\$2.30	\$2.18	\$1.96	\$2.07	\$1.86	\$2.36	\$1.86	\$1.86
Other Institutional											
Other											
Total	\$1,621.29	\$1,730.27	\$2,408.93	\$2,421.38	\$2,297.61	\$2,071.40	\$2,174.96	\$1,961.14	\$2,495.84	\$0.00	\$1,948.94

Category of Service	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated/ Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	79.3%	-4.7%	-5.3%	15.0%	-22.0%	68.7%	-14.5%	-5.3%		
Outpatient Services	35.3%	-4.6%	-5.3%	14.5%	-21.8%	27.5%	-14.6%	-5.1%		
Physician Services	51.0%	-4.6%	-5.3%	14.7%	-22.0%	42.2%	-14.1%	-5.7%		
Prescribed Drugs	-30.8%	-4.3%	-5.7%	15.0%	-22.0%	-34.9%	-14.4%	-5.6%		
Psychiatric Services										
Dental Services	-90.8%	-4.5%	-5.7%	14.1%	-21.4%	-91.3%	-14.5%	-5.6%		
Lab and X-Ray	46.0%	-4.4%	-5.7%	13.9%	-21.3%	37.5%	-14.7%	-5.5%		
Medical Supplies and Orthotics	-57.4%	-4.6%	-5.5%	14.1%	-21.6%	-59.9%	-14.7%	-5.4%		
Home Health and Home Care	26.3%	-4.7%	-5.6%	14.2%	-21.3%	19.0%	-14.9%	-5.4%		
Nursing Facility										
Targeted Case Management		-5.0%	-5.2%	14.2%	-21.1%		-14.8%	-5.5%		
Transportation	135.4%	-4.8%	-5.6%	13.7%	-20.9%	121.4%	-15.1%	-5.1%		
Other Practitioner	-56.7%	-5.0%	-5.0%	13.9%	-21.3%	-59.0%	-14.7%	-5.4%		
Other Institutional										
Other										
Total	48.6%	-4.6%	-5.3%	14.8%	-21.9%	39.9%	-14.5%	-5.3%		

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,872.35	128.7%
Months 13-24	\$1,959.62	117.2%
Months 25-36	\$2,000.14	108.7%
Months 37-48	\$2,036.50	122.6%
Months 49-60	\$2,061.35	94.5%

Exhibit E-7 – Detailed Expenditure Data – Members w/Hypertension as Most Expensive Diagnosis

