

State Fiscal Year 2016



ANNUAL REPORT

SoonerCare Health Management Program Evaluation

Prepared for:

State of Oklahoma

Oklahoma Health Care Authority

August 2017

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 2016 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 2013, 1,269 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 29.9 persons per 100,000 residents, versus the national rate of 21.2. The mortality rate for other chronic conditions, such as heart disease and hypertension, is similarly higher in Oklahoma than in the nation overall.

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

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

First Generation SoonerCare HMP

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

Medical Artificial Intelligence (MEDai) was already serving as a subcontractor to Hewlett Packard Enterprises (HPE), 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, bringing the total number of locations with a SoonerCare HMP health coach to 39, as of April 2017.

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

SFY 2015 Contract Amendment

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

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

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 a substance use resource specialist in SFY 2015 to support the chronic pain and opioid drug utilization initiative.

(The chronic pain and opioid drug utilization initiative is outside the scope of the core health management program and is not part of the evaluation activities addressed in this report.)

SoonerCare HMP Independent Evaluation

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

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

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

Evaluation Findings

Health Coaching Participant Satisfaction and Perceived Health Status

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

PHPG has completed 1,304 initial surveys with SoonerCare HMP participants, as well as 429 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 (82 percent). Nearly 40 percent stated that their nurse helped to identify changes in health that might be an early sign of a problem and helped them to talk to and work with their regular provider and his/her staff.

Respondents were asked to rate their satisfaction with each “yes” activity. Except for one activity⁵, the overwhelming majority reported being very satisfied with the help they received, with the portion ranging from 91 to 94 percent, depending on the item. This attitude carried over to the members’ overall satisfaction with their health coaches; 89 percent reported being very satisfied. Results for the follow-up survey were closely aligned to the initial survey.

⁴ See SoonerCare CCU SFY 2016 Evaluation Report, June 2017.

⁵ The outlier activity was helping to make and keep health care appointments for mental health or substance abuse problems. Sixty-six percent of “yes” respondents reported they were very satisfied with the help they received; another 32 percent reported they were somewhat satisfied.

Health coaching employs motivational interviewing to identify lifestyle changes that members would like to make. Once identified, it is the health coach's responsibility to collaborate with the member in developing an action plan with goals to be pursued by the member with his/her coach's assistance.

Seventy-six 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-five 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 (82 percent) who selected an area stated that they went on to develop an action plan with goals. Among those with an action plan, 77 percent reported achieving one or more goals. Among the members who reported having a goal but not yet achieving it, 62 percent stated they were "very confident" they would ultimately accomplish it. Results for the follow-up survey were very similar.

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 68 percent to 87 percent.) A significant percentage also reported continuing to make changes with respect to exercise, diet, water intake and medication management. Smaller percentages reported working to reduce tobacco, alcohol or other substance use.

Thirty-six percent of initial survey respondents and 45 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion, 62 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. Eighty-nine percent of initial survey respondents and 93 percent of follow-up survey respondents stated they were very satisfied. Nearly all respondents (95 percent of initial survey

and 98 percent of follow-up survey) said they would recommend the program to a friend with health care needs like theirs.

The ultimate objectives of the SoonerCare HMP are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of initial survey respondents (48 percent) said “fair”, while 35 percent said “good” and 16 percent said “poor”.

When next asked if their health status had changed since enrolling in the SoonerCare HMP, 44 percent said it was “better” and 48 percent said it was “about the same”; only nine 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. A larger segment (40 percent) reported their current health status as “good”, while the portion reporting their health as “poor” dropped to 12 percent. Forty-nine percent of respondents reported that their health had improved, with 95 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.

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

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

The health coaching participant compliance rate exceeded the comparison group rate on 12 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for 10 of the 12 measures, consistent with SFY 2015 results.

The most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care. These categories also showed the greatest strength in the SFY 2015 evaluation.

PHPG also compared SFY 2016 compliance rates for health coaching participants to SFY 2015 compliance rates to document year-over-year trends. The results were encouraging, with compliance rates improving for 17 measures and declining for only five, although the movement up or down generally was modest.

Health Coaching Cost Effectiveness

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

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

Members also can be identified and referred to the program by providers with embedded health coaches at their sites. This includes members whose MEDai scores are relatively low, but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

PHPG conducted the utilization and expenditure evaluation by comparing participants' actual claims experience to MEDai forecasts absent health coaching. PHPG performed the analysis for selected chronic conditions⁶ and for the participant population as a whole.

MEDai forecasted that health coaching participants, as a group, would incur 2,915 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,606, or 55 percent of forecast.

MEDai forecasted that health coaching participants, as a group, would incur 2,488 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,866, or 75 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 36 months of engagement. MEDai forecasts for the first 12 months were trended in months 13 to 24 and months 25 to 36 based on the PMPM trend rate of a comparison group

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.

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 \$1,107 in PMPM expenditures in the first 36 months of engagement. The actual amount was \$702, or 63 percent of forecast.

PHPG calculated an aggregate dollar impact for all health coaching participants by multiplying total months of engagement through SFY 2016 by average PMPM savings. The resultant medical savings were approximately \$43.4 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2016, 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 \$16.4 million.

The SoonerCare HMP health coaching component registered net savings of nearly \$27 million.

These results appear in line with the nurse care management component of the first generation SoonerCare HMP, which generated cumulative net savings of \$14.9 million through its initial 29 months of operation (February 2008 implementation through June 2010) and \$27.9 million in cumulative net savings through its initial 41 months of operation (February 2008 through June 2011).

The \$27 million 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.

Finally, it is encouraging that average PMPM savings increased from the initial 12-month engagement period to engagement months 13 to 24. This suggests that the impact of health coaching increases over time, which if the trend continues, bodes well for the program’s long term success.

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 that inquires about awareness of SoonerCare HMP objectives and components; interactions with Telligen health coaches and

⁷ MEDai forecasts extend only 12 months.

practice facilitators; and the program's impact with respect to patient management and outcomes. PHPG has surveyed 26 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-nine 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, 92 percent of the providers credited the program with improving their management of patients with chronic conditions.

Overall, 84 percent of the providers described themselves as "very satisfied" with the experience and another eight percent as "somewhat satisfied". Eighty-nine 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 assigned to 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 18 out of 26 respondents describing themselves as "very satisfied" on each item. The providers' enthusiasm was further reflected in their overall satisfaction with having a health coach assigned to their practice (91 percent "very satisfied").

Impact of Practice Facilitation on Quality of Care

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

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

The quality of care analysis targeted members aligned with practice facilitation providers who were not participating in health coaching. PHPG determined the total number of members in each measurement category, the number meeting the clinical standard and the resultant "percent compliant".

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

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

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

At the midpoint in the five-year evaluation cycle, the impact of practice facilitation on quality of care remains ambiguous. The long term benefit to participants of practice facilitation will continue to be measured through the quality of care longitudinal analysis and through the expenditure analysis discussed below.

Practice Facilitation Cost Effectiveness

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

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

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

MEDai projected that members aligned with PCMH practice facilitation providers, as a group, would incur 928 inpatient days per 1,000 participants over the 12-month forecast period. The actual rate was 649, or 70 percent of forecast.

MEDai projected that members aligned with PCMH practice facilitation providers, as a group, would incur 1,403 emergency department visits per 1,000 participants over the 12-month forecast period. The actual rate was 1,262, or 90 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 36 months of the program. MEDai forecasts for the first 12 months were trended in months 13 to 36 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 \$619 in PMPM expenditures in the first 36 months of the program. The actual amount was \$378, or 61 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 savings equaled approximately \$55.6 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 2016 aggregate administrative expenses for the practice facilitation portion of the SoonerCare HMP were approximately \$10 million.

The SoonerCare HMP practice facilitation component registered net savings of approximately \$45.7 million. These net savings compare favorably to the practice facilitation component of the first generation SoonerCare HMP, which generated cumulative net savings of \$58 million over the entire five-year evaluation, a benchmark the second generation HMP is on a pace to exceed.

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 2016, 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 \$72.6 million and a return on investment of 275 percent. Put another way, **the second generation SoonerCare HMP, in its first three years, yielded \$2.75 in net medical savings for every dollar in administrative expenditures.**

CHAPTER 1 – INTRODUCTION

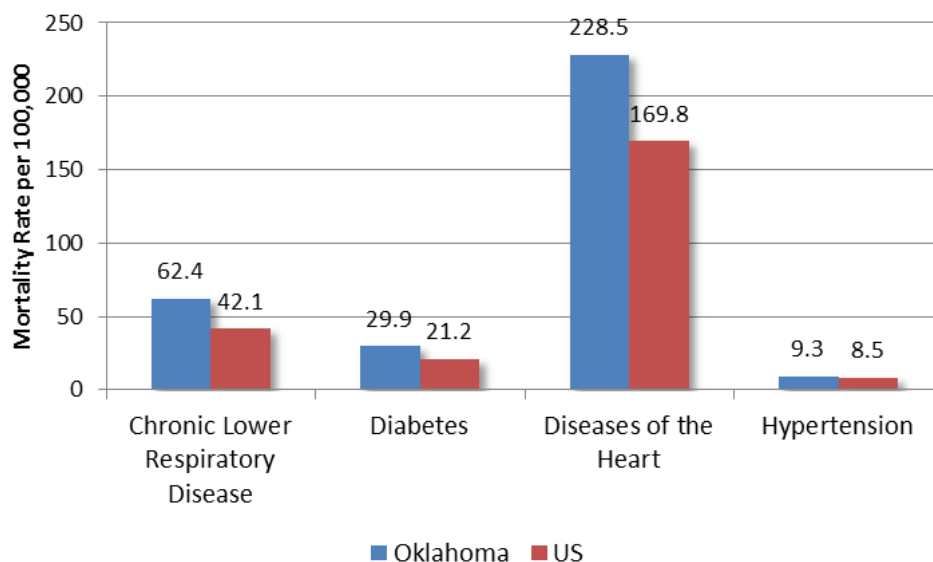
Chronic Disease Management

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

The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. In 2013, 1,269 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 29.9 persons per 100,000 residents, versus the national rate of 21.2⁹.

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, 2013 – OK and US (Selected Conditions)¹⁰



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

⁹ http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf. Age adjusted rates.

¹⁰ Ibid. Rate for chronic lower respiratory disease, also known as chronic obstructive pulmonary disease, includes asthma, chronic bronchitis and emphysema. Hypertension rate includes essential hypertension and hypertensive renal disease.

Chronic diseases also are among the most costly of all health problems. Persons with multiple chronic conditions account for over 70 percent of health spending nationally¹¹. Providing care to individuals with chronic diseases, many of whom meet the federal disability standard, has placed a significant burden on state Medicaid budgets.

In Oklahoma, the CDC estimates that total expenditures related to treating selected major chronic conditions will surpass \$9.0 billion in 2017 and will reach nearly \$10.5 billion in 2020. The estimated portion attributable to SoonerCare members will exceed \$1.0 billion (state and federal) in 2017 and \$1.2 billion in 2020¹² (Exhibit 1-2).

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

Chronic Condition	OK All Payers		SoonerCare	
	2017	2020	2017	2020
Asthma	\$472	\$538	\$160	\$182
Cardiovascular Diseases (heart diseases, stroke and hypertension)	\$6,084	\$7,076	\$653	\$760
Diabetes	\$2,476	\$2,869	\$276	\$319
TOTAL FOR SELECTED CONDITIONS	\$9,032	\$10,483	\$1,089	\$1,260

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

Holistic programs seek to address proactively the individual needs of patients through planned, ongoing follow-up, assessment and education.¹³ Under the Chronic Care Model, as first developed by Dr. Edward H. Wagner, community providers collaborate to effect positive changes for health care recipients with chronic diseases.

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

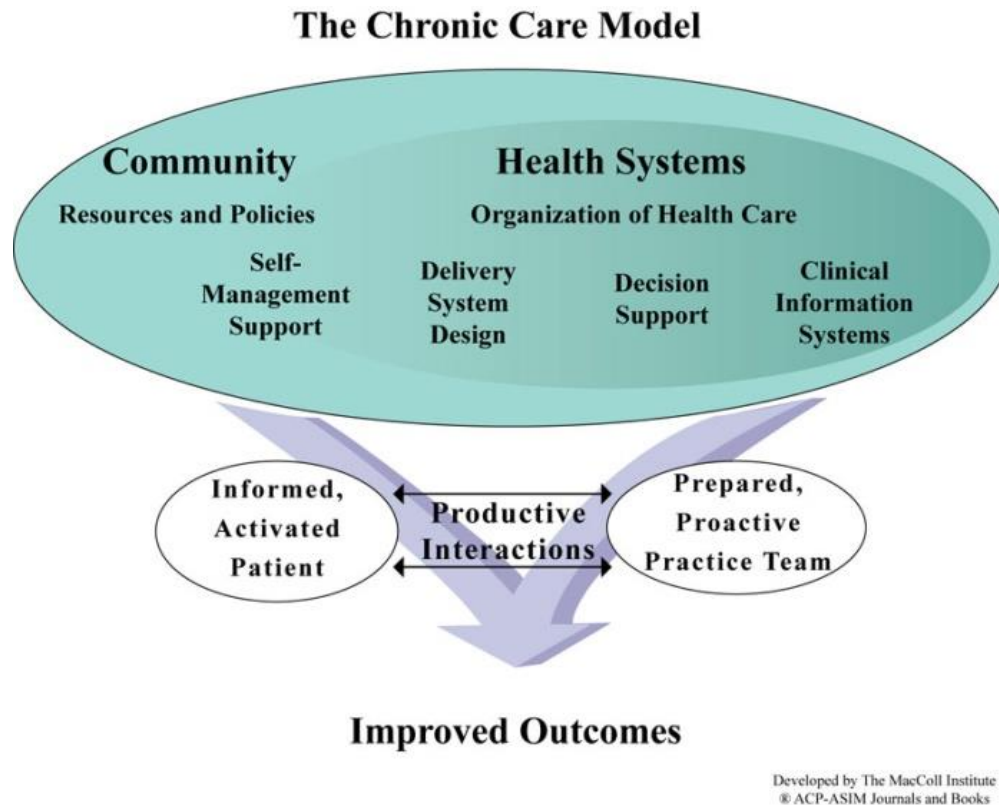
¹² Expenditure estimates developed using CDC Chronic Disease Cost Calculator.

¹³ Wagner, E.H., “Chronic Disease Management: What Will It Take to Improve Care for Chronic Illness?,” *Effective Clinical Practice*, 1:2-4 (1998).

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

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

Exhibit 1-3 – The Chronic Care Model



Development of a Strategy for Holistic Chronic Care

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

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

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

“First Generation” SoonerCare HMP

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

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen¹⁴ was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated primary care providers.

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

¹⁴ Prior to August 2011, Telligen was known as the Iowa Foundation for Medical Care.

Nurse Care Management

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

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

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

Practice Facilitation and Provider Education

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

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

Program Performance

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

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

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

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

To enhance member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with registered nurse health coaches embedded at primary care practice sites. The health coaches would work closely with practice staff and provide coaching services to participating members. Health coaches could either be dedicated to a single practice with one or more providers or shared between multiple practice sites within a geographic area¹⁵.

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

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

Health coaches would only be embedded at practices that had first undergone practice facilitation¹⁶. In order to participate in the second generation SoonerCare HMP at its outset, members would have to be receiving primary care from a practice with an embedded health coach.

The OHCA conducted a competitive procurement to select a vendor to administer the second generation HMP. Telligen was awarded the contract.

Health Coaching Model – Design and Principles

As administered by Telligen, the health coach, practice facilitator and provider form the core team for the program. The team focuses first on assessing the practice’s operations and determining how the health coach can best be integrated into the office’s routine. The practice facilitator then addresses opportunities for enhancing process flows, while the health coach

¹⁵ The description of Health Coaching and second generation Practice Facilitation are taken from the OHCA’s October 2012 RFP for a second generation Health Management Program contractor.

¹⁶ The health coaching model has since undergone some refinements, as described later in the chapter.

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

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

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

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

Health coaches apply motivational interviewing and other components of the coaching model throughout their workday. The narrative below in italics is excerpted from Telligen’s training manual for health coaches and summarizes its health coaching model, as well as its approach to integration of health coaching and practice facilitation activities¹⁷.

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

As presented by Miller & Rollnick (2012)¹⁸, there are four major principles that form the ‘spirit’ of MI: Partnership, Acceptance, Compassion and Evocation.

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

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

¹⁸ Motivational Interviewing, Third Edition, W Miller & S Rollnick, 2012

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

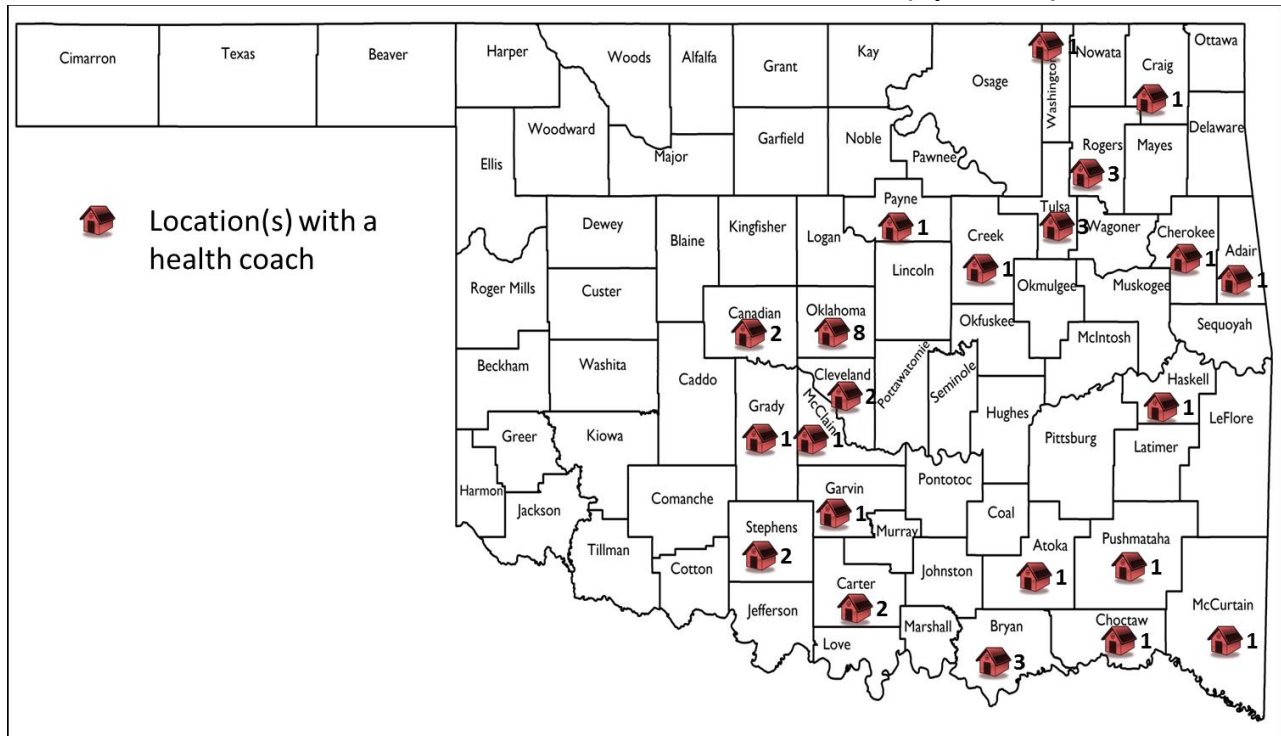
Telligen segmented the practices by size (large, medium and small) and location (urban and rural) and targeted the most promising within each category based on patient mix and ability to support a health coach. The purpose of the segmentation was to ensure diversity in the group ultimately selected.

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 39, as of April 2017 (Exhibit 1-4 on the following page).

Exhibit 1-4 – Practice Facilitation/Health Coach Sites (April 2017)



Initial Transition of Members

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

Post-Transition HMP Enrollment

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

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

During SFY 2014, the OHCA and Telligen executed a contract amendment to modify and expand operations starting in SFY 2015¹⁹. The amendment included three components: intervention quality enhancement; chronic pain and opioid drug utilization initiative and staff increase. Specifically:

- Intervention Quality Enhancement. The OHCA authorized Telligen to begin providing

¹⁹ Amendment Four to the Contract between Oklahoma Health Care Authority and Telligen.

telephonic case management (health coaching) in addition to face-to-face (embedded) case management. Telephonic health coaches would focus their efforts on engaging new members, actively pursuing members needing assistance with care transitions and serving high risk members not assigned to a primary care provider with an embedded coach.

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

(The chronic pain and opioid drug utilization initiative is outside the scope of the core health management program and is not part of the evaluation activities addressed in this report. Expenditures associated with the initiative have not been included in the cost effectiveness analyses presented in chapters four and seven.)

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 2016, a total of 7,267 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 2016.
- Members who were enrolled for three months or longer, but who also were enrolled in the CCU for a portion of SFY 2016, if their CCU tenure exceeded their HMP tenure.
- Members receiving disease management through Oklahoma University's Harold Hamm Diabetes Center, to isolate the impact of the SoonerCare HMP from activities occurring at the center²⁰.
- Members enrolled in a Health Access Network for three months or longer, to isolate the impact of the SoonerCare HMP from HAN care management activities²¹.

The revised evaluation dataset included 6,259 SoonerCare HMP participants, up from 5,447 in the SFY 2015 evaluation. Demographic and health data for these members is presented starting on the next page.

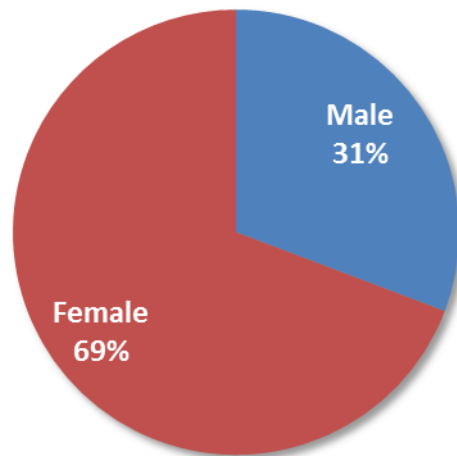
²⁰ There were 10 members who received services from the center and who also were enrolled in either the SoonerCare HMP or CCU.

²¹ There were 439 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.

Participants by Gender and Age

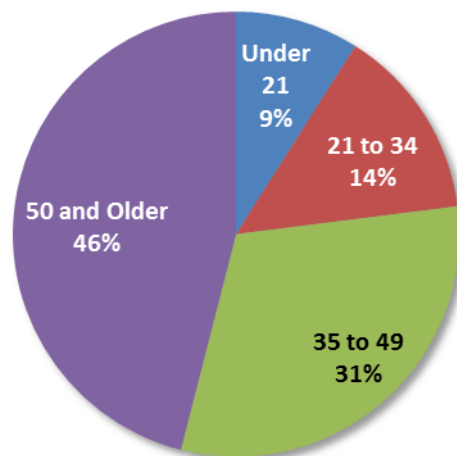
Most SoonerCare HMP participants are women, with females outnumbering males by more than two to one (Exhibit 1-5).

Exhibit 1-5 – Gender Mix for SoonerCare HMP Participants



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

Exhibit 1-6 – Age Distribution for SoonerCare HMP Participants



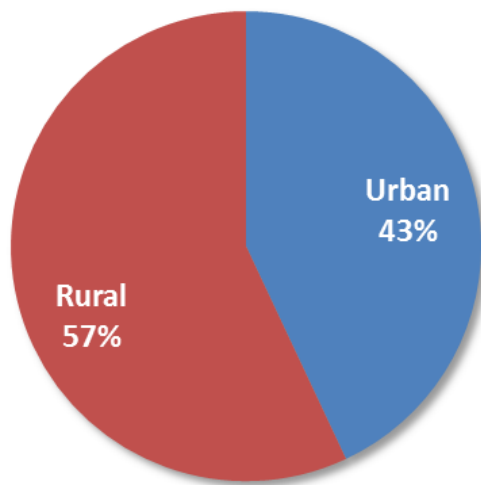
²² Source for total SoonerCare percentage: OHCA SFY 2016 Enrollment Report.

Participants by Place of Residence

Fifty-seven percent of SoonerCare HMP participants resided in rural Oklahoma in SFY 2016, while 43 percent resided in urban counties comprising the greater Oklahoma City, Tulsa and Lawton metropolitan areas (Exhibit 1-7). By contrast, 41 percent of the general SoonerCare population resides in rural counties and 59 percent in urban counties²³.

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

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



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

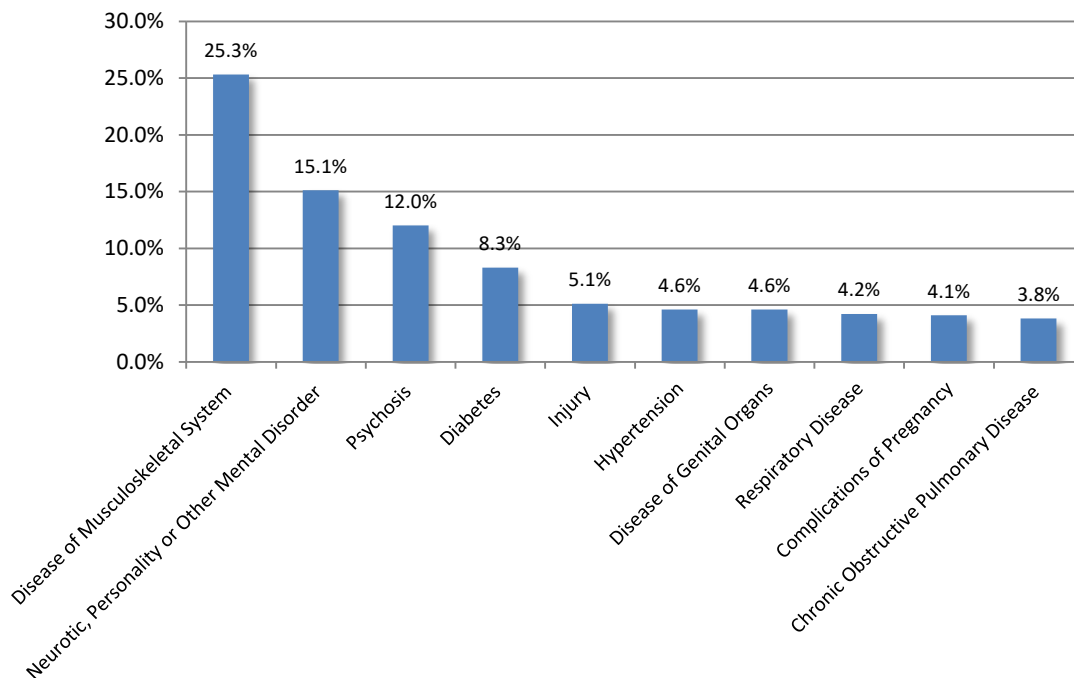
Participants by Most Common Diagnostic Categories²⁴

Program participants are treated for numerous chronic and acute physical conditions. The most common diagnostic category among participants in SFY 2016 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 87 percent of the SoonerCare HMP population.

The composition of the top 10 categories was unchanged from SFY 2014 and SFY 2015. The percentages also were nearly identical, with conditions shifting in most cases by less than one percentage point.

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



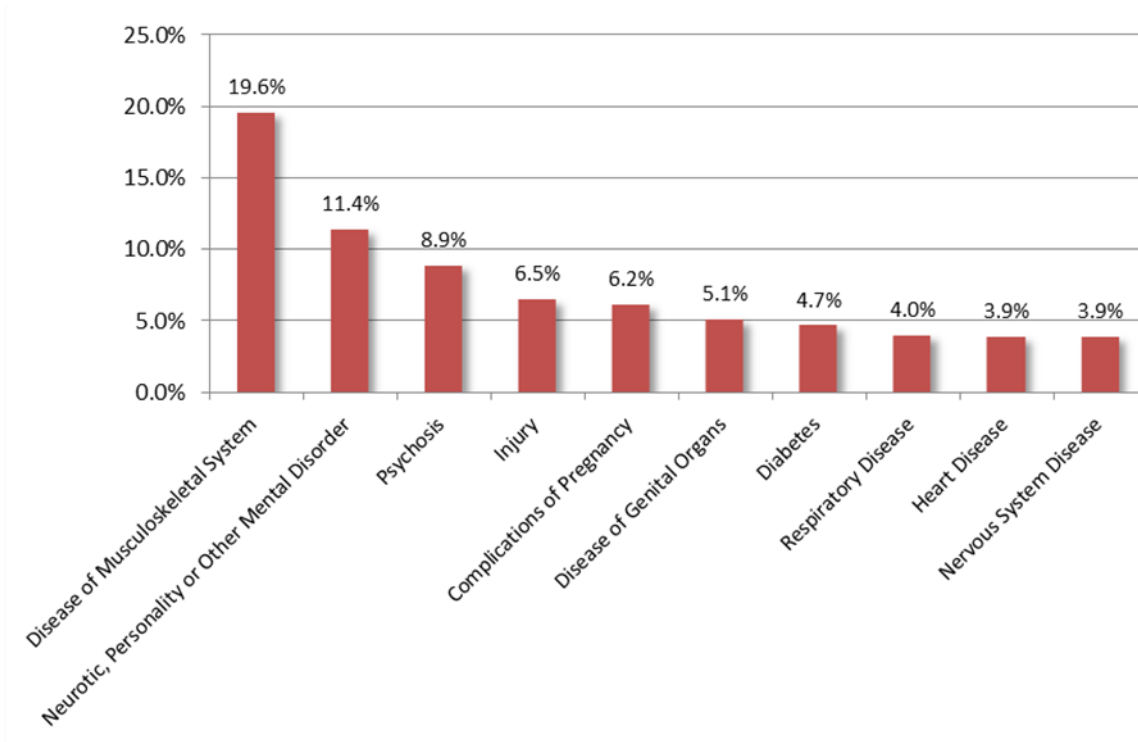
²⁴ Ranking of most common diagnoses calculated using primary diagnosis code from paid claims.

²⁵ It is the OHCA’s policy not to enroll pregnant members in the SoonerCare HMP, and to disenroll those who become pregnant. The “complications of pregnancy” group may represent members not yet disenrolled, post partum members being treated for a complication and/or members who have had miscarriages.

Participants by Most Expensive Diagnostic Categories²⁶

Disease of the musculoskeletal system also was the most expensive diagnostic category in SFY 2016 based on paid claim amounts, followed by seven of the same nine categories from the prior exhibit, although in slightly different order (Exhibit 1-9). The top ten most expensive disease categories accounted for 65 percent of the population. The ranking and percentages were again nearly identical to those reported for SFY 2014 and SFY 2015.

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



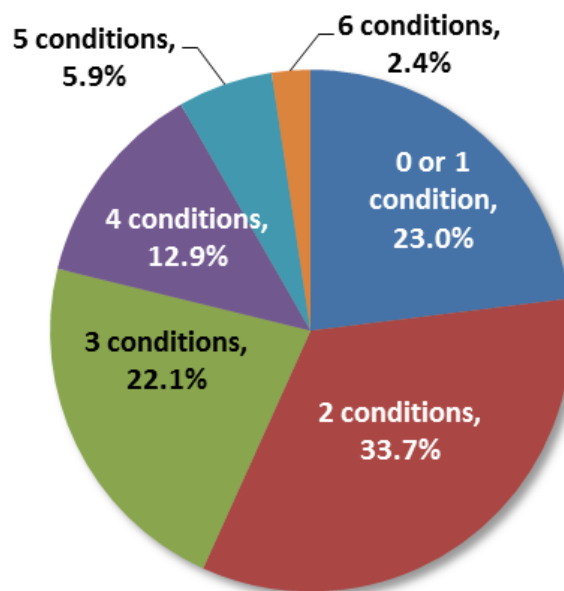
²⁶ Ranking of most costly diagnoses calculated using primary diagnosis code from paid claims.

Co-morbidities among Participants

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

PHPG examined the number of physical chronic conditions per participant and found that nearly 80 percent in SFY 2016 had at least two of six high priority chronic physical conditions²⁷ (asthma, COPD, coronary artery disease, diabetes, heart failure and hypertension) (Exhibit 1-10). The SFY 2016 distribution was very similar to the distribution in SFY 2014 and SFY2015.

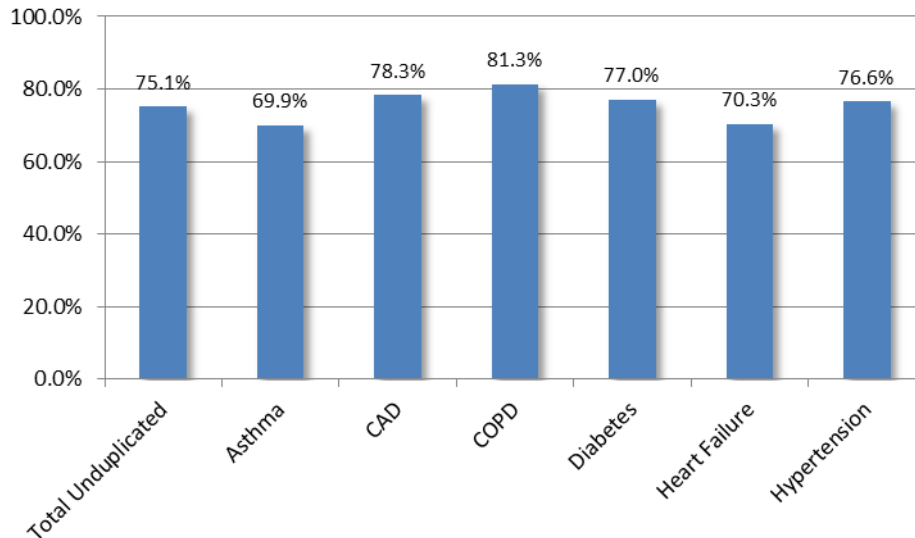
Exhibit 1-10 – Number of Physical Health Chronic Conditions



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

Seventy-five percent of the participant population also has both a physical and behavioral health condition. Among the six priority physical health conditions, the co-morbidity prevalence in SFY 2016 ranged from approximately 81 percent in the case of persons with COPD to 70 percent among persons with asthma (Exhibit 1-11).²⁸ The percentages once again were almost unchanged from SFY 2014 and SFY 2015.

Exhibit 1-11 – Behavioral Health Co-morbidity Rate



Conclusion

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

²⁸ Behavioral health comorbidity defined as diagnosis codes 290-319 being one of the participant’s top three most common or most expensive diagnosis, by claim count and paid amount, respectively.

SoonerCare HMP Independent Evaluation

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

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

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

The specific methodologies employed and time periods addressed are described within each chapter of the evaluation. In general, utilization and expenditure findings are for years one, two and three of the program, covering July 2013 to June 2016 (SFY 2014, 2015 and 2016).

Member and provider survey data is being collected on a continuous basis. Findings in this report are for surveys conducted from February 2015 to April 2017.

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 April 2017, has provided contact information for 10,902 individuals.

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

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

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

Six-month Follow-up Survey

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

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

Survey Population Size, Margin of Error and Confidence Levels

The SFY 2014 evaluation report included data from 139 initial surveys conducted during a ten week period, from late February through April 2015. The SFY 2015 evaluation included data from an additional 619 initial surveys conducted from May 2015 through April 2016, for a total of 758 responses. The SFY 2015 evaluation also included data from 133 six-month follow-up surveys.

The SFY 2016 evaluation includes data from 546 initial surveys conducted from May 2016 through April 2017. The SFY 2016 evaluation also includes data from 296 six-month follow-up surveys. (These survey counts are prior to the exclusions described below.)

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

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

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

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

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

Survey	Sample Size	Confidence Level	Margin of Error
Initial	1,304	95%	+/- 2.33%
Six-month Follow-up	429	95%	+/- 4.52%

SoonerCare HMP Participant Survey Findings

Respondent Demographics

Initial Survey Respondents

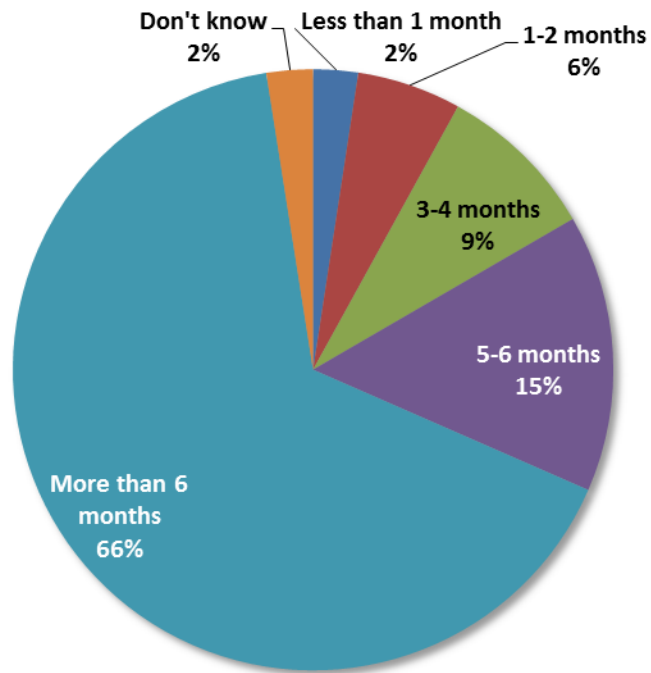
The SoonerCare HMP initial survey respondents in aggregate included 867 females (66 percent) and 437 males (34 percent).

The majority of surveys (1,070 out of 1,304, or 82 percent) were conducted with the actual SoonerCare HMP participant. The remaining surveys were conducted with a relative of the participant, primarily parents/guardians of minors, but also a small number of spouses, siblings and adult children of members.

The initial survey targeted members who were still active participants in the SoonerCare HMP. After screening out persons no longer participating in the program, the initial survey respondent sample included 1,160 persons.

Respondent tenure in the program among the 1,160 active participants ranged from less than one month to more than six months (Exhibit 2-2 on the following page).

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



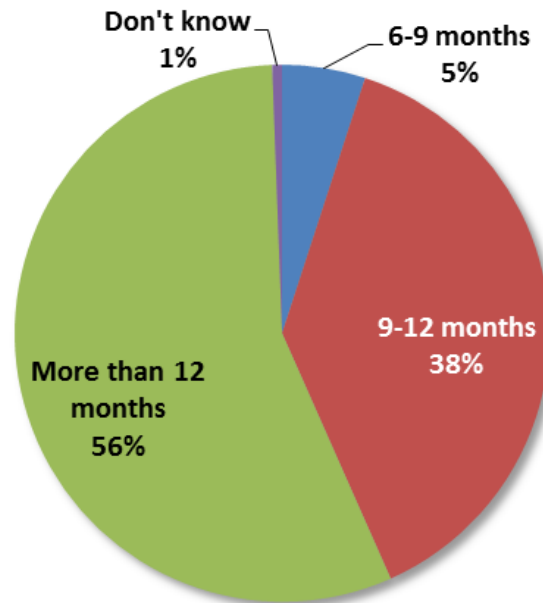
Follow-up Survey Respondents

The demographics of the follow-up survey population were very similar to the initial survey group. The SoonerCare HMP follow-up survey respondents in aggregate included 282 females (66 percent) and 147 males (34 percent).

The aggregated follow-up survey results included both 340 active participants and 56 persons who reported having disenrolled and who were asked about their disenrollment decision. (The remainder either had lost SoonerCare eligibility or were uncertain of their current enrollment status and were not asked additional questions.)

Respondent tenure in the program among the 340 active participants was at least six months and in a majority of cases was more than twelve months in duration (Exhibit 2-3).

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



Key findings for the initial and follow-up surveys are discussed below. Findings are presented in aggregate for the 1,160 initial survey respondents interviewed since February 2015. The aggregate initial survey results also are broken-out into three subgroups: February 2015 – April 2015 respondents (data for which was originally included in the SFY 2014 evaluation report), May 2015 – April 2016 respondents (data for which was originally included in the SFY 2015 evaluation report) and May 2016 – April 2017 respondents. This segmentation allows for identification of any emerging trends with respect to new participant perceptions.

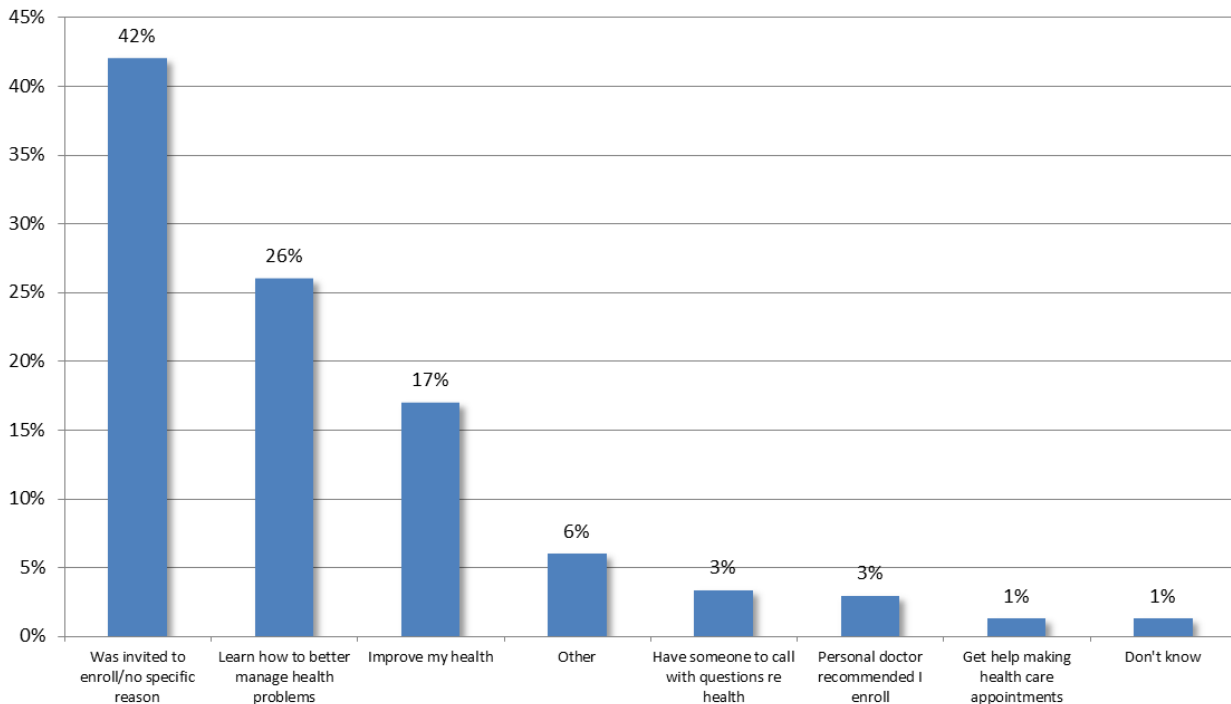
Follow-up survey data is presented alongside initial survey data as applicable. This allows for comparison of program perceptions between participants based on their tenure.

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

Exhibit 2-4 – Primary Reason for Enrolling in SoonerCare HMP – Initial Survey (Aggregate)²⁹



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.

²⁹ 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 – April 2017			
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
1. Was invited to enroll/no specific reason	35.6%	43.0%	44.0%	42.3%
2. Learn how to better manage health problems	26.3%	26.7%	24.8%	25.6%
3. Improve my health	23.7%	16.7%	16.6%	17.2 %
4. Other	4.2%	6.6%	6.4%	6.2%
5. Have someone to call with questions regarding health	2.5%	3.2%	3.8%	3.4%
6. Personal doctor recommended I enroll	1.7%	3.2%	3.0%	2.9%
7. Get help making personal health care appointments	3.4%	1.3%	0.2%	1.0%
8. Don't know/not sure	2.5%	1.1%	1.2%	1.3%

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

Health Coach Contact

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

Forty-four 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)³⁰



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).

³⁰ “Have never spoken to health coach” segment is 0.3% (rounded down to 0% in exhibit).

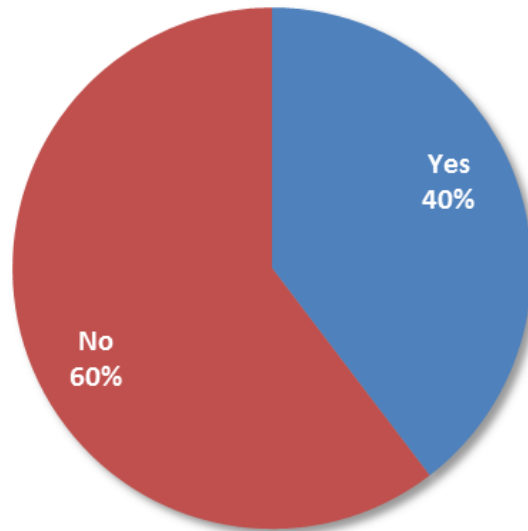
**Exhibit 2-7 – Most Recent Contact with Health Coach –
Initial Survey (Longitudinal) & Follow-up**

Time Elapsed	Last Time Spoke with Health Coach						
	Initial Survey				Follow-up Survey		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Within last week	24.1%	22.6%	21.1%	22.1%	24.6%	18.7%	20.8%
1 to 2 weeks ago	35.3%	23.3%	16.7%	21.7%	14.8%	15.9%	15.5%
2 to 4 weeks ago	23.3%	27.4%	33.4%	29.6%	20.5%	27.1%	24.7%
More than 4 weeks ago	16.4%	25.0%	28.0%	25.4%	38.5%	37.9%	38.1%
Have never spoken to health coach	0.9%	0.2%	0.6%	0.4%	0.8%	0.0%	0.3%
Don't know/not sure/no response	0.0%	1.5%	0.2%	0.8%	0.8%	0.5%	0.6%

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

Although a majority of initial survey respondents had spoken to their health coach within the past four weeks, only 40 percent were able to provide the name of their health coach³¹ (Exhibit 2-8).

Exhibit 2-8 – Able to Name Health Coach – Initial Survey (Aggregate)



The portion able to name their health coach was consistent across initial survey time periods and between the initial survey and follow-up survey (Exhibit 2-9).

