

*Calendar Year 2024*



## **Independent Evaluation**

### **SoonerCare Health Management Program – *Third Generation***

**March 2026**

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***Prepared for:***

***State of Oklahoma***

***Oklahoma Health Care Authority***

***THE PACIFIC HEALTH POLICY GROUP***



## READER NOTES

The Pacific Health Policy Group (PHPG) has been retained to conduct a multi-year independent evaluation of the Third Generation SoonerCare Health Management Program (HMP) and the OHCA-administered SoonerCare Chronic Care Management Program (CCM).

This report contains evaluation findings for the SoonerCare HMP for Calendar Years 2020 – 2024; CCM evaluation findings are being issued in a companion report.

### Related Evaluation

PHPG also serves as the independent evaluator of the SoonerCare Choice Section 1115 Demonstration, of which the Health Management Program is a component. The Section 1115 evaluation is performed in accordance with a Centers for Medicare and Medicaid Services (CMS)-approved design.

PHPG has adopted the Section 1115 evaluation methodology, where applicable, for the SoonerCare HMP and CCM evaluations. A portion of the SoonerCare HMP findings presented in this report also will be part of a summative Section 1115 demonstration evaluation report covering calendar years 2019 – 2023, to be submitted in June of this year.

### Impact of COVID-19 Public Health Emergency

The COVID-19 public health emergency (PHE) had a significant impact on SoonerCare beneficiary service utilization in calendar year 2020. PHPG followed National Committee for Quality Assurance (NCQA) guidance when evaluating quality-of-care using Healthcare Effectiveness Data and Information Set (HEDIS®) measures and considered the pandemic's impact on other components of the evaluation, as discussed in the body of the report.

Some report exhibits include trendline data for 2020 – 2024. Readers should exercise caution when reviewing 2020 results and the 2020 – 2021 portion of trendlines, as some findings may prove anomalous. In addition, 2024 was a transitional year, as non-disabled beneficiaries, including SoonerCare HMP members, were moved into the new SoonerSelect managed care program in April. This affected SoonerCare HMP enrollment and is addressed in the body of the report.

## **Acknowledgments**

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 disease is the leading cause of death and disability in the United States. According to the Centers for Disease Control and Prevention, about six-in-ten of all adults have at least one chronic health condition such as diabetes or heart disease. About four-in-ten have 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. Over 1,500 Oklahomans die each year due to complications from diabetes. This equates to a diabetes-related mortality rate of nearly 34 per 100,000 residents, versus the national rate of approximately 24 per 100,000. The mortality rate for other chronic conditions, such as lower respiratory illnesses and heart diseases, 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 offers care management to qualifying members with or at risk for one or more chronic conditions. The program also offers practice facilitation and education to primary care providers treating individuals with chronic illnesses.

### SOONERCARE HMP EVALUATION KEY TAKEAWAYS

- *Participants are very satisfied with their experience – 97 percent would recommend the program to a friend with similar needs*
- *The SoonerCare HMP has demonstrated a high quality-of-care, based on HEDIS® measures – both in comparison to the general SoonerCare Choice population and compared to national benchmarks*
- *Program participants are less likely to use the emergency room or be admitted to the hospital than others with similar needs*
- *Health care expenditures are significantly lower for SoonerCare HMP health coaching participants than for others with similar needs – even after accounting for program administrative costs*

The OHCA implemented the “First Generation” SoonerCare HMP in February 2008 in partnership with a contracted vendor. The vendor, 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.



**When asked to rate their experience in the program, 94 percent of survey respondents said they were “very satisfied”.**

Telligen staff members provided field-based and telephonic nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated patient centered medical home (PCMH) providers interested in strengthening their care management processes for patients with chronic conditions.

The OHCA conducted a competitive procurement in 2013 and re-contracted with Telligen to administer the “Second Generation” SoonerCare HMP. Under this enhanced model, Telligen reduced field-based and telephonic care management in favor of health coaches embedded in offices of participating PCMH providers who had completed the practice facilitation component of the program. This was done to facilitate care manager/health coach contacts with participants and strengthen relationships with providers.

Telligen also introduced a targeted “pain management” practice facilitation module during the Second-Generation contract period. The module was offered to providers who relied heavily on prescription opioid medications to treat patients with chronic pain and could benefit from education on alternative pain management techniques.

The OHCA conducted another competitive procurement in 2018 and re-contracted again with Telligen to administer the “Third Generation” SoonerCare HMP. The new contract began in July 2019 and remains in effect.

The Third-Generation model retained the health coaching and practice facilitation components from the existing model but directed the vendor to expand health coaching statewide using the full combination of practice-based, field-based and telephonic modalities, taking into consideration beneficiary preferences.



***“I have two nurses. (One) has helped me so much with my doctors. I was having to wait months to get into a pain management doctor and (she) made a phone call and got my appointment moved up by a month. She also helped get my pain injections and now I am pain free in my back. (The other) helped me get eyeglasses. They have been so great.” – HMP Participant***

The OHCA also introduced value-based purchasing (VBP) principles into the Third-Generation model. Under the new contract, the OHCA would withhold a portion of vendor payments, to be earned back by meeting pre-established performance benchmarks.



Nearly all participants (97 percent) who reported improved health credited their participation in the program for the change.

## Independent Evaluation of the SoonerCare HMP

As part of its continuous quality improvement activities, the OHCA has retained the Pacific Health Policy Group (PHPG) to conduct an independent evaluation of the Third Generation SoonerCare HMP. PHPG uses a

five-year timeframe to minimize the effect of year-over-year variability and to identify trends. This report contains findings for Calendar Years 2020 – 2024.

The SoonerCare HMP operates under the authority of the broader SoonerCare Section 1115 research and demonstration authority. The federal Centers for Medicare and Medicaid Services (CMS) requires that states contract for independent evaluations of Section 1115 demonstrations; PHPG also has been retained to conduct the SoonerCare evaluation.

PHPG has aligned the methodology for the SoonerCare HMP evaluation to conform with CMS guidelines for Section 1115 demonstration evaluations. The methodology is described in detail in the body of the report.

The 2020 and 2021 portions of the evaluation occurred during the COVID-19 Public Health Emergency. Caution should be exercised when reviewing findings for those years, in light of the disruptions to care that were experienced during the emergency.

In 2024, non-disabled beneficiaries, including SoonerCare HMP participants, were transitioned to the SoonerSelect managed care program. The loss of these members changed the demographic make-up of the SoonerCare HMP population and temporarily reduced enrollment. The impact of the transition is discussed within the body of the report.

## 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 completed 3,020 initial surveys with SoonerCare HMP participants over the study period, as well as 1,572 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.



**Respondents reported receiving help from Telligen resource navigators to address housing, food, utility payments and other critical social service needs.**

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 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 (90 percent); and helped with management of medications (85 percent).

Smaller numbers of respondents said their coach helped to identify changes in health that might be an early sign of a problem (32 percent); helped to make physical health appointments (19 percent); helped them to talk to and work with their regular provider and his/her staff (16 percent); and helped to make mental health appointments (five percent).



***“My only suggestion is make sure all the coaches are as good as (mine). She helped me when I was down about some stuff going on. Talking to her really made a difference.”***  
– HMP Participant



***“It’s been really helpful. I’m not computer literate so it’s nice to have someone call and explain things to me that I can’t look up myself. She also was able to explain why my insulin pump wasn’t working right when I couldn’t understand what my doctor told me. She takes more time to explain things than my doctor does.”***  
– HMP Participant

Respondents next were asked to rate their satisfaction with each activity that occurred. Between 91 and 96 percent reported being very satisfied with the help they received, depending on the item. This attitude carried over to the members’ overall satisfaction with their health coaches; 95 percent reported being very satisfied. Results for the follow-up survey were closely aligned to the initial survey.

Health coaching employs motivational interviews 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.

Eighty-two 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. Seventy-seven percent of this subset (or 63 percent of total) stated that they selected an area to make a change.



**HMP participants outperformed a comparison group on all diabetes, hypertension, pain management and preventive quality-of-care measures.**

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

A large majority of the respondents (91 percent) who selected an area for improvement stated that they went on to develop an action plan with goals. Among those with an action plan, 74 percent reported achieving one or more goals. Among the members who reported having a goal but not yet achieving it, 59 percent of initial survey respondents stated they were “very confident” they would ultimately accomplish it. Results for the follow-up survey were even more encouraging, with 84 percent of respondents reporting achievement of one or more goals and 63 percent of the remainder stating they were “very confident” of achieving their goal.

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

A majority of respondents reported discussing each of the activities with their health coach. 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.



***“I have arthritis and was getting less mobile. She gave me exercises for my back to strengthen it and it has helped so much.”- HMP Participant***

Telligen employs a staff of resource navigators to assist participants with health-related social needs (HRSN), also known as social determinants of health (SDOH). Most follow-up survey respondents stated they were aware that Telligen provides help with SDOH. Among those seeking assistance, the nature of the help has included housing/rental assistance, utility payment assistance, food/clothing needs and arranging transportation. Ninety-six percent of respondents who were helped reported being very satisfied.

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as their point of contact with the program. Ninety-four percent of both initial and follow-up survey respondents stated they were



**HMP participant emergency room visit rates and hospital admission rates were lower than for the comparison group during the study period.**

very satisfied. Nearly all respondents (97 percent of initial survey group and 98 percent of follow-up survey group) said they would recommend the program to a friend with health care needs like theirs.

The ultimate objectives of the SoonerCare HMP are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of initial survey respondents (52 percent) said “fair”, while 33 percent said “good”, 14 percent said “poor” and one percent said “excellent”.

When asked if their health status had changed since enrolling in the SoonerCare HMP, 35 percent said it was “better” and 59 percent said it was “about the same”; only six percent said it was “worse”. Among those members who reported a positive change, nearly all (97 percent) credited the SoonerCare HMP with contributing to their improved health.

The results were even more encouraging among follow-up survey respondents. Forty-four percent of respondents reported that their health had improved, with 98 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.



*She sent me a lot of papers on my autoimmune disease which helped me explain what it was to my kids. She also showed me what foods to stay away from so I don't have flare ups. Some foods would make me feel depressed and have anxiety. I thought it was my mood, but it was actually the Graves disease reacting to certain foods I was eating. Her teaching me that helped me a lot.”–  
HMP Participant*

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 15 diagnosis-specific measures and two population-wide preventive measures (17 in total). For example, the quality-of-care for participants with diabetes was analyzed with respect to their LDL-C (cholesterol), retinal eye and HbA1c (blood sugar) monitoring, as well as medical attention for nephropathy (kidney damage).

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 a comparison group selected from the general SoonerCare Choice population and matched to the SoonerCare HMP population based on age, gender, place of residence (urban/rural) and aid category (aged/blind/disabled, adult expansion, other). The second data set contained national compliance rates for Medicaid MCOs. The national benchmark was defined as the 50<sup>th</sup> percentile (median) of all MCOs.

The health coaching participant compliance rate exceeded the comparison group rate on 13 of 17 measures by a statistically significant amount; the comparison group exceeded the health coaching rate by a statistically significant amount on only one measure. (There was no statistically significant difference on the other three measures.)



**HMP health coaching participant medical costs were lower than the comparison group by \$339 per member per month.**

The most impressive quality-of-care results, relative to the comparison group, were observed for participants with coronary artery disease, diabetes, hypertension, pain management and access to preventive care.

The health coaching participant population compliance rate also exceeded the national benchmark rate on all three measures for which a benchmark was available. (The differences were not tested for statistical significance.)

### **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 room visits, fewer hospitalizations and lower acute care costs.



***“(My health coach) has been a wealth of knowledge for me. She has helped me with getting my electric bill paid up, get medication I couldn’t get, and food. She’s been a big help and I’m very happy to have her.” – HMP Participant***

PHPG evaluated the impact of SoonerCare HMP health coaching on utilization and costs for the total participant population through calculation of three measures: emergency room utilization (visit) rate; inpatient hospital utilization (admission) rate; and health care expenditures (per member per month).

The results for SoonerCare HMP participants were evaluated against a comparison group selected using the same variables as for the quality-of-care analysis, plus a variable that accounted for prior year health expenditures to restrict the universe to beneficiaries with profiles similar to those of the HMP population.

The SoonerCare HMP participant population overall registered lower rates across all three measures. In each case, the difference was statistically significant.

SoonerCare HMP participant medical expenditures across the five-year study period averaged \$868 PMPM, versus \$1,207 PMPM for the comparison group, for a difference of \$339 PMPM.

### Practice Facilitation Evaluation

PHPG’s evaluation scope for practice facilitation includes both participant (provider) satisfaction and quality-of-care (cost effectiveness is addressed as part of the broader return-on-investment



**Practice facilitation evaluation results were less conclusive. However, provider participants credited the program with improving their management of patients with chronic conditions. This program component also is highly integrated with and contributes to the effectiveness of the health coaching model.**

calculation discussed below). PHPG has completed surveys with 21 practices over the course of the evaluation. Findings should be treated as qualitative, given the small sample size.

Sixteen of the 21 survey respondents reported making changes in patient care as the result of participating in practice facilitation. The most frequently cited changes were better patient education and improved documentation. Sixteen of the 21 also reported that their practice had become more effective in managing patients with chronic conditions because of their participation in practice

facilitation. This translated into a high level of satisfaction with the overall practice facilitation experience: 71 percent reported being “very satisfied” and the other 29 percent reported being “somewhat satisfied”.

In prior years, the practice facilitation quality-of-care analysis was performed using the same methodology as for the health coaching quality-of-care analysis. Members whose PCMH provider underwent practice facilitation represented the “treatment group”, while patients of all other practices throughout the State were candidates for inclusion in the “comparison group”.

The comparison group methodology proved less informative for the practice facilitation evaluation than for the health coaching evaluation. The large universe of members in both the treatment and comparison groups led to findings of statistical significance even for very small differences in absolute rates.

In consultation with the OHCA and Telligen, PHPG adopted a pre-post methodology for the current evaluation. The pre-post method compared HEDIS rates within practices both in the 12 months prior to facilitation (including the facilitation month) and in the 12 months following the initial facilitation activities.

PHPG selected two of the most prevalent conditions – diabetes and hypertension – for the evaluation. Pre/post results were calculated for diabetes and hypertension measures within those practices that focused on these conditions during their facilitation.

The analysis proved inconclusive overall. Practices in the aggregate did not demonstrate improvement in HEDIS rates between the pre- and post-facilitation time periods, although the results were not uniform. Some practices did show improvement while others did not.



**The SoonerCare HMP health coaching component achieved medical savings of \$119.9 million across the five-year study period and net savings (inclusive of program administrative costs) of \$61.7 million.**

PHPG treated the 2024 analysis as a first test of the pre/post methodology. PHPG will review the specific steps followed with the OHCA and Telligen to identify opportunities to strengthen the analysis before attempting it again next year.

### **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 program is meeting its mission with respect to improving member quality-of-life and care. The last criterion, cost effectiveness, can be measured in terms of a financial return-on-investment.

PHPG examined the program’s return-on-investment (ROI) for the 2020 – 2024 period, by comparing administrative expenditures to medical savings. This includes both Telligen and OHCA administrative expenditures.

Telligen expenses encompass both health coaching and practice facilitation activities. However, PHPG first calculated ROI solely for the health coaching portion of the program, as this is the component intended to have a direct impact on participant service utilization and cost. To do this, PHPG compared medical and administrative costs for the health coaching population to medical costs for the comparison group.



*“We were told it would take months to get him into the doctor for his sensory issues and she got him in within a few weeks. We were worried he would have to start school without any help, but she saved us.”– HMP Participant*

SoonerCare HMP health coaching participants, as a group, incurred average medical costs of \$868. With the addition of \$123 in average health coaching-related PMPM administrative expenses, total actual costs were \$991. The comparison group incurred average medical costs of \$1,207.

The SoonerCare HMP health coaching component achieved medical savings of \$119.9 million across the five-year study period and net savings \$76.3 million. This equated to a return-on-investment of 174.8 percent.

The results were an improvement over the prior year’s analysis and due primarily to an accelerated inflation rate for the comparison group population. The transition of the non-ABD population to SoonerSelect contributed to a sharp increase in the comparison group PMPM. The



*“My two nurses are the two best people I talk to, and I talk to many. They deserve an award. They are patient, kind, resourceful, and are like family. They treat me with such respect and have beautiful hearts. I cannot say enough good things about them. They keep me accountable in a respectful and kind way. They listen to me when I have a bad day. Never get rid of those two. Never take them away from me!” – HMP Participant*

SoonerCare HMP population’s PMPM also increased but by a lesser amount.

PHPG also documented net saving inclusive of practice facilitation administrative expenses, which totaled approximately \$14.6 million during the same 2020 – 2024 period. If health coaching and practice facilitation results are combined, the net savings equal approximately \$61.7 million, for a return-of-investment of 106.0 percent.

However, this calculation likely understates the positive impact of practice facilitation on the SoonerCare HMP and overall delivery system. Practice facilitators assist providers

to improve their entire patient care management system, which benefits all patients regardless of payer.

The SoonerCare HMP’s value to the health care system therefore carries over to Medicare, commercial and self-pay patients. This system-wide impact supports the OHCA’s role as an integral player in the State’s long-term efforts to improve the health of all Oklahomans.

## CHAPTER 1 – INTRODUCTION

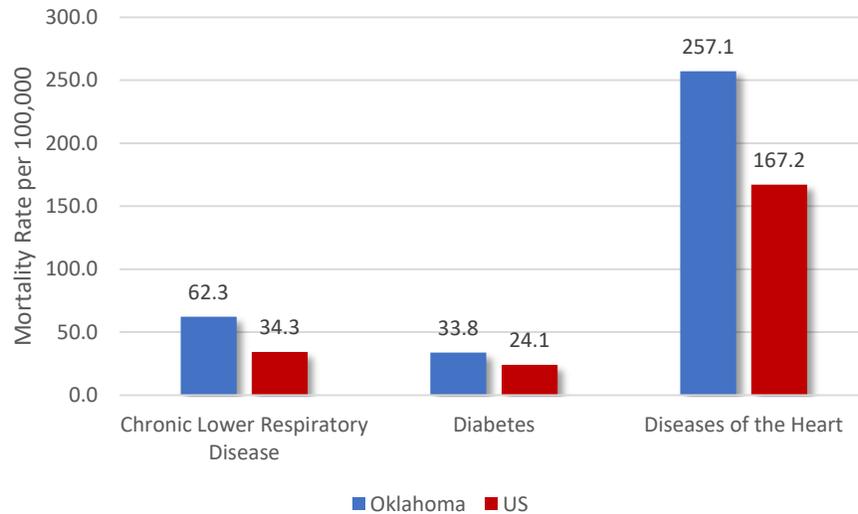
### Chronic Disease Management

Chronic disease is the leading cause of death and disability in the United States. According to the Centers for Disease Control and Prevention, about six-in-ten of all adults have at least one chronic health condition such as diabetes or heart disease. About four-in-ten have multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living<sup>1</sup>.

Ninety percent of the nation’s \$4.9 trillion in annual health expenditures are for people with chronic physical and mental health conditions<sup>2</sup>. The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. Over 1,500 Oklahomans die each year due to complications from diabetes. This equates to a diabetes-related mortality rate of 33.8 persons per 100,000 residents, versus the national rate of 24.1<sup>3</sup>.

The mortality rate for other chronic conditions, such as lower respiratory illnesses and heart disease, is similarly higher in Oklahoma than in the nation overall (Exhibit 1-1)<sup>4</sup>.

**Exhibit 1-1 – Chronic Disease Mortality Rates – 2022 – OK and US (Selected Conditions)<sup>5</sup>**



<sup>1</sup> [Chronic Diseases in America | CDC](#). Total expenditure figure is for 2021 (most recent year available).

<sup>2</sup> [Fast Facts: Health and Economic Costs of Chronic Conditions | Chronic Disease | CDC](#). Data is for 2023.

<sup>3</sup> [National Vital Statistics Reports Volume 74, Number 4 June 10, 2025 Deaths: Final Data for 2022](#) Age adjusted rates. 2022 is the most recent year available for state-level data.

<sup>4</sup> Oklahoma has a more favorable rate for one major chronic condition: essential hypertension and hypertensive renal disease. Oklahoma’s rate is 9.2 per 100,000 versus the national rate of 10.3 per 100,000.

<sup>5</sup> *Ibid.* Rate for chronic lower respiratory disease, also known as chronic obstructive pulmonary disease, includes asthma, chronic bronchitis and emphysema.

Chronic diseases also are among the costliest health problems. People with multiple chronic conditions account for over 70 percent of health spending nationally<sup>6</sup>. 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 estimated that total expenditures related to treating selected major chronic conditions exceeded \$10 billion in 2020 and would approach \$13 billion in 2025<sup>7</sup>. The SoonerCare program is responsible for ensuring delivery of care to a large segment of Oklahomans with chronic conditions.

SoonerCare members with prevalent chronic conditions, such as chronic lower respiratory disease (e.g., asthma), diabetes, heart disease and hypertension, account for a significant portion of total agency expenditures. Their per member costs far exceed those of the average SoonerCare member (Exhibit 1-2).

**Exhibit 1-2 – SoonerCare Members – Prevalent Chronic Conditions – SFY 2024<sup>8</sup>**

Chronic Condition	Members		Annual Expenditures	
	Number	Percent of Members <sup>9</sup>	Per Member	Total (millions)
Chronic lower respiratory disease	94,656	6.2%	\$17,448	\$1,652
Diabetes	88,169	5.8%	\$20,521	\$1,809
Heart Disease (adults only)	43,523	5.5%	\$25,744	\$1,120
Hypertension	146,456	9.6%	\$20,012	\$2,931
<b>All SoonerCare</b>	<b>1,502,934</b>	<b>100.%</b>	<b>\$5,792</b>	<b>\$8,705</b>

Note: Members and their costs can be reported in more than one category. The values should not be combined.

The costs associated with chronic conditions typically are calculated by individual disease, as shown in the above exhibit. Traditional case and disease management programs similarly target single episodes of care or disease systems, but do not consider the entire social, educational,

<sup>6</sup> <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf>

<sup>7</sup> Expenditure estimates developed using CDC Chronic Disease Cost Calculator.

<sup>8</sup> Source for “all SoonerCare” is OHCA SFY 2024 Annual Report Appendix, exhibit 19. Source for chronic condition data is the OHCA Office of Data Governance and Analytics. Complete abstracts by chronic condition (these and others) are available at: [Chronic Condition Executive Summaries \(oklahoma.gov\)](https://oklahoma.gov/ohca/office-of-data-governance-and-analytics/chronic-condition-executive-summaries)

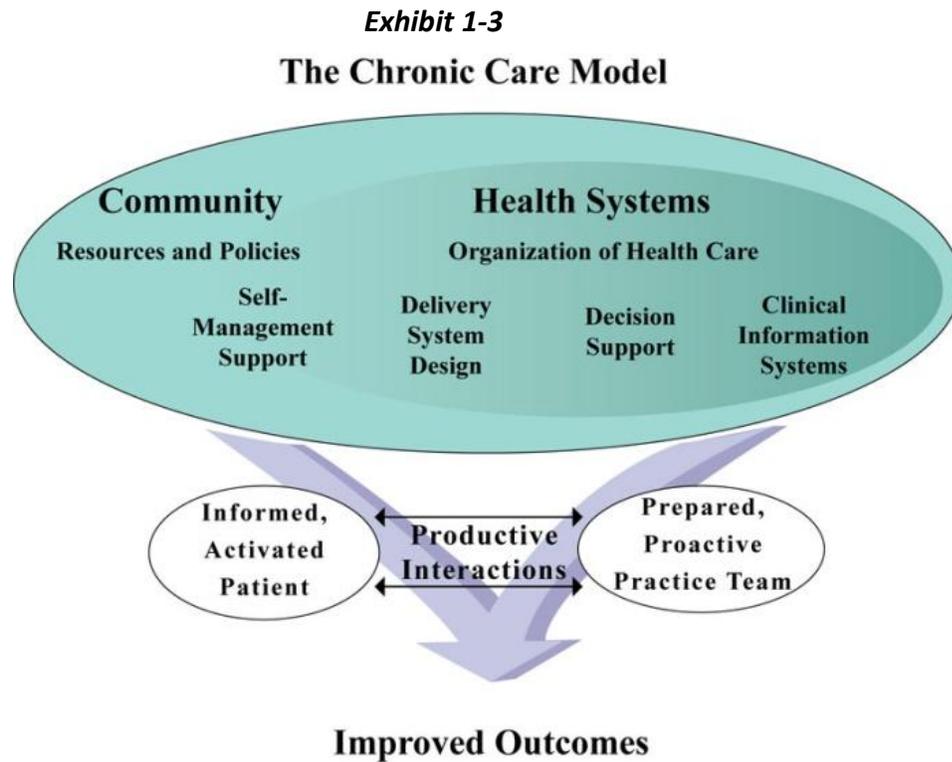
<sup>9</sup> Percent of all members in the state fiscal year in which the data for a particular condition was collected.

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 proactively seek to address the individual needs of patients through planned, ongoing follow-up, assessment and education.<sup>10</sup> 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.

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.



Developed by The MacColl Institute  
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<sup>10</sup> Wagner, E.H., “Chronic Disease Management: What Will It Take to Improve Care for Chronic Illness?,” *Effective Clinical Practice*, 1:2-4 (1998).

## 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 (for example) asthma, chronic obstructive pulmonary disease 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. The program's stated goals include:

- 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 room 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 chronic care management 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.

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen<sup>11</sup> 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.

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<sup>11</sup> Prior to August 2011, Telligen was known as the Iowa Foundation for Medical Care.

Medical Artificial Intelligence (MEDai), already was serving as a subcontractor to DXC Technology (now Gainwell), 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's predictive modeling software to generate member-specific risk profiles based on historical utilization/diagnostic data, to assist in identifying candidates for enrollment in the SoonerCare HMP.

### 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.

### **"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. The OHCA and Telligen observed that a significant amount of the nurse care managers' time was being spent on outreach and scheduling activities, particularly for Tier 1 participants. The OHCA also observed that nurse care managers tended to work in isolation from primary care providers, although coordination did improve somewhat in the program's later years, as documented in provider survey results.

To enhance member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with registered nurse health coaches embedded at primary care practice sites. The health coaches would work closely with practice staff and provide coaching services to participating members. Health coaches could either be dedicated to a single practice with one or more providers or shared between multiple practice sites within a geographic area<sup>12</sup>.

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 only would be embedded at practices that had first undergone practice facilitation<sup>13</sup>. 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 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.

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<sup>12</sup> The descriptions 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.

<sup>13</sup> The health coaching model has since undergone some refinements, as described later in the chapter.

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 (with the member's permission); 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<sup>14</sup> and summarizes its health coaching model, as well as its approach to integration of health coaching and practice facilitation activities<sup>15</sup>.

*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)<sup>16</sup>, 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.*
- Acceptance: In the MI model, the HC looks at the member through a SoonerCare Choice Member-centered and empathetic lens. Acceptance includes believing in the absolute worth of the member, affirming the member's strengths and efforts, supporting the member's autonomy or choice, and providing reflections that show accurate empathy.*
- Compassion: Without a deep underlying compassion for members, their circumstances, and their challenges, it is nearly impossible to employ the important skill of empathic listening. And without empathic listening, it is difficult to establish rapport and engage the SoonerCare Choice Member in a discussion about behavior change.*
- Evocation: Evocation is perhaps the most important principle because it sets the MI-based health coaching approach apart from all others and is linked to clinical outcomes. By*

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<sup>14</sup> As drafted at the time of the model's introduction during the Second Generation HMP.

<sup>15</sup> Telligen Health Coach Training Manual – OK HMP, June 2013. The manual was developed and training was conducted in partnership with Health Sciences Institute.

<sup>16</sup> Motivational Interviewing, Third Edition, W Miller & S Rollnick, 2012

*evoking change talk – desire, ability, reasons and need to change, commitment for change, activation towards change, and steps already taken toward change – the HC creates the best-case scenario in health coaching.*

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

- 1) Engaging the SoonerCare Choice Member sets the foundation for the health coaching encounter. The ability to consistently build and maintain rapport is a significant skill for a HC. This is especially important when working with SoonerCare Choice Members who are less motivated and less ready to make changes in their health. The HC should strive to explore with the member their motivations, priorities, self-management efforts and challenges they have faced with their health.*
- 2) Focusing sets the agenda for the HC and member encounter. As there is limited time with these appointments, it is important to utilize your time effectively and efficiently with the member. By eliciting what is important to the SoonerCare Choice Member and using clinical judgment, the HC can selectively guide the SoonerCare Choice Member into a productive discussion about how he or she can improve their health or change an unhealthy habit. The treatment plan suggested by the PCP may be a starting place; however, the agenda should be SoonerCare Choice Member-centered.*
- 3) Evoking draws out what is important to the SoonerCare Choice Member. The goal here is to evoke change talk from the SoonerCare Choice Member. This is the most important phase as it is linked to clinical outcomes, but is often skipped due to our need to want to diagnose and provide answers. After member is engaged, the HC should look for opportunities to evoke change talk throughout and during each session.*
- 4) Planning helps develop next steps and/or health goals. If the other three phases have been done well, the member’s goals most likely have already been shared with the HC. As the session closes, the HC can summarize these goals and then ask the member for a realistic plan or next step.*

*The HC collaborates with the Practice Facilitator (PF) on the Four Phases of facilitation; Assess, Analyze, Implement and Evaluate. It is imperative that the HC works in partnership with the PF and Medical Home to improve the health and outcomes of the Oklahoma SoonerCare population. The four phases of facilitation are defined as follows:*

- 1) Assess the practice and SoonerCare Choice Member population. Conduct an assessment of current staff, practice flow and data collection systems. Assess population, culture and chronic disease of members (SoonerCare Choice Members). The Health Management Program Practice Facilitators will be instrumental in implementing a registry during the HC preparation phase but the use of the registry would likely be a shared responsibility between practice staff and the HC.*
- 2) Analyze assessment findings. Work in collaboration with the practice in the management and maintenance of a registry. Organize direction, gather coaching tools and use*

*meaningful feedback on trends and findings of medical record review. Contact member (SoonerCare Choice Member) and gather information using best practice guidelines.*

- 3) *Implement positive activities towards managing chronic illness. Partner with members to set short term and long term goals for self-management of chronic disease. Engage with member and family using the evidence-based health coaching approach of Motivational Interviewing (MI). Address barriers to following through on treatment plan and health goals. In addition to using the MI approach, as needed, use educational materials regarding specific health care conditions and assist with referrals.*
- 4) *Evaluate progress and improvements with ongoing collaboration with member and family with follow up appointments. Collaborate with PCP for continuation of care. Support members with getting their needs met. Coordinate with PCMH staff to identify members overdue for visit, labs or referral and arrange follow-up services. Determine the ability of PCMH staff and clinicians to access reports, implement satisfaction evaluations and analyze the effectiveness of the data system in place. (Care Measures®).*

Telligen also introduced resource navigators<sup>17</sup> under the Second-Generation model, to help members with non-clinical needs, 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.

#### Evolution of the Second Generation HMP

During SFY 2014, the OHCA and Telligen executed a contract amendment to modify and expand operations starting in SFY 2015<sup>18</sup>. The amendment included three components: intervention quality enhancement; the chronic pain and opioid drug utilization initiative and staff increase. Specifically:

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

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<sup>17</sup> Initially referred to as community resource specialists.

<sup>18</sup> Amendment Four to the Contract between Oklahoma Health Care Authority and Telligen.

offices (also able to perform telephonic coaching) and four telephonic only, bringing the total number to 37. Telligen also hired two substance use resource specialists in SFY 2015 to support the chronic pain and opioid drug utilization initiative.

### **“Third Generation” SoonerCare HMP**

In November 2018, the OHCA released an RFP to contract with a vendor to implement and administer a Third Generation Health Management Program. The OHCA sought to build upon and expand the existing model, both geographically and in terms of health coaching modalities.

The agency defined its goal for the Third Generation HMP as follows<sup>19</sup>:

*The OHCA’s goal is to align the Third Generation SoonerCare HMP with the agency’s broader managed care strategy through all of the following:*

- a. Identifying SoonerCare Choice members who would benefit from health/care management, regardless of their place of residency within the State;*
- b. Enhancing the health/care management model to encompass best practices of Medicaid managed care;*
- c. Aligning standards and processes across all SoonerCare health/care management programs;*
- d. Supporting primary care providers in their role as the patient centered medical home (PCMH) for members with complex/chronic conditions; and*
- e. Using performance-based contracting and value-based purchasing to promote improved quality and outcomes.*

The Third Generation model retained the health coaching and practice facilitation components from the existing model but directed the vendor to expand health coaching statewide using a combination of practice-based, field-based and telephonic modalities, taking into consideration beneficiary preferences.

The OHCA also introduced value-based purchasing (VBP) principles into the Third Generation model. Under the new contract, the OHCA would withhold a portion of vendor payments, to be earned back by meeting pre-established performance benchmarks.

The OHCA received multiple responses to the Third Generation RFP and awarded the contract again to Telligen. The new contract took effect on July 1, 2019 and is subject to annual renewals.

In calendar year 2024, Telligen provided health coaching (office-based, in-person or telephonic) to participants in 76 of 77 counties, the sole exception being Cimarron County in the far western panhandle. Telligen has deployed practice facilitators throughout most portions of the State, aside from the panhandle/northwestern counties.

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<sup>19</sup> SoonerCare Third Generation HMP RFP – Section A, Scope-of-Work, page 2.



SoonerCare Choice and SoonerCare Traditional members are eligible for participation in the SoonerCare CCM. The SoonerCare CCM 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.

PHPG also conducts an independent evaluation of the SoonerCare CCM. Findings are presented in a separate report.

## Characteristics of Health Coaching Participants

The evaluation included participants enrolled in the SoonerCare HMP in Calendar Years 2020, 2021, 2022, 2023 and/or 2024. PHPG removed a portion of the participant population from the evaluation to improve the integrity of the results. Specifically:

- Members who were enrolled for fewer than three months in a calendar year were excluded from that calendar year's analysis, to ensure that the participation tenure was sufficient for the program to have had an impact.
- Members who were enrolled for three months or longer in a calendar year, but who also were enrolled in the SoonerCare CCM for a portion of that year were excluded, if their CCM tenure exceeded their HMP tenure. (The members were included in the SoonerCare CCM evaluation.)

The number of participants in 2020, 2021, 2022 and 2023 was relatively consistent, never falling below 6,000 members (Exhibit 1 – 5 on the following page). Enrollment in 2024 dropped substantially, due to the start of the SoonerSelect managed care program in April. SoonerCare HMP participants who transitioned to SoonerSelect were disenrolled from health coaching, as this activity became the responsibility of the members' new health plans.

The SoonerSelect program serves beneficiaries who are not in the Aged, Blind, Disabled (ABD) eligibility category. Enrollment is mandatory, except for American Indian beneficiaries, who can opt out, which most have done.

Telligen's participation population historically has had a higher percentage of ABD beneficiaries than are found in the SoonerCare program overall. However, the transition still left a substantial number of unfilled health coaching slots, which Telligen replenished throughout the remainder of the year. PHPG's three-month minimum enrollment standard for inclusion in the analysis contributed to the 2024 low enrollment count, as members disenrolled in March 2024 and members enrolled in the SoonerCare HMP after September 2024 were excluded.

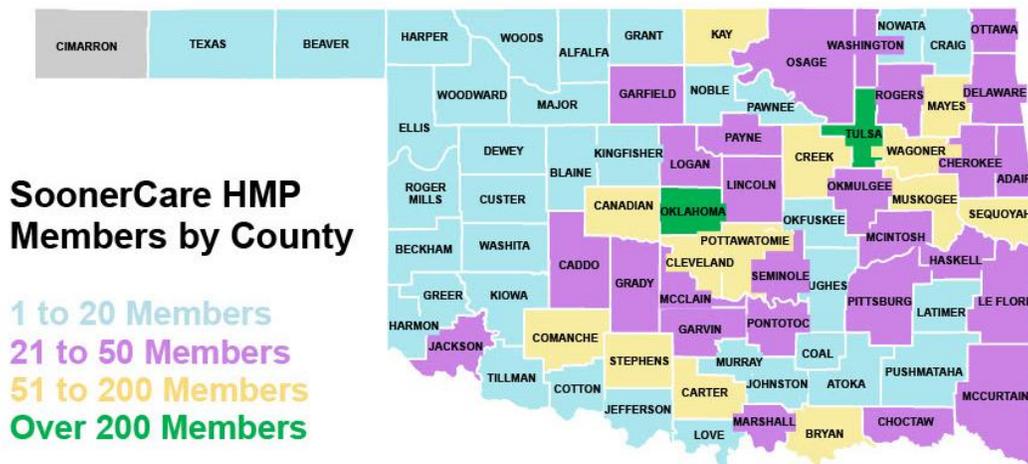
All SoonerCare HMP participants have health coaching needs, regardless of eligibility category. However, the ABD population, on average, has greater health care needs than the non-ABD population. Caution should be exercised when evaluating 2024 results against prior years throughout the report, particularly regarding utilization and expenditure trends.

**Exhibit 1-5 – SoonerCare HMP Health Coaching Participants by Year**

2020	2021	2022	2023	2024
7,152	6,292	6,165	6,598	3,263
<i>Also participated in prior year<sup>20</sup></i>	2,977 (47.3%)	1,825 (29.6%)	1,317 (20.0%)	770 (23.6%)

As noted, SoonerCare HMP health coaching participants in Calendar Year 2024 resided in all but one county (Exhibit 1-6). The largest concentrations of members were in Bryan, Cleveland, Comanche, Pottawatomie, Oklahoma and Tulsa counties.

**Exhibit 1-6 – Health Coaching Participants by County**



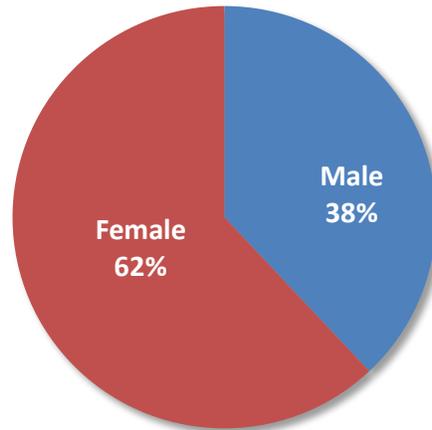
Demographic and health data for SoonerCare HMP members is presented starting on the following page. The data is for Calendar Year 2024 participants. Changes from the 2023 evaluation population are noted in the narrative.

<sup>20</sup> Imputed by counting the number of participants with 12 months of enrollment in HMP in the measurement year. May understate the actual number by excluding members who were enrolled in the prior year and disenrolled during the evaluation year.

## Participants by Gender and Age

Most SoonerCare HMP participants are women, with females outnumbering males by nearly two-to-one (Exhibit 1-7).

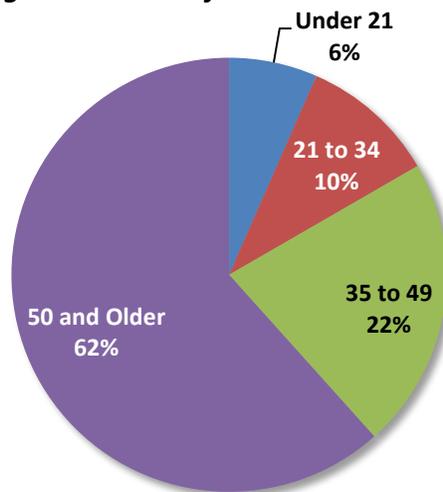
**Exhibit 1-7 – Gender Mix for SoonerCare HMP Participants**



Not surprisingly, SoonerCare HMP participants are older than the general Medicaid population. Fewer than 10 percent of SoonerCare HMP participants are under the age of 21, while approximately 60 percent are age 50 or older (Exhibit 1-8). In contrast, children comprised 53 percent of the total SoonerCare population in December 2024.<sup>21</sup>

The portion of SoonerCare HMP participants over the age of 50 increased from the prior year, when about one-half of the population was in this cohort. The change was likely due to the older age profile of ABD beneficiaries compared to the rest of the SoonerCare population.