HMP Practice Facilitation Detail - Hypertension											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	10,382	2,068	10,253	2,460	3,535	459	1,209	197	290	66	98
Aggregate Expenditures											
Inpatient Services	\$2,420,195	\$480,965	\$2,196,334	\$503,061	\$713,390	\$86,350	\$227,037	\$36,268	\$53,008	\$12,066	\$17,626
Outpatient Services	\$1,083,539	\$215,208	\$1,133,523	\$259,352	\$367,990	\$44,477	\$116,743	\$18,712	\$27,316	\$6,227	\$9,105
Physician Services	\$1,971,998	\$391,364	\$1,649,883	\$377,308	\$535,440	\$65,057	\$170,058	\$27,204	\$39,734	\$9,062	\$13,255
Prescribed Drugs	\$1,163,527	\$231,229	\$1,662,301	\$380,345	\$539,902	\$65,333	\$171,504	\$27,358	\$40,050	\$9,124	\$13,352
Psychiatric Services	\$44,076	\$8,745	\$35,108	\$8,033	\$11,395	\$1,376	\$3,620	\$576	\$841	\$193	\$282
Dental Services	\$114,556	\$22,626	\$93,380	\$21,337	\$30,248	\$3,660	\$9,627	\$1,533	\$2,238	\$510	\$751
Lab and X-Ray	\$299,409	\$59,153	\$381,037	\$86,709	\$123,632	\$14,845	\$39,209	\$6,218	\$9,098	\$2,077	\$3,048
Medical Supplies and Orthotics	\$59,985	\$11,857	\$40,549	\$9,242	\$13,146	\$1,582	\$4,183	\$663	\$971	\$221	\$325
Home Health and Home Care	\$37,182	\$7,376	\$64,532	\$14,746	\$20,902	\$2,518	\$6,635	\$1,056	\$1,540	\$351	\$517
Nursing Facility											
Targeted Case Management			\$6,505	\$1,480	\$2,106	\$253	\$669	\$106	\$155	\$35	\$52
Transportation	\$142,427	\$28,068	\$156,343	\$35,562	\$50,594	\$6,061	\$16,060	\$2,551	\$3,717	\$846	\$1,249
Other Practitioner	\$62,842	\$12,413	\$56,923	\$12,944	\$18,495	\$2,216	\$5,868	\$929	\$1,354	\$309	\$455
Other Institutional			\$663	\$150	\$215	\$26	\$68	\$11	\$16	\$4	\$5
Other	\$12,455	\$2,470	\$27,832	\$6,355	\$9,024	\$1,085	\$2,874	\$456	\$664	\$152	\$223
Total	\$7,412,191	\$1,471,473	\$7,504,913	\$1,716,625	\$2,436,477	\$294,837	\$774,156	\$123,641	\$180,701	\$41,176	\$60,246
PMPM Expenditures											
Inpatient Services	\$233.11	\$322.57	\$214.21	\$204.50	\$201.81	\$188.13	\$187.79	\$184.10	\$182.79	\$182.81	\$179.86
Outpatient Services	\$104.37	\$104.07	\$110.56	\$105.43	\$104.10	\$96.00	\$96.56	\$94.98	\$94.19	\$94.35	\$92.91
Physician Services	\$189.94	\$189.25	\$160.92	\$153.38	\$151.47	\$141.74	\$140.66	\$138.09	\$137.01	\$137.30	\$135.26
Prescribed Drugs	\$112.07	\$111.81	\$162.13	\$154.61	\$152.73	\$142.34	\$141.86	\$138.87	\$138.10	\$138.24	\$136.24
Psychiatric Services	\$4.25	\$4.23	\$3.42	\$3.27	\$3.22	\$3.00	\$2.99	\$2.92	\$2.90	\$2.92	\$2.88
Dental Services	\$11.03	\$10.94	\$9.11	\$8.67	\$8.56	\$7.97	\$7.96	\$7.78	\$7.72	\$7.73	\$7.66
Lab and X-Ray	\$28.84	\$28.60	\$37.16	\$35.25	\$34.97	\$32.34	\$32.43	\$31.56	\$31.37	\$31.47	\$31.10
Medical Supplies and Orthotics	\$5.78	\$5.73	\$3.95	\$3.76	\$3.72	\$3.45	\$3.46	\$3.37	\$3.35	\$3.35	\$3.32
Home Health and Home Care	\$3.58	\$3.57	\$6.29	\$5.99	\$5.91	\$5.49	\$5.49	\$5.36	\$5.31	\$5.32	\$5.28
Nursing Facility											
Targeted Case Management			\$0.63	\$0.60	\$0.60	\$0.55	\$0.55	\$0.54	\$0.53	\$0.54	\$0.53
Transportation	\$13.72	\$13.57	\$15.25	\$14.46	\$14.31	\$13.20	\$13.28	\$12.95	\$12.82	\$12.82	\$12.75
Other Practitioner	\$6.05	\$6.00	\$5.25	\$5.23	\$5.23	\$4.83	\$4.85	\$4.72	\$4.67	\$4.68	\$4.65
Other Institutional			\$0.06	\$0.06	\$0.06	\$0.06	\$0.06	\$0.05	\$0.05	\$0.05	\$0.05
Other	\$1.20	\$1.19	\$2.71	\$2.58	\$2.55	\$2.36	\$2.32	\$2.32	\$2.29	\$2.30	\$2.28
Total	\$713.95	\$711.54	\$731.97	\$697.81	\$689.24	\$642.35	\$640.33	\$627.62	\$623.11	\$623.88	\$614.76

Category of Service	Percent Change (Engaged 3-12 Month Accumulated / Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated / Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated / Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated / Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	-8.1%	-5.8%	-6.9%	-2.7%	-1.6%	-12.1%	-8.0%	-2.1%	-0.7%	-1.6%
Outpatient Services	5.9%	-5.8%	-7.2%	-2.5%	-1.4%	1.3%	-8.1%	-2.0%	-0.7%	-1.5%
Physician Services	-15.3%	-5.9%	-7.1%	-2.6%	-1.3%	-19.0%	-7.6%	-2.6%	-0.6%	-1.5%
Prescribed Drugs	44.7%	-5.8%	-7.1%	-2.6%	-1.3%	38.3%	-7.9%	-2.4%	-0.5%	-1.4%
Psychiatric Services	-19.3%	-5.9%	-7.1%	-3.2%	-0.8%	-22.8%	-8.2%	-2.4%	-0.2%	-1.5%
Dental Services	-17.5%	-6.0%	-6.9%	-3.1%	-0.7%	-20.7%	-8.1%	-2.4%	-0.6%	-1.0%
Lab and X-Ray	28.9%	-5.9%	-7.3%	-3.3%	-0.9%	23.2%	-8.2%	-2.4%	-0.3%	-1.2%
Medical Supplies and Orthotics	-31.5%	-6.0%	-7.0%	-3.2%	-0.8%	-34.5%	-8.3%	-2.3%	-0.6%	-0.9%
Home Health and Home Care	75.7%	-6.1%	-7.2%	-3.2%	-0.6%	68.1%	-8.5%	-2.3%	-0.7%	-0.8%
Nursing Facility										
Targeted Case Management		-6.1%	-7.1%	-3.5%	-0.6%		-8.3%	-2.3%	-0.7%	-0.8%
Transportation	11.2%	-6.1%	-7.2%	-3.5%	-0.5%	6.5%	-8.7%	-1.9%	-1.0%	-0.6%
Other Practitioner	-8.3%	-5.8%	-7.2%	-3.8%	-0.5%	-12.3%	-8.3%	-2.3%	-0.8%	-0.7%
Other Institutional		-6.0%	-6.9%	-4.2%	-0.4%		-8.5%	-2.1%	-0.8%	-0.6%
Other	126.3%	-6.0%	-6.9%	-3.8%	-0.5%	116.3%	-8.5%	-2.0%	-0.9%	-0.9%
Total	2.5%	-5.8%	-7.1%	-2.7%	-1.3%	-1.9%	-7.9%	-2.3%	-0.6%	-1.5%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,361.59	53.8%
Months 13-24	\$1,397.02	49.3%
Months 25-36	\$1,414.20	45.3%
Months 37-48	\$1,430.84	43.5%
Months 49-60	\$1,449.30	42.4%