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

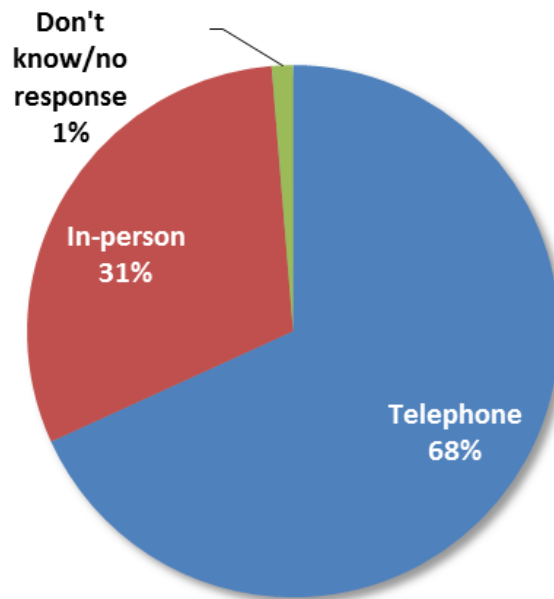
Response	Able to Name Health Coach							
	Initial Survey					Follow-up Survey		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate		May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Yes	39.3%	37.0%	42.6%	39.6%		34.4%	37.5%	36.4%
No	60.7%	63.0%	57.4%	60.4%		65.6%	62.3%	63.6%

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

³¹ 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 initial survey respondents but not follow-up survey respondents. (Exhibit 2-11).

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

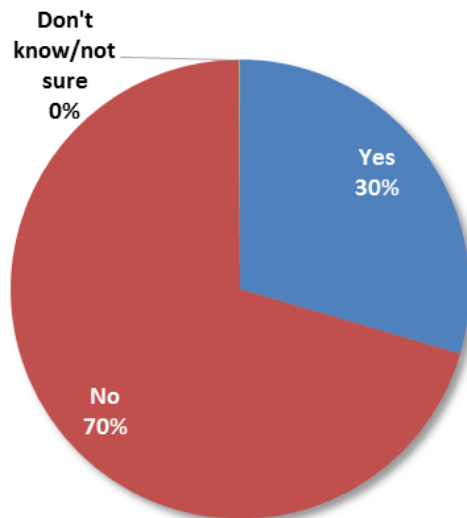
Response	Health Coach Contact Method						
	Initial Survey				Follow-up Survey		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Telephone	50.9%	66.9%	73.6%	68.2%	81.1%	79.7%	80.2%
In-person	49.1%	31.3%	25.4%	30.5%	18.9%	20.3%	19.8%
Don't know/no response	0.0%	1.8%	1.0%	1.3%	0.0%	0.0%	0.0%

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

Health coaches are required to provide a contact telephone number to their members. Approximately 90 percent of respondents, both initial and follow-up, confirmed that they were given a number.

Only 30 percent of the initial survey respondents who remembered being given a number stated they had ever tried to call their health coach (Exhibit 2-12).

Exhibit 2-12 – Tried to Call Health Coach – Initial Survey (Aggregate)³²



The percentage increased across survey periods among both initial and follow-up survey respondents (Exhibit 2-13).

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

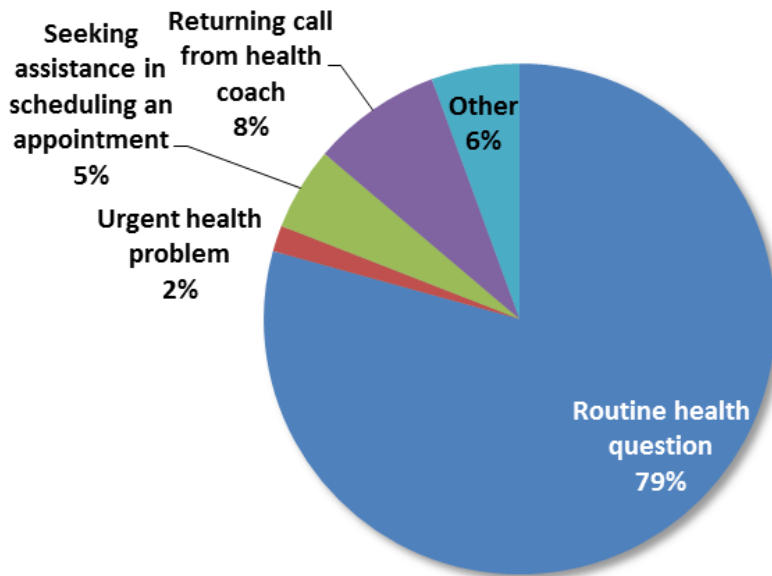
Response	Tried to Call Health Coach							
	Initial Survey					Follow-up Survey		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate		May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Yes	16.0%	28.3%	34.1%	29.5%		16.4%	26.7%	23.1%
No	84.0%	71.7%	70.4%	70.4%		83.6%	73.3%	76.9%
Don't know/not sure	0.0%	0.0%	0.2%	0.1%		0.0%	0.0%	0.0%

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

³² The “Don’t know/not sure” answer was only 0.1% of survey respondents and was rounded down to 0% in the exhibit.

Among those who had tried calling, a majority (79 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).

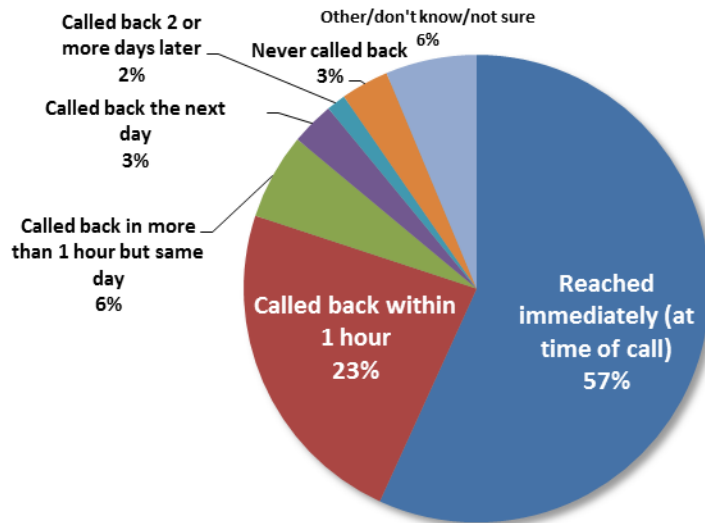
Exhibit 2-15 – Reason for Most Recent Call – Initial Survey (Longitudinal) & Follow-up

Reason	Reason for Most Recent Call to Health Coach						
	Initial Survey				Follow-up Survey		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Routine health question	64.7%	80.7%	79.1%	79.0%	61.1%	85.2%	79.2%
Urgent health problem	0.0%	2.2%	1.3%	1.6%	5.6%	0.0%	1.4%
Seeking assistance in scheduling an appointment	11.8%	2.2%	7.2%	5.2%	0.0%	5.6%	4.2%
Returning call from health coach	0.0%	9.6%	7.8%	8.2%	22.2%	5.6%	9.7%
Other	23.5%	5.2%	3.9%	5.6%	11.1%	3.7%	5.6%
Don't know/not sure	0.0%	0.0%	0.7%	0.3%	0.00%	0.00%	0.00%

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

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

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



A majority of follow-up survey respondents reported reaching their health coach the same day. The portion reporting a call back the next day dropped across survey periods (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	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Reached immediately (at time of call)	47.1%	59.3%	55.7%	56.8%	61.1%	50.0%	52.8%
Called back within 1 hour	23.5%	21.5%	24.8%	23.3%	11.1%	35.2%	29.2%
Called back in more than 1 hour but same day	17.6%	5.2%	5.4%	6.0%	5.6%	3.7%	4.2%
Called back the next day	5.9%	2.2%	3.4%	3.0%	16.7%	1.9%	5.6%
Called back 2 or more days later	5.9%	1.5%	0.7%	1.8%	0.0%	0.0%	0.0%
Never called back	0.0%	3.7%	3.4%	3.3%	5.6%	0.0%	1.4%
Other/don't know/not sure	0.0%	6.6%	6.7%	5.8%	0.0%	9.3%	6.9%

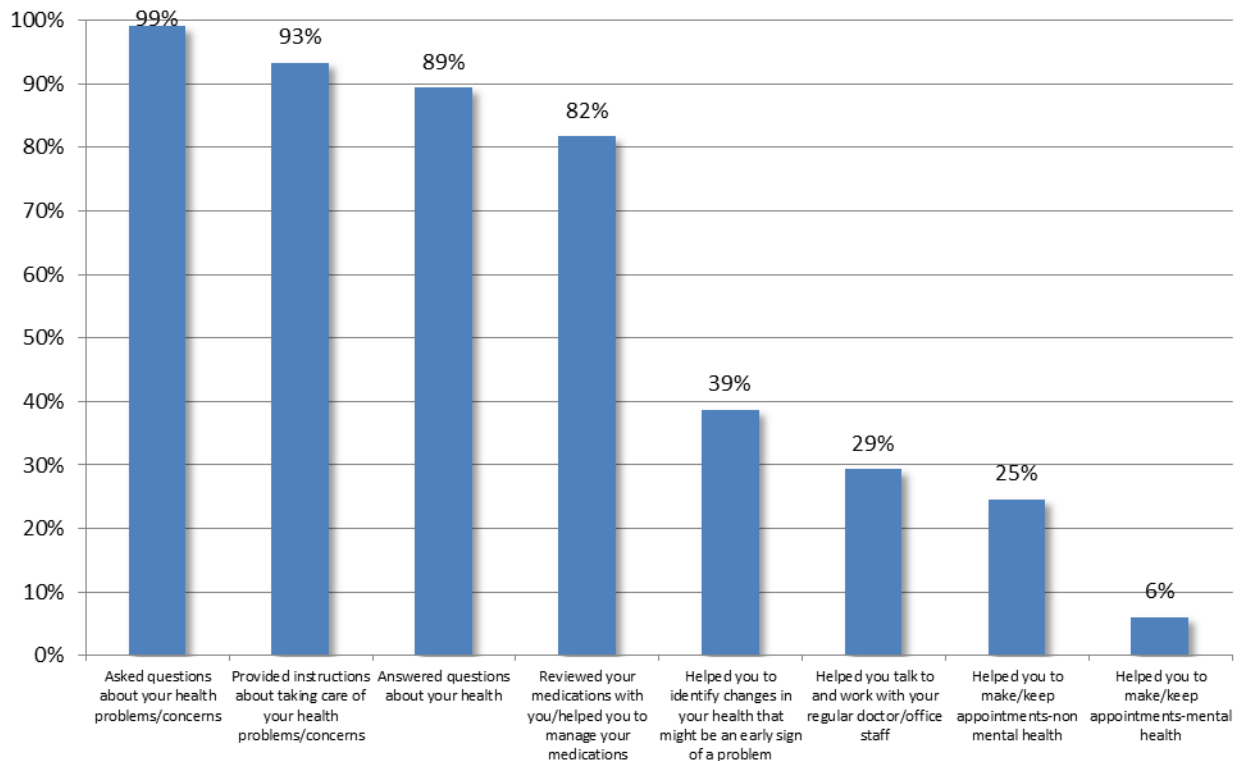
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

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 stated their health 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 assisted with medications (82 percent) (Exhibit 2-18). Respondents reported that other activities occurred with less frequency.

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



The rate at which activities occurred was generally consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-19). However, there were several notable changes. Among initial survey respondents, the portion reporting assistance with medications increased by nearly 30 percentage points from the first to third survey groups. Conversely, the portion reporting help talking and working with their doctor decreased by 20 percentage points.

The portion 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 17 percentage points across initial survey groups and nearly 21 percentage points across the two follow-up survey groups.

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

Activity	Health Coach Activity Occurrence						
	Initial Survey (% “yes”)				Follow-up Survey (% “yes”)		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
1. Asked questions about your health problems or concerns	98.3%	99.1%	99.4%	99.1%	98.3%	100.0%	99.4%
2. Provided instructions about taking care of your health problems or concerns	83.9%	93.0%	96.2%	93.4%	95.0%	97.2%	96.4%
3. Helped you to identify changes in your health that might be an early sign of a problem	24.6%	39.3%	41.6%	38.8%	24.8%	45.6%	38.2%
4. Answered questions about your health	78.8%	89.7%	91.8%	89.5%	90.9%	97.2%	95.0%
5. Helped you talk to and work with your regular doctor and your regular doctor’s staff	44.9%	30.4%	24.6%	29.4%	25.6%	23.0%	24.0%
6. Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems	27.1%	25.3%	23.4%	24.7%	22.3%	19.4%	20.4%

Activity	Health Coach Activity Occurrence							
	Initial Survey (% "yes")					Follow-up Survey (% "yes")		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate		May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
7. Helped you to make and keep health care appointments for mental health or substance abuse problems	14.4%	6.5%	3.8%	6.1%		5.0%	5.5%	5.3%
8. Reviewed your medications with you and helped you to manage your medications	59.3%	81.0%	88.0%	81.8%		80.2%	94.5%	89.3%

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

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, particularly among initial survey respondents in the second time period. However, nearly all respondents rating this activity reported being either very or somewhat satisfied.

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

Activity	Health Coach Activity Satisfaction (Very Satisfied)							
	Initial Survey (% "very satisfied")					Follow-up Survey (% "very satisfied")		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate		May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
1. Asked questions about your health problems or concerns	84.3%	91.0%	92.7%	91.1%		94.1%	95.4%	94.6%
2. Provided instructions about taking care of your health problems or concerns	86.7%	93.1%	94.0%	92.9%		93.9%	96.7%	95.7%

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.

Activity	Health Coach Activity Satisfaction (Very Satisfied)						
	Initial Survey (% "very satisfied")				Follow-up Survey (% "very satisfied")		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
3. Helped you to identify changes in your health that might be an early sign of a problem	87.9%	95.3%	97.1%	92.9%	100.0%	94.7%	96.0%
4. Answered questions about your health	90.3%	93.6%	95.4%	94.1%	95.5%	96.7%	96.3%
5. Helped you talk to and work with your regular doctor and your regular doctor's staff	98.1%	90.9%	94.5%	93.2%	96.9%	94.0%	95.1%
6. Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems	93.8%	87.0%	92.6%	90.0%	100.0%	90.7%	94.3%
7. Helped you to make and keep health care appointments for mental health or substance abuse problems	93.8%	62.3%	58.1%	66.0%	80.0%	83.3%	82.4%
8. Reviewed your medications with you and helped you to manage your medications	84.7%	92.4%	95.7%	93.3%	95.9%	96.6%	96.4%

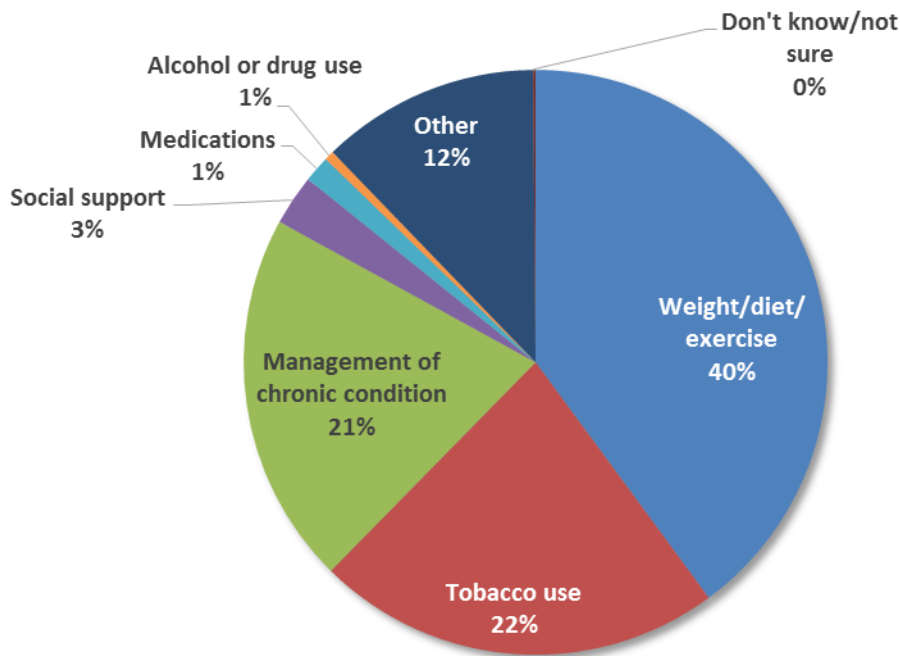
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Health coaching employs motivational interviewing to identify lifestyle changes that members would like to make. Once identified, it is the health coach’s responsibility to collaborate with the member in developing an action plan with goals to be pursued by the member with his/her coach’s assistance.

Seventy-six percent of initial survey respondents and 77 percent of follow-up survey respondents confirmed that their health coach asked them what change in their life would make the biggest difference in their health. Eighty-five 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 59 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).

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

Action Plan Area	Action Plan						
	Initial Survey (% selecting)				Follow-up Survey (% selecting)		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
1. Management of chronic condition	21.5%	18.7%	22.3%	20.6%	18.8%	15.3%	16.5%
2. Weight/diet/exercise	36.5%	39.7%	41.0%	39.9%	44.9%	42.7%	43.5%
3. Tobacco use	14.0%	26.5%	20.8%	22.5%	23.2%	26.7%	25.5%
4. Medications	0.0%	1.5%	1.8%	1.5%	2.9%	0.8%	1.5%
5. Alcohol or drug use	0.0%	0.9%	0.3%	0.5%	0.0%	0.0%	0.0%
6. Social support	0.0%	3.9%	2.4%	2.8%	2.9%	0.8%	1.5%
7. Other/don't know/not sure	28.0%	8.7%	11.3%	12.2%	7.2%	13.7%	11.5%

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 (82 percent of initial survey respondents and 83 percent of follow-up survey respondents). Among those with an action plan, 77 percent of initial survey respondents and 77 percent of follow-up survey respondents reported achieving one or more goals. Exhibit 2-23 on the following page provides examples of the goals members reported achieving.

Exhibit 2-23 – Examples of Achieved Goals

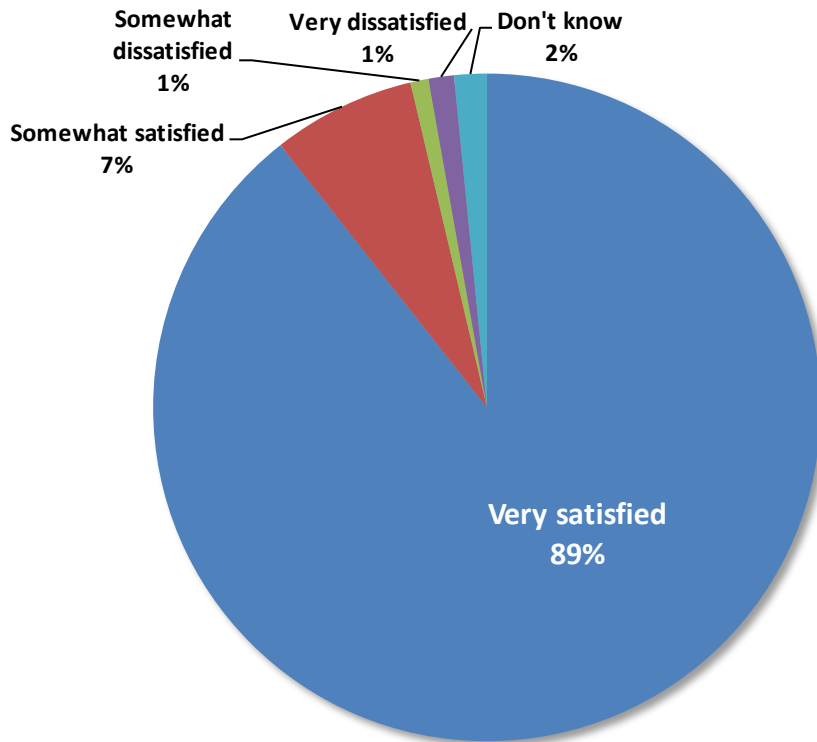
Action Plan Area	Goals Achieved
Weight/Diet/Exercise	<ul style="list-style-type: none"> • Losing weight • Eating better, including more fruits/vegetables and less sugar; reading labels on food • Exercising more; enrolling in an exercise class • Walking more • Learning portion control
Management of chronic physical health condition	<ul style="list-style-type: none"> • Better control of asthma with medications; using inhaler properly • Starting oxygen therapy • Enrolling in diabetes education program • Eating better to control blood sugar • Seeing pain specialist
Management of mental health condition	<ul style="list-style-type: none"> • Starting counseling • Adhering to medication to address condition • Controlling weight while taking ADHD medications • Controlling anxiety; communicating with people outside of immediate family • Learning relaxation techniques • Learning how to say “no” to people
Tobacco use	<ul style="list-style-type: none"> • Cutting back on number of packs smoked per day • Using nicotine patch • Calling SoonerQuit line • Putting cigarettes in hard to reach/inconvenient places

Among the members who reported having a goal but not yet achieving it, 62 percent of initial survey respondents and 80 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 95 percent of initial survey respondents and 99 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. Eighty-nine percent of initial survey respondents stated they were “very satisfied” with their coach (Exhibit 2-24).

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



The high level of satisfaction was registered across initial survey time periods and between the initial and follow-up surveys, with the percentage reporting themselves as “very satisfied” increasing across survey periods for both groups (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	Aggregate		May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Very satisfied	84.3%	87.7%	92.5%	89.4%		85.1%	95.1%	91.4%
Somewhat satisfied	11.3%	7.5%	5.2%	6.9%		7.4%	3.4%	4.9%
Somewhat dissatisfied	0.0%	1.3%	0.6%	0.9%		1.7%	0.5%	0.9%

Satisfaction with Health Coach								
Response	Initial Survey					Follow-up Survey		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate		May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
	Very dissatisfied	1.7%	0.9%	1.5%		1.2%	0.8%	1.0%
Don't know/not sure/no response	2.6%	2.6%	0.2%	1.6%	5.0%	0.0%	1.9%	

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

Community Resource Specialists

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

Thirty- six percent of initial survey respondents and 45 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion – 49 initial survey respondents (12 percent) and 13 follow-up survey respondents (nine percent) – reported using the resource specialists to help resolve a problem (Exhibit 2-26). The nature of the help included housing/rental assistance, food assistance and arranging child care and transportation to medical appointments, all consistent with the specialists’ defined mission³⁴.

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

Community Resource Specialist - Awareness and Use								
Awareness & Use	Initial Survey					Follow-up Survey		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate		May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
	Yes - aware	35.9%	38.9%	32.2%		35.7%	37.2%	49.5%
No – not aware	63.2%	51.2%	58.7%	55.6%	54.5%	45.4%	48.7%	
DK/not sure/no response	0.9%	9.9%	9.1%	8.7%	8.3%	5.1%	6.2%	
<i>If aware:</i>								
Yes – have used	19.0%	10.4%	11.9%	11.6%	6.7%	9.4%	8.6%	
No – have not used	81.0%	89.1%	88.1%	87.9%	93.3%	90.6%	91.4%	
DK/not sure/no response	0.0%	0.5%	0.0%	0.2%	0.0%	0.0%	0.0%	

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

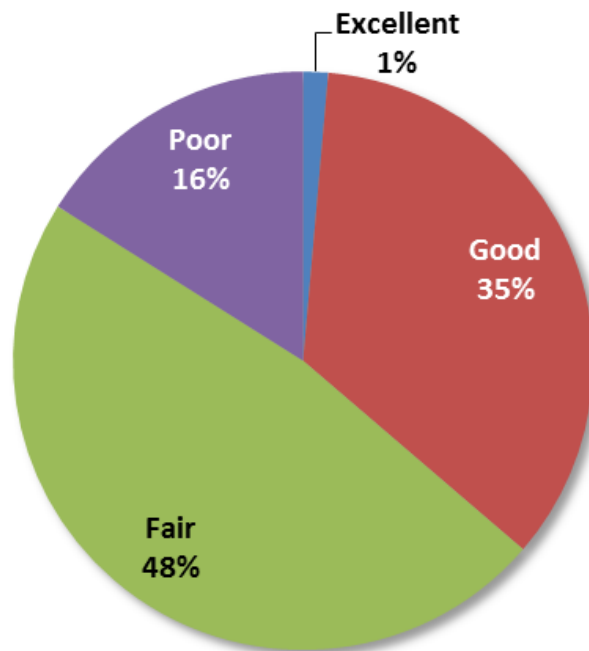
³⁴As noted, Community Resource Specialists also are responsible for assisting with behavioral health referrals. Survey respondents did not report this activity, which may reflect a lack of awareness of the Specialists’ role in providing this assistance.

Thirty-seven of the 48 initial survey respondents and ten 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 self-reported health status profile was largely consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-28 on the following page).

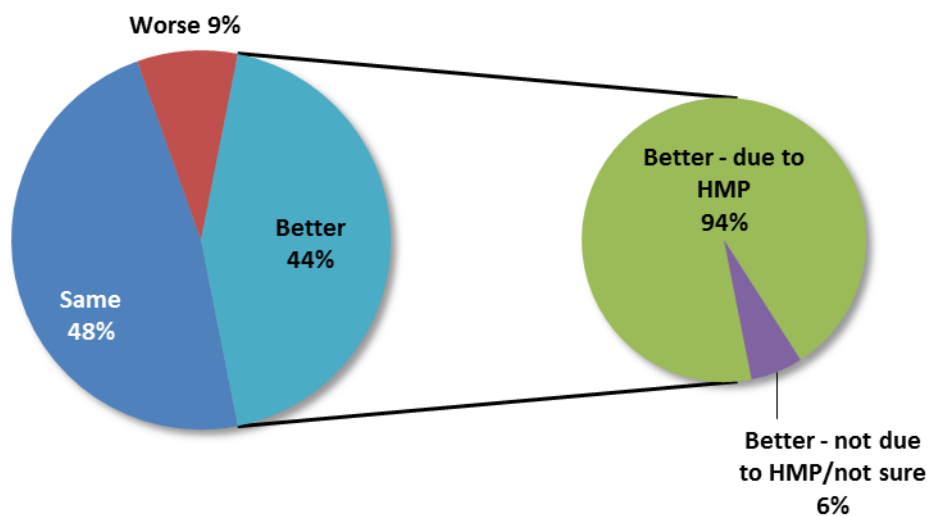
Exhibit 2-28 – Current Health Status – Initial Survey (Longitudinal) & Follow-up

Response	Health Status						
	Initial Survey				Follow-up Survey		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Excellent	3.4%	1.5%	0.8%	1.4%	1.7%	0.5%	0.9%
Good	31.4%	38.4%	31.7%	34.8%	40.5%	39.6%	39.9%
Fair	46.6%	41.4%	54.4%	47.5%	40.5%	50.7%	47.0%
Poor	18.6%	18.5%	12.7%	16.0%	17.4%	9.2%	12.1%
Don't know/not sure/no response	0.0%	0.2%	0.4%	0.3%	0.0%	0.0%	0.0%

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

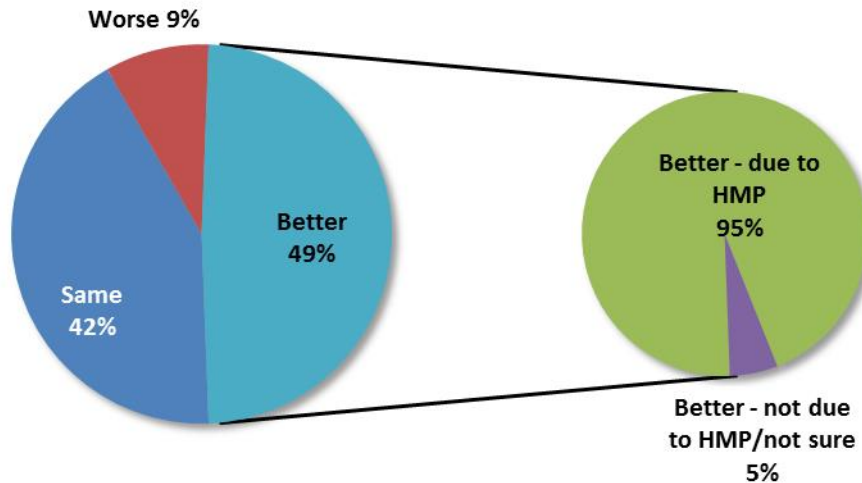
When next asked if their health status had changed since enrolling in the SoonerCare HMP, the largest segment of initial survey respondents (48 percent) said it was “about the same”. However, nearly as many (44 percent) said their health was “better” and only nine percent said it was “worse”. Among those 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 reported improved health, with over 90 percent crediting this improvement to the program (Exhibit 2-30).

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



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

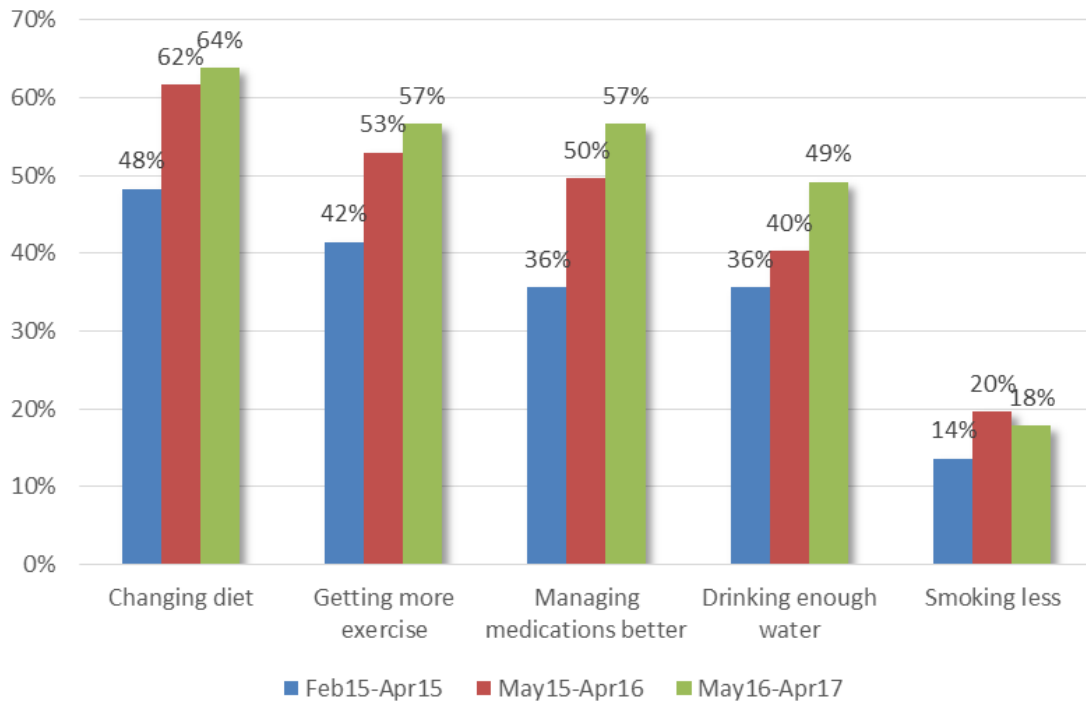
Respondents also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change³⁵. Respondents were asked whether their health coach discussed behavior changes with respect to: smoking, exercise, diet, medication 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 the initial and follow-up 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 increased from the second to third initial survey groups for four of the six behavior areas; the exception was using tobacco products less and drinking or using other substances less (Exhibit 2 – 31).

Exhibit 2-31 – Changes in Behavior – “Continuing Change” – Initial Survey Groups³⁶



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 1.7 percent of both survey groups. 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	12.7%	6.9%	1.5%	18.2%	57.0%	3.7%
	Follow-up	6.5%	8.3%	1.2%	14.0%	68.5%	1.5%
2. Moving around more or getting more exercise	Initial	14.8%	7.4%	1.9%	53.4%	19.0%	3.4%
	Follow-up	11.9%	9.2%	4.2%	51.2%	22.3%	1.2%
3. Changing your diet	Initial	13.9%	7.2%	2.5%	61.3%	11.9%	3.2%
	Follow-up	11.0%	8.0%	3.9%	61.3%	15.2%	0.6%
4. Managing and taking your medications better	Initial	14.9%	2.3%	0.1%	51.3%	28.3%	3.2%
	Follow-up	9.8%	0.3%	0.0%	50.0%	38.7%	1.2%
5. Making sure to drink enough water throughout the day	Initial	31.4%	5.3%	0.8%	43.6%	13.9%	4.9%
	Follow-up	26.8%	11.3%	0.9%	38.4%	18.8%	3.9%
6. Drinking or using other substances less	Initial	30.0%	1.1%	0.0%	1.4%	63.1%	4.3%
	Follow-up	27.1%	0.0%	0.0%	1.5%	69.3%	2.1%

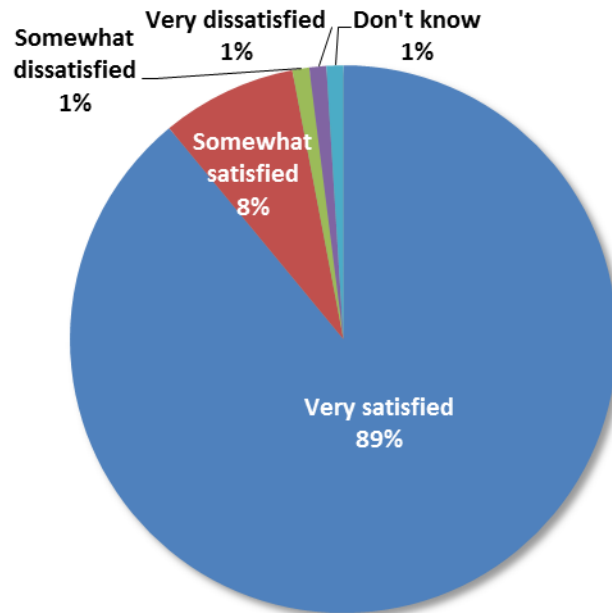
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

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. Eighty-nine percent of initial survey respondents reported being “very satisfied” (Exhibit 2-33). An even higher percentage (95 percent) 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 initial survey periods and was higher still among follow-up survey respondents (Exhibit 2-34).

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	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Very satisfied	81.9%	87.9%	92.3%	89.1%	89.9%	95.4%	93.4%
Somewhat satisfied	12.9%	8.6%	5.7%	7.8%	8.4%	3.2%	5.1%

Response	Satisfaction with SoonerCare HMP						
	Initial Survey				Follow-up Survey		
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	Aggregate
Somewhat dissatisfied	0.9%	0.9%	0.2%	0.6%	0.8%	0.9%	0.9%
Very dissatisfied	1.7%	0.6%	1.6%	1.1%	0.0%	0.5%	0.3%
Don't know/not sure/no response	2.6%	2.0%	0.2%	1.3%	0.8%	0.0%	0.3%

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

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

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

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

“(She) was sent to us by God. Our teenage son had bladder control issues for years. The doctors thought it was due to an emotional problem. (She) asked if he had ever had a spinal injury, which he had years ago. She asked his doctor to check and sure enough he had a pinched nerve which was causing the problem. A few adjustments and he was all fixed! I love her for that.”

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

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

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

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

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

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

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

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

Voluntary Disenrollments

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

- Not aware of the program/did not know had been enrolled (two respondents)
- Did not wish to self-manage care/receive health education (seven respondents)
- Have no health needs at this time (twelve respondents)
- Satisfied with current doctor/health access without the program (three respondents)
- Changed doctors (seven respondents)³⁸
- Health coach stopped calling (21 respondents)
- Now living in a residential facility (one respondent)
- Were not sure (five respondents)

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

Summary Findings

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

³⁸ This was a cause for disenrollment prior to introduction of telephonic health coaching.

CHAPTER 3 – HEALTH COACHING QUALITY OF CARE ANALYSIS

Introduction

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

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

- Asthma measures
 - Use of appropriate medications for people with asthma
 - Medication management for people with asthma – 50 percent
 - Medication management for people with asthma – 75 percent
- Cardiovascular (CAD and heart failure) measures
 - Persistence of beta-blocker treatment after a heart attack
 - Cholesterol management for patients with cardiovascular conditions – LDL-C 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
 - 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 2016 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 2016 SoonerCare health coaching population compliance rates to SFY 2015 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 members aligned with health coaching and the comparison group at a 95 percent confidence interval are noted in the exhibits through bold face type of the value shown in the “% point difference” column. However, disease-specific results should be interpreted with caution where there are small sample sizes.

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

Asthma

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

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

The compliance rate for the health coaching population exceeded the comparison group rate on two of three measures (Exhibit 3-1³⁹). 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	51	47	92.2%	81.3%	10.9%
2. Medication Management for People with Asthma – 50 Percent	46	32	69.5%	60.0%	9.5%
3. Medication Management for People with Asthma – 75 Percent	46	13	28.3%	38.4%	(10.1%)

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

³⁹ 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 15,858.

There was a small decline in the compliance rate for individuals with asthma who were appropriately prescribed medications from SFY 2015 to SFY 2016, although the compliance rate was still very high at 92.2 percent (Exhibit 3-2). The compliance rate for asthma medication management at the 50th and 75th percentiles was slightly higher in SFY 2016.

Exhibit 3-2 – Asthma Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Use of Appropriate Medications for People with Asthma	93.5%	92.2%	(1.3%)
2. Medication Management for People with Asthma – 50 Percent	68.2%	69.5%	1.3%
3. Medication Management for People with Asthma – 75 Percent	27.3%	28.3%	1.0%

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

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 in previous twelve months.

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

Over 75 percent of the health coaching population received at least one LDL-C screening. A comparison group was not identified for this measure in SFY 2016.

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	13	7	53.8%	80.5%	(26.7%)
2. LDL-C Screening	304	235	77.3%	--	--

Results for beta blocker treatment measure should be interpreted with caution given the small size of the population.

The compliance rate for beta blocker treatment increased by over seven percentage points from SFY 2015 to SFY 2016; the LDL-C screening also rose slightly (Exhibit 3-4).

Exhibit 3-4 – Cardiovascular Disease Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	46.2%	53.8%	7.6%
2. LDL-C Screening	76.8%	77.3%	0.5%

Results for beta blocker treatment measure should be interpreted with caution given the small size of the population.

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 a 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 health coaching rate on one of three measures (Exhibit 3-5). 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	175	56	32.0%	31.0%	1.0%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	134	70	52.2%	67.1%	(14.9%)
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	134	103	76.9%	80.0%	(3.1%)

The compliance rates for all three COPD measures increased slightly from SFY 2015 to SFY 2016 (Exhibit 3-6).

Exhibit 3-6 – COPD Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	31.8%	32.0%	0.2%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	50.4%	52.2%	1.8%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	76.5%	76.9%	0.4%

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 at least one 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 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	938	745	79.4%	64.2%	15.2%
2. Retinal Eye Exam	938	369	39.3%	27.6%	11.7%
3. HbA1c Test	938	821	87.5%	72.2%	15.3%
4. Medical Attention for Nephropathy	938	726	77.4%	52.5%	24.9%
5. ACE/ARB Therapy	938	633	67.5%	---	---

The compliance rates for all five measures increased slightly from SFY 2015 to SFY 2016 (Exhibit 3-8).

Exhibit 3-8 – Diabetes Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. LDL-C Screening	78.3%	79.4%	1.1%
2. Retinal Eye Exam	38.1%	39.3%	1.2%
3. HbA1c Test	87.2%	87.5%	0.3%
4. Medical Attention for Nephropathy	77.0%	77.4%	0.4%
5. ACE/ARB Therapy	66.5%	67.5%	1.0%

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

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

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. LDL-C Screening	2,076	1,401	67.5%	---	---
2. ACE/ARB Therapy	2,076	1,376	66.3%	---	---
3. Diuretics	2,076	947	45.6%	---	---
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics ⁴⁰	1,133	956	84.4%	87.3%	(2.9%)

⁴⁰ Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

The compliance rate for the health coaching population was nearly unchanged for all four measures from SFY 2015 to SFY 2016 (Exhibit 3-10).

Exhibit 3-10 – Hypertension Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. LDL-C Screening	67.8%	67.5%	(0.3%)
2. ACE/ARB Therapy	65.8%	66.3%	0.5%
3. Diuretics	44.9%	45.6%	0.7%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	83.7%	84.4%	0.7%

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	150	52	34.7%	22.1%	12.6%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	150	101	67.3%	44.2%	23.1%

The compliance rate for both measures was nearly unchanged from SFY 2015 to SFY 2016 (Exhibit 3-12).

Exhibit 3-12 – Mental Health Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	34.3%	34.7%	0.4%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	67.2%	67.3%	0.1%

Prevention

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

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

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

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	4,510	4,329	96.0%	83.6%	12.4%
2. Child Access to PCP	710	700	98.6%	91.8%	6.8%
3. Adult BMI	3,462	478	13.8%	10.3%	3.5%

The compliance rate for all three measures was nearly unchanged from SFY 2015 to SFY 2016 (Exhibit 3-14).

Exhibit 3-14 – Preventive Measures – 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.1%	96.0%	(0.1%)
2. Child Access to PCP	98.7%	98.6%	(0.1%)
3. Adult BMI	14.2%	13.8%	(0.4%)

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 (70.6 percent). The difference was statistically significant for 10 of the 12 measures (83.3 percent). 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 2016 results were consistent with SFY 2015 findings, indicating at the midpoint of the five-year evaluation 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 experience⁴¹.

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 24 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 36, 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.

⁴¹ 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 hypertension⁴². 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 2016. (The SFY 2013 data was used for calculation of pre-engagement activity.) The OHCA and HPE (the state's Medicaid fiscal agent) prepared a claims file employing the same extraction methodology used by the OHCA on a monthly basis to provide updated claims files to MEDai.

The initial file contained individual eligibility records and complete claims for 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, 2016, and had MEDai forecast data available at the time of engagement.⁴³

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.

⁴² 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.

⁴³ See chapter one for information on other exclusions made prior to the utilization/expenditure analysis.

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

Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2016 included 1,507 health coaching participants with an asthma diagnosis⁴⁴. Asthma was the most expensive diagnosis at the time of engagement for 55 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
1,507	833	55%

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	43%
Diabetes	26%
Heart Failure	9%
Hypertension	50%

⁴⁴ All participation and expenditure data in the chapter is for the portion of the Sooner Care HMP population remaining after application of the exclusions described in chapter one.

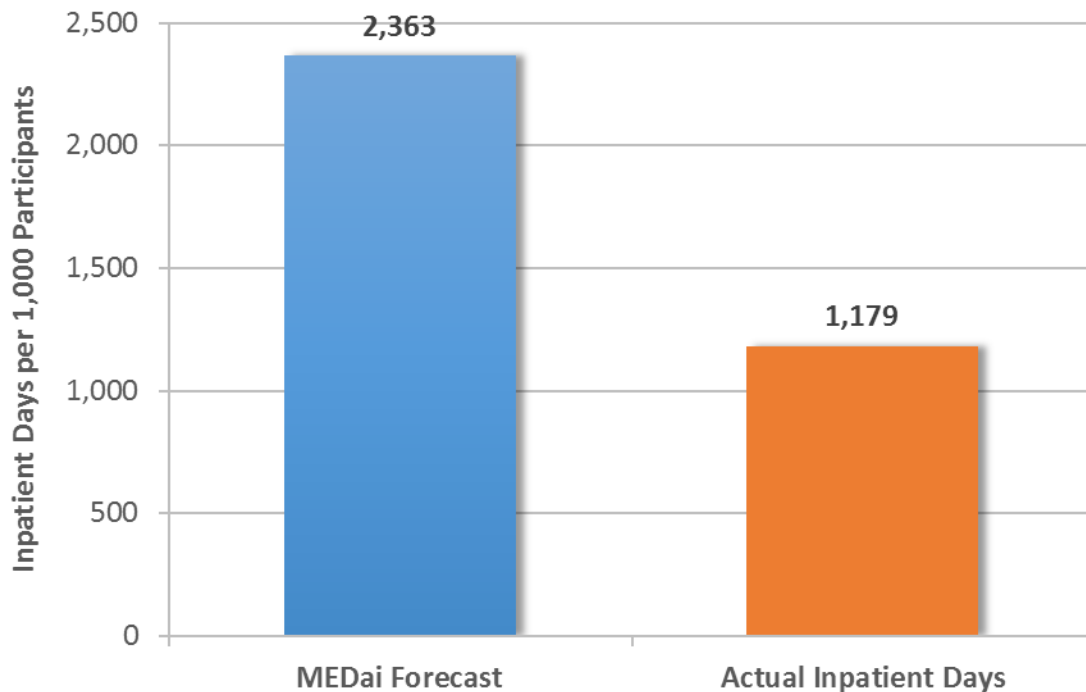
Utilization

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 2,363 inpatient days per 1,000 participants in the first 12 months of engagement⁴⁵. The actual rate was 1,179, or 50 percent of forecast (Exhibit 4-3). (As a point of comparison, the rate for all Oklahomans in 2015, across all diagnoses, was 551 days per 1,000.⁴⁶)

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

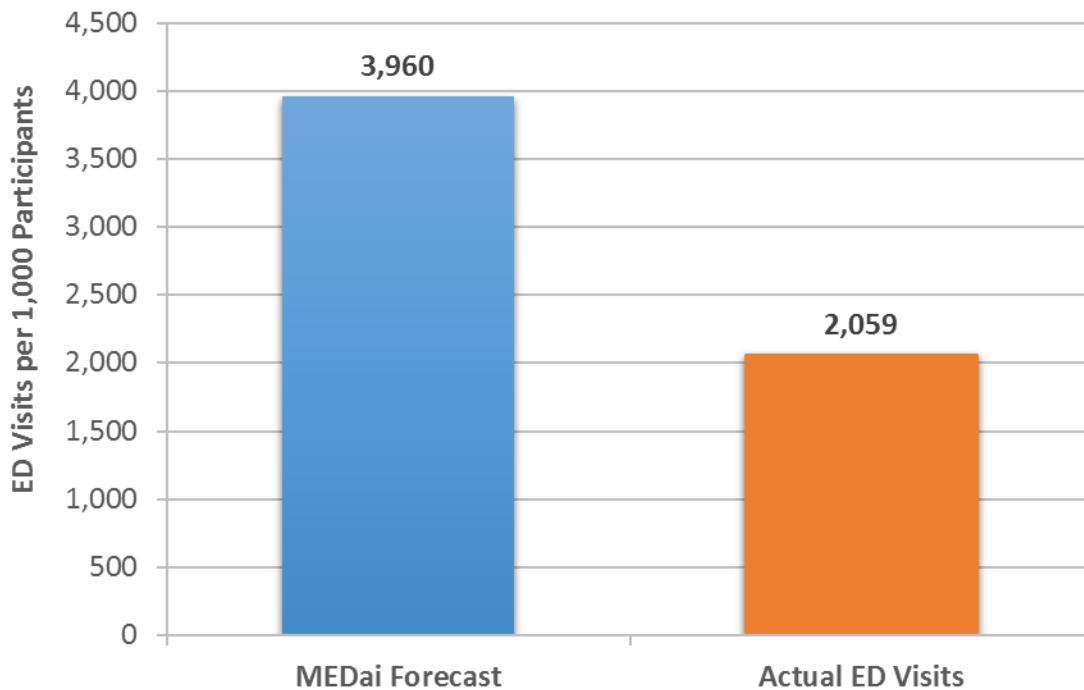


⁴⁵ All MEDai forecasts assume no intervention in terms of care management. Rate calculated for portion of year that each participant was engaged in program.