**Exhibit 1-8 – Age Distribution for SoonerCare HMP Participants**



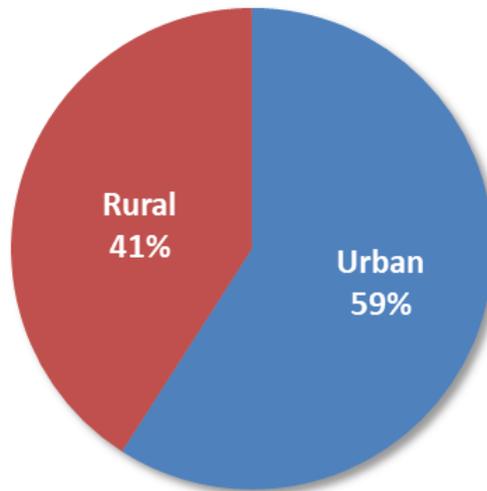
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<sup>21</sup> Source for total SoonerCare percentage: OHCA December 2024 Enrollment Report.

### Participants by Place of Residence

Most SoonerCare HMP participants in 2024 resided in urban areas of the State (Oklahoma City, Tulsa and Lawton metropolitan areas (Exhibit 1-9), similar to the overall SoonerCare program.

***Exhibit 1-9 – SoonerCare HMP Participants by Location: Urban/Rural Mix***



### Participants by Aid Category

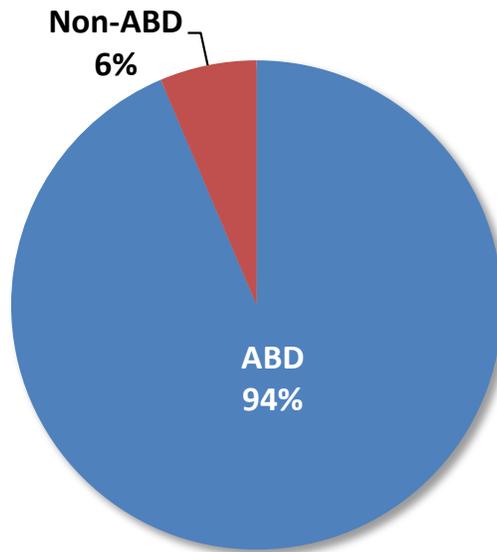
Ninety-four percent of SoonerCare HMP participants in 2024 were enrolled under the Aged, Blind and Disabled (ABD) aid category (Exhibit 1-10 on the following page). In contrast, ABD beneficiaries comprise only about 16 percent of the general SoonerCare population<sup>22</sup>.

The SoonerCare HMP ABD percentage in 2023 was 63 percent. The sharp increase in 2024 was due to the transition of non-ABD beneficiaries to the SoonerSelect program. The residual non-ABD SoonerCare HMP population consists of American Indian beneficiaries who were eligible for SoonerSelect but chose not to enroll.

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<sup>22</sup> Source for total SoonerCare ABD percentage: OHCA December 2024 Enrollment Report. SoonerCare HMP ABD enrollment is limited to the Medicaid-only portion of the ABD population; Medicare/Medicaid dual eligibles are not part of the program.

**Exhibit 1-10 – SoonerCare HMP Participants by Aid Category Group**



### **Participants by Major Chronic Conditions<sup>23</sup>**

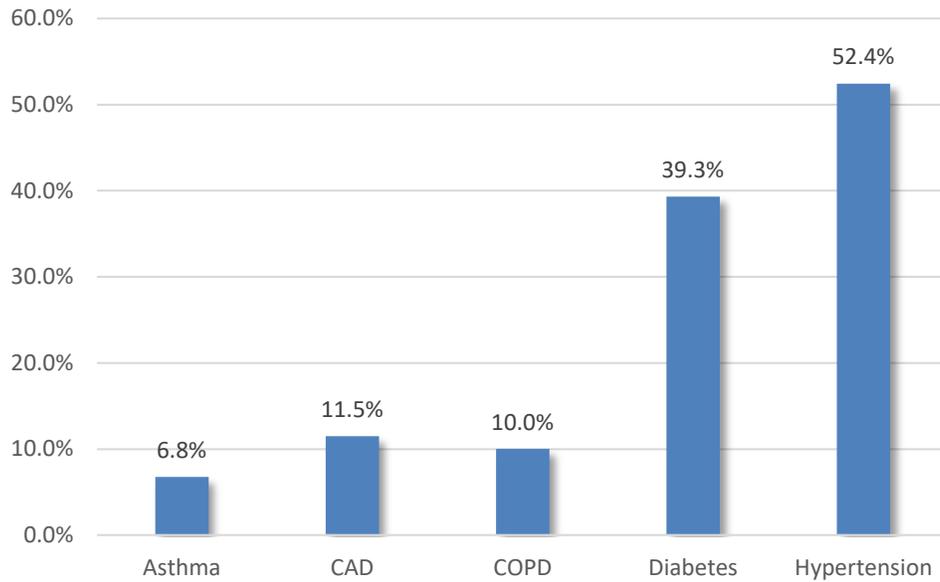
SoonerCare HMP participants typically have multiple physical health conditions, often accompanied by behavioral health needs. The HMP evaluation examines the program’s overall impact on member health but also analyzes its impact with respect to five major chronic conditions: asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), diabetes and hypertension.

Hypertension was the most prevalent of the five conditions, occurring in approximately 52 percent of SoonerCare HMP participants. Diabetes was the second most prevalent, with the other conditions occurring in smaller, but still significant portions of the SoonerCare HMP population (Exhibit 1-11 on the following page).

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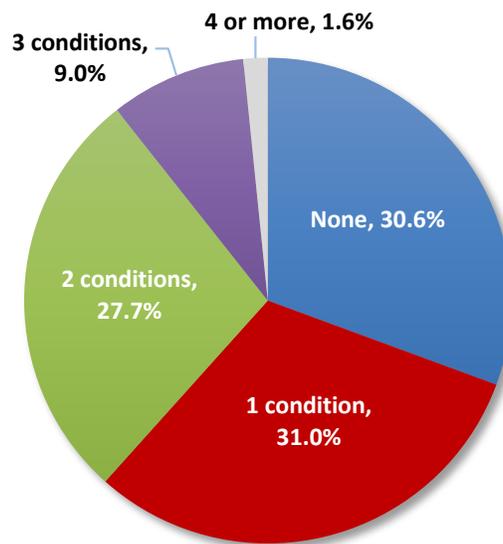
<sup>23</sup> Ranking of most common diagnoses calculated using primary diagnosis code from paid claims.

**Exhibit 1-11 – Prevalence of Major Chronic Conditions (Multiple Responses Allowed)<sup>24</sup>**



Nearly 70 percent of SoonerCare HMP participants had at least one of the five conditions. Over 38 percent had two or more, up from 33 percent in 2023 (Exhibit 1-12).

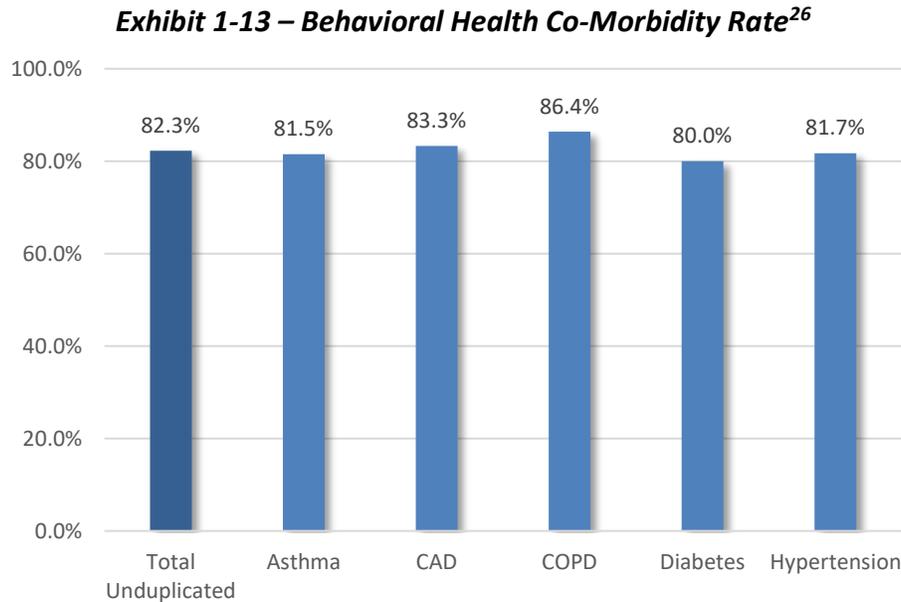
**Exhibit 1-12 – Number of Chronic Conditions (Among the Five Target Conditions)**



<sup>24</sup> Total across responses exceeds 100 percent.

## Behavioral Health

Eighty-two percent of the participant population had at least one physical health and one behavioral health condition. Among the five priority physical health conditions, the co-morbidity prevalence ranged from over 85 percent for participants with COPD to 80 percent for participants with diabetes (Exhibit 1-13).<sup>25</sup>



## Conclusion

Overall, health coaching participants demonstrate the characteristics expected of a population that could benefit from care management. Most have 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.

The population in 2024 was older and much more likely to be in the ABD eligibility category than in previous years. Participants also were more likely to have two or more of the prevalent physical health conditions, adding to the complexity of their care needs.

<sup>25</sup> Behavioral health conditions defined to include (from ICD-10): dementia, depression (major and other), mental and behavioral disorders, other bipolar disorder, personality disorder, psychosis and psychotic disorders and substance use disorders.

<sup>26</sup> Total unduplicated also includes members without one of the five conditions.

## 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 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 (emergency room visits, hospital admissions and re-admissions) and associated expenditures, while accounting for program administrative costs;
5. Practice facilitation participant (provider) 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. Overall SoonerCare HMP return-on-investment.

PHPG is presenting evaluation findings in a series of annual reports. This is the fifth report for the Third Generation HMP and includes calendar years – 2020 to 2024 – to allow for trending of results and to improve the analytical power of the analysis through pooling of data across the five years. The use of calendar years, rather than state fiscal (and Telligen contract) years, was chosen to align with the evaluation and reporting periods mandated by CMS for the Section 1115 Demonstration, of which the SoonerCare HMP is a component.

## 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 attempts to contact and conduct initial surveys on a representative sample of SoonerCare HMP participants following their enrollment, using 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

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 up to 50 surveys per month, or approximately 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 receiving assistance with health-related social needs (if applicable)
- Overall satisfaction with the SoonerCare HMP
- Health status and lifestyle

In addition to the six HMP-specific survey domains, PHPG asks a series of questions about access to primary and specialty care, and overall satisfaction with the SoonerCare program. These questions are taken from the Consumer Assessment of Health Care Providers and Systems (CAHPS®) survey, which the OHCA is required by CMS to conduct on a sample of SoonerCare beneficiaries.

The CAHPS survey of the general SoonerCare population is administered by a vendor under contract to the OHCA. The CAHPS survey results are a component of the SoonerCare 1115 evaluation, but the CAHPS surveyor does not have the ability to stratify survey responses based on participation in the SoonerCare HMP. PHPG therefore has incorporated the relevant CAHPS questions into the SoonerCare HMP beneficiary survey to collect the data required for the Section 1115 evaluation.

### **Six-month Follow-up Survey**

The follow-up survey covers the same areas as the initial survey to allow for comparison of participant responses across the two surveys.

### **Survey Population Size, Margin of Error and Confidence Levels**

The evaluation includes data from 585 initial surveys conducted in Calendar Year 2020, 664 initial surveys conducted in Calendar Year 2021, 599 initial surveys conducted in Calendar Year 2022, 568 initial surveys conducted in Calendar Year 2023 and 604 initial surveys conducted in Calendar Year 2024 (3,020 total). The evaluation also includes data from 270 follow-up surveys conducted in Calendar Year 2020, 296 follow-up surveys conducted in Calendar Year 2021, 339 follow-up surveys conducted in Calendar Year 2022, 340 follow-up surveys conducted in Calendar Year 2023 and 327 follow-up surveys conducted in Calendar Year 2024 (1,572 total).

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. 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	3,020	95%	+/- 1.8%
Six-month Follow-up	1,572	95%	+/- 2.5%

## SoonerCare HMP Participant Survey Findings

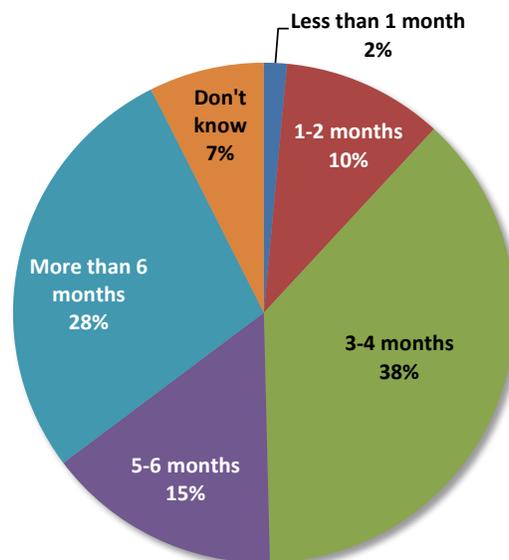
### Respondent Demographics

#### Initial Survey Respondents

The gender split among SoonerCare HMP initial survey respondents in aggregate was 65 percent female and 35 percent male. The great majority of surveys (88 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 people no longer participating in the program, the initial survey respondent sample included 3,020 persons (across all five years). Respondent tenure in the program among active participants ranged from less than one month to more than six months (Exhibit 2-2).

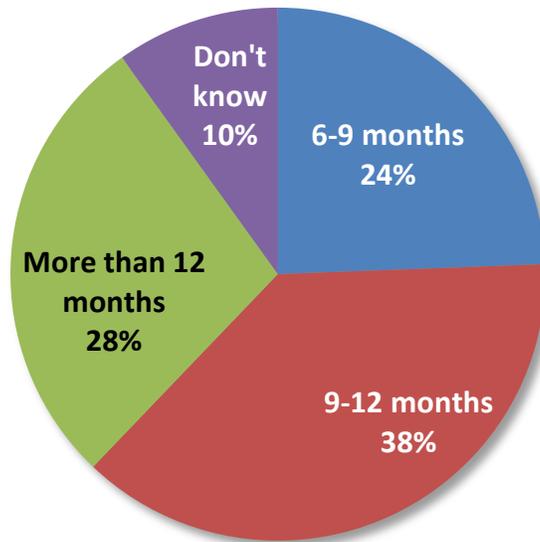
**Exhibit 2-2 – Respondent Tenure in SoonerCare HMP – Initial Survey**



Follow-up Survey Respondents

The gender split among follow-up survey respondents was nearly identical to the initial survey group; 63 percent were female and 37 percent were male. Because follow-up surveys are limited to individuals participating in the program for at least six months, the average tenure of follow-up respondents was significantly greater, with the largest segment (38 percent) reporting tenure of more than 12 months (Exhibit 2-3).

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



Key findings for the initial and follow-up surveys are presented starting on the following page. Findings are presented in aggregate for all initial survey respondents interviewed in 2020, 2021, 2022, 2023 and 2024. The aggregate initial survey results also are broken out into Calendar Year subgroups. This segmentation allows for identification of any emerging trends with respect to new participant perceptions.

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

Some initial survey topics, such as reasons for enrollment, were not repeated in the follow-up survey. Conversely, the follow-up survey includes a more detailed set of questions regarding health-related social needs, for use in evaluating Telligen value-based performance on this metric.

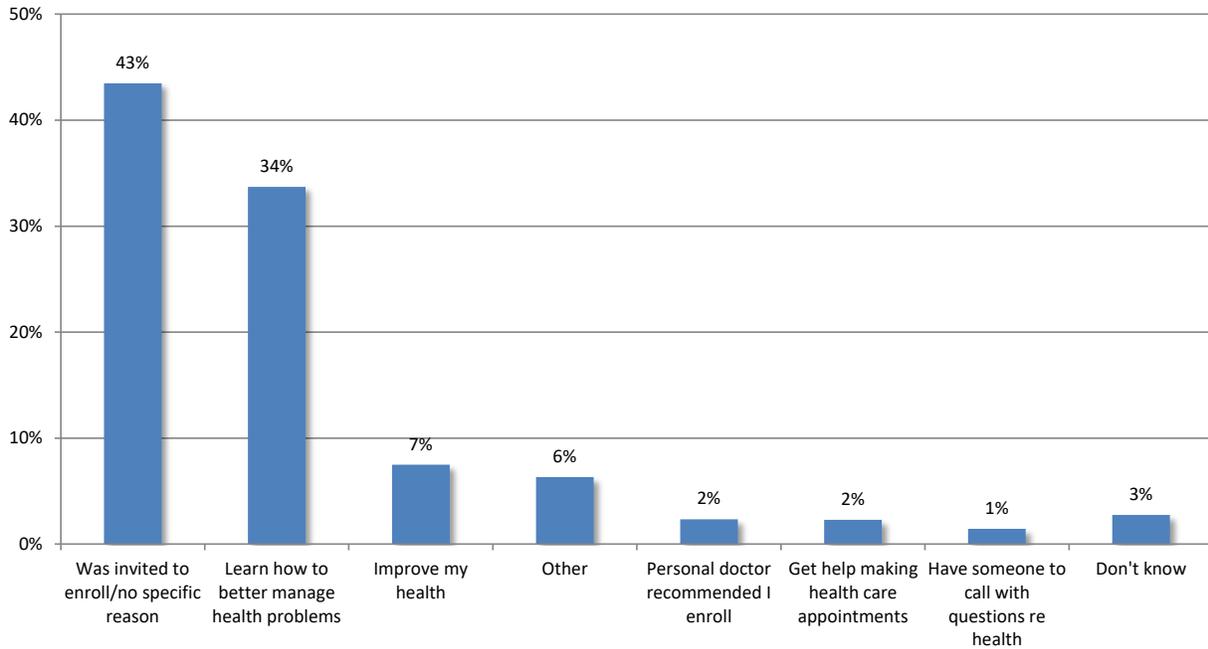
Copies of the survey instruments are included in Appendix A. The full set of responses is presented in Appendix B<sup>27</sup>.

<sup>27</sup>For narrative clarity, survey data in the remainder of the chapter is presented in slightly different order than the order in which questions were asked. The original question order is shown in the instrument and appendix table.

### Primary Reason for Enrolling

The SoonerCare HMP seeks to teach participants how to manage better 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 43 percent, enrolled simply because they were asked (Exhibit 2-4).

**Exhibit 2-4 – Primary Reason for Enrolling in SoonerCare HMP – Initial Survey (All Years)<sup>28</sup>**



Although the percentages varied somewhat, the top three reasons given for enrolling were consistent across time periods and accounted for 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.

<sup>28</sup> 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)					
	2020	2021	2022	2023	2024	All Years
1. Was invited to enroll/no specific reason	44.6%	46.1%	44.8%	42.2%	39.3%	<b>43.5%</b>
2. Learn how to better manage health problems	35.4%	36.0%	32.2%	29.8%	34.7%	<b>33.7%</b>
3. Improve my health	7.9%	5.1%	8.3%	6.8%	9.6%	<b>7.5%</b>
4. Other	3.1%	4.7%	5.3%	11.7%	7.3%	<b>6.3%</b>
5. Personal doctor recommended I enroll	2.6%	2.0%	3.9%	2.0%	1.3%	<b>2.4%</b>
6. Get help making personal health care appointments	2.4%	2.3%	2.0%	2.5%	2.2%	<b>2.3%</b>
7. Have someone to call with questions regarding health	2.4%	0.9%	1.2%	1.6%	1.2%	<b>1.4%</b>
8. Don't know/not sure	1.4%	2.8%	2.2%	3.2%	4.2%	<b>2.8%</b>

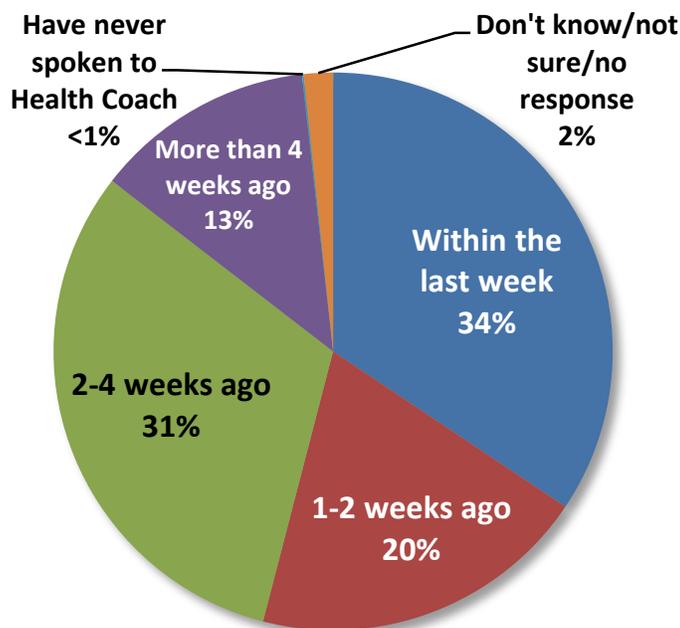
Notes: Percentages on this and other tables may not total to 100 percent due to rounding.

### Health Coach Contact

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

Fifty-four percent of initial survey respondents reported speaking to their health coach within the previous two weeks, and 85 percent reported speaking to the health coach within the past four weeks (Exhibit 2-6).

**Exhibit 2-6 – Most Recent Contact with Health Coach – Initial Survey (All Years)**



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 than twice as likely to report that their most recent contact occurred over four weeks ago.

The longer interval may reflect a reduced need for very frequent contact with participants who have been enrolled for a significant period (Exhibit 2-7 on the following page).

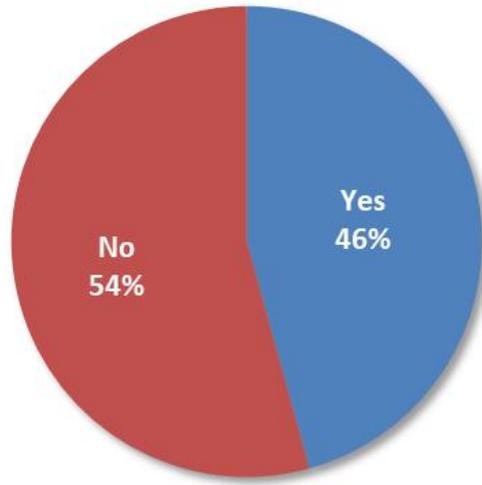
**Exhibit 2-7 – Most Recent Contact with Health Coach –  
Initial Survey (Longitudinal) & Follow-up**

Time Elapsed	Last Time Spoke with Health Coach											
	Initial Survey						Follow-up Survey					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
<b>Within last week</b>	33.0%	36.8%	33.3%	32.5%	36.1%	<b>34.4%</b>	30.5%	24.6%	28.7%	23.2%	24.7%	<b>26.2%</b>
<b>1 to 2 weeks ago</b>	17.4%	20.5%	20.6%	18.9%	20.6%	<b>19.6%</b>	15.2%	17.5%	13.0%	15.1%	12.7%	<b>14.6%</b>
<b>2 to 4 weeks ago</b>	34.0%	29.9%	32.1%	32.0%	29.5%	<b>31.4%</b>	24.5%	24.6%	26.5%	28.0%	36.0%	<b>28.0%</b>
<b>More than 4 weeks ago</b>	13.5%	11.3%	12.8%	14.5%	11.8%	<b>12.7%</b>	29.0%	33.0%	29.6%	31.3%	25.7%	<b>29.7%</b>
<b>Have never spoken to health coach</b>	0.2%	0.2%	0.0%	0.2%	0.0%	<b>0.1%</b>	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
<b>Don't know/not sure/no response</b>	1.9%	1.4%	1.2%	2.0%	2.0%	<b>1.7%</b>	0.7%	0.4%	2.2%	2.4%	1.0%	<b>1.4%</b>

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

Although most initial survey respondents had spoken to their health coach within the past four weeks, slightly fewer than half were able to provide the name of their health coach<sup>29</sup> (Exhibit 2-8).

**Exhibit 2-8 – Able to Name Health Coach – Initial Survey (All Years)**



The portion able to name their health coach exceeded 50 percent among initial survey respondents in 2024 – the first occurrence since 2020 (Exhibit 2-9).

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

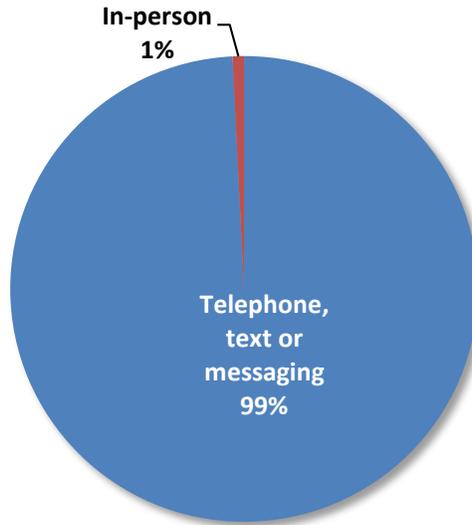
		Able to Name Health Coach											
		Initial Survey					Follow-up Survey						
Response		2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
Yes		52.6%	44.3%	43.6%	41.7%	50.3%	46.5%	47.2%	43.5%	48.8%	48.8%	48.7%	47.5%
No		47.4%	55.7%	56.4%	58.3%	49.7%	53.5%	52.8%	56.5%	51.2%	51.2%	51.3%	52.5%

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

<sup>29</sup> Respondents who answered yes were asked for a name but PHPG did not verify the accuracy of the information.

Nearly all survey respondents reported that their most recent contact occurred by telephone. The telephone cohort always exceeded 90 percent but reached close to 100 percent at the height of the COVID-19 PHE in 2020 and has remained at that level in subsequent years (Exhibit 2-10).

**Exhibit 2-10 – Most Recent Contact Method – Initial Survey (All Years)**



The percentage reporting a telephone rather than in-person contact was consistent between initial survey respondents and follow-up survey respondents. (Exhibit 2-11).

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

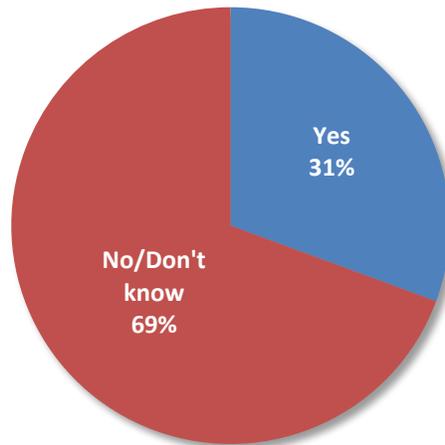
Response	Health Coach Contact Method											
	Initial Survey						Follow-up Survey					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
Telephone, text or messaging	99.3%	99.1%	99.3%	98.7%	98.9%	98.9%	99.7%	99.6%	99.3%	99.4%	100.0%	99.6%
In-person (home or doctor's office)	0.7%	0.7%	0.7%	1.3%	0.5%	0.8%	0.4%	0.4%	0.6%	0.6%	0.0%	0.4%
Don't know/No response	0.0%	0.2%	0.0%	0.0%	0.5%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

Health coaches must provide a contact telephone number to their members. SoonerCare HMP participants also can install an app on their phone for messaging their health coach.

Ninety-two percent of initial respondents and 94 percent of follow-up respondents confirmed that they were given a number. Thirty-one percent of the initial survey respondents who remembered being given a number stated they had tried to contact their health coach at least once (Exhibit 2-12).

**Exhibit 2-12 – Tried to Contact Health Coach – Initial Survey (All Years)**



Follow-up survey respondents were likelier than initial survey respondents to report having tried to contact their health coach; this was possibly an artifact of their longer tenure. The percentage answering yes rose for both groups in 2024 (Exhibit 2-13).

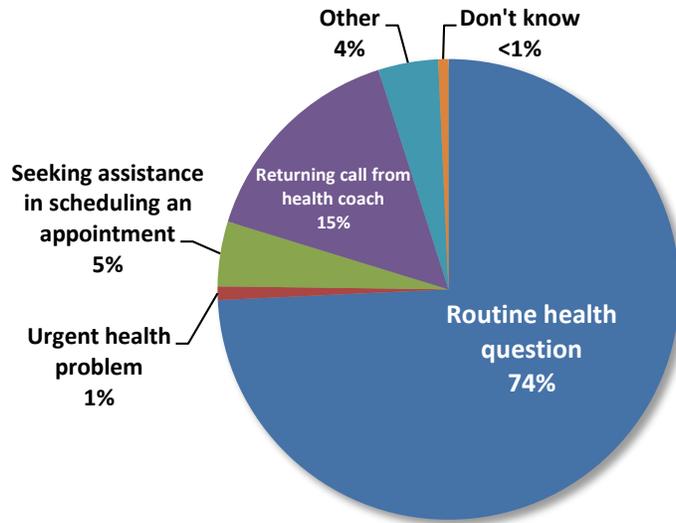
**Exhibit 2-13 – Tried to Contact Health Coach – Initial Survey (Longitudinal) & Follow-up**

Response	Tried to Contact Health Coach											
	Initial Survey						Follow-up Survey					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
Yes	32.8%	29.5%	27.3%	28.0%	34.8%	30.4%	40.4%	37.2%	38.4%	38.4%	46.6%	40.2%
No	66.6%	69.9%	72.0%	71.1%	64.1%	68.7%	55.8%	56.4%	55.8%	56.6%	50.5%	55.0%
Don't know/Not sure	0.6%	0.7%	0.7%	1.0%	1.1%	0.8%	3.8%	6.4%	5.8%	5.0%	4.8%	4.8%

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

Among those who had tried, a large majority (74 percent of initial survey respondents) reported their most attempt concerned a routine health question (Exhibit 2-14).

**Exhibit 2-14 – Reason for Most Recent Contact Attempt – Initial Survey (All Years)**



A similar majority of follow-up survey respondents also called, texted or messaged with a routine health question (Exhibit 2-15).

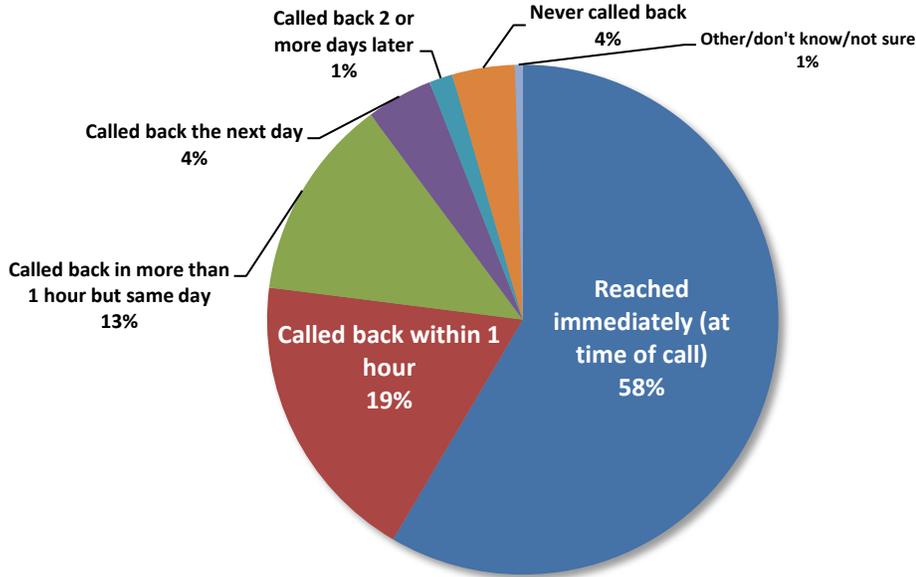
**Exhibit 2-15 – Reason for Most Recent Contact Attempt – Initial Survey (Longitudinal) & Follow-up**

Response	Reason for Most Recent Contact Attempt											
	Initial Survey						Follow-up Survey					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
Routine health question	78.1%	76.0%	71.6%	76.1%	69.8%	74.3%	77.1%	62.6%	70.8%	68.9%	69.5%	69.8%
Urgent health problem	0.6%	1.7%	0.0%	2.1%	0.5%	1.0%	0.0%	1.0%	0.9%	0.0%	0.8%	0.5%
Seeking assistance in scheduling appointment	5.1%	4.6%	8.8%	2.1%	2.6%	4.6%	2.9%	8.1%	6.2%	3.3%	4.6%	4.9%
Returning call from Health Coach	14.6%	16.0%	12.8%	13.4%	18.8%	15.3%	15.2%	24.2%	13.3%	23.0%	17.6%	18.6%
Other	1.7%	1.1%	6.8%	4.9%	6.8%	4.2%	3.8%	2.0%	6.2%	4.1%	6.1%	4.6%
Don't know/No response	0.0%	0.6%	0.0%	1.4%	1.6%	0.7%	1.0%	2.0%	2.7%	0.8%	1.5%	1.6%

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

Ninety percent of initial survey respondents who called the number reached their coach immediately or heard back later the same day (Exhibit 2-16).

**Exhibit 2-16 – Health Coach Call-Back Time – Initial Survey (All Years)**



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

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

Response	Health Coach Call-Back Time											
	Initial Survey						Follow-up Survey					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
Reached immediately (time of call)	63.5%	54.3%	54.7%	50.0%	58.9%	56.6%	57.1%	52.5%	59.3%	43.4%	49.6%	52.1%
Called back within 1 hour	15.2%	20.0%	20.9%	16.2%	17.7%	18.0%	11.4%	23.2%	14.2%	14.8%	17.6%	16.1%
Called back > 1 hour	14.6%	11.4%	14.9%	13.4%	8.9%	12.5%	18.1%	6.1%	11.5%	21.3%	9.9%	13.5%
Called back the next day	2.8%	3.4%	3.4%	7.0%	4.2%	4.1%	4.8%	7.1%	4.4%	3.3%	7.6%	5.4%
Called back 2+ days later	0.6%	1.7%	1.4%	2.8%	1.0%	1.4%	1.9%	2.0%	1.8%	3.3%	0.8%	1.9%
Never called back	1.7%	3.4%	3.4%	2.8%	7.3%	3.8%	1.9%	3.0%	3.5%	6.6%	5.3%	4.2%
Other/Don't know/Not sure	1.7%	0.0%	1.4%	7.7%	2.1%	3.6%	4.8%	6.1%	5.3%	7.4%	9.2%	6.7%

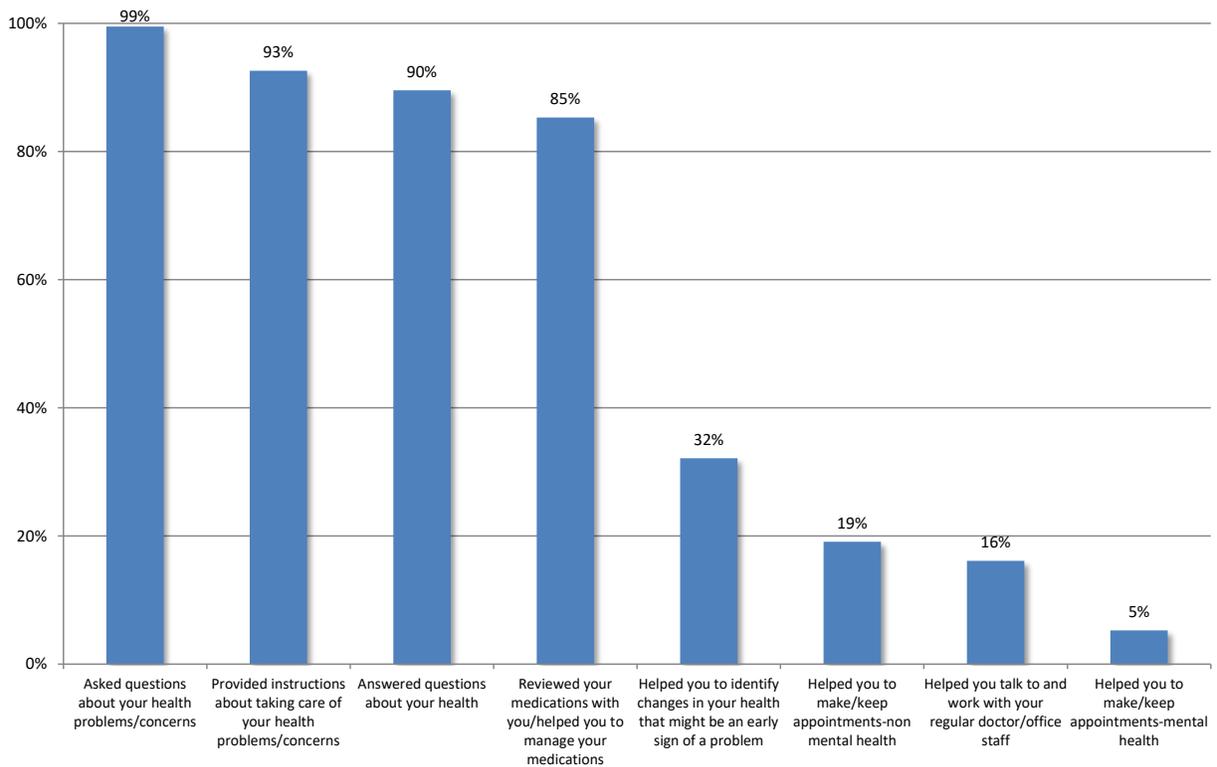
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

## 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 the initial survey respondents (over 99 percent) stated that their health coach asked questions about health problems or concerns. The great majority also stated their health coach provided answers and instructions for taking care of their health problems or concerns (93 percent), answered questions about their health (90 percent) and assisted with medications (85 percent) (Exhibit 2-18). Respondents reported that other activities occurred less frequently.

**Exhibit 2-18 – Health Coach Activity – Initial Survey (All Years)**



The rate at which activities occurred generally was consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-19 on the following page.)

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

Response	Health Coach Activity											
	Initial Survey (% “yes”)						Follow-up Survey (% “yes”)					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
1. Asked questions about your health problems/ concerns	99.8%	99.4%	99.5%	99.5%	99.3%	99.5%	100.0%	99.3%	99.1%	99.7%	99.7%	99.5%
2. Provided instructions about taking care of your health problems/ concerns	93.7%	92.3%	93.4%	91.0%	92.6%	92.6%	97.4%	96.8%	93.2%	94.3%	95.0%	95.2%
3. Helped you to identify changes in health that might be an early sign of a problem	34.4%	28.8%	30.8%	28.2%	38.6%	32.1%	37.8%	30.9%	33.8%	34.7%	44.7%	36.3%
4. Answered questions about your health	92.8%	90.0%	88.4%	88.5%	87.9%	89.5%	95.1%	94.0%	92.0%	89.7%	93.3%	92.7%
5. Helped you talk to and work with your regular doctor/staff	18.3%	15.9%	18.2%	13.8%	14.3%	16.1%	19.9%	15.4%	20.9%	15.4%	17.7%	17.8%
6. Helped you make/ keep appointments with other doctors, such as specialists	18.5%	18.8%	22.1%	16.2%	19.7%	19.1%	16.9%	18.6%	20.9%	20.8%	21.3%	19.8%
7. Helped you to make/ keep appointments for MH/SA problems	2.6%	3.8%	6.3%	6.1%	7.8%	5.3%	0.7%	1.8%	5.8%	4.8%	5.3%	3.8%
8. Reviewed your medications and helped you manage	87.5%	80.9%	85.9%	87.1%	85.8%	85.3%	88.4%	87.0%	83.1%	86.4%	87.0%	86.3%

Respondents were asked to rate their satisfaction with each “yes” activity. The overwhelming majority across all survey groups reported being very satisfied with the help they received (Exhibit 2-20 on the following page).