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

HMP Practice Facilitation Detail - All Others											
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Total)
Member Months	217,502	37,660	204,131	45,898	69,696	8,568	22,543	3,672	5,547	1,224	1,836
Aggregate Expenditures											
Inpatient Services	\$8,447,064	\$1,535,163	\$8,690,124	\$1,960,010	\$2,870,904	\$348,312	\$920,900	\$147,702	\$222,505	\$48,668	\$71,476
Outpatient Services	\$8,318,991	\$1,511,578	\$8,762,084	\$1,975,111	\$2,892,496	\$350,675	\$925,220	\$148,950	\$223,608	\$49,098	\$72,171
Physician Services	\$16,722,965	\$3,035,256	\$16,986,968	\$3,825,618	\$5,613,872	\$682,918	\$1,796,893	\$288,311	\$453,039	\$95,124	\$139,883
Prescribed Drugs	\$12,037,804	\$2,189,854	\$12,577,261	\$2,838,282	\$4,156,795	\$504,752	\$1,331,822	\$213,394	\$321,253	\$70,485	\$103,702
Psychiatric Services	\$17,806,631	\$3,231,681	\$15,676,964	\$3,530,263	\$5,178,677	\$626,059	\$1,657,798	\$264,685	\$397,034	\$87,625	\$128,874
Dental Services	\$4,581,791	\$828,914	\$3,793,754	\$852,900	\$1,251,426	\$151,480	\$400,980	\$64,042	\$96,138	\$21,120	\$31,225
Lab and X-Ray	\$1,981,858	\$357,662	\$2,579,883	\$578,229	\$852,352	\$102,490	\$272,446	\$43,341	\$65,211	\$14,337	\$21,156
Medical Supplies and Orthotics	\$471,577	\$85,190	\$457,066	\$102,528	\$150,931	\$18,170	\$48,347	\$7,692	\$11,575	\$2,538	\$3,756
Home Health and Home Care	\$303,283	\$54,962	\$224,343	\$50,496	\$73,924	\$8,929	\$23,666	\$3,781	\$5,669	\$1,246	\$1,844
Nursing Facility			\$31,264	\$6,926	\$10,366	\$1,227	\$3,291	\$519	\$779	\$171	\$253
Targeted Case Management	\$143,442	\$25,860	\$125,765	\$28,106	\$41,451	\$4,994	\$13,263	\$2,113	\$3,172	\$697	\$1,032
Transportation	\$1,071,392	\$193,423	\$976,106	\$218,210	\$322,107	\$38,504	\$100,896	\$16,361	\$24,516	\$5,376	\$7,980
Other Practitioner	\$1,605,858	\$289,616	\$1,208,215	\$270,484	\$399,800	\$47,933	\$127,820	\$20,296	\$30,423	\$6,679	\$9,901
Other Institutional	\$29,445	\$5,314	\$75,907	\$16,818	\$25,399	\$2,972	\$8,031	\$1,262	\$1,889	\$415	\$616
Other	\$1,114,103	\$201,920	\$724,597	\$162,829	\$239,326	\$28,768	\$76,720	\$12,222	\$18,273	\$4,021	\$5,951
Total	\$74,636,205	\$13,546,395	\$72,890,302	\$16,416,902	\$24,079,826	\$2,918,182	\$7,710,081	\$1,234,670	\$1,855,084	\$407,599	\$599,820
PMPM Expenditures											
Inpatient Services	\$38.84	\$40.76	\$42.57	\$42.70	\$41.19	\$40.65	\$40.85	\$40.22	\$40.11	\$39.76	\$38.93
Outpatient Services	\$38.25	\$40.14	\$42.92	\$43.03	\$41.90	\$40.93	\$41.04	\$40.96	\$40.31	\$40.11	\$39.31
Physician Services	\$76.89	\$80.60	\$83.22	\$83.35	\$80.55	\$79.71	\$79.71	\$78.52	\$78.07	\$77.72	\$76.19
Prescribed Drugs	\$55.35	\$58.15	\$61.61	\$61.84	\$59.64	\$58.91	\$59.08	\$58.11	\$57.91	\$57.59	\$56.48
Psychiatric Services	\$81.87	\$85.81	\$76.80	\$76.92	\$74.30	\$73.07	\$73.07	\$72.08	\$71.58	\$71.59	\$70.19
Dental Services	\$21.07	\$22.01	\$18.58	\$18.58	\$17.96	\$17.68	\$17.79	\$17.44	\$17.33	\$17.25	\$17.01
Lab and X-Ray	\$9.11	\$9.50	\$12.64	\$12.60	\$11.96	\$11.96	\$12.09	\$11.80	\$11.76	\$11.71	\$11.52
Medical Supplies and Orthotics	\$2.17	\$2.26	\$2.24	\$2.23	\$2.17	\$2.12	\$2.14	\$2.09	\$2.09	\$2.07	\$2.05
Home Health and Home Care	\$1.39	\$1.46	\$1.10	\$1.10	\$1.04	\$1.04	\$1.05	\$1.03	\$1.02	\$1.00	\$1.00
Nursing Facility			\$0.15	\$0.15	\$0.15	\$0.14	\$0.15	\$0.14	\$0.14	\$0.14	\$0.14
Targeted Case Management	\$0.66	\$0.69	\$0.63	\$0.61	\$0.59	\$0.58	\$0.59	\$0.58	\$0.57	\$0.57	\$0.56
Transportation	\$4.93	\$5.14	\$4.78	\$4.75	\$4.62	\$4.49	\$4.56	\$4.46	\$4.42	\$4.39	\$4.35
Other Practitioner	\$7.38	\$7.69	\$5.92	\$5.89	\$5.74	\$5.59	\$5.67	\$5.53	\$5.48	\$5.46	\$5.39
Other Institutional	\$0.14	\$0.14	\$0.37	\$0.37	\$0.36	\$0.35	\$0.36	\$0.34	\$0.34	\$0.34	\$0.34
Other	\$5.12	\$5.36	\$3.55	\$3.55	\$3.43	\$3.36	\$3.40	\$3.33	\$3.29	\$3.28	\$3.24
Total	\$343.15	\$359.70	\$357.08	\$357.68	\$345.50	\$340.59	\$342.02	\$336.24	\$334.43	\$333.01	\$326.70