⁴⁶ Source: <http://kff.org/other/state-indicator/inpatient-days-by-ownership/>. 2015 is the most recent year available.

MEDai forecasted that participants with asthma would incur 3,960 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,059, or 52 percent of forecast (Exhibit 4-4). (As a point of comparison, the rate for all Oklahomans in 2015, across all diagnoses, was 479 visits per 1,000.⁴⁷)

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



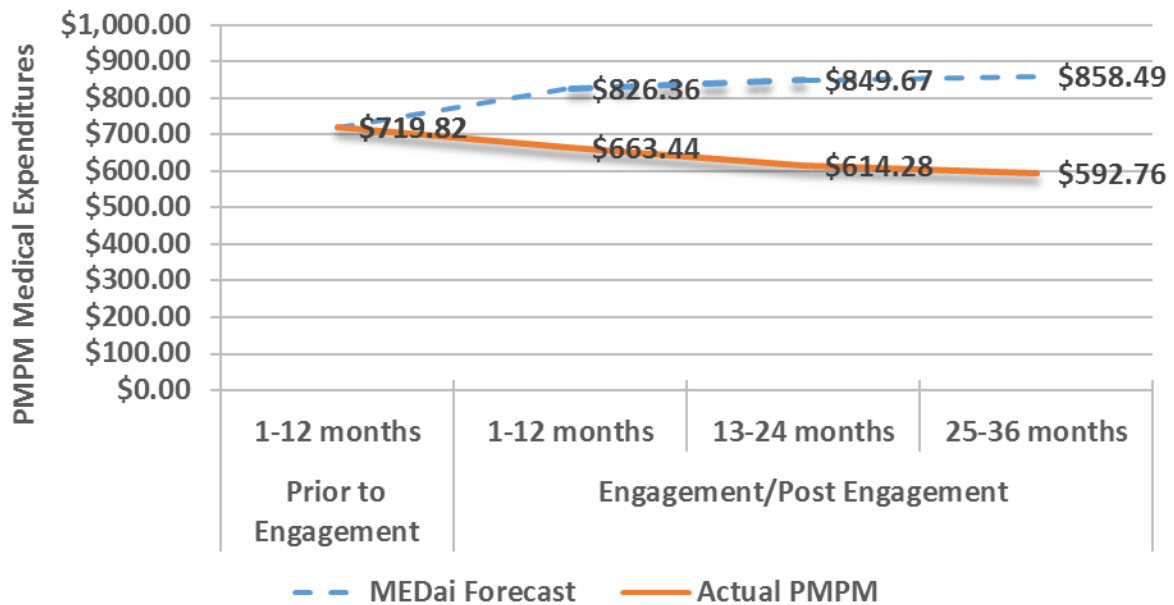
⁴⁷ Source: <http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/> 2015 is the most recent year available.

Medical Expenditures – Total and by Category of Service

PHPG documented total per PMPM medical expenditures for participants with asthma during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement⁴⁸.

MEDai forecasted that participants with asthma would incur an average of \$826 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$663, or 80 percent of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$850 in PMPM expenditures. The actual amount was \$614, or 72% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$858 in PMPM expenditures. The actual amount was \$593, or 69% of forecast (Exhibit 4-5).

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



⁴⁸ PMPM rate calculated for portion of year that each participant was engaged in program.

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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$116.92	\$100.78	(\$16.14)	-14%
Outpatient Hospital	\$117.45	\$95.35	(\$22.10)	-19%
Physician	\$168.63	\$166.00	(\$2.63)	-2%
Pharmacy	\$138.39	\$143.97	\$5.58	4%
Behavioral Health	\$90.31	\$77.78	(\$12.53)	-14%
All Other	\$88.13	\$79.56	(\$8.57)	-10%
Total	\$719.82	\$663.44	(\$56.38)	-8%

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 \$2.4 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	8,784	\$162.92	\$1,431,089
Months 13 - 24	3,298	\$235.39	\$776,316
Months 25 - 36	873	\$265.73	\$231,982
Total	12,955	\$188.30	\$2,439,427

Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2016 included 603 health coaching participants with a coronary artery disease diagnosis (CAD). Coronary artery disease was the most expensive diagnosis at the time of engagement for over 24 percent of participants with this diagnosis (Exhibit 4-8).

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

Participants w/CAD	Number Most Expensive	Percent Most Expensive
603	147	24%

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

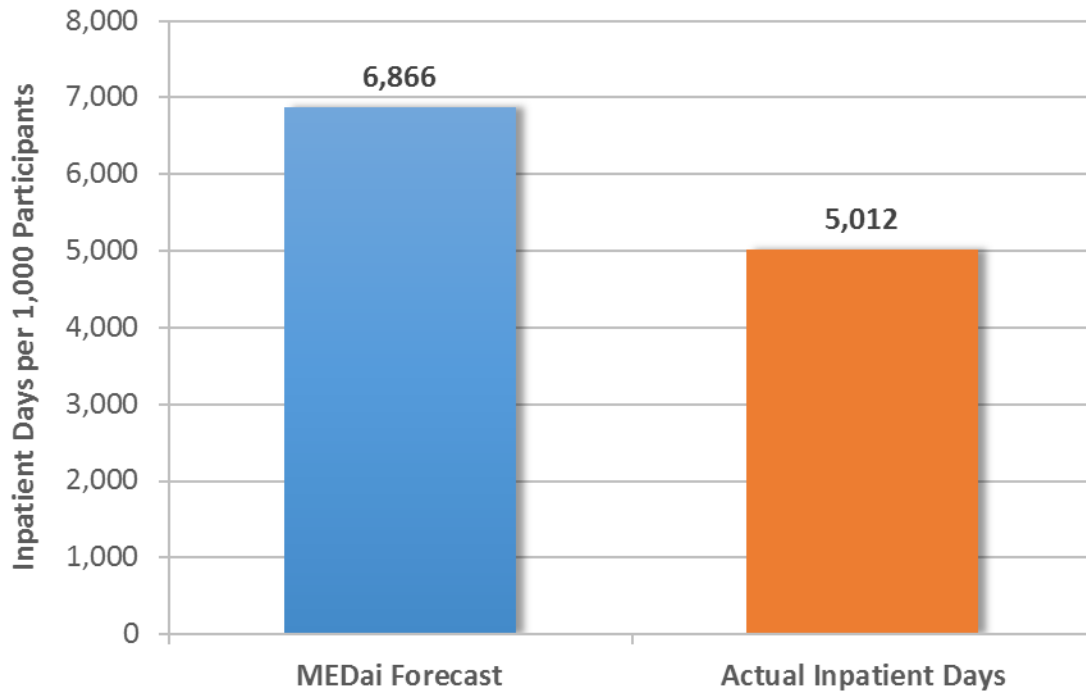
**Exhibit 4-9 – Participants with CAD
Co-morbidity with Chronic Impact Conditions**

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	---
COPD	58%
Diabetes	49%
Heart Failure	34%
Hypertension	90%

Utilization

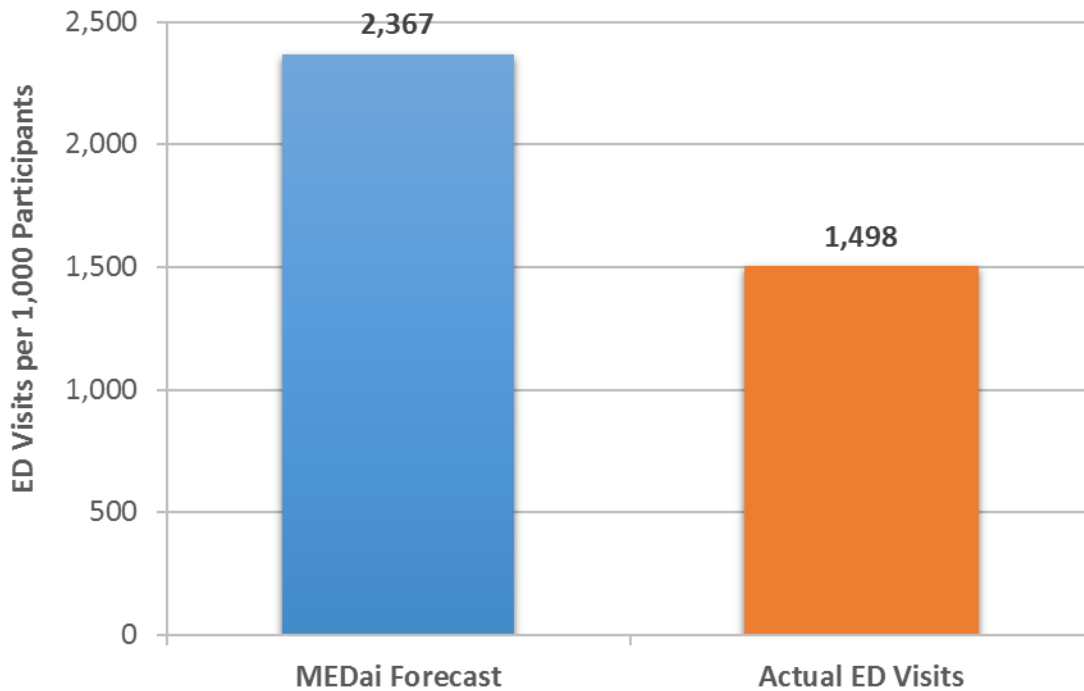
MEDai forecasted that participants with coronary artery disease would incur 6,866 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 5,012, or 73 percent of forecast (Exhibit 4-10).

**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 2,367 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,498, or 63 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**

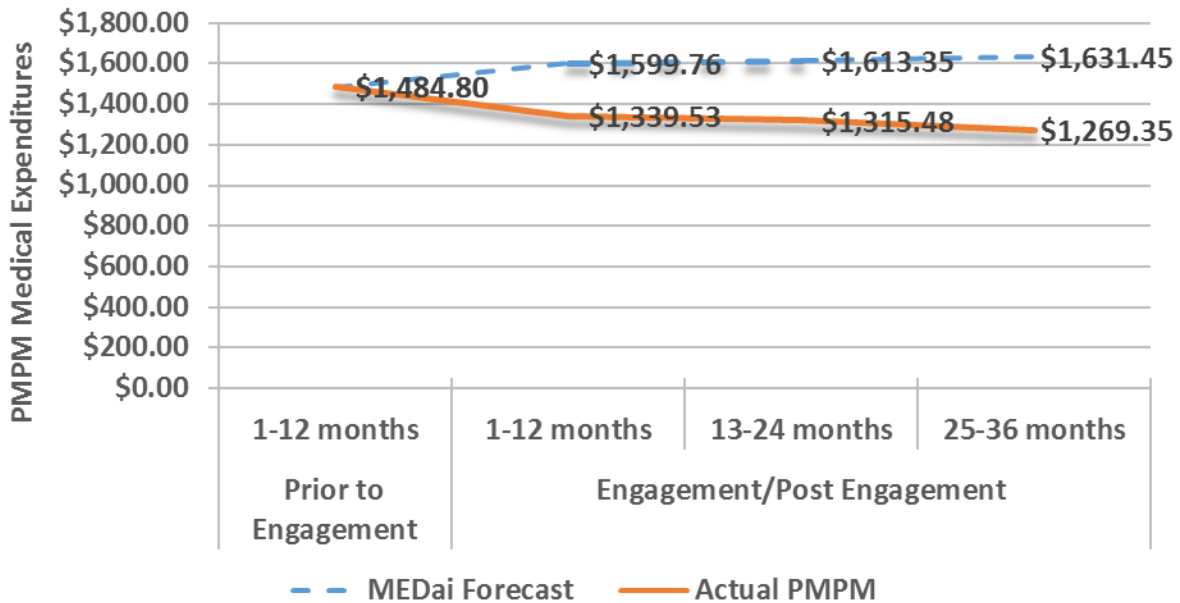


Medical Expenditures – Total and by Category of Service

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 \$1,600 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$1,340, or 84 percent of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,613 in PMPM expenditures. The actual amount was \$1,315, or 82 percent of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,631 in PMPM expenditures. The actual amount was \$1,269, or 78 percent of forecast (Exhibit 4-12).

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



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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$620.98	\$552.85	(\$68.13)	-11%
Outpatient Hospital	\$180.92	\$145.33	(\$35.60)	-20%
Physician	\$297.66	\$256.54	(\$41.12)	-14%
Pharmacy	\$196.00	\$196.12	\$0.12	0%
Behavioral Health	\$27.59	\$27.97	\$0.37	1%
All Other	\$161.65	\$160.73	(\$0.92)	-1%
Total	\$1,484.80	\$1,339.53	(\$145.27)	-10%

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 2016 by average PMPM savings. The resultant savings equaled approximately \$774,000 (Exhibit 4-14).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	1,919	\$260.23	\$499,381
Months 13 – 24	695	\$297.87	\$207,020
Months 25 – 36	186	\$362.10	\$67,350
Total	2,800	\$276.34	\$773,752

COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2016 included 1,627 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
1,627	569	35%

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

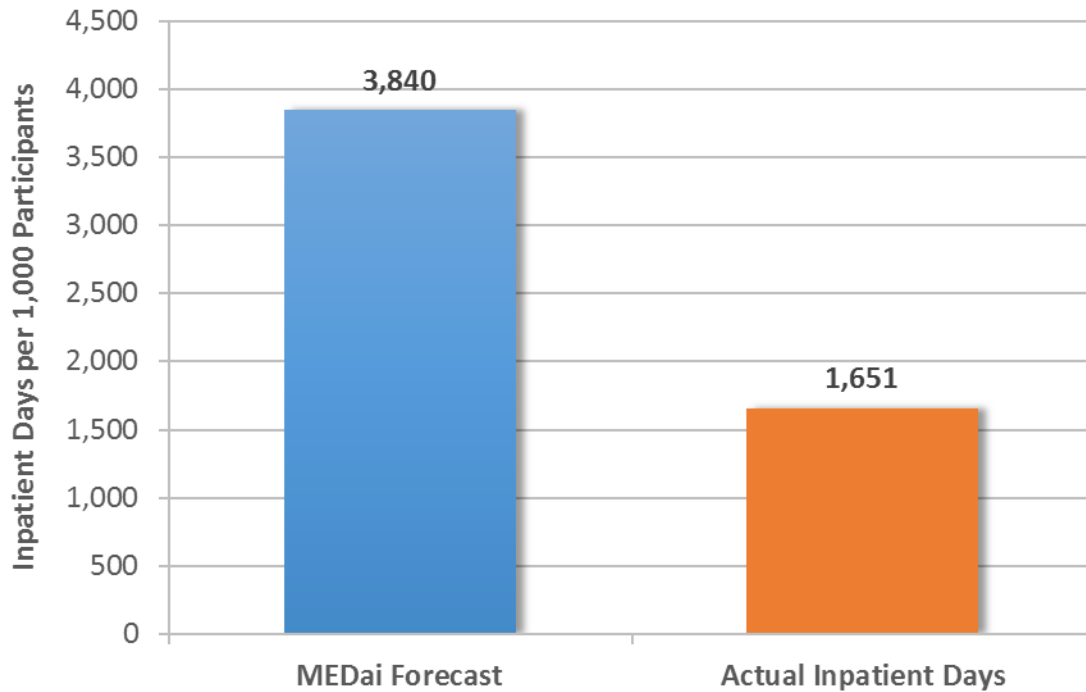
Exhibit 4-16 – Participants with COPD Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	35%
Coronary Artery Disease	26%
COPD	---
Diabetes	35%
Heart Failure	15%
Hypertension	71%

Utilization

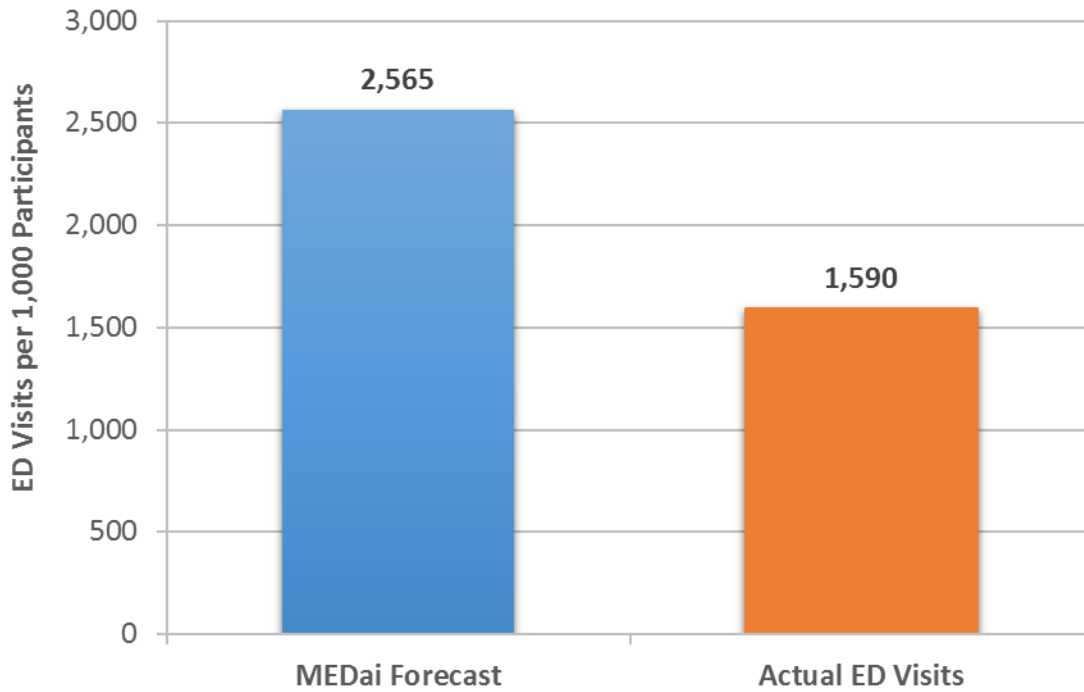
MEDai forecasted that participants with COPD would incur 3,840 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,651, or 43 percent of forecast (Exhibit 4-17).

**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 2,565 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,590, or 62 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**

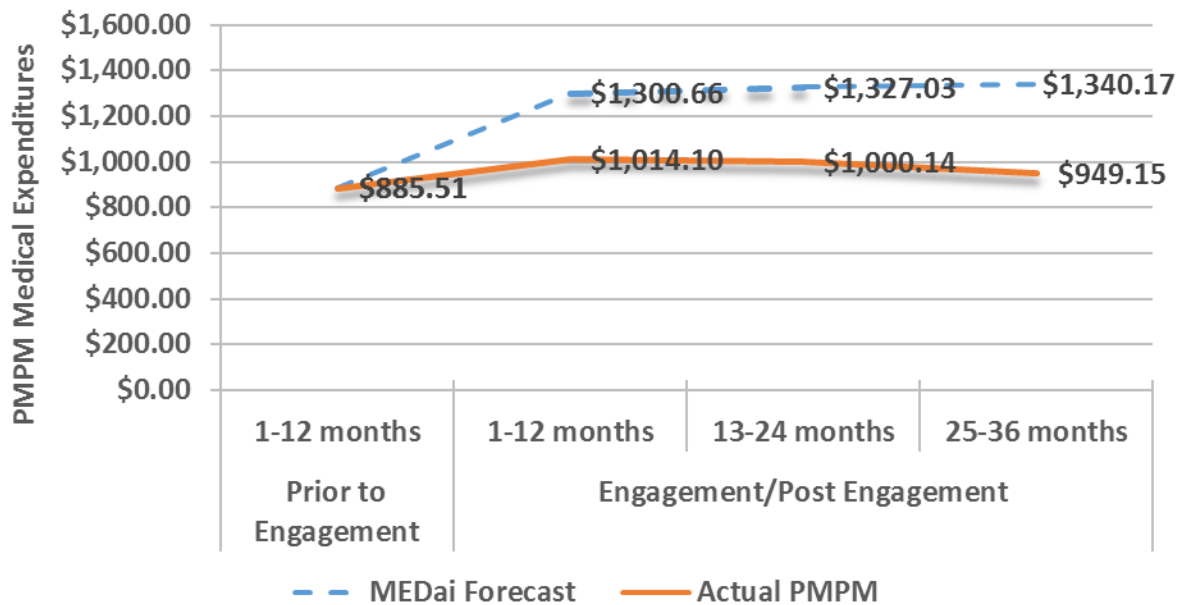


Medical Expenditures – Total and by Category of Service

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 \$1,301 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$1,014, or 78% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,327 in PMPM expenditures. The actual amount was \$1,000, or 75% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,340 in PMPM expenditures. The actual amount was \$949, or 71% 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 expenditures declined slightly, while other service costs increased, with pharmacy costs experiencing the most significant growth (Exhibit 4-20).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$195.40	\$186.19	(\$9.20)	-5%
Outpatient Hospital	\$101.28	\$113.05	\$11.77	12%
Physician	\$175.72	\$176.71	\$0.98	1%
Pharmacy	\$215.31	\$324.56	\$109.25	51%
Behavioral Health	\$74.22	\$76.15	\$1.93	3%
All Other	\$123.57	\$137.44	\$13.87	11%
Total	\$885.51	\$1,014.10	\$128.59	15%

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 \$3.2 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	7,209	\$286.56	\$2,065,811
Months 13 - 24	2,595	\$326.89	\$848,280
Months 25 - 36	707	\$391.02	\$276,451
Total	10,511	\$303.54	\$3,190,509

Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2016 included 1,326 health coaching participants with a diabetes diagnosis. Diabetes was the most expensive diagnosis at the time of engagement for 67 percent of participants with this diagnosis (Exhibit 4-22).

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

Participants w/Diabetes	Number Most Expensive	Percent Most Expensive
1,326	888	67%

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

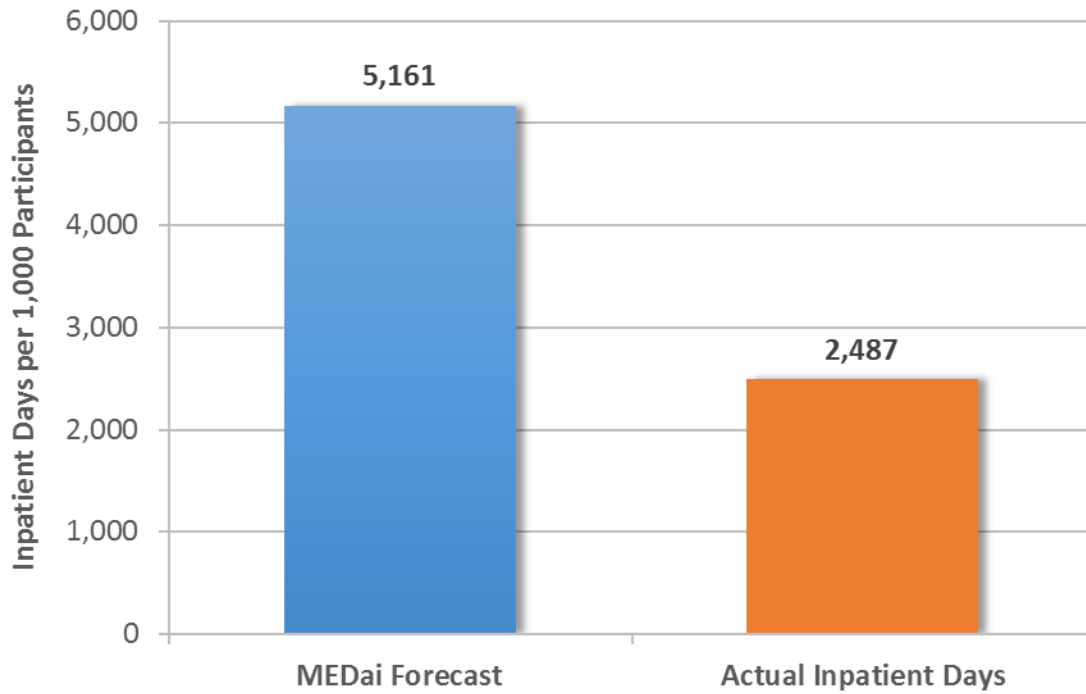
Exhibit 4-23 – Participants with Diabetes Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	26%
Coronary Artery Disease	24%
COPD	38%
Diabetes	---
Heart Failure	13%
Hypertension	82%

Utilization

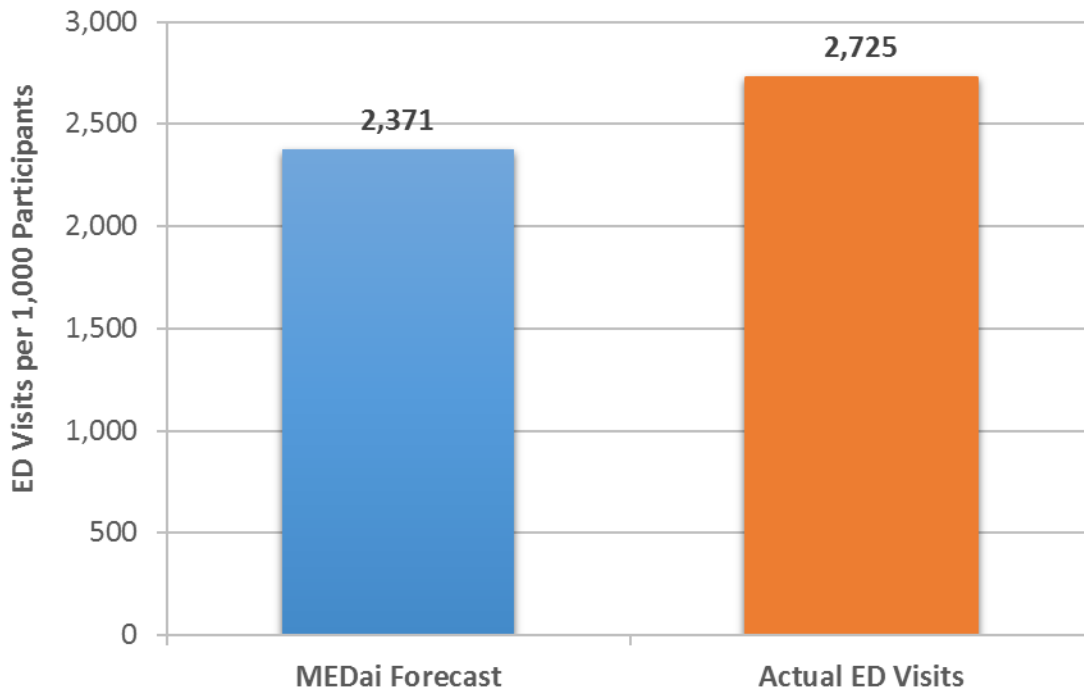
MEDai forecasted that participants with diabetes would incur 5,161 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 2,487, or 48 percent of forecast (Exhibit 4-24).

**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 2,371 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,725, or 115 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**

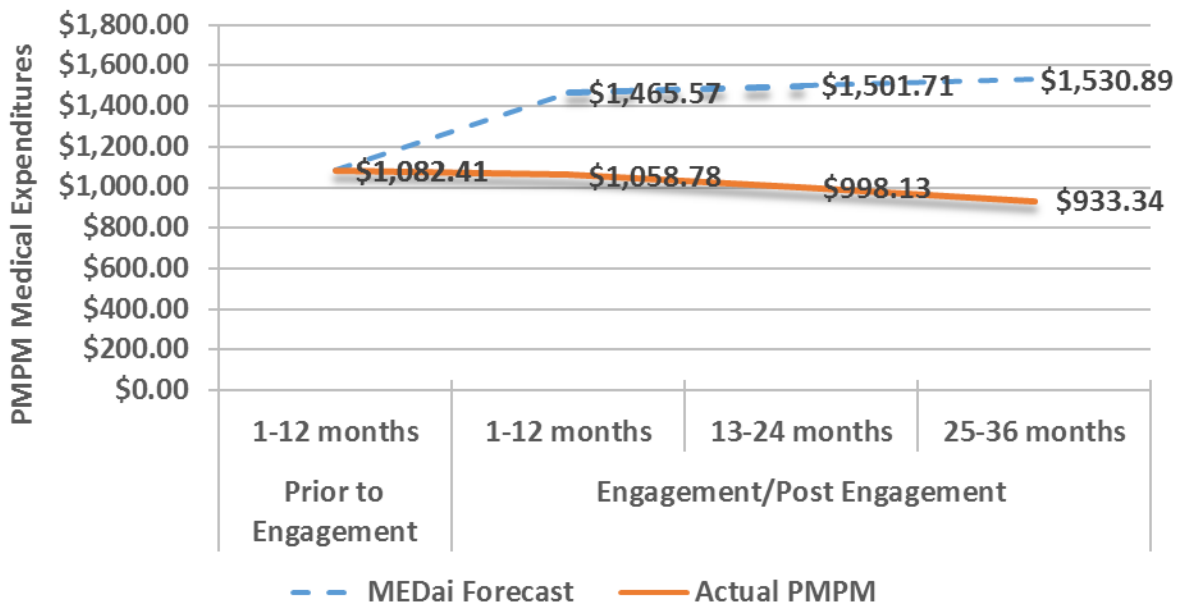


Medical Expenditures – Total and by Category of Service

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 \$1,466 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$1,059, or 72% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,502 in PMPM expenditures. The actual amount was \$998, or 66% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,531 in PMPM expenditures. The actual amount was \$933, or 61% 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	\$287.42	\$252.60	(\$34.82)	-12%
Outpatient Hospital	\$121.78	\$131.87	\$10.09	8%
Physician	\$212.29	\$192.20	(\$20.09)	-9%
Pharmacy	\$268.80	\$287.31	\$18.51	7%
Behavioral Health	\$56.19	\$61.53	\$5.34	10%
All Other	\$135.78	\$133.27	(\$2.52)	-2%
Total	\$1,082.26	\$1,058.78	(\$23.48)	-2%

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 \$7.2 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	11,107	\$406.79	\$4,518,217
Months 13 - 24	4,095	\$503.58	\$2,062,160
Months 25 - 36	1,119	\$597.55	\$668,658
Total	16,321	\$444.15	\$7,248,972

Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2016 included 317 health coaching participants with a heart failure diagnosis. Heart failure was the most expensive diagnosis at the time of engagement for 17 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
317	54	17%

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).

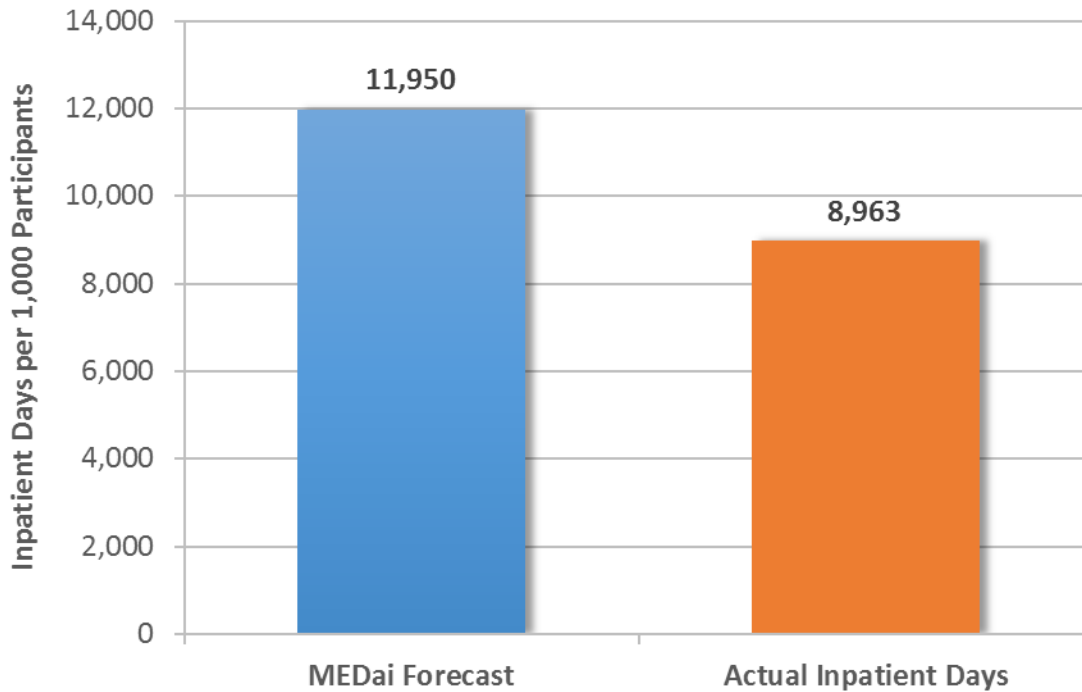
Exhibit 4-30 – Participants with Heart Failure Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	28%
Coronary Artery Disease	60%
COPD	63%
Diabetes	51%
Heart Failure	---
Hypertension	94%

Utilization

MEDai forecasted that participants with heart failure would incur 11,950 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 8,963, or 75 percent of forecast (Exhibit 4-31).

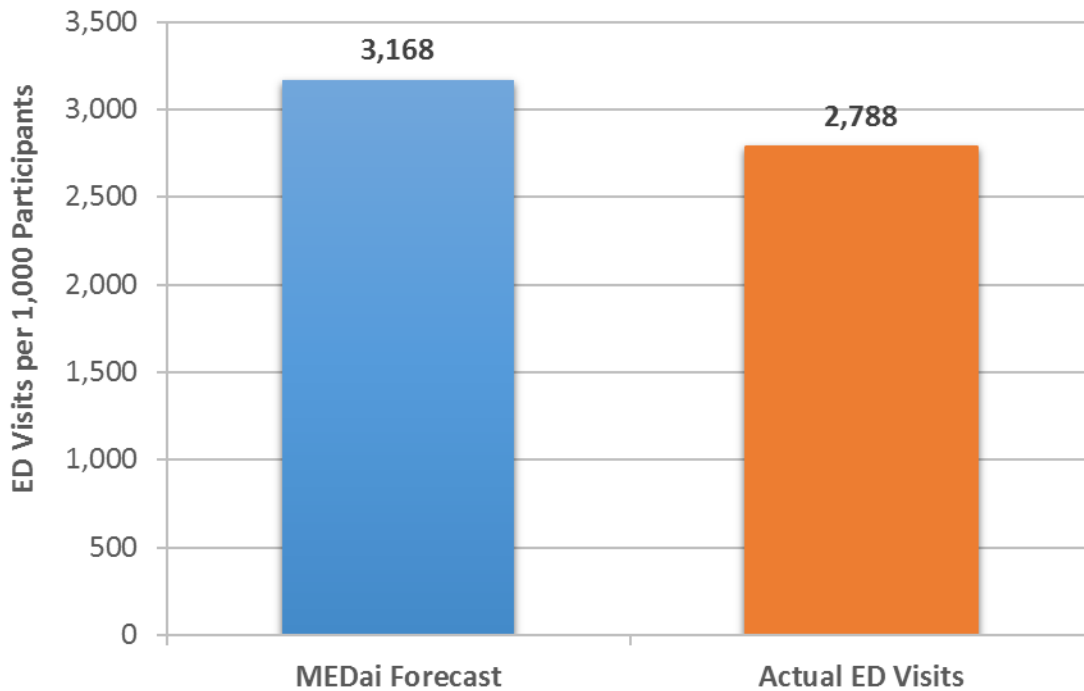
**Exhibit 4-31 – Participants with Heart Failure as Most Expensive Diagnosis
Inpatient Utilization - First 12 Months Following Engagement, per 1,000 Participants**



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

MEDai forecasted that participants with heart failure would incur 3,168 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,788, or 88 percent of forecast (Exhibit 4-32).

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



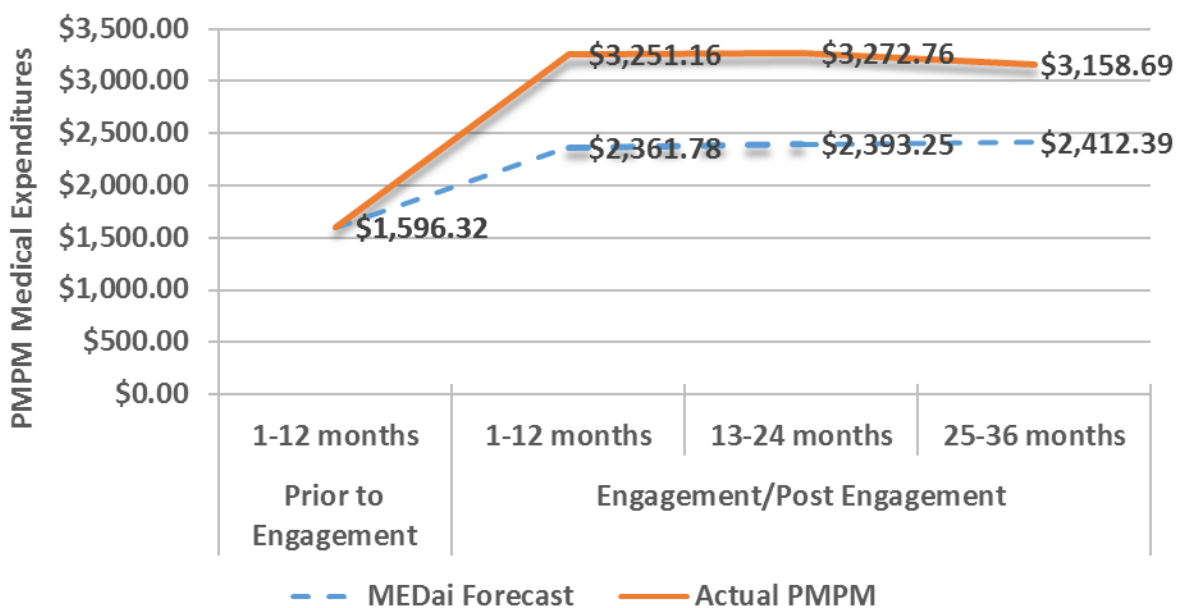
Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with heart failure during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement.

MEDai forecasted that participants with heart failure would incur an average of \$2,362 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$3,251, or 138% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$2,393 in PMPM expenditures. The actual amount was \$3,273, or 137% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$2,412 in PMPM expenditures. The actual amount was \$3,159, or 131% of forecast (Exhibit 4-33).

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



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

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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$690.36	\$2,077.85	\$1,387.48	201%
Outpatient Hospital	\$167.86	\$252.77	\$84.91	51%
Physician	\$246.91	\$397.04	\$150.13	61%
Pharmacy	\$214.76	\$238.98	\$24.22	11%
Behavioral Health	\$52.43	\$64.58	\$12.14	23%
All Other	\$223.98	\$219.94	(\$4.04)	-2%
Total	\$1,596.32	\$3,251.16	\$1,654.84	104%

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

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with heart failure as their most expensive diagnosis by multiplying total months of engagement by the average PMPM deficit. The resultant deficit equaled (\$828,417) (Exhibit 4-35). Again, results for this diagnosis should be interpreted with caution given the small size of the population

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	650	(\$889.38)	(\$578,097)
Months 13 - 24	232	(\$879.51)	(\$204,046)
Months 25 - 36	62	(\$746.30)	(\$46,271)
Total	944	(\$877.56)	(\$828,417)

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

Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2016 included 2,910 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
2,910	1,638	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).

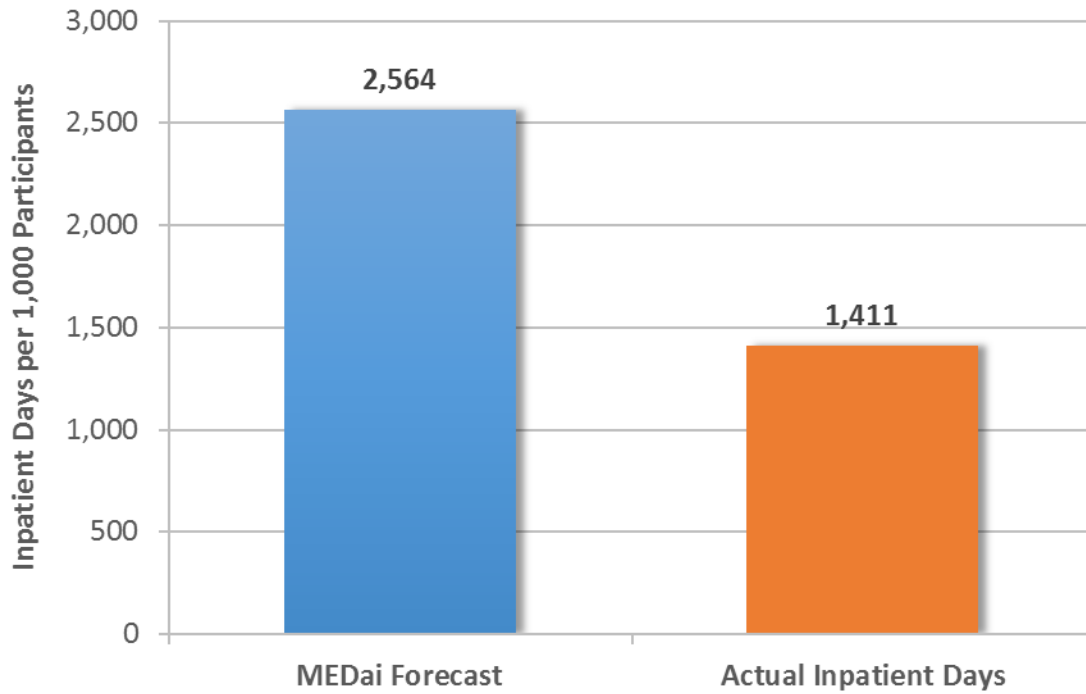
Exhibit 4-37 – Participants with Hypertension Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	26%
Coronary Artery Disease	19%
COPD	41%
Diabetes	41%
Heart Failure	11%
Hypertension	---

Utilization

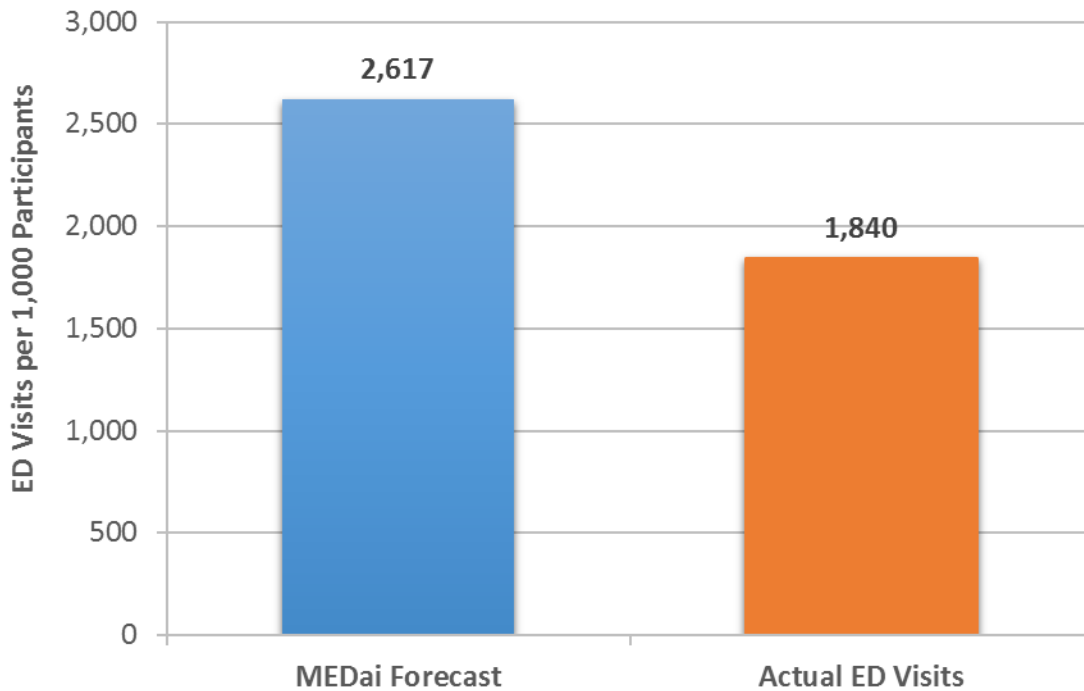
MEDai forecasted that participants with hypertension would incur 2,564 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,411, or 55 percent of forecast (Exhibit 4-38).