The only activity registering a wider range of “very satisfied” ratings was assistance with mental health/substance abuse problems. However, the results should be interpreted with caution, given the small number of participants who reported receiving assistance with this activity.

**Exhibit 2-20 – Satisfaction with Health Coach Activity (“Very Satisfied”)<sup>30</sup> – Initial Survey (Longitudinal) & Follow-up**

Response	Health Coach Activity											
	Initial Survey (% “very satisfied”)						Follow-up Survey (% “very satisfied”)					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
1. Asked questions about your health problems/ concerns	95.9%	94.3%	95.0%	93.3%	92.7%	94.3%	96.3%	93.0%	91.3%	93.0%	95.7%	93.7%
2. Provided instructions about taking care of your health problems/ concerns	96.6%	95.0%	95.6%	94.9%	93.5%	95.1%	97.3%	93.9%	91.5%	95.2%	94.8%	94.5%
3. Helped you to identify changes in health that might be an early sign of a problem	96.0%	96.9%	99.4%	92.5%	96.6%	96.4%	97.1%	96.7%	89.3%	95.0%	93.0%	93.9%
4. Answered questions about your health	97.4%	96.0%	95.8%	95.5%	95.6%	96.1%	97.2%	95.2%	92.1%	94.4%	96.8%	95.0%
5. Helped you talk to and work with your regular doctor/staff	93.6%	91.5%	97.2%	96.3%	88.8%	93.5%	100.0%	95.5%	89.9%	98.0%	92.7%	94.8%
6. Helped you make/ keep appointments with other doctors, such as specialists	94.6%	91.7%	96.9%	93.3%	93.5%	94.1%	97.9%	94.4%	88.2%	91.5%	93.8%	92.8%
7. Helped you to make/ keep appointments for MH/SA problems	81.3%	96.2%	94.6%	90.0%	92.0%	91.7%	100.0%	85.7%	83.3%	94.7%	76.2%	85.1%
8. Reviewed your medications and helped you manage	91.8%	86.4%	96.4%	89.7%	90.9%	90.9%	94.7%	88.2%	85.4%	88.5%	90.0%	89.2%

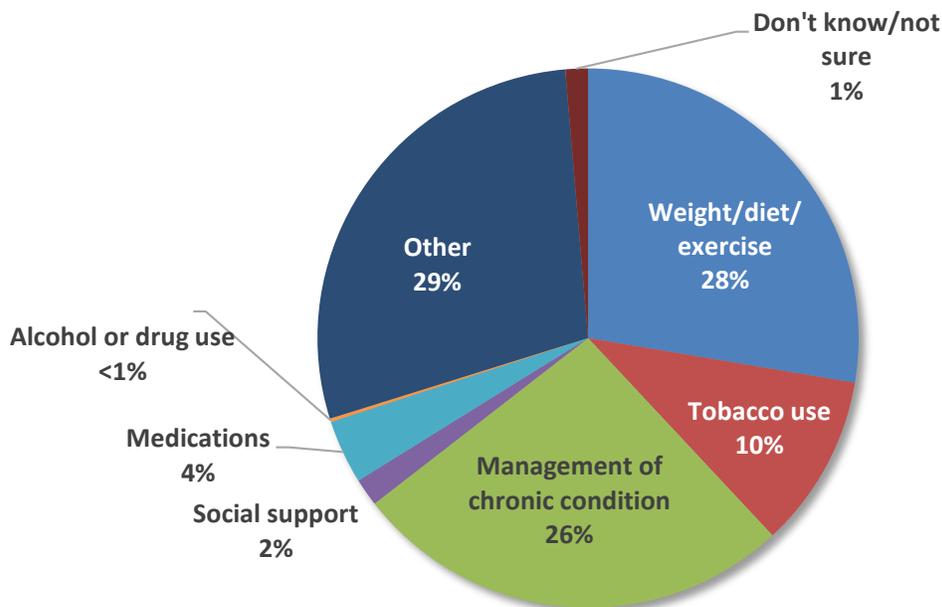
<sup>30</sup> Satisfaction percentages shown in Appendix B for this and later tables are for all survey respondents, rather than the subset answering “yes” to an activity. The two data sets therefore do not match for these questions.

Health coaching employs motivational interviewing to identify lifestyle changes 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.

Eighty-two percent of initial survey respondents and 87 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. Seventy-seven percent of the initial survey group subset that answered “yes” (or 63 percent of total) stated that they selected an area to make a change. Among follow-up survey respondents, 77 percent of the subset that answered “yes” (or 67 percent of total) reported selecting an area to make a change.

The most common choices among initial survey respondents involved management of a chronic physical health condition (e.g., asthma, diabetes or hypertension) and some combination of weight loss or gain, improved diet and exercise (Exhibit 2-21). The “other” category included recovery from acute conditions, obtaining medical supplies/durable medical equipment, obtaining dental care/obtaining dentures, obtaining eyeglasses, obtaining hearing aids and general health improvement.

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



Apart from tobacco use, the area selected for making a change generally was consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-22 on the following page). However, the order of the first- and second-ranked items in the initial survey was reversed in the follow-up survey.

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

Response	Action Plan Area											
	Initial Survey						Follow-up Survey					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
Management of chronic condition	29.5%	26.2%	26.1%	24.3%	26.0%	26.4%	28.2%	27.8%	26.4%	27.5%	29.9%	28.0%
Weight/ diet/ exercise	29.0%	27.8%	30.4%	26.2%	25.3%	27.7%	32.6%	37.8%	28.5%	34.5%	31.3%	35.9%
Tobacco use	12.2%	12.3%	6.7%	10.6%	10.2%	10.4%	15.5%	8.9%	9.3%	5.7%	9.3%	9.3%
Medications	3.8%	3.1%	2.9%	3.8%	5.3%	3.8%	2.8%	3.1%	3.6%	2.2%	2.8%	2.9%
Alcohol or drug use	0.0%	0.3%	0.3%	0.5%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Social support	1.6%	2.3%	1.9%	1.6%	0.9%	1.7%	0.6%	1.0%	0.5%	1.3%	0.0%	0.7%
Other	22.2%	26.7%	30.7%	32.2%	30.4%	28.5%	17.1%	20.4%	29.5%	27.9%	24.3%	24.1%
Don't know/Not sure	1.9%	1.3%	1.1%	0.8%	1.9%	1.3%	3.3%	1.0%	3.1%	0.9%	2.3%	2.1%

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

A large majority of those who selected an area for change stated that they went on to develop an action plan with goals (91 percent of initial survey respondents and 93 percent of follow-up survey respondents).

Among those with an action plan, 74 percent of initial survey respondents and 84 percent of follow-up survey respondents reported achieving one or more goals. Exhibit 2-23 on the following page provides examples of the types of goals members reported achieving.

**Exhibit 2-23 – Examples of Achieved Goals**

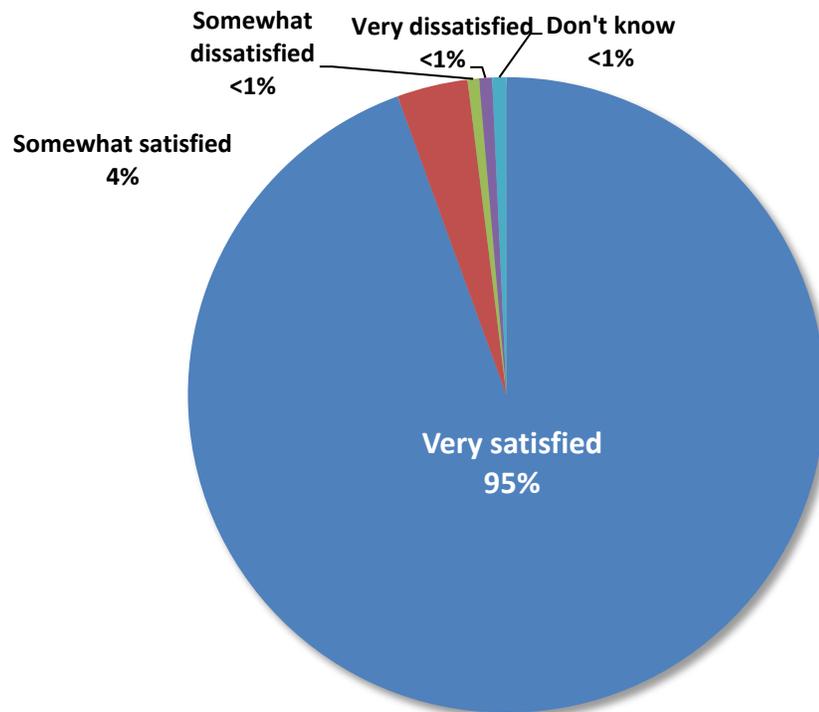
Action Plan Area	Goals Achieved
<p><b>Weight/Diet/Exercise</b></p>	<ul style="list-style-type: none"> <li>• Losing weight</li> <li>• Eating better, including more fruits/vegetables and less sugar and fast food</li> <li>• Taking Ozempic</li> <li>• Exercising more; going to a gym</li> <li>• Walking more; getting out of house more; improving mobility; bike riding</li> <li>• Learning portion control</li> <li>• Addressing eating disorder</li> </ul>
<p><b>Management of chronic physical health condition</b></p>	<ul style="list-style-type: none"> <li>• Better control of asthma with medications; using inhaler properly; being more aware of asthma triggers</li> <li>• Starting oxygen therapy</li> <li>• Enrolling in diabetes education program; lowering A1c</li> <li>• Eating better to control blood sugar</li> <li>• Seeing doctor more often to monitor condition; keeping medical appointments</li> <li>• Better pain management; seeing pain specialist</li> <li>• Taking appropriate or fewer medications</li> <li>• Monitoring blood pressure at home</li> <li>• Starting physical therapy</li> <li>• Becoming more independent – making own doctor appointments and managing medications</li> </ul>
<p><b>Management of mental health condition/substance use disorder</b></p>	<ul style="list-style-type: none"> <li>• Starting counseling/seeing a mental help therapist</li> <li>• Learning techniques to better manage OCD</li> <li>• Socializing at church and with friends</li> <li>• Learning about services for adults with autism</li> <li>• Treating depression</li> <li>• Learning how to manage anxiety or anger; learning relaxation techniques</li> <li>• Drinking less</li> </ul>
<p><b>Tobacco use</b></p>	<ul style="list-style-type: none"> <li>• Cutting back on number of packs smoked per day</li> <li>• Vaping less</li> <li>• Using nicotine gum/patch</li> <li>• Calling SoonerQuit line</li> </ul>
<p><b>Other medical/social service needs</b></p>	<ul style="list-style-type: none"> <li>• Treating back pain (exercises, surgery)</li> <li>• Scheduling specialty care; scheduling/recovering from surgery</li> <li>• Getting dental care/dentures</li> <li>• Getting hearing aids/medical devices/prosthetics</li> <li>• Seeing chiropractor</li> <li>• Seeing physical therapist</li> <li>• Gaining employment</li> <li>• Applying for housing</li> </ul>

Among the members who reported having a goal but not yet achieving it, 59 percent of initial survey respondents and 63 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 98 percent of both initial and follow-up survey respondents stating that their coach had been “very helpful” to them in achieving their goal.

This positive attitude carried over to the members’ overall satisfaction with their health coaches. Ninety-five 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 (All Years)**



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

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

Response	Satisfaction with Health Coach											
	Initial Survey						Follow-up Survey					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
<b>Very satisfied</b>	94.7%	94.5%	95.6%	93.2%	94.2%	<b>94.5%</b>	96.5%	93.3%	92.0%	93.1%	96.7%	<b>94.2%</b>
<b>Somewhat satisfied</b>	3.6%	2.8%	3.1%	4.8%	3.9%	<b>3.6%</b>	2.7%	6.0%	5.2%	4.5%	1.7%	<b>4.1%</b>
<b>Somewhat dissatisfied</b>	0.6%	0.8%	0.5%	0.7%	0.3%	<b>0.6%</b>	0.0%	0.7%	1.5%	1.8%	0.7%	<b>1.0%</b>
<b>Very dissatisfied</b>	0.4%	1.2%	0.2%	0.5%	0.8%	<b>0.7%</b>	0.8%	0.0%	0.6%	0.6%	0.3%	<b>0.5%</b>
<b>Don't know/not sure/no response</b>	0.8%	0.8%	0.7%	0.7%	0.7%	<b>0.7%</b>	0.0%	0.0%	0.6%	0.0%	0.7%	<b>0.3%</b>

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

**Health-Related Social Needs**

Members with health-related social needs (HRSN), such as food or housing insecurity, are at greater risk of adverse outcomes if these needs are serious enough to become barriers to care. Telligen has staff known as resource navigators available to help members with HRSN. Resource navigators often work in conjunction with the member’s health coach to address identified needs.

PHPG has asked a short series of questions about awareness, and use of, resource navigators since the introduction of these staff members during Telligen’s original contract cycle. PHPG is continuing to ask these questions during initial surveys; results for calendar year 2024 are presented in Appendix B and (along with 2023) show an increased awareness of the availability of assistance with HRSN. This reflects Telligen’s intensified efforts during the past two years’ efforts to educate members on this topic.

The OHCA’s current contract with Telligen includes a value-based performance component under which a portion of Telligen’s fees must be earned by meeting pre-established performance thresholds. The OHCA established a new set of performance measures for the SFY 2022 contract year; two of the measures examine Telligen’s HRSN activities – one based on awareness of assistance and a second based on problem resolution/satisfaction with assistance.

PHPG modified the follow-up survey instrument to ask a more detailed set of questions related to member health-related social needs and experience. The expanded question set was introduced in September 2022.

Survey results are used by the OHCA in evaluating whether Telligen has earned either or both HRSN value-based performance payments. The expanded question set is applied to the follow-up survey population only, to afford Telligen sufficient time to educate members about available assistance and resolve a problem if the member has asked for help.

Survey results are presented below in the aggregate for September 2022 – December 2024. The calendar years are combined due to the small number of responses recorded in 2022. Differences across years are noted where applicable. (See Appendix B for individual year totals.)

Follow-up survey respondents first were asked about their living situation. Ninety-one percent reported having a steady place to live. The remainder reported either being worried about losing their current living place (eight percent) or not having a steady place to live (one percent<sup>31</sup>).

Respondents also were asked about problems with their living conditions. Small percentages reported having problems with water leaks (three percent), mold (two percent), lack of heat (two percent) and/or pests, such as bugs or mice (two percent).

Respondents next were asked about how often in the past 12 months they were at risk of running out of food and/or not having enough money to buy food when running out. Approximately 30 percent “often” or “sometimes” worried about running out of food and worried about not being able to get more to eat when food was running out (Exhibit 2-26)<sup>32</sup>.

**Exhibit 2-26– Frequency of Food Insecurity –  
Follow-up Survey (September 2022 – December 2024)**

Food Insecurity	How Often True			
	Often	Sometimes	Never	Don't know
Within the past 12 months, I worried that my food would run out before I got money to buy food	5.7%	25.1%	68.9%	0.3%
Within the past 12 months, the food I bought just didn't last, and I didn't have money to get more	5.5%	23.9%	70.2%	0.4%

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

Respondents also were asked whether lack of reliable transportation kept them from medical appointments, meetings, work or from getting to things needed for daily living; twelve percent answered “yes”. Finally, respondents were asked whether the electric, gas, oil or water company had threatened to shutoff services in their home; nine percent answered “yes”.

<sup>31</sup> The reported one percent rate may be an undercount, as members without a permanent residence can be more difficult to survey.

<sup>32</sup> The two questions were asked as separate questions but persons answering “often” or “sometimes” to the first question typically gave the same answer to the second.

The next section of the survey asked respondents whether they were aware that the SoonerCare HMP can help members deal with non-medical problems like the ones discussed. Seventy-nine percent answered “yes”<sup>33</sup>. (The “yes” response rate to this question is a component of Telligen’s value-based performance payment calculation and is calculated on a state fiscal year basis. The percent answering “yes” has increased over time, from 67.0 percent in 2022 to 74.3 percent in 2023 to 88.6 percent in 2024.)

Respondents who reported one or more HSRNs were asked whether anyone at the SoonerCare HMP had tried to help solve a non-medical problem and, if so, what problem(s). One hundred and fourteen (114) members reported receiving help with food problems, 50 with living situation problems, 43 with transportation issues, 24 with utility-related problems and 69 with “other” issues<sup>34</sup>. (Respondents could report multiple areas of assistance.)

Respondents who reported having one or more HSRNs were asked about their current status (the question was asked of all respondents, whether or not they sought help from Telligen). The results varied, with many stating their problem had been resolved while others reported still trying to solve the problem, either with Telligen’s assistance or on their own (Exhibit 2-27).

**Exhibit 2-27– Status of HRSN –  
Follow-up Survey (September 2022 – December 2024)**

HRSN Type	Resolution Status – Was the Problem Solved?				
	Yes – Solved	No – HMP still helping	No – Still trying on my own	No – No longer trying	Don’t know
Living Situation	38.7%	13.2%	46.2%	0.9%	0.9%
Food Insecurity	62.0%	6.1%	31.0%	0.9%	0.0%
Transportation	51.7%	12.4%	32.6%	3.4%	0.0%
Utilities	68.3%	3.2%	27.0%	1.6%	0.0%
Other	69.9%	17.8%	11.0%	1.4%	0.0%

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

Finally, respondents who reported receiving help from Telligen were asked to rate their satisfaction. Nearly all reported either being “very satisfied” (96 percent) or “somewhat satisfied” (two percent)<sup>35</sup>. Four respondents (two percent of total) reported being “dissatisfied”.

<sup>33</sup> The actual survey question inquired as to whether anyone at Telligen had asked the respondent whether s/he had a health-related social need (which would trigger an offer of assistance).

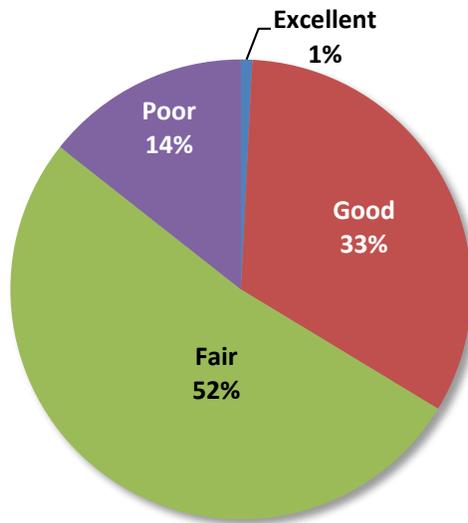
<sup>34</sup> Examples of other HRSN included clothing, medical equipment and legal problems.

<sup>35</sup> The second HRSN component of Telligen’s value-based performance calculation is based on the percentage of members with an HRSN who resolved the problem and/or were satisfied with any help received from Telligen. The minimum threshold for this measure also is 80 percent.

### 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, a majority of initial survey respondents (52 percent) said “fair” (Exhibit 2-28).

**Exhibit 2-28 – Current Health Status – Initial Survey (All Years)**



The “fair” health status was the largest segment across survey time periods and between the initial and follow-up surveys (Exhibit 2-29).

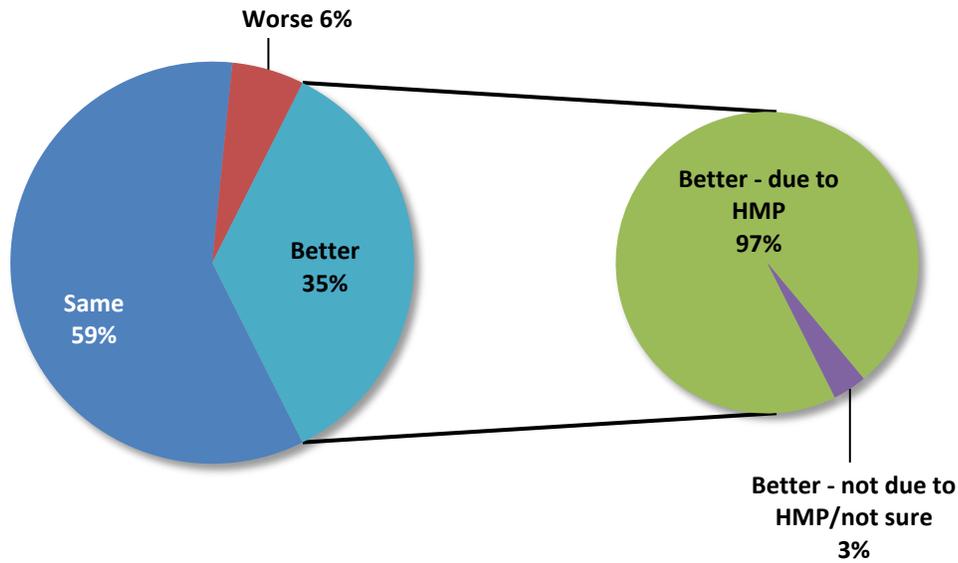
**Exhibit 2-29 – Current Health Status – Initial Survey (Longitudinal) & Follow-up**

Response	Current Health Status											
	Initial Survey						Follow-up Survey					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
Excellent	0.7%	0.6%	1.2%	0.5%	0.8%	0.8%	0.4%	1.1%	0.3%	1.8%	1.0%	0.9%
Good	35.3%	31.7%	35.1%	31.8%	29.7%	32.7%	29.2%	39.6%	37.2%	37.7%	34.3%	35.8%
Fair	51.8%	51.1%	49.6%	50.6%	54.8%	51.6%	54.5%	46.6%	50.2%	47.3%	48.3%	49.3%
Poor	12.0%	15.9%	13.1%	15.8%	14.3%	14.3%	15.9%	12.4%	11.1%	13.0%	16.3%	13.6%
DK/not sure/no response	0.2%	0.6%	1.0%	1.3%	0.3%	0.7%	0.0%	0.4%	1.2%	0.3%	0.0%	0.4%

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

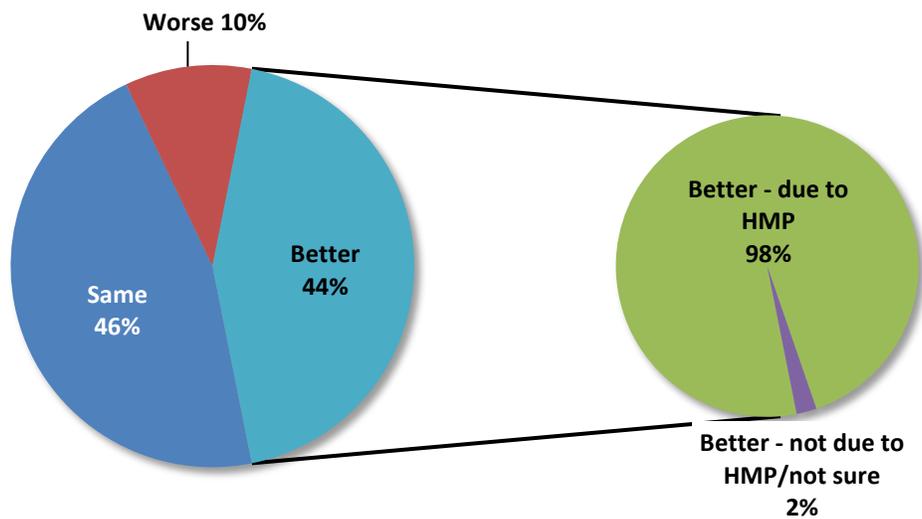
When next asked if their health status had changed since enrolling in the SoonerCare HMP, the largest segment of initial survey respondents (59 percent) said it was “about the same”. However, 35 percent said their health was “better” and only six percent said it was “worse”. Among those respondents who reported a positive change, nearly all (97 percent) credited the SoonerCare HMP with contributing to their improved health (Exhibit 2-30).

**Exhibit 2-30 – Health Status as Compared to Pre-HMP Enrollment – Initial Survey (All Years)**



The results were even more encouraging among follow-up survey respondents. A larger segment (44 percent) reported improved health, with nearly all (98 percent) again crediting this improvement to the program (Exhibit 2-31).

**Exhibit 2-31 – Health Status as Compared to Pre-HMP Enrollment – Follow-up Survey**



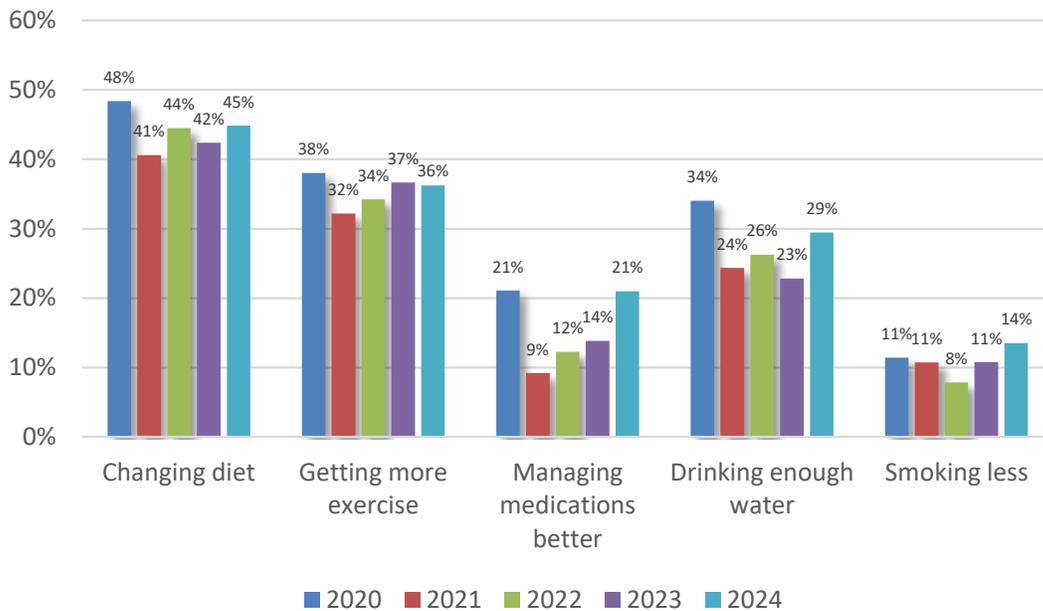
Respondents in the follow-up survey who stated that the SoonerCare HMP contributed to their improvement in health were asked to provide examples of the program’s impact. The answers generally mirrored the achievements shown in Exhibit 2-23.

Respondents in both survey groups also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change<sup>36</sup>. Respondents were asked whether their health coach discussed behavior changes with respect to smoking, exercise, diet, medication management, water intake and alcohol/substance consumption. If yes, respondents were asked about the impact of the health coach’s intervention on their behavior (no change, temporary change or continuing change).

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

The percentage that reported continuing change exhibited some year-over-year variation but no consistent trends (Exhibit 2 – 32).

**Exhibit 2-32 – Changes in Behavior – “Continuing Change” – Initial Survey<sup>37</sup>**



<sup>36</sup> 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.

<sup>37</sup> The sixth behavior, drinking or using other substances less, was identified as an area of continuing change by 1.9 percent of the initial survey group and 1.3 percent of the follow-up survey group. It is omitted from the exhibit due to the difference in scale versus the other behavior items.

The results for the initial survey, in aggregate, and the follow-up survey were similar across the six behaviors, although in most categories follow-up survey respondents were somewhat more likely to report discussing a behavior and making a continuing change (Exhibit 2-33).

**Exhibit 2-33– Changes in Behavior – All Years - Initial Survey & Follow-up**

Behavior	Survey	Discussion and Change in Behavior					
		N/A – Not Discussed <sup>38</sup>	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	16.4%	6.8%	1.7%	10.9%	54.5%	9.8%
	Follow-up	10.6%	6.8%	3.7%	31.6%	39.2%	8.1%
2. Moving around more or getting more exercise	Initial	17.1%	8.4%	2.2%	35.4%	29.7%	7.3%
	Follow-up	10.3%	7.3%	4.2%	41.7%	29.3%	7.2%
3. Changing your diet	Initial	15.7%	7.0%	3.3%	44.1%	23.0%	7.0%
	Follow-up	8.5%	5.6%	4.2%	52.1%	22.3%	7.2%
4. Managing and taking your medications better	Initial	17.2%	0.3%	0.2%	15.3%	55.2%	11.8%
	Follow-up	10.4%	0.3%	0.2%	14.7%	61.8%	12.6%
5. Making sure to drink enough water throughout the day	Initial	17.5%	3.8%	1.8%	27.3%	36.1%	13.4%
	Follow-up	9.9%	3.7%	2.4%	32.6%	35.8%	15.7%
6. Drinking or using other substances less	Initial	25.0%	0.1%	0.3%	1.9%	55.8%	16.9%
	Follow-up	17.6%	0.1%	0.0%	1.3%	61.0%	19.9%

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

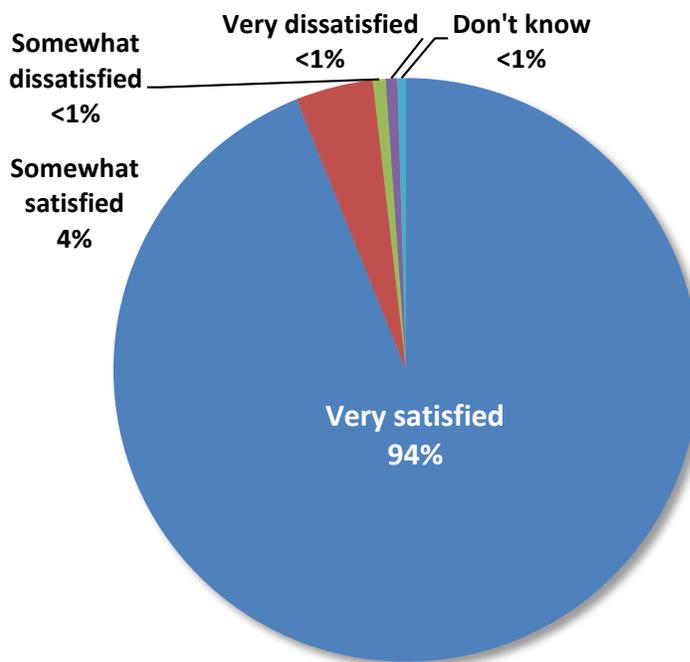
<sup>38</sup> “N/A – not discussed” includes members for whom no inquiry was made. “Discussed but not applicable” column refers to members for whom an inquiry was made but the category did not apply (e.g., non-tobacco users).

## Overall Satisfaction

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as the face of the program. Ninety-four percent of both initial and follow-up survey respondents reported being “very satisfied” (Exhibit 2-34).

An even higher percentage (97 percent of initial survey respondents and 98 percent of follow-up survey respondents) said they would recommend the program to a friend with health care needs like theirs.

**Exhibit 2-34 – Overall Satisfaction with SoonerCare HMP – Initial Survey (All Years)**



The “very satisfied” percentage among initial survey respondents was consistent across time periods and survey groups (Exhibit 2-35 on the following page).

**Exhibit 2-35 – Overall Satisfaction with SoonerCare HMP – Initial Survey (Longitudinal) & Follow-up**

Response	Satisfaction with SoonerCare HMP											
	Initial Survey						Follow-up Survey					
	2020	2021	2022	2023	2024	All Years	2020	2021	2022	2023	2024	All Years
<b>Very satisfied</b>	95.0%	93.7%	94.0%	93.7%	93.1%	<b>93.9%</b>	96.5%	92.9%	91.4%	94.0%	95.0%	<b>93.9%</b>
<b>Somewhat satisfied</b>	3.8%	3.8%	4.8%	4.1%	4.9%	<b>4.3%</b>	2.7%	6.0%	5.5%	3.6%	3.3%	<b>4.3%</b>
<b>Somewhat dissatisfied</b>	0.7%	0.9%	0.5%	0.5%	0.8%	<b>0.7%</b>	0.0%	0.7%	1.5%	2.1%	0.3%	<b>1.0%</b>
<b>Very dissatisfied</b>	0.2%	1.1%	0.2%	1.3%	0.5%	<b>0.6%</b>	0.8%	0.4%	0.9%	0.3%	0.7%	<b>0.6%</b>
<b>Don't know/not sure/no response</b>	0.3%	0.5%	0.5%	0.4%	0.7%	<b>0.5%</b>	0.0%	0.0%	0.6%	0.0%	0.7%	<b>0.3%</b>

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 comments were positive, the great majority were, as represented below.

----- (2024 Survey Period) -----

*“I have two nurses. (One) has helped me so much with my doctors. I was having to wait months to get into a pain management doctor and (she) made a phone call and got my appointment moved up by a month. She also helped get my pain injections and now I am pain free in my back. (The other) helped me get eyeglasses. They have been so great, I don't want to lose them.”*

*“(My health coach) has been a wealth of knowledge for me. She has helped me with getting my electric bill paid up, get medication I couldn't get, and food. She's been a big help and I'm very happy to have her.”*

*“My only suggestion is make sure all the coaches are as good as (mine). She helped me when I was down about some stuff going on. Talking to her really made a difference.”*

*“We were told it would take months to get him into the doctor for his sensory issues and she got him in within a few weeks. We were worried he would have to start school without any help, but she saved us.”*

*"It's been really helpful. I'm not computer literate so it's nice to have someone call and explain things to me that I can't look up myself. She also was able to explain why my insulin pump wasn't working right when I couldn't understand what my doctor told me. She takes more time to explain things than my doctor does."*

*"She's helped me so much. (My son's) doctors kept putting me off. I knew something was wrong with my son but they kept just pushing me off. The coach really pushed and pushed to get him tested and he does have autism. I didn't know where to go from there. She helped get him into speech therapy, because he wasn't talking. I could not have gotten any of this done without her help."*

*"(My health coach) saved my life...(She) got involved and got me an appointment with a cancer doctor and I got the surgery I needed. Without her, I would probably still be waiting. She is the best and I don't ever want to lose her."*

*"She sent me a lot of papers on my autoimmune disease which helped me explain what it was to my kids. She also showed me what foods to stay away from so I don't have flare ups. Some foods would make me feel depressed and have anxiety. I thought it was my mood, but it was actually the Graves disease reacting to certain foods I was eating. Her teaching me that helped me a lot."*

*(My health coach) helped a lot with resources. I got Rocky Mountain Spotted Fever from a tick which caused problems with my liver and kidneys and spleen. (She) made calls to find drug companies to provide medications that weren't covered and also got me a glucose monitor. She spent a lot of time and had her co-workers helping too."*

*"I have arthritis and was getting less mobile. She gave me exercises for my back to strengthen it and it has helped so much."*

*"My two nurses are the two best people I talk to, and I talk to many. They deserve an award. They are patient, kind, resourceful, and are like family. They treat me with such respect and have beautiful hearts. I cannot say enough good things about them. They keep me accountable in a respectful and kind way. They listen to me when I have a bad day. Never get rid of those two. Never take them away from me! They should train the others. Others go through the motions and don't really care, these two truly care and it means the world to me"*

----- (2023 Survey Period) -----

*"I give her a 10/10! She is a blessing to not only me, but my whole family. I was so sick for years and my doctor did not figure out what was wrong with me. It took getting my health coach to figure it out. Just through talking to her she suggested I was having problems with certain foods. Now, I have a dietician and am eating the right stuff and feel a million times better. She also helped with my kids and their diet needs too. She sends me recipes and ideas to get my kids to eat food that is right for them. And, when she says she's going to do something, it happens immediately. She told me she would have someone call me with resources for getting fresh fruits and vegetables and within days, I got the phone call. I tell all my friends that they need to find out how they can get a health coach too."*

*"(My health coach) has done so much for me. I had a heart attack when my doctor introduced her to me in his office. I was put on all kinds of medicine that made me feel sick. (She) helped me lower my cholesterol and blood pressure to where I am off all those medicines now. She also helped me through a domestic violence situation. She found DV classes for me to go to. She is awesome."*

*"She helped me completely change my diet and lower my blood sugar levels and blood pressure. I also lost 40 pounds in the seven months that I have been talking to her. I give her an A+."*

*"(My health coach) fought for approval for a wheelchair for me. I was getting around on a knee scooter because my doctor's referral for a wheelchair kept getting denied. She also found a group that will install a wheelchair ramp so that I can leave the house. If there is anything she doesn't know she will find it out and make it happen. I don't know where I'd be without her."*

*"My physical health has not changed much since I started with my coach, but I have trauma from bad experiences with doctors. She has really helped me overcome my anxiety about going to doctors so I think that will make a big difference in my health now."*

*"(My health coach) helped me understand how important watching my sodium intake is. My water pills hadn't been helping and it was because I was eating too much sodium. She sent me information on how to watch my sodium. She also got me the CPAP machine my heart doctor wanted me on. I had been waiting for months for it before she helped."*

*"She has helped me so much. She helped me get air conditioning, housing, and food so I could eat healthier."*

*"I am tearing up talking about this because (my health coach) and the program (have) helped me so much. I almost died from a blood infection that no one knew I had even though I knew something had been wrong for years... (she) helped me be heard and it saved my life. She also has helped me walk again. Her support is amazing. I hope this program never ends. So many people don't have anyone else in their lives and need someone to talk to and help them like this."*

*"I say give her a raise! She goes above and beyond to help. She tried very hard to find me a place to go for glasses. There wasn't anywhere, but she did everything she could. Dedication like hers should be rewarded."*

*"She has been so helpful to our whole family. Me and my daughters were not feeling good a lot of the time but didn't know why. My health coach suggested we get tested for food allergies because she has them and had the same symptoms. Sure enough, we all are allergic to all kinds of stuff. She helped change our diet and we all feel so much better. I didn't know what to cook that didn't have gluten in it so she sent lots of recipes and the girls love quite a few of them."*

*"I look forward to her call every month. If I am having a bad day or week, her call always cheers me up."*

*"I have learned more about my diagnosis from coach than I ever have from my doctor or nurses. She is able to explain things to me much better than my doctor."*

*"I want my nurse to get the recognition she deserves. She has given me hope that there is a resolution for my RA. She has been very helpful."*

*"I give kudos to my nurse. She is great and I would be happy to give her a reference or referral. She does a great job and helped me become non-diabetic by changing my diet."*

*"My health coach helped me get out of my depression. I would be really low and she'd call and help me through it."*

*"SoonerCare saved my life when I had a heart attack."*

*"She motivates me and puts a smile on my face. I walk more now because she motivates me. My breathing is better."*

*"(My health coach) calls weekly to check on my son. She talks to me, then gets on the phone with my son and asks how he is doing and what he's been doing. It has made all the difference in him having her. He is only 9 years old and it is hard for him to talk and open up. I didn't think a nurse would get on the phone and talk to a kid like that. (She) has given him confidence he didn't have before. She does everything she can for us. She feels like part of the family at this point, honestly."*

----- (2022 Survey Period) -----

*"I would give my health coach a million-dollar bonus if I could. She has changed my life."*

*"My nurse is the best. She has taught me how to eat so much better that I am now off all of my medications!"*

*"(My health coach) keeps me sane. I have three adopted special needs kids who were driving me crazy before (she) started calling me and got us the help we needed. The difference in my children is like night and day now that we are in family therapy and (she) made that happen for us."*

*"My nurse helped me get into a program so that I could get off of the pain meds that I didn't think I needed anymore. I feel so much better now. She also listens to me for as long as I need her to. She is awesome and I'd like her to get a \$10/hour raise."*

*"If it wasn't for (my health coach and resource coordinator) I would still be floundering around trying to navigate the programs resources. I was given full custody of my three autistic kids and needed a lot of support. (They) really took charge and put me in touch with the right groups to help me. I am happy to do the survey to give credit where credit is due."*

*"Before you guys got involved my doctors did not listen to me. I tried for years to get a referral for my knee with no luck. Once my health coach called my doctor the referral went right through and I got my surgery. It was like an act of God! My doctor does not listen to me at all unless my health coach calls him."*

*"One example my nurse helped with is my medications. I was having all kinds of side effects and interactions with them. She figured it out so now what I take actually helps me."*

*"My health coach encouraged me to talk to my doctor about things that I need. I was always hesitant to ask for things from them but I finally got the nerve up to ask for a prescription for a blood pressure machine and incontinence supplies. I wouldn't have been able to do that without my health coach encouraging me to stand up for myself."*

*"I probably wouldn't be taking my medications if it wasn't for my coach. She stays on top of me and I appreciate it."*

*“(My health coach) has probably literally saved my life. I have a traumatic brain injury and back injury. My old doctor was not getting to the bottom of it. (She) found me an awesome new neurologist who put in two brain shunts. I was feeling better but still not great. I told (her) how I was feeling and she said I need to call my doctor because it didn’t sound right. I called him and he immediately put me in surgery and added two more shunts. Now I feel amazing and am in remission. I also have degenerative disc disease. I was hesitant to have surgery but (she) found me another wonderful specialist who gave me an artificial disc and my back is so much better.”*

*“She does so much for me. If you guys let her slip through your fingers, you’re making a huge mistake. She helped me get a shower chair and bedside commode which was life changing for me. She also got me a blood pressure cuff. I was having trouble getting doctor appointments but not anymore! I was so stressed out about my health problems and everything I needed to get done, she calms me down a lot. Just knowing that she will be calling keeps me from stressing out.”*

*“(My health coach) has helped me a lot. She helped me get diabetic shoes and an insulin pump. She also helped me find a new doctor. She has been great.”*

*“When I was released from the hospital from my amputation I was in a wheelchair. I needed a wheelchair ramp at my house. (My health coach) arranged for the Boy Scouts to build a ramp at my front door. It was amazing.”*

*“I had two back surgeries and would not have gotten through the recovery without my coach. She encouraged me not to give up. She is more like a friend and I am very grateful for having her.”*

*“I tell my coach all the time that without her people like me would probably just die alone. She helps me with paperwork, I can’t use a computer and she explains how things work to me. If I didn’t have her, I would be bad off. She helped me get the paperwork done for my disability housing too. She is a great resource for me.”*

*“I just want to thank you and everyone at SoonerCare. I cannot put into words how much it means to me having (my health coach) call and check in on me. I would like to also thank and let Governor Stitt know too.”*

(See Calendar Year 2023 report for additional comments from earlier time periods.)