Category of Service	Percent Change (Engaged 3-12 Month Accumulated / Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated / Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month Accumulated / Engaged 13-24 Month Accumulated)	Percent Change (Engaged 37-48 Month Accumulated / Engaged 25-36 Month Accumulated)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month Accumulated)	Percent Change (Engaged 3-12 Month / Pre-Engaged)	Percent Change (Engaged 13-24 Month / Engaged 3-12 Month)	Percent Change (Engaged 25-36 Month / Engaged 13-24 Month)	Percent Change (Engaged 37-48 Month / Engaged 25-36 Month)	Percent Change (Engaged 49-60 Month / Engaged 37-48 Month)
PMPM Expenditures										
Inpatient Services	9.6%	-3.2%	-0.8%	-1.8%	-2.9%	4.8%	-4.8%	-1.1%	-1.2%	-2.1%
Outpatient Services	12.2%	-3.3%	-1.1%	-1.8%	-2.5%	7.2%	-4.9%	-0.9%	-1.1%	-2.0%
Physician Services	8.2%	-3.2%	-1.0%	-2.1%	-2.4%	3.4%	-4.4%	-1.5%	-1.0%	-2.0%
Prescribed Drugs	11.3%	-3.2%	-0.9%	-2.0%	-2.5%	6.3%	-4.7%	-1.4%	-0.9%	-1.9%
Psychiatric Services	-6.2%	-3.2%	-1.0%	-2.7%	-1.9%	-10.4%	-5.0%	-1.4%	-0.7%	-1.9%
Dental Services	-11.8%	-3.4%	-0.9%	-2.6%	-1.9%	-15.6%	-4.9%	-1.4%	-1.1%	-1.4%
Lab and X-Ray	38.7%	-3.2%	-1.2%	-2.7%	-2.0%	32.7%	-5.1%	-1.3%	-0.8%	-1.6%
Medical Supplies and Orthotics	3.3%	-3.3%	-1.0%	-2.7%	-2.0%	-1.2%	-5.1%	-1.2%	-1.0%	-1.3%
Home Health and Home Care	-21.2%	-3.5%	-1.0%	-2.7%	-1.7%	-24.6%	-5.3%	-1.2%	-1.2%	-1.3%
Nursing Facility	-2.9%	-1.9%	-3.8%	-1.7%	-1.7%		-5.1%	-1.3%	-1.0%	-1.4%
Targeted Case Management	-6.6%	-3.5%	-1.1%	-2.8%	-1.7%	-10.5%	-5.1%	-1.3%	-1.1%	-1.3%
Transportation	-2.9%	-3.3%	-1.2%	-2.2%	-1.7%	-7.4%	-1.7%	-5.5%	-0.9%	-1.4%
Other Practitioner	-19.8%	-3.1%	-1.2%	-3.3%	-1.7%	-23.4%	-5.1%	-1.2%	-1.3%	-1.2%
Other Institutional	174.7%	-2.0%	-2.2%	-4.4%	-1.5%	159.7%	-5.3%	-1.0%	-1.3%	-1.1%
Other	-30.7%	-3.3%	-0.9%	-3.2%	-1.6%	-33.8%	-5.4%	-1.3%	-1.3%	-1.3%
Total	4.1%	-3.2%	-1.0%	-2.2%	-2.3%	-0.6%	-4.8%	-1.3%	-1.0%	-1.9%