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



MEDai forecasted that participants with hypertension would incur 2,617 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,840, or 70 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**

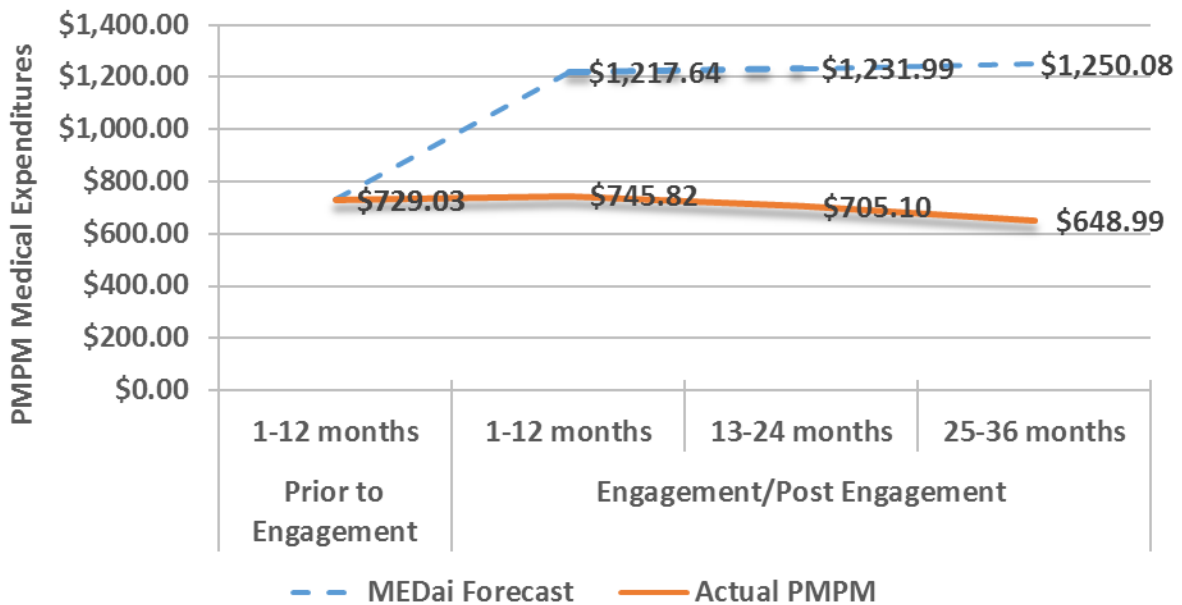


Medical Expenditures – Total and by Category of Service

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 \$1,218 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$746, or 61% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,232 in PMPM expenditures. The actual amount was \$705, or 57% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,250 in PMPM expenditures. The actual was \$649, or 52% 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 and behavioral health expenditures declined, while other service costs increased, with pharmacy costs experiencing the most significant growth (Exhibit 4-41).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$170.55	\$119.45	(\$51.09)	-30%
Outpatient Hospital	\$104.37	\$109.94	\$5.58	5%
Physician	\$166.49	\$166.03	(\$0.45)	0%
Pharmacy	\$146.03	\$207.64	\$61.61	42%
Behavioral Health	\$51.35	\$50.46	(\$0.89)	-2%
All Other	\$90.26	\$92.29	\$2.03	2%
Total	\$729.03	\$745.82	\$16.78	2%

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 \$14.5 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	19,934	\$471.82	\$9,405,259
Months 13 - 24	7,385	\$526.89	\$3,891,083
Months 25 -36	2,034	\$601.09	\$1,222,617
Total	29,353	\$494.63	\$14,518,874

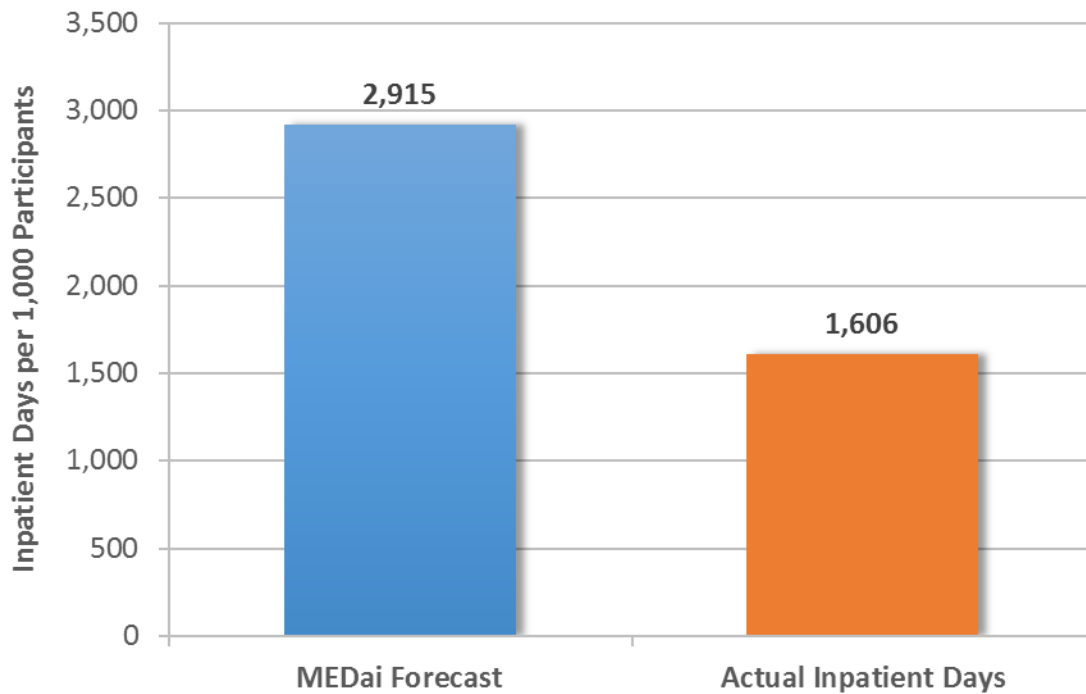
Utilization and Expenditure Evaluation – All Participants

This section presents consolidated trend data across all 6,259 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

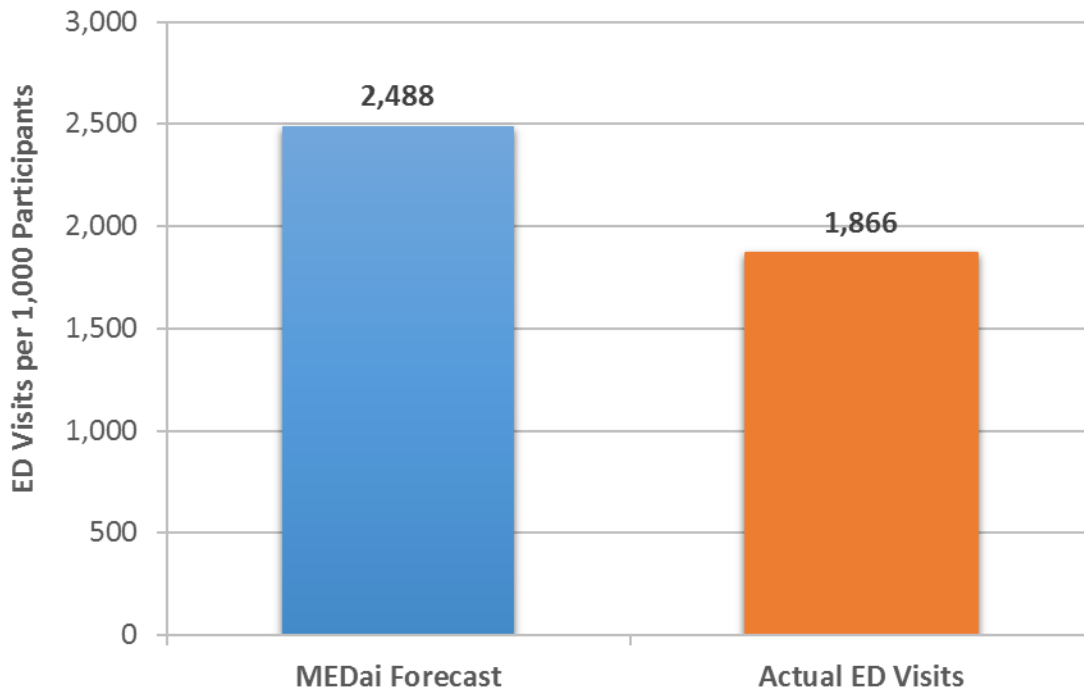
MEDai forecasted that SoonerCare HMP participants as a group would incur 2,915 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,606, or 55 percent of forecast (Exhibit 4-43).

**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 2,488 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,866, or 75 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**

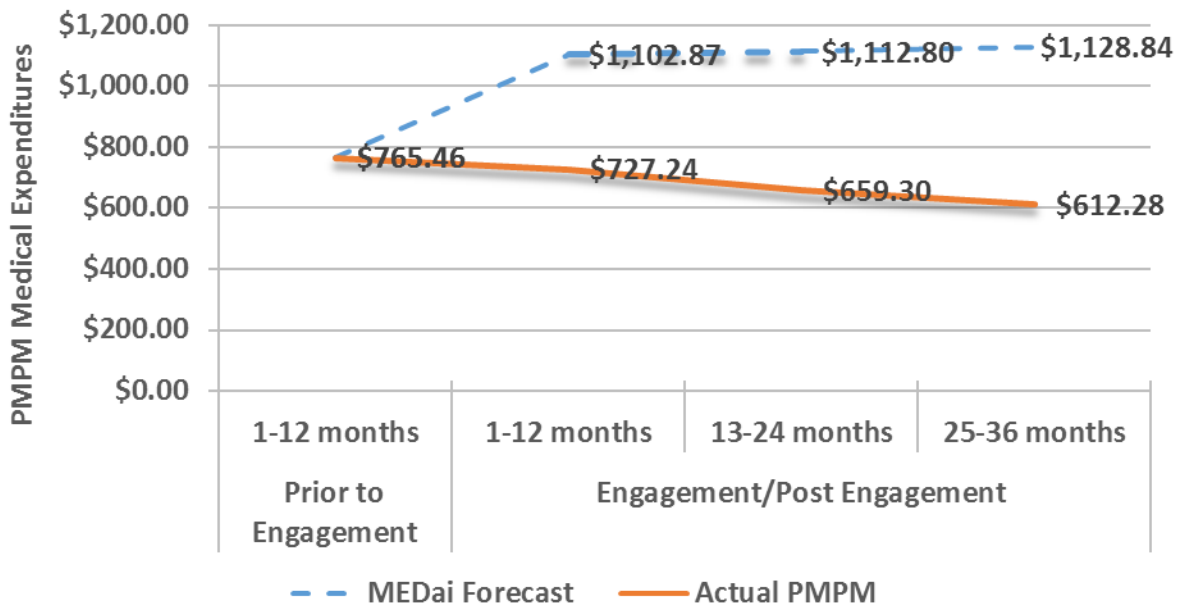


Medical Expenditures – Total and by Category of Service

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 \$1,103 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$727, or 66% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,113 in PMPM expenditures. The actual amount was \$659, or 59% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,129 in PMPM expenditures. The actual amount was \$612, or 54% 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, PMPM expenditures for all services declined except pharmacy (Exhibit 4-46).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$175.65	\$147.96	(\$27.69)	-16%
Outpatient Hospital	\$104.31	\$99.06	(\$5.25)	-5%
Physician	\$170.65	\$151.35	(\$19.31)	-11%
Pharmacy	\$157.90	\$183.91	\$26.01	16%
Behavioral Health	\$59.91	\$54.39	(\$5.53)	-9%
All Other	\$97.04	\$90.58	(\$6.46)	-7%
Total	\$765.46	\$727.24	(\$38.22)	-5%

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 \$43.4 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	71,869	\$375.63	\$26,996,152
Months 13 - 24	27,592	\$453.50	\$12,512,972
Months 25 - 36	7,582	\$516.56	\$3,916,558
Total	107,043	\$405.69	\$43,426,275

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 last year’s 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.⁴⁹

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 2016 for use in performing the cost effectiveness test.

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

Overhead expenses (rent, travel, etc.) were allocated based on the unit's share of total OHCA salary/benefit expenses in each fiscal year⁵⁰. No specific allocation was made for MEDai activities, as these are occurring under a pre-existing contract.

OHCA HMP administrative expenses were divided equally between the health coaching and practice facilitation. (The practice facilitation portion is included in the practice facilitation cost effectiveness analysis presented in chapter seven.)

Telligen receives monthly payments for centralized operations, as well as payments specific to health coaching and practice facilitation activities. Health coach and practice facilitator payments are based on salary and benefit costs for the two departments.

Health coaching payments were combined with 50 percent of the payment amounts for centralized operations⁵¹ to arrive at a total amount for this portion of the analysis. (The remaining dollars for centralized operations are included in the practice facilitation cost effectiveness analysis presented in chapter seven.)

⁴⁹ 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.

⁵⁰ 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 and 0.79 percent in SFY 2016.

⁵¹ PHPG also included miscellaneous expenses, such as continuing medical education costs, in this line item.

SFY 2014 through SFY 2016 aggregate administrative expenses for health coaching totaled approximately \$16.4 million (Exhibit 4-48). This equated to \$153.65 on a PMPM basis. The PMPM calculation was performed using total member months (107,043) for health coaching participants meeting the criteria outlined in chapter one (e.g., enrolled for at least three months)⁵².

Exhibit 4-48 – SoonerCare HMP Health Coaching Administrative Expense

Cost Component	SFY 2014 - 2016 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	\$582,455	\$5.44
OHCA SoonerCare HMP overhead (50% allocation)	\$64,113	\$0.60
Telligen health coaches	\$12,921,987	\$120.72
Telligen Central Operations (50% allocation)	\$2,878,463	\$26.89
Total Administrative Expense	\$16,447,017	\$153.65

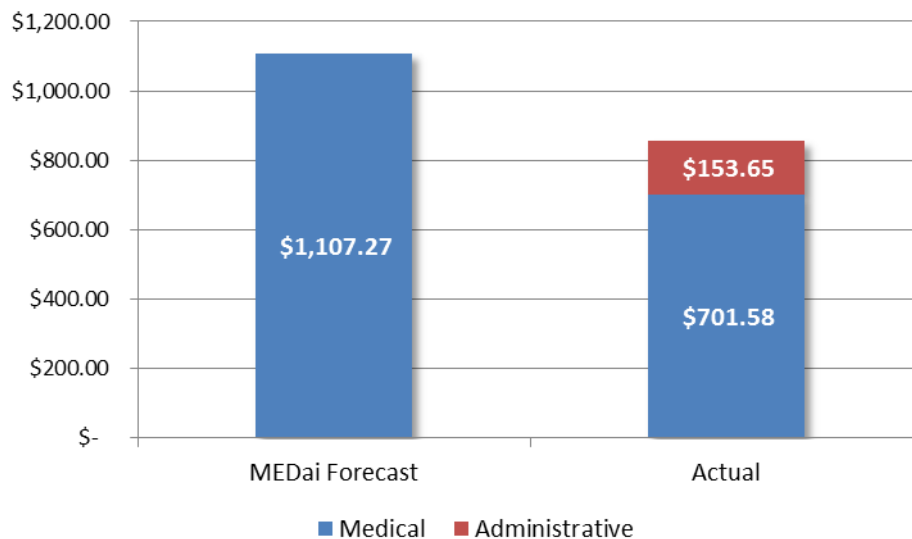
⁵² This methodology overstates the PMPM amount, in that it excludes member months for participants who did not meet the analysis criteria. However, it is appropriate for determining cost effectiveness, as it accounts for all administrative expenses.

Cost Effectiveness Calculation⁵³

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2016, inclusive of SoonerCare HMP health coaching administrative expenses.

SoonerCare HMP health coaching participants, as a group, were forecasted to incur average medical costs of \$1,107.27⁵⁴. Their actual average PMPM medical costs were \$701.58. With the addition of \$153.65 in average PMPM administrative expenses, total actual costs were \$855.23. Medical expenses accounted for 82 percent of the total and administrative expenses for the other 18 percent. Overall, SoonerCare HMP health coaching participant PMPM expenses, inclusive of administrative costs, were 77.2 percent of forecast (Exhibit 4-49).

Exhibit 4-49 – SoonerCare HMP Health Coaching PMPM Savings



On an aggregate basis, the health coaching portion of the SoonerCare HMP achieved net savings during its initial 36 months of operation (July 2013 through June 2016) of nearly \$30 million, up from \$3.4 million in its first 12 months and \$12.8 million in its first 24 months (Exhibit 4-50 on the following page). These results suggest the second generation HMP is outperforming the first generation HMP at the same point in its history.

The nurse care management component of the first generation SoonerCare HMP generated cumulative net savings of \$14.9 million through its initial 29 months of operation (February

⁵³ PMPM and aggregate values differ slightly due to rounding.

⁵⁴ This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24 and months 25 – 36, as shown in exhibit 4-45.

2008 implementation through June 2010) and \$27.9 million in cumulative net savings through its initial 41 months of operation (February 2008 through June 2011)⁵⁵.

If the previous program’s trends are repeated in years four and five, savings should continue to increase as the long term impact of health coaching on participants’ health is realized. The SFY 2015 modifications to the health coaching model described in chapter one also may further contribute to improved outcomes.

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

Medical Savings	Administrative Costs	Net Savings
\$43,426,275	(\$16,447,017)	\$26,979,258

⁵⁵ SoonerCare HMP Comprehensive Evaluation Report, May 2014, page 92.

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 26 providers at 17 practice locations since the initiation of the second generation HMP. Although the surveys were conducted over an extended period (February 2015 to May 2017), findings are presented for all 26 due to the small sample size⁵⁶.

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.

⁵⁶ PHPG compared surveys completed in 2015 with surveys completed in 2016 and 2017 and identified no significant differences in responses over time.

Practice Facilitation Survey Findings

Decision to Participate in the SoonerCare HMP

Twelve of the 26 surveys were completed by the individual in the practice who actually made the decision to participate. Eleven of the 12 gave as their primary reason “improving care management of patients with chronic conditions/improving outcomes”. (One did not respond.)

Secondary reasons cited by one or more respondents included:

- Gaining access to practice facilitator and/or embedded health coach (four respondents)
- Continuing education (two respondents)
- Receiving assistance in redesigning practice workflows (one respondent)
- Increasing income (one respondent)

Practice Facilitation Activities

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

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

Exhibit 5-1 – Importance of Practice Facilitation Components

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
1. Receiving information on the prevalence of chronic diseases among your patients	65.4%	26.9%	7.7%	0.0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	76.9%	23.1%	0.0%	0.0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	84.0%	16.0%	0.0%	0.0%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	69.2%	30.8%	0.0%	0.0%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	73.1%	26.9%	0.0%	0.0%
6. Having a Practice Facilitator on-site to work with you and your staff	61.5%	26.9%	7.7%	3.8%
7. Receiving quarterly reports on your progress with respect to identified performance measures	73.1%	26.9%	0.0%	0.0%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	76.9%	23.1%	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	61.5%	26.9%	7.7%	0.0%	3.8%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	69.2%	23.1%	3.8%	0.0%	3.8%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	73.1%	23.1%	0.0%	0.0%	3.8%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	50.0%	34.6%	3.8%	0.0%	11.5%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	65.4%	30.8%	0%	0.0%	3.8%
6. Having a practice facilitator on-site to work with you and your staff	69.2%	19.2%	3.8%	3.8%	3.8%
7. Receiving quarterly reports on your progress with respect to identified performance measures	53.8%	38.5%	3.8%	0.0%	3.8%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	65.4%	26.9%	0.0%	0.0%	7.7%

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

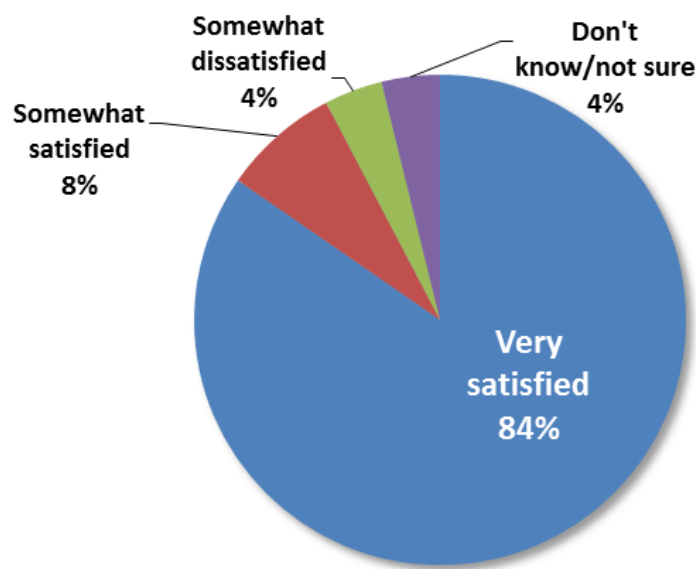
Practice Facilitation Outcomes

Twenty-three of 26 respondents (88.5 percent) reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. The types of changes made included:

- Identification of tests/exams to manage chronic conditions (15 respondents)
- More frequent foot/eye exams and/or HbA1c testing of diabetic patients (14 respondents)
- Improved documentation (14 respondents)
- Better education of patients with chronic conditions, including provision of educational materials (14 respondents)
- Increased attention/diligence in use of charts (13 respondents)
- Increased staff involvement in chronic care workups (13 respondents)
- Use of flow sheets/forms provided by the practice facilitator or created through CareMeasures (nine respondents)
- Better office organization overall (two respondents)

Twenty-four of the 26 respondents (92.3 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, 88.5 percent of respondents said they would recommend the practice facilitation program to other physicians caring for patients with chronic conditions. The other 11.5 percent did not know/were not sure.

Health Coach Activities

Twenty-three of the 26 respondents stated they had a health coach currently assigned to their practice. The 23 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
1. Learning about your patients and their health care needs	95.5%	4.5%	0.0%	0.0%
2. Giving easy to understand instructions about taking care of health problems or concerns	91.3%	8.7%	0.0%	0.0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	90.9%	9.1%	0.0%	0.0%
4. Answering patient questions about their health	87.0%	13.0%	0.0%	0.0%
5. Helping patients to talk to and work with you and practice staff	77.3%	22.7%	0.0%	0.0%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	69.6%	30.4%	0.0%	0.0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	69.6%	30.4%	0.0%	0.0%
8. Reviewing patient medications and helping patients to manage their medications	73.9%	26.1%	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).

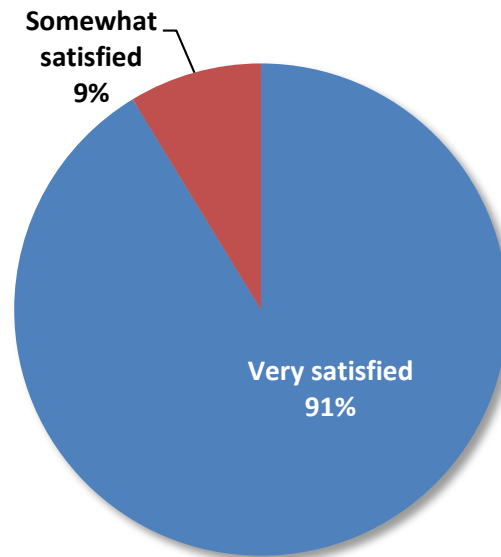
Exhibit 5-5 – Satisfaction with Health Coaching Activities

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	91.3%	4.3%	0.0%	0.0%	4.3%
2. Giving easy to understand instructions about taking care of health problems or concerns	87.0%	8.7%	0.0%	0.0%	4.3%
3. Helping patients to identify changes in their health that might be an early sign of a problem	91.3%	4.3%	0.0%	0.0%	4.3%
4. Answering patient questions about their health	87.0%	8.7%	0.0%	0.0%	4.3%
5. Helping patients to talk to and work with you and practice staff	91.3%	4.3%	0.0%	0.0%	4.3%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	78.3%	13.0%	0.0%	0.0%	8.7%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	82.6%	8.7%	0.0%	0.0%	8.7%
8. Reviewing patient medications and helping patients to manage their medications	82.6%	13.0%	0.0%	0.0%	4.3%

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:

- “Doing a great job!”
- “Clone her” (health coach)
- “Let us keep them – we love them!”
- “Expand to see more than SoonerCare (Choice)”

In terms of suggestions, one provider questioned the OHCA’s methodology for identifying health coaching participants. In this provider’s opinion, the criteria can result in the enrollment of patients with fewer needs than other patients who do not qualify. Another recommended more frequent assessments of member needs. Several providers recommended that the OHCA not impose limits on which patients can be referred to the health coach.

Summary of Key Findings

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP very favorably. The most common reason cited for participating was to receive focused training on evidence-based practice guidelines for chronic conditions. Ninety-six percent of respondents (25 out of 26) credited the program with helping them to achieve this objective.

Overall, 92 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®) and HEDIS®-like measures applicable to the SoonerCare HMP population. The evaluation included the same 19 diagnosis-specific measures and three population-wide preventive measures presented in chapter three:

- Asthma measures
 - Use of appropriate medications for people with asthma
 - Medication management for people with asthma – 50 percent
 - Medication management for people with asthma – 75 percent
- Cardiovascular (CAD and heart failure) measures
 - Persistence of beta-blocker treatment after a heart attack
 - Cholesterol management for patients with cardiovascular conditions – LDL-C 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
 - Percentage of members prescribed ACE/ARB therapy or diuretics with annual medication monitoring

- Mental Health measures
 - Follow-up after hospitalization for mental illness – 7 days
 - Follow-up after hospitalization for mental illness – 30 days
- Preventive health measures
 - Adult access to preventive/ambulatory health services
 - Children and adolescents' access to PCPs
 - Adult body mass index (BMI) assessment

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

Methodology

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

PHPG determined the total number of members to be evaluated for each measure (denominator), the number meeting the clinical standard (numerator) and the resultant "percent compliant". As in chapter three, the results were compared to compliance rates for the general SoonerCare population (SFY 2016 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 2016 practice facilitation site patient compliance rates to SFY 2015 compliance rates to examine year-over-year trends. There were no statistically significant differences at the 95 percent confidence interval identified in the practice facilitation participant year-over-year analysis.

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

Statistically significant differences between members aligned with practice facilitation providers and the comparison group at a 95 percent confidence interval are noted in the exhibits through bold face type of the value shown in the "% point difference" column. However, disease-specific results should be interpreted with caution where there are small sample sizes.

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	45	40	88.8%	81.3%	7.5%
2. Medication Management for People with Asthma – 50 Percent	41	24	58.5%	60.0%	(1.5%)
3. Medication Management for People with Asthma – 75 Percent	41	10	24.4%	38.4%	(14.0%)

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

There were slight increases in both of the asthma medication management measures from SFY 2015 to SFY 2016 (Exhibit 6-2). There was a small decline in the compliance rate for individuals with asthma who were appropriately prescribed medications; however, the compliance rate remained very high at nearly 90 percent.

Exhibit 6-2 – Asthma Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Use of Appropriate Medications for People with Asthma	90.0%	88.8%	(1.2%)
2. Medication Management for People with Asthma – 50 Percent	56.8%	58.5%	1.7%
3. Medication Management for People with Asthma – 75 Percent	24.3%	24.4%	0.1%

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

Cardiovascular Disease

The quality of care for members 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 in previous twelve months.

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 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	8	3	37.5%	80.5%	(43.0%)
2. LDL-C Screening	56	44	78.6%	--	--

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

The compliance rates for both cardiovascular measures increased from SFY 2015 to SFY 2016 (Exhibit 6-4).

Exhibit 6-4 – Cardiovascular Disease Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	33.3%	37.5%	4.1%
2. LDL-C Screening	76.0%	78.6%	2.6%

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

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 a 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	94	12	12.8%	31.0%	(18.2%)
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	45	14	31.1%	67.1%	(36.0%)
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	45	31	68.8%	80.0%	(11.2%)

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

The compliance rate for all three measures increased moderately from SFY 2015 to SFY 2016 (Exhibit 6-6).

Exhibit 6-6 – COPD Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	10.5%	12.8%	2.3%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	30.0%	31.1%	1.1%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	67.5%	68.8%	1.3%

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

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 at least one 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 practice facilitation population exceeded the comparison group rate on the four measures having a comparison group percentage (Exhibit 6-7). The difference was statistically significant for one measure, medical attention for nephropathy.

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	283	191	67.5%	64.2%	3.3%
2. Retinal Eye Exam	283	79	27.9%	27.6%	0.3%
3. HbA1c Test	283	209	73.9%	72.2%	1.7%
4. Medical Attention for Nephropathy	283	204	72.1%	52.5%	19.6%
5. ACE/ARB Therapy	283	160	56.5%	---	---

The compliance rate increased slightly for three of the five diabetes clinical measures and declined slightly for the other two from SFY 2015 to SFY 2016 (Exhibit 6-8).

Exhibit 6-8 – Diabetes Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. LDL-C Screening	66.4%	67.5%	1.1%
2. Retinal Eye Exam	26.5%	27.9%	1.4%
3. HbA1c Test	73.1%	73.9%	0.8%
4. Medical Attention for Nephropathy	72.3%	72.1%	(0.2%)
5. ACE/ARB Therapy	57.7%	56.5%	(1.2%)

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 at least one 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	665	394	59.2%	---	---
2. ACE/ARB Therapy	665	398	59.8%	---	---
3. Diuretics	665	278	41.8%	---	---
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics ⁵⁷	280	222	80.4%	87.3%	(6.9%)

⁵⁷ Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

The compliance rate increased slightly for three of four hypertension clinical measures from SFY 2015 to SFY 2016 (Exhibit 6-10).

Exhibit 6-10 – Hypertension Clinical Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. LDL-C Screening	58.2%	59.2%	1.0%
2. ACE/ARB Therapy	60.1%	59.8%	(0.3%)
3. Diuretics	41.4%	41.8%	0.4%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	79.1%	80.4%	1.3%

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	181	75	41.4%	22.1%	19.3%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	181	127	70.1%	44.2%	25.9%

The compliance rates for both mental health measures declined slightly from SFY 2015 to SFY 2016 (Exhibit 6-12).

Exhibit 6-12 – Mental Health Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	41.8%	41.4%	(0.4%)
2. Follow-up after Hospitalization for Mental Illness – 30 Days	70.9%	70.1%	(0.8%)

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 the three measures. (Exhibit 6-13). The difference was statistically significant in all three cases.

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

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	2,221	2,156	97.1%	83.6%	13.5%
2. Child Access to PCP	6,882	6,827	99.2%	91.8%	7.4%
3. Adult BMI	1,737	167	9.6%	10.3%	(0.7%)

The compliance rates for all three measures increased slightly from SFY 2015 to SFY 2016 (Exhibit 6-14).

Exhibit 6-14 – Preventive Measures - 2015 - 2016

Measure	Percent Compliant		2015-2016 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.6%	97.1%	0.5%
2. Child Access to PCP	99.1%	99.2%	0.1%
3. Adult BMI	9.0%	9.6%	0.6%

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 (52.9 percent). The difference was statistically significant for five of the nine measures (55.6 percent). As with the health coaching quality of care analysis, the most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

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

The long term benefit to participants of practice facilitation will continue to be measured through the quality of care longitudinal analysis and through the expenditure analysis presented in the next chapter.

CHAPTER 7 – PRACTICE FACILITATION – EXPENDITURE & COST EFFECTIVENESS ANALYSIS

Introduction

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

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

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

Methodology for Creation of Expenditure Dataset

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

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

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

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

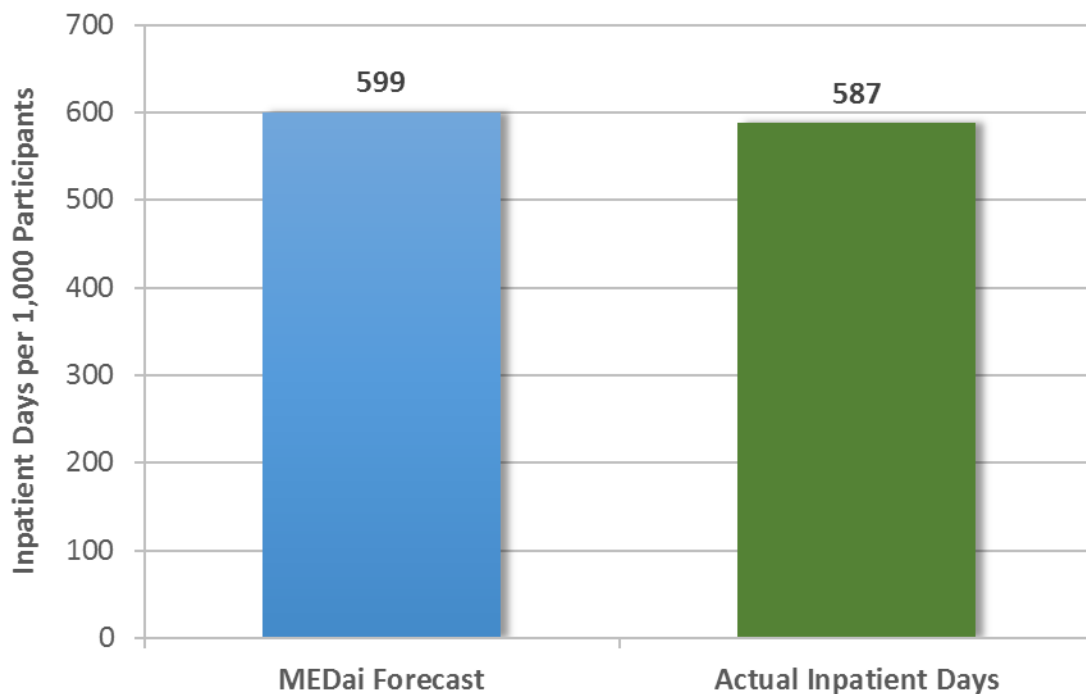
Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2016 included 1,652 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 599 inpatient days per 1,000 over the 12 month forecast period⁵⁸. The actual rate was 587, or 98 percent of forecast (Exhibit 7-1). (As noted in chapter four, the rate for all Oklahomans in 2015 was 551 days per 1,000.)

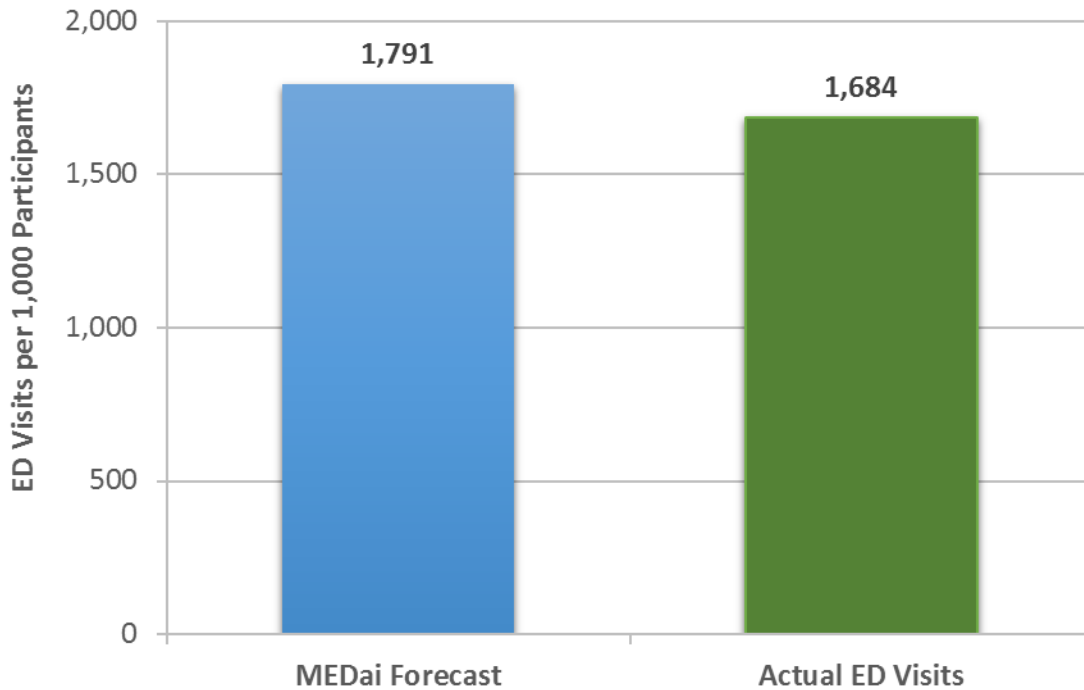
**Exhibit 7-1 – Members with Asthma as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



⁵⁸ 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 1,791 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,684, or 94 percent of forecast (Exhibit 7-2). (As noted in chapter four, the rate for all Oklahomans in 2015 was 479 visits per 1,000.)

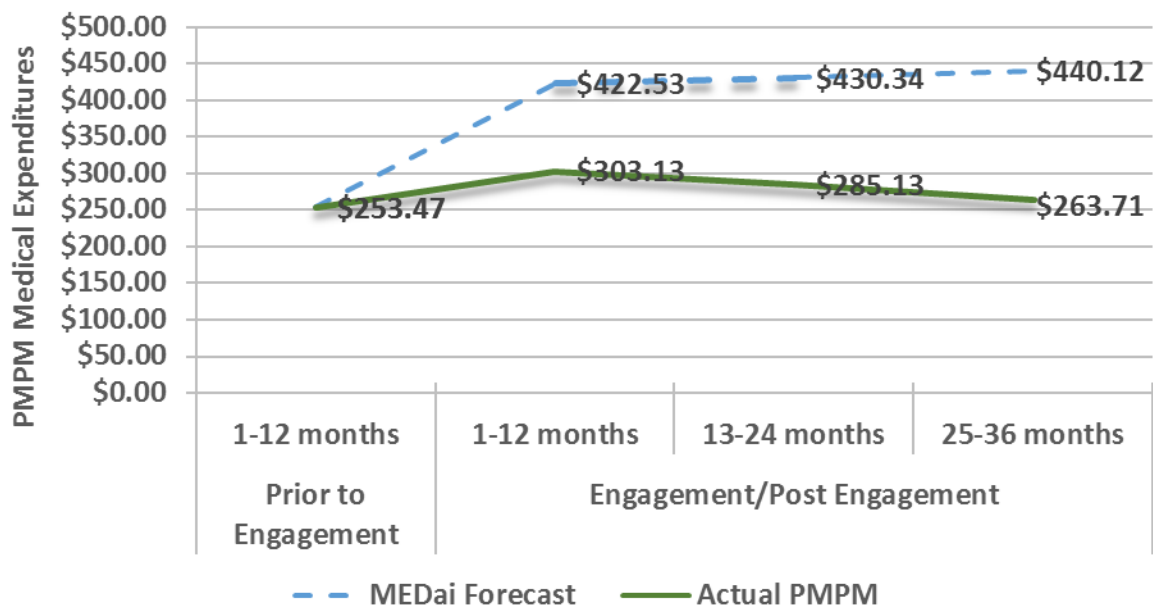
**Exhibit 7-2 – Members with Asthma as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants**



Medical Expenditures – Total and by Category of Service

MEDai projected that members with asthma would incur an average of \$423 in PMPM expenditures over the 12-month forecast period. The actual amount was \$303, or 72% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$430 in PMPM expenditures. The actual amount was \$285, or 66% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$440 in PMPM expenditures. The actual amount was \$264, or 60% 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	\$39.61	\$47.00	\$7.38	19%
Outpatient Hospital	\$39.65	\$53.74	\$14.09	36%
Physician	\$86.39	\$102.06	\$15.67	18%
Pharmacy	\$46.05	\$61.16	\$15.11	33%
Behavioral Health	\$1.19	\$1.64	\$0.45	38%
All Other	\$40.56	\$37.53	(\$3.03)	-7%
Total	\$253.45	\$303.13	\$49.68	20%

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 \$3.3 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	18,422	\$119.40	\$2,199,587
Months 13 - 24	5,821	\$145.21	\$845,267
Months 25 - 36	1,606	\$176.41	\$283,314
Total	25,849	\$128.75	\$3,328,059

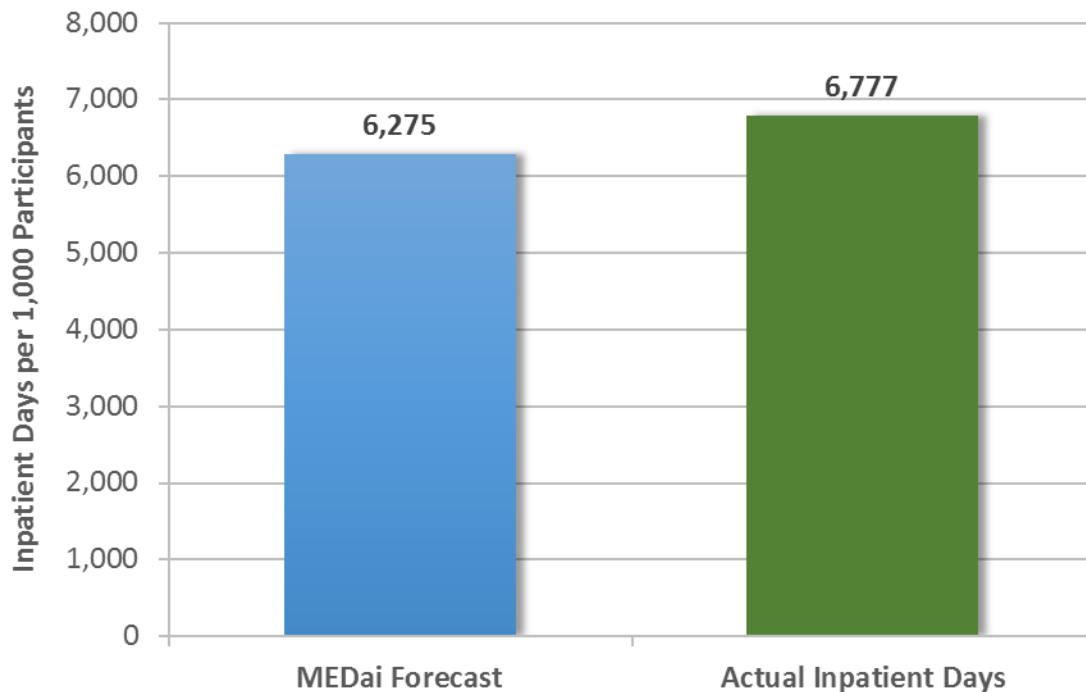
Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2016 included 37 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 6,275 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 6,777, or 108 percent of forecast (Exhibit 7-6).

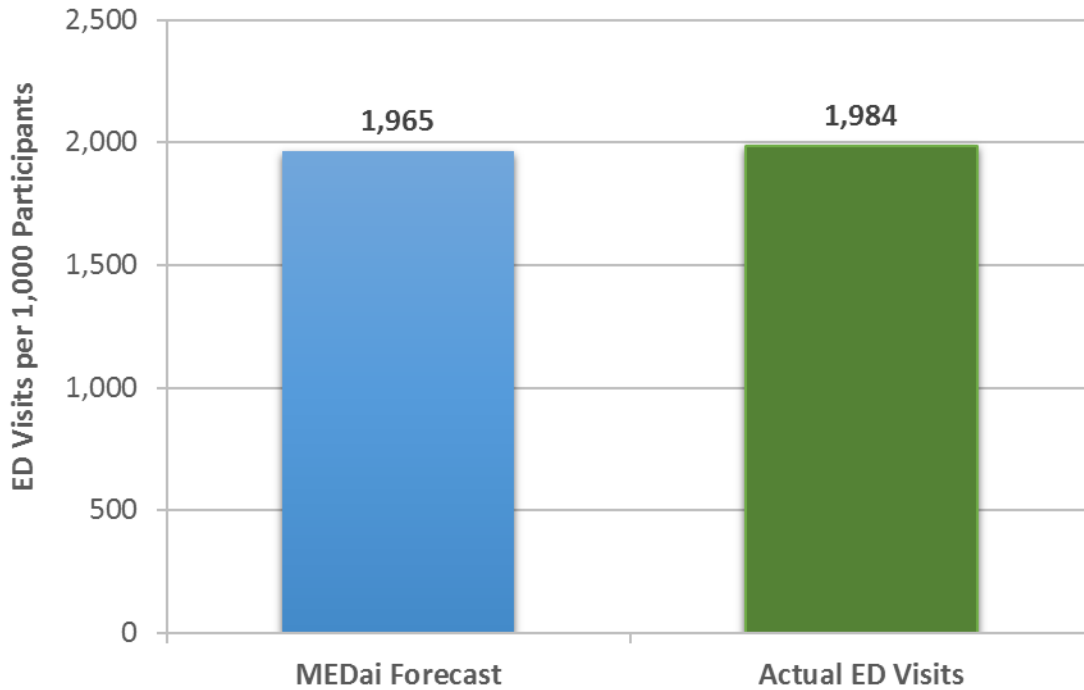
**Exhibit 7-6 – Members with CAD as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



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

MEDai projected that members with coronary artery disease would incur 1,965 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,984, or 101 percent of forecast (Exhibit 7-7).