## CAHPS Access to Care Questions

The OHCA contracts with a vendor to administer the nationally validated Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The vendor surveys SoonerCare beneficiaries to document their attitudes about the SoonerCare program, including access to care.

The CMS-approved evaluation design for the SoonerCare 1115 Demonstration requires the independent evaluator (PHPG) to compare CAHPS access to care results for the general SoonerCare population to CAHPS results for SoonerCare HMP beneficiaries. The purpose is to explore whether participation in the SoonerCare HMP improves a beneficiary's satisfaction with his or her access to primary and specialty care services<sup>39</sup>.

PHPG added the relevant CAHPS questions to the SoonerCare HMP survey in 2020, to allow for comparison to the general SoonerCare population. PHPG will receive data for the general population from the CAHPS vendor and provide comparative results in the 1115 evaluation report to be issued at the conclusion of the current Demonstration period.

Findings for the SoonerCare HMP population are presented below. Results are shown separately for adult and child SoonerCare HMP participants, in alignment with the CAHPS survey structure.

Results are for initial survey respondents only, consistent with SoonerCare 1115 Demonstration evaluation specifications. Data for the follow-up survey group is included in Appendix B<sup>40</sup>.

### Access to Care (General)

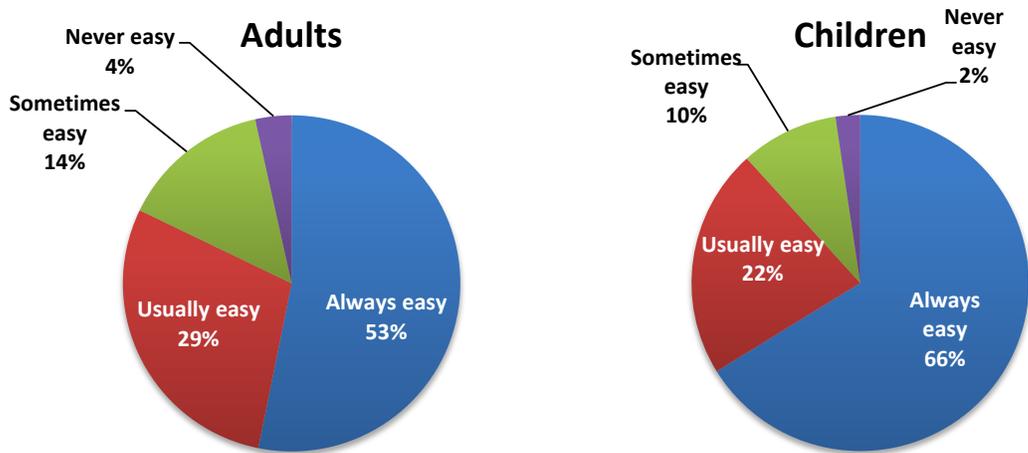
Respondents were asked how often it was easy to get the care, tests and treatment they needed in the last six months: always, usually, sometimes or never. A majority of SoonerCare HMP participants stated it was “always” easy for themselves or (if applicable) their child (Exhibit 2-36 on the following page).

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<sup>39</sup> The CAHPS vendor does not screen-out the SoonerCare HMP population. However, SoonerCare HMP participants account for only about one percent of the universe from which the vendor draws its survey sample. The presence or absence of a small number of SoonerCare HMP respondents in the CAHPS data is unlikely to affect the results.

<sup>40</sup> The comparison group methodology for the 1115 Demonstration evaluation does not distinguish between SoonerCare HMP survey populations. PHPG omitted the follow-up survey results from the findings, rather than combine them with the initial survey results, to avoid double-counting respondents who appear in both samples. The initial and follow-up survey group findings are nearly identical (see Appendix B).

**Exhibit 2-36 – Access to Care (General) in Last Six Months – Initial Survey (Adults and Children)**

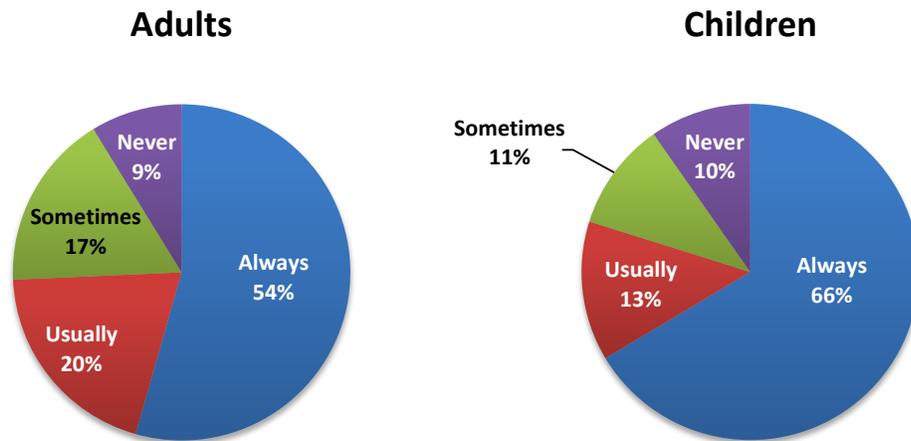


**Access to Care (Specialists)**

Respondents were asked whether they had made an appointment with a specialist in the last six months and, if yes, how often they were able to get an appointment as soon as needed: always, usually, sometimes or never.

Sixty-five percent of adults and 62 percent of parents of children said they had made one or more specialist appointments. A majority of both groups again stated it was “always” easy (Exhibit 2-37).

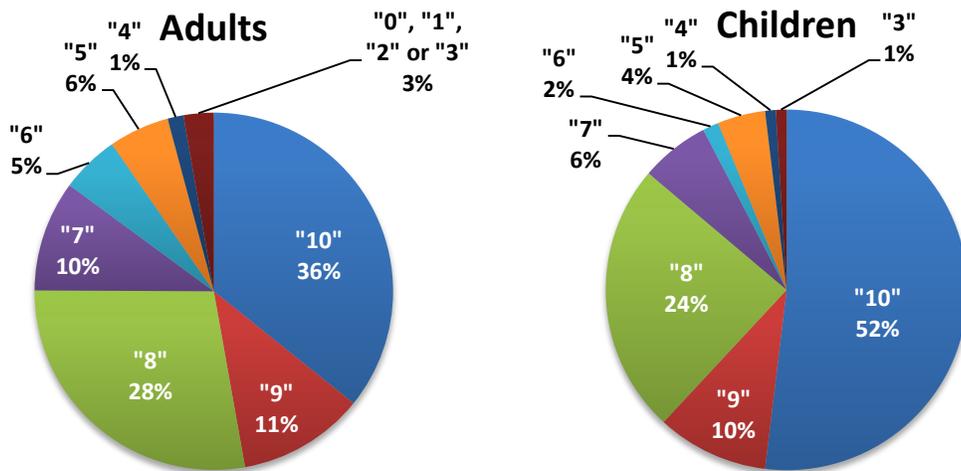
**Exhibit 2-37 – Access to Specialty Care in Last Six Months – Initial Survey (Adults and Children)**



## Overall Rating of Health Care

Respondents also were asked to rate their health care (or child’s health care) in the last six months, using a scale from 0 to 10, where “0” represented the worst possible health care and “10” the best possible health care. Generally, a score of “8”, “9” or “10” is considered to indicate a high level of satisfaction. Large majorities of both groups picked one of the top three ratings (Exhibit 2-38).

**Exhibit 2-38 – Health Care Rating in Last Six Months – Initial Survey (Adults and Children)**



The average rating among SoonerCare HMP adults was 8.3; the average rating among parents of SoonerCare HMP children was 8.8. The lowest rating for children’s care was “3”.

The positive ratings for access and overall health care are particularly noteworthy given that much of the data was collected during the COVID-19 public health emergency.

## 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. It also was consistent across the time period evaluated.

## 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 15 condition-specific measures and two population-wide preventive measures:

- Asthma measures
  - Asthma medication ratio – 5 to 18 years
  - Asthma medication ratio – 19 to 64 years
- 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
- Hypertension measures
  - Percentage of members who had LDL-C screening
  - Percentage of members prescribed ACE/ARB therapy
- Opioid use measures
  - Use of opioids at high dosage in persons without cancer
  - Concurrent use of opioids and benzodiazepines
- Preventive health measures
  - Adult access to preventive/ambulatory health services
  - Children and adolescents' access to PCPs

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 1. The analysis was performed in accordance with HEDIS specifications, using administrative (claims) data.

PHPG determined the total number of SoonerCare HMP participants (“treatment group”) to be evaluated for each measure (denominator), the number meeting the clinical standard (numerator) and the resultant “percent compliant” or “use rate” (for opioid measures). PHPG also calculated compliance/use rates for populations consisting of persons with the condition being evaluated (asthma, diabetes etc.) who had not been enrolled in any care management program (“comparison group”).

PHPG identified a distinct comparison group for each measure category (e.g., asthma measures). The comparison groups were further refined using a statistical technique known as Coarsened Exact Matching (CEM).

CEM attempts to estimate the effect of a treatment, policy, or other intervention by accounting for the covariates that predict receiving the treatment. CEM seeks to reduce the bias due to confounding variables that could be found in an estimate of the treatment effect obtained from simply comparing outcomes among units that received the “treatment” (i.e., care management) versus those that did not<sup>41</sup>.

Consistent with prior years, the CEM analysis controlled for age, gender, aid category<sup>42</sup> and place of residence<sup>43</sup> across all measures. The 2022 - 2024 analyses also controlled for Medicaid expansion status among adults. This was done to account for potential health differences between traditional Medicaid beneficiaries and people enrolling due to the expansion of Medicaid among qualifying adults to 138 percent of the federal poverty level.

Appendix C contains covariate balance data for CEM variables. The objective was to identify a comparison population whose covariates were “balanced” with (close to) the treatment population<sup>44</sup>.

T-tests were used to evaluate results for SoonerCare HMP health coaching participants against the comparison group populations, with statistically significant results reported based on  $p \leq$

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<sup>41</sup> For a description of the matching process in general, and CEM specifically, see: Sizemore, Samantha; Alkurdi, Raiber (2019). “Matching Methods for Causal Inference: A Machine Learning Update.” [Matching Methods for Causal Inference: A Machine Learning Update \(humboldt-wi.github.io\)](https://humboldt-wi.github.io/Matching-Methods-for-Causal-Inference-A-Machine-Learning-Update/)

<sup>42</sup> Aged, Blind and Disabled (ABD) and other. The ABD designation serves as a proxy for health status.

<sup>43</sup> Urban or rural county of residence. Urban counties consisted of those comprising the greater Oklahoma City, Tulsa and Lawton metropolitan areas. Rural counties consisted of the rest of the state.

<sup>44</sup> The appendix presents the “standardized difference” of variable values for the treatment and comparison groups both pre- and post-balancing. A standardized difference of 0.00 indicates perfect balance.

0.05. Statistically significant differences between health coaching participants and the comparison group are noted in the exhibits.

Results in the body of the report are presented for Calendar Years 2020 – 2024, as well as in aggregate for the five-year period. Caution should be exercised when reviewing individual year results and year-over-year changes, where substantial variance may in part be an artifact of small treatment group population sizes.

Also, as discussed in Chapter One, the SoonerCare HMP population was smaller than in previous years, due to transition of non-ABD beneficiaries to the SoonerSelect program and PHPG's minimum tenure requirements for inclusion in the analysis. The threshold for reaching statistical significance is greater for smaller populations, meaning that the same percentage difference between SoonerCare HMP and comparison group rates could result in the threshold being reached in the 2020 to 2023 period but not in 2024.

The aggregate data was used to calculate T-test results to maximize the statistical power of the analysis<sup>45</sup>. Appendix D contains year-specific compliance/use rates, five-year pooled rates and p-values.

A portion of the HEDIS measures included in the evaluation also are part of CMS' schedule of Core Set Measures for children and adults. CMS publishes an annual report of Core Set Measure data for reporting states and identifies the median (50<sup>th</sup> percentile) rate across reporting states for each measure.

PHPG included the 50<sup>th</sup> percentile rate for measure year 2024, where available, as a point of comparison to the Oklahoma data. (Caution: the benchmark population characteristics were not matched to the OHCA groups to minimize differences in the populations. The data is presented for informational purposes only.)

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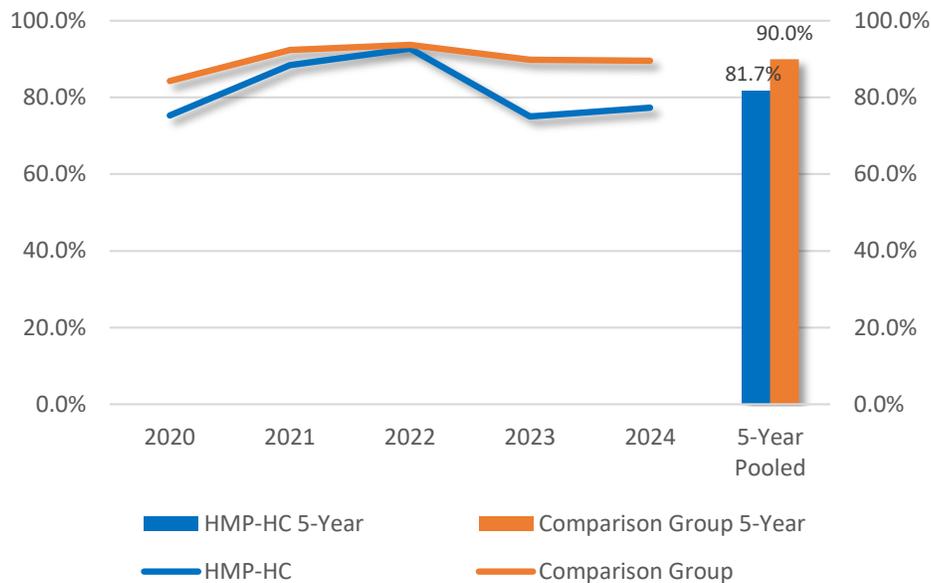
<sup>45</sup> Statistical significance (P-value) calculated through application of Fisher's Combined Probability Test.

### Asthma Measure – Asthma Medication Ratio – 5 to 18 Years of Age

**Measure Description:** Percentage of members 5 to 18 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater during the measurement year.

**Findings versus Comparison Group:** Approximately 82 percent of health coaching members and 90 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-1).

**Exhibit 3-1 – Asthma Medication Ratio – 5 – 18 Years of Age  
Calendar Years 2020 – 2024**

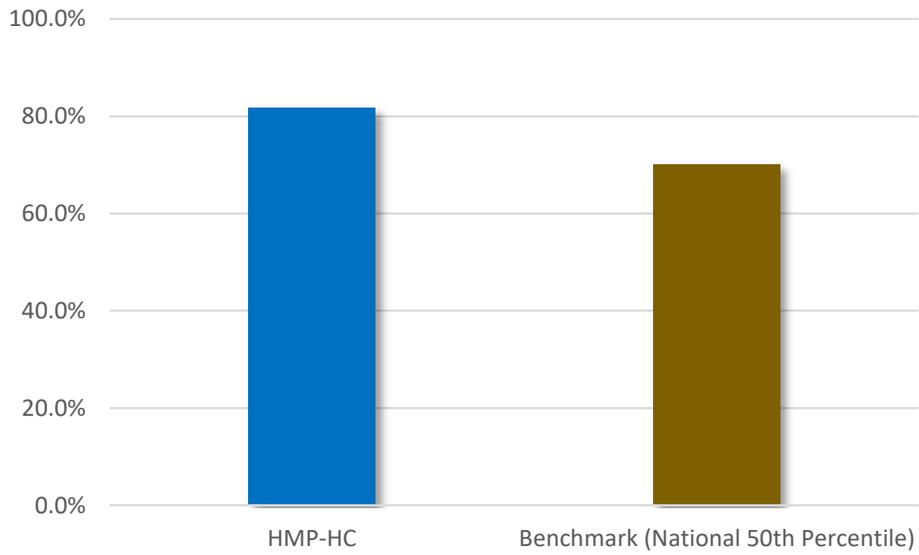


The difference between the health coaching and comparison group compliance rates was statistically significant in 2020 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 3-2). Caution should be exercised when interpreting the results, due to the small number of children and adolescents who participate in the SoonerCare HMP.

Exhibit 3-2 – Health Coaching – Asthma – Medication Ratio – 5 to 18 Years of Age						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	75.3%	88.4%	92.7%	75.2%	77.3%	81.7%
Comparison Group	84.3%	92.4%	93.7%	89.8%	89.6%	90.0%
Difference	(9.0%)‡	(4.0%)	(1.0%)	(14.6%)‡	(12.3%)	(8.3%)‡
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

**Findings versus National Benchmark:** The five-year pooled rate for the SoonerCare health coaching population exceeded the national benchmark rate by approximately 12 percentage points (Exhibit E-3).

**Exhibit 3-3 – Asthma Medication Ratio – 5 – 18 Years of Age  
SoonerCare HMP Health Coaching versus Benchmark**



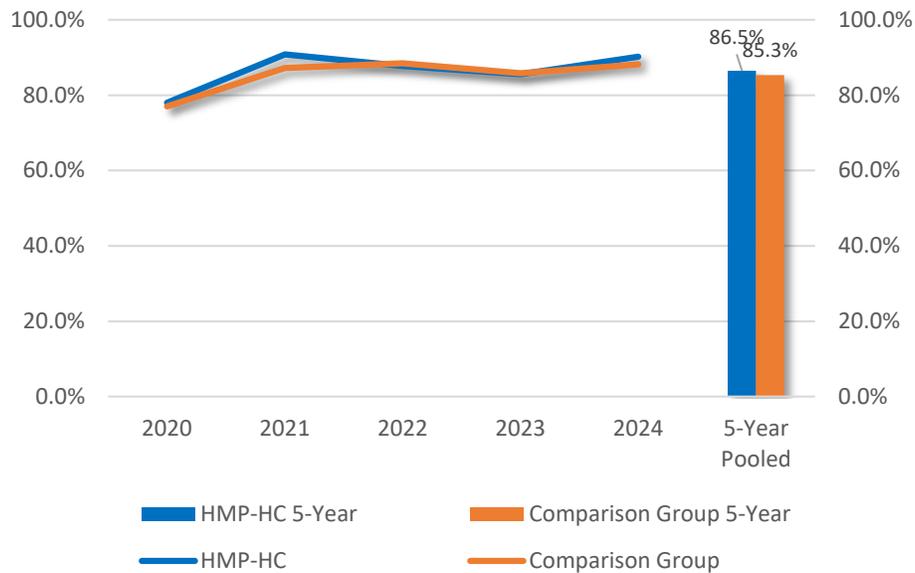
	Health Coaching	Benchmark
Compliance Rate	81.7%	70.1%

## Asthma Measure – Asthma Medication Ratio – 19 to 64 Years of Age

**Measure Description:** Percentage of members 19 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater during the measurement year.

**Findings versus Comparison Group:** Approximately 87 percent of health coaching members and 85 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-4).

**Exhibit 3-4 – Asthma Medication Ratio – 19 – 64 Years of Age  
Calendar Years 2020 – 2024**

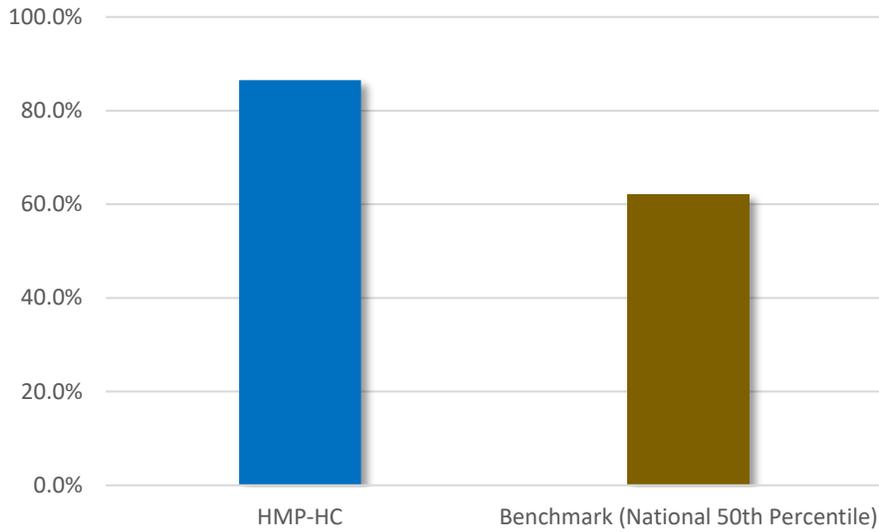


The difference between the health coaching and comparison group compliance rates was not statistically significant in any of the individual years. It also was not statistically significant for the five-year pooled data (Exhibit 3-5).

Exhibit 3-5 – Health Coaching – Asthma – Medication Ratio – 19 to 64 Years of Age						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	78.0%	90.8%	87.8%	85.6%	90.2%	86.5%
Comparison Group	77.0%	87.2%	88.5%	85.8%	88.2%	85.3%
Difference	1.0%	3.6%	(0.7%)	(0.2%)	2.0%	1.2%
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

**Findings versus National Benchmark:** The five-year pooled rate for the SoonerCare health coaching population exceeded the national benchmark rate by approximately 24 percentage points (Exhibit 3-6).

**Exhibit 3-6 – Asthma Medication Ratio – 19 – 64 Years of Age  
SoonerCare HMP Health Coaching versus Benchmark**



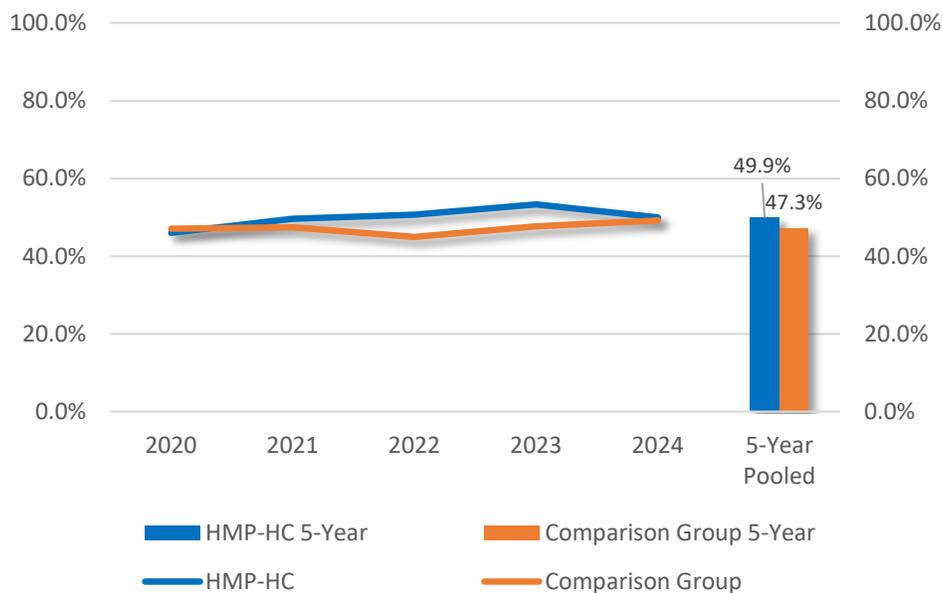
	Health Coaching	Benchmark
Compliance Rate	86.5%	62.1%

## Coronary Artery Disease (CAD) Measure – Persistence of Beta Blocker Treatment after a Heart Attack

**Measure Description:** Percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

**Findings versus Comparison Group:** Approximately 50 percent of health coaching members and 47 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-7).

**Exhibit 3-7 – Persistence of Beta Blocker Treatment after a Heart Attack  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 3-8).

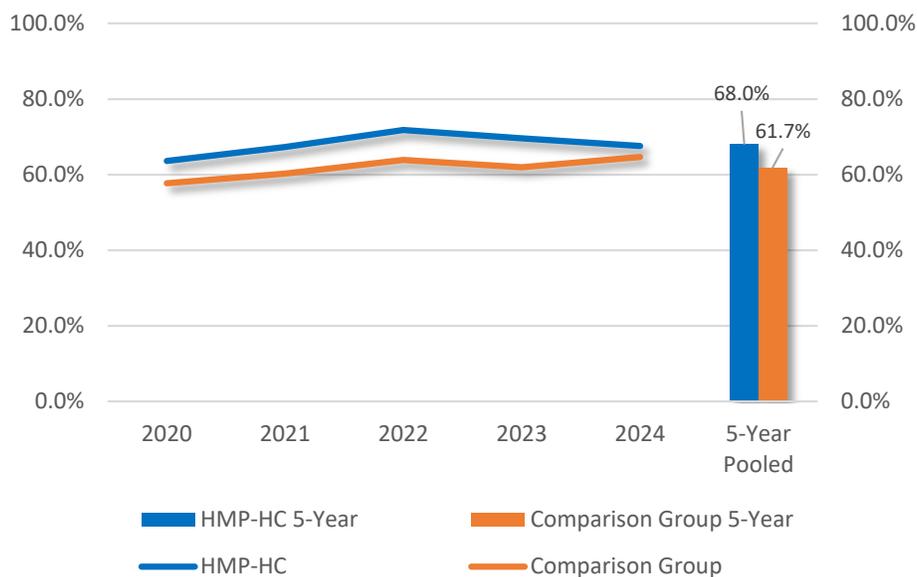
Exhibit 3-8 – Health Coaching – CAD – Beta Blocker after Heart Attack						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	46.0%	49.6%	50.7%	53.3%	50.0%	49.9%
Comparison Group	47.1%	47.4%	45.0%	47.7%	49.2%	47.3%
Difference	(1.1%)	2.2%	5.7%‡	5.6%‡	0.8%	2.6%‡
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

## CAD Measure – Cholesterol Management for Patients with Cardiovascular Conditions – LDL-C Screening

**Measure Description:** Percentage of members 18 to 75 years of age with cardiovascular disease who had an LDL-C (cholesterol) test during the measurement year.

**Findings versus Comparison Group:** Sixty-eight percent of health coaching members and approximately 62 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-9).

**Exhibit 3-9– Cholesterol Management for Patients with Cardiovascular Conditions – LDL-C Screening  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in 2020, 2021, 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 3-10).

	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	63.6%	67.3%	71.8%	69.6%	67.6%	68.0%
Comparison Group	57.7%	60.3%	63.9%	62.0%	64.7%	61.7%
Difference	5.9%‡	7.0%‡	7.9%‡	7.6%‡	2.9%	6.3%‡

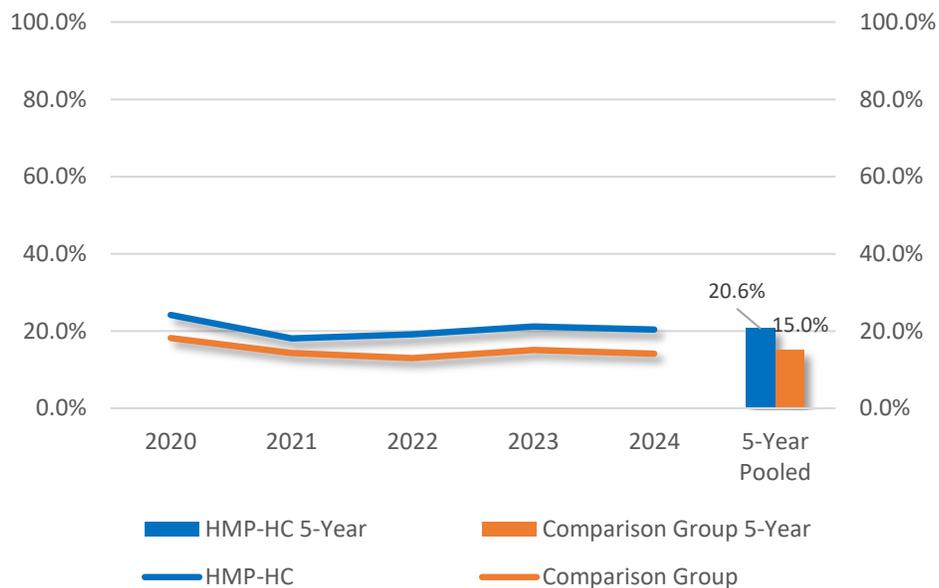
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## COPD Measure – Use of Spirometry Testing in the Assessment and Diagnosis of COPD

**Measure Description:** Percentage of members 40 years of age and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

**Findings versus Comparison Group:** Approximately 21 percent of health coaching members and 15 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-11).

**Exhibit 3-11 – Use of Spirometry Testing in the Assessment and Diagnosis of COPD  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in 2020, 2022, 2023 and 2024. It also was statistically significant for the five-year pooled data (Exhibit 3-12).

Exhibit 3-12 – Health Coaching – COPD – Use of Spirometry Testing						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	24.2%	18.1%	19.2%	21.2%	20.4%	20.6%
Comparison Group	18.2%	14.3%	13.0%	15.1%	14.2%	15.0%
Difference	6.0%‡	3.8%	6.2%‡	6.1%‡	6.2%‡	5.6%‡

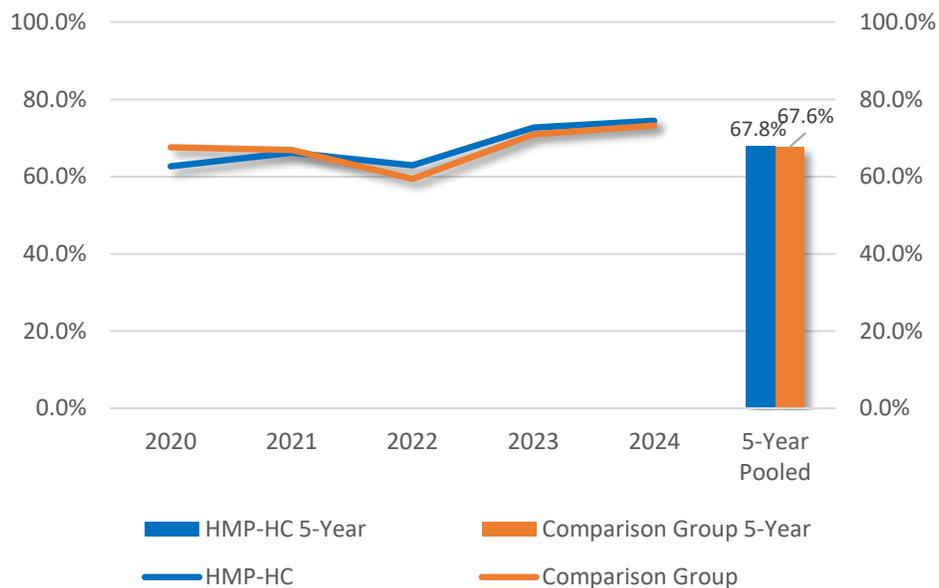
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## COPD Measure – Pharmacotherapy Management of COPD Exacerbation – 14 Days

**Measure Description:** Percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency room visit on or between January 1 to November 30 of the measurement year and who were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.

**Findings versus Comparison Group:** Approximately 68 percent of both health coaching members and comparison group members were compliant on this measure across the five years (Exhibit 3-13).

**Exhibit 3-13 – Pharmacotherapy Management of COPD Exacerbation – 14 Days  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was not statistically significant in any of the individual years. It also was not statistically significant for the five-year pooled data (Exhibit 3-14).

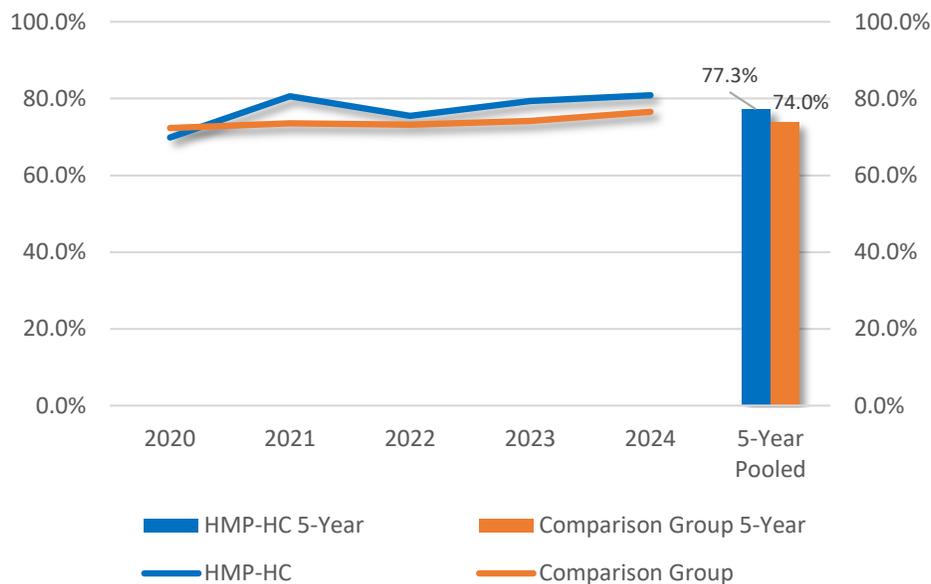
Exhibit 3-14 – Health Coaching – COPD – Pharmacotherapy – 14 Days						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	62.7%	66.2%	62.9%	72.7%	74.5%	67.8%
Comparison Group	67.6%	66.9%	59.4%	70.9%	73.2%	67.6%
Difference	(4.9%)	(0.7%)	3.5%	1.8%	1.3%	0.2%
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

## COPD Measure – Pharmacotherapy Management of COPD Exacerbation – 30 Days

**Measure Description:** Percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency room visit on or between January 1 to November 30 of the measurement year and who were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 30 days of the event.

**Findings versus Comparison Group:** Approximately 77 percent of health coaching members and 74 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-15).

**Exhibit 3-15 – Pharmacotherapy Management of COPD Exacerbation – 30 Days  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was not statistically significant in any of the individual years. It also was not statistically significant for the five-year pooled data (Exhibit 3-16).

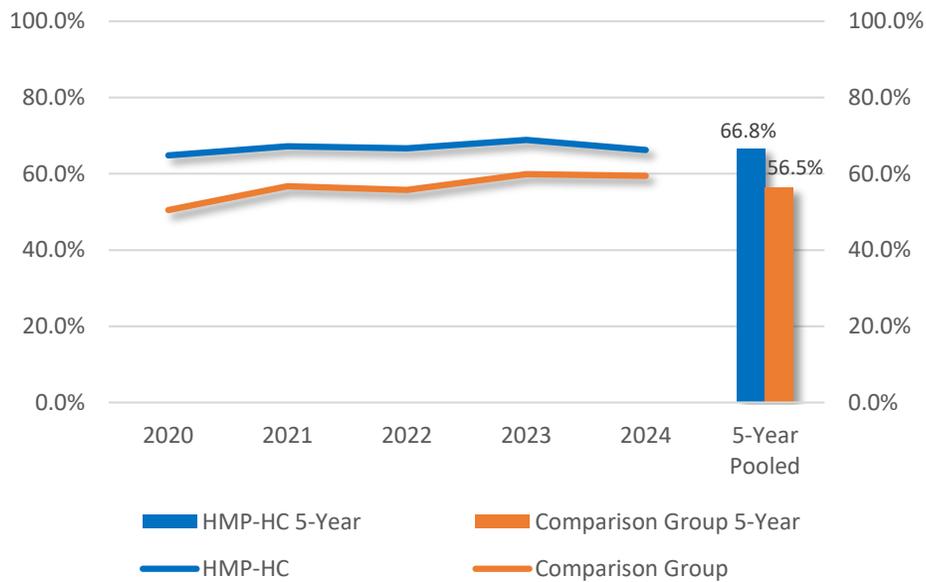
Exhibit 3-16 – Health Coaching – COPD – Pharmacotherapy – 30 Days						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	69.9%	80.6%	75.5%	79.4%	80.9%	77.3%
Comparison Group	72.3%	73.6%	73.2%	74.2%	76.6%	74.0%
Difference	(2.4%)	7.0%	2.3%	5.2%	4.3%	3.3%
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

## Diabetes Measure – Percentage of Members who had LDL-C Screening

**Measure Description:** Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had LDL-C performed.

**Findings versus Comparison Group:** Approximately 67 percent of health coaching members and 57 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-17).

**Exhibit 3-17 – Percentage of Members who had LDL-C Screening  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years. It also was statistically significant for the five-year pooled data (Exhibit 3-18).