	Forecasted (FC) Cmts	Actual % of FC
First 12 Months	\$594.11	60.1%
Months 13-24	\$615.89	56.1%
Months 25-36	\$621.31	55.0%
Months 37-48	\$628.79	53.2%
Months 49-60	\$635.44	51.4%

APPENDIX F – PAIN MANAGEMENT PROGRAM SURVEY MATERIALS

Appendix F includes the provider and patient survey instruments used in evaluation of the Pain Management Program.



PRACTICE FACILITATION – PAIN MANAGEMENT PROVIDER SURVEY

The Oklahoma Health Care Authority would like to hear about your experience with the chronic pain management Practice Facilitation initiative being carried out by Telligen. The purpose of the survey is to gather information on the initiative’s value and how it can be improved from a provider’s perspective.

The survey is voluntary and all of your answers will be kept confidential. Your answers will be combined with those of other providers being surveyed and will not be reported individually to the Oklahoma Health Care Authority.

PRACTICE DEMOGRAPHICS

1. What is your medical practice specialty?
 - a. General/Family Practice
 - b. General Internal Medicine
 - c. OB/GYN
 - d. Other. Please specify: _____

2. Approximately how long have you been a Medicaid provider in Oklahoma? Medicaid includes the SoonerCare program.
 - a. Less than six months
 - b. Six to twelve months
 - c. More than one year but less than two years
 - d. More than two years but less than five years
 - e. Five years or longer

3. About what percentage of your patients are you treating for chronic pain?
 - a. Less than 10 percent
 - b. 10 to 24 percent
 - c. 25 to 49 percent
 - d. 50 percent or more
-

DECISION TO PARTICIPATE IN PRACTICE FACILITATION

4. Were you the person who made the decision to participate in the chronic pain management Practice Facilitation initiative?
 - a. Yes
 - b. No. If your answer is “no,” please proceed to Question 8.

5. How did you learn about the initiative?
 - a. Telligen contacted me
 - b. The OHCA contacted me
 - c. I learned about it from another provider
 - d. I read about it in a newsletter or an email
 - e. Other. Please specify:

6. What were your reasons for deciding to participate? (Circle all that apply)
- a. Improve care management/education of patients with chronic pain
 - b. Improve monitoring of patient prescription pain medicine use
 - c. Obtain information on alternative pain management techniques
 - d. Receive assistance in referring patients for pain management services
 - e. Receiving assistance in referring patients for behavioral health services/counseling
 - f. Other. Please specify: _____

7. Among the reasons you cited, what was the most important reason for deciding to participate? (If you require additional space to answer, please use additional paper and attach it to the survey.)
- _____

PRACTICE FACILITATION COMPONENTS

8. The following is a list of activities that can be part of chronic pain management Practice Facilitation. Regardless of your actual experience, please rate how important you think each one is in preparing a practice to better manage patients with chronic pain.

	Very Important	Somewhat Important	Not too Important	Not at all Important
a. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain				
b. Receiving training on conducting patient pain assessments at initial visits				
c. Receiving copies of patient pain and substance use risk assessment tools				
d. Receiving training on methods for monitoring patient pain and functional status at follow-up visits				
e. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits				
f. Receiving information on alternative pain management techniques				
g. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)				
h. Receiving training on how to have a conversation with patients regarding pain management. This is sometimes referred to as "motivational interviewing"				
i. Having a Practice Facilitation nurse on-site to work with you and your staff				
j. Receiving ongoing education and assistance after conclusion of the initial onsite activities				

9. Please rate how helpful each of these activities was to you in improving your management of patients with chronic pain. Check the answer that best applies.