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

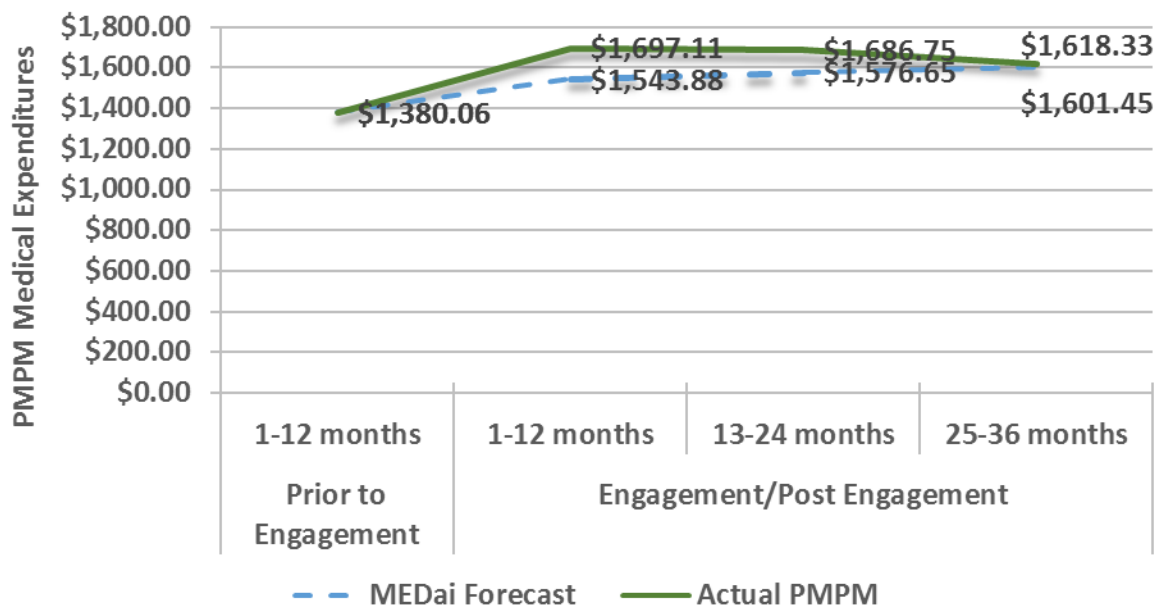


Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with coronary artery disease would incur an average of \$1,544 in PMPM expenditures over the 12-month forecast period. The actual amount was \$1,697, or 110% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,577 in PMPM expenditures. The actual amount was \$1,687, or 107% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,601 in PMPM expenditures. The actual amount was \$1,618, or 102% 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	\$760.45	\$754.92	(\$5.54)	-1%
Outpatient Hospital	\$84.37	\$284.66	\$200.29	237%
Physician	\$216.97	\$275.87	\$58.90	27%
Pharmacy	\$222.09	\$225.78	\$3.68	2%
Behavioral Health	\$0.21	\$0.55	\$0.34	158%
All Other	\$95.96	\$155.33	\$59.37	62%
Total	\$1,380.06	\$1,697.11	\$317.05	23%

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 the average PMPM deficit. The resultant deficit equaled approximately (\$95,000) (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	489	(\$153.23)	(\$74,930)
Months 13 - 24	175	(\$110.10)	(\$19,268)
Months 25 - 36	66	(\$16.88)	(\$1,114)
Total	730	(\$130.56)	(\$95,309)

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

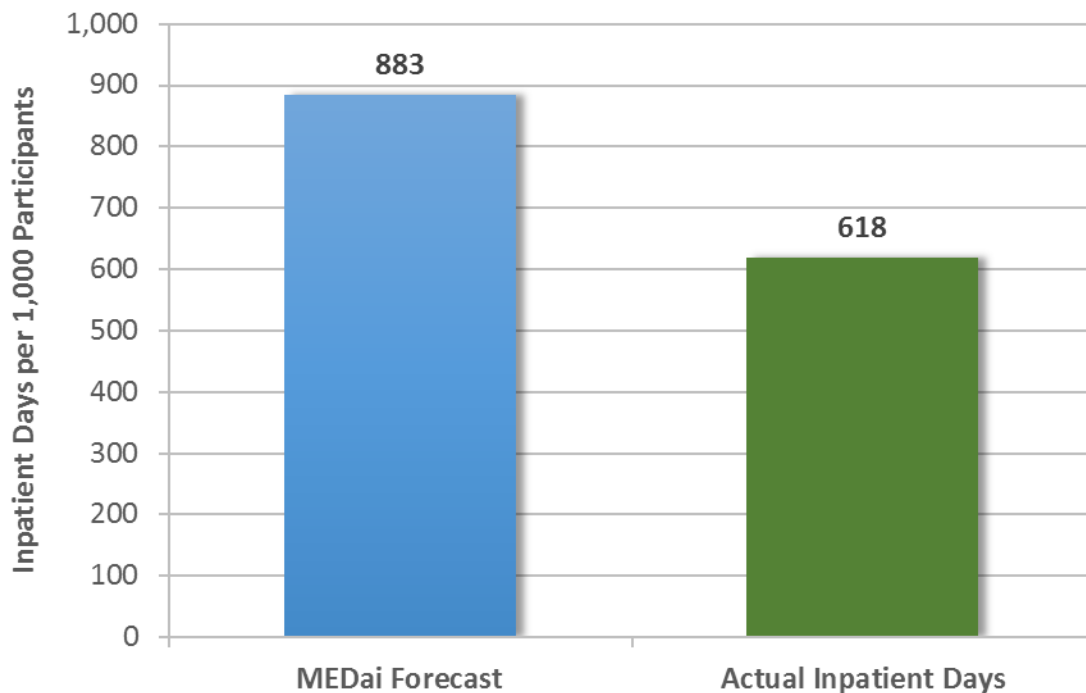
COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2016 included 711 members who were not participating in health coaching and for whom COPD was the most expensive diagnosis.

Utilization

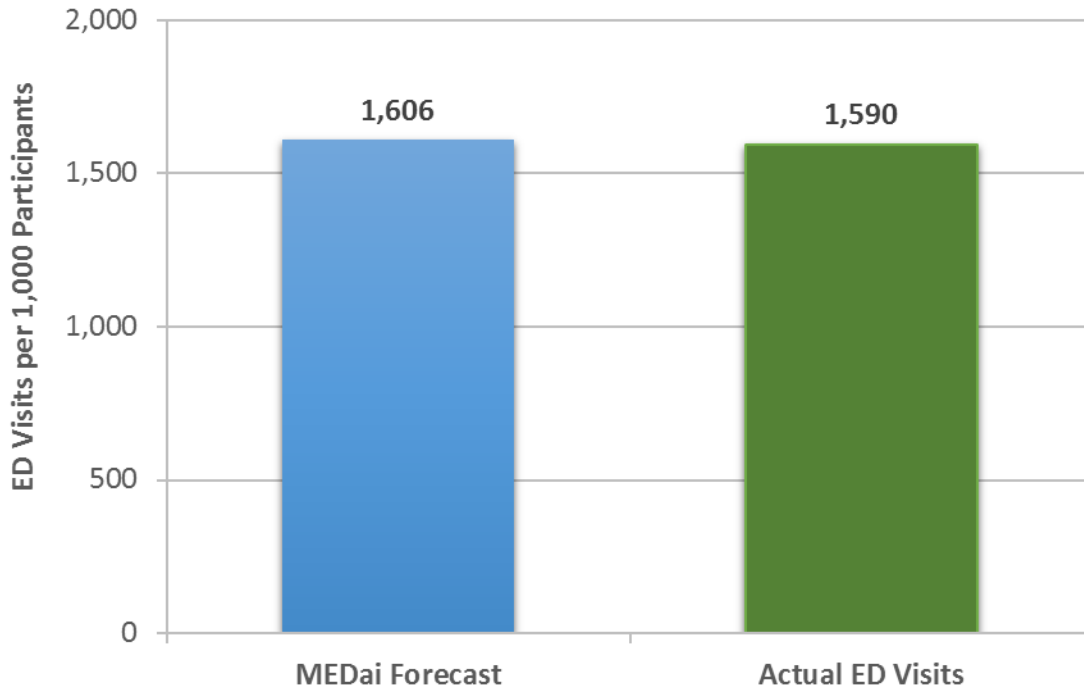
MEDai projected that members with COPD would incur 883 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 618, or 70 percent of forecast (Exhibit 7-11).

**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 1,606 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,590, or 99 percent of forecast (Exhibit 7-12).

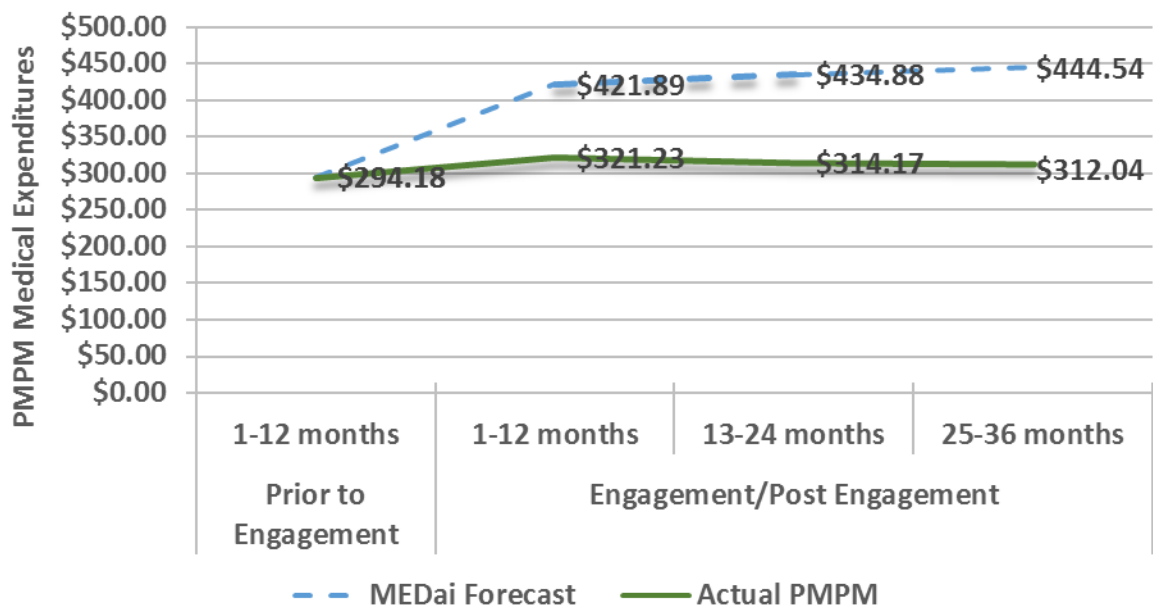
**Exhibit 7-12 – Members with COPD as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants**



Medical Expenditures – Total and by Category of Service

MEDai projected that members with COPD would incur an average of \$422 in PMPM expenditures over the 12-month forecast period. The actual amount was \$321, or 76% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$435 in PMPM expenditures. The actual amount was \$314, or 72% of forecast. For months 25 to 35, the MEDai forecast with trend applied was \$445 in PMPM expenditures. The actual amount was \$312, or 70% of forecast (Exhibit 7-13).

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



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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$53.35	\$56.64	\$3.29	6%
Outpatient Hospital	\$40.27	\$55.83	\$15.56	39%
Physician	\$104.00	\$101.49	(\$2.50)	-2%
Pharmacy	\$55.04	\$60.78	\$5.74	10%
Behavioral Health	\$0.41	\$0.62	\$0.21	52%
All Other	\$41.12	\$45.88	\$4.76	12%
Total	\$294.18	\$321.23	\$27.05	9%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with COPD by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$1.2 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	7,839	\$100.66	\$789,074
Months 13 - 24	2,831	\$120.71	\$341,730
Months 25 - 36	740	\$132.50	\$98,050
Total	11,410	\$107.70	\$1,228,857

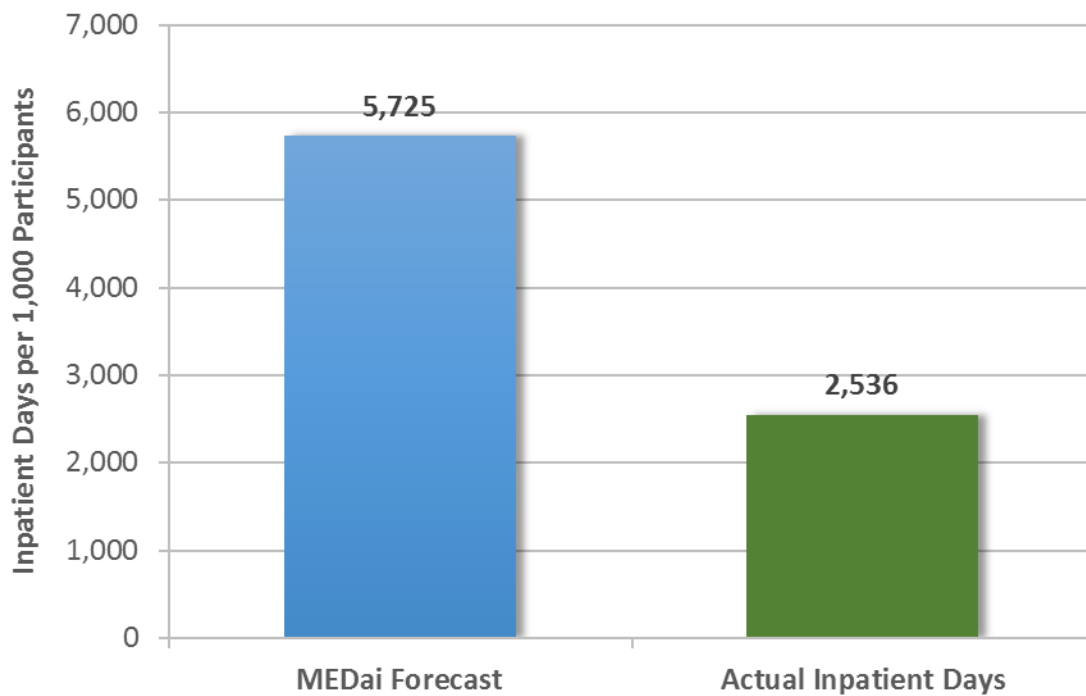
Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2016 included 320 members who were not participating in health coaching and for whom diabetes was the most expensive diagnosis.

Utilization

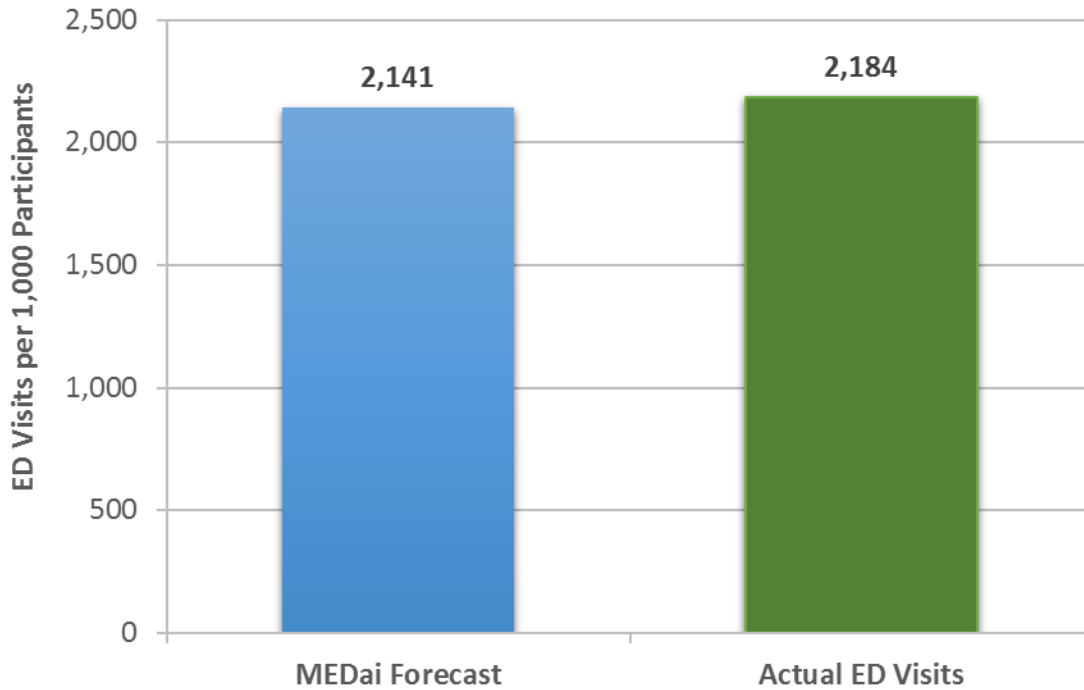
MEDai projected that members with diabetes would incur 5,725 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 2,536, or 44 percent of forecast (Exhibit 7-16).

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



MEDai projected that members with diabetes would incur 2,141 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 2,184, or 102 percent of forecast (Exhibit 7-17).

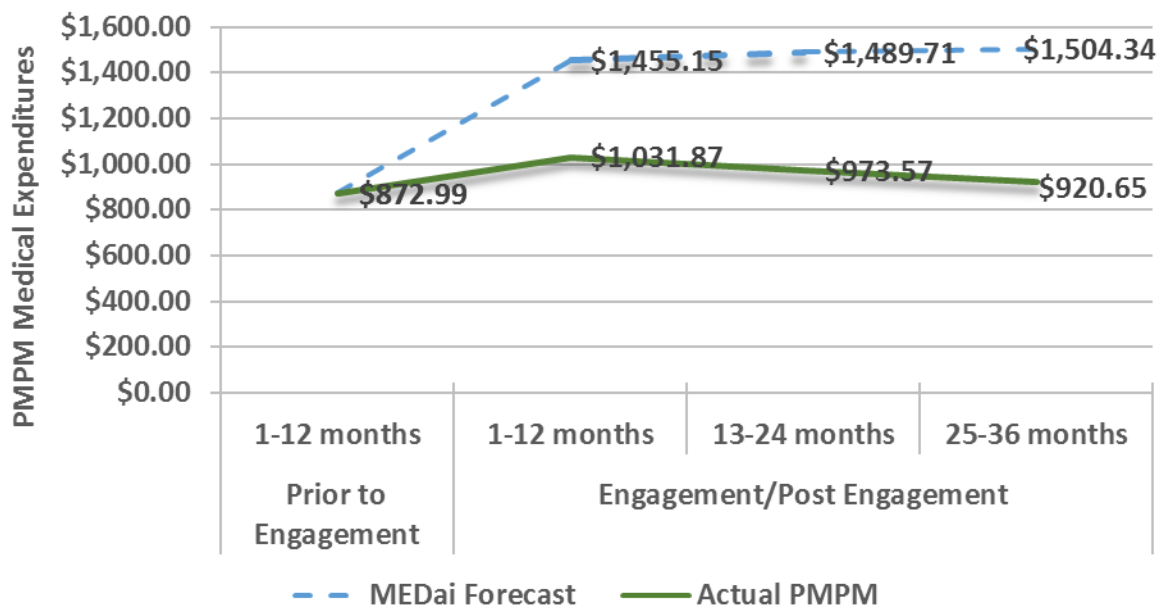
**Exhibit 7-17 – Members with Diabetes as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants**



Medical Expenditures – Total and by Category of Service

MEDai projected that members with diabetes would incur an average of \$1,455 in PMPM expenditures over the 12-month forecast period. The actual amount was \$1,032, or 71% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,490 in PMPM expenditures. The actual amount was \$974, or 65% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,504 in PMPM expenditures. The actual amount was \$921, or 61% of forecast (Exhibit 7-18).

**Exhibit 7-18 – Members with Diabetes as Most Expensive Diagnosis
Total PMPM Expenditures**



At the category-of-service level in the first 12 months, expenditures increased for nearly all services (Exhibit 7-19).

**Exhibit 7-19 – Members with Diabetes as Most Expensive Diagnosis
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$194.33	\$282.46	\$88.13	45%
Outpatient Hospital	\$144.78	\$143.03	(\$1.74)	-1%
Physician	\$192.22	\$213.49	\$21.28	11%
Pharmacy	\$199.70	\$229.52	\$29.82	15%
Behavioral Health	\$13.92	\$4.85	(\$9.08)	-65%
All Other	\$128.05	\$158.51	\$30.47	24%
Total	\$872.99	\$1,031.87	\$158.88	18%

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 \$2.2 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	3,259	\$423.28	\$1,379,470
Months 13 - 24	1,195	\$516.14	\$616,787
Months 25 - 36	323	\$583.69	\$188,532
Total	4,777	\$457.37	\$2,184,856

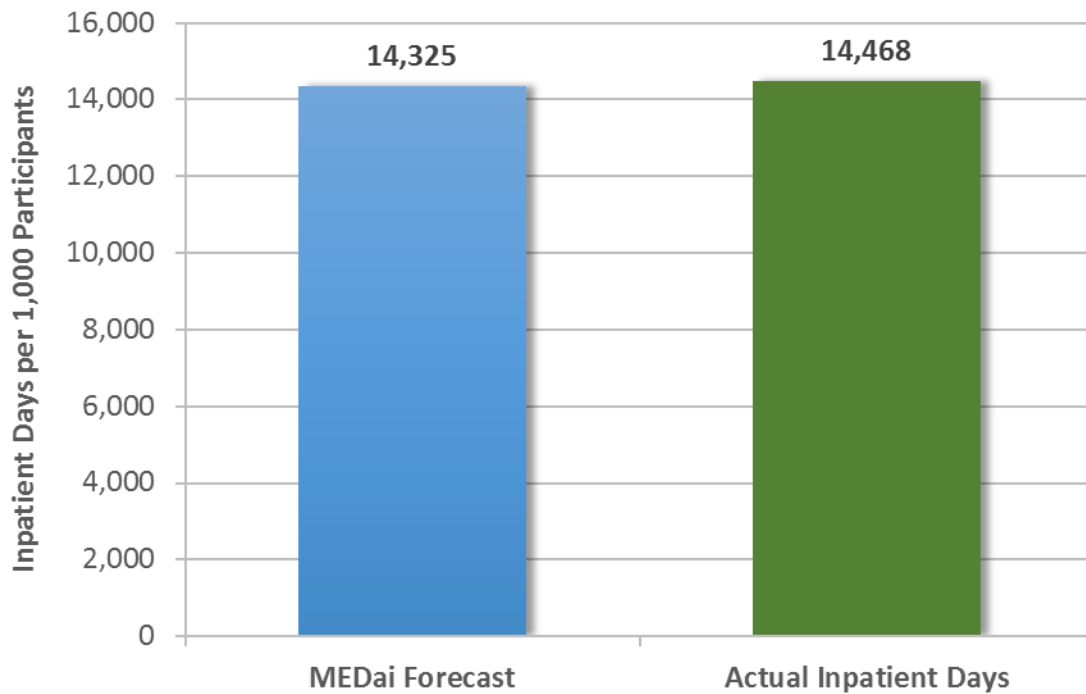
Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2016 included 23 members who were not participating in health coaching and for whom heart failure was the most expensive diagnosis. Results for this diagnosis should be interpreted with caution given the small size of the population.

Utilization

MEDai projected that members with heart failure would incur 14,325 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 14,468, or 101 percent of forecast (Exhibit 7-21).

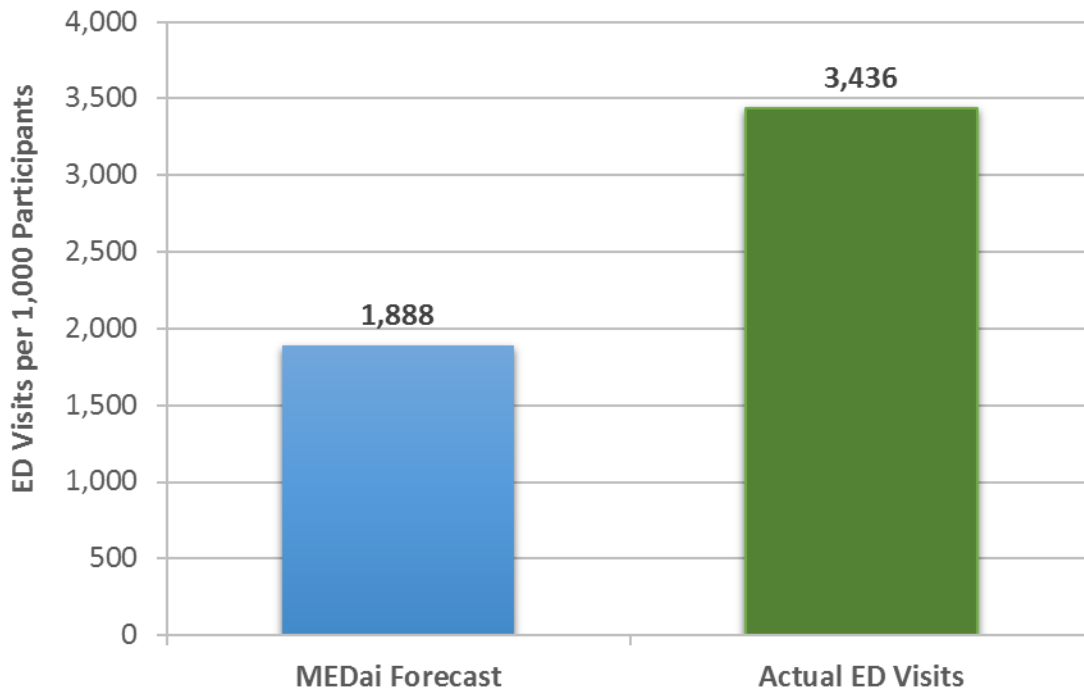
**Exhibit 7-21 – Members with Heart Failure as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



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

MEDai projected that members with heart failure would incur 1,888 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 3,436, or 182 percent of forecast (Exhibit 7-22).

**Exhibit 7-22 – Members with Heart Failure as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants**

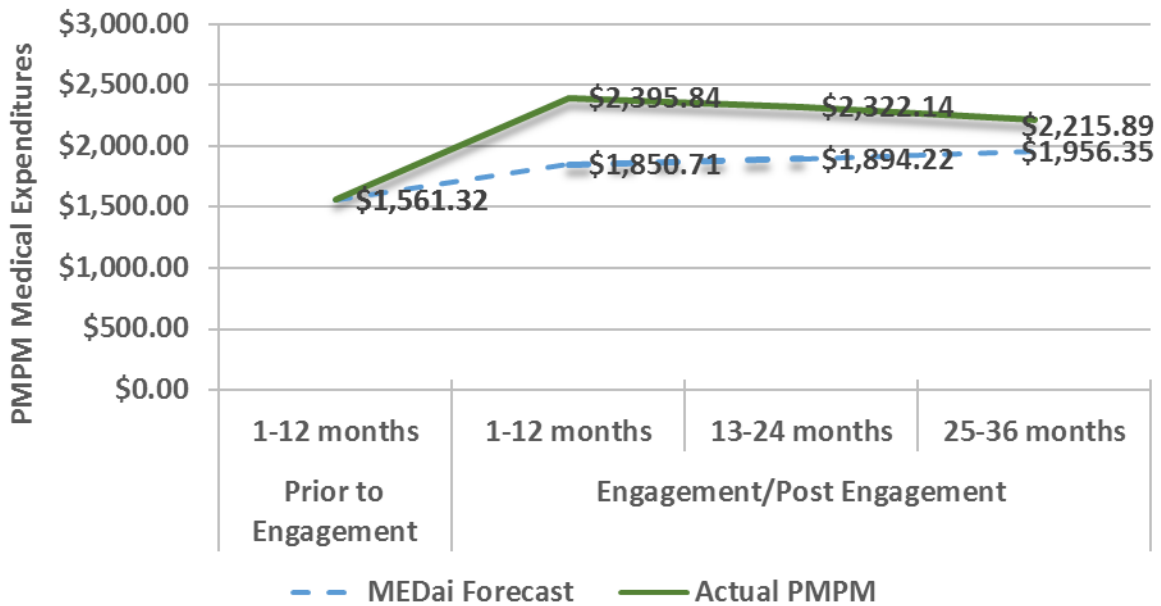


Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with heart failure would incur an average of \$1,851 in PMPM expenditures over the 12-month forecast period. The actual amount was \$2,396, or 129% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,894 in PMPM expenditures. The actual amount was \$2,322, or 123% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,956 in PMPM expenditures. The actual amount was \$2,216, or 113% of forecast (Exhibit 7-23).

**Exhibit 7-23 – Members with Heart Failure as Most Expensive Diagnosis
Total PMPM Expenditures**



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

At the category-of-service level in the first 12 months, expenditures increased for nearly all services (Exhibit 7-24).

**Exhibit 7-24 – Members with Heart Failure as Most Expensive Diagnosis
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$677.09	\$1,253.87	\$576.79	85%
Outpatient Hospital	\$332.53	\$464.66	\$132.13	40%
Physician	\$258.00	\$402.53	\$144.53	56%
Pharmacy	\$122.08	\$87.21	(\$34.87)	-29%
Behavioral Health	\$0.00	\$0.00	\$0.00	--
All Other	\$171.62	\$187.56	\$15.94	9%
Total	\$1,561.32	\$2,395.84	\$834.52	53%

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 the average PMPM deficit. The resultant deficit equaled approximately (\$170,000) (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	234	(\$545.13)	(\$127,560)
Months 13 - 24	85	(\$427.92)	(\$36,373)
Months 25 - 36	23	(\$259.54)	(\$5,969)
Total	342	(\$496.79)	(\$169,902)

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

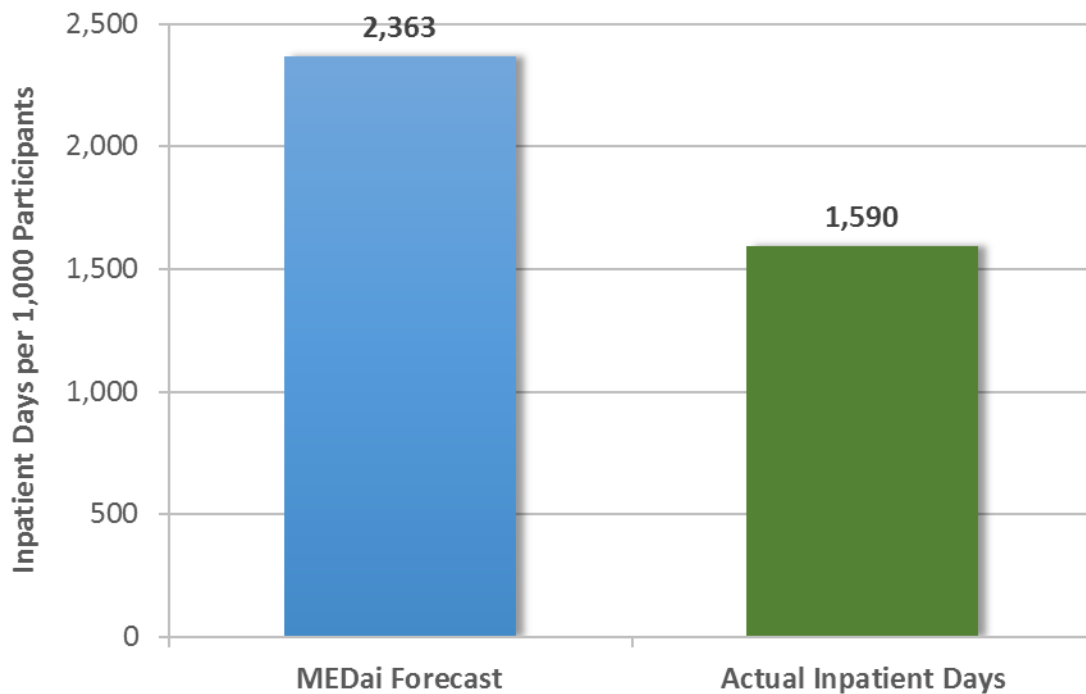
Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2016 included 751 members who were not participating in health coaching and for whom hypertension was the most expensive diagnosis.

Utilization

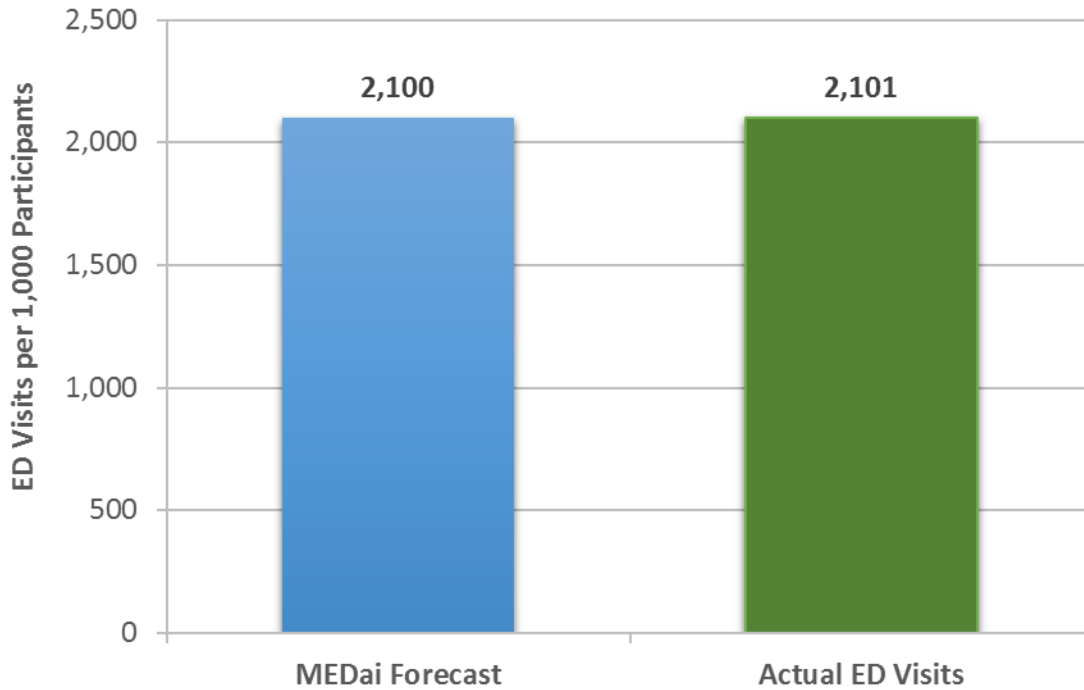
MEDai projected that members with hypertension would incur 2,363 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 1,590, or 67 percent of forecast (Exhibit 7-26).

**Exhibit 7-26 – Members with Hypertension as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



MEDai projected that members with hypertension would incur 2,100 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 2,101, or 100 percent of forecast (Exhibit 7-27).

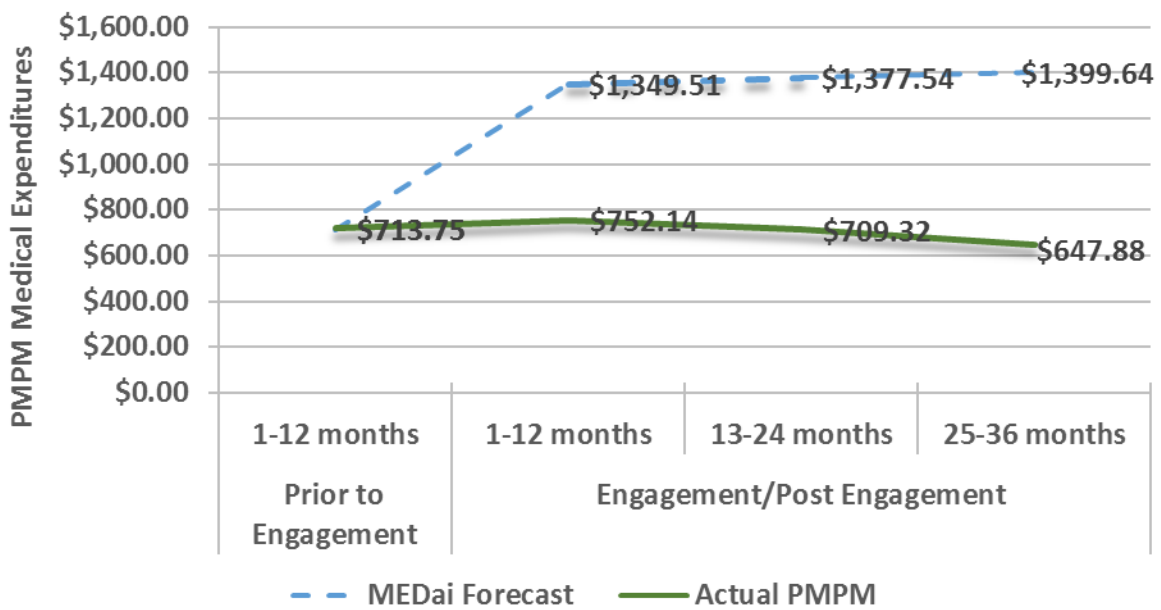
***Exhibit 7-27 – Members with Hypertension as Most Expensive Diagnosis
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants***



Medical Expenditures – Total and by Category of Service

MEDai projected that members with hypertension would incur an average of \$1,350 in PMPM expenditures over the 12-month forecast period. The actual amount was \$752, or 56% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,378 in PMPM expenditures. The actual amount was \$709, or 51% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,400 in PMPM expenditures. The actual amount was \$648, or 46% of forecast (Exhibit 7-28).

**Exhibit 7-28 – Members with Hypertension as Most Expensive Diagnosis
Total PMPM Expenditures**



At the category-of-service level in the first 12 months, expenditures decreased for several services, with physician costs declining by the greatest PMPM dollar amount (Exhibit 7-29).

**Exhibit 7-29 – Members with Hypertension as Most Expensive Diagnosis
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$233.01	\$220.02	(\$12.99)	-6%
Outpatient Hospital	\$104.30	\$113.57	\$9.27	9%
Physician	\$189.87	\$165.33	(\$24.54)	-13%
Pharmacy	\$111.96	\$166.55	\$54.59	49%
Behavioral Health	\$4.25	\$3.52	(\$0.73)	-17%
All Other	\$70.36	\$83.09	\$12.72	18%
Total	\$713.75	\$752.08	\$38.33	5%

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 \$5.6 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	6,064	\$597.37	\$3,622,452
Months 13 - 24	2,227	\$668.22	\$1,488,126
Months 25 - 36	622	\$751.76	\$467,595
Total	8,913	\$625.89	\$5,578,558

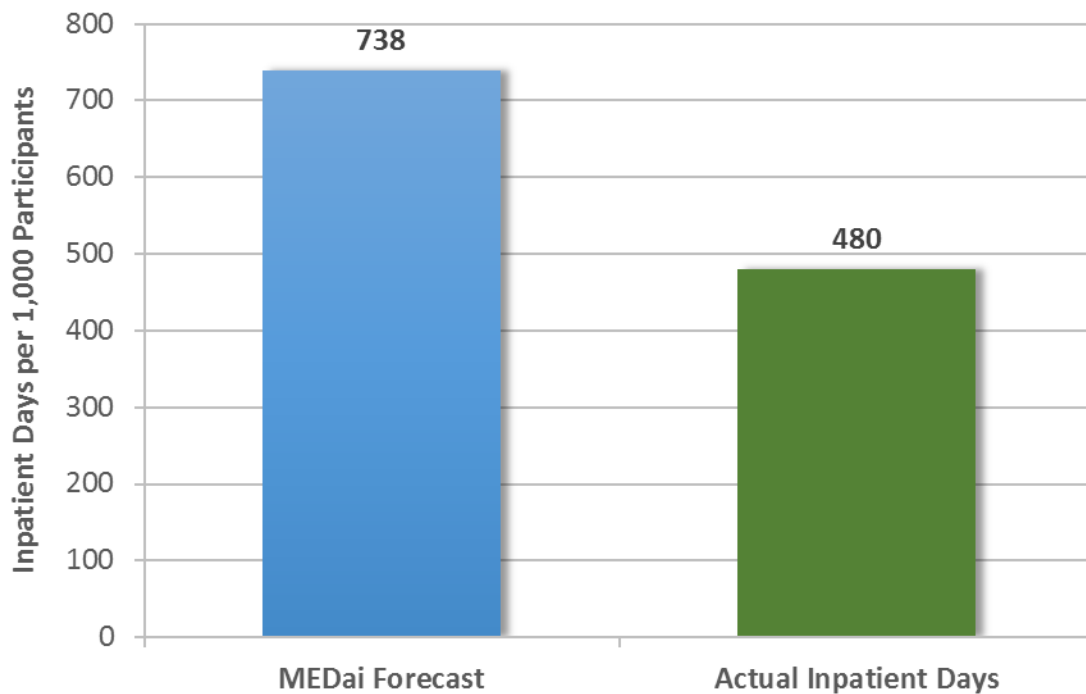
Utilization and Expenditure Evaluation – All Others

The SoonerCare HMP practice facilitation sites in SFY 2016 included 7,074 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

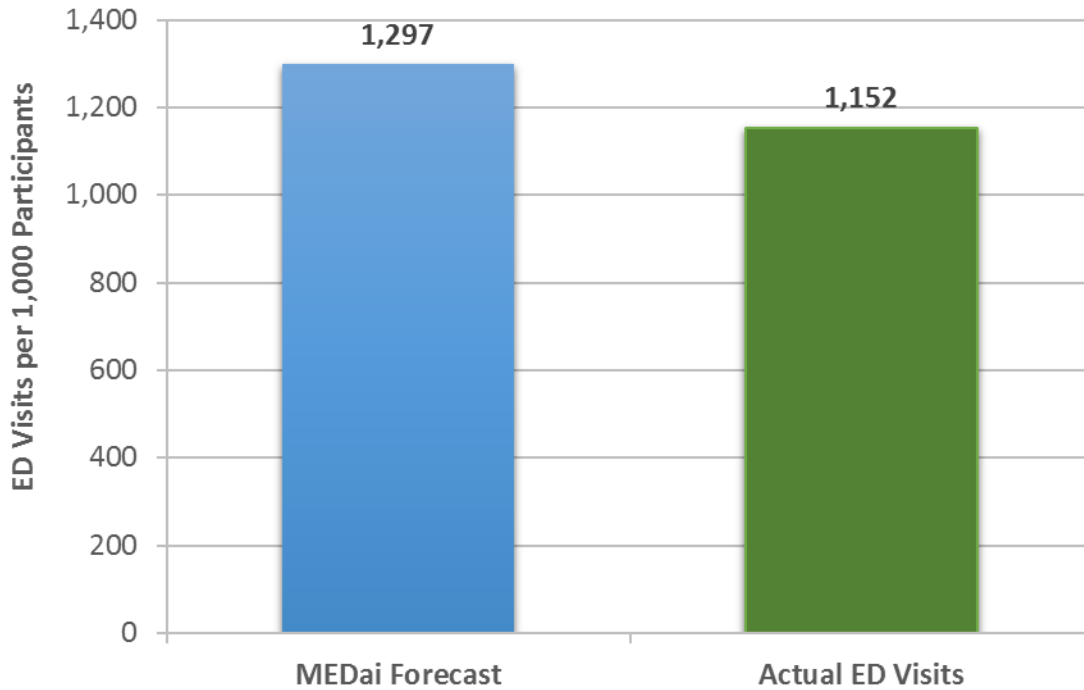
MEDai projected members in the “all others” group would incur 738 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 480, or 65 percent of forecast (Exhibit 7-31).

**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 1,297 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,152, or 89 percent of forecast (Exhibit 7-32).

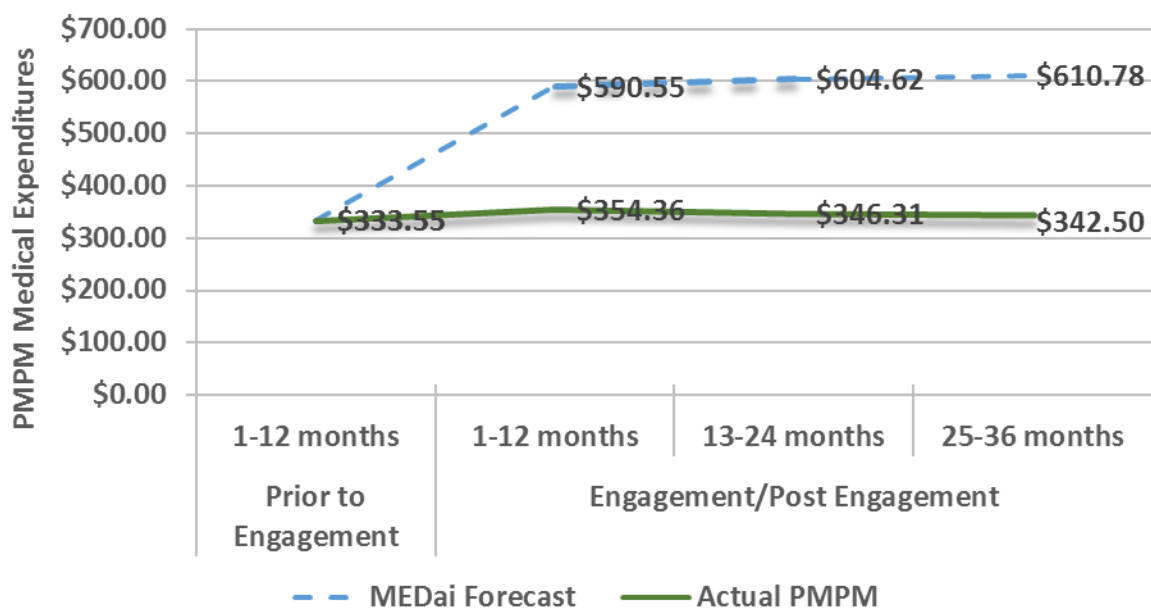
Exhibit 7-32 – All Other Members
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members in the “all others” group would incur an average of \$591 in PMPM expenditures over the 12-month forecast period. The actual amount was \$354, or 60% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$605 in PMPM expenditures. The actual amount was \$346, or 57% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$611 in PMPM expenditures. The actual amount was \$343, or 56% of forecast (Exhibit 7-33).

**Exhibit 7-33 – All Other Members
Total PMPM Expenditures**



At the category-of-service level in the first 12 months, expenditures increased for most services, although the overall rate of increase was a moderate six 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	\$37.74	\$42.23	\$4.49	12%
Outpatient Hospital	\$37.15	\$42.57	\$5.42	15%
Physician	\$74.72	\$82.57	\$7.85	11%
Pharmacy	\$53.73	\$61.07	\$7.34	14%
Behavioral Health	\$79.60	\$76.24	(\$3.36)	-4%
All Other	\$50.61	\$49.68	(\$0.93)	-2%
Total	\$333.55	\$354.36	\$20.81	6%

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 \$44.1 million (Exhibit 7-35).

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

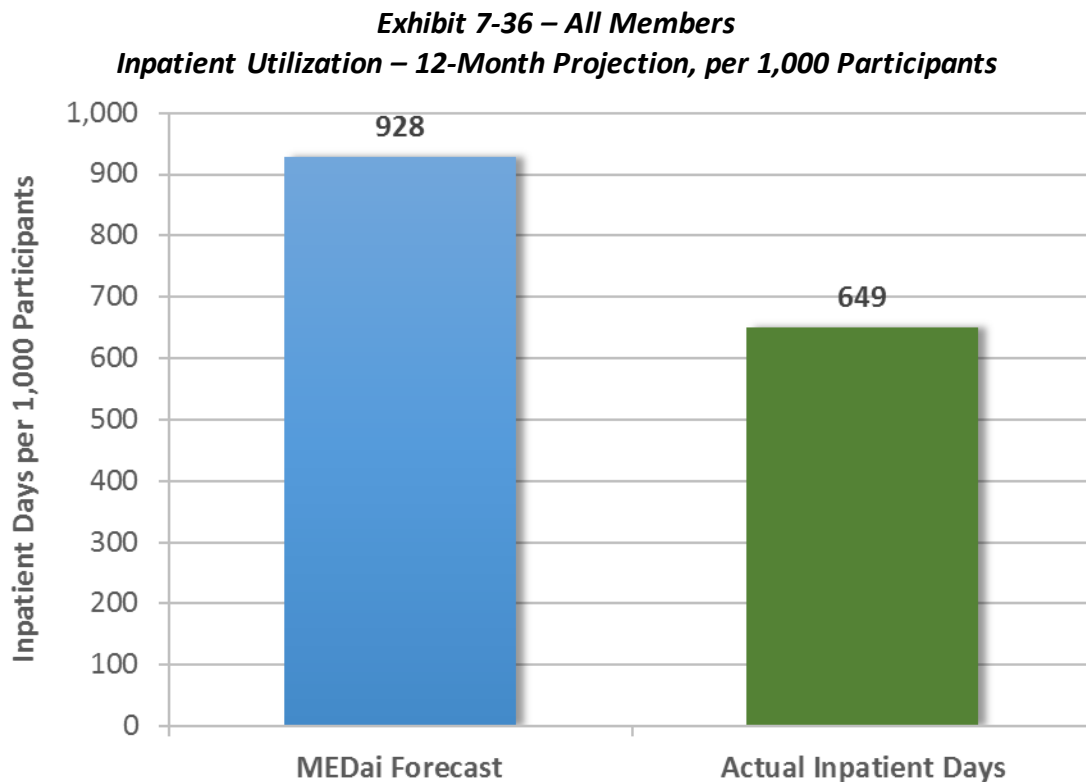
Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	124,884	\$236.19	\$29,496,352
Months 13 - 24	44,780	\$258.31	\$11,567,122
Months 25 - 36	11,460	\$268.28	\$3,074,489
Total	181,124	\$243.69	\$44,138,108

Utilization and Expenditure Evaluation – All Members

This section presents consolidated trend data across all 10,568 members aligned with a practice facilitation provider who did not participate in health coaching but met the other criteria for inclusion in the analysis.