Exhibit 3-18 – Health Coaching – Diabetes – LDL-C Test						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	64.8%	67.2%	66.7%	68.9%	66.2%	66.8%
Comparison Group	50.5%	56.7%	55.8%	59.9%	59.5%	56.5%
Difference	14.3%‡	10.5%‡	10.9%‡	9.0%‡	6.7%‡	10.3%‡

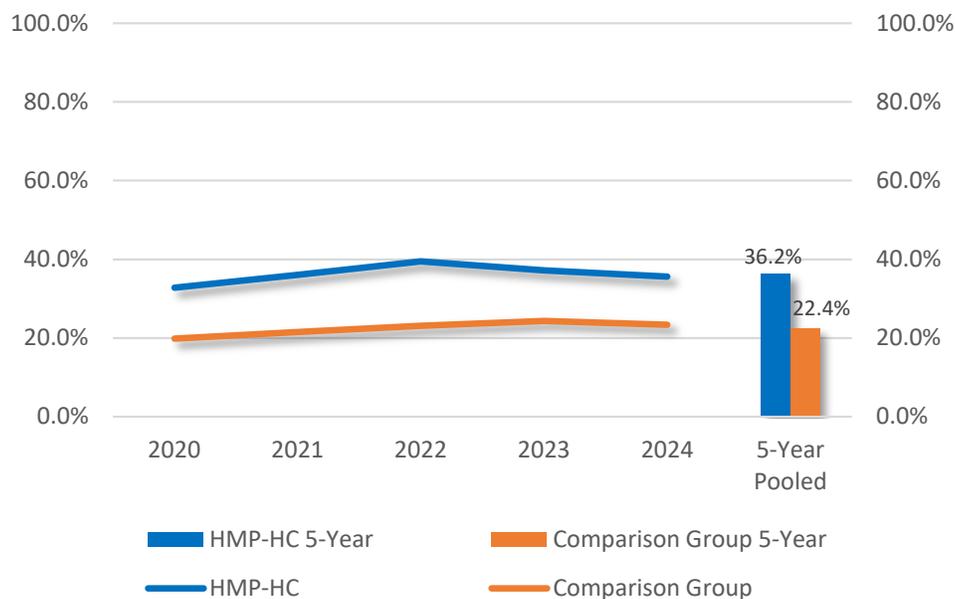
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## Diabetes Measure – Percentage of Members who had Retinal Eye Exam Performed

**Measure Description:** Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had retinal eye exam performed.

**Findings versus Comparison Group:** Approximately 36 percent of health coaching members and 22 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-19).

**Exhibit 3-19 – Percentage of Members who had Retinal Eye Exam Performed Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years. It also was statistically significant for the five-year pooled data (Exhibit 3-20).

	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	32.8%	36.0%	39.5%	37.2%	35.6%	36.2%
Comparison Group	19.8%	21.5%	23.1%	24.3%	23.4%	22.4%
Difference	13.0%‡	14.5%‡	16.4%‡	12.9%‡	12.2%‡	13.8%‡

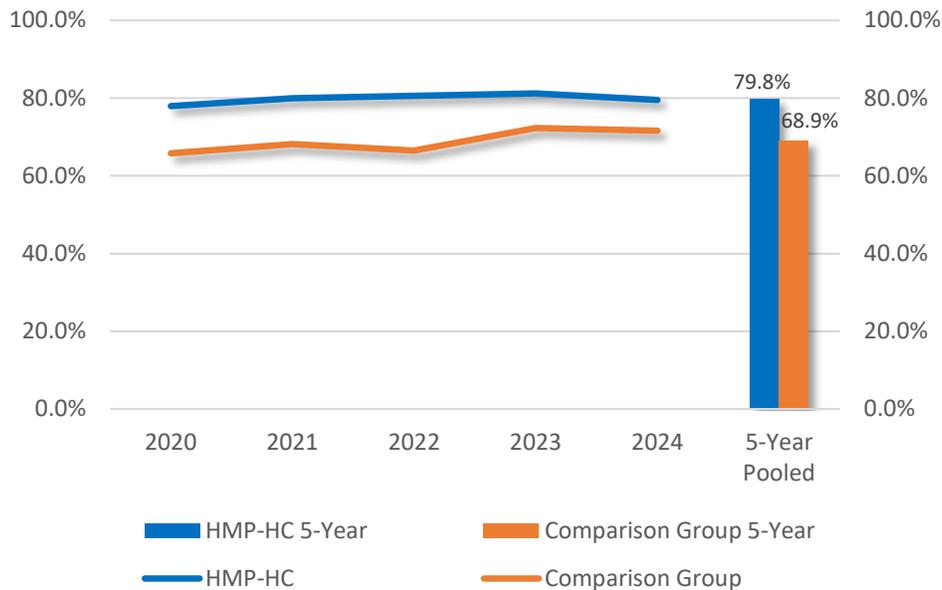
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## Diabetes Measure – Percentage of Members who had HbA1c Testing

**Measure Description:** Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing performed.

**Findings versus Comparison Group:** Approximately 80 percent of health coaching members and 69 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-21).

**Exhibit 3-21 – Percentage of Members who had HbA1c Testing  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years. It also was statistically significant for the five-year pooled data (Exhibit 3-22).

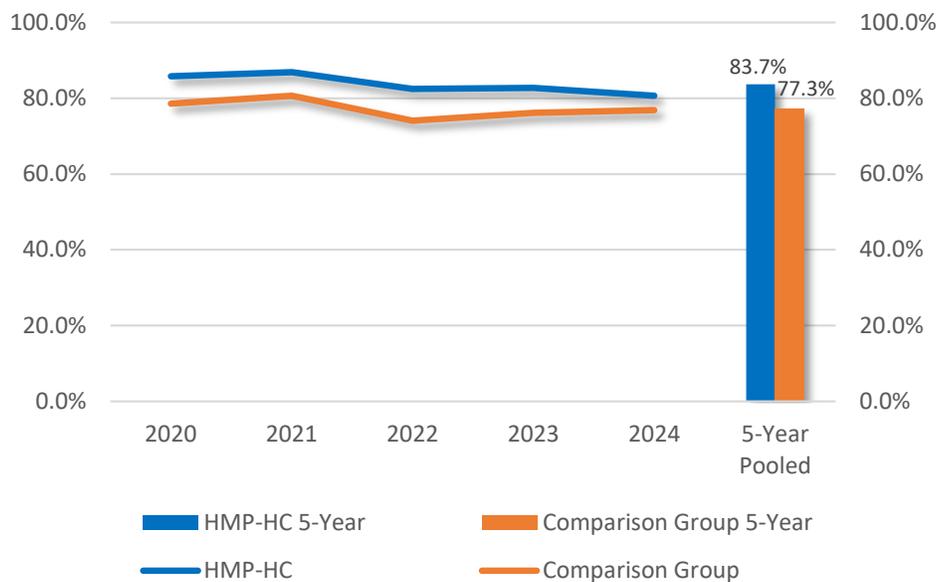
Exhibit 3-22 – Health Coaching – Diabetes – HbA1c Testing						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	77.9%	80.0%	80.6%	81.2%	79.5%	79.8%
Comparison Group	65.8%	68.2%	66.5%	72.3%	71.6%	68.9%
Difference	12.1%‡	11.8%‡	14.1%‡	8.9%‡	7.9%‡	10.9%‡
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

## Diabetes Measure – Percentage of Members who Received Medical Attention for Nephropathy

**Measure Description:** Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who received medical attention for nephropathy.

**Findings versus Comparison Group:** Approximately 84 percent of health coaching members and 77 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-23).

**Exhibit 3-23 – Percentage of Members who Received Medical Attention for Nephropathy Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years. It also was statistically significant for the five-year pooled data (Exhibit 3-24).

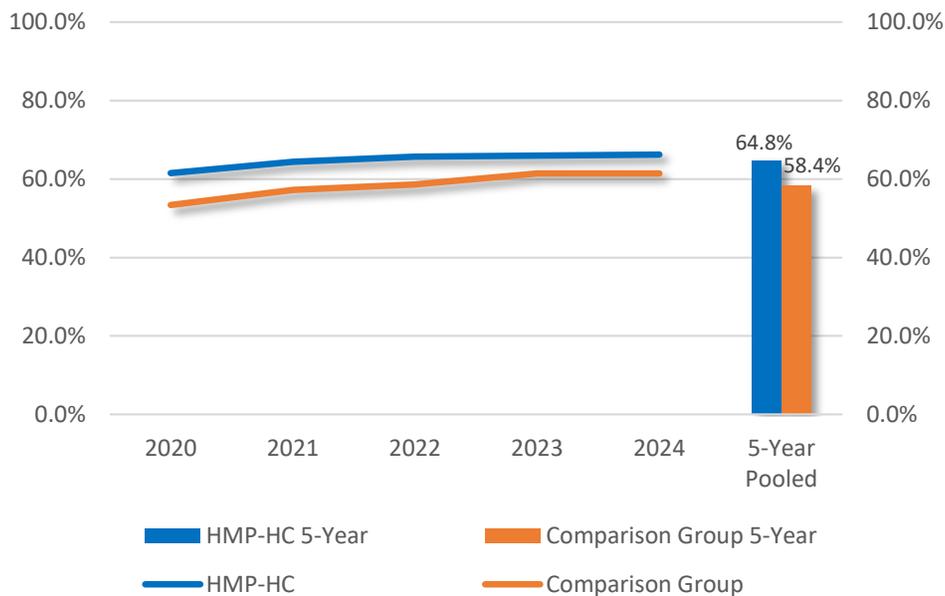
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	85.8%	86.9%	82.5%	82.8%	80.7%	83.7%
Comparison Group	78.6%	80.7%	74.1%	76.2%	76.9%	77.3%
Difference	7.2%‡	6.2%‡	8.4%‡	6.6%‡	3.8%‡	6.4%‡
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

## Hypertension Measure – Percentage of Members who had LDL-C Screening

**Measure Description:** Percentage of members 18 years of age and older with hypertension who had an LDL-C test performed.

**Findings versus Comparison Group:** Approximately 65 percent of health coaching members and 58 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-25).

**Exhibit 3-25 – Percentage of Members who had LDL-C Screening  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years. It also was statistically significant for the five-year pooled data (Exhibit 3-26).

Exhibit 3-26 – Health Coaching – Hypertension – LDL-C Test						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	61.5%	64.4%	65.7%	66.0%	66.2%	64.8%
Comparison Group	53.4%	57.2%	58.6%	61.4%	61.4%	58.4%
Difference	8.1%‡	7.2%‡	7.1%‡	4.6%‡	4.8%‡	6.4%‡

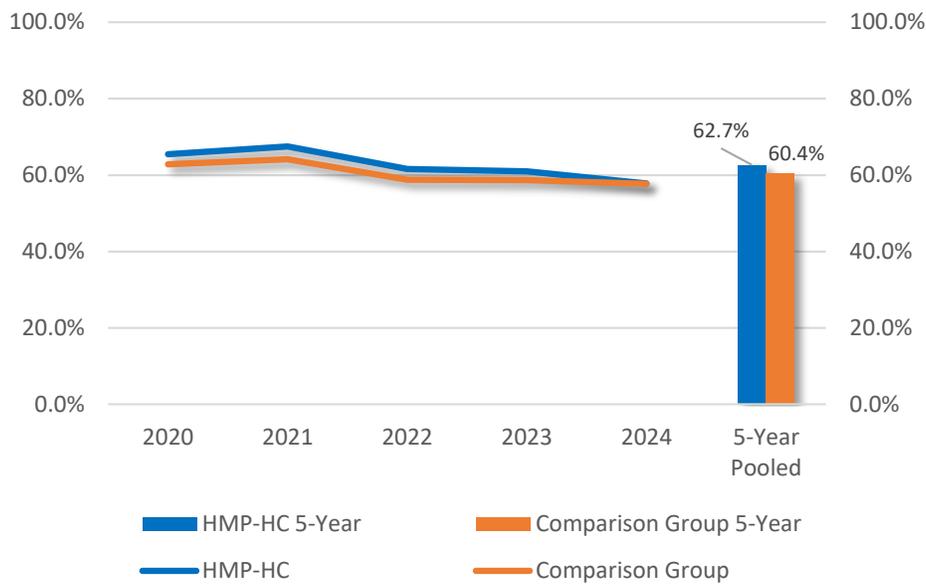
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## Hypertension Measure – Percentage of Members Prescribed ACE/ARB Therapy

**Measure Description:** Percentage of members 18 years of age and older with hypertension who were prescribed angiotensin converting enzyme inhibitors or angiotensin receptor blockers (ACE/ARB therapy).

**Findings versus Comparison Group:** Approximately 63 percent of health coaching members and 60 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-27).

**Exhibit 3-27 – Percentage of Members Prescribed ACE/ARB Therapy  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in 2020, 2021, 2022 and 2023. It also was statistically significant for the five-year pooled data (Exhibit 3-28).

	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	65.5%	67.5%	61.6%	61.0%	57.8%	62.7%
Comparison Group	62.8%	64.1%	58.8%	58.7%	57.7%	60.4%
Difference	2.7%‡	3.4%‡	2.8%‡	2.3%‡	0.1%	2.3%‡

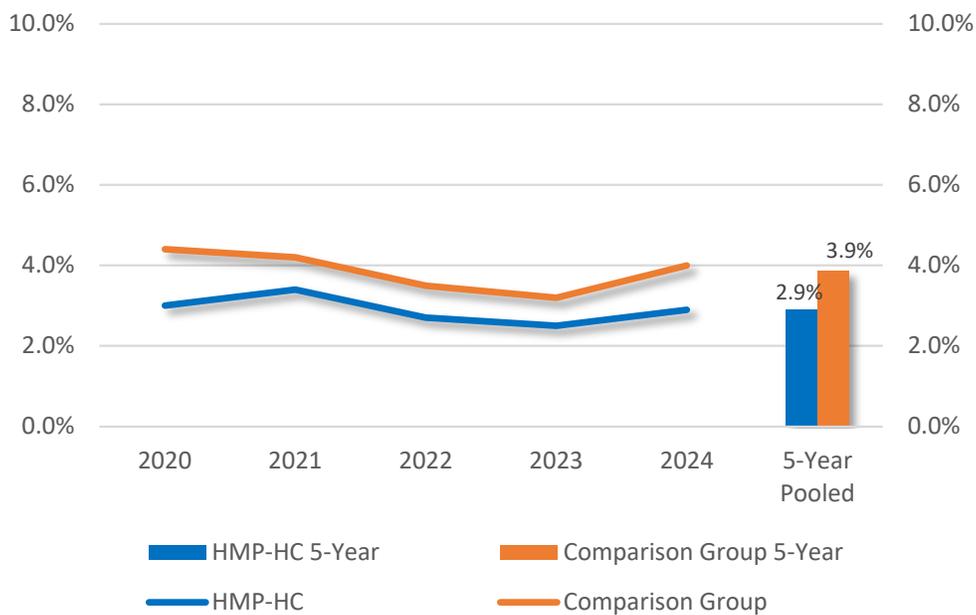
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## Opioid Use Measure – Use of Opioids at High Dosage in Persons without Cancer

**Measure Description:** The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year at a high dosage (average milligram morphine dose [MME] >120 mg). **Note:** A lower rate indicates better performance.

**Findings versus Comparison Group:** Approximately three percent of health coaching members and four percent of comparison group members were positive for this measure (users of prescription opioids at high dosage) across the five years (Exhibit 3-29).

**Exhibit 3-29 – Use of Opioids at High Dosage in Persons without Cancer  
Calendar Years 2020 – 2024**



Note: Lower rate is better

The difference between the health coaching and comparison group compliance rates was statistically significant in 2020. It also was statistically significant for the five-year pooled data (Exhibit 3-30).

	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	3.0%	3.4%	2.7%	2.5%	2.8%	2.9%
Comparison Group	4.4%	4.2%	3.5%	3.2%	4.0%	3.9%
Difference	<b>(1.4%)‡</b>	(0.8%)	(0.8%)	(0.7%)	(1.2%)	<b>(1.0%)‡</b>

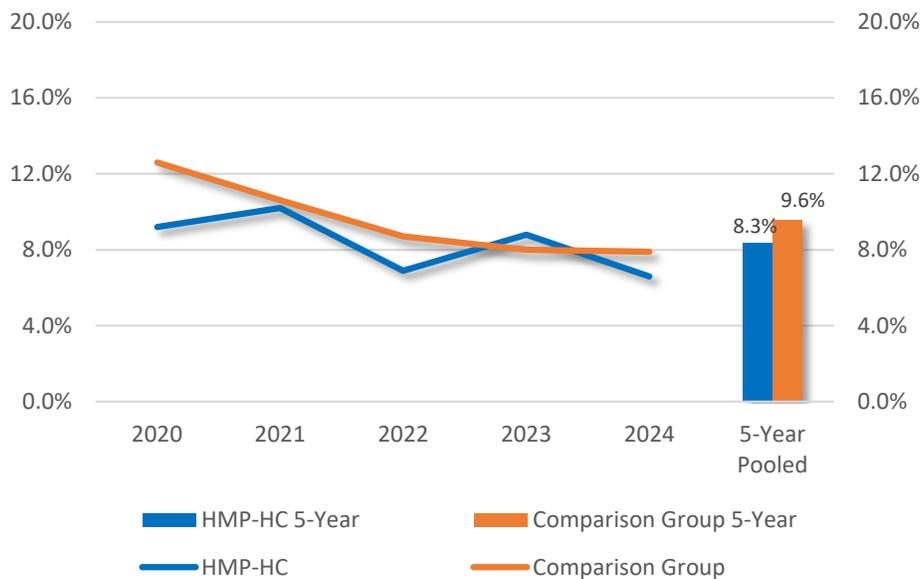
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## Opioid Use Measure – Concurrent use of Opioids and Benzodiazepines

**Measure Description:** Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis or in hospice are excluded. **Note:** A lower rate indicates better performance.

**Findings versus Comparison Group:** Approximately eight percent of health coaching members and 10 percent of comparison group members were positive for this measure (concurrent users of prescription opioids and benzodiazepines) across the five years (Exhibit 3-31).

**Exhibit 3-31 – Concurrent use of Opioids and Benzodiazepines  
Calendar Years 2020 – 2024**



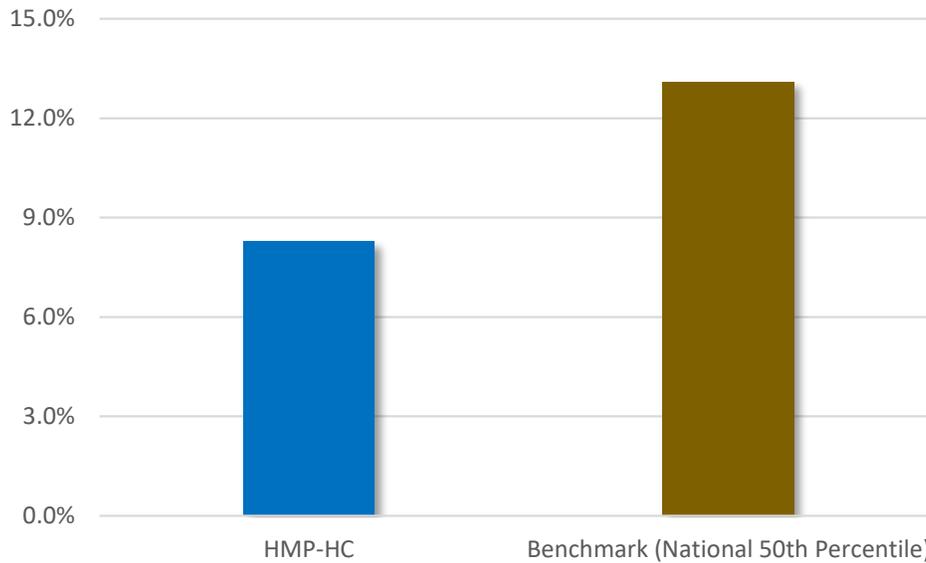
Note: Lower rate is better

The difference between the health coaching and comparison group compliance rates was statistically significant in 2020 and 2022. It also was statistically significant for the five-year pooled data (Exhibit 3-32).

	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	9.2%	10.2%	6.9%	8.8%	6.6%	8.3%
Comparison Group	12.6%	10.6%	8.7%	8.0%	7.9%	9.6%
Difference	<b>(3.4%)‡</b>	(0.4%)	<b>(1.8%)‡</b>	0.8%	(1.3%)	<b>(1.3%)‡</b>
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)						

**Findings versus National Benchmark:** The five-year pooled rate for the SoonerCare health coaching population was approximately five percentage points lower than the national benchmark rate (Exhibit 3-33).

**Exhibit 3-33 – Concurrent use of Opioids and Benzodiazepines  
SoonerCare HMP Health Coaching versus Benchmark**



Note: Lower rate is better

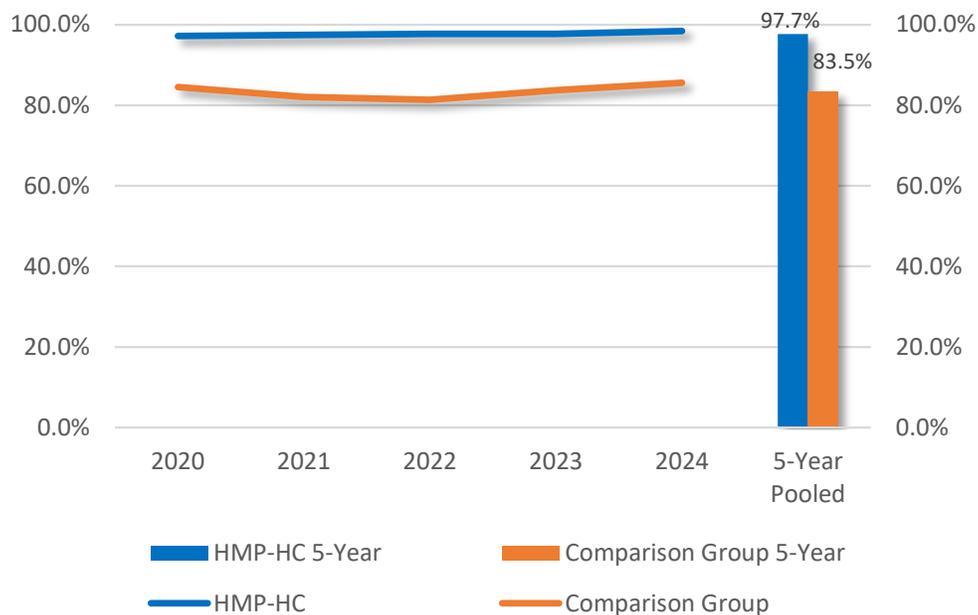
	Health Coaching	Benchmark
Use Rate	8.3%	13.1%

## Preventive Health Measure – Adults’ Access to Preventive/Ambulatory Health Services

**Measure Description:** Percentage of beneficiaries 20 years and older who had an ambulatory or preventive care visit in the measurement year.

**Findings versus Comparison Group:** Approximately 98 percent of health coaching members and 84 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-34).

**Exhibit 3-34 – Adults’ Access to Preventive/Ambulatory Health Services  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years. It also was statistically significant for the five-year pooled data (Exhibit 3-35).

	2019	2020	2021	2022	2024	5-Year Pooled
Health Coaching	97.2%	97.5%	97.7%	97.7%	98.4%	97.7%
Comparison Group	84.5%	82.1%	81.4%	83.7%	85.6%	83.5%
Difference	12.7%‡	15.4%‡	16.3%‡	14.0%‡	12.8%‡	14.2%‡

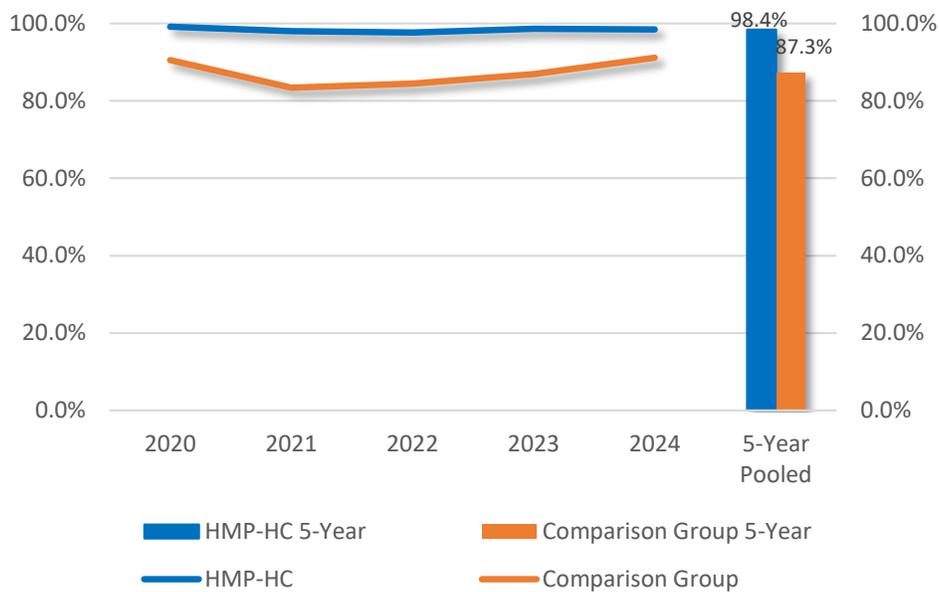
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## Preventive Health Measure – Children and Adolescents’ Access to PCPs

**Measure Description:** Percentage of beneficiaries 12 months to 19 years of age who had a visit with a PCP during the measurement year or the year prior to the measurement year (depending on the age of the beneficiaries).

**Findings versus Comparison Group:** Approximately 98 percent of health coaching members and 87 percent of comparison group members were compliant on this measure across the five years (Exhibit 3-36).

**Exhibit 3-36 – Children and Adolescents’ Access to PCPs  
Calendar Years 2020 – 2024**



The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years. It also was statistically significant for the five-year pooled data (Exhibit 3-37).

	2019	2020	2021	2022	2024	5-Year Pooled
Health Coaching	99.2%	98.0%	97.7%	98.6%	98.5%	98.4%
Comparison Group	90.5%	83.4%	84.5%	86.9%	91.2%	87.3%
Difference	8.7%‡	14.6%‡	13.2%‡	11.7%‡	7.3%‡	11.1%‡

‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## Value-Based Purchasing

The OHCA has adopted a value-based purchasing (VBP) strategy for its vendors, including the SoonerCare HMP contractor, Telligen. The Telligen contract contains a provision to withhold five percent of annual payments, which can be earned back by meeting or exceeding performance thresholds established prior to (or early in) the contract year.

The VBP measure set is refreshed periodically, to promote agency priorities and encourage improvements in targeted performance areas. The majority of measures each year are HEDIS-based. Others rely on survey data. PHPG conducts the annual evaluation of VBP results and issues detailed findings under a separate report.

The evaluation occurs on a state fiscal year cycle, to align with Telligen contract years. In SFY 2025 (July 2024 to June 2025), Telligen earned all eligible payments. It did so by meeting or exceeding the thresholds in each of the measurement areas.

These included:

1. **Member awareness that Telligen offers assistance with Health-Related Social Needs.** Measured through HMP member survey question: “The SoonerCare Health Management Program can help members deal with non-medical problems like the ones we just discussed<sup>46</sup>. Has your Health Coach, a Resource Navigator or anyone else at the SoonerCare Health Management Program ever asked you whether you have non-medical problems such as these?”
2. **Satisfaction with resolution of health-related social needs, among the subset of members receiving assistance.** Measured through SoonerCare HMP member survey questions: “Did your Health Coach, a Resource Navigator or anyone else at the SoonerCare Health Management Program try to help you solve a non-medical problem?” (If yes): “Was your problem solved?” + “Whether your problem was (problems were) solved or not, how satisfied are you with the help you received?”
3. **CAD-LDL-C Rate.** Percentage of SoonerCare HMP and comparison group members 18 to 75 years of age with cardiovascular disease who had an LDL-C (cholesterol) test during the measurement year. (Same measure as shown earlier, but for state fiscal year period.)
4. **Transition of Care – Post-discharge visits.** Percentage of members 18 years of age or older who had a visit with a provider within 31 days of discharge from an acute or non-acute care setting to an outpatient self-care setting. Visit is defined to include an outpatient visit in the provider’s office or member’s home or a synchronous telehealth visit. The intent of the measure is to improve care coordination during the care transitions for an at-risk population including older adults and other individuals with complex health care needs.

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<sup>46</sup> Preceding questions on survey instrument inquire about the following HRSN: housing, food, transportation, utilities and “other non-medical” (member-defined).

5. **Transition of Care – readmission rate.** Percentage of members 18 years of age or older engaged in HMP Transitional Care with an unplanned acute readmission for any diagnosis within 30 days versus comparison group readmission rate.
6. **Transition of Care – observed versus expected readmissions.** The actual readmission rate for SoonerCare HMP members versus the predicted rate as calculated using HEDIS methodology.

Results for SFY 2025 are summarized below in Exhibit 3 – 38.

**Exhibit 3-38 – Telligen VBP Performance  
State Fiscal Year 2025**

Measure	Threshold for Payment	SoonerCare HMP Rate	Comparison Group Rate	Absolute threshold met?	If threshold met, statistically significant?
HRSN Survey Question – Awareness of Support	“Yes” response rate of 80%	94.2%	N/A	✓	N/A
HRSN Survey – Satisfied with assistance and/or problem resolved	“Yes” response rate of 80% (where applicable)	85.4%	N/A	✓	N/A
Coronary Artery Disease – LDL-C Testing <sup>47</sup>	SoonerCare HMP rate is <u>above</u> comparison group rate (absolute difference and statistical significance)	68.7%	60.5%	✓	✓
Transitions of Care (outreach following hospitalization)	SoonerCare HMP rate is <u>above</u> comparison group rate (absolute difference and statistical significance)	79.6%	68.6%	✓	✓
Plan All-Cause Readmission Rate (Among members receiving TOC)	SoonerCare HMP rate is <u>below</u> comparison group rate (absolute difference)	9.4%	10.1%	✓	N/A
Plan All-Cause Readmission – O/E Rate (observed-to-expected)	SoonerCare HMP O/E rate is <u>below</u> 1.0	0.8527	N/A	✓	N/A

The outcome in SFY 2025 was consistent with the prior year, when Telligen also met all the payment thresholds. The OHCA will be refreshing the measure set for SFY 2026.

<sup>47</sup> Rate differs slightly from rate shown in quality-of-care evaluation due to differing time periods.

## Summary of Key Findings

The SoonerCare HMP health coaching beneficiary population outperformed the comparison group by a statistically significant amount on 13 of 17 HEDIS quality-of-care measures, while the comparison group outperformed the health coaching beneficiary on one measure; there was no statistically significant difference on the remaining three measures (Exhibit 3-39).

The most impressive quality-of-care results, relative to the comparison group, were observed for participants with coronary artery disease, diabetes and hypertension, and with respect to access to preventive care.

During SFY 2025, which overlapped with six months of calendar year 2024, Telligen also met or exceeded all VBP performance thresholds. The results suggest that the program is having a broad-based, positive effect on quality-of-care.

The health coaching beneficiary population also outperformed the national benchmark on all three HEDIS measures for which a national benchmark exists. (No statistical test was applied to the benchmark analysis. Benchmark population characteristics also were not matched to the OHCA groups. Results are presented for informational purposes only.)

**Exhibit 3-39 – Health Coaching Quality-of-care Measures – Summary**  
*(See next page for table legend)*

Measure	HC versus Comparison Group*	HC versus National Benchmark†
Asthma – Medication Ratio – 5 – 18 Years	X	✓
Asthma – Medication Ratio – 19 – 64 Years	---	✓
CAD – Persistence of Beta-Blocker Treatment after a Heart Attack	✓	N/A
CAD – Cholesterol Management – LDL-C Test	✓	N/A
COPD – Use of Spirometry Testing	✓	N/A
COPD – Pharmacotherapy Management – 14 Days	---	N/A
COPD – Pharmacotherapy Management – 30 Days	---	N/A
Diabetes – LDL-C Test	✓	N/A
Diabetes – Retinal Eye Exam	✓	N/A

Measure	HC versus Comparison Group*	HC versus National Benchmark†
Diabetes – HbA1c Testing	✓	N/A
Diabetes – Medical Attention for Nephropathy	✓	N/A
Hypertension – LDL-C Test	✓	N/A
Hypertension – ACE/ARB Therapy	✓	N/A
Opioid – Use of Opioids at High Dosage	✓	N/A
Opioid – Concurrent Use of Opioids and Benzodiazepines	✓	✓
Preventive Health – Adult Access to Preventive/Ambulatory Health Services	✓	N/A
Preventive Health – Children and Adolescents’ Access to PCPs	✓	N/A

\* Results based on pooled five-year average

† National benchmark data is 50<sup>th</sup> percentile (median) among reporting states for measure year 2023

- ✓ – Health coaching population outperforms comparison group by statistically significant amount / Health coaching population outperforms national benchmark
- X – Comparison group outperforms health coaching population by statistically significant amount / National benchmark outperforms health coaching population
- No statistically significant difference between health coaching population and comparison group / No difference between health coaching population and national benchmark

## CHAPTER 4 – HEALTH COACHING – UTILIZATION & EXPENDITURE 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 room visits and hospitalizations, and lower acute care costs.

PHPG evaluated the impact of SoonerCare health coaching on utilization and costs through calculation of three measures<sup>48</sup>:

- Emergency room utilization (visit) rate
- Inpatient hospital utilization (admission) rate
- Health care expenditures (per member per month)

### Methodology

The utilization and expenditure analysis targeted SoonerCare HMP health coaching participants meeting the criteria outlined in chapter 1. PHPG identified comparison groups using the same Coarsened Exact Matching technique as applied to the health coaching quality-of-care evaluation presented in chapter 3.

The CEM for the quality-of-care evaluation included four variables: age, gender, type of residence (urban or rural) and aid category (ABD, expansion or other). The utilization/expenditure evaluation included the same four, plus one additional variable intended to account further for health status. This addition was necessary to ensure that the comparison group would include people with health profiles like those of the health coaching population<sup>49</sup>.

PHPG tested multiple variables, including historical utilization/cost data, diagnostic data and components of the MEDai forecast data set. The best matching results were achieved using PMPM beneficiary costs in the year prior to the year being evaluated (i.e., calendar year 2019 costs for the 2020 evaluation, 2020 costs for the 2021 evaluation; 2021 costs for the 2022 evaluation; 2022 costs for the 2023 evaluation; and 2023 costs for the 2024 evaluation).

Specifically, PHPG assigned a “care management candidate” flag to non-care managed beneficiaries whose PMPM costs in the prior year were similar to the care managed population

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<sup>48</sup> Previous evaluations included hospital readmission rate as a measure. This is a component of the Telligen VBP methodology and so was dropped from Chapter Four.

<sup>49</sup> A health status variable was not necessary for the HEDIS evaluation because the individual HEDIS measure specifications serve to define a universe of “like” persons, who then can be separated based on health coaching status.

(approximately the top five percent in PMPM cost)<sup>50</sup>. Care managed participants were automatically assigned a “care management candidate” flag for matching purposes.

Appendix C contains covariate balance data for CEM variables. The objective was to identify a comparison population whose covariates were “balanced” with (close to) the treatment population.

T-tests were used to evaluate results for SoonerCare HMP health coaching participants against the comparison group populations, with statistically significant results reported based on  $p \leq 0.05$ . Statistically significant differences between health coaching participants and the comparison group are noted in the exhibits.

Results in the body of the report are presented for Calendar Years 2020 – 2024, as well as in aggregate for the five-year period. Caution should be exercised when reviewing individual year results and year-over-year changes, where substantial variance may in part be an artifact of small treatment group population sizes.

The aggregate data was used to calculate T-test results to maximize the statistical power of the analysis. Appendix D contains year-specific compliance rates, five-year pooled rates and p-values.

PHPG also evaluated the overall financial impact of the health coaching component of the SoonerCare HMP by converting PMPM results for the total SoonerCare HMP population into an aggregate value based on participant member months<sup>51</sup>. PHPG factored in SoonerCare HMP administrative expenses to quantify the program’s net impact, inclusive of both administrative and medical expenses. The administrative cost analysis is described in chapter 7.

Results are presented at the program, rather than diagnosis-specific, level. PHPG has evaluated utilization and expenditure results for the five major chronic conditions in the past and has not identified statistically significant differences between the health coaching population and comparison group. This is unsurprising, given the relatively small population sizes for many of the diagnostic groups.

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<sup>50</sup> Prior to conducting the analysis, PHPG also examined the top 0.005 percent of SoonerCare Choice beneficiaries, in terms of PMPM expenditures in 2024. This was done to determine if any cases could skew the results due to due to conditions (e.g., hemophilia) and related expenditures not susceptible to care management. Unlike in some previous years, PHPG did not identify outliers requiring exclusion.

<sup>51</sup> The savings analysis was not performed individually for the five chronic conditions because the populations were not mutually exclusive.

## **Caution when Interpreting Findings**

### **Impact of External Events – COVID-19 PHE**

The utilization and expenditure evaluations were affected in two ways by the COVID-19 public health emergency (PHE). PHPG cannot quantify the extent of the impact, but readers should interpret chapter 4 findings with caution.

First, the PHE disrupted utilization and expenditure patterns across the entire SoonerCare population in 2020 and 2021. It also interfered with the ability of practice-embedded health coaches to provide in-person care management to SoonerCare HMP participants.

Second, procedural disenrollments from Medicaid were suspended during the PHE and were reinstated in mid-2023. This may have contributed to a drop in utilization and expenditures in 2022, followed by a rebound in 2023, as members not requiring services (or with other coverage) were retained on the Medicaid rolls longer than would otherwise have been the case.

### **Impact of External Events – Implementation of SoonerSelect**

The transition of non-ABD beneficiaries to SoonerSelect in April 2024 would be expected to raise the average cost profile of the SoonerCare HMP population. ABD beneficiaries typically have higher service needs than other groups and they comprised over 90 percent of 2024 SoonerCare HMP enrollment, up from about 50 percent in prior years.

### **Broader SoonerCare Program**

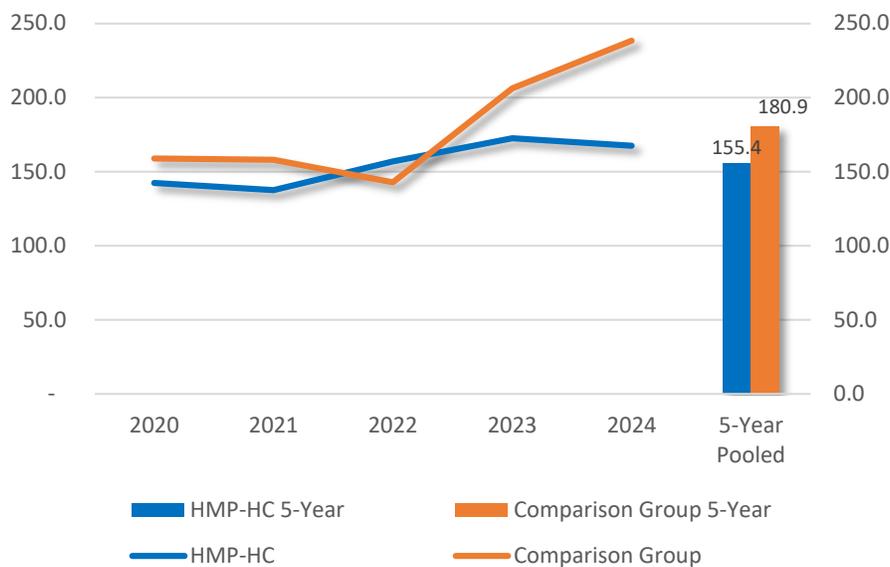
The OHCA routinely publishes data on health care utilization and expenditures for the broader SoonerCare program. The health coaching population and comparison group are comprised of members with health care needs greater than the average SoonerCare beneficiary. Results therefore should not be compared to broader data for the purpose of evaluating the program's effectiveness.