	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	N/A – Did not Occur	N/A – Was Already Doing
a. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain						
b. Receiving training on conducting patient pain assessments at initial visits						
c. Receiving copies of patient pain and substance use risk assessment tools						
d. Receiving training on methods for monitoring patient pain and functional status at follow-up visits						
e. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits						
f. Receiving information on alternative pain management techniques						
g. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)						
h. Receiving training on how to have a conversation with patients regarding pain management.						

	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	N/A – Did not Occur	N/A – Was Already Doing
This is sometimes referred to as “motivational interviewing”						
i. Having a Practice Facilitation nurse on-site to work with you and your staff						
j. Receiving ongoing education and assistance after conclusion of the initial onsite activities						

PRACTICE FACILITATION OUTCOMES

10. Have you made changes in the management of your patients with chronic pain as the result of participating in the Practice Facilitation initiative?

- a. Yes
- b. No. If your answer is “no,” please proceed to Question 13.

11. What are the changes you made?

12. What is the most important change you made?

13. Have you attempted to refer patients with chronic pain to a Pain Management Provider?

- a. Yes
- b. No **If your answer is “no,” please proceed to Question 16**

14. Typically, how difficult is it to make a referral to a Pain Management Provider?

- a. Very difficult
- b. Somewhat difficult
- c. Not at all difficult **(Please proceed to Question 16)**

15. Why is it difficult to make a referral? Please circle all that apply

- a. Lack of providers willing to take Medicaid (SoonerCare)
- b. Providers require patients not to use any prescription opioids, which can make referral impractical or contrary to patients’ best interest

- c. Providers rely too heavily on prescription opioids to treat pain, contrary to patients' best interest
- d. Other Please specify: _____

16. Has your practice become more effective in managing patients with chronic pain as a result of your participation in the Practice Facilitation initiative?

- a. Yes
- b. No

17. How satisfied are you with your experience in the Practice Facilitation initiative?

- a. Very satisfied
- b. Somewhat satisfied
- c. Somewhat dissatisfied
- d. Very dissatisfied

18. Would you recommend the Practice Facilitation initiative to other physicians caring for patients with chronic pain?

- a. Yes
- b. No

19. Do you have any suggestions for improving the Practice Facilitation initiative?

HEALTH COACHING

20. Do you have a Telligen Health Coach embedded in your practice?
- a. Yes. **If your answer is “yes,” please respond to Question 21.**
 - b. No. Thank you for completing the survey
21. How helpful would it be to have the Health Coach assist in managing patients with chronic pain, as part of his or her broader health coaching activities?
- a. Very helpful
 - b. Somewhat helpful
 - c. Not too helpful
 - d. Not at all helpful

Please list the name and position of the individual completing the Provider Survey:

Please list the name of the practice and address:

Thank you for your help!



BECKY PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

<First> <Last>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip>

The Oklahoma Health Care Authority is conducting a survey of SoonerCare members. We are interested in learning about where SoonerCare members get their health care and about their experiences with their doctor. The purpose of the survey is to learn about how we can make the program better.

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

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

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

If you have any questions about the survey, you can reach PHPG toll-free at [1-888-941-9358](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 – Pain Management Patient Survey

INTRODUCTION & CONSENT

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

INTRO1. We are conducting a short survey to find out about where SoonerCare members get their health care and their experiences with their doctor. The purpose of the survey is to learn about how we can make the program better. The survey is voluntary and if you decide not to participate it will not affect your benefits. Anything you tell us will be kept confidential. The information will not be shared with your doctor and will not affect any treatment you may be receiving. The survey takes about 10 minutes.

[ANSWER ANY QUESTIONS AND PROCEED TO QUESTION 1]

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

[IDENTIFY PCMH NAME ON MEMBER SURVEY ROSTER BEFORE BEGINNING INTERVIEW.]

53. The SoonerCare program is a health insurance program offered by the state. Are you currently enrolled in SoonerCare?⁷¹

- a. Yes
- b. No → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]
- c. Don't Know/Not Sure → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]

20. Our records show that you chose or were assigned [READ PCMH NAME] to be your regular SoonerCare provider for check-ups, when you need advice about a health problem or get sick or hurt. Is that right?

- a. Yes → [GO TO QUESTION 3]
- b. No → [GO TO QUESTION 6]
- c. Don't Know/Not Sure → [GO TO QUESTION 6]

⁷¹ All questions include a “don't know/not sure” or similar option which is unprompted by the surveyor; this response is listed on the instrument to allow surveyors to document such a response. Questions are reworded for parents/guardians completing the survey on behalf of program participants.