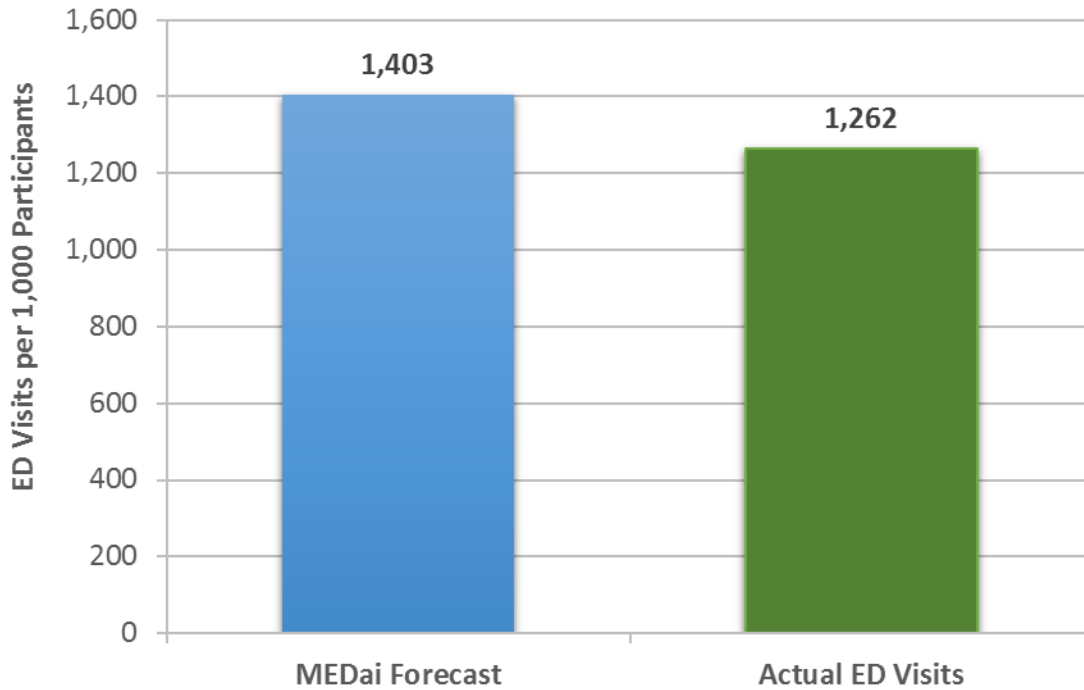
Utilization

MEDai projected members in total would incur 928 inpatient days per 1,000 over the 12 month forecast period. The actual rate was 649, or 70 percent of forecast (Exhibit 7-36).



MEDai projected members in total would incur 1,403 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,262, or 90 percent of forecast (Exhibit 7-37).

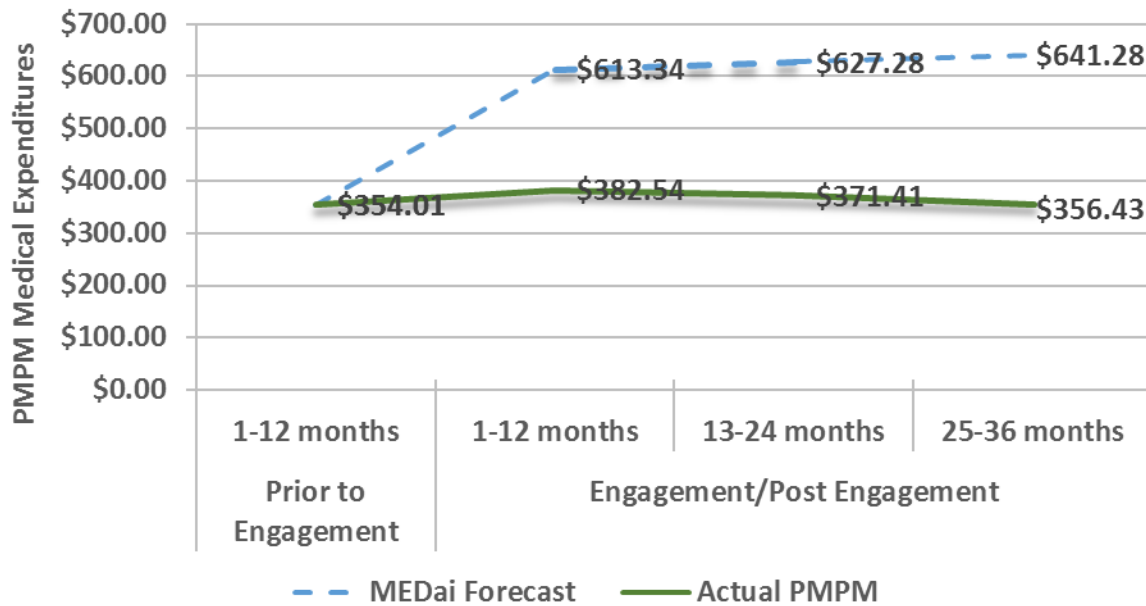
Exhibit 7-37 – All Members
Emergency Department Utilization – 12-Month Projection, per 1,000 Participants



Medical Expenditures – Total and by Category of Service

MEDai projected that members in total would incur an average of \$613 in PMPM expenditures over the 12-month forecast period. The actual amount was \$383, or 62% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$627 in PMPM expenditures. The actual amount was \$371, or 59% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$641 in PMPM expenditures. The actual amount was \$356, or 56% 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 all services except behavioral health (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	\$52.03	\$59.00	\$6.97	13%
Outpatient Hospital	\$42.82	\$50.35	\$7.53	18%
Physician	\$84.82	\$92.07	\$7.25	9%
Pharmacy	\$58.77	\$68.80	\$10.02	17%
Behavioral Health	\$63.68	\$60.19	(\$3.48)	-5%
All Other	\$51.89	\$52.13	\$0.24	0%
Total	\$354.01	\$382.54	\$28.53	8%

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 approximately \$55.6 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	158,898	\$230.80	\$36,673,658
Months 13 - 24	57,240	\$255.87	\$14,645,999
Months 25 - 36	15,083	\$284.85	\$4,296,393
Total	231,221	\$240.53	\$55,615,587

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 2016 aggregate administrative expenses for practice facilitation were approximately \$9.9 million (Exhibit 7-41). This equated to \$43.06 on a PMPM basis. The PMPM calculation was performed using total member months (231,221) for members included in the expenditure analysis.

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

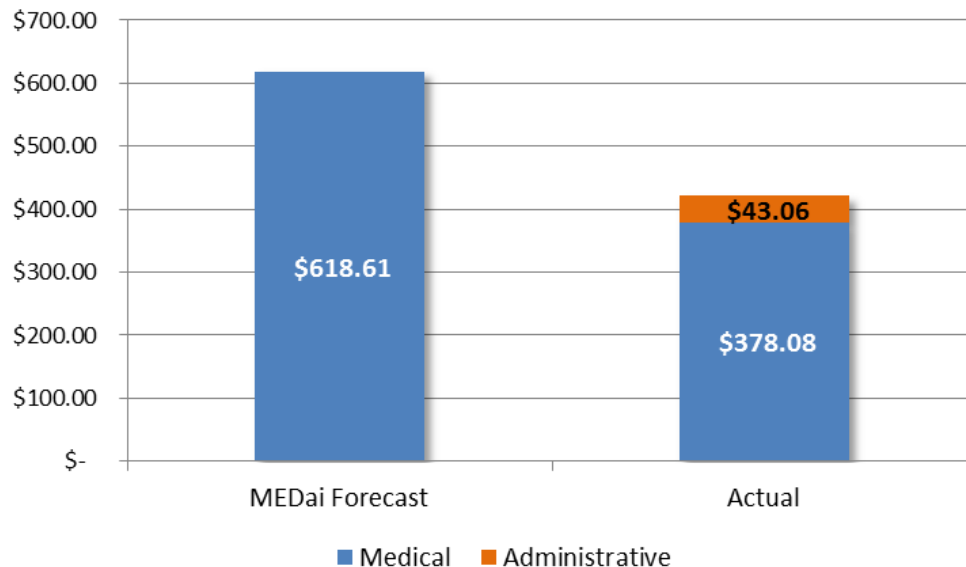
Cost Component	SFY 2014 - 2016 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	\$582,455	\$2.52
OHCA SoonerCare HMP overhead (50% allocation)	\$64,113	\$0.28
Telligen practice facilitators	\$6,431,329	\$27.81
Telligen Central Operations (50% allocation)	\$2,878,463	\$12.45
Total Administrative Expense	\$9,956,360	\$43.06

Cost Effectiveness Calculation⁵⁹

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2016, 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 \$618.61⁶⁰. Their actual average PMPM medical costs were \$378.08. With the addition of \$43.06 in average PMPM administrative expenses, total actual costs were \$421.14. Medical expenses accounted for 90 percent of the total and administrative expenses accounted for the other 10 percent. Overall, net SoonerCare HMP practice facilitation-related PMPM expenses were 68.1 percent of forecast (Exhibit 7-42).

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



On an aggregate basis, the practice facilitation portion of the SoonerCare HMP achieved a net savings in excess of \$45.6 million, up from \$28.4 million at the end of SFY 2015 (Exhibit 7-43 on the following page). These net savings compare favorably to the practice facilitation component of the first generation SoonerCare HMP, which generated a cumulative net savings of \$58 million over the entire five-year evaluation, a benchmark the second generation HMP is on pace to exceed.⁶¹

⁵⁹ PMPM and aggregate values differ slightly due to rounding.

⁶⁰ This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24 and months 25 – 36, as shown in exhibit 7-38.

⁶¹ SoonerCare HMP Comprehensive Evaluation Report, May 2014, page 94.

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

Medical Savings	Administrative Costs	Net Savings
\$55,615,587	(\$9,956,360)	\$45,659,227

CHAPTER 8 – SOONERCARE HMP RETURN ON INVESTMENT

Introduction

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

ROI Results

PHPG examined the program's return on investment (ROI) through SFY 2016, by comparing health coaching and practice facilitation administrative expenditures to medical savings. The results are presented in Exhibit 8-1 below.

As the exhibit illustrates, both program components have achieved a positive ROI, with the program as a whole generating a return on investment of 275.1 percent. Put another way, the second generation *SoonerCare HMP, in its first three years, yielded \$2.75 in net medical savings for every dollar in administrative expenditures.*

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

Component	Medical Savings	Administrative Costs	Net Savings	Return on Investment
Health Coaching	\$43,426,275	(\$16,447,017)	\$26,979,258	164.0%
Practice Facilitation	\$55,615,587	(\$9,956,360)	\$45,659,227	458.6%
TOTAL	\$99,041,862	(\$26,403,377)	\$72,638,485	275.1%

APPENDIX A – HEALTH COACHING PARTICIPANT SURVEY INSTRUMENT

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



JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

<First> <Last>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip>

The Oklahoma Health Care Authority is conducting a survey of SoonerCare members. You were selected for the survey because you may have received help from the SoonerCare Health Management Program. We are interested in learning about your experience and how we can make these services better.

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

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

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

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

We look forward to speaking with you soon.



SOONERCARE HMP MEMBER SURVEY

INTRODUCTION & CONSENT

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

INTRO1. We are conducting a short survey to find out about where SoonerCare members get their health care and about their participation in the health management program. The survey takes about 10 minutes.

[ANSWER ANY QUESTIONS AND PROCEED TO QUESTION 1]

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

1. The SoonerCare program is a health insurance program offered by the state. Are you currently participating in SoonerCare?⁶²
 - 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]
 - d. Don't Know/Not Sure → [END CALL]

⁶² All questions include a "don't know/not sure" or similar option which is unprompted by the surveyor; this response is listed on the instrument to allow surveyors to document such a response. Questions are reworded for parents/guardians completing the survey on behalf of program participants.

5. Are you still participating today in the 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			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
1) Are you currently enrolled in SoonerCare?				
A. Yes	138 99.3%	602 97.3%	529 97.2%	1269 97.5%
B. No	1 0.7%	17 2.7%	15 2.8%	33 2.5%
2) Have you heard of the Health Management Program (HMP)?				
A. Yes	121 87.7%	554 92.0%	514 97.2%	1189 93.7%
B. No	16 11.6%	47 7.8%	15 2.8%	78 6.1%
C. Don't know/not sure	1 0.7%	1 0.2%	0 0.0%	2 0.2%
3) Were you contacted and offered a chance to enroll in the HMP?				
A. Yes	122 89.7%	553 91.6%	514 97.2%	1189 93.7%
B. No	7 5.1%	47 7.8%	15 2.8%	69 5.4%
C. Don't know/not sure	9 6.6%	2 0.3%	0 0.0%	11 0.9%
4) Did you decide to participate?				
A. Yes	120 95.2%	552 99.8%	512 99.6%	1184 99.2%
B. No	6 4.8%	1 0.2%	2 0.4%	9 0.8%

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
133 98.5%	267 92.7%	400 94.6%
2 1.5%	21 7.3%	23 5.4%
<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>	<i>N/A - not asked</i>
<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
5) Are you still participating today in the SoonerCare HMP?				
A. Yes	118 98.3%	542 98.2%	500 97.7%	1160 98.0%
B. No/Don't know	2 1.7%	10 1.8%	12 2.3%	24 2.0%
6) How long have you been participating in the SoonerCare HMP?				
A. Less than 1 month	9 7.6%	5 0.9%	14 2.8%	28 2.4%
B. 1 to 2 months	39 33.1%	18 3.3%	8 1.6%	65 5.6%
C. 3 to 4 months	33 28.0%	40 7.4%	27 5.4%	100 8.6%
D. 5 to 6 months	7 5.9%	109 20.1%	57 11.4%	173 14.9%
E. More than 6 months	28 23.7%	352 64.9%	385 77.0%	765 65.9%
F. 6 to 9 months		<i>For initial survey, tenures greater than six months are not further stratified</i>		
G. 9 to 12 months				
H. More than 12 months				
I. Don't know/not sure	2 1.7%			

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
122 93.8%	218 81.6%	340 85.0%
11 8.5%	49 18.4%	60 15.0%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%
<i>See below</i>	<i>See below</i>	<i>See below</i>
8 6.6%	5 3.0%	13 4.5%
68 55.7%	53 31.5%	121 41.7%
44 36.1%	110 65.5%	154 53.1%
2 1.6%	0 0.0%	2 0.6%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
7) How did you learn about the SoonerCare HMP?							
A. Received information in the mail	10 8.5%	17 3.1%	28 5.6%	55 4.7%	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>
B. Received a call from my Health Coach	37 31.4%	191 35.2%	149 29.8%	377 32.5%			
C. Received a call from someone else	0 0.0%	0 0.0%	0 0.0%	0 0.0%			
D. Doctor referred me while I was in his/her office	67 56.8%	305 56.3%	273 54.6%	645 55.6%			
E. Other	0 0.0%	8 1.5%	8 1.6%	16 1.4%			
F. Don't know/not sure	4 3.4%	21 3.9%	42 8.4%	67 5.8%			
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 25.4%	143 26.4%	125 25.1%	298 25.7%	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>
B. Learn how to identify changes in health	0 0.0%	0 0.0%	0 0.0%	0 0.0%			
C. Have someone to call with questions about health	3 2.5%	17 3.1%	19 3.8%	39 3.4%			
D. Get help making health care appointments	4 3.4%	7 1.3%	4 0.8%	15 1.3%			
E. Personal doctor recommended I	2	18	15	35			

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
enroll	1.7%	3.3%	3.0%	3.0%	N/A - not asked	N/A - not asked	N/A - not asked
F. Improve my health	28 23.7%	89 16.4%	86 17.2%	203 17.5%			
G. Was invited to enroll/no specific reason	43 36.4%	229 42.3%	217 43.5%	489 42.1%			
H. Other	5 4.2%	35 6.5%	27 5.4%	67 5.8%			
I. Don't know/not sure	3 2.5%	6 1.1%	6 1.2%	15 1.3%			
9) Among the reasons you gave, what was your most important reason for deciding to participate?							
A. Learn how to better manage health problems	31 26.3%	142 26.2%	124 24.8%	297 25.6%			
B. Learn how to identify changes in health	0 0.0%	0 0.0%	0 0.0%	0 0.0%			
C. Have someone to call with questions about health	3 2.5%	17 3.1%	19 3.8%	39 3.4%			
D. Get help making health care appointments	4 3.4%	7 1.3%	1 0.2%	12 1.0%			
E. Personal doctor recommended I enroll	2 1.7%	17 3.1%	15 3.0%	34 2.9%			
F. Improve my health	28 23.7%	89 16.4%	83 16.6%	200 17.2%			
G. Was invited to enroll/no specific reason	42 35.6%	229 42.3%	220 44.0%	491 42.3%			

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
H. Other	5 4.2%	35 6.5%	32 6.4%	72 6.2%
I. Don't know/not sure	3 2.5%	6 1.1%	6 1.2%	15 1.3%
10) How soon after you started participating in the SoonerCare HMP were you contacted by your Health Coach?				
A. Contacted at time of enrollment	67 56.8%	498 91.9%	430 88.8%	995 87.0%
B. Less than 1 week	34 28.8%	14 2.6%	0 0.0%	48 4.2%
C. 1 to 2 weeks	2 1.7%	2 0.4%	0 0.0%	4 0.3%
D. More than 2 weeks	0 0.0%	2 0.4%	3 0.6%	5 0.4%
E. Have not been contacted - enrolled 2 weeks ago or less	0 0.0%	0 0.0%	0 0.0%	0 0.0%
F. Have not been contacted - enrolled 2 to 4 weeks ago	0 0.0%	0 0.0%	0 0.0%	0 0.0%
G. Have not been contacted - enrolled more than 4 weeks ago	1 0.8%	2 0.4%	5 1.0%	8 0.7%
H. Don't know/not sure	14 11.9%	24 4.4%	46 9.5%	84 7.3%

5/15 - 4/16 Six-Month Follow-up	5/16 - 4/17 Six Month Follow up	Aggregate Six Month Follow up
N/A - not asked	N/A - not asked	N/A - not asked

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
11) Can you tell me the name of your Health Coach?				
A. Yes	46 39.3%	201 37.0%	212 42.6%	459 39.6%
B. No	71 60.7%	342 63.0%	286 57.4%	699 60.4%
12) About when was the last time you spoke to your Health Coach?				
A. Within last week	28 24.1%	123 22.6%	105 21.1%	256 22.1%
B. 1 to 2 weeks ago	41 35.3%	127 23.3%	83 16.7%	251 21.7%
C. 2 to 4 weeks ago	27 23.3%	149 27.4%	166 33.4%	342 29.6%
D. More than 4 weeks ago	19 16.4%	136 25.0%	139 28.0%	294 25.4%
E. Have never spoken to Health Coach	1 0.9%	1 0.2%	3 0.6%	5 0.4%
F. Don't know/not sure/no response	0 0.0%	8 1.5%	1 0.2%	9 0.8%
13) Did you speak to your Health Coach over the telephone or in person at your doctor's office?				
A. Telephone	59 50.9%	364 66.9%	366 73.6%	789 68.2%
B. In person	57 49.1%	170 31.3%	126 25.4%	353 30.5%

5/15 - 4/16 Six-Month Follow-up	5/16 - 4/17 Six Month Follow up	Aggregate Six Month Follow up
42 34.4%	81 37.5%	123 36.4%
80 65.6%	135 62.5%	215 63.6%
30 24.6%	40 18.7%	70 20.8%
18 14.8%	34 15.9%	52 15.5%
25 20.5%	58 27.1%	83 24.7%
47 38.5%	81 37.9%	128 38.1%
1 0.8%	0 0.0%	1 0.3%
1 0.8%	1 0.5%	2 0.6%
99 81.1%	173 79.7%	272 80.2%
23 18.9%	44 20.3%	67 19.8%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
C. Don't know/not sure/no response	0 0.0%	10 1.8%	5 1.0%	15 1.3%
14) Did your Health Coach give you a telephone number to call if you needed help with your care?				
A. Yes	106 90.6%	477 87.8%	443 88.6%	1026 88.4%
B. No	5 4.3%	38 7.0%	31 6.2%	74 6.4%
C. Don't know/not sure/no response	6 5.1%	28 5.2%	26 5.2%	60 5.2%
15) Have you tried to call your Health Coach at the number you were given?				
A. Yes	17 16.0%	135 28.3%	151 34.1%	303 29.5%
B. No	89 84.0%	342 71.7%	291 65.7%	722 70.4%
C. Don't know/not sure	0 0.0%	0 0.0%	1 0.2%	1 0.1%
16) Thinking about the last time you called your Health Coach, what was the reason for your call?				
A. Routine health question	11 64.7%	109 80.7%	121 79.1%	241 79.0%
B. Urgent health problem	0 0.0%	3 2.2%	2 1.3%	5 1.6%

5/15 - 4/16 Six-Month Follow-up	5/16 - 4/17 Six Month Follow up	Aggregate Six Month Follow up
0 0.0%	0 0.0%	0 0.0%
110 90.2%	203 93.1%	313 92.1%
10 8.2%	7 3.2%	17 5.0%
2 1.6%	8 3.7%	10 2.9%
18 16.4%	54 26.7%	72 23.1%
92 83.6%	148 73.3%	240 76.9%
0 0.0%	0 0.0%	0 0.0%
11 61.1%	46 85.2%	57 79.2%
1 5.6%	0 0.0%	1 1.4%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
C. Seeking assistance in scheduling an appointment	2 11.8%	3 2.2%	11 7.2%	16 5.2%
D. Returning call from Health Coach	0 0.0%	13 9.6%	12 7.8%	25 8.2%
E. Other	4 23.5%	7 5.2%	6 3.9%	17 5.6%
F. Don't know/not sure	0 0.0%	0 0.0%	1 0.7%	1 0.3%
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 47.1%	80 59.3%	83 55.7%	171 56.8%
B. Called back within 1 hour	4 23.5%	29 21.5%	37 24.8%	70 23.3%
C. Called back in more than 1 hour but same day	3 17.6%	7 5.2%	8 5.4%	18 6.0%
D. Called back the next day	1 5.9%	3 2.2%	5 3.4%	9 3.0%
E. Called back 2 or more days later	1 5.9%	2 1.5%	1 0.7%	4 1.3%
F. Never called back	0 0.0%	5 3.7%	5 3.4%	10 3.3%
G. Other	0 0.0%	3 2.2%	0 0.0%	3 1.0%
H. Don't know/not sure	0 0.0%	6 4.4%	10 6.7%	16 5.3%

5/15 - 4/16 Six-Month Follow-up	5/16 - 4/17 Six Month Follow up	Aggregate Six Month Follow up
0 0.0%	3 5.6%	3 4.2%
4 22.2%	3 5.6%	7 9.7%
2 11.1%	2 3.7%	4 5.6%
0 0.0%	0 0.0%	0 0.0%
11 61.1%	27 50.0%	38 52.8%
2 11.1%	19 35.2%	21 29.2%
1 5.6%	2 3.7%	3 4.2%
3 16.7%	1 1.9%	4 5.6%
0 0.0%	0 0.0%	0 0.0%
1 5.6%	0 0.0%	1 1.4%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	5 9.3%	5 6.9%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
18) I'm going to mention some things your Health Coach may have done for you. Has your Health Coach:							
(a) Asked questions about your health problems or concerns							
A. Yes	116 98.3%	537 99.1%	497 99.4%	1150 99.1%	119 98.3%	217 100.0%	336 99.4%
B. No	2 1.7%	4 0.7%	2 0.4%	8 0.7%	2 1.7%	0 0.0%	2 0.6%
C. Don't know/not sure	0 0.0%	1 0.2%	1 0.2%	2 0.2%	0 0.0%	0 0.0%	0 0.0%
(b) Provided instructions about taking care of your health problems or concerns							
A. Yes	99 83.9%	504 93.0%	481 96.2%	1084 93.4%	115 95.0%	211 97.2%	326 96.4%
B. No	18 15.3%	34 6.3%	16 3.2%	68 5.9%	6 5.0%	6 2.8%	12 3.6%
C. Don't know/not sure	1 0.8%	4 0.7%	3 0.6%	8 0.7%	0 0.0%	0 0.0%	0 0.0%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
(c) Helped you to identify changes in your health that might be an early sign of a problem							
A. Yes	29 24.6%	213 39.3%	208 41.6%	450 38.8%	30 24.8%	99 45.6%	129 38.2%
B. No	89 75.4%	325 60.0%	281 56.2%	695 59.9%	91 75.2%	115 53.0%	206 60.9%
C. Don't know/not sure	0 0.0%	4 0.7%	11 2.2%	15 1.3%	0 0.0%	3 1.4%	3 0.9%
(d) Answered questions about your health							
A. Yes	93 78.8%	486 89.7%	459 91.8%	1038 89.5%	110 90.9%	211 97.2%	321 95.0%
B. No	23 19.5%	52 9.6%	39 7.8%	114 9.8%	11 9.1%	6 2.8%	17 5.0%
C. Don't know/not sure	1 0.8%	5 0.9%	2 0.4%	8 0.7%	0 0.0%	0 0.0%	0 0.0%
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff							
A. Yes	53 44.9%	165 30.4%	123 24.6%	341 29.4%	31 25.6%	50 23.0%	81 24.0%
B. No	64 54.2%	374 69.0%	372 74.5%	810 69.9%	90 74.4%	166 76.5%	256 75.7%
C. Don't know/not sure	1 0.8%	3 0.6%	4 0.8%	8 0.7%	0 0.0%	1 0.5%	1 0.3%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?							
A. Yes	32 27.1%	137 25.3%	117 23.4%	286 24.7%	27 22.3%	42 19.4%	69 20.4%
B. No	86 72.9%	404 74.5%	380 76.2%	870 75.1%	94 77.7%	175 80.6%	269 79.6%
C. Don't know/not sure	0 0.0%	1 0.2%	2 0.4%	3 0.3%	0 0.0%	0 0.0%	0 0.0%
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems							
A. Yes	17 14.4%	35 6.5%	19 3.8%	71 6.1%	6 5.0%	12 5.5%	18 5.3%
B. No	101 85.6%	506 93.4%	478 95.8%	1085 93.6%	115 95.0%	205 94.5%	320 94.7%
C. Don't know/not sure	0 0.0%	1 0.2%	2 0.4%	3 0.3%	0 0.0%	0 0.0%	0 0.0%
(h) Reviewed your medications with you and helped you to manage your medications							
A. Yes	70 59.3%	439 81.0%	439 88.0%	948 81.8%	97 80.2%	205 94.5%	302 89.3%
B. No	46 39.0%	90 16.6%	46 9.2%	182 15.7%	22 18.2%	9 4.1%	31 9.2%
C. Don't know/not sure	2 1.7%	13 2.4%	14 2.8%	29 2.5%	2 1.7%	3 1.4%	5 1.5%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
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 82.2%	487 89.9%	460 92.2%	1044 90.1%	111 91.7%	206 94.9%	317 93.5%
B. Somewhat satisfied	16 13.6%	40 7.4%	28 5.6%	84 7.2%	5 4.1%	7 3.2%	12 3.5%
C. Somewhat dissatisfied	1 0.8%	4 0.7%	2 0.4%	7 0.6%	2 1.7%	2 0.9%	4 1.2%
D. Very dissatisfied	1 0.8%	4 0.7%	6 1.2%	11 0.9%	1 0.8%	1 0.5%	2 0.6%
E. Don't know/Not Applicable	3 2.5%	7 1.3%	3 0.6%	13 1.1%	3 2.5%	1 0.5%	4 1.2%
(b) Provided instructions about taking care of your health problems or concerns							
A. Very satisfied	85 72.0%	471 86.9%	451 90.4%	1007 86.9%	108 89.3%	204 94.0%	312 92.3%
B. Somewhat satisfied	11 9.3%	30 5.5%	25 5.0%	66 5.7%	4 3.3%	6 2.8%	10 3.0%
C. Somewhat dissatisfied	1 0.8%	1 0.2%	2 0.4%	4 0.3%	2 1.7%	1 0.5%	3 0.9%
D. Very dissatisfied	1 0.8%	4 0.7%	2 0.4%	7 0.6%	1 0.8%	0 0.0%	1 0.3%
E. Don't know/Not Applicable	20 16.9%	36 6.6%	19 3.8%	75 6.5%	6 5.0%	6 2.8%	12 3.6%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
(c) Helped you to identify changes in your health that might be an early sign of a problem							
A. Very satisfied	29 24.6%	203 37.5%	198 39.7%	430 37.1%	29 24.0%	90 41.5%	119 35.2%
B. Somewhat satisfied	4 3.4%	8 1.5%	6 1.2%	18 1.6%	0 0.0%	4 1.8%	4 1.2%
C. Somewhat dissatisfied	0 0.0%	1 0.2%	0 0.0%	1 0.1%	0 0.0%	1 0.5%	1 0.3%
D. Very dissatisfied	0 0.0%	1 0.2%	0 0.0%	1 0.1%	0 0.0%	0 0.0%	0 0.0%
E. Don't know/Not Applicable	85 72.0%	329 60.7%	295 59.1%	709 61.2%	92 76.0%	122 56.2%	214 63.3%
(d) Answered questions about your health							
A. Very satisfied	84 71.2%	452 83.4%	440 88.2%	976 84.2%	105 86.8%	203 93.5%	308 91.1%
B. Somewhat satisfied	9 7.6%	26 4.8%	19 3.8%	54 4.7%	3 2.5%	6 2.8%	9 2.7%
C. Somewhat dissatisfied	0 0.0%	2 0.4%	1 0.2%	3 0.3%	2 1.7%	1 0.5%	3 0.9%
D. Very dissatisfied	0 0.0%	3 0.6%	1 0.2%	4 0.3%	0 0.0%	0 0.0%	0 0.0%
E. Don't know/Not Applicable	25 21.2%	59 10.9%	38 7.6%	122 10.5%	11 9.1%	7 3.2%	18 5.3%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff							
A. Very satisfied	52 44.1%	159 29.3%	120 24.0%	331 28.6%	31 25.6%	47 21.7%	78 23.1%
B. Somewhat satisfied	1 0.8%	13 2.4%	6 1.2%	20 1.7%	1 0.8%	3 1.4%	4 1.2%
C. Somewhat dissatisfied	0 0.0%	2 0.4%	0 0.0%	2 0.2%	0 0.0%	0 0.0%	0 0.0%
D. Very dissatisfied	0 0.0%	1 0.2%	1 0.2%	2 0.2%	0 0.0%	0 0.0%	0 0.0%
E. Don't know/Not Applicable	65 55.1%	367 67.7%	372 74.5%	804 69.4%	89 73.6%	167 77.0%	256 75.7%
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?							
A. Very satisfied	30 25.4%	127 23.4%	113 22.6%	270 23.3%	27 22.3%	39 18.0%	66 19.5%
B. Somewhat satisfied	2 1.7%	17 3.1%	9 1.8%	28 2.4%	0 0.0%	2 0.9%	2 0.6%
C. Somewhat dissatisfied	0 0.0%	1 0.2%	0 0.0%	1 0.1%	0 0.0%	2 0.9%	2 0.6%
D. Very dissatisfied	0 0.0%	1 0.2%	0 0.0%	1 0.1%	0 0.0%	0 0.0%	0 0.0%
E. Don't know/Not Applicable	86 72.9%	396 73.1%	377 75.6%	859 74.1%	94 77.7%	174 80.2%	268 79.3%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems							
A. Very satisfied	15 12.7%	33 6.1%	18 3.6%	66 5.7%	4 3.3%	10 4.6%	14 4.1%
B. Somewhat satisfied	1 0.8%	18 3.3%	13 2.6%	32 22.8%	1 0.8%	2 0.9%	3 0.9%
C. Somewhat dissatisfied	0 0.0%	1 0.2%	0 0.0%	1 0.1%	0 0.0%	0 0.0%	0 0.0%
D. Very dissatisfied	0 0.0%	1 0.2%	0 0.0%	1 0.1%	0 0.0%	0 0.0%	0 0.0%
E. Don't know/Not Applicable	102 86.4%	489 90.2%	468 93.8%	1059 91.4%	116 95.9%	205 94.5%	321 95.0%
(h) Reviewed your medications with you and helped you to manage your medications							
A. Very satisfied	61 51.7%	412 76.0%	423 84.8%	896 77.3%	93 76.9%	198 91.2%	291 86.1%
B. Somewhat satisfied	7 5.9%	32 5.9%	15 3.0%	54 4.7%	3 2.5%	5 2.3%	8 2.4%
C. Somewhat dissatisfied	0 0.0%	4 0.7%	2 0.4%	6 0.5%	1 0.8%	1 0.5%	2 0.6%
D. Very dissatisfied	1 0.8%	1 0.2%	2 0.4%	4 0.3%	0 0.0%	1 0.5%	1 0.3%
E. Don't know/Not Applicable	46 39.0%	96 17.7%	57 11.4%	199 17.2%	24 19.8%	12 5.5%	36 10.7%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
20) Did your Health Coach ask your thoughts on what change in your life would make the biggest difference to your health?				
A. Yes	91 77.1%	409 75.5%	380 76.2%	880 75.9%
B. No	24 20.3%	94 17.3%	71 14.2%	189 16.3%
C. Don't know/not sure	3 2.5%	39 7.2%	48 9.6%	90 7.8%
21) Did you select an area where you would like to make a change?				
A. Yes	79 86.8%	339 82.9%	327 86.3%	745 84.8%
B. No	11 12.1%	70 17.1%	49 12.9%	130 14.8%
C. Don't know/not sure	1 1.1%	0 0.0%	3 0.8%	4 0.5%
22) What did you select? (Multiple categories allowed.)				
A. Management of chronic condition	20 21.5%	62 18.7%	73 22.3%	155 20.6%
B. Weight	23 24.7%	94 28.3%	100 30.6%	217 28.9%
C. Diet	11 11.8%	38 11.4%	34 10.4%	83 11.0%

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
93 76.9%	168 77.4%	261 77.2%
20 16.5%	28 12.9%	48 14.2%
8 6.6%	21 9.7%	29 8.6%
68 73.1%	130 77.4%	198 75.9%
25 26.9%	38 22.6%	63 24.1%
0 0.0%	0 0.0%	0 0.0%
13 18.8%	20 15.3%	33 16.5%
17 24.6%	43 32.8%	60 30.0%
14 20.3%	13 9.9%	27 13.5%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate
D. Tobacco use	13 14.0%	88 26.5%	68 20.8%	169 22.5%
E. Medications	0 0.0%	5 1.5%	6 1.8%	11 1.5%
F. Alcohol or drug use	0 0.0%	3 0.9%	1 0.3%	4 0.5%
G. Social support	0 0.0%	13 3.9%	8 2.4%	21 2.8%
H. Other	26 28.0%	29 8.7%	36 11.0%	91 12.1%
I. Don't know/not sure	0 0.0%	0 0.0%	1 0.3%	1 0.1%
23) Did you and your Health Coach develop an Action Plan with goals?				
A. Yes	76 96.2%	275 81.1%	261 80.1%	612 82.3%
B. No	3 3.8%	61 18.0%	63 19.3%	127 17.1%
C. Don't know/not sure	0 0.0%	3 0.9%	2 0.6%	5 0.7%
24) Have you achieved one or more goals in your Action Plan?				
A. Yes	38 50.0%	221 80.4%	211 80.8%	470 76.8%
B. No	38 50.0%	54 19.6%	50 19.2%	142 23.2%

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
16 23.2%	35 26.7%	51 25.5%
2 2.9%	1 0.8%	3 1.5%
0 0.0%	0 0.0%	0 0.0%
2 2.9%	1 0.8%	3 1.5%
5 7.2%	18 13.7%	23 11.5%
0 0.0%	0 0.0%	0 0.0%
53 77.9%	112 86.3%	165 83.3%
15 22.1%	18 13.8%	33 16.7%
0 0.0%	0 0.0%	0 0.0%
41 77.4%	86 76.8%	127 77.0%
12 22.6%	26 23.2%	38 23.0%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
C. Don't know/not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
25) What was the goal you achieved?	(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 56.4%	78 35.9%	38 19.0%	138 30.3%
B. No	17 43.6%	139 64.1%	162 81.0%	318 69.7%
C. Don't know/not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
27) What is the goal you're trying to achieve?	(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 confident	15 71.4%	49 62.0%	21 55.3%	85 61.6%
B. Somewhat confident	4 19.0%	24 30.4%	13 34.2%	41 29.7%
C. Not very confident	2 9.5%	3 3.8%	4 10.5%	9 6.5%
D. Not at all confident	0 0.0%	0 0.0%	0 0.0%	0 0.0%
E. Don't know/not sure	0 0.0%	3 3.8%	0 0.0%	3 2.2%

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
0 0.0%	0 0.0%	0 0.0%
(Member-specific data)	(Member-specific data)	(Member-specific data)
8 19.5%	11 12.8%	19 15.0%
33 80.5%	75 87.2%	108 85.0%
0 0.0%	0 0.0%	0 0.0%
(Member-specific data)	(Member-specific data)	(Member-specific data)
6 75.0%	9 81.8%	15 78.9%
2 25.0%	2 18.2%	4 21.1%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
29) How helpful has your Health Coach been in helping you to achieve your goals?				
A. Very helpful	33 94.3%	208 92.9%	202 97.6%	443 95.1%
B. Somewhat helpful	2 5.7%	3 1.3%	5 2.4%	10 2.1%
C. Not very helpful	0 0.0%	1 0.4%	0 0.0%	1 0.2%
D. Not at all helpful	0 0.0%	0 0.0%	0 0.0%	0 0.0%
E. Don't know/not sure/no response	0 0.0%	12 5.4%	0 0.0%	12 2.6%
30) Do you have any suggestions for how your Health Coach could be more helpful to you in achieving your goals?	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>
31) Overall, how satisfied are you with your Health Coach?				
A. Very satisfied	97 84.3%	478 87.7%	444 92.5%	1019 89.4%
B. Somewhat satisfied	13 11.3%	41 7.5%	25 5.2%	79 6.9%
C. Somewhat dissatisfied	0 0.0%	7 1.3%	3 0.6%	10 0.9%
D. Very dissatisfied	2 1.7%	5 0.9%	7 1.5%	14 1.2%

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
41 100.0%	85 98.8%	126 99.2%
0 0.0%	1 1.2%	1 0.8%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%
<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>
103 85.1%	193 95.1%	296 91.4%
9 7.4%	7 3.4%	16 4.9%
2 1.7%	1 0.5%	3 0.9%
1 0.8%	2 1.0%	3 0.9%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
E. Don't know/not sure/no response	3 2.6%	14 2.6%	1 0.2%	18 1.6%
32) Did you know that the SoonerCare HMP has a Resource Center to help members deal with non-medical problems?				
A. Yes	42 35.9%	211 38.9%	159 32.2%	412 35.7%
B. No	74 63.2%	278 51.2%	290 58.7%	642 55.6%
C. Don't know/not sure/no response	1 0.9%	54 9.9%	45 9.1%	100 8.7%
33) Have you or your Health Coach used the Resource Center to help you with a problem?				
A. Yes	8 19.0%	22 10.4%	19 11.9%	49 11.9%
B. No	34 81.0%	188 89.1%	140 88.1%	362 87.9%
C. Don't know/not sure	0 0.0%	1 0.5%	0 0.0%	1 0.2%
34) Thinking about the last time you used the Resource Center, what problem did you or your Health Coach ask for help in resolving?				
A. Housing/rent	2 25.0%	1 4.5%	0 0.0%	3 6.1%

5/15 - 4/16 Six-Month Follow-up	5/16 - 4/17 Six Month Follow up	Aggregate Six Month Follow up
6 5.0%	0 0.0%	6 1.9%
45 37.2%	107 49.5%	152 45.1%
66 54.5%	98 45.4%	164 48.7%
10 8.3%	11 5.1%	21 6.2%
3 6.7%	10 9.4%	13 8.6%
42 93.3%	96 90.6%	138 91.4%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	1 10.0%	1 7.7%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
B. Food	2 25.0%	4 18.2%	4 21.1%	10 20.4%
C. Child care	0 0.0%	1 4.5%	0 0.0%	1 2.0%
D. Transportation	3 37.5%	4 18.2%	2 10.5%	9 18.4%
E. Don't know/not sure	1 12.5%	0 0.0%	0 0.0%	1 2.0%
F. Other	0 0.0%	12 54.5%	13 68.4%	25 51.0%
35) How helpful was the Resource Center in resolving the problem?				
A. Very helpful	6 75.0%	16 76.2%	15 78.9%	37 77.1%
B. Somewhat helpful	0 0.0%	2 9.5%	0 0.0%	2 4.2%
C. Not very helpful	0 0.0%	0 0.0%	1 5.3%	1 2.1%
D. Not at all helpful	1 12.5%	2 9.5%	3 15.8%	6 12.5%
E. Don't know/not sure	1 12.5%	1 4.8%	0 0.0%	2 4.2%
36) What did the Resource Center do?	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
0 0.0%	3 30.0%	3 23.1%
0 0.0%	0 0.0%	0 0.0%
2 66.7%	0 0.0%	2 15.4%
0 0.0%	0 0.0%	0 0.0%
1 33.3%	6 60.0%	7 53.8%
3 100.0%	7 77.8%	10 100.0%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	1 11.1%	1 8.3%
0 0.0%	1 11.1%	1 8.3%
0 0.0%	0 0.0%	0 0.0%
<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
37) Overall, how satisfied are you with your whole experience in the HMP?				
A. Very satisfied	95 81.9%	478 87.9%	454 92.3%	1027 89.1%
B. Somewhat satisfied	15 12.9%	47 8.6%	28 5.7%	90 7.8%
C. Somewhat dissatisfied	1 0.9%	5 0.9%	1 0.2%	7 0.6%
D. Very dissatisfied	2 1.7%	3 0.6%	8 1.6%	13 1.1%
E. Don't know/not sure/no response	3 2.6%	11 2.0%	1 0.2%	15 1.3%
38) Would you recommend the SoonerCare HMP to a friend who has health care needs like yours?				
A. Yes	106 91.4%	510 93.8%	476 96.7%	1092 94.8%
B. No	2 1.7%	5 0.9%	8 1.6%	15 1.3%
C. Don't know/not sure/no response	8 6.9%	29 5.3%	8 1.6%	45 3.9%
39) Do you have any suggestions for improving the SoonerCare HMP?				
A. Yes (member-specific responses documented)	12 10.3%	47 8.6%	33 6.9%	92 8.1%

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
107 89.9%	206 95.4%	313 93.4%
10 8.4%	7 3.2%	17 5.1%
1 0.8%	2 0.9%	3 0.9%
0 0.0%	1 0.5%	1 0.3%
1 0.8%	0 0.0%	1 0.3%
117 96.7%	213 98.2%	330 97.6%
2 1.7%	2 0.9%	4 1.2%
2 1.7%	2 0.9%	4 1.2%
10 8.3%	13 6.0%	23 6.8%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
B. No/no response	104 89.7%	497 91.4%	448 93.1%	1049 91.9%
40) Overall, how would you rate your health today?				
A. Excellent	4 3.4%	8 1.5%	4 0.8%	16 1.4%
B. Good	37 31.4%	208 38.4%	157 31.7%	402 34.8%
C. Fair	55 46.6%	224 41.4%	270 54.4%	549 47.5%
D. Poor	22 18.6%	100 18.5%	63 12.7%	185 16.0%
E. Don't know/not sure	0 0.0%	1 0.2%	2 0.4%	3 0.3%
41) Compared to before you enrolled in the SoonerCare HMP, how has your health changed?				
A. Better	46 39.0%	235 43.4%	224 45.2%	505 43.7%
B. Worse	4 3.4%	48 8.9%	47 9.5%	99 8.6%
C. About the same	68 57.6%	258 47.7%	225 45.4%	551 47.7%

5/15 - 4/16 Six-Month Follow-up	5/16 - 4/17 Six Month Follow up	Aggregate Six Month Follow up
111 91.7%	204 94.0%	315 93.2%
2 1.7%	1 0.5%	3 0.9%
49 40.5%	86 39.6%	135 39.9%
49 40.5%	110 50.7%	159 47.0%
21 17.4%	20 9.2%	41 12.1%
0 0.0%	0 0.0%	0 0.0%
58 47.9%	107 49.3%	165 48.8%
10 8.3%	20 9.2%	30 8.9%
53 43.8%	90 41.5%	143 42.3%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
42) (If better) Do you think the SoonerCare HMP has contributed to your improvement in health?							
A. Yes	44 95.7%	225 95.7%	207 92.4%	476 94.3%	53 91.4%	103 96.3%	156 94.5%
B. No	2 4.3%	10 4.3%	17 7.6%	29 5.7%	4 6.9%	4 3.7%	8 4.8%
C. Don't know/not sure	0 0.0%	0 0.0%	0 0.0%	1 0.0%	1 1.7%	0 0.0%	1 0.6%
43) I'm going to mention a few areas where Health Coaches sometimes try to help members improve their health by changing behaviors. For each, tell me if your Health Coach spoke to you, and if so, whether you changed your behavior as a result.							
(a) Smoking less or using other tobacco products less							
A. N/A - not discussed	28 23.7%	64 11.8%	54 10.9%	146 12.7%	11 9.2%	11 5.1%	22 6.5%
B. Discussed - no change	9 7.6%	26 4.8%	45 9.1%	80 6.9%	10 8.4%	18 8.3%	28 8.3%
C. Discussed - temporary change	3 2.5%	11 2.0%	3 0.6%	17 1.5%	0 0.0%	4 1.8%	4 1.2%
D. Discussed - continuing change	16 13.6%	106 19.6%	88 17.8%	210 18.2%	16 13.4%	31 14.3%	47 14.0%
E. Don't know/not sure	3 2.5%	24 4.4%	16 3.2%	43 3.7%	4 3.4%	1 0.5%	5 1.5%
F. Not applicable	59 50.0%	310 57.3%	288 58.3%	657 57.0%	78 65.5%	152 70.0%	230 68.5%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
(b) Moving around more or getting more exercise							
A. N/A - not discussed	20 16.9%	82 15.2%	69 13.9%	171 14.8%	15 12.6%	25 11.5%	40 11.9%
B. Discussed - no change	12 10.2%	35 6.5%	39 7.9%	86 7.4%	7 5.9%	24 11.1%	31 9.2%
C. Discussed - temporary change	4 3.4%	7 1.3%	11 2.2%	22 1.9%	2 1.7%	12 5.5%	14 4.2%
D. Discussed - continuing change	49 41.5%	287 53.0%	281 56.7%	617 53.4%	67 56.3%	105 48.4%	172 51.2%
E. Don't know/not sure	4 3.4%	21 3.9%	14 2.8%	39 3.4%	3 2.5%	1 0.5%	4 1.2%
F. Not applicable	29 24.6%	109 20.1%	82 16.5%	220 19.0%	25 21.0%	50 23.0%	75 22.3%
(c) Changing your diet							
A. N/A - not discussed	19 16.1%	83 15.3%	59 11.9%	161 13.9%	15 12.6%	22 10.1%	37 11.0%
B. Discussed - no change	15 12.7%	27 5.0%	41 8.3%	83 7.2%	8 6.7%	19 8.8%	27 8.0%
C. Discussed - temporary change	2 1.7%	11 2.0%	16 3.2%	29 2.5%	2 1.7%	11 5.1%	13 3.9%
D. Discussed - continuing change	57 48.3%	334 61.7%	317 63.9%	708 61.3%	73 61.3%	133 61.3%	206 61.3%
E. Don't know/not sure	3 2.5%	21 3.9%	13 2.6%	37 3.2%	2 1.7%	0 0.0%	2 0.6%
F. Not applicable	22 18.6%	65 12.0%	50 10.1%	137 11.9%	19 16.0%	32 14.7%	51 15.2%