## All Participants – Emergency Room Utilization (Visit) Rate

**Measure Description:** Emergency room visits (for any reason) per 1,000 member months (i.e., the average number of visits per month for every 1,000 beneficiaries). **Note:** A lower rate indicates better performance.

**Findings versus Comparison Group:** Health coaching members averaged approximately 155 emergency room visits per 1,000 member months and comparison group members averaged 181 visits per 1,000 member months across the five years (Exhibit 4-1).

**Exhibit 4-1 – Emergency Room Utilization (Visit) Rate  
Calendar Years 2020 – 2024**



Note: Lower rate is better

The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years (lower for the health coaching population in four years and the comparison group in one year). It also was statistically significant for the five-year pooled data (Exhibit 4-2).

Exhibit 4-2 – Health Coaching – Emergency Room Visits per 1,000 Member Months						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	142.4	137.5	157.0	172.5	167.5	155.4
Comparison Group	158.9	158.0	142.8	206.3	238.3	180.9
Difference	(16.5)‡	(20.5)‡	14.2‡	(33.8)‡	(70.8)‡	(25.5)‡

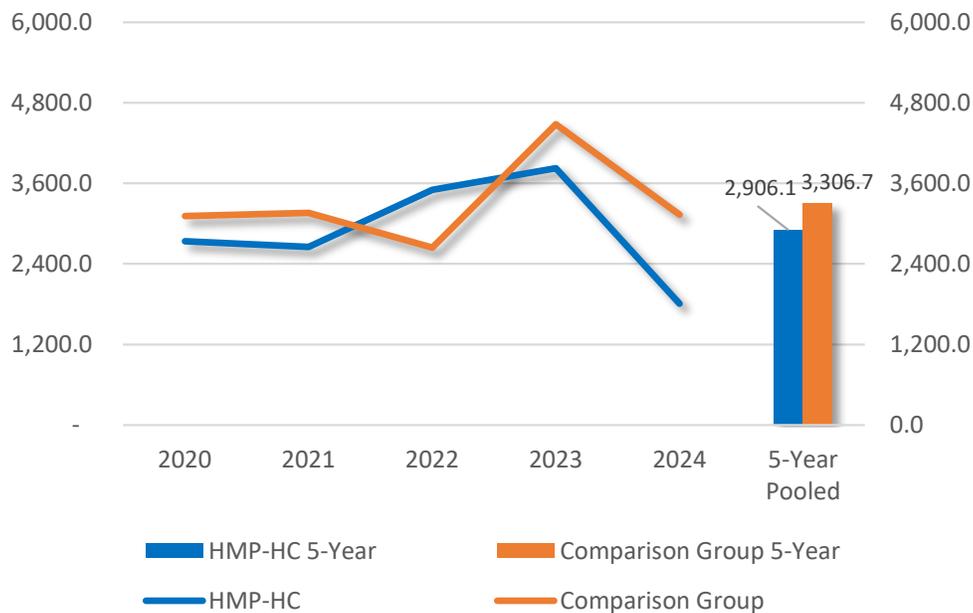
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## All Participants – Inpatient Hospital Utilization (Admission) Rate

**Measure Description:** Hospital admissions (for any reason) per 100,000 member months (i.e., the average number of admissions per month for every 100,000 beneficiaries). **Note:** A lower rate indicates better performance.

**Findings versus Comparison Group:** Health coaching members averaged approximately 2,906 hospital admissions per 100,000 member months and comparison group members averaged 3,307 admissions per 100,000 member months across the five years (Exhibit 4-3).

**Exhibit 4-3 – Inpatient Hospital Utilization (Admission) Rate  
Calendar Years 2020 – 2024**



Note: Lower rate is better

The difference between the health coaching and comparison group compliance rates was statistically significant in each of the individual years (lower for the health coaching population in four years and the comparison group in one year). It also was statistically significant for the five-year pooled data (Exhibit 4-4).

	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	2,736.2	2,654.5	3,504.8	3,825.3	1,809.6	2,906.1
Comparison Group	3,112.8	3,161.5	2,644.6	4,480.6	3,133.8	3,306.7
Difference	(376.6)‡	(507.0)‡	860.2‡	(655.3)‡	(1,324.2)‡	(400.6)‡

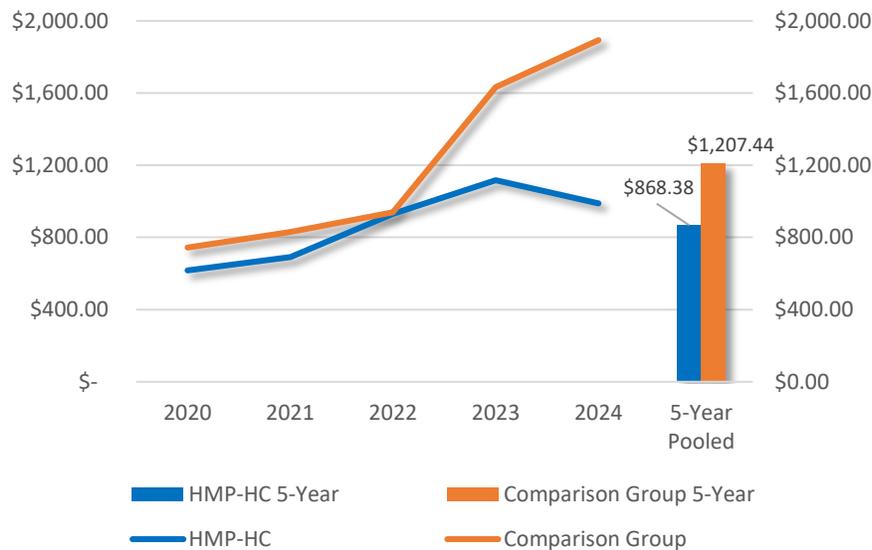
‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## All Participants – Healthcare Expenditures (PMPM)

**Measure Description:** Average monthly expenditures per member for Medicaid-covered health care services. **Note:** A lower value indicates better performance.

**Findings versus Comparison Group:** Health coaching member expenditures averaged approximately \$868 PMPM and comparison group member expenditures averaged \$1,207 PMPM across the five years (Exhibit 4-5).

**Exhibit 4-5 – Healthcare Expenditures (PMPM)  
Calendar Years 2020 – 2024**



Note: Lower value is better

The difference between the health coaching and comparison group compliance rates was statistically significant in 2020, 2021, 2023 and 2024. It also was statistically significant for the five-year pooled data (Exhibit 4-6).

Exhibit 4-6 – Health Coaching – PMPM Expenditures						
	2020	2021	2022	2023	2024	5-Year Pooled
Health Coaching	\$616.09	\$690.77	\$930.39	\$1,116.22	\$988.46	\$868.39
Comparison Group	\$743.48	\$829.46	\$939.76	\$1,631.90	\$1,892.60	\$1,207.44
Difference	(\$127.39)‡	(\$138.69)‡	(\$9.37)	(\$515.68)‡	(\$904.14)‡	(\$339.05)‡

‡ Health coaching rate differs from comparison group rate by a statistically significant amount (95% confidence level)

## Summary of Key Findings

Findings with respect to health coaching cost effectiveness were uniformly positive. The SoonerCare HMP health coaching population outperformed the comparison group across all four utilization and expenditure measures (Exhibit 4-7).

**Exhibit 4-7 – Health Coaching Utilization/Expenditure Measures – Summary**

Measure	HC versus Comparison Group*
Emergency Room Utilization – All	✓
Inpatient Hospital Admissions – All	✓
Inpatient Hospital Readmissions - All	✓
PMPM Expenditures (Health Services Component) - All	✓

\* Results based on pooled five-year average

✓ – Health coaching population outperforms comparison group by statistically significant amount

✗ – Comparison group outperforms health coaching population by statistically significant amount

--- No statistically significant difference between health coaching population and comparison group

## 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. Telligen provides to PHPG the names of primary care practices and providers who have completed the initial onsite portion of practice facilitation.

PHPG 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 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 E.

### Survey Population Size

PHPG has conducted surveys with 21 providers during the current evaluation cycle. Readers should exercise caution when reviewing survey results, given the small 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.

## **Practice Facilitation Survey Findings**

### **Decision to Participate in the SoonerCare HMP**

Eleven of the 21 surveys were completed by the individual in the practice who made the decision to participate. Ten of the 11 gave as their primary reason “improving care management of patients with chronic conditions/improving outcomes”. The tenth gave as the primary reason “receiving assistance in redesigning practice workflows”.

Secondary reasons cited by one or more respondents included: “gaining access to practice facilitator and/or embedded health coach”, “obtaining information on patient utilization and costs” and “continuing education”.

### **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 items were “receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases” (84 percent “very important”) and “Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases” (79 percent “very important”).

**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	76.2%	19.0%	4.8%	0.0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	85.7%	14.3%	0.0%	0.0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	71.4%	23.8%	4.8%	0.0%
4. Receiving focused training on management of patients with chronic pain	52.4%	42.9%	4.8%	0.0%
5. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	71.4%	28.6%	0.0%	0.0%
6. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	71.4%	23.8%	0.0%	4.8%
7. Having a Practice Facilitator on-site to work with you and your staff	61.9%	33.3%	0.0%	4.8%
8. Receiving quarterly reports on your progress with respect to identified performance measures	61.9%	38.1%	0.0%	0.0%
9. Receiving ongoing education and assistance after conclusion of the initial practice facilitation activities	70.6%	23.5%	5.9%	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 a majority of respondents and either “very helpful” or “somewhat helpful” by over 80 percent 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	61.9%	33.3%	0.0%	4.8%	0.0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	66.7%	23.8%	9.5%	0.0%	0.0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	66.7%	19.0%	14.3%	0.0%	0.0%
4. Receiving focused training on management of patients with chronic pain	57.1%	23.8%	19.0%	0.0%	0.0%
5. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	61.9%	28.6%	9.5%	0.0%	0.0%
6. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	71.4%	28.6%	0.0%	0.0%	0.0%
7. Having a Practice Facilitator on-site to work with you and your staff	66.7%	23.8%	4.8%	4.8%	0.0%
8. Receiving quarterly reports on your progress with respect to identified performance measures	71.4%	19.0%	4.8%	4.8%	0.0%
9. Receiving ongoing education and assistance after conclusion of the initial practice facilitation activities	80.0%	13.3%	6.7%	0.0%	0.0%

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

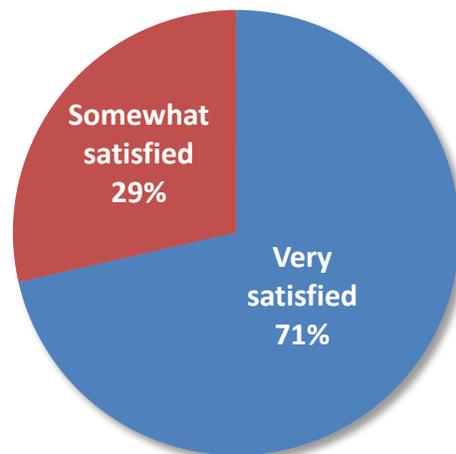
## Practice Facilitation Outcomes

Sixteen of the 21 respondents (76 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:

- Better education of patients with chronic conditions, including provision of educational materials (14 respondents)
- Improved documentation (11 respondents)
- Identification of tests/exams to manage chronic conditions (nine respondents)
- More frequent foot/eye exams and/or HbA1c testing of diabetic patients (nine respondents)
- Increased attention/diligence in use of charts (eight respondents)
- Better management of patients with chronic pain (six respondents)
- Use of flow sheets/forms provided by the practice facilitator or created through CareMeasures (five respondents)
- Increased staff involvement in chronic care workups (five respondents)

Sixteen of the respondents (76 percent) reported that their practice had become more effective in managing patients with chronic conditions because of their participation in practice facilitation. This translated into a high level of satisfaction with the overall practice facilitation experience; 15 respondents (71 percent) reported being “very satisfied” and the remaining six (29 percent) reported being “somewhat satisfied” (Exhibit 5-3).

**Exhibit 5-3 – Overall Satisfaction with Practice Facilitation Experience**



Consistent with this result, 19 of the 21 respondents (89 percent) said they would recommend the practice facilitation program to other physicians caring for patients with chronic conditions. (One provider would not recommend and one was not sure.)

### Health Coach Activities

Fourteen of the 21 respondents stated they had a health coach currently assigned to their practice. The 14 respondents were asked to rate the importance of the activities performed by the health coach. At least 12-out-of-14 rated each of the activities as “very important” (Exhibit 5-4).

**Exhibit 5-4 – Importance of Health Coaching Activities**

Health Coaching Activity	Level of Importance				
	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not sure
1. Learning about your patients and their health care needs	92.9%	7.1%	0.0%	0.0%	0.0%
2. Giving easy to understand instructions about taking care of health problems or concerns	85.7%	14.3%	0.0%	0.0%	0.0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	100.0%	0.0%	0.0%	0.0%	0.0%
4. Answering patient questions about their health	92.9%	7.1%	0.0%	0.0%	0.0%
5. Helping patients to talk to and work with you and practice staff	85.7%	14.3%	0.0%	0.0%	0.0%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	92.9%	7.1%	0.0%	0.0%	0.0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	92.9%	7.1%	0.0%	0.0%	0.0%
8. Reviewing patient medications and helping patients to manage their medications	100.0%	0.0%	0.0%	0.0%	0.0%

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

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 high, with at least 60 percent reporting being “very satisfied” or “somewhat satisfied” with each of the activities (Exhibit 5-5).

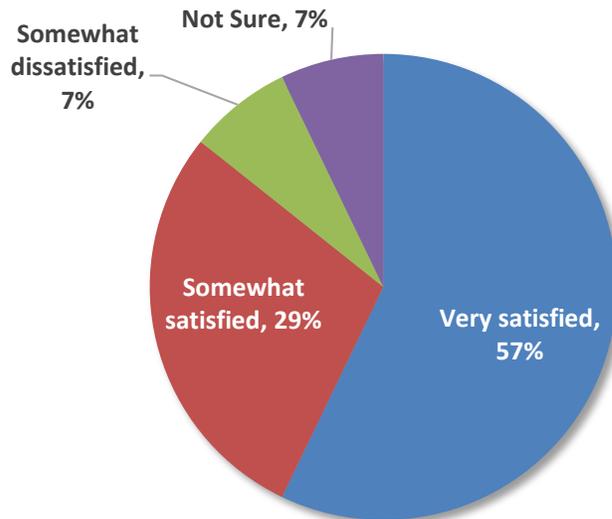
**Exhibit 5-5 – Satisfaction with Health Coaching Activities**

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	64.3%	21.4%	7.1%	0.0%	7.1%
2. Giving easy to understand instructions about taking care of health problems or concerns	64.3%	28.6%	0.0%	0.0%	7.1%
3. Helping patients to identify changes in their health that might be an early sign of a problem	57.1%	21.4%	0.0%	0.0%	21.4%
4. Answering patient questions about their health	57.1%	21.4%	0.0%	0.0%	21.4%
5. Helping patients to talk to and work with you and practice staff	57.1%	21.4%	0.0%	0.0%	21.4%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	42.9%	28.6%	0.0%	0.0%	28.6%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	35.7%	28.6%	7.1%	0.0%	28.6%
8. Reviewing patient medications and helping patients to manage their medications	42.9%	28.6%	0.0%	0.0%	28.6%

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

The providers' approval was further reflected in their overall satisfaction with having a health coach assigned to their practice. Eighty-six percent reported being either "very satisfied" or "somewhat satisfied" (Exhibit 5-6).

**Exhibit 5-6 – Overall Satisfaction with Health Coach**



Several respondents singled out their health coach by name for praise. One noted that the health coach had made a significant impact on the practice's management of patients with diabetes and/or hypertension.

In terms of suggestions, several providers recommended more communication, both at the executive level (for larger provider organizations) and in the form of periodic updates from 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 reasons cited for participating were to receive a baseline assessment of the practice's chronic care management processes and assistance in improving care management/patient outcomes. Over 90 percent credited the program with helping them to achieve both objectives.

Overall, 100 percent of providers described themselves as "very satisfied" or "somewhat satisfied" with their practice facilitation experience.

## 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 evaluates the impact of SoonerCare HMP practice facilitation on quality-of-care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation includes the same diagnosis-specific and population-wide preventive measures as used in the health coaching analysis presented in chapter 3.

### Methodology

In prior years, the practice facilitation quality-of-care analysis was performed using the same methodology as for the health coaching quality-of-care analysis. Members whose PCMH provider underwent practice facilitation represented the “treatment group”, while patients of all other practices throughout the State were candidates for inclusion in the “comparison group”.

The comparison group methodology proved less informative for the practice facilitation evaluation than for the health coaching evaluation. The large universe of members in both the treatment and comparison groups led to findings of statistical significance even for very small differences in absolute rates.

In consultation with the OHCA and Telligen, PHPG adopted a pre-post methodology for the current evaluation. The pre-post method compared HEDIS rates within practices both in the 12 months prior to facilitation (including the facilitation month) and in the 12 months following the facilitation activities.

For example, if a practice underwent facilitation in January 2023, the pre-period would run from February 2022 – January 2023, while the post-period would run from February 2023 to January 2024. Practices with a start month later than December 2023 were omitted from the analysis as they would not have enough post-facilitation months to evaluate.

Telligen provided PHPG with the practice facilitation start dates for all sites back to July 2019. The Telligen roster also identified any diagnoses that were a focus of the facilitation. As an initial test of the new methodology, PHPG selected the two most prevalent chronic conditions for analysis: diabetes and hypertension. Practices that selected both diagnoses were included in both parts of the evaluation.

The analysis included five measures across the two conditions:

- Diabetes measures
  - Percentage of members who had LDL-C screening
  - Percentage of members who had Hemoglobin A1c (HbA1c) testing
  - Percentage of members who received medical attention for nephropathy
- Hypertension measures
  - Percentage of members who had LDL-C screening
  - Percentage of members prescribed ACE/ARB therapy

Claims were sorted by rendering provider. PHPG calculated HEDIS rates for members in each time period who had at least three paid claims at a practice. The universe of members was not limited to those who were seen in both periods. Members who received health coaching were retained in the analysis to get a complete measure of any changes in the practice's HEDIS performance rates.

T-tests were used to evaluate pre- and post-facilitation HEDIS rates, with statistically significant results reported based on  $p \leq 0.05$ . Results in the body of the report are presented in the aggregate for all calendar years.

## General Findings

The analysis proved inconclusive overall. Practices in the aggregate did not demonstrate improvement in HEDIS rates between the pre- and post-facilitation time periods, although the results were not uniform. Some practices did show improvement while others did not.

Results for the two conditions are presented starting on the following page. Pre- and post-rates are shown at both the aggregate and individual practice level.

(PHPG also performed the analysis on all practice facilitation sites with one or more diabetes and/or hypertension patients, regardless of the practice's area of focus. The results were very similar.)

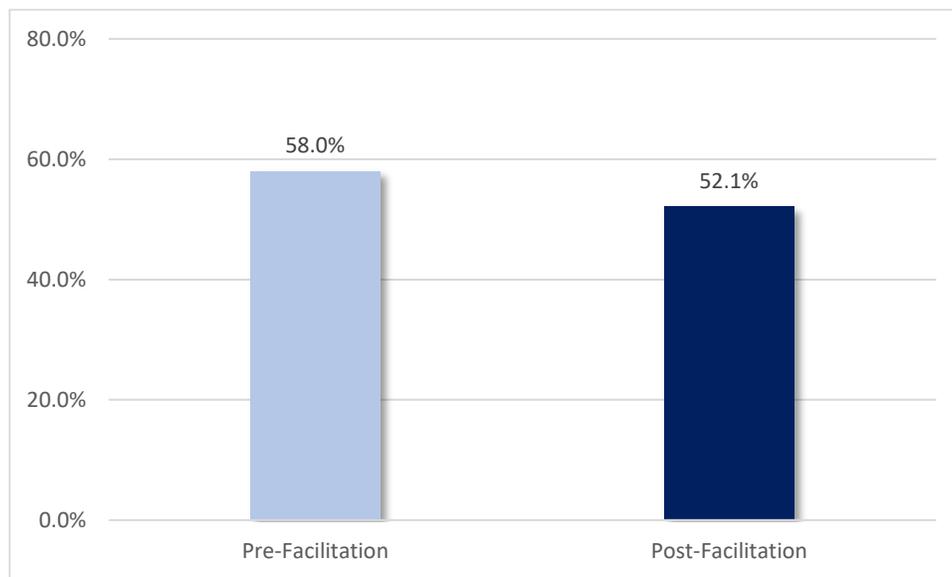
One contributing factor to the results may have been the outbreak of the COVID-19 PHE, which occurred shortly after a significant number of practices underwent facilitation. The post-facilitation period for these practices likely was affected by the delay and cancellation of physician office visits during much of 2020. The practice-specific exhibits identify those that underwent facilitation between October 2019 and March 2020 and present results excluding those facilities, along with the rates for all facilities with a diabetes or hypertension focus.

## Diabetes Measure – Percentage of Members who had LDL-C Screening

**Measure Description:** Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had LDL-C performed.

**Pre- and Post-Facilitation Findings:** Fifty-eight percent of practice facilitation members in the 12 months prior to facilitation (including facilitation month) and 54 percent in the 12 months after facilitation were compliant on this measure (Exhibit 6-1).

**Exhibit 6-1 – Percentage of Members who had LDL-C Screening Pre- and Post-Facilitation – All Practices with Diabetes Focus**



The difference between the two periods was statistically significant at a 95 percent confidence level (Exhibit 6-2).

Exhibit 6-2 – Practice Facilitation – Diabetes – LDL-C - Statistical Significance Test				
Pre-Facilitation	Post-Facilitation	Change	P-Value	Significant?
58.0%	54.0%	(4.0%)	.0284	Yes

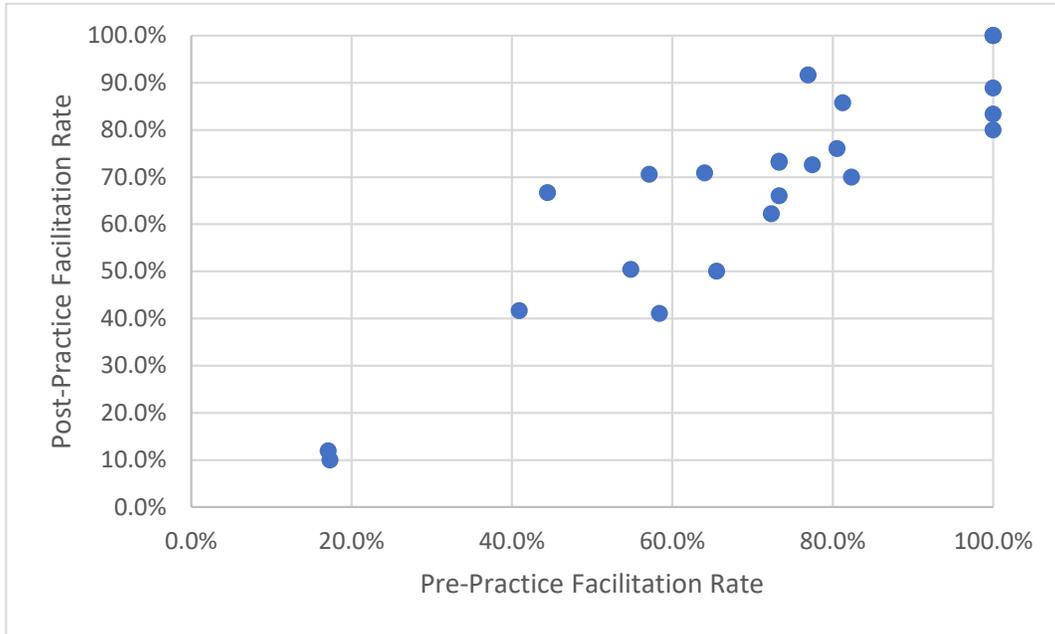
Practice-specific results are presented in Exhibit 6 – 3 on the following page (table) and Exhibit 6 – 4 on the second following page (scatterplot).

**Exhibit 6-3 – Percentage of Members who had LDL-C Screening  
Pre- and Post-Facilitation – Individual Practice Results**

Practice	Patient Count		HEDIS Rate		Change
	Pre-PF	Post-PF	Pre-PF	Post-PF	
Altus Premier Health Clinic	113	117	58.4%	41.0%	-17.4%
Caring Hands- Hartshorne	9	9	100.0%	88.9%	-11.1%
Central Oklahoma Family Medical Center – Konawa	47	45	72.3%	62.2%	-10.1%
Choctaw Nation - Rubin White (Poteau)*	75	70	17.3%	10.0%	-7.3%
Choctaw Nation-Talihina*	152	151	17.1%	11.9%	-5.2%
Duncan Family Care (Park Clinic)	114	134	64.0%	70.9%	6.9%
Duncan Medical Associates	124	137	54.8%	50.4%	-4.4%
East Central Oklahoma Family Health Center-Henryetta	21	23	100.0%	100.0%	--
East Central Oklahoma Family Health Center-Wetumka	17	10	82.4%	70.0%	-12.4%
East Central Oklahoma Family Health Center-Wewoka	1	1	100.0%	100.0%	--
Family Care Center of Durant	45	53	73.3%	66.0%	-7.3%
Kiamichi Family Medical Center-Battiest	15	15	73.3%	73.3%	--
Kiamichi Family Medical Center-Broken Bow	21	34	57.1%	70.6%	13.5%
Kiamichi Family Medical Center-Hugo	22	24	40.9%	41.7%	0.8%
Kiamichi Family Medical Center-Idabel	72	50	80.6%	76.0%	-4.6%
LCHC Comanche*	6	6	100.0%	83.3%	-16.7%
LCHC Eastside*	9	12	44.4%	66.7%	22.3%
LCHC Main (Lawton Community Health Ctr)*	133	146	77.4%	72.6%	-4.8%
LCHC Marlow*	4	6	100.0%	100.0%	--
LCHC Midtown*	29	40	65.5%	50.0%	-15.5%
LCHC Primary Care Clinic*	30	26	73.3%	73.1%	-0.2%
Pushmataha Family Med Center-Boswell*	4	5	100.0%	80.0%	-20.0%
Pushmataha Family Med Center-Clayton*	13	12	76.9%	91.7%	14.8%
South Central Medical and Resource Center Lindsay *	16	21	81.3%	85.7%	4.4%
<b>TOTAL – All facilities on list</b>	<b>1,092</b>	<b>1,147</b>	<b>58.0%</b>	<b>54.0%</b>	<b>-4.0%</b>
<i>TOTAL – Excluding starred facilities</i>	<b>621</b>	<b>652</b>	<b>65.9%</b>	<b>60.9%</b>	<b>-5.0%</b>

\* Facilitation occurred between October 2019 and March 2020

**Exhibit 6-4 – Percentage of Members who had LDL-C Screening  
Pre- and Post-Facilitation – Scatterplot**

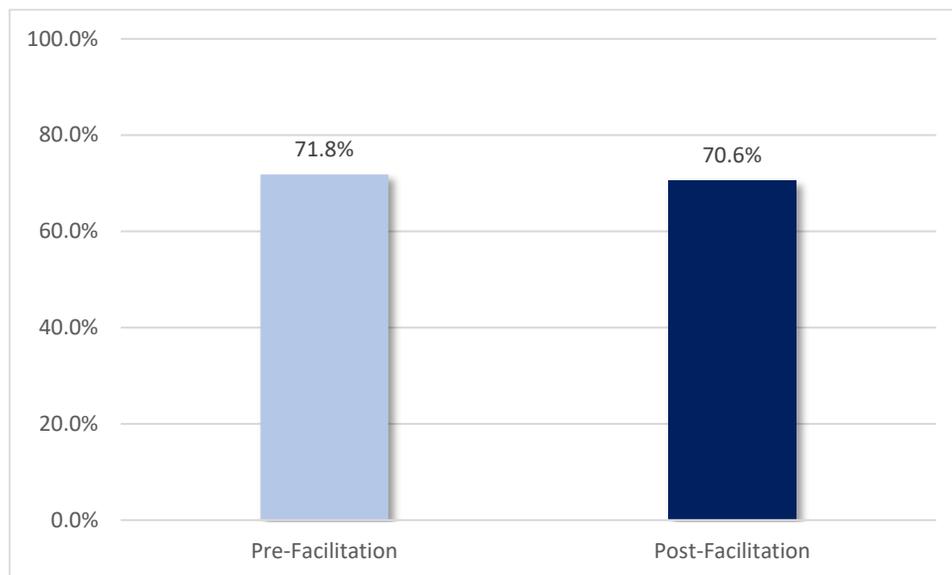


## Diabetes Measure – Percentage of Members who had HbA1c Testing

**Measure Description:** Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing performed.

**Pre- and Post-Facilitation Findings:** Approximately 72 percent of practice facilitation members in the 12 months prior to facilitation (including facilitation month) and 71 percent in the 12 months after facilitation were compliant on this measure (Exhibit 6-5).

**Exhibit 6-5 – Percentage of Members who had HbA1c Testing Pre- and Post-Facilitation – All Practices with Diabetes Focus**



The difference between the two periods was not statistically significant at a 95 percent confidence level (Exhibit 6-6).

Exhibit 6-6 – Practice Facilitation – Diabetes – HbA1c – Statistical Significance Test				
Pre-Facilitation	Post-Facilitation	Change	P-Value	Significant?
71.8%	70.6%	(1.2%)	.2655	No

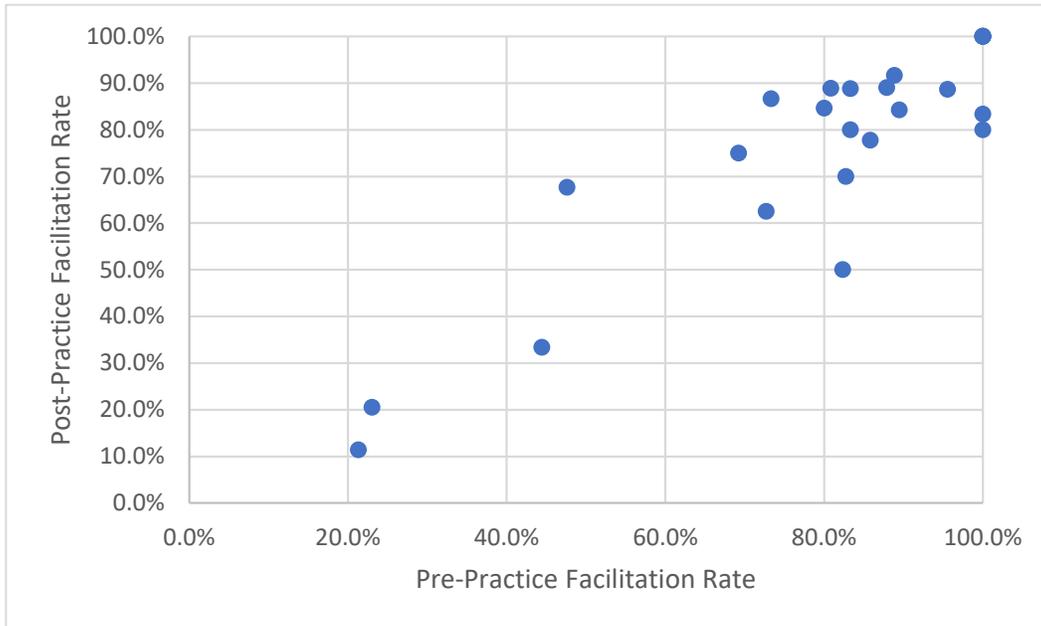
Practice-specific results are presented in Exhibit 6 – 7 on the following page (table) and Exhibit 6 – 8 on the second following page (scatterplot).

**Exhibit 6-7 – Percentage of Members who had HbA1c Testing  
Pre- and Post-Facilitation – Individual Practice Results**

Practice	Patient Count		HEDIS Rate		Change
	Pre-PF	Post-PF	Pre-PF	Post-PF	
Altus Premier Health Clinic	113	117	85.8%	77.8%	-8.1%
Caring Hands- Hartshorne	9	9	44.4%	33.3%	-11.1%
Central Oklahoma Family Medical Center – Konawa	47	45	80.9%	88.9%	8.0%
Choctaw Nation - Rubin White (Poteau)*	75	70	21.3%	11.4%	-9.9%
Choctaw Nation-Talihina*	152	151	23.0%	20.5%	-2.5%
Duncan Family Care (Park Clinic)	114	134	83.3%	88.8%	5.5%
Duncan Medical Associates	124	137	87.9%	89.1%	1.1%
East Central Oklahoma Family Health Center-Henryetta	21	23	100.0%	100.0%	--
East Central Oklahoma Family Health Center-Wetumka	17	10	82.4%	50.0%	-32.4%
East Central Oklahoma Family Health Center-Wewoka	1	1	100.0%	100.0%	--
Family Care Center of Durant	45	53	95.6%	88.7%	-6.9%
Kiamichi Family Medical Center-Battiest	15	15	73.3%	86.7%	13.3%
Kiamichi Family Medical Center-Broken Bow	21	34	47.6%	67.6%	20.0%
Kiamichi Family Medical Center-Hugo	22	24	72.7%	62.5%	-10.2%
Kiamichi Family Medical Center-Idabel	72	50	83.3%	80.0%	-3.3%
LCHC Comanche*	6	6	100.0%	83.3%	-16.7%
LCHC Eastside*	9	12	88.9%	91.7%	2.8%
LCHC Main (Lawton Community Health Ctr)*	133	146	89.5%	84.2%	-5.2%
LCHC Marlow*	4	6	100.0%	100.0%	--
LCHC Midtown*	29	40	82.8%	70.0%	-12.8%
LCHC Primary Care Clinic*	30	26	80.0%	84.6%	4.6%
Pushmataha Family Med Center-Boswell*	4	5	100.0%	80.0%	-20.0%
Pushmataha Family Med Center-Clayton*	13	12	69.2%	75.0%	5.8%
South Central Medical and Resource Center Lindsay *	16	21	100.0%	100.0%	--
<b>TOTAL – All facilities on list</b>	<b>1,092</b>	<b>1,147</b>	<b>71.8%</b>	<b>70.6%</b>	<b>-1.2%</b>
<i>TOTAL – Excluding starred facilities</i>	<b>621</b>	<b>652</b>	<b>83.6%</b>	<b>83.1%</b>	<b>-0.5%</b>

\* Facilitation occurred between October 2019 and March 2020

**Exhibit 6-8 – Percentage of Members who had HbA1c Testing  
Pre- and Post-Facilitation – Scatterplot**

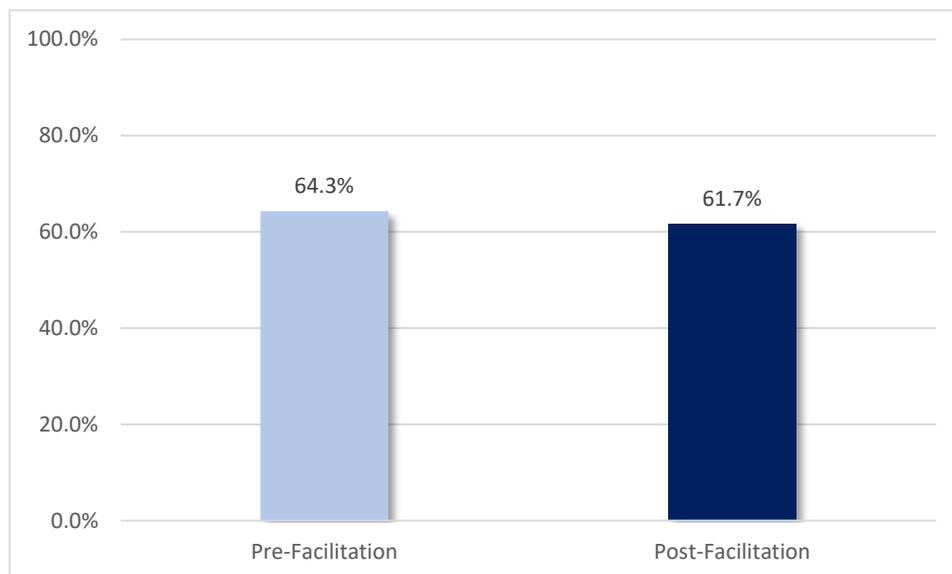


## Diabetes Measure – Percentage of Members who Received Medical Attention for Nephropathy

**Measure Description:** Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who received medical attention for nephropathy.

**Pre- and Post-Facilitation Findings:** Approximately 64 percent of practice facilitation members in the 12 months prior to facilitation (including facilitation month) and 62 percent in the 12 months after facilitation were compliant on this measure (Exhibit 6-9).

**Exhibit 6-9 – Percentage of Members who Received Medical Attention for Nephropathy Pre- and Post-Facilitation – All Practices with Diabetes Focus**



The difference between the two periods was not statistically significant at a 95 percent confidence level (Exhibit 6-10).

Exhibit 6-10 – Practice Facilitation – Diabetes – Nephropathy – Statistical Significance Test				
Pre-Facilitation	Post-Facilitation	Change	P-Value	Significant?
64.3%	61.7%	(2.6%)	.1015	No

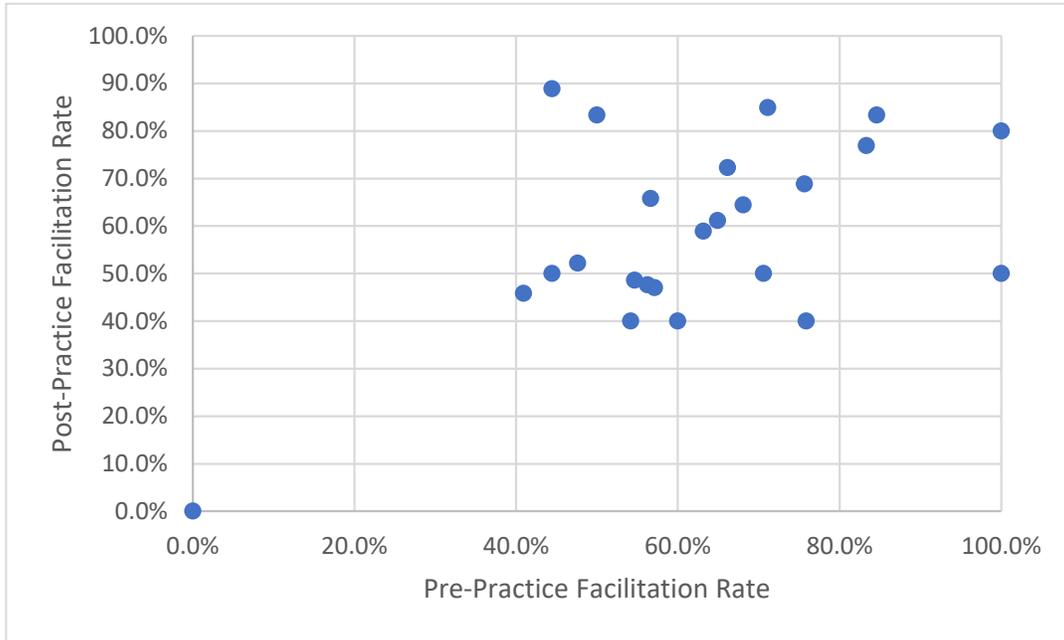
Practice-specific results are presented in Exhibit 6 – 11 on the following page (table) and Exhibit 6 – 12 on the second following page (scatterplot).