21. Is [PCMH NAME] still your regular provider?

- a. Yes → [GO TO QUESTION 7]
- b. No → [GO TO QUESTION 4]
- c. Don't Know/Not Sure → [GO TO QUESTION 6]

22. Why is [PCMH NAME] no longer your regular provider?

- a. Member moved away
- b. Provider changed locations
- c. Member dissatisfied with care [SPECIFY REASON]
- d. Other [SPECIFY]
- e. Don't Know/Not Sure

23. When did you stop going to [PCMH NAME]? [RECORD MONTH AND YEAR]

24. Where do you usually go to get health care?

- a. [GIVES NAME OF PROVIDER THAT MATCHES PCMH NAME] → [GO TO QUESTION 7]
- b. Other Provider [RECORD NAME] → [GO TO QUESTION 7]
- c. Emergency Room → [READ TERMINATION SCRIPT 1]
- d. Urgent Care Clinic → [READ TERMINATION SCRIPT 1]
- e. No usual place → [READ TERMINATION SCRIPT 1]
- f. Don't Know/Not Sure → [READ TERMINATION SCRIPT 1]

[TERMINATION SCRIPT 1 – OUR QUESTIONS TODAY ARE ABOUT THE CARE PEOPLE RECEIVE FROM THEIR REGULAR DOCTOR, IF THEY HAVE ONE. THANK YOU FOR YOUR TIME.]

25. How long have you been going to [PROVIDER NAME]?

- a. Less than three months → [READ TERMINATION SCRIPT 2]
- b. At least three months but less than six months
- c. At least six months but less than one year
- d. At least one year but less than three years
- e. At least three years but less than five years
- f. Five years or more
- g. Don't Know/Not Sure → [READ TERMINATION SCRIPT 2]

[TERMINATION SCRIPT 2 – OUR QUESTIONS TODAY ARE ABOUT THE CARE PEOPLE RECEIVE FROM DOCTORS WHO HAVE BEEN THEIR REGULAR DOCTOR FOR MORE THAN THREE MONTHS. THANK YOU FOR YOUR TIME.]

26. About how long ago was your most recent visit with [PROVIDER NAME]?

- a. Within the last week
- b. More than a week ago but within the past month
- c. More than a month ago but within the past three months
- d. More than three months ago but within the past six months
- e. More than six months ago
- f. Don't Know/Not Sure

27. Now I'm going to read you a list of common medical conditions. Please tell me which of these, if any, you are receiving treatment for today [CHECK ALL THAT APPLY]

Condition	Yes	No	DK
i. Back pain			
j. Neck pain			
k. Knee pain			
l. Arthritis [RECORD EVEN IF A-C RELATED TO ARTHRITIS]			
m. A broken bone			
n. Headaches			
o. An injury [RECORD TYPE]			
p. Diabetic pain			
q. Cancer [RECORD TYPE]			
r. Pain due to another reason [SPECIFY REASON]			

[IF NO/DK TO ALL CONDITIONS READ TERMINATION SCRIPT 3 – THE REST OF OUR QUESTIONS TODAY ARE ABOUT THE CARE PEOPLE RECEIVE FROM DOCTORS WHO ARE TREATING THEM FOR ONE OF THE CONDITIONS I READ. THANK YOU FOR YOUR TIME.]

28. Is [PROVIDER NAME] treating you for your pain? [IF ANSWERED YES ONLY TO A CONDITION THAT DOES NOT INCLUDE "PAIN" IN TITLE, SAY "treating you for pain associated with your [CONDITION]?"
- a. Yes → [GO TO QUESTION 16]
 - b. No → [GO TO QUESTION 11]
 - c. Don't Know/Not Sure → [GO TO QUESTION 11]
29. Is any other provider treating you for your pain?
- a. Yes → [RECORD NAME AND SPECIALTY AND GO TO QUESTION 15]
 - b. No → [GO TO QUESTION 12]
 - c. Don't Know/Not Sure → [GO TO QUESTION 12]
30. What things do you do to treat your pain? [RECORD ALL]
31. How well are you able to control your pain doing the things you mentioned? Would you say your pain is "always well controlled", "usually well controlled", "not usually well controlled" or "never well controlled"?
- a. Always well controlled
 - b. Usually well controlled
 - c. Not usually well controlled
 - d. Never well controlled
 - e. Don't Know/Not Sure
32. Are there ways the SoonerCare program could help you to better control your pain? [IF YES] What would you like the program to do? [RECORD ANSWER AND GO TO QUESTION 30]
- a. Yes [SPECIFY]
 - b. No
 - c. Don't Know/Not Sure
33. Did [PCMH PROVIDER NAME] refer you to [PAIN PROVIDER NAME]?
- a. Yes
 - b. No
 - c. Don't Know/Not Sure

34. For about how long has [PAIN PROVIDER NAME] been treating you for your pain?

- a. Less than three months
- b. At least three months but less than six months
- c. At least six months but less than one year
- d. At least one year but less than three years
- e. At least three years but less than five years
- f. Five years or more
- g. Don't Know/Not Sure

16. Has [PROVIDER NAME (PCMH OR PAIN PROVIDER, AS APPLICABLE)] worked with you to develop a pain treatment plan, to reduce your pain?