Survey Questions (numbering based on initial survey)	Initial Survey				5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
	2/15 - 4/15	5/15 - 4/16	5/16 – 4/17	Aggregate			
(d) Managing and taking your medications better							
A. N/A - not discussed	18 15.3%	88 16.3%	66 13.3%	172 14.9%	19 16.0%	14 6.5%	33 9.8%
B. Discussed - no change	18 15.3%	3 0.6%	5 1.0%	26 2.3%	0 0.0%	1 0.5%	1 0.3%
C. Discussed - temporary change	0 0.0%	0 0.0%	1 0.2%	1 0.1%	0 0.0%	0 0.0%	0 0.0%
D. Discussed - continuing change	42 35.6%	269 49.7%	281 56.7%	592 51.3%	57 47.9%	111 51.2%	168 50.0%
E. Don't know/not sure	3 2.5%	21 3.9%	13 2.6%	37 3.2%	3 2.5%	1 0.5%	4 1.2%
F. Not applicable	37 31.4%	160 29.6%	130 26.2%	327 28.3%	40 33.6%	90 41.5%	130 38.7%
(e) Making sure to drink enough water throughout the day							
A. N/A - not discussed	51 43.2%	198 36.6%	114 23.0%	363 31.4%	42 35.3%	48 22.1%	90 26.8%
B. Discussed - no change	7 5.9%	15 2.8%	39 7.9%	61 5.3%	6 5.0%	32 14.7%	38 11.3%
C. Discussed - temporary change	1 0.8%	3 0.6%	5 1.0%	9 0.8%	0 0.0%	3 1.4%	3 0.9%
D. Discussed - continuing change	42 35.6%	218 40.3%	244 49.2%	504 43.6%	44 37.0%	85 39.2%	129 38.4%
E. Don't know/not sure	3 2.5%	26 4.8%	28 5.6%	57 4.9%	7 5.9%	6 2.8%	13 3.9%
F. Not applicable	14 11.9%	81 15.0%	66 13.3%	161 113.9%	20 16.8%	43 19.8%	63 18.8%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
(f) Drinking or using other substances less				
A. N/A - not discussed	33 28.0%	160 29.6%	153 31.0%	346 30.0%
B. Discussed - no change	6 5.1%	3 0.6%	4 0.8%	13 1.1%
C. Discussed - temporary change	0 0.0%	0 0.0%	0 0.0%	0 0.0%
D. Discussed - continuing change	2 1.7%	9 1.7%	5 1.0%	16 1.4%
E. Don't know/not sure	3 2.5%	24 4.4%	23 4.7%	50 4.3%
F. Not applicable	74 62.7%	345 63.8%	309 62.6%	728 63.1%
44 - 47) Comparison to NCM program	<i>(Insufficient data to report)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>
48 - 49) Dropouts (question 3 on follow-up survey) - Why did you decide to disenroll from the SoonerCare HMP?	<i>(Insufficient data to report)</i>	<i>(Question moved to follow-up survey)</i>	<i>(Question moved to follow-up survey)</i>	<i>(Question moved to follow-up survey)</i>
A. Not aware of program/did not know was enrolled		<i>N/A - follow-up survey only</i>		
B. Did not understand purpose of the program				
C. Did not wish to self-manage care/receive health education				
D. Satisfied with doctor/current health care access without				

5/15 - 4/16 Six-Month Follow-up	5/16 - 4/17 Six Month Follow up	Aggregate Six Month Follow up
39 32.8%	52 24.0%	91 27.1%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%
1 0.8%	4 1.8%	5 1.5%
5 4.2%	2 0.9%	7 2.1%
74 62.2%	159 73.3%	233 69.3%
<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>
2 20.0%	0 0.0%	2 3.9%
0 0.0%	0 0.0%	0 0.0%
2 20.0%	5 12.2%	7 13.7%
1 10.0%	2 4.9%	3 5.9%

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
program				
E. Dislike nurse care manager				
F Changed doctors				
G. Disenrolled by doctor				
H. Disenrolled by nurse care manager				
I. Disenrolled by other				
J. Have no health needs at this time				
K. Other				
L. Don't know/not sure				
50 - 51) Opt outs	<i>(Insufficient data to report)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>
52) Race (multiple categories allowed)				
A. White or Caucasian	77 61.6%	334 61.7%	218 69.6%	629 64.2%
B. Black or African American	18 14.4%	117 21.6%	53 16.9%	188 19.2%
C. Asian	1 0.8%	10 1.8%	2 0.6%	13 1.3%

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up
0 0.0%	0 0.0%	0 0.0%
2 20.0%	4 9.8%	6 11.8%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%
0 0.0%	0 0.0%	0 0.0%
1 10.0%	8 19.5%	9 17.6%
2 20.0%	18 43.9%	20 39.2%
0 0.0%	4 9.8%	4 7.8%
<i>(Question discontinued)</i>	<i>(Question discontinued)</i>	<i>(Question discontinued)</i>
<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>

Survey Questions (numbering based on initial survey)	Initial Survey			
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	Aggregate
D. Native Hawaiian or other Pacific Islander	0 <i>0.0%</i>	0 <i>0.0%</i>	1 <i>0.3%</i>	1 <i>0.1%</i>
E. American Indian	10 <i>8.0%</i>	52 <i>9.6%</i>	24 <i>7.7%</i>	86 <i>8.8%</i>
F. Hispanic or Latino	15 <i>12.0%</i>	27 <i>5.0%</i>	11 <i>3.5%</i>	53 <i>5.4%</i>
G. Other	4 <i>3.2%</i>	1 <i>0.2%</i>	4 <i>1.3%</i>	9 <i>0.9%</i>

5/15 – 4/16 Six-Month Follow-up	5/16 – 4/17 Six Month Follow up	Aggregate Six Month Follow up

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 15-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	115,148	33,673	71,869	23,589	27,592	10,951	7,582							
Aggregate Expenditures														
Inpatient Services	\$20,225,293	\$5,881,193	\$10,633,718	\$3,094,800	\$3,702,123	\$1,382,757	\$948,134							
Outpatient Services	\$12,010,690	\$3,494,797	\$7,119,313	\$2,073,332	\$2,475,176	\$922,768	\$629,643							
Physician Services	\$19,650,290	\$5,711,499	\$10,877,163	\$3,159,733	\$3,784,162	\$1,408,825	\$964,098							
Prescribed Drugs	\$18,181,358	\$5,288,457	\$13,217,113	\$3,837,291	\$4,602,602	\$1,715,797	\$1,174,193							
Psychiatric Services	\$6,899,068	\$2,002,641	\$3,908,668	\$1,134,001	\$1,361,991	\$508,010	\$348,330							
Dental Services	\$1,390,242	\$404,066	\$576,777	\$167,878	\$200,571	\$74,717	\$51,280							
Lab and X-Ray	\$4,158,626	\$1,205,570	\$2,925,410	\$848,176	\$1,017,823	\$378,496	\$259,514							
Medical Supplies and Orthotics	\$1,478,656	\$429,201	\$799,652	\$232,303	\$278,194	\$103,577	\$71,156							
Home Health and Home Care	\$1,057,137	\$306,661	\$628,111	\$182,326	\$218,507	\$81,290	\$55,791							
Nursing Facility	\$136,807	\$39,636	\$93,399	\$26,756	\$32,697	\$12,129	\$8,283							
Targeted Case Management	\$81,598	\$23,628	\$70,737	\$20,537	\$24,589	\$9,139	\$6,266							
Transportation	\$1,668,304	\$484,545	\$864,768	\$250,364	\$300,631	\$111,511	\$76,447							
Other Practitioner	\$478,281	\$138,384	\$267,952	\$77,532	\$93,507	\$34,898	\$23,904							
Other Institutional	\$2,846	\$824	\$9,513	\$2,707	\$3,337	\$1,243	\$852							
Other	\$722,026	\$209,597	\$273,586	\$79,263	\$95,420	\$35,608	\$24,439							
Total	\$88,141,222	\$25,620,701	\$52,265,880	\$15,186,998	\$18,191,333	\$6,780,764	\$4,642,328							
PMPM Expenditures														
Inpatient Services	\$175.65	\$174.66	\$147.96	\$131.20	\$134.17	\$126.27	\$125.05	-15.8%	-9.3%	-6.8%	-24.9%	-3.8%	-1.0%	
Outpatient Services	\$104.31	\$103.79	\$99.06	\$87.89	\$89.71	\$84.26	\$83.04	-5.0%	-9.4%	-7.4%	-15.3%	-4.1%	-1.4%	
Physician Services	\$170.65	\$169.62	\$151.35	\$133.95	\$137.15	\$128.65	\$127.16	-11.3%	-9.4%	-7.3%	-21.0%	-4.0%	-1.2%	
Prescribed Drugs	\$157.90	\$157.05	\$183.91	\$162.67	\$166.81	\$156.68	\$154.87	16.5%	-9.3%	-7.2%	3.6%	-3.7%	-1.2%	
Psychiatric Services	\$59.91	\$59.47	\$54.39	\$48.07	\$49.36	\$46.39	\$45.94	-9.2%	-9.2%	-6.9%	-19.2%	-3.5%	-1.0%	
Dental Services	\$12.07	\$12.00	\$8.03	\$7.12	\$7.27	\$6.82	\$6.76	-33.5%	-9.4%	-7.0%	-40.7%	-4.1%	-0.9%	
Lab and X-Ray	\$36.12	\$35.80	\$40.70	\$35.96	\$36.89	\$34.56	\$34.23	12.7%	-9.4%	-7.2%	0.4%	-3.9%	-1.0%	
Medical Supplies and Orthotics	\$12.84	\$12.75	\$11.13	\$9.85	\$10.08	\$9.46	\$9.38	-13.4%	-9.4%	-6.9%	-22.7%	-4.0%	-0.8%	
Home Health and Home Care	\$9.18	\$9.11	\$8.74	\$7.73	\$7.92	\$7.42	\$7.36	-4.8%	-9.4%	-7.1%	-15.1%	-4.0%	-0.9%	
Nursing Facility	\$1.19	\$1.18	\$1.30	\$1.13	\$1.19	\$1.11	\$1.09	9.4%	-8.8%	-7.8%	-3.6%	-2.4%	-1.4%	
Targeted Case Management	\$0.71	\$0.70	\$0.98	\$0.87	\$0.89	\$0.83	\$0.83	38.9%	-9.5%	-7.3%	24.1%	-4.1%	-1.0%	
Transportation	\$14.49	\$14.39	\$12.03	\$10.61	\$10.90	\$10.18	\$10.08	-17.0%	-9.4%	-7.5%	-26.2%	-4.1%	-1.0%	
Other Practitioner	\$4.15	\$4.11	\$3.73	\$3.29	\$3.39	\$3.19	\$3.15	-10.2%	-9.1%	-7.0%	-20.0%	-3.0%	-1.1%	
Other Institutional	\$0.02	\$0.02	\$0.13	\$0.11	\$0.12	\$0.11	\$0.11	435.6%	-8.6%	-7.1%	369.0%	-1.1%	-1.0%	
Other	\$6.27	\$6.22	\$3.81	\$3.36	\$3.46	\$3.25	\$3.22	-39.3%	-9.2%	-6.8%	-46.0%	-3.2%	-0.9%	
Total	\$765.46	\$760.87	\$727.24	\$643.82	\$659.30	\$619.19	\$612.28	-5.0%	-9.3%	-7.1%	-15.4%	-3.8%	-1.1%	

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,102.87	65.9%
Months 13-24	\$1,112.80	59.2%
Months 25-36	\$1,128.84	54.2%

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

HMP Health Coaching Detail - Asthma														
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	16,728	4,848	8,784	2,715	3,298	1,260	873							
Aggregate Expenditures														
Inpatient Services	\$1,955,791	\$568,583	\$885,224	\$256,904	\$308,121	\$115,103	\$78,924							
Outpatient Services	\$1,964,651	\$572,527	\$837,554	\$243,621	\$291,082	\$108,527	\$74,053							
Physician Services	\$2,820,907	\$820,270	\$1,458,186	\$423,574	\$506,686	\$188,858	\$129,241							
Prescribed Drugs	\$2,314,948	\$672,093	\$1,264,640	\$367,128	\$439,533	\$164,157	\$112,339							
Psychiatric Services	\$1,510,634	\$438,880	\$683,248	\$198,184	\$237,485	\$88,782	\$60,876							
Dental Services	\$343,210	\$99,952	\$116,442	\$33,880	\$40,477	\$15,079	\$10,349							
Lab and X-Ray	\$533,094	\$154,562	\$328,797	\$95,305	\$114,323	\$42,529	\$29,160							
Medical Supplies and Orthotics	\$103,235	\$29,989	\$41,654	\$12,097	\$14,473	\$5,394	\$3,705							
Home Health and Home Care	\$38,728	\$11,242	\$25,305	\$7,344	\$8,784	\$3,274	\$2,247							
Nursing Facility	-	-	-	-	-	-	-							
Targeted Case Management	\$9,857	\$2,866	\$13,064	\$3,797	\$4,536	\$1,686	\$1,156							
Transportation	\$189,918	\$54,991	\$74,332	\$21,514	\$25,820	\$9,582	\$6,569							
Other Practitioner	\$130,426	\$37,734	\$52,079	\$15,066	\$18,152	\$6,782	\$4,645							
Other Institutional	-	-	\$1,016	\$289	\$356	\$133	\$91							
Other	\$125,727	\$36,463	\$46,130	\$13,362	\$16,079	\$6,003	\$4,120							
Total	\$12,041,127	\$3,500,152	\$5,827,670	\$1,692,063	\$2,025,907	\$755,889	\$517,476							
PMPM Expenditures														
Inpatient Services	\$116.92	\$117.28	\$100.78	\$94.62	\$93.43	\$91.35	\$90.41	-13.8%	-7.3%	-3.2%	-19.3%	-3.5%	-1.0%	
Outpatient Services	\$117.45	\$118.10	\$95.35	\$89.73	\$88.26	\$86.13	\$84.83	-18.8%	-7.4%	-3.9%	-24.0%	-4.0%	-1.5%	
Physician Services	\$168.63	\$169.20	\$166.00	\$156.01	\$153.63	\$149.89	\$148.04	-1.6%	-7.5%	-3.6%	-7.8%	-3.9%	-1.2%	
Prescribed Drugs	\$138.39	\$138.63	\$143.97	\$135.22	\$133.27	\$130.28	\$128.68	4.0%	-7.4%	-3.4%	-2.5%	-3.7%	-1.2%	
Psychiatric Services	\$90.31	\$90.53	\$77.78	\$73.00	\$72.01	\$70.46	\$69.73	-13.9%	-7.4%	-3.2%	-19.4%	-3.5%	-1.0%	
Dental Services	\$20.52	\$20.62	\$13.26	\$12.48	\$12.27	\$11.97	\$11.85	-35.4%	-7.4%	-3.4%	-39.5%	-4.1%	-0.9%	
Lab and X-Ray	\$31.87	\$31.88	\$37.43	\$35.10	\$34.66	\$33.75	\$33.40	17.5%	-7.4%	-3.6%	10.1%	-3.8%	-1.0%	
Medical Supplies and Orthotics	\$6.17	\$6.19	\$4.74	\$4.46	\$4.39	\$4.28	\$4.24	-23.2%	-7.5%	-3.3%	-28.0%	-3.9%	-0.8%	
Home Health and Home Care	\$2.32	\$2.32	\$2.88	\$2.70	\$2.66	\$2.60	\$2.57	24.4%	-7.5%	-3.4%	16.6%	-3.9%	-0.9%	
Nursing Facility	-	-	-	-	-	-	-							
Targeted Case Management	\$0.59	\$0.59	\$1.49	\$1.40	\$1.38	\$1.34	\$1.32	152.4%	-7.5%	-3.7%	136.6%	-4.3%	-1.0%	
Transportation	\$11.35	\$11.34	\$8.46	\$7.92	\$7.83	\$7.60	\$7.52	-25.5%	-7.5%	-3.9%	-30.1%	-4.0%	-1.1%	
Other Practitioner	\$7.80	\$7.78	\$5.93	\$5.55	\$5.50	\$5.38	\$5.32	-24.0%	-7.2%	-3.3%	-28.7%	-3.0%	-1.1%	
Other Institutional	-	-	\$0.12	\$0.11	\$0.11	\$0.11	\$0.10	-	-6.6%	-3.5%	-	-1.1%	-1.0%	
Other	\$7.52	\$7.52	\$5.25	\$4.92	\$4.88	\$4.76	\$4.72	-30.1%	-7.2%	-3.2%	-34.6%	-3.2%	-0.9%	
Total	\$719.82	\$721.98	\$663.44	\$623.23	\$614.28	\$599.91	\$592.76	-7.8%	-7.4%	-3.5%	-13.7%	-3.7%	-1.2%	

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$826.36	80.3%
Months 13-24	\$849.67	72.3%
Months 25-36	\$858.49	69.0%

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

HMP Health Coaching Detail - CAD													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	3,165	911	1,919	578	695	268	186						
Aggregate Expenditures													
Inpatient Services	\$1,965,393	\$570,981	\$1,060,914	\$308,825	\$377,519	\$141,944	\$97,355						
Outpatient Services	\$572,627	\$166,140	\$278,881	\$81,187	\$99,064	\$37,174	\$25,616						
Physician Services	\$942,079	\$274,001	\$492,300	\$142,997	\$175,076	\$65,595	\$45,327						
Prescribed Drugs	\$620,349	\$180,325	\$376,364	\$109,245	\$133,848	\$50,018	\$34,498						
Psychiatric Services	\$87,334	\$25,349	\$53,670	\$15,537	\$19,086	\$7,173	\$4,938						
Dental Services	\$24,632	\$7,134	\$6,278	\$1,822	\$2,228	\$834	\$576						
Lab and X-Ray	\$132,582	\$38,384	\$96,553	\$27,984	\$34,345	\$12,848	\$8,895						
Medical Supplies and Orthotics	\$60,332	\$17,535	\$21,044	\$6,089	\$7,477	\$2,804	\$1,939						
Home Health and Home Care	\$72,769	\$21,091	\$58,125	\$16,808	\$20,645	\$7,739	\$5,327						
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	\$4,372	\$1,269	\$2,641	\$767	\$939	\$352	\$242						
Transportation	\$136,866	\$39,748	\$77,723	\$22,560	\$27,604	\$10,311	\$7,144						
Other Practitioner	\$7,167	\$2,080	\$4,506	\$1,307	\$1,604	\$601	\$413						
Other Institutional	-	-	-	-	-	-	-						
Other	\$22,900	\$21,161	\$41,567	\$12,051	\$14,820	\$5,554	\$3,827						
Total	\$4,699,401	\$1,365,199	\$2,570,565	\$747,179	\$914,257	\$342,947	\$236,099						
PMPM Expenditures													
Inpatient Services	\$620.98	\$626.76	\$552.85	\$534.30	\$543.19	\$529.64	\$523.41	-11.0%	-1.7%	-3.6%	-14.8%	-0.9%	-1.2%
Outpatient Services	\$180.92	\$182.37	\$145.33	\$140.46	\$142.54	\$138.71	\$137.72	-19.7%	-1.9%	-3.4%	-23.0%	-1.2%	-0.7%
Physician Services	\$297.66	\$300.77	\$256.54	\$247.40	\$251.91	\$244.76	\$243.70	-13.8%	-1.8%	-3.3%	-17.7%	-1.1%	-0.4%
Prescribed Drugs	\$196.00	\$197.94	\$196.12	\$189.01	\$192.59	\$186.64	\$185.48	0.1%	-1.8%	-3.7%	-4.5%	-1.3%	-0.6%
Psychiatric Services	\$27.59	\$27.83	\$27.97	\$26.88	\$27.46	\$26.77	\$26.55	1.4%	-1.8%	-3.3%	-3.4%	-0.4%	-0.8%
Dental Services	\$7.78	\$7.83	\$3.27	\$3.15	\$3.21	\$3.11	\$3.10	-58.0%	-2.0%	-3.3%	-59.8%	-1.3%	-0.4%
Lab and X-Ray	\$41.89	\$42.13	\$50.31	\$48.42	\$49.42	\$47.94	\$47.82	20.1%	-1.8%	-3.2%	14.9%	-1.0%	-0.2%
Medical Supplies and Orthotics	\$19.06	\$19.25	\$10.97	\$10.53	\$10.76	\$10.46	\$10.43	-42.5%	-1.9%	-3.1%	-45.3%	-0.7%	-0.3%
Home Health and Home Care	\$22.99	\$23.15	\$30.29	\$29.08	\$29.71	\$28.88	\$28.64	31.7%	-1.9%	-3.6%	25.6%	-0.7%	-0.8%
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	\$1.38	\$1.39	\$1.38	\$1.33	\$1.35	\$1.31	\$1.30	-0.4%	-1.8%	-3.6%	-4.7%	-1.1%	-0.9%
Transportation	\$43.24	\$43.63	\$40.50	\$39.03	\$39.72	\$38.47	\$38.41	-6.3%	-1.9%	-3.3%	-10.5%	-1.4%	-0.2%
Other Practitioner	\$2.26	\$2.28	\$2.35	\$2.26	\$2.31	\$2.24	\$2.22	3.7%	-1.7%	-3.9%	-1.0%	-0.8%	-1.1%
Other Institutional	-	-	-	-	-	-	-						
Other	\$23.03	\$23.23	\$21.66	\$20.85	\$21.32	\$20.72	\$20.58	-6.0%	-1.6%	-3.5%	-10.2%	-0.6%	-0.7%
Total	\$1,484.80	\$1,498.57	\$1,339.53	\$1,292.70	\$1,315.48	\$1,279.65	\$1,269.35	-9.8%	-1.8%	-3.5%	-13.7%	-1.0%	-0.8%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,599.76	83.7%
Months 13-24	\$1,613.35	81.5%
Months 25-36	\$1,631.45	77.8%

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	12,431	3,533	7,209	2,199	2,595	1,021	707						
Aggregate Expenditures													
Inpatient Services	\$2,429,005	\$706,531	\$1,342,276	\$390,397	\$477,034	\$179,437	\$123,070						
Outpatient Services	\$1,259,029	\$366,009	\$814,982	\$237,180	\$289,234	\$108,600	\$74,834						
Physician Services	\$2,184,411	\$634,445	\$1,273,878	\$370,198	\$452,226	\$169,660	\$117,237						
Prescribed Drugs	\$2,676,509	\$776,997	\$2,339,728	\$680,474	\$829,618	\$310,698	\$214,293						
Psychiatric Services	\$922,688	\$268,198	\$548,971	\$159,465	\$195,208	\$73,354	\$50,500						
Dental Services	\$96,569	\$28,018	\$70,533	\$20,490	\$25,044	\$9,382	\$6,483						
Lab and X-Ray	\$543,489	\$157,141	\$411,505	\$119,273	\$146,288	\$54,762	\$37,912						
Medical Supplies and Orthotics	\$363,979	\$105,567	\$214,405	\$62,226	\$76,201	\$28,571	\$19,761						
Home Health and Home Care	\$189,729	\$54,995	\$137,483	\$39,877	\$48,840	\$18,309	\$12,604						
Nursing Facility	\$12,538	\$3,634	\$13,607	\$3,942	\$4,780	\$1,754	\$1,198						
Targeted Case Management	\$11,752	\$3,404	\$8,872	\$2,577	\$3,153	\$1,183	\$814						
Transportation	\$228,250	\$66,209	\$96,939	\$28,116	\$34,401	\$12,850	\$8,904						
Other Practitioner	\$41,891	\$12,119	\$18,372	\$5,332	\$6,528	\$2,448	\$1,681						
Other Institutional	-	-	\$522	\$151	\$183	\$68	\$46						
Other	\$47,958	\$13,929	\$18,579	\$5,385	\$6,614	\$2,482	\$1,710						
Total	\$11,007,797	\$3,197,195	\$7,310,654	\$2,125,083	\$2,595,352	\$973,556	\$671,047						
PMPM Expenditures													
Inpatient Services	\$195.40	\$199.98	\$186.19	\$177.53	\$183.83	\$175.75	\$174.07	-4.7%	-1.3%	-5.3%	-11.2%	-1.0%	-1.0%
Outpatient Services	\$101.28	\$103.60	\$113.05	\$107.86	\$111.46	\$106.37	\$105.85	11.6%	-1.4%	-5.0%	4.1%	-1.4%	-0.5%
Physician Services	\$175.72	\$179.58	\$176.71	\$168.35	\$174.27	\$166.17	\$165.82	0.6%	-1.4%	-4.8%	-6.3%	-1.3%	-0.2%
Prescribed Drugs	\$215.31	\$219.93	\$324.56	\$309.45	\$319.70	\$304.31	\$303.10	50.7%	-1.5%	-5.2%	40.7%	-1.7%	-0.4%
Psychiatric Services	\$74.22	\$75.91	\$76.15	\$72.52	\$75.22	\$71.85	\$71.43	2.6%	-1.2%	-5.0%	-4.5%	-0.9%	-0.6%
Dental Services	\$7.77	\$7.93	\$9.78	\$9.32	\$9.65	\$9.19	\$9.17	25.9%	-1.4%	-5.0%	17.5%	-1.4%	-0.2%
Lab and X-Ray	\$43.72	\$44.48	\$57.08	\$54.24	\$56.37	\$53.64	\$53.62	30.6%	-1.2%	-4.9%	21.9%	-1.1%	0.0%
Medical Supplies and Orthotics	\$29.28	\$29.88	\$29.74	\$28.30	\$29.36	\$27.98	\$27.95	1.6%	-1.3%	-4.8%	-5.3%	-1.1%	-0.1%
Home Health and Home Care	\$15.26	\$15.57	\$19.07	\$18.13	\$18.82	\$17.93	\$17.83	25.0%	-1.3%	-5.3%	16.5%	-1.1%	-0.6%
Nursing Facility	\$1.01	\$1.03	\$1.89	\$1.79	\$1.84	\$1.72	\$1.69	87.1%	-2.4%	-8.0%	74.3%	-4.2%	-1.4%
Targeted Case Management	\$0.95	\$0.96	\$1.23	\$1.17	\$1.21	\$1.16	\$1.15	30.2%	-1.3%	-5.3%	21.6%	-1.1%	-0.7%
Transportation	\$18.36	\$18.74	\$13.45	\$12.79	\$13.26	\$12.59	\$12.59	-26.8%	-1.4%	-5.0%	-31.8%	-1.6%	0.1%
Other Practitioner	\$3.37	\$3.43	\$2.55	\$2.42	\$2.52	\$2.40	\$2.38	-24.4%	-1.3%	-5.5%	-29.3%	-1.1%	-0.9%
Other Institutional	-	-	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	-	-2.4%	-7.2%	-	-3.9%	-1.0%
Other	\$3.86	\$3.94	\$2.58	\$2.45	\$2.55	\$2.43	\$2.42	-33.2%	-1.1%	-5.1%	-37.9%	-0.7%	-0.5%
Total	\$885.51	\$904.95	\$1,014.10	\$966.39	\$1,000.14	\$953.53	\$949.15	14.5%	-1.4%	-5.1%	6.8%	-1.3%	-0.5%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,300.66	78.0%
Months 13-24	\$1,327.03	75.4%
Months 25-36	\$1,340.17	70.8%

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	17,680	5,186	11,107	3,431	4,095	1,593	1,119							
Aggregate Expenditures														
Inpatient Services	\$5,081,635	\$1,478,236	\$2,805,647	\$815,517	\$976,067	\$364,709	\$250,075							
Outpatient Services	\$2,153,042	\$627,160	\$1,464,686	\$426,037	\$508,501	\$189,789	\$129,501							
Physician Services	\$3,753,314	\$1,091,736	\$2,134,738	\$620,883	\$741,387	\$276,322	\$189,095							
Prescribed Drugs	\$4,752,353	\$1,380,582	\$3,191,176	\$926,325	\$1,109,491	\$414,195	\$283,451							
Psychiatric Services	\$993,470	\$288,016	\$683,451	\$198,269	\$237,675	\$88,820	\$60,902							
Dental Services	\$136,969	\$39,738	\$59,946	\$17,445	\$20,824	\$7,764	\$5,329							
Lab and X-Ray	\$688,072	\$199,207	\$524,281	\$152,266	\$182,023	\$67,760	\$46,460							
Medical Supplies and Orthotics	\$573,170	\$166,044	\$336,731	\$97,549	\$117,135	\$43,655	\$29,990							
Home Health and Home Care	\$321,406	\$93,162	\$189,579	\$55,014	\$65,771	\$24,528	\$16,834							
Nursing Facility	0	\$25,207	\$7,326	\$8,735	\$3,245	\$2,216								
Targeted Case Management	\$21,978	\$6,380	\$11,736	\$3,399	\$4,077	\$1,517	\$1,040							
Transportation	\$360,475	\$104,852	\$209,199	\$60,479	\$72,657	\$26,987	\$18,501							
Other Practitioner	\$101,594	\$29,506	\$68,125	\$19,715	\$23,737	\$8,866	\$6,073							
Other Institutional	\$2,630	\$1,866	\$840	\$244	\$292	\$109	\$75							
Other	\$196,949	\$57,255	\$54,540	\$15,841	\$18,965	\$7,090	\$4,866							
Total	\$19,137,057	\$5,563,740	\$11,759,881	\$3,416,307	\$4,087,339	\$1,525,356	\$1,044,406							
PMPM Expenditures														
Inpatient Services	\$287.42	\$285.04	\$252.60	\$237.69	\$238.36	\$228.94	\$223.48	-12.1%	-5.6%	-6.2%	-16.6%	-3.7%	-2.4%	
Outpatient Services	\$121.78	\$120.93	\$131.87	\$124.17	\$124.18	\$119.14	\$115.73	8.3%	-5.8%	-6.8%	2.7%	-4.1%	-2.9%	
Physician Services	\$212.29	\$210.52	\$192.20	\$180.96	\$181.05	\$173.46	\$168.99	-9.5%	-5.8%	-6.7%	-14.0%	-4.1%	-2.6%	
Prescribed Drugs	\$268.80	\$266.21	\$287.31	\$269.99	\$270.94	\$260.01	\$253.31	6.9%	-5.7%	-6.5%	1.4%	-3.7%	-2.6%	
Psychiatric Services	\$56.19	\$55.54	\$61.53	\$57.79	\$58.04	\$55.76	\$54.43	9.5%	-5.7%	-6.2%	4.1%	-3.5%	-2.4%	
Dental Services	\$7.75	\$7.66	\$5.40	\$5.08	\$5.09	\$4.87	\$4.76	-30.3%	-5.8%	-6.4%	-33.6%	-4.1%	-2.3%	
Lab and X-Ray	\$38.92	\$38.41	\$47.20	\$44.38	\$44.45	\$42.54	\$41.52	21.3%	-5.8%	-6.6%	15.5%	-4.2%	-2.4%	
Medical Supplies and Orthotics	\$32.42	\$32.02	\$30.32	\$28.43	\$28.60	\$27.40	\$26.80	-6.5%	-5.6%	-6.3%	-11.2%	-3.6%	-2.2%	
Home Health and Home Care	\$18.18	\$17.96	\$17.07	\$16.03	\$16.06	\$15.40	\$15.04	-6.1%	-5.9%	-6.3%	-10.7%	-4.0%	-2.3%	
Nursing Facility	-	-	\$2.27	\$2.14	\$2.13	\$2.04	\$1.98	-	-6.0%	-7.2%	-	-4.6%	-2.8%	
Targeted Case Management	\$1.24	\$1.23	\$1.06	\$0.99	\$1.00	\$0.95	\$0.93	-15.0%	-5.8%	-6.7%	-19.5%	-3.9%	-2.4%	
Transportation	\$20.39	\$20.22	\$18.83	\$17.63	\$17.74	\$16.94	\$16.53	-7.6%	-5.8%	-6.8%	-12.8%	-3.9%	-2.4%	
Other Practitioner	\$5.75	\$5.69	\$6.13	\$5.75	\$5.80	\$5.57	\$5.43	6.7%	-5.5%	-6.4%	1.0%	-3.1%	-2.5%	
Other Institutional	\$0.15	\$0.36	\$0.08	\$0.07	\$0.07	\$0.07	\$0.07	-49.2%	-5.7%	-6.5%	-80.3%	-3.9%	-2.4%	
Other	\$11.14	\$11.04	\$4.91	\$4.62	\$4.63	\$4.45	\$4.35	-55.9%	-5.7%	-6.1%	-58.2%	-3.6%	-2.3%	
Total	\$1,082.41	\$1,072.84	\$1,058.78	\$995.72	\$998.13	\$957.54	\$933.34	-2.2%	-5.7%	-6.5%	-7.2%	-3.8%	-2.5%	

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,465.57	72.2%
Months 13-24	\$1,501.71	66.5%
Months 25-36	\$1,530.89	61.0%

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

HMP Health Coaching Detail - Heart Failure													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated)	Percent Change (Engaged 13-24 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	1,193	329	650	191	232	88	62						
Aggregate Expenditures													
Inpatient Services	\$823,605	\$239,700	\$1,350,602	\$392,083	\$485,239	\$181,534	\$125,107						
Outpatient Services	\$200,257	\$58,242	\$164,300	\$47,788	\$59,020	\$22,106	\$15,233						
Physician Services	\$294,563	\$85,740	\$258,078	\$74,973	\$92,727	\$34,713	\$23,987						
Prescribed Drugs	\$256,212	\$74,369	\$155,336	\$45,094	\$55,877	\$20,937	\$14,388						
Psychiatric Services	\$62,555	\$18,171	\$41,975	\$12,177	\$15,077	\$5,638	\$3,885						
Dental Services	\$31,567	\$9,157	\$2,421	\$705	\$868	\$324	\$224						
Lab and X-Ray	\$36,448	\$10,593	\$33,387	\$9,698	\$11,986	\$4,482	\$3,103						
Medical Supplies and Orthotics	\$67,328	\$19,553	\$22,249	\$6,463	\$7,994	\$2,992	\$2,062						
Home Health and Home Care	\$61,799	\$17,973	\$37,910	\$11,004	\$13,616	\$5,095	\$3,511						
Nursing Facility	-	-	\$10,142	\$2,950	\$3,636	\$1,358	\$935						
Targeted Case Management	\$9,924	\$2,881	\$4,480	\$1,302	\$1,607	\$601	\$413						
Transportation	\$43,260	\$12,574	\$20,190	\$5,846	\$7,259	\$2,717	\$1,865						
Other Practitioner	\$5,479	\$1,587	\$3,817	\$1,104	\$1,375	\$516	\$354						
Other Institutional	-	-	\$7,203	\$2,091	\$2,580	\$960	\$665						
Other	\$11,407	\$3,316	\$1,163	\$338	\$418	\$157	\$108						
Total	\$1,904,404	\$553,854	\$2,113,253	\$613,615	\$759,281	\$284,129	\$195,839						
PMPM Expenditures													
Inpatient Services	\$690.36	\$728.57	\$2,077.85	\$2,052.79	\$2,091.55	\$2,062.89	\$2,017.86	201.0%	0.7%	-3.5%	181.8%	0.5%	-2.2%
Outpatient Services	\$167.86	\$177.03	\$252.77	\$250.20	\$254.40	\$251.20	\$245.70	50.6%	0.6%	-3.4%	41.3%	0.4%	-2.2%
Physician Services	\$246.91	\$260.61	\$397.04	\$392.53	\$399.69	\$394.46	\$386.89	60.8%	0.7%	-3.2%	50.6%	0.5%	-1.9%
Prescribed Drugs	\$214.76	\$226.05	\$238.98	\$236.10	\$240.85	\$237.92	\$232.06	11.3%	0.8%	-3.6%	4.4%	0.8%	-2.5%
Psychiatric Services	\$52.43	\$55.23	\$64.58	\$63.75	\$64.99	\$64.07	\$62.66	23.2%	0.6%	-3.6%	15.4%	0.5%	-2.2%
Dental Services	\$26.46	\$27.83	\$3.72	\$3.69	\$3.74	\$3.69	\$3.61	-85.9%	0.4%	-3.6%	-86.7%	-0.1%	-2.2%
Lab and X-Ray	\$30.55	\$32.20	\$51.36	\$50.77	\$51.66	\$50.93	\$50.04	68.1%	0.6%	-3.1%	57.7%	0.3%	-1.7%
Medical Supplies and Orthotics	\$56.44	\$59.43	\$34.23	\$33.84	\$34.46	\$34.00	\$33.26	-39.3%	0.7%	-3.5%	-43.1%	0.5%	-2.2%
Home Health and Home Care	\$51.80	\$54.63	\$58.32	\$57.61	\$58.69	\$57.90	\$56.63	12.6%	0.6%	-3.5%	5.5%	0.5%	-2.3%
Nursing Facility	-	-	\$15.60	\$15.44	\$15.67	\$15.43	\$15.08	-	0.4%	-3.8%	-	-0.1%	-2.3%
Targeted Case Management	\$8.32	\$8.76	\$6.89	\$6.82	\$6.93	\$6.83	\$6.66	-17.1%	0.5%	-3.9%	-22.1%	0.1%	-2.5%
Transportation	\$36.26	\$38.22	\$31.06	\$30.61	\$31.29	\$30.87	\$30.08	-14.3%	0.7%	-3.9%	-19.9%	0.9%	-2.6%
Other Practitioner	\$4.59	\$4.82	\$5.87	\$5.78	\$5.93	\$5.86	\$5.70	27.8%	1.0%	-3.8%	19.8%	1.4%	-2.7%
Other Institutional	-	-	\$11.08	\$10.95	\$11.12	\$10.91	\$10.72	-	0.4%	-3.6%	-	-0.3%	-1.7%
Other	\$9.56	\$10.08	\$1.79	\$1.77	\$1.80	\$1.78	\$1.74	-81.3%	0.8%	-3.6%	-82.5%	0.9%	-2.6%
Total	\$1,596.32	\$1,683.45	\$3,251.16	\$3,212.65	\$3,272.76	\$3,228.74	\$3,158.69	103.7%	0.7%	-3.5%	90.8%	0.5%	-2.2%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$2,361.78	137.7%
Months 13-24	\$2,393.25	136.7%
Months 25-36	\$2,412.39	130.9%

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	33,558	10,319	19,934	6,329	7,385	2,939	2,034						
Aggregate Expenditures													
Inpatient Services	\$5,723,150	\$1,665,938	\$2,381,132	\$692,666	\$834,237	\$309,483	\$212,208						
Outpatient Services	\$3,502,407	\$1,019,994	\$2,191,637	\$637,570	\$766,942	\$284,021	\$193,800						
Physician Services	\$5,586,971	\$1,624,105	\$3,309,701	\$961,526	\$1,158,497	\$428,714	\$293,381						
Prescribed Drugs	\$4,900,482	\$1,425,415	\$4,139,146	\$1,200,080	\$1,451,316	\$537,594	\$367,898						
Psychiatric Services	\$1,723,088	\$500,216	\$1,005,828	\$291,777	\$352,594	\$130,710	\$89,625						
Dental Services	\$268,587	\$77,872	\$147,468	\$42,919	\$51,573	\$19,102	\$13,110						
Lab and X-Ray	\$1,284,198	\$373,034	\$895,695	\$260,193	\$313,251	\$115,789	\$79,390						
Medical Supplies and Orthotics	\$268,963	\$78,176	\$131,248	\$38,123	\$45,944	\$16,998	\$11,677						
Home Health and Home Care	\$304,470	\$88,504	\$154,268	\$44,784	\$53,976	\$19,967	\$13,704						
Nursing Facility	\$124,436	\$36,170	\$44,840	\$12,758	\$15,790	\$5,823	\$3,976						
Targeted Case Management	\$22,022	\$6,392	\$28,590	\$8,283	\$10,006	\$3,696	\$2,534						
Transportation	\$498,234	\$144,335	\$321,769	\$93,337	\$112,428	\$41,457	\$28,421						
Other Practitioner	\$84,898	\$24,597	\$61,633	\$17,842	\$21,631	\$8,024	\$5,496						
Other Institutional	-	-	-	-	-	-	-						
Other	\$173,052	\$50,272	\$54,141	\$15,685	\$18,997	\$7,046	\$4,836						
Total	\$24,464,956	\$7,115,021	\$14,867,097	\$4,317,543	\$5,207,182	\$1,928,424	\$1,320,055						
PMPM Expenditures													
Inpatient Services	\$170.55	\$161.44	\$119.45	\$109.44	\$112.96	\$105.30	\$104.33	-30.0%	-5.4%	-7.6%	-32.2%	-3.8%	-0.9%
Outpatient Services	\$104.37	\$98.85	\$109.94	\$100.74	\$103.85	\$96.64	\$95.28	5.3%	-5.5%	-8.3%	1.9%	-4.1%	-1.4%
Physician Services	\$166.49	\$157.39	\$166.03	\$151.92	\$156.87	\$145.87	\$144.24	-0.3%	-5.5%	-8.1%	-3.5%	-4.0%	-1.1%
Prescribed Drugs	\$146.03	\$138.14	\$207.64	\$189.62	\$196.52	\$182.92	\$180.87	42.2%	-5.4%	-8.0%	37.3%	-3.5%	-1.1%
Psychiatric Services	\$51.35	\$48.48	\$50.46	\$46.10	\$47.74	\$44.47	\$44.06	-1.7%	-5.4%	-7.7%	-4.9%	-3.5%	-0.9%
Dental Services	\$8.00	\$7.55	\$7.40	\$6.78	\$6.98	\$6.50	\$6.45	-7.6%	-5.6%	-7.7%	-10.1%	-4.2%	-0.8%
Lab and X-Ray	\$38.27	\$36.15	\$44.93	\$41.11	\$42.42	\$39.40	\$39.03	17.4%	-5.6%	-8.0%	13.7%	-4.2%	-0.9%
Medical Supplies and Orthotics	\$8.01	\$7.58	\$6.58	\$6.02	\$6.22	\$5.78	\$5.74	-17.9%	-5.5%	-7.7%	-20.5%	-4.0%	-0.7%
Home Health and Home Care	\$9.07	\$8.58	\$7.74	\$7.08	\$7.31	\$6.79	\$6.74	-14.7%	-5.6%	-7.8%	-17.5%	-4.0%	-0.8%
Nursing Facility	\$3.71	\$3.51	\$2.25	\$2.02	\$2.14	\$1.98	\$1.95	-39.3%	-4.9%	-8.6%	-42.5%	-1.7%	-1.3%
Targeted Case Management	\$0.66	\$0.62	\$1.43	\$1.31	\$1.35	\$1.26	\$1.25	118.6%	-5.5%	-8.0%	111.3%	-3.9%	-0.9%
Transportation	\$14.85	\$13.99	\$16.14	\$14.75	\$15.22	\$14.11	\$13.97	8.7%	-5.7%	-8.2%	5.4%	-4.4%	-0.9%
Other Practitioner	\$2.53	\$2.38	\$3.09	\$2.82	\$2.93	\$2.73	\$2.70	22.2%	-5.3%	-7.8%	18.3%	-3.2%	-1.0%
Other Institutional	-	-	-	-	-	-	-						
Other	\$5.16	\$4.87	\$2.72	\$2.48	\$2.57	\$2.40	\$2.38	-47.3%	-5.3%	-7.6%	-49.1%	-3.3%	-0.8%
Total	\$729.03	\$689.51	\$745.82	\$682.18	\$705.10	\$656.15	\$648.99	2.3%	-5.5%	-8.0%	-1.1%	-3.8%	-1.1%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,217.64	61.3%
Months 13-24	\$1,231.99	57.2%
Months 25-36	\$1,250.08	51.9%

APPENDIX D – PRACTICE FACILITATION SITE SURVEY MATERIALS

Appendix D includes the advance letter sent to practice facilitation sites and practice facilitation survey instrument (mail version).



JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

<Title> <First> <Last>
<Practice Name>
<Street Address 1>
<Street Address 2>
<City>, <State> <Zip>

Dear Provider,

The Oklahoma Health Care Authority would like to hear about your experiences with the Practice Facilitation initiative being carried out by Telligen. These services support providers caring for SoonerCare members. Pacific Health Policy Group (PHPG), an outside company, has been contracted by the Oklahoma Health Care Authority to survey providers and practices that have participated in this initiative.

The purpose of the survey is to gather information on the initiative's value and how it can be improved from a provider's perspective. The survey will be over the phone and should take about 15 minutes of your time.

In the next few days, someone will be calling you to conduct the survey. We look forward to your input and hope you will agree to help.