**Exhibit 6-11 – Percentage of Members who Received Medical Attention for Nephropathy  
Pre- and Post-Facilitation – Individual Practice Results**

Practice	Patient Count		HEDIS Rate		Change
	Pre-PF	Post-PF	Pre-PF	Post-PF	
Altus Premier Health Clinic	113	117	56.6%	65.8%	9.2%
Caring Hands- Hartshorne	9	9	44.4%	88.9%	44.4%
Central Oklahoma Family Medical Center – Konawa	47	45	68.1%	64.4%	-3.6%
Choctaw Nation - Rubin White (Poteau)*	75	70	54.7%	48.6%	-6.1%
Choctaw Nation-Talihina*	152	151	75.7%	68.9%	-6.8%
Duncan Family Care (Park Clinic)	114	134	64.9%	61.2%	-3.7%
Duncan Medical Associates	124	137	66.1%	72.3%	6.1%
East Central Oklahoma Family Health Center-Henryetta	21	23	47.6%	52.2%	4.6%
East Central Oklahoma Family Health Center-Wetumka	17	10	70.6%	50.0%	-20.6%
East Central Oklahoma Family Health Center-Wewoka	1	1	--	--	--
Family Care Center of Durant	45	53	71.1%	84.9%	13.8%
Kiamichi Family Medical Center-Battiest	15	15	60.0%	40.0%	-20.0%
Kiamichi Family Medical Center-Broken Bow	21	34	57.1%	47.1%	-10.1%
Kiamichi Family Medical Center-Hugo	22	24	40.9%	45.8%	4.9%
Kiamichi Family Medical Center-Idabel	72	50	54.2%	40.0%	-14.2%
LCHC Comanche*	6	6	100.0%	50.0%	-50.0%
LCHC Eastside*	9	12	44.4%	50.0%	5.6%
LCHC Main (Lawton Community Health Ctr)*	133	146	63.2%	58.9%	-4.3%
LCHC Marlow*	4	6	50.0%	83.3%	33.3%
LCHC Midtown*	29	40	75.9%	40.0%	-35.9%
LCHC Primary Care Clinic*	30	26	83.3%	76.9%	-6.4%
Pushmataha Family Med Center-Boswell*	4	5	100.0%	80.0%	-20.0%
Pushmataha Family Med Center-Clayton*	13	12	84.6%	83.3%	-1.3%
South Central Medical and Resource Center Lindsay *	16	21	56.3%	47.6%	-8.6%
<b>TOTAL – All facilities on list</b>	<b>1,092</b>	<b>1,147</b>	<b>64.3%</b>	<b>61.7%</b>	<b>-2.6%</b>
<i>TOTAL – Excluding starred facilities</i>	<b>621</b>	<b>652</b>	<b>61.0%</b>	<b>62.9%</b>	<b>1.9%</b>

\* Facilitation occurred between October 2019 and March 2020

**Exhibit 6-12 – Percentage of Members who Received Medical Attention for Nephropathy  
Pre- and Post-Facilitation – Scatterplot**

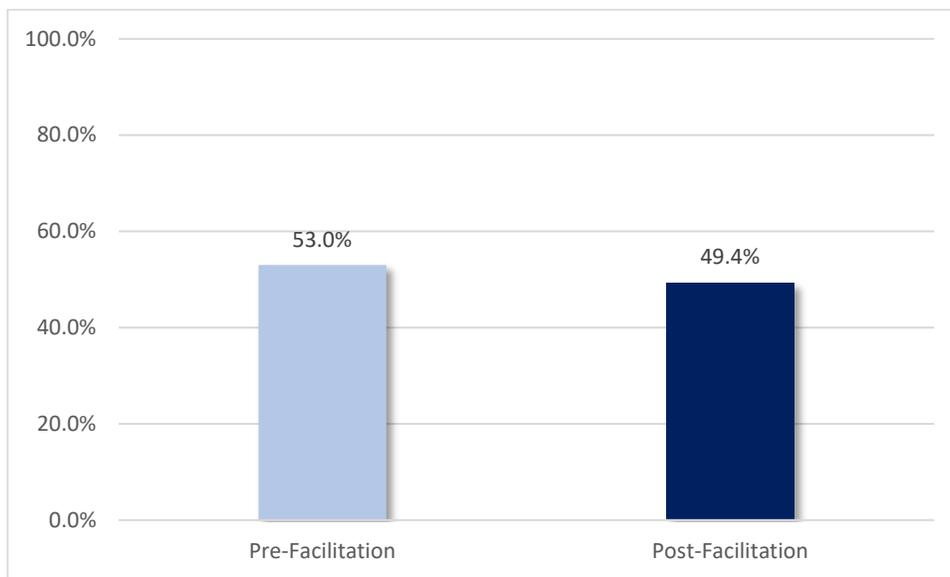


## Hypertension Measure – Percentage of Members who had LDL-C Screening

**Measure Description:** Percentage of members 18 years of age and older with hypertension who had an LDL-C test performed.

**Pre- and Post-Facilitation Findings:** Approximately 57 percent of practice facilitation members in the 12 months prior to facilitation (including facilitation month) and 52 percent in the 12 months after facilitation were compliant on this measure (Exhibit 6-13).

**Exhibit 6-13 – Percentage of Members who had LDL-C Screening Pre- and Post-Facilitation – All Practices with a Hypertension Focus**



The difference between the two periods was statistically significant at a 95 percent confidence level (Exhibit 6-14).

Exhibit 6-14 – Practice Facilitation – Hypertension – LDL-C – Statistical Significance Test				
Pre-Facilitation	Post-Facilitation	Change	P-Value	Significant?
53.0%	49.4%	(3.6%)	.0183	Yes

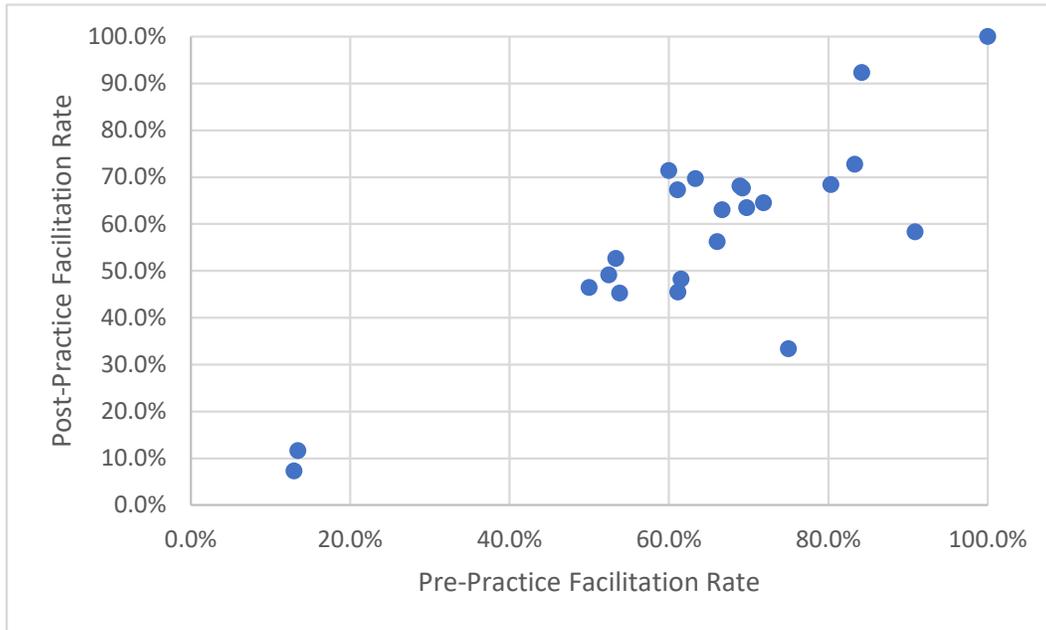
Practice-specific results are presented in Exhibit 6 – 15 on the following page (table) and Exhibit 6 – 16 on the second following page (scatterplot).

**Exhibit 6-15 – Percentage of Members who had LDL-C Screening  
Pre- and Post-Facilitation – Individual Practice Results**

Practice	Patient Count		HEDIS Rate		Change
	Pre-PF	Post-PF	Pre-PF	Post-PF	
Altus Premier Health Clinic	184	219	53.8%	45.2%	-8.6%
Caring Hands- Hartshorne	19	13	84.2%	92.3%	8.1%
Central Oklahoma Family Medical Center - Konawa	51	46	66.7%	63.0%	-3.6%
Choctaw Nation - Rubin White (Poteau)*	131	123	13.0%	7.3%	-5.7%
Choctaw Nation-Talihina*	201	198	13.4%	11.6%	-1.8%
Duncan Family Care (Park Clinic)	203	223	61.1%	67.3%	6.2%
Duncan Medical Associates	265	281	52.5%	49.1%	-3.3%
East Central Oklahoma Family Health Center-Henryetta	27	27	100.0%	100.0%	--
East Central Oklahoma Family Health Center-Wetumka	18	11	83.3%	72.7%	-10.6%
Family Care Center of Durant	86	93	69.8%	63.4%	-6.3%
Kiamichi Family Medical Center-Battiest	18	11	61.1%	45.5%	-15.7%
Kiamichi Family Medical Center-Broken Bow	26	34	69.2%	67.6%	-1.6%
Kiamichi Family Medical Center-Hugo	28	28	50.0%	46.4%	-3.6%
Kiamichi Family Medical Center-Idabel	61	38	80.3%	68.4%	-11.9%
LCHC Comanche*	4	3	75.0%	33.3%	-41.7%
LCHC Eastside*	11	12	90.9%	58.3%	-32.6%
LCHC Main (Lawton Community Health Ctr)*	132	141	68.9%	68.1%	-0.9%
LCHC Marlow*	15	7	60.0%	71.4%	11.4%
LCHC Midtown*	65	56	61.5%	48.2%	-13.3%
LCHC Primary Care Clinic*	53	48	66.0%	56.3%	-9.8%
Pushmataha Family Med Center-Boswell*	15	19	53.3%	52.6%	-0.7%
Pushmataha Family Med Center-Clayton*	32	31	71.9%	64.5%	-7.4%
South Central Medical and Resource Center Lindsay*	30	33	63.3%	69.7%	6.4%
<b>TOTAL – All facilities on list</b>	<b>1,675</b>	<b>1,695</b>	<b>53.0%</b>	<b>49.4%</b>	<b>-5.6%</b>
<i>TOTAL – Excluding starred facilities</i>	<b>986</b>	<b>1,024</b>	<b>61.5%</b>	<b>57.5%</b>	<b>-5.0%</b>

\* Facilitation occurred between October 2019 and March 2020

**Exhibit 6-16 – Percentage of Members who had LDL-C Screening  
Pre- and Post-Facilitation – Scatterplot**

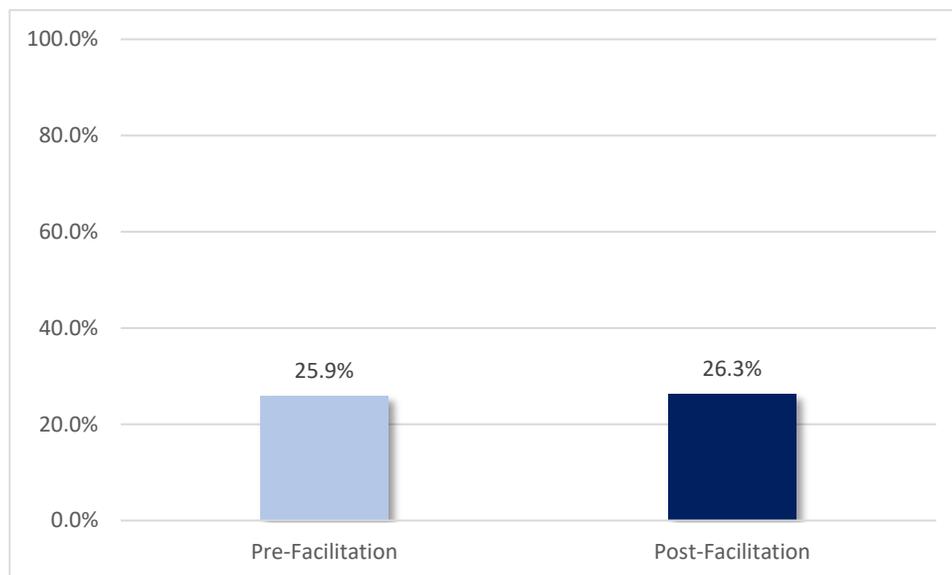


## Hypertension Measure – Percentage of Members Prescribed ACE/ARB Therapy

**Measure Description:** Percentage of members 18 years of age and older with hypertension who were prescribed angiotensin converting enzyme inhibitors or angiotensin receptor blockers (ACE/ARB therapy).

**Pre- and Post-Facilitation Findings:** Approximately 26 percent of practice facilitation members in the 12 months prior to facilitation (including facilitation month) and 26 percent in the 12 months after facilitation were compliant on this measure (Exhibit 6-17).

**Exhibit 6-17 – Percentage of Members Prescribed ACE/ARB Therapy Pre- and Post-Facilitation – All Practices with a Hypertension Focus**



The difference between the two periods was not statistically significant at a 95 percent confidence level (Exhibit 6-18).

Exhibit 6-18 – Practice Facilitation – Hypertension – ACE/ARB Therapy – Statistical Significance Test				
Pre-Facilitation	Post-Facilitation	Change	P-Value	Significant?
25.9%	26.3%	0.4%	.3957	No

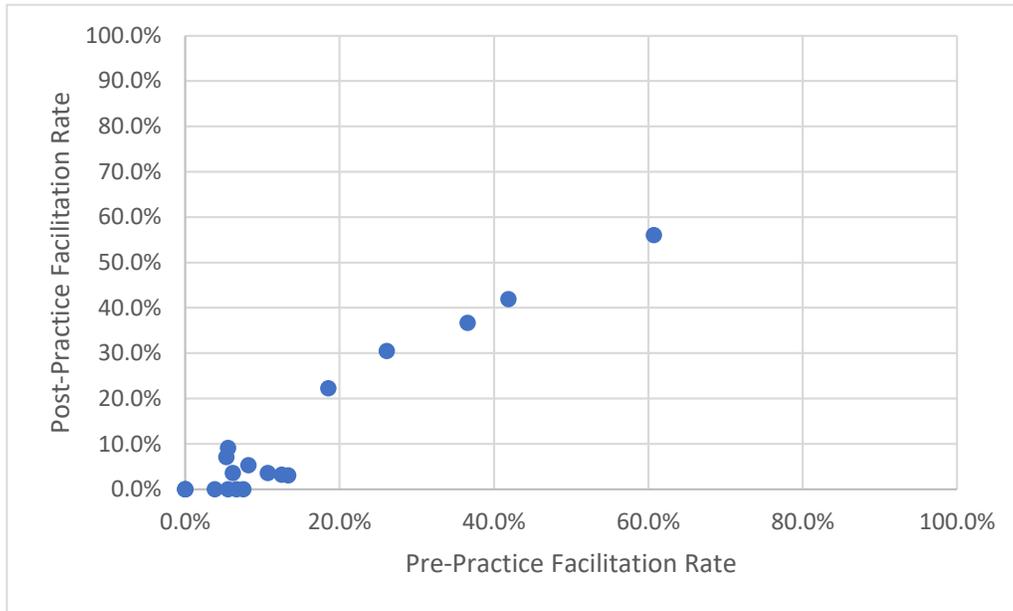
Practice-specific results are presented in Exhibit 6 – 19 on the following page (table) and Exhibit 6 – 20 on the second following page (scatterplot).

**Exhibit 6-19 – Percentage of Members Prescribed ACE/ARB Therapy  
Pre- and Post-Facilitation – Individual Practice Results**

Practice	Patient Count		HEDIS Rate		Change
	Pre-PF	Post-PF	Pre-PF	Post-PF	
Altus Premier Health Clinic	184	219	26.1%	27.9%	1.8%
Caring Hands- Hartshorne	19	13	--	--	--
Central Oklahoma Family Medical Center - Konawa	51	46	2.0%	10.9%	8.9%
Choctaw Nation - Rubin White (Poteau)*	131	123	28.2%	28.5%	0.2%
Choctaw Nation-Talihina*	201	198	60.7%	56.1%	-4.6%
Duncan Family Care (Park Clinic)	203	223	26.1%	30.5%	4.4%
Duncan Medical Associates	265	281	36.6%	36.7%	0.1%
East Central Oklahoma Family Health Center-Henryetta	27	27	18.5%	22.2%	3.7%
East Central Oklahoma Family Health Center-Wetumka	18	11	5.6%	9.1%	3.5%
Family Care Center of Durant	86	93	41.9%	41.9%	0.1%
Kiamichi Family Medical Center-Battiest	18	11	5.6%	--	-5.6%
Kiamichi Family Medical Center-Broken Bow	26	34	3.8%	--	-3.8%
Kiamichi Family Medical Center-Hugo	28	28	10.7%	3.6%	-7.1%
Kiamichi Family Medical Center-Idabel	61	38	8.2%	5.3%	-2.9%
LCHC Comanche*	4	3	--	--	--
LCHC Eastside*	11	12	--	--	--
LCHC Main (Lawton Community Health Ctr)*	132	141	5.3%	7.1%	1.8%
LCHC Marlow*	15	7	6.7%	--	-6.7%
LCHC Midtown*	65	56	6.2%	3.6%	-2.6%
LCHC Primary Care Clinic*	53	48	7.5%	--	-7.5%
Pushmataha Family Med Center-Boswell*	15	19	--	--	--
Pushmataha Family Med Center-Clayton*	32	31	12.5%	3.2%	-9.3%
South Central Medical and Resource Center Lindsay*	30	33	13.3%	3.0%	-10.3%
<b>TOTAL – All facilities on list</b>	<b>1,675</b>	<b>1,695</b>	<b>25.9%</b>	<b>26.3%</b>	<b>0.4%</b>
<i>TOTAL – Excluding starred facilities</i>	<b>986</b>	<b>1,024</b>	<b>25.5%</b>	<b>27.9%</b>	<b>2.4%</b>

\* Facilitation occurred between October 2019 and March 2020

**Exhibit 6-20 – Percentage of Members Prescribed ACE/ARB Therapy  
Pre- and Post-Facilitation – Scatterplot**



## Summary of Key Findings

The SoonerCare HMP practice facilitation beneficiary population did not, in the aggregate, demonstrate improvement in HEDIS ratings for the two conditions tested. The results varied by practice, with some showing improvement while others comprising the majority did not.

PHPG noted that tribal health care providers were represented among the practices that failed to improve, which may have been at least partly an artifact of the billing procedures for these organizations. Tribal providers received an encounter rate regardless of the specific services rendered, making it less important that the claim contain the same level of detail as normally is found on a standard fee-for-service claim. However, tribal provider billing practices would be likely to lower the reported rate in both periods, making its overall impact uncertain.

The purpose of the exercise was to determine if a pre- post-analysis would yield more definitive results than a comparison group test. PHPG will consult with the OHCA and Telligen about any potential refinements to the methodology to strengthen the power of the analysis and/or additional conditions to test.

The OHCA and Telligen also may wish to examine the practice-level results to identify any factors that explain the difference in outcomes, including exogenous factors (such as the tribal billing issue) that may be outside of Telligen's control. Conversely, there may be lessons within the successful practices that are transferable to other providers who participate(d) in practice facilitation.

## CHAPTER 7 – SOONERCARE HMP RETURN-ON-INVESTMENT

### Introduction

The SoonerCare HMP's value 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 can be quantified financially, in terms of the program's return-on-investment to the OHCA.

### Program Administration

PHPG examined the program's return-on-investment (ROI) for the 2020 – 2024 period, by comparing administrative expenditures to medical savings. This includes both Telligen and OHCA administrative expenditures.

Telligen expenses encompass health coaching and practice facilitation activities. PHPG performed the primary ROI analysis for the health coaching portion of the program, as this is the component intended to have a direct impact on participant service utilization and cost. The analysis also was performed inclusive of practice facilitation administrative dollars.)

Program administrative expenses are documented below and include Telligen invoice amounts and OHCA direct and indirect expenses (Exhibit 7-1 on the following page). Telligen expenses, as derived from invoices submitted to the OHCA, cover both direct staffing and central office expenditures<sup>52</sup>. OHCA expenses include SoonerCare HMP unit salary/benefit costs and an estimate of allocated OHCA overhead<sup>53,54</sup>. PMPM amounts are calculated using health coaching participant member months<sup>55</sup>.

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<sup>52</sup> Health coaching is defined to include both health coaches and resource navigators. Central office expenses are allocated based on the percentage of total direct staff salary costs (health coaching + practice facilitation) attributable to health coaching.

<sup>53</sup> Calculated based on SoonerCare HMP unit's percentage of total agency staffing costs. Percentage was applied to agency non-staffing costs to determine SoonerCare HMP unit's allocated portion.

<sup>54</sup> One-half of OHCA expenses were applied to the health coaching ROI analysis; the other half were applied to the total calculations described later.

<sup>55</sup> Unduplicated enrollment each year annualized using 12 member months. (All participants included in each year's analysis were enrolled in SoonerCare Choice for the entire 12-month period; actual SoonerCare HMP enrollment was in some instances less than 12 months.)

**Exhibit 7-1 – SoonerCare HMP Administrative Expense**

<b>Cost Component</b>	<b>2020 – 2024 Aggregate Dollars<sup>56</sup></b>	<b>PMPM<sup>57</sup></b>
<b>Health Coaching</b>		
OHCA SoonerCare HMP unit salaries/benefits and allocated overhead – health coaching portion <sup>58</sup>	\$952,307	\$2.69
Telligen - health coaches	\$12,367,015	\$34.97
Telligen – other staff and central operations allocated to health coaching	\$30,307,512	\$85.70
<b>Total Administrative Expense – health coaching-related (Five Years)</b>	<b>\$43,624,834</b>	<b>\$123.37</b>
<b>Practice Facilitation</b>		
OHCA SoonerCare HMP unit salaries/benefits and allocated overhead – practice facilitation portion <sup>59</sup>	\$925,307	\$2.69
Telligen – practice facilitators	\$4,186,380	\$11.84
Telligen – other staff and central operations allocated to practice facilitation	\$9,453,183	\$60.59
<b>Total Administrative Expense – practice facilitation - related (Five Years)</b>	<b>\$14,564,870</b>	<b>\$75.12</b>
<b>Total Administrative Expense – health coaching and practice facilitation (Five Years)</b>	<b>\$58,218,703</b>	<b>\$164.63</b>

PMPM totals may not match sum of components due to rounding.

**Note: Average annual administrative expense related to health coaching was approximately \$8.7 million. Average annual expense in total was approximately \$11.6 million**

<sup>56</sup> Telligen invoice amounts are net of value-based payment (VBP) withholds. These revenues are contingent on Telligen meeting pre-established performance criteria related to cost effectiveness. The VBP reduction was applied against the health coaching line item.

<sup>57</sup> PMPM calculated by dividing member months into aggregate dollars. Five-year member month count was 353,640.

<sup>58</sup> OHCA 2022 salary and benefit information also used as estimate for 2023 - 2024. Expenses historically have been stable year-over-year.

<sup>59</sup> OHCA 2022 salary and benefit information also used as estimate for 2023 - 2024. Expenses historically have been stable year-over-year.

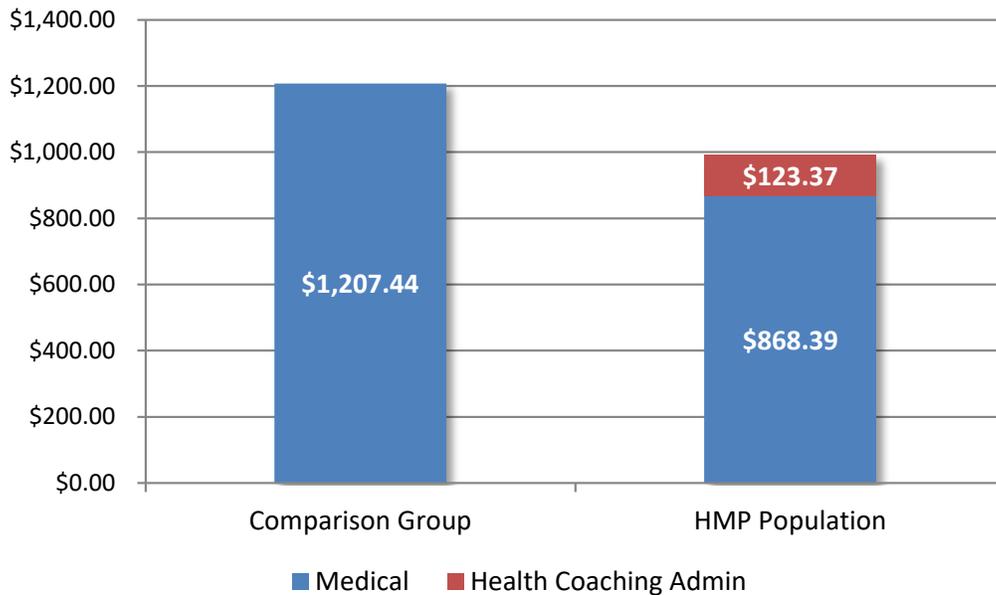
### Health Coaching Cost Effectiveness<sup>60</sup>

PHPG performed a cost effectiveness test for the health coaching component by comparing SoonerCare HMP participant costs to comparison group costs in 2020 – 2024, inclusive of applicable SoonerCare HMP administrative expenses (Telligen and OHCA). (Telligen practice facilitation administrative expenses were excluded from this portion of the analysis, but their impact is addressed in the return-on-investment analysis presented on the following page.)

As documented in chapter four, SoonerCare HMP health coaching participants, as a group, incurred average medical costs of \$868.39. The addition of \$123.37 in average PMPM administrative expenses results in total PMPM costs of \$991.76. Medical expenses accounted for approximately 88 percent of the total and administrative expenses for the other 12 percent.

The comparison group incurred average medical costs of \$1,207.44, as also depicted in chapter 4. Overall, SoonerCare HMP health coaching participant PMPM expenses, inclusive of health coaching and practice facilitation administrative costs, were 82.1 percent of the comparison group (Exhibit 7-2).

**Exhibit 7-2 – SoonerCare HMP Health Coaching PMPM Savings**



<sup>60</sup> PMPM and aggregate values may differ slightly due to rounding.

## Return-on-Investment

PHPG measured the SoonerCare HMP health coaching return-on-investment (ROI) by calculating gross medical savings (PMPM savings x member months) and applying administrative costs to determine the net savings amount.

The SoonerCare HMP health coaching component achieved net savings across the five-year period of approximately \$76.2 million. This equated to a return-on-investment of 174.8 percent, as shown in the top row of Exhibit 7-3.

The results were an improvement over the prior year’s analysis and due primarily to an accelerated inflation rate for the comparison group population. The transition of the non-ABD population to SoonerSelect contributed to a sharp increase in the comparison group PMPM. The SoonerCare HMP population’s PMPM also increased but by a lesser amount.

The improved results may in part reflect the greater potential impact of health coaching on ABD versus non-ABD beneficiaries. However, it will be important to observe whether the trend continues or is influenced to some extent by year-over-year variability in the population.

**Exhibit 7-3 – SoonerCare HMP ROI (State and Federal Dollars)**

Test	Medical Savings	Administrative Costs	Net Savings	Return-on-Investment
ROI – Health Coaching	\$119,901,642	(\$43,626,834)	\$76,274,808	174.8%
ROI – Total	\$119,901,642	(\$58,218,703)	\$61,682,939	106.0%

PHPG also calculated the ROI inclusive of practice facilitation expenses, as shown in the bottom row of Exhibit 7-3. Although the analysis shown in chapter seven was inconclusive as to the effect of practice facilitation on HEDIS performance measures, this likely understates the positive impact of practice facilitation on the SoonerCare HMP and overall delivery system.

Practice facilitators assist providers to improve their entire patient care management system, which benefits all patients regardless of payer. The SoonerCare HMP’s value to the health care system therefore carries over to Medicare, commercial and self-pay patients. This system-wide impact supports the OHCA’s role as an integral player in the State’s long-term efforts to improve the health of all Oklahomans.

With this caveat in mind, if health coaching and practice facilitation costs are combined, the net savings equal approximately \$61.7 million, for a return-of-investment of 106.0 percent.

## **APPENDIX A – HEALTH COACHING PARTICIPANT SURVEY INSTRUMENT**

Appendix A includes the advance letter sent to SoonerCare HMP participants and initial (baseline) survey instrument. (The follow-up survey does not re-ask members why they joined the program.)



Kevin S. Corbett  
CHIEF EXECUTIVE OFFICER

J. KEVIN STITT  
GOVERNOR

STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

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

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

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

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

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

We look forward to speaking with you soon.

*Note: Letterhead was updated in 2023 upon appointment of a new OHCA CEO.*

## SOONERCARE HMP MEMBER SURVEY - INITIAL

### 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?<sup>61</sup>
  - 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 Q48]

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<sup>61</sup> 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.

- 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]
5. Are you still participating today in the SoonerCare Health Management Program?
- a. Yes
  - b. No → [GO TO Q46]
  - 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 → [GO TO Q19]
  - f. Have not been contacted – enrolled two to four weeks ago → [GO TO Q19]
  - g. Have not been contacted – enrolled more than four weeks ago → [GO TO Q19]
  - h. Don't Know/Not Sure
11. Can you tell me the name of your Health Coach?
- a. Yes. RECORD: \_\_\_\_\_
  - b. No
12. What is the usual way you have contact with your Health Coach? [READ OPTIONS; IF MULTIPLE METHODS, ASK FOR MOST COMMON]
- a. In person at the doctor's office
  - b. In person at home or another location [IF ANOTHER LOCATION, DOCUMENT IN "e"]
  - c. Telephone call
  - d. Text messaging
  - e. Other [SPECIFY] \_\_\_\_\_
  - f. Don't Know/Not Sure

13. About when was the last time you had contact with 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 Q15]
  - f. Don't know/Not Sure → [GO TO Q15]
14. Was your contact with your Health Coach in person, through a phone call or through a text message?
- a. Telephone call
  - b. Text message
  - c. In-person
  - d. Don't Know/Not Sure
15. Did your Health Coach give you a telephone number to call or text if you needed help with your care?
- a. Yes
  - b. No → [GO TO Q19]
  - c. Don't Know/Not Sure → [GO TO Q19]
16. Have you tried to call or text your Health Coach at the number you were given?
- a. Yes – called
  - b. Yes - texted
  - c. No → [GO TO Q19]
  - d. Don't Know/Not Sure → [GO TO Q19]
17. Thinking about the last time you called or texted your Health Coach, what was the reason?
- 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

18. Did you reach your Health Coach immediately? [IF NO] How quickly did you hear back?

- a. Reached immediately (at time of call or text)
- b. Heard back within one hour
- c. Heard back in more than one hour but same day
- d. Heard back the next day
- e. Heard back two or more days later
- f. Never heard back
- g. Other. SPECIFY: \_\_\_\_\_
- h. Don't Know/Not Sure

19. [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 Q34 (COMMUNITY RESOURCE SPECIALIST)] 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			

20. [ASK FOR EACH “YES” ACTIVITY IN Q19] 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, or 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 Q19a, ASK QUESTION 21. IF ANSWERED ‘NO’ OR ‘DK’, GO TO Q32.]**

21. 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 Q32]
- c. Don’t Know/Not Sure → [GO TO Q32]

22. Did you select an area where you would like to make a change?

- a. Yes
- b. No → [GO TO Q32]
- c. Don’t Know/Not Sure → [GO TO Q32]

23. 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

24. Did you and your Health Coach develop an Action Plan with Goals?

- a. Yes
- b. No → [GO TO Q32]
- c. Don't Know/Not Sure → [GO TO Q32]

25. Have you achieved one or more Goals in your Action Plan?

- a. Yes
- b. No → [GO TO Q28]
- c. Don't Know/Not Sure → [GO TO Q32]

26. What was the Goal you achieved?

- a. RECORD RESPONSE. \_\_\_\_\_
- b. Don't Know/Not Sure

27. Do you have a Goal you are currently trying to achieve?

- a. Yes
- b. No → [GO TO Q30]
- c. Don't Know/Not Sure → [GO TO Q30]

28. What is the Goal you're trying to achieve?

- a. RECORD RESPONSE \_\_\_\_\_
- b. Don't Know/Not Sure → [GO TO Q30]

29. 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

30. 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

31. Do you have any suggestions for how your Health Coach could be more helpful to you in achieving your Goals? RECORD.

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32. I am going to mention a few areas where Health Coaches sometimes try to help members to improve their health by changing behaviors. You may already have mentioned one or more of these. 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						

	N/A – Not Discussed	Discussed – No Change	Discussed – Temporary Change	Discussed – Continuing Change	DK	Not Applicable
e. Making sure to drink enough water throughout the day						
f. Drinking or using other substances less						

33. 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

COMMUNITY RESOURCE SPECIALIST/RESOURCE NAVIGATOR ASSISTANCE

**[This section is used for initial surveys only, effective July 2022. See end of survey instrument for six-month survey SDOH question set.]**

34. The SoonerCare Health Management Program can help members deal with non-medical problems. For example, the program can help with eligibility issues or getting equipment like a wheelchair or getting help with food, electricity, heating and other needs. Did you know the Health Management Program can provide this kind of help?

- a. Yes
- b. No
- c. Don't Know/Not Sure

35. Some of this help is provided by Community Resource Specialists/Resource Navigators. Have you heard of the Community Resource Specialists/Resource Navigators?

- a. Yes
- b. No
- c. Don't Know/Not Sure

36. Have you or your Health Coach used a Community Resource Specialist/Resource Navigator to help you with a problem like the ones I mentioned? [IF NO] Has your Health Coach himself/herself helped you with a problem like the ones I mentioned?

- a. Yes – CRS helped
- b. Yes – Health Coach helped

- c. No to both → [GO TO Q40]
- d. Don't Know/Not Sure → [GO TO Q40]

37. Thinking about the last time you received help, what problem did get help in resolving?

- a. Housing/rent
- b. Food
- c. Child care
- d. Transportation. SPECIFY DESTINATION: \_\_\_\_\_
- e. Don't Know/Not Sure
- f. Other. SPECIFY: \_\_\_\_\_

38. How helpful was the Community Resource Specialist/Resource Navigator or Health Coach in solving the problem? Would you say s/he 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

39. What did the Community Resource Specialist or Health Coach do?

- a. RECORD: \_\_\_\_\_
- b. Don't Know/Not Sure

### 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

**OVERALL SATISFACTION**

43. 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

44. 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

45. Do you have any suggestions for improving the SoonerCare Health Management Program?

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**[GO TO QUESTION 50 FOR ADULTS OR QUESTION 55 FOR CHILDREN]**

*Follow-up Questions: Members Claiming No Longer Participating ("Dropout")*

46. [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

47. Why did you decide to no longer 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

**[GO TO QUESTION 50 FOR ADULTS OR QUESTION 55 FOR CHILDREN]**

*Follow-up Questions: Members Claiming Elected Not to Participate ("Opt Out")*

48. [IF RESPONDENT ANSWERED "NO" TO Q4] About when did you decide to not participate?

- a. Month/Year [SPECIFY] \_\_\_\_\_
- b. Don't Know/Not Sure

49. 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

**[GO TO QUESTION 50 FOR ADULTS OR QUESTION 55 FOR CHILDREN]**

**[For next section, ask adult questions if HMP member is an adult;  
ask child questions if HMP member is a child.]**

CAHPS ADULT QUESTIONS

We're almost done. I have just a few more questions. For these last questions, I would like you to think about your experience with your SoonerCare health plan overall, not just the Health Management Program.

These first questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

50. In the last six months, how often was it easy to get the care, tests or treatment you needed?

- a. Never
- b. Sometimes
- c. Usually
- d. Always

51. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who specialize in one area of health care. In the last six months, did you make any appointments to see a specialist?

- a. Yes
- b. No → [GO TO Q53]

52. In the last six months, how often did you get an appointment to see a specialist as soon as you needed?

- a. Never
- b. Sometimes
- c. Usually
- d. Always

53. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last six months?

RECORD NUMBER \_\_\_\_\_

54. This next question asks about your experience with your SoonerCare health plan. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

RECORD NUMBER \_\_\_\_\_

CAHPS CHILD QUESTIONS

We're almost done. I have just a few more questions. For these last questions, I would like you to think about your child's experience with his/her SoonerCare health plan overall, not just the Health Management Program.

These first questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

55. In the last six months, how often was it easy to get the care, tests or treatment your child needed?

- a. Never
- b. Sometimes
- c. Usually
- d. Always

56. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and other doctors who specialize in one area of health care. In the last six months, did you make any appointments for your child to see a specialist?

- a. Yes
- b. No → [GO TO Q75]

57. In the last six months, how often did you get appointments for your child to see a specialist as soon as he or she needed?

- a. Never
- b. Sometimes
- c. Usually
- d. Always

58. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last six months?

RECORD NUMBER \_\_\_\_\_

59. This next question asks about your experience with your SoonerCare health plan. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

RECORD NUMBER \_\_\_\_\_

**[The question set below is used for six-month follow-up surveys, in lieu of the SDOH section presented above starting at Q34.]**

**Next, I'm going to ask you about some other areas where people sometimes need help.** *"HRSN" flag indicates a Health-Related Social Need*

60. What is your living situation today? Please tell me which of the following statements best describes your situation. [READ ALL OPTIONS]
- a. I have a steady place to live.
  - b. I have a place to live today but I am worried about losing it in the future. *HRSN*
  - c. I do not have a steady place to live. [NOTE: APPLIES IF RESPONDENT IS TEMPORARILY STAYING WITH OTHERS, IN A HOTEL, IN A SHELTER, IN A VEHICLE, IN A PUBLIC BUILDING SUCH AS A TRAIN STATION OR OUTDOORS] *HRSN*
61. Thinking about the place you live. Do you have problems with any of the following? [READ AND RECORD ALL YES RESPONSES] *HRSN (any item a – g)*
- a. Pests, such as bugs, ant or mice
  - b. Mold
  - c. Lead paint or pipes
  - d. Lack of heat
  - e. Oven or stove not working
  - f. Smoke detectors missing or not working
  - g. Water leaks
  - h. None of the above
62. Thinking about the following statement: "Within the past 12 months, I worried that my food would run out before I got money to buy more." Would you say that statement was Often True, Sometimes True or Never True?
- a. Often true *HRSN*
  - b. Sometimes true *HRSN*
  - c. Never true
  - d. Don't Know/Not Sure
63. Thinking about the following statement: "Within the past 12 months, the food I bought just didn't last, and I didn't have money to get more." Would you say that statement was Often True, Sometimes True or Never True?
- a. Often true *HRSN*
  - b. Sometimes true *HRSN*

- c. Never true
- d. Don't Know/Not Sure

64. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?