- a. Yes
- b. No
- c. Don't Know/Not Sure

17. I'm going to mention some ways that doctors help patients with pain to feel better. For each, please tell me if [PROVIDER NAME] has discussed it with you.

Technique	Yes	No	DK
a. Deep breathing exercises			
b. Acupuncture/acupressure			
c. Massage therapy			
d. Distraction techniques, such as watching TV or working at a favorite hobby			
e. Aromatherapy			
f. Ice or heat packs			
g. Positioning yourself			
h. Directed exercise such as physical therapy			
i. Referral to another provider to help with your pain [SPECIFY TYPE(S)]			

18. [IF “YES” TO ONE OR MORE; ELSE GO TO Q 19] You said “yes” to discussing [TECHNIQUE]. Have you tried [TECHNIQUE] and, if yes, did it help to reduce your pain?

Technique	Yes – Helped	Yes – Did not Help	No	DK
a. Deep breathing exercises				
b. Acupuncture/acupressure				
c. Massage therapy				
d. Distraction techniques, such as watching TV or working at a favorite hobby				
e. Aromatherapy				
f. Ice or heat packs				
g. Positioning yourself				
h. Directed exercise such as physical therapy				
i. Referral to another provider to help with your pain [SPECIFY TYPE(S)] [RECORD SEPARATELY IF MORE THAN ONE]				

19. Is [PROVIDER NAME] treating your pain with medication?

- a. Yes
- b. No
- c. Don't Know/Not Sure

20. Has [PROVIDER NAME] made any changes to your medication since the time he (she) first began treating you for pain?

- a. Yes → [GO TO QUESTION 21]
- b. No → [GO TO QUESTION 22]
- c. Don't Know/Not Sure → [GO TO QUESTION 22]

21. I am going to read some possible medication changes. Please tell me which one best applies to you [READ ALL CHOICES AND RECORD ONE]

- a. I stopped taking one or more of my old medications but still take others
- b. I stopped taking one or more of my old medications and now take a different medication
- c. I still just take my old medication(s) but [PROVIDER NAME] makes out the prescription for fewer days
- d. I still just take my old medication(s) but I take fewer pills or a lower dosage each time
- e. I still take my old medication(s) but take it along with a new medication
- f. I stopped taking some of my old medications but I still take others at a higher dosage
- g. I stopped taking prescription pain medication
- h. Other [SPECIFY]
- i. Don't Know/Not Sure

22. I am going to mention a few lifestyle changes that sometimes can help to reduce a person's pain. Please tell me if [PROVIDER NAME] has discussed any of these with you and, if yes, whether [PROVIDER NAME] has helped you to make any of these changes.

Lifestyle Change	Discussed	Discussed and Helped	Did not Discuss	DK	N/A
a. Getting more sleep					
b. Reducing your stress					
c. Getting more exercise					

I have just a few more questions about the care you're receiving. As a reminder, all of your answers will be kept confidential. The information will not be shared with your doctor and will not affect any treatment you may be receiving.

23. Do you think [PROVIDER NAME] listens carefully to you when discussing treatment for your pain?

- a. Yes → [GO TO QUESTION 25]
- b. No
- c. Don't Know/Not Sure

24. Why do you say that? [RECORD]

25. Does [PROVIDER NAME] explain options for treating your pain in a way that is easy for you to understand?

- a. Yes → [GO TO QUESTION 27]
- b. No
- c. Don't Know/Not Sure

26. How could [PROVIDER NAME] do a better job of explaining your options? [RECORD]

27. Compared to how bad your pain was when [PROVIDER NAME] first began treating your pain, how would you rate your pain now? Would you say you “have more pain”, “have the same amount of pain”, “have somewhat less pain” or “have very little pain”.

- a. I have more pain
- b. I have the same amount of pain
- c. I have somewhat less pain
- d. I have very little pain
- e. Don't Know/Not Sure

28. Overall, how satisfied are you with [PROVIDER NAME], in terms of how he (she) has helped you to manage your pain? Would you say you are “very satisfied”, “somewhat satisfied”, “somewhat dissatisfied” or “very dissatisfied”?

- a. Very satisfied
- b. Somewhat satisfied
- c. Somewhat dissatisfied
- d. Very dissatisfied
- e. Don't Know/Not Sure

29. How could [PROVIDER NAME] do a better job helping you to manage your pain? [RECORD]

30. In general, how would you rate your overall health? Would you say it is “excellent”, “good”, “fair” or “poor”?

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Don't Know/Not Sure

That is all the questions I have today. Thank you for your help.