The survey is voluntary, and all of your answers will be kept confidential. Your answers will be combined with those of other providers being surveyed and will not be reported individually to the Oklahoma Health Care Authority.

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

Thank you for your time.



HEALTH MANAGEMENT PROGRAM PROVIDER SURVEY

The Oklahoma Health Care Authority would like to hear about your experiences with the Health Management Program being carried out by Telligen. These services support providers caring for SoonerCare members. Pacific Health Policy Group (PHPG), an outside company, has been contracted by the Oklahoma Health Care Authority to survey providers and practices that have participated in the program's Practice Facilitation and/or Health Coaching programs. The purpose of the survey is to gather information on the program's value and how it can be improved from a provider's perspective.

Decision to Participate in the Health Management Program

1. Were you the person who made the decision to participate in the Health Management Program?
 - a. Yes
 - b. No. If your answer is "no," please proceed to Question 4.
2. What were your reasons for deciding to participate?
 - a. Improve care management of patients with chronic conditions/improve outcomes
 - b. Gain access to Practice Facilitator and/or embedded Health Coach
 - c. Obtain information on patient utilization and costs
 - d. Receive assistance in redesigning practice workflows
 - e. Reduce costs
 - f. Increase income
 - g. Continuing education
 - h. Other. Please specify: _____
 - i. Don't know/not sure
3. Among the reasons you cited, what was the most important reason for deciding to participate?
 - a. Improve care management of patients with chronic conditions/improve outcomes
 - b. Gain access to Practice Facilitator and/or embedded Health Coach
 - c. Obtain information on patient utilization and costs
 - d. Receive assistance in redesigning practice workflows
 - e. Reduce costs
 - f. Increase income
 - g. Continuing education
 - h. Other. Please specify: _____

Practice Facilitation Activities

A practice facilitator initially assesses the practice and acts as a practice management consultant by assisting the practice with quality improvement initiatives that enhance quality of care; enhance proactive, preventive disease management; and enhance efficiencies in the office.

4. The following are a list of activities that typically are part of Practice Facilitation. Regardless of your actual experience, please rate how important you think each one is in preparing a practice to better manage patients with chronic medical conditions.

	Very Important	Somewhat Important	Not Too Important	Not At All Important	Not Sure
a. Receiving information on the prevalence of chronic diseases among your patients					
b. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases					
c. Receiving focused training in evidence-based practice guidelines for chronic conditions					
d. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases					
e. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases					
f. Having a Practice Facilitator on-site to work with you and practice staff					
g. Receiving quarterly reports on your progress with respect to identified performance measures					
h. Receiving ongoing education and assistance after conclusion of the initial onsite activities					

5. The following are a list of activities that typically are part of Practice Facilitation. For each one, please rate how helpful it was to you in improving your management of patients with chronic medical conditions.

	Very Helpful	Somewhat Helpful	Not Too Helpful	Not At All Helpful	Not Sure
a. Receiving information on the prevalence of chronic diseases among your patients					
b. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases					
c. Receiving focused training in evidence-based practice guidelines for chronic conditions					
d. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases					
e. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases					
f. Having a Practice Facilitator on-site to work with you and practice staff					
g. Receiving quarterly reports on your progress with respect to identified performance measures					
h. Receiving ongoing education and assistance after conclusion of the initial onsite activities					

Practice Facilitation Outcomes

- 6. Have you made changes in the management of your patients with chronic conditions as the result of participating in Practice Facilitation?
 - a. Yes
 - b. No. If your answer is “no,” please proceed to Question 9.
 - c. Don’t know/not sure. (Please proceed to Question 9.)

- 7. What are the changes you made?
 - a. Identification of tests/exams to manage chronic conditions
 - b. Increased attention and diligence/use of alerts
 - c. More frequent foot/eye exams and/or HbA1c testing of diabetic patients
 - d. Use of flow sheets/forms provided by Practice Facilitator or created through CareMeasures
 - e. Improved documentation
 - f. Better education of patients with chronic conditions, including provision of materials
 - g. Increased staff involvement in chronic care workups
 - h. Other. Please specify: _____
 - i. Don’t know/not sure

- 8. What is the most important change you made?

- 9. Has your practice become more effective in managing patients with chronic conditions as a result of your participation in Practice Facilitation?
 - a. Yes
 - b. No
 - c. Don’t know/not sure

- 10. Overall, how satisfied are you with your experience in Practice Facilitation? Would you say you are Very Satisfied, Somewhat Satisfied, Somewhat Dissatisfied or Very Dissatisfied?
 - a. Very satisfied
 - b. Somewhat satisfied
 - c. Somewhat dissatisfied
 - d. Very dissatisfied
 - e. Don’t know/not sure

11. Would you recommend Practice Facilitation to other providers and practices caring for patients with chronic conditions?

- a. Yes
- b. No
- c. Don't know/not sure

12. Do you have any suggestions for improving Practice Facilitation?

Health Coach Activities

SoonerCare Choice members with or at risk for developing chronic disease(s) will be targeted for care management through the [SoonerCare Health Management Program](#) (HMP). Once enrolled, HMP members receive intervention from an assigned Health Coach. Health Coaches are embedded in providers' practices.

13. Do you have a Health Coach assigned to your practice?

- a. Yes
- b. No. If your answer is "no," please proceed to Question 19.
- c. Don't know/not sure. (Please proceed to Question 19.)

14. What is the name of the Health Coach currently assigned to your practice?

- a. If known, please provide name: _____
- b. Don't know/not sure

15. The following is a list of activities that Health Coaches can perform to assist patients. Regardless of your actual experience, please rate how important you think it is that the Health Coach in your practice provides this assistance to your patients.

	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not Appropriate	Not Sure
a. Learning about your patients and their health care needs						
b. Giving easy to understand instructions about taking care of health problems or concerns						
c. Helping patients to identify changes in their health that might be an early sign of a problem						
d. Answering patient questions about their health						
e. Helping patients to talk to and work with you and practice staff						
f. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems						
g. Helping patients make and keep health care appointments for mental health or substance abuse problems						
h. Reviewing patient medications and helping patients to manage their medications						

16. The following is a list of activities that Health Coaches can perform to assist patients. Thinking about the current Health Coach assigned to your practice, please rate me 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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	179,021	49,228	158,898	45,750	57,240	21,513	15,083						
Aggregate Expenditures													
Inpatient Services	\$9,314,993	\$2,710,067	\$9,374,958	\$2,717,409	\$3,282,112	\$1,215,300	\$831,710						
Outpatient Services	\$7,666,461	\$2,230,546	\$8,001,250	\$2,321,865	\$2,798,574	\$1,034,373	\$705,119						
Physician Services	\$15,183,739	\$4,415,189	\$14,629,134	\$4,237,058	\$5,114,030	\$1,889,170	\$1,289,042						
Prescribed Drugs	\$10,521,646	\$3,059,793	\$10,931,680	\$3,161,721	\$3,823,938	\$1,413,724	\$967,472						
Psychiatric Services	\$11,399,755	\$3,311,255	\$9,564,768	\$2,764,924	\$3,345,643	\$1,238,630	\$849,300						
Dental Services	\$3,523,697	\$1,024,144	\$2,727,168	\$790,905	\$953,171	\$352,004	\$241,590						
Lab and X-Ray	\$1,818,744	\$527,594	\$2,238,620	\$647,269	\$782,364	\$289,120	\$198,043						
Medical Supplies and Orthotics	\$548,640	\$159,146	\$498,450	\$144,272	\$174,014	\$64,264	\$44,063						
Home Health and Home Care	\$281,763	\$81,736	\$280,987	\$81,315	\$97,862	\$36,254	\$24,882						
Nursing Facility	-	-	\$19,154	\$5,432	\$6,726	\$2,479	\$1,693						
Targeted Case Management	\$92,042	\$26,652	\$85,963	\$24,859	\$30,000	\$11,062	\$7,585						
Transportation	\$973,647	\$282,788	\$907,462	\$261,783	\$316,917	\$116,597	\$79,933						
Other Practitioner	\$1,218,701	\$352,615	\$917,827	\$264,633	\$321,568	\$119,116	\$81,589						
Other Institutional	\$19,722	\$5,713	\$47,685	\$13,519	\$16,752	\$6,206	\$4,255						
Other	\$812,293	\$235,800	\$559,967	\$161,595	\$195,916	\$72,317	\$49,825						
Total	\$63,375,842	\$18,423,038	\$60,785,072	\$17,598,559	\$21,259,586	\$7,860,618	\$5,376,100						
PMPM Expenditures													
Inpatient Services	\$52.03	\$55.05	\$59.00	\$59.40	\$57.34	\$56.49	\$55.14	13.4%	-2.8%	-3.8%	7.9%	-4.9%	-2.4%
Outpatient Services	\$42.82	\$45.31	\$50.35	\$50.75	\$48.89	\$48.08	\$46.75	17.6%	-2.9%	-4.4%	12.0%	-5.3%	-2.8%
Physician Services	\$84.82	\$89.69	\$92.07	\$92.61	\$89.34	\$87.82	\$85.46	8.5%	-3.0%	-4.3%	3.3%	-5.2%	-2.7%
Prescribed Drugs	\$58.77	\$62.16	\$68.80	\$69.11	\$66.81	\$65.71	\$64.14	17.1%	-2.9%	-4.0%	11.2%	-4.9%	-2.4%
Psychiatric Services	\$63.68	\$67.26	\$60.19	\$60.44	\$58.45	\$57.58	\$56.31	-5.5%	-2.9%	-3.7%	-10.2%	-4.7%	-2.2%
Dental Services	\$19.68	\$20.80	\$17.16	\$17.29	\$16.65	\$16.36	\$16.02	-12.8%	-3.0%	-3.8%	-16.9%	-5.4%	-2.1%
Lab and X-Ray	\$10.16	\$10.72	\$14.09	\$14.15	\$13.67	\$13.44	\$13.13	38.7%	-3.0%	-3.9%	32.0%	-5.0%	-2.3%
Medical Supplies and Orthotics	\$3.06	\$3.23	\$3.14	\$3.15	\$3.04	\$2.99	\$2.92	2.4%	-3.1%	-3.9%	-2.5%	-5.3%	-2.2%
Home Health and Home Care	\$1.57	\$1.66	\$1.77	\$1.78	\$1.71	\$1.69	\$1.65	12.4%	-3.3%	-3.5%	7.0%	-5.2%	-2.1%
Nursing Facility	-	-	\$0.12	\$0.12	\$0.12	\$0.12	\$0.11	-	-2.5%	-4.5%	-	-2.9%	-2.6%
Targeted Case Management	\$0.51	\$0.54	\$0.54	\$0.54	\$0.52	\$0.51	\$0.50	5.2%	-3.1%	-4.1%	0.4%	-5.4%	-2.2%
Transportation	\$5.44	\$5.74	\$5.71	\$5.72	\$5.54	\$5.42	\$5.30	5.0%	-3.1%	-4.3%	-0.4%	-5.3%	-2.2%
Other Practitioner	\$6.81	\$7.16	\$5.78	\$5.78	\$5.62	\$5.54	\$5.41	-15.2%	-2.7%	-3.7%	-19.2%	-4.3%	-2.3%
Other Institutional	\$0.11	\$0.12	\$0.30	\$0.30	\$0.29	\$0.28	\$0.28	172.4%	-2.5%	-3.6%	154.6%	-2.4%	-2.2%
Other	\$4.54	\$4.79	\$3.52	\$3.53	\$3.42	\$3.36	\$3.30	-22.3%	-2.9%	-3.5%	-26.3%	-4.8%	-1.7%
Total	\$354.01	\$374.24	\$382.54	\$384.67	\$371.41	\$365.39	\$356.43	8.1%	-2.9%	-4.0%	2.8%	-5.0%	-2.5%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$613.34	62.4%
Months 13-24	\$627.28	59.2%
Months 25-36	\$641.28	55.6%

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	18,422	5,617	15,787	4,903	5,821	2,285	1,606							
Aggregate Expenditures														
Inpatient Services	\$729,784	\$212,210	\$741,926	\$214,801	\$256,879	\$96,239	\$65,989							
Outpatient Services	\$730,410	\$212,299	\$848,385	\$245,944	\$294,124	\$109,562	\$74,759							
Physician Services	\$1,591,484	\$462,557	\$1,611,269	\$466,777	\$559,062	\$208,121	\$142,423							
Prescribed Drugs	\$848,338	\$246,028	\$965,578	\$279,601	\$335,079	\$125,020	\$85,557							
Psychiatric Services	\$21,934	\$6,360	\$25,892	\$7,493	\$9,007	\$3,357	\$2,302							
Dental Services	\$389,156	\$112,845	\$244,274	\$70,864	\$84,799	\$31,539	\$21,646							
Lab and X-Ray	\$120,484	\$34,864	\$148,309	\$42,887	\$51,421	\$19,138	\$13,122							
Medical Supplies and Orthotics	\$53,768	\$15,576	\$41,767	\$12,100	\$14,490	\$5,395	\$3,706							
Home Health and Home Care	\$3,076	\$891	\$3,480	\$1,008	\$1,209	\$449	\$308							
Nursing Facility	-	-	-	-	-	-	-							
Targeted Case Management	\$749	\$217	\$1,722	\$499	\$596	\$222	\$152							
Transportation	\$73,373	\$21,278	\$59,773	\$17,255	\$20,706	\$7,685	\$5,269							
Other Practitioner	\$100,518	\$29,081	\$90,060	\$25,999	\$31,318	\$11,702	\$8,016							
Other Institutional	\$219	\$63	-	-	-	-	-							
Other	\$6,062	\$1,762	\$3,094	\$894	\$1,074	\$402	\$276							
Total	\$4,669,354	\$1,356,031	\$4,785,529	\$1,386,120	\$1,659,765	\$618,831	\$423,524							
PMPM Expenditures														
Inpatient Services	\$39.61	\$37.78	\$47.00	\$43.81	\$44.13	\$42.12	\$41.09	18.6%	-6.1%	-6.9%	16.0%	-3.9%	-2.4%	
Outpatient Services	\$39.65	\$37.80	\$53.74	\$50.16	\$50.53	\$47.95	\$46.55	35.5%	-6.0%	-7.9%	32.7%	-4.4%	-2.9%	
Physician Services	\$86.39	\$82.35	\$102.06	\$95.20	\$96.04	\$91.08	\$88.68	18.1%	-5.9%	-7.7%	15.6%	-4.3%	-2.6%	
Prescribed Drugs	\$46.05	\$43.80	\$61.16	\$57.03	\$57.56	\$54.71	\$53.27	32.8%	-5.9%	-7.5%	30.2%	-4.1%	-2.6%	
Psychiatric Services	\$1.19	\$1.13	\$1.64	\$1.53	\$1.55	\$1.47	\$1.43	37.7%	-5.7%	-7.4%	35.0%	-3.9%	-2.4%	
Dental Services	\$21.12	\$20.09	\$15.47	\$14.45	\$14.57	\$13.80	\$13.48	-26.8%	-5.9%	-7.5%	-28.1%	-4.5%	-2.3%	
Lab and X-Ray	\$6.54	\$6.21	\$9.39	\$8.75	\$8.83	\$8.38	\$8.17	43.6%	-6.0%	-7.5%	40.9%	-4.2%	-2.4%	
Medical Supplies and Orthotics	\$2.92	\$2.77	\$2.65	\$2.47	\$2.49	\$2.36	\$2.31	-9.4%	-5.9%	-7.3%	-11.0%	-4.3%	-2.3%	
Home Health and Home Care	\$0.17	\$0.16	\$0.22	\$0.21	\$0.21	\$0.20	\$0.19	32.0%	-5.8%	-7.5%	29.6%	-4.3%	-2.4%	
Nursing Facility	-	-	-	-	-	-	-							
Targeted Case Management	\$0.04	\$0.04	\$0.11	\$0.10	\$0.10	\$0.10	\$0.09	168.1%	-6.2%	-7.5%	163.6%	-4.7%	-2.4%	
Transportation	\$3.98	\$3.79	\$3.79	\$3.52	\$3.56	\$3.36	\$3.28	-4.9%	-6.1%	-7.8%	-7.1%	-4.4%	-2.5%	
Other Practitioner	\$5.46	\$5.18	\$5.70	\$5.30	\$5.38	\$5.12	\$4.99	4.6%	-5.7%	-7.2%	2.4%	-3.4%	-2.5%	
Other Institutional	\$0.01	\$0.01	-	-	-	-	-							
Other	\$0.33	\$0.31	\$0.20	\$0.18	\$0.18	\$0.18	\$0.17	-40.4%	-5.9%	-6.9%	-41.9%	-3.6%	-2.3%	
Total	\$253.47	\$241.42	\$303.13	\$282.71	\$285.13	\$270.82	\$263.71	19.6%	-5.9%	-7.5%	17.1%	-4.2%	-2.6%	

Actual % of FC	Forecasted (FC) Costs
71.7%	First 12 Months \$422.53
66.3%	Months 13-24 \$430.34
59.9%	Months 25-36 \$440.12

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	505	144	489	141	175	66	47						
Aggregate Expenditures													
Inpatient Services	\$384,029	\$111,786	\$369,154	\$107,246	\$131,312	\$49,293	\$33,809						
Outpatient Services	\$42,607	\$12,405	\$139,201	\$40,451	\$49,462	\$18,522	\$12,763						
Physician Services	\$109,571	\$31,889	\$134,901	\$39,109	\$48,009	\$17,940	\$12,397						
Prescribed Drugs	\$112,157	\$32,620	\$110,404	\$31,986	\$39,291	\$14,645	\$10,101						
Psychiatric Services	\$107	\$31	\$269	\$78	\$96	\$36	\$25						
Dental Services	\$1,532	\$444	\$70	\$20	\$25	\$9	\$6						
Lab and X-Ray	\$12,467	\$3,608	\$14,783	\$4,273	\$5,264	\$1,962	\$1,358						
Medical Supplies and Orthotics	\$6,836	\$1,989	\$16,986	\$4,909	\$6,046	\$2,260	\$1,563						
Home Health and Home Care	\$1,790	\$519	\$1,609	\$465	\$573	\$214	\$147						
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	-	-	-	-	-	-	-						
Transportation	\$23,884	\$6,921	\$38,692	\$11,192	\$13,745	\$5,115	\$3,544						
Other Practitioner	\$1,952	\$567	\$3,818	\$1,103	\$1,360	\$507	\$348						
Other Institutional	-	-	-	-	-	-	-						
Other	-	-	-	-	-	-	-						
Total	\$696,931	\$202,780	\$829,887	\$240,832	\$295,182	\$110,504	\$76,062						
PMPM Expenditures													
Inpatient Services	\$760.45	\$776.29	\$754.92	\$760.61	\$750.36	\$746.86	\$719.33	-0.7%	-0.6%	-4.1%	-2.0%	-1.8%	-3.7%
Outpatient Services	\$84.37	\$86.15	\$284.66	\$286.89	\$282.64	\$280.63	\$271.55	237.4%	-0.7%	-3.9%	233.0%	-2.2%	-3.2%
Physician Services	\$216.97	\$221.45	\$275.87	\$277.37	\$274.34	\$271.82	\$263.76	27.1%	-0.6%	-3.9%	25.3%	-2.0%	-3.0%
Prescribed Drugs	\$222.09	\$226.53	\$225.78	\$226.85	\$224.52	\$221.90	\$214.91	1.7%	-0.6%	-4.3%	0.1%	-2.2%	-3.1%
Psychiatric Services	\$0.21	\$0.22	\$0.55	\$0.55	\$0.55	\$0.54	\$0.53	158.4%	-0.5%	-3.9%	154.4%	-1.4%	-3.3%
Dental Services	\$3.03	\$3.08	\$0.14	\$0.14	\$0.14	\$0.14	\$0.14	-95.3%	-0.7%	-3.9%	-95.3%	-2.2%	-3.0%
Lab and X-Ray	\$24.69	\$25.06	\$30.23	\$30.31	\$30.08	\$29.73	\$28.90	22.5%	-0.5%	-3.9%	20.9%	-1.9%	-2.8%
Medical Supplies and Orthotics	\$13.54	\$13.81	\$34.74	\$34.82	\$34.55	\$34.25	\$33.26	156.6%	-0.5%	-3.7%	152.0%	-1.6%	-2.9%
Home Health and Home Care	\$3.55	\$3.60	\$3.29	\$3.29	\$3.27	\$3.24	\$3.13	-7.2%	-0.5%	-4.3%	-8.6%	-1.6%	-3.3%
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	\$47.30	\$48.06	\$79.13	\$79.37	\$78.54	\$77.50	\$75.41	67.3%	-0.7%	-4.0%	65.2%	-2.4%	-2.7%
Other Practitioner	\$3.87	\$3.94	\$7.81	\$7.82	\$7.77	\$7.69	\$7.41	102.0%	-0.5%	-4.6%	98.8%	-1.7%	-3.6%
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	\$1,380.06	\$1,408.19	\$1,697.11	\$1,708.03	\$1,686.75	\$1,674.30	\$1,618.33	23.0%	-0.6%	-4.1%	21.3%	-2.0%	-3.3%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,543.88	109.9%
Months 13-24	\$1,576.65	107.0%
Months 25-36	\$1,601.45	101.1%

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	8,721	2,346	7,839	2,190	2,831	1,070	740						
Aggregate Expenditures													
Inpatient Services	\$465,257	\$135,406	\$443,996	\$128,910	\$157,051	\$59,361	\$40,638						
Outpatient Services	\$351,181	\$102,091	\$437,614	\$127,190	\$154,553	\$58,346	\$40,093						
Physician Services	\$906,978	\$264,262	\$795,618	\$231,313	\$281,074	\$106,210	\$73,188						
Prescribed Drugs	\$480,002	\$139,328	\$476,435	\$138,262	\$168,048	\$63,129	\$43,541						
Psychiatric Services	\$3,543	\$1,030	\$4,826	\$1,399	\$1,707	\$643	\$443						
Dental Services	\$111,369	\$32,339	\$101,805	\$29,523	\$35,952	\$13,518	\$9,341						
Lab and X-Ray	\$98,312	\$28,514	\$96,961	\$28,042	\$34,289	\$12,875	\$8,914						
Medical Supplies and Orthotics	\$42,423	\$12,315	\$42,619	\$12,337	\$15,070	\$5,664	\$3,918						
Home Health and Home Care	\$33,261	\$9,658	\$54,363	\$15,734	\$19,212	\$7,237	\$4,982						
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	-	-	\$3,080	\$891	\$1,089	\$410	\$282						
Transportation	\$40,446	\$11,731	\$35,588	\$10,299	\$12,491	\$4,712	\$3,262						
Other Practitioner	\$28,878	\$8,357	\$24,578	\$7,123	\$8,632	\$3,271	\$2,252						
Other Institutional	-	-	-	-	-	-	-						
Other	\$3,923	\$1,139	\$663	\$192	\$235	\$88	\$61						
Total	\$2,565,573	\$746,168	\$2,518,147	\$731,216	\$889,401	\$335,464	\$230,913						
PMPM Expenditures													
Inpatient Services	\$53.35	\$57.72	\$56.64	\$58.86	\$55.48	\$55.48	\$54.92	6.2%	-2.1%	-1.0%	2.0%	-5.8%	-1.0%
Outpatient Services	\$40.27	\$43.52	\$55.83	\$58.08	\$54.59	\$54.53	\$54.18	38.6%	-2.2%	-0.8%	33.5%	-6.1%	-0.6%
Physician Services	\$104.00	\$112.64	\$101.49	\$105.62	\$99.28	\$99.26	\$98.90	-2.4%	-2.2%	-0.4%	-6.2%	-6.0%	-0.4%
Prescribed Drugs	\$55.04	\$59.39	\$60.78	\$63.13	\$59.36	\$59.00	\$58.84	10.4%	-2.3%	-0.9%	6.3%	-6.5%	-0.3%
Psychiatric Services	\$0.41	\$0.44	\$0.62	\$0.64	\$0.60	\$0.60	\$0.60	51.5%	-2.1%	-0.7%	45.4%	-5.8%	-0.5%
Dental Services	\$12.77	\$13.78	\$12.99	\$13.48	\$12.70	\$12.63	\$12.62	1.7%	-2.2%	-0.6%	-2.2%	-6.3%	-0.1%
Lab and X-Ray	\$11.27	\$12.15	\$12.37	\$12.80	\$12.11	\$12.03	\$12.05	9.7%	-2.1%	-0.5%	5.4%	-6.0%	0.1%
Medical Supplies and Orthotics	\$4.86	\$5.25	\$5.44	\$5.63	\$5.32	\$5.29	\$5.29	11.8%	-2.1%	-0.5%	7.3%	-6.0%	0.0%
Home Health and Home Care	\$3.81	\$4.12	\$6.93	\$7.18	\$6.79	\$6.76	\$6.73	81.8%	-2.1%	-0.8%	74.5%	-5.9%	-0.5%
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	-	-	\$0.39	\$0.41	\$0.38	\$0.38	\$0.38	-	-2.1%	-0.9%	-	-5.9%	-0.5%
Transportation	\$4.64	\$5.00	\$4.54	\$4.70	\$4.41	\$4.40	\$4.41	-2.1%	-2.8%	-0.1%	-5.9%	-6.4%	0.1%
Other Practitioner	\$3.31	\$3.56	\$3.14	\$3.25	\$3.05	\$3.06	\$3.04	-5.3%	-2.8%	-0.2%	-8.7%	-6.0%	-0.5%
Other Institutional	-	-	-	-	-	-	-						
Other	\$0.45	\$0.49	\$0.08	\$0.09	\$0.08	\$0.08	\$0.08	-81.2%	-2.0%	-0.7%	-82.0%	-5.7%	-0.4%
Total	\$294.18	\$318.06	\$321.23	\$333.89	\$314.17	\$313.52	\$312.04	9.2%	-2.2%	-0.7%	5.0%	-6.1%	-0.5%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$421.89	76.1%
Months 13-24	\$434.88	72.2%
Months 25-36	\$444.54	70.2%

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	3,484	992	3,259	968	1,195	458	323						
Aggregate Expenditures													
Inpatient Services	\$677,039	\$196,666	\$920,539	\$266,405	\$318,791	\$119,139	\$81,692						
Outpatient Services	\$504,402	\$146,736	\$466,148	\$135,075	\$161,062	\$60,173	\$41,058						
Physician Services	\$669,681	\$194,902	\$695,777	\$201,570	\$240,501	\$89,708	\$61,390						
Prescribed Drugs	\$695,762	\$201,964	\$748,004	\$216,084	\$258,917	\$96,619	\$66,121						
Psychiatric Services	\$48,501	\$14,079	\$15,794	\$4,564	\$5,466	\$2,044	\$1,402						
Dental Services	\$34,858	\$10,111	\$25,571	\$7,416	\$8,840	\$3,000	\$2,265						
Lab and X-Ray	\$125,418	\$36,330	\$160,595	\$46,438	\$55,502	\$20,665	\$14,169						
Medical Supplies and Orthotics	\$91,317	\$26,436	\$88,593	\$25,553	\$30,677	\$11,435	\$7,856						
Home Health and Home Care	\$22,609	\$6,552	\$40,431	\$11,692	\$13,958	\$5,213	\$3,578						
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	-	-	-	-	-	-	-						
Transportation	\$58,727	\$17,078	\$70,820	\$20,393	\$24,480	\$9,100	\$6,238						
Other Practitioner	\$24,894	\$7,228	\$29,633	\$8,549	\$10,273	\$3,845	\$2,633						
Other Institutional	\$783	\$227	\$843	\$244	\$293	\$109	\$75						
Other	\$87,508	\$25,433	\$100,113	\$28,950	\$34,654	\$12,957	\$8,893						
Total	\$3,041,500	\$883,743	\$3,362,859	\$972,932	\$1,163,415	\$434,309	\$297,370						
PMPM Expenditures													
Inpatient Services	\$194.33	\$198.25	\$282.46	\$275.21	\$266.77	\$260.13	\$252.92	45.4%	-5.6%	-5.2%	38.8%	-5.5%	-2.8%
Outpatient Services	\$144.78	\$147.92	\$143.03	\$139.54	\$134.78	\$131.38	\$127.12	-1.2%	-5.8%	-5.7%	-5.8%	-5.8%	-3.2%
Physician Services	\$192.22	\$196.47	\$213.49	\$208.23	\$201.26	\$195.87	\$190.06	11.1%	-5.7%	-5.6%	6.0%	-5.9%	-3.0%
Prescribed Drugs	\$199.70	\$203.59	\$229.52	\$223.23	\$216.67	\$210.96	\$204.71	14.9%	-5.6%	-5.5%	9.6%	-5.5%	-3.0%
Psychiatric Services	\$13.92	\$14.19	\$4.85	\$4.71	\$4.57	\$4.46	\$4.34	-65.2%	-5.6%	-5.1%	-66.8%	-5.3%	-2.8%
Dental Services	\$10.01	\$10.19	\$7.85	\$7.66	\$7.40	\$7.21	\$7.01	-21.6%	-5.7%	-5.2%	-24.8%	-5.9%	-2.7%
Lab and X-Ray	\$36.00	\$36.62	\$49.28	\$47.97	\$46.45	\$45.12	\$43.87	36.9%	-5.7%	-5.6%	31.0%	-5.9%	-2.8%
Medical Supplies and Orthotics	\$26.21	\$26.65	\$27.18	\$26.40	\$25.67	\$24.97	\$24.32	3.7%	-5.6%	-5.3%	-0.9%	-5.4%	-2.6%
Home Health and Home Care	\$6.49	\$6.61	\$12.41	\$12.08	\$11.68	\$11.38	\$11.08	91.2%	-5.8%	-5.2%	82.9%	-5.8%	-2.7%
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	-	-	-	-	-	-	-						
Transportation	\$16.86	\$17.22	\$21.73	\$21.07	\$20.49	\$19.87	\$19.31	28.9%	-5.7%	-5.7%	22.4%	-5.7%	-2.8%
Other Practitioner	\$7.15	\$7.29	\$9.09	\$8.83	\$8.60	\$8.39	\$8.15	27.3%	-5.5%	-5.2%	21.2%	-5.0%	-2.9%
Other Institutional	\$0.22	\$0.23	\$0.26	\$0.25	\$0.25	\$0.24	\$0.23	15.1%	-5.1%	-5.9%	9.9%	-5.7%	-2.8%
Other	\$25.12	\$25.64	\$30.72	\$29.91	\$29.00	\$28.29	\$27.53	22.3%	-5.6%	-5.1%	16.7%	-5.4%	-2.7%
Total	\$872.99	\$890.87	\$1,031.87	\$1,005.10	\$973.57	\$948.27	\$920.65	18.2%	-5.6%	-5.4%	12.8%	-5.7%	-2.9%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,455.15	70.9%
Months 13-24	\$1,489.71	65.4%
Months 25-36	\$1,504.34	61.2%

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	288	78	234	66	85	31	23						
Aggregate Expenditures													
Inpatient Services	\$195,001	\$56,596	\$293,406	\$83,940	\$103,260	\$38,672	\$26,651						
Outpatient Services	\$95,770	\$27,734	\$108,731	\$31,083	\$38,279	\$14,343	\$9,884						
Physician Services	\$74,305	\$21,571	\$94,192	\$26,967	\$33,151	\$12,416	\$8,580						
Prescribed Drugs	\$35,158	\$10,184	\$20,407	\$5,829	\$7,207	\$2,696	\$1,852						
Psychiatric Services	-	-	-	-	-	-	-						
Dental Services	\$4,637	\$1,343	\$360	\$103	\$127	\$48	\$33						
Lab and X-Ray	\$14,168	\$4,108	\$17,372	\$4,965	\$6,144	\$2,290	\$1,582						
Medical Supplies and Orthotics	\$17,234	\$4,990	\$6,160	\$1,759	\$2,170	\$812	\$559						
Home Health and Home Care	\$5,402	\$1,566	\$5,722	\$1,638	\$2,018	\$753	\$520						
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	-	-	\$865	\$249	\$304	\$114	\$79						
Transportation	\$6,511	\$1,888	\$12,874	\$3,674	\$4,534	\$1,696	\$1,165						
Other Practitioner	\$1,475	\$426	\$535	\$153	\$187	\$71	\$49						
Other Institutional	-	-	-	-	-	-	-						
Other	-	-	-	-	-	-	-						
Total	\$449,661	\$130,406	\$560,627	\$160,362	\$197,382	\$73,911	\$50,952						
PMPM Expenditures													
Inpatient Services	\$677.09	\$725.59	\$1,253.87	\$1,271.83	\$1,214.82	\$1,247.50	\$1,158.72	85.2%	-3.1%	-4.6%	75.3%	-1.9%	-7.1%
Outpatient Services	\$332.53	\$355.56	\$464.66	\$470.96	\$450.34	\$462.68	\$429.72	39.7%	-3.1%	-4.6%	32.5%	-1.8%	-7.1%
Physician Services	\$258.00	\$276.56	\$402.53	\$408.59	\$390.01	\$400.51	\$373.03	56.0%	-3.1%	-4.4%	47.7%	-2.0%	-6.9%
Prescribed Drugs	\$122.08	\$130.56	\$87.21	\$88.32	\$84.79	\$86.95	\$80.53	-28.6%	-2.8%	-5.0%	-32.4%	-1.5%	-7.4%
Psychiatric Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Services	\$16.10	\$17.22	\$1.54	\$1.56	\$1.50	\$1.53	\$1.42	-90.4%	-2.9%	-5.0%	-91.0%	-1.6%	-7.3%
Lab and X-Ray	\$49.20	\$52.67	\$74.24	\$75.23	\$72.29	\$73.86	\$68.79	50.9%	-2.6%	-4.8%	42.8%	-1.8%	-6.9%
Medical Supplies and Orthotics	\$59.84	\$63.97	\$26.33	\$26.66	\$25.53	\$24.31	\$26.18	-56.0%	-3.0%	-4.8%	-58.3%	-1.8%	-7.1%
Home Health and Home Care	\$18.76	\$20.07	\$24.45	\$24.82	\$23.75	\$24.31	\$22.60	30.4%	-2.9%	-4.8%	23.6%	-2.1%	-7.0%
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	\$3.70	\$3.77	\$3.57	\$3.68	\$3.41	-	-3.4%	-4.5%	-	-2.3%	-7.2%
Transportation	\$22.61	\$24.21	\$55.02	\$55.67	\$53.34	\$54.73	\$50.64	143.4%	-3.0%	-5.1%	130.0%	-1.7%	-7.5%
Other Practitioner	\$5.12	\$5.46	\$2.29	\$2.33	\$2.20	\$2.29	\$2.12	-55.3%	-3.7%	-3.9%	-57.4%	-1.4%	-7.7%
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	\$1,561.32	\$1,671.88	\$2,395.84	\$2,429.73	\$2,322.14	\$2,384.22	\$2,215.29	53.4%	-3.1%	-4.6%	45.3%	-1.9%	-7.1%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,850.71	129.5%
Months 13-24	\$1,894.22	122.6%
Months 25-36	\$1,956.35	113.3%

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	6,476	1,878	6,064	1,808	2,227	859	622						
Aggregate Expenditures													
Inpatient Services	\$1,508,974	\$438,957	\$1,334,212	\$385,833	\$462,751	\$172,549	\$118,314						
Outpatient Services	\$675,428	\$196,617	\$688,687	\$199,124	\$238,603	\$88,868	\$60,638						
Physician Services	\$1,229,598	\$357,454	\$1,002,552	\$289,604	\$346,712	\$129,125	\$88,364						
Prescribed Drugs	\$725,054	\$210,632	\$1,009,967	\$291,158	\$349,877	\$130,429	\$89,258						
Psychiatric Services	\$27,499	\$7,982	\$21,335	\$6,162	\$7,395	\$2,760	\$1,893						
Dental Services	\$71,611	\$20,760	\$56,753	\$16,453	\$19,609	\$7,322	\$5,026						
Lab and X-Ray	\$187,167	\$54,371	\$232,236	\$66,977	\$80,295	\$29,888	\$20,493						
Medical Supplies and Orthotics	\$37,472	\$10,892	\$24,680	\$7,134	\$8,533	\$3,181	\$2,185						
Home Health and Home Care	\$23,196	\$6,743	\$39,244	\$11,328	\$13,583	\$5,051	\$3,466						
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	-	-	\$3,965	\$1,144	\$1,370	\$510	\$350						
Transportation	\$89,181	\$25,835	\$95,329	\$27,507	\$32,882	\$12,218	\$8,376						
Other Practitioner	\$39,284	\$11,395	\$34,706	\$9,985	\$12,036	\$4,490	\$3,076						
Other Institutional	-	-	\$405	\$116	\$140	\$52	\$36						
Other	\$7,771	\$2,259	\$16,931	\$4,884	\$5,866	\$2,194	\$1,506						
Total	\$4,622,235	\$1,343,895	\$4,561,002	\$1,317,408	\$1,579,653	\$588,638	\$402,980						
PMPM Expenditures													
Inpatient Services	\$233.01	\$233.74	\$220.02	\$213.40	\$207.79	\$200.87	\$190.22	-5.6%	-5.6%	-8.5%	-8.7%	-5.9%	-5.3%
Outpatient Services	\$104.30	\$104.69	\$113.57	\$110.13	\$107.14	\$103.46	\$97.49	8.9%	-5.7%	-9.0%	5.2%	-6.1%	-5.8%
Physician Services	\$189.87	\$190.34	\$165.33	\$160.18	\$155.69	\$150.32	\$142.06	-12.9%	-5.8%	-8.7%	-15.8%	-6.2%	-5.5%
Prescribed Drugs	\$111.96	\$112.16	\$166.55	\$161.04	\$157.11	\$151.84	\$143.50	48.8%	-5.7%	-8.7%	43.6%	-5.7%	-5.3%
Psychiatric Services	\$4.25	\$4.25	\$3.52	\$3.41	\$3.32	\$3.21	\$3.04	-17.1%	-5.6%	-8.4%	-19.8%	-5.7%	-5.3%
Dental Services	\$11.06	\$11.05	\$9.36	\$9.10	\$8.81	\$8.52	\$8.08	-15.4%	-5.9%	-8.2%	-17.7%	-6.3%	-5.2%
Lab and X-Ray	\$28.90	\$28.95	\$38.30	\$37.04	\$36.06	\$34.79	\$32.95	32.5%	-5.9%	-8.6%	28.0%	-6.1%	-5.3%
Medical Supplies and Orthotics	\$5.79	\$5.80	\$4.07	\$3.95	\$3.83	\$3.70	\$3.51	-29.7%	-5.9%	-8.3%	-32.0%	-6.2%	-5.1%
Home Health and Home Care	\$3.58	\$3.59	\$6.47	\$6.27	\$6.10	\$5.88	\$5.57	80.7%	-5.8%	-8.6%	74.5%	-6.2%	-5.2%
Nursing Facility	-	-	-	-	-	-	-						
Targeted Case Management	-	-	\$0.65	\$0.63	\$0.62	\$0.59	\$0.56	-	-5.9%	-8.6%	-	-6.1%	-5.3%
Transportation	\$13.77	\$13.76	\$15.72	\$15.21	\$14.77	\$14.22	\$13.47	14.2%	-6.1%	-8.8%	10.6%	-6.5%	-5.3%
Other Practitioner	\$6.07	\$6.07	\$5.72	\$5.52	\$5.40	\$5.23	\$4.94	-5.7%	-5.6%	-8.5%	-9.0%	-5.3%	-5.4%
Other Institutional	-	-	\$0.07	\$0.06	\$0.06	\$0.06	\$0.06	-	-5.9%	-7.9%	-	-5.6%	-4.4%
Other	\$1.20	\$1.20	\$2.79	\$2.70	\$2.63	\$2.55	\$2.42	132.7%	-5.7%	-8.1%	124.6%	-5.4%	-5.2%
Total	\$713.75	\$715.60	\$752.14	\$728.65	\$709.32	\$685.26	\$647.88	5.4%	-5.7%	-8.7%	1.8%	-6.0%	-5.5%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,349.51	55.7%
Months 13-24	\$1,377.54	51.5%
Months 25-36	\$1,399.64	46.3%

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 (FY16 Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (FY16 Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (FY16 Total)	Engaged Period: 25 to 36 Months (FY16 Total)	Percent Change (Engaged 3-12 Month Accumulated/ Pre-Engaged Accumulated)	Percent Change (Engaged 13-24 Month Accumulated/ Engaged 3-12 Month Accumulated)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month Accumulated)	Percent Change (Engaged 3-12 Month FY16/ Pre-Engaged FY16)	Percent Change (Engaged 13-24 Month FY16/ Engaged 3-12 Month FY16)	Percent Change (Engaged 25-36 Month FY16/ Engaged 13-24 Month FY16)
Member Months	141,895	38,907	124,884	35,257	44,780	16,553	11,460						
Aggregate Expenditures													
Inpatient Services	\$5,355,483	\$1,557,357	\$5,274,052	\$1,531,337	\$1,849,063	\$683,572	\$468,714						
Outpatient Services	\$5,271,842	\$1,535,034	\$5,316,758	\$1,544,749	\$1,861,411	\$687,514	\$469,119						
Physician Services	\$10,602,217	\$3,081,477	\$10,311,773	\$2,991,191	\$3,611,537	\$1,333,678	\$912,672						
Prescribed Drugs	\$7,623,549	\$2,217,288	\$7,626,447	\$2,213,306	\$2,672,942	\$988,739	\$676,636						
Psychiatric Services	\$11,295,095	\$3,278,706	\$9,521,377	\$2,758,418	\$3,339,381	\$1,235,716	\$847,301						
Dental Services	\$2,909,199	\$845,396	\$2,304,769	\$669,928	\$806,425	\$298,161	\$204,636						
Lab and X-Ray	\$1,260,394	\$365,415	\$1,570,689	\$454,980	\$549,941	\$203,034	\$139,209						
Medical Supplies and Orthotics	\$299,627	\$86,978	\$278,026	\$80,620	\$97,387	\$35,946	\$24,695						
Home Health and Home Care	\$192,506	\$55,848	\$136,272	\$39,517	\$47,698	\$17,602	\$12,081						
Nursing Facility	-	-	\$19,176	\$5,444	\$6,758	\$2,485	\$1,697						
Targeted Case Management	\$91,273	\$26,425	\$76,548	\$22,191	\$26,781	\$9,875	\$6,771						
Transportation	\$681,325	\$197,894	\$595,344	\$171,940	\$208,379	\$76,652	\$52,549						
Other Practitioner	\$1,021,498	\$295,519	\$736,027	\$212,561	\$258,556	\$95,677	\$65,534						
Other Institutional	\$18,720	\$5,423	\$46,540	\$13,217	\$16,641	\$6,067	\$4,160						
Other	\$707,032	\$205,235	\$440,548	\$127,463	\$154,658	\$57,261	\$39,301						
Total	\$47,329,760	\$13,753,996	\$44,254,346	\$12,836,862	\$15,507,558	\$5,731,980	\$3,925,075						
PMPM Expenditures													
Inpatient Services	\$37.74	\$40.03	\$42.23	\$43.43	\$41.29	\$41.30	\$40.90	11.9%	-2.2%	-0.9%	8.5%	-4.9%	-1.0%
Outpatient Services	\$37.15	\$39.45	\$42.57	\$43.81	\$41.57	\$41.53	\$40.94	14.6%	-2.4%	-1.5%	11.1%	-5.2%	-1.4%
Physician Services	\$74.72	\$79.20	\$82.57	\$84.84	\$80.65	\$80.57	\$79.64	10.5%	-2.3%	-1.3%	7.1%	-5.0%	-1.2%
Prescribed Drugs	\$53.73	\$56.99	\$61.07	\$62.78	\$59.69	\$59.73	\$59.04	13.7%	-2.3%	-1.1%	10.2%	-4.8%	-1.2%
Psychiatric Services	\$79.60	\$84.27	\$76.24	\$78.24	\$74.57	\$74.65	\$73.94	-4.2%	-2.2%	-0.9%	-7.2%	-4.6%	-1.0%
Dental Services	\$20.50	\$21.73	\$18.46	\$19.00	\$18.01	\$18.01	\$17.86	-10.0%	-2.4%	-0.8%	-12.6%	-5.2%	-0.9%
Lab and X-Ray	\$8.88	\$9.39	\$12.58	\$12.90	\$12.28	\$12.27	\$12.15	41.6%	-2.4%	-1.1%	37.4%	-5.0%	-1.0%
Medical Supplies and Orthotics	\$2.11	\$2.24	\$2.23	\$2.29	\$2.17	\$2.15	\$2.15	5.4%	-2.3%	-0.9%	2.3%	-5.0%	-0.8%
Home Health and Home Care	\$1.36	\$1.44	\$1.09	\$1.12	\$1.07	\$1.06	\$1.05	-19.6%	-2.4%	-1.0%	-21.9%	-5.1%	-0.9%
Nursing Facility	-	-	\$0.15	\$0.15	\$0.15	\$0.15	\$0.15	-	-1.7%	-1.9%	-	-2.8%	-1.4%
Targeted Case Management	\$0.64	\$0.68	\$0.61	\$0.63	\$0.60	\$0.60	\$0.59	-4.7%	-2.4%	-1.2%	-7.3%	-5.2%	-1.0%
Transportation	\$4.80	\$5.09	\$4.77	\$4.88	\$4.65	\$4.63	\$4.59	-0.7%	-2.4%	-1.5%	-4.1%	-5.0%	-1.0%
Other Practitioner	\$7.20	\$7.60	\$5.89	\$6.03	\$5.77	\$5.78	\$5.72	-18.1%	-2.0%	-1.0%	-20.6%	-4.1%	-1.1%
Other Institutional	\$0.13	\$0.14	\$0.37	\$0.37	\$0.37	\$0.37	\$0.36	182.5%	-0.3%	-2.3%	169.0%	-2.2%	-1.0%
Other	\$4.98	\$5.28	\$3.53	\$3.62	\$3.45	\$3.46	\$3.43	-29.2%	-2.1%	-0.7%	-31.5%	-4.3%	-0.9%
Total	\$333.55	\$353.51	\$354.36	\$364.09	\$346.31	\$346.28	\$342.50	6.2%	-2.3%	-1.1%	3.0%	-4.9%	-1.1%

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$590.55	60.0%
Months 13-24	\$604.62	57.3%
Months 25-36	\$610.78	56.1%