- a. Yes *HRSN*
- b. No
- c. Don't Know/Not Sure

65. In the past 12 months, has the electric, gas, oil or water company threatened to shut off services in your home?

- a. Yes *HRSN*
- b. No
- c. Already shut off *HRSN*
- d. Don't Know/Not Sure

66. In the past 12 months, have you had any other non-medical problems that affected your well-being or your ability to get medical care? [IF YES] What were they? [RECORD ALL]

- a. Yes [RECORD] *HRSN\**
- b. No
- c. Don't Know/Not Sure

*\*Note: PHPG will determine whether items in Q7 are HRSN in nature. Inclusion/exclusion decisions will be shared with the OHCA and Telligen.*

67. The SoonerCare Health Management Program can help members deal with non-medical problems like the ones we just discussed. Has your Health Coach, a Resource Navigator or anyone else at the SoonerCare Health Management Program ever asked you whether you have non-medical problems such as these?

- a. Yes
- b. No
- c. Don't Know/Not Sure

[IF ANY PROBLEMS WERE IDENTIFIED IN Q1 – Q7, ASK Q9. IF NO PROBLEMS IDENTIFIED, SKIP TO NEXT SECTION OF SURVEY (Q12)]

68. Did your Health Coach, a Resource Navigator or anyone else at the SoonerCare Health Management Program try to help you solve a non-medical problem? [IF YES] What problem(s)? [RECORD ALL]

- a. Living situation
- b. Food insecurity

- c. Transportation
- d. Utilities
- e. Other1 [SPECIFY]
- f. Other2 [SPECIFY]
- g. Other3 [SPECIFY]
- h. Did not receive any help
- i. Don't Know/Not Sure

69. [ASK SEPARATELY FOR EACH PROBLEM/ASSISTANCE AREA IDENTIFIED IN Q9] Was your problem solved? [IF NO, READ STATUS OPTIONS AND ASK RESPONDENT WHICH BEST DESCRIBES]

- a. Yes
- b. No – still trying to solve with SoonerCare HMP help
- c. No – still trying to solve on my own
- d. No – no longer trying to solve
- e. Don't Know/Not Sure

70. Whether your problem was (problems were) solved or not, how satisfied are you with the help you received? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied? [IF DID NOT RECEIVE ANY ASSISTANCE, SKIP QUESTION]

- a. Very satisfied
- b. Somewhat satisfied
- c. Somewhat dissatisfied
- d. Very dissatisfied
- e. Don't Know/Not Sure

**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. (Response percentages may not total 100 percent due to rounding.)

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>1 Are you currently participating in SoonerCare?</b>												
A. Yes	585	100.0%	664	99.4%	599	99.5%	568	99.3%	604	99.5%	3,020	99.5%
b. No (Ask if in Medicaid. If no, end call)	0	0.0%	4	0.6%	3	0.5%	4	0.7%	3	0.5%	14	0.5%
c. Don't Know/Not Sure (Ask if in Medicaid. If no, end call)	<u>0</u>	<u>0.0%</u>	-	<u>0.0%</u>								
	585	100.0%	668	100.0%	602	100.0%	572	100.0%	607	100.0%	3,034	100.0%
<b>2 Have you heard of the SoonerCare HMP?</b>												
A. Yes	585	100.0%	656	98.8%	592	98.8%	562	98.9%	598	99.2%	2,993	99.1%
B. No	0	0.0%	7	1.1%	6	1.0%	5	0.9%	4	0.7%	22	0.7%
C. Don't Know/Not Sure	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.2%</u>	<u>1</u>	<u>0.2%</u>	<u>1</u>	<u>0.2%</u>	<u>1</u>	<u>0.2%</u>	4	<u>0.1%</u>
	585	100.0%	664	100.0%	599	100.0%	568	100.0%	603	100.0%	3,019	100.0%
<b>3 Were you contacted and offered a chance to participate?</b>												
A. Yes	585	100.0%	656	98.8%	592	98.8%	560	98.6%	598	99.2%	2,991	99.1%
B. No	0	0.0%	7	1.1%	7	1.2%	3	0.5%	4	0.7%	21	0.7%
C. Don't Know/Not Sure (end call)	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.2%</u>	<u>0</u>	<u>0.0%</u>	<u>5</u>	<u>0.9%</u>	<u>1</u>	<u>0.2%</u>	7	<u>0.2%</u>
	585	100.0%	664	100.0%	599	100.0%	568	100.0%	603	100.0%	3,019	100.0%
											-	
<b>4 Did you decide to participate?</b>												
A. Yes	585	100.0%	655	99.8%	591	99.8%	560	100.0%	598	100.0%	2,989	99.9%
b. No (go to Q48)	0	0.0%	1	0.2%	1	0.2%	0	0.0%	0	0.0%	2	0.1%
c. No yet, still considering (May call back and end call)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
d. Don't Know/Not Sure (end call)	<u>0</u>	<u>0.0%</u>	-	<u>0.0%</u>								
	585	100.0%	656	100.0%	592	100.0%	560	100.0%	598	100.0%	2,991	100.0%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>5 Are you still participating today in the HMP?</b>												
A. Yes	585	100.0%	653	99.7%	587	99.3%	557	99.5%	592	99.0%	2,974	99.5%
b. No (go to Q46)	0	0.0%	2	0.3%	4	0.7%	2	0.4%	2	0.3%	10	0.3%
c. Don't know (end call)	0	0.0%	0	0.0%	0	0.0%	1	0.2%	4	0.7%	5	0.2%
	585	100.0%	655	100.0%	591	100.0%	560	100.0%	598	100.0%	2,989	100.0%
<b>6 How long have you been participating in the HMP?</b>												
A. Less than 1 month	7	1.2%	14	2.1%	10	1.7%	8	1.4%	5	0.8%	44	1.5%
B. 1-2 months	61	10.4%	81	12.4%	58	9.9%	57	10.2%	52	8.8%	309	10.4%
C. 3-4 months	198	33.8%	251	38.4%	213	36.3%	224	40.2%	237	40.0%	1,123	37.7%
D. 4-6 months	102	17.4%	65	10.0%	115	19.6%	95	17.1%	73	12.3%	450	15.1%
E. More than 6 months	179	30.6%	182	27.9%	153	26.1%	135	24.2%	179	30.2%	828	27.8%
F. Don't Know/Not Sure	38	6.5%	60	9.2%	38	6.5%	38	6.8%	47	7.9%	221	7.4%
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>7a How did you learn about the HMP?</b>												
a. Received info in the mail	46	7.9%	20	3.1%	23	3.9%	27	4.8%	59	9.9%	175	5.9%
b. Received call from my HC	444	75.9%	525	80.4%	434	73.9%	386	69.3%	383	64.6%	2,172	73.0%
c. Received call from someone else (specify)	0	0.0%	5	0.8%	8	1.4%	2	0.4%	7	1.2%	22	0.7%
d. Doctor referred me while in office	38	6.5%	31	4.7%	52	8.9%	47	8.4%	30	5.1%	198	6.7%
e. Other (specify below)	17	2.9%	22	3.4%	29	4.9%	27	4.8%	29	4.9%	124	4.2%
f. Don't Know/Not Sure	40	6.8%	50	7.7%	41	7.0%	68	12.2%	85	14.3%	284	9.5%
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>7b Other (not coded)</b>												

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>8a What were your reasons for deciding to participate?</b>												
a. Learn how to better manage health problems	207	35.4%	235	36.0%	189	32.2%	166	29.8%	206	34.7%	1,003	33.7%
b. Learn how to identify changes in health	2	0.3%	1	0.2%	0	0.0%	1	0.2%	1	0.2%	5	0.2%
c. Have someone to call with questions re health	14	2.4%	6	0.9%	7	1.2%	9	1.6%	7	1.2%	43	1.4%
d. Get help making health care appointments	14	2.4%	15	2.3%	12	2.0%	14	2.5%	13	2.2%	68	2.3%
e. Personal doctor recommended I enroll	15	2.6%	13	2.0%	23	3.9%	11	2.0%	8	1.3%	70	2.4%
f. Improve my health	46	7.9%	33	5.1%	49	8.3%	38	6.8%	57	9.6%	223	7.5%
g. Was invited to enroll/no specific reason	261	44.6%	301	46.1%	263	44.8%	235	42.2%	233	39.3%	1,293	43.5%
h. Other (specify below)	18	3.1%	31	4.7%	31	5.3%	65	11.7%	43	7.3%	188	6.3%
i. Don't know	<u>8</u>	<u>1.4%</u>	<u>18</u>	<u>2.8%</u>	<u>13</u>	<u>2.2%</u>	<u>18</u>	<u>3.2%</u>	<u>25</u>	<u>4.2%</u>	<u>82</u>	<u>2.8%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>8b Other (not coded)</b>												
<b>9a What was the most important reason?</b>												
a. Learn how to better manage health problems	207	35.4%	235	36.0%	189	32.2%	166	29.8%	206	34.7%	1,003	33.7%
b. Learn how to identify changes in health	2	0.3%	1	0.2%	0	0.0%	1	0.2%	1	0.2%	5	0.2%
c. Have someone to call with questions re health	14	2.4%	6	0.9%	7	1.2%	9	1.6%	7	1.2%	43	1.4%
d. Get help making health care appointments	14	2.4%	15	2.3%	12	2.0%	14	2.5%	13	2.2%	68	2.3%
e. Personal doctor recommended I enroll	15	2.6%	13	2.0%	23	3.9%	11	2.0%	8	1.3%	70	2.4%
f. Improve my health	46	7.9%	33	5.1%	49	8.3%	38	6.8%	57	9.6%	223	7.5%
g. Was invited to enroll/no specific reason	261	44.6%	301	46.1%	263	44.8%	235	42.2%	233	39.3%	1,293	43.5%
h. Other (specify)	18	3.1%	31	4.7%	31	5.3%	65	11.7%	43	7.3%	188	6.3%
i. Don't Know/Not Sure	<u>8</u>	<u>1.4%</u>	<u>18</u>	<u>2.8%</u>	<u>13</u>	<u>2.2%</u>	<u>18</u>	<u>3.2%</u>	<u>25</u>	<u>4.2%</u>	<u>82</u>	<u>2.8%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>9b Other (not coded)</b>												

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>10 How soon were you contacted by a Health Coach?</b>												
a. Contacted at time of enrollment in PCP's office or over the telephone	490	83.8%	570	87.3%	513	87.4%	466	83.7%	455	76.7%	2,494	83.8%
b. Less than 1 week	28	4.8%	17	2.6%	22	3.7%	16	2.9%	41	6.9%	124	4.2%
c. 1-2 weeks	11	1.9%	1	0.2%	4	0.7%	5	0.9%	8	1.3%	29	1.0%
d. More than 2 weeks	1	0.2%	0	0.0%	0	0.0%	1	0.2%	2	0.3%	4	0.1%
e. Haven't been contacted - enrolled < 2 weeks ago (go to Q19)	0	0.0%	1	0.2%	0	0.0%	1	0.2%	0	0.0%	2	0.1%
f. Haven't been contacted - enrolled 2-4 weeks ago (go to Q19)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
g. Haven't been contacted - enrolled > 4 weeks ago (go to Q19)	0	0.0%	1	0.2%	1	0.2%	0	0.0%	2	0.3%	4	0.1%
h. Don't Know/Not Sure	<u>55</u>	<u>9.4%</u>	<u>63</u>	<u>9.6%</u>	<u>47</u>	<u>8.0%</u>	<u>68</u>	<u>12.2%</u>	<u>85</u>	<u>14.3%</u>	<u>318</u>	<u>10.7%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>11 Can you tell me the name of your Health Coach?</b>												
A. Yes (specify in response below)	308	52.6%	289	44.3%	256	43.6%	232	41.7%	298	50.3%	1,383	46.5%
B. No	<u>277</u>	<u>47.4%</u>	<u>364</u>	<u>55.7%</u>	<u>331</u>	<u>56.4%</u>	<u>325</u>	<u>58.3%</u>	<u>295</u>	<u>49.7%</u>	<u>1,592</u>	<u>53.5%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>12 What is the usual way you have contact with your Health Coach?</b>												
a. In person at doctor's office	15	2.9%	7	1.1%	9	1.5%	5	0.9%	2	0.3%	36	1.6%
b. In person at home or other location	2	0.4%	1	0.2%	0	0.0%	0	0.0%	4	0.7%	3	0.1%
c. Telephone call	492	96.5%	644	98.6%	577	98.5%	551	98.9%	586	98.8%	2,264	98.2%
d. Text message	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
e. Other (specify)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	-	0.0%
f. Don't know/not sure	0	<u>0.0%</u>	<u>1</u>	<u>0.2%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.2%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.1%</u>
	510	100.0%	653	100.0%	586	100.0%	557	100.0%	593	100.0%	2,306	100.0%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>13 About when was the last time you had contact with your Health Coach?</b>												
a. Within last week	193	33.0%	240	36.8%	195	33.3%	181	32.5%	214	36.1%	1,023	34.4%
b. 1-2 weeks ago	102	17.4%	134	20.5%	121	20.6%	105	18.9%	122	20.6%	584	19.6%
c. 2-4 weeks ago	199	34.0%	195	29.9%	188	32.1%	178	32.0%	175	29.5%	935	31.4%
d. More than 4 weeks ago	79	13.5%	74	11.3%	75	12.8%	81	14.5%	70	11.8%	379	12.7%
e. Have never spoken to HC (go to Q15)	1	0.2%	1	0.2%	0	0.0%	1	0.2%	0	0.0%	3	0.1%
f. Don't know (go to Q15)	<u>11</u>	<u>1.9%</u>	<u>9</u>	<u>1.4%</u>	<u>7</u>	<u>1.2%</u>	<u>11</u>	<u>2.0%</u>	<u>12</u>	<u>2.0%</u>	<u>50</u>	<u>1.7%</u>
	585	100.0%	653	100.0%	586	100.0%	557	100.0%	593	100.0%	2,974	100.0%
<b>14 Was your contact with your Health Coach in person, through a phone call or through a text message?</b>												
a. Telephone call	567	99.0%	636	98.9%	571	98.6%	534	98.0%	582	98.1%	2,890	98.5%
b. Text message	2	0.3%	1	0.2%	4	0.7%	4	0.7%	5	0.8%	11	0.4%
c. In-person	4	0.7%	5	0.8%	4	0.7%	7	1.3%	3	0.5%	23	0.8%
d. Don't Know/Not Sure	0	<u>0.0%</u>	<u>1</u>	<u>0.2%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>3</u>	<u>0.5%</u>	<u>4</u>	<u>0.1%</u>
	573	100.0%	643	100.0%	579	100.0%	545	100.0%	593	100.0%	2,933	100.0%
<b>15 Did your Health Coach give you a telephone number/text to call?</b>												
a. Yes	542	92.6%	593	90.8%	542	92.5%	508	91.2%	550	92.7%	2,735	92.0%
b. No (go to Q19)	15	2.6%	14	2.1%	11	1.9%	18	3.2%	9	1.5%	67	2.3%
c. Don't Know/Not Sure (go to Q19)	28	<u>4.8%</u>	<u>46</u>	<u>7.0%</u>	<u>33</u>	<u>5.6%</u>	<u>31</u>	<u>5.6%</u>	<u>34</u>	<u>5.7%</u>	<u>172</u>	<u>5.8%</u>
	585	100.0%	653	100.0%	586	100.0%	557	100.0%	593	100.0%	2,974	100.0%
<b>16 Have you tried to call/text your Health Coach?</b>												
a. Yes - called	174	32.1%	171	28.8%	143	26.4%	134	26.4%	187	33.9%	809	29.6%
b. Yes - texted	4	0.7%	4	0.7%	5	0.9%	8	1.6%	5	0.9%	21	0.8%
c. No (go to Q19)	361	66.6%	415	69.9%	390	72.0%	361	71.1%	353	64.1%	1,880	68.7%
d. Don't Know/Not Sure (go to Q19)	<u>3</u>	<u>0.6%</u>	<u>4</u>	<u>0.7%</u>	<u>4</u>	<u>0.7%</u>	<u>5</u>	<u>1.0%</u>	<u>6</u>	<u>1.1%</u>	<u>22</u>	<u>0.8%</u>
	542	100.0%	594	100.0%	542	100.0%	508	100.0%	551	100.0%	2,737	100.0%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>17a Thinking about the last time you called, what was the reason?</b>												
a. Routine health question	139	78.1%	133	76.0%	106	71.6%	108	76.1%	134	69.8%	620	74.3%
b. Urgent health problem	1	0.6%	3	1.7%	0	0.0%	3	2.1%	1	0.5%	8	1.0%
c. Seeking assistance in scheduling appointment	9	5.1%	8	4.6%	13	8.8%	3	2.1%	5	2.6%	38	4.6%
d. Returning call from HC	26	14.6%	28	16.0%	19	12.8%	19	13.4%	36	18.8%	128	15.3%
e. Other (specify below)	3	1.7%	2	1.1%	10	6.8%	7	4.9%	13	6.8%	35	4.2%
f. Don't know	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.6%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>1.4%</u>	<u>3</u>	<u>1.6%</u>	<u>6</u>	<u>0.7%</u>
	178	100.0%	175	100.0%	148	100.0%	142	100.0%	192	100.0%	835	100.0%
<b>17b Other (not coded)</b>												
<b>18 How quickly did you hear back?</b>												
a. Reached immediately (at time of call or text)	113	63.5%	95	54.3%	81	54.7%	71	50.0%	113	58.9%	473	56.6%
b. Heard back within 1 hour	27	15.2%	35	20.0%	31	20.9%	23	16.2%	34	17.7%	150	18.0%
c. Heard back in more than 1 hour but same day	26	14.6%	20	11.4%	22	14.9%	19	13.4%	17	8.9%	104	12.5%
d. Heard back next day	5	2.8%	6	3.4%	5	3.4%	10	7.0%	8	4.2%	34	4.1%
e. Heard back 2 or more days later	1	0.6%	3	1.7%	2	1.4%	4	2.8%	2	1.0%	12	1.4%
f. Never heard back	3	1.7%	6	3.4%	5	3.4%	4	2.8%	14	7.3%	32	3.8%
g. Other (specify below)	0	0.0%	0	0.0%	1	0.7%	3	2.1%	0	0.0%	4	0.5%
h. Don't know	<u>3</u>	<u>1.7%</u>	<u>10</u>	<u>5.7%</u>	<u>1</u>	<u>0.7%</u>	<u>8</u>	<u>5.6%</u>	<u>4</u>	<u>2.1%</u>	<u>26</u>	<u>3.1%</u>
	178	100.0%	175	100.0%	148	100.0%	142	100.0%	192	100.0%	835	100.0%
<b>19a Has your Health Coach asked questions about your health?</b>												
a. Yes	584	99.8%	649	99.4%	584	99.5%	554	99.5%	589	99.3%	2,960	99.5%
b. No	1	0.2%	4	0.6%	2	0.3%	2	0.4%	2	0.3%	11	0.4%
c. Don't Know	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.2%</u>	<u>1</u>	<u>0.2%</u>	<u>2</u>	<u>0.3%</u>	<u>4</u>	<u>0.1%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>19b Has your Health Coach provided instructions?</b>												
a. Yes	548	93.7%	603	92.3%	548	93.4%	507	91.0%	549	92.6%	2,755	92.6%
b. No	33	5.6%	47	7.2%	34	5.8%	46	8.3%	35	5.9%	195	6.6%
c. Don't Know	<u>4</u>	<u>0.7%</u>	<u>3</u>	<u>0.5%</u>	<u>5</u>	<u>0.9%</u>	<u>4</u>	<u>0.7%</u>	<u>9</u>	<u>1.5%</u>	<u>25</u>	<u>0.8%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>19c Has your Health Coach helped you identify changes in your health?</b>												
a. Yes	201	34.4%	188	28.8%	181	30.8%	157	28.2%	229	38.6%	956	32.1%
b. No	382	65.3%	462	70.8%	398	67.8%	393	70.6%	361	60.9%	1,996	67.1%
c. Don't Know	<u>2</u>	<u>0.3%</u>	<u>3</u>	<u>0.5%</u>	<u>8</u>	<u>1.4%</u>	<u>7</u>	<u>1.3%</u>	<u>3</u>	<u>0.5%</u>	<u>23</u>	<u>0.8%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>19d Has your Health Coach answered questions about your health?</b>												
a. Yes	543	92.8%	588	90.0%	519	88.4%	493	88.5%	521	87.9%	2,664	89.5%
b. No	40	6.8%	59	9.0%	64	10.9%	60	10.8%	65	11.0%	288	9.7%
c. Don't Know	<u>2</u>	<u>0.3%</u>	<u>6</u>	<u>0.9%</u>	<u>4</u>	<u>0.7%</u>	<u>4</u>	<u>0.7%</u>	<u>7</u>	<u>1.2%</u>	<u>23</u>	<u>0.8%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>19e Has your Health Coach helped you to talk to and work with your doctor?</b>												
a. Yes	107	18.3%	104	15.9%	107	18.2%	77	13.8%	85	14.3%	480	16.1%
b. No	478	81.7%	548	83.9%	477	81.3%	477	85.6%	504	85.0%	2,484	83.5%
c. Don't Know	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.2%</u>	<u>3</u>	<u>0.5%</u>	<u>3</u>	<u>0.5%</u>	<u>4</u>	<u>0.7%</u>	<u>11</u>	<u>0.4%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>19f Has your Health Coach helped you to make and keep medical appointments?</b>												
a. Yes	108	18.5%	123	18.8%	130	22.1%	90	16.2%	117	19.7%	568	19.1%
b. No	475	81.2%	529	81.0%	456	77.7%	465	83.5%	473	79.8%	2,398	80.6%
c. Don't Know	<u>2</u>	<u>0.3%</u>	<u>1</u>	<u>0.2%</u>	<u>1</u>	<u>0.2%</u>	<u>2</u>	<u>0.4%</u>	<u>3</u>	<u>0.5%</u>	<u>9</u>	<u>0.3%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>19g Has your Health Coach helped you to make and keep MH appointments?</b>												
a. Yes	15	2.6%	25	3.8%	37	6.3%	34	6.1%	46	7.8%	157	5.3%
b. No	570	97.4%	628	96.2%	549	93.5%	522	93.7%	545	91.9%	2,814	94.6%
c. Don't Know	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.2%</u>	<u>1</u>	<u>0.2%</u>	<u>2</u>	<u>0.3%</u>	<u>4</u>	<u>0.1%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>19h Has your Health Coach helped you to manage your medications?</b>												
a. Yes	512	87.5%	528	80.9%	504	85.9%	485	87.1%	509	85.8%	2,538	85.3%
b. No	40	6.8%	58	8.9%	45	7.7%	32	5.7%	46	7.8%	221	7.4%
c. Don't Know	<u>33</u>	<u>5.6%</u>	<u>67</u>	<u>10.3%</u>	<u>38</u>	<u>6.5%</u>	<u>40</u>	<u>7.2%</u>	<u>38</u>	<u>6.4%</u>	<u>216</u>	<u>7.3%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>20a How satisfied are you with Health Coach learning about you and your health needs?</b>												
a. Very Satisfied	560	95.7%	612	93.7%	555	94.5%	517	92.8%	548	92.4%	2,792	93.8%
b. Somewhat Satisfied	20	3.4%	24	3.7%	25	4.3%	31	5.6%	31	5.2%	131	4.4%
c. Somewhat Dissatisfied	3	0.5%	4	0.6%	2	0.3%	1	0.2%	5	0.8%	15	0.5%
d. Very Dissatisfied	1	0.2%	8	1.2%	0	0.0%	4	0.7%	3	0.5%	16	0.5%
e. Don't Know	0	0.0%	1	0.2%	2	0.3%	1	0.2%	4	0.7%	8	0.3%
f. N/A	<u>1</u>	<u>0.2%</u>	<u>4</u>	<u>0.6%</u>	<u>3</u>	<u>0.5%</u>	<u>3</u>	<u>0.5%</u>	<u>2</u>	<u>0.3%</u>	<u>13</u>	<u>0.4%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<i>Percent answering "yes"</i>	<b>584</b>	<b>95.9%</b>	<b>649</b>	<b>94.3%</b>	<b>584</b>	<b>95.0%</b>	<b>554</b>	<b>93.3%</b>	<b>591</b>	<b>92.7%</b>	<b>2,962</b>	<b>94.3%</b>

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>20b How satisfied are you with Health Coach giving easy to understand instructions?</b>												
a. Very Satisfied	534	91.3%	576	88.2%	524	89.3%	484	86.9%	519	87.5%	2,637	88.6%
b. Somewhat Satisfied	14	2.4%	20	3.1%	20	3.4%	19	3.4%	25	4.2%	98	3.3%
c. Somewhat Dissatisfied	0	0.0%	2	0.3%	1	0.2%	1	0.2%	3	0.5%	7	0.2%
d. Very Dissatisfied	1	0.2%	5	0.8%	0	0.0%	2	0.4%	1	0.2%	9	0.3%
e. Don't Know	4	0.7%	3	0.5%	3	0.5%	4	0.7%	7	1.2%	21	0.7%
f. N/A	<u>32</u>	<u>5.5%</u>	<u>47</u>	<u>7.2%</u>	<u>39</u>	<u>6.6%</u>	<u>47</u>	<u>8.4%</u>	<u>38</u>	<u>6.4%</u>	<u>203</u>	<u>6.8%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
Percent answering "yes"	<b>553</b>	<b>96.6%</b>	<b>606</b>	<b>95.0%</b>	<b>548</b>	<b>95.6%</b>	<b>510</b>	<b>94.9%</b>	<b>555</b>	<b>93.5%</b>	<b>2,772</b>	<b>95.1%</b>
<b>20c How satisfied are you with Health Coach identifying changes in your health?</b>												
a. Very Satisfied	193	33.0%	187	28.6%	180	30.7%	149	26.8%	227	38.3%	936	31.5%
b. Somewhat Satisfied	6	1.0%	2	0.3%	1	0.2%	5	0.9%	7	1.2%	21	0.7%
c. Somewhat Dissatisfied	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
d. Very Dissatisfied	1	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
e. Don't Know	1	0.2%	3	0.5%	0	0.0%	7	1.3%	1	0.2%	12	0.4%
f. N/A	<u>384</u>	<u>65.6%</u>	<u>460</u>	<u>70.4%</u>	<u>406</u>	<u>69.2%</u>	<u>396</u>	<u>71.1%</u>	<u>358</u>	<u>60.4%</u>	<u>2,004</u>	<u>67.4%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
Percent answering "yes"	<b>201</b>	<b>96.0%</b>	<b>193</b>	<b>96.9%</b>	<b>181</b>	<b>99.4%</b>	<b>161</b>	<b>92.5%</b>	<b>235</b>	<b>96.6%</b>	<b>971</b>	<b>96.4%</b>
<b>20d How satisfied are you with Health Coach answering questions about health?</b>												
a. Very Satisfied	530	90.6%	569	87.1%	497	84.7%	468	84.0%	500	84.3%	2,564	86.2%
b. Somewhat Satisfied	9	1.5%	13	2.0%	17	2.9%	15	2.7%	18	3.0%	72	2.4%
c. Somewhat Dissatisfied	1	0.2%	3	0.5%	1	0.2%	2	0.4%	1	0.2%	8	0.3%
d. Very Dissatisfied	1	0.2%	2	0.3%	0	0.0%	2	0.4%	0	0.0%	5	0.2%
e. Don't Know	3	0.5%	6	0.9%	4	0.7%	3	0.5%	4	0.7%	20	0.7%
f. N/A	<u>41</u>	<u>7.0%</u>	<u>60</u>	<u>9.2%</u>	<u>68</u>	<u>11.6%</u>	<u>67</u>	<u>12.0%</u>	<u>70</u>	<u>11.8%</u>	<u>306</u>	<u>10.3%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
Percent answering "yes"	<b>544</b>	<b>97.4%</b>	<b>593</b>	<b>96.0%</b>	<b>519</b>	<b>95.8%</b>	<b>490</b>	<b>95.5%</b>	<b>523</b>	<b>95.6%</b>	<b>2,669</b>	<b>96.1%</b>

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>20e How satisfied are you with Health Coach helping you talk to your doctor?</b>												
a. Very Satisfied	103	17.6%	97	14.9%	104	17.7%	77	13.8%	79	13.3%	460	15.5%
b. Somewhat Satisfied	6	1.0%	2	0.3%	0	0.0%	1	0.2%	5	0.8%	14	0.5%
c. Somewhat Dissatisfied	0	0.0%	2	0.3%	1	0.2%	0	0.0%	1	0.2%	4	0.1%
d. Very Dissatisfied	1	0.2%	4	0.6%	0	0.0%	0	0.0%	0	0.0%	5	0.2%
e. Don't Know	0	0.0%	1	0.2%	2	0.3%	2	0.4%	4	0.7%	9	0.3%
f. N/A	<u>475</u>	<u>81.2%</u>	<u>547</u>	<u>83.8%</u>	<u>480</u>	<u>81.8%</u>	<u>477</u>	<u>85.6%</u>	<u>504</u>	<u>85.0%</u>	<u>2,483</u>	<u>83.5%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
Percent answering "yes"	110	93.6%	106	91.5%	107	97.2%	80	96.3%	89	88.8%	492	93.5%
<b>20f How satisfied are you with Health Coach helping you make PH appointments?</b>												
a. Very Satisfied	105	17.9%	111	17.0%	126	21.5%	84	15.1%	115	19.4%	541	18.2%
b. Somewhat Satisfied	1	0.2%	5	0.8%	3	0.5%	5	0.9%	3	0.5%	17	0.6%
c. Somewhat Dissatisfied	1	0.2%	2	0.3%	0	0.0%	0	0.0%	1	0.2%	4	0.1%
d. Very Dissatisfied	1	0.2%	2	0.3%	0	0.0%	1	0.2%	0	0.0%	4	0.1%
e. Don't Know	3	0.5%	1	0.2%	1	0.2%	0	0.0%	4	0.7%	9	0.3%
f. N/A	<u>474</u>	<u>81.0%</u>	<u>532</u>	<u>81.5%</u>	<u>457</u>	<u>77.9%</u>	<u>467</u>	<u>83.8%</u>	<u>470</u>	<u>79.3%</u>	<u>2,400</u>	<u>80.7%</u>
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
Percent answering "yes"	111	94.6%	121	91.7%	130	96.9%	90	93.3%	123	93.5%	575	94.1%
<b>20g How satisfied are you with Health Coach helping you make BH appointments?</b>												
a. Very Satisfied	13	2.2%	25	3.8%	35	6.0%	36	6.5%	46	7.8%	155	5.2%
b. Somewhat Satisfied	1	0.2%	1	0.2%	2	0.3%	1	0.2%	3	0.5%	8	0.3%
c. Somewhat Dissatisfied	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
d. Very Dissatisfied	1	0.2%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	3	0.1%
e. Don't Know	1	0.2%	0	0.0%	0	0.0%	1	0.2%	1	0.2%	3	0.1%
f. N/A	<u>569</u>	<u>97.3%</u>	<u>627</u>	<u>96.0%</u>	<u>549</u>	<u>93.7%</u>	<u>517</u>	<u>92.8%</u>	<u>543</u>	<u>91.6%</u>	<u>2,805</u>	<u>94.3%</u>
	585	100.0%	653	100.0%	586	100.0%	557	100.0%	593	100.0%	2,974	100.0%
Percent answering "yes"	16	81.3%	26	96.2%	37	94.6%	40	90.0%	50	92.0%	169	91.7%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>20h How satisfied are you with Health Coach reviewing your medications?</b>												
a. Very Satisfied	506	86.5%	521	79.8%	486	82.8%	468	84.0%	498	84.0%	2,479	83.3%
b. Somewhat Satisfied	9	1.5%	9	1.4%	13	2.2%	14	2.5%	14	2.4%	59	2.0%
c. Somewhat Dissatisfied	1	0.2%	2	0.3%	1	0.2%	1	0.2%	2	0.3%	7	0.2%
d. Very Dissatisfied	1	0.2%	3	0.5%	1	0.2%	0	0.0%	1	0.2%	6	0.2%
e. Don't Know	34	5.8%	68	10.4%	3	0.5%	39	7.0%	33	5.6%	177	5.9%
f. N/A	34	5.8%	50	7.7%	83	14.1%	35	6.3%	45	7.6%	247	8.3%
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
Percent answering "yes"	551	91.8%	603	86.4%	504	96.4%	522	89.7%	548	90.9%	2,728	90.9%
<b>21 Did your Health Coach ask thoughts on life changes?</b>												
a. Yes	488	83.4%	519	79.5%	477	81.3%	456	81.9%	498	84.0%	2,438	81.9%
b. No (go to Q32)	48	8.2%	78	11.9%	65	11.1%	54	9.7%	56	9.4%	301	10.1%
c. Don't Know (go to Q32)	49	8.4%	56	8.6%	45	7.7%	47	8.4%	39	6.6%	236	7.9%
	585	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,975	100.0%
<b>22 Did you select an area to make a change?</b>												
a. Yes	369	75.6%	389	74.8%	375	78.6%	367	80.5%	388	77.9%	1,888	77.4%
b. No (go to Q32)	112	23.0%	120	23.1%	87	18.2%	75	16.4%	101	20.3%	495	20.3%
c. Don't Know (Q32)	7	1.4%	11	2.1%	15	3.1%	14	3.1%	9	1.8%	56	2.3%
	488	100.0%	520	100.0%	477	100.0%	456	100.0%	498	100.0%	2,439	100.0%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>23a What did you select?</b>												
a. Management of chronic condition (specify below)	109	29.5%	102	26.2%	98	26.1%	89	24.3%	112	26.0%	510	26.4%
b. Weight	82	22.2%	85	21.9%	79	21.1%	78	21.3%	83	19.3%	407	21.1%
c. Diet	25	6.8%	23	5.9%	35	9.3%	18	4.9%	26	6.0%	127	6.6%
d. Tobacco use	45	12.2%	48	12.3%	25	6.7%	39	10.6%	44	10.2%	201	10.4%
e. Medications	14	3.8%	12	3.1%	11	2.9%	14	3.8%	23	5.3%	74	3.8%
f. Alcohol or drug use	0	0.0%	1	0.3%	1	0.3%	2	0.5%	0	0.0%	4	0.2%
g. Social support	6	1.6%	9	2.3%	7	1.9%	6	1.6%	4	0.9%	32	1.7%
h. Other (specify below)	82	22.2%	104	26.7%	115	30.7%	118	32.2%	131	30.4%	550	28.5%
i. Don't know	<u>6</u>	<u>1.6%</u>	<u>5</u>	<u>1.3%</u>	<u>4</u>	<u>1.1%</u>	<u>3</u>	<u>0.8%</u>	<u>8</u>	<u>1.9%</u>	<u>26</u>	<u>1.3%</u>
	369	100.0%	389	100.0%	375	100.0%	367	100.0%	431	100.0%	1,931	100.0%
<b>23b Chronic Condition (not coded)</b>												
<b>23c Other (not coded)</b>												
<b>24 Did you and your Health Coach develop an Action Plan?</b>												
a. Yes	333	90.2%	352	90.5%	336	89.6%	332	90.5%	388	92.4%	1,741	90.7%
b. No (go to Q32)	33	8.9%	30	7.7%	25	6.7%	30	8.2%	28	6.7%	146	7.6%
c. Don't Know (go to Q32)	<u>3</u>	<u>0.8%</u>	<u>7</u>	<u>1.8%</u>	<u>14</u>	<u>3.7%</u>	<u>5</u>	<u>1.4%</u>	<u>4</u>	<u>1.0%</u>	<u>33</u>	<u>1.7%</u>
	369	100.0%	389	100.0%	375	100.0%	367	100.0%	420	100.0%	1,920	100.0%
<b>25 Have you achieved one or more goals?</b>												
a. Yes	259	77.8%	265	75.3%	256	76.2%	240	72.3%	269	69.3%	1,289	74.0%
b. No (go to Q28)	73	21.9%	87	24.7%	79	23.5%	92	27.7%	118	30.4%	449	25.8%
c. Don't Know (go to Q32)	<u>1</u>	<u>0.3%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.3%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.3%</u>	<u>3</u>	<u>0.2%</u>
	333	100.0%	352	100.0%	336	100.0%	332	100.0%	388	100.0%	1,741	100.0%
<b>26 What was the Goal you achieved? (not coded)</b>												

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>27 Do you have a goal you are currently trying to achieve?</b>												
a. Yes	52	20.1%	42	15.8%	51	19.9%	49	20.4%	77	28.6%	271	21.0%
b. No (go to Q30)	207	79.9%	223	84.2%	205	80.1%	191	79.6%	192	71.4%	1,018	79.0%
c. Don't Know (go to Q30)	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>								
	259	100.0%	265	100.0%	256	100.0%	240	100.0%	269	100.0%	1,289	100.0%
<b>28 What is the Goal you're trying to achieve? (not coded)</b>												
<b>29 How confident are you that you will be able to achieve this goal?</b>												
a. Very Confident	34	65.4%	23	54.8%	27	52.9%	35	71.4%	40	51.9%	159	58.7%
b. Somewhat Confident	17	32.7%	17	40.5%	22	43.1%	14	28.6%	34	44.2%	104	38.4%
c. Not Very Confident	1	1.9%	1	2.4%	2	3.9%	0	0.0%	1	1.3%	5	1.8%
d. Not at all Confident	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	2.6%	2	0.7%
e. Don't Know	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>2.4%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.4%</u>
	52	100.0%	42	100.0%	51	100.0%	49	100.0%	77	100.0%	271	100.0%
<b>30 How helpful has your Health Coach been in helping you achieve your goals?</b>												
a. Very Helpful	245	98.4%	232	98.3%	251	98.0%	232	96.7%	263	97.8%	1,223	97.8%
b. Somewhat Helpful	3	1.2%	2	0.8%	4	1.6%	7	2.9%	6	2.2%	22	1.8%
c. Not Very Helpful	0	0.0%	1	0.4%	0	0.0%	1	0.4%	0	0.0%	2	0.2%
d. Not at all Helpful	1	0.4%	1	0.4%	1	0.4%	0	0.0%	0	0.0%	3	0.2%
e. Don't Know/Not Sure	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>								
	249	100.0%	236	100.0%	256	100.0%	240	100.0%	269	100.0%	1,250	100.0%
<b>31 Do you have any suggestions for how your Health Coach could be more helpful? (not coded)</b>												
<b>32a Behavior Change - smoking less</b>												
a. N/A - Not Discussed	86	14.9%	110	16.8%	114	19.4%	95	17.1%	82	13.9%	487	16.4%
b. Discussed - No Change	31	5.4%	43	6.6%	26	4.4%	40	7.2%	62	10.5%	202	6.8%
c. Discussed - Temporary Change	12	2.1%	12	1.8%	4	0.7%	4	0.7%	18	3.0%	50	1.7%
d. Discussed - Continuing Change	66	11.4%	70	10.7%	46	7.8%	60	10.8%	80	13.5%	322	10.9%
e. Don't Know	46	7.9%	69	10.6%	65	11.1%	66	11.8%	44	7.4%	290	9.8%
f. Not Applicable	<u>338</u>	<u>58.4%</u>	<u>349</u>	<u>53.4%</u>	<u>332</u>	<u>56.6%</u>	<u>292</u>	<u>52.4%</u>	<u>305</u>	<u>51.6%</u>	<u>1,616</u>	<u>54.5%</u>
	579	100.0%	653	100.0%	587	100.0%	557	100.0%	591	100.0%	2,967	100.0%

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>32b Behavior Change - getting more exercise</b>												
a. N/A - Not Discussed	88	15.2%	133	20.4%	112	19.1%	98	17.6%	76	12.9%	507	17.1%
b. Discussed - No Change	40	6.9%	49	7.5%	51	8.7%	43	7.7%	65	11.0%	248	8.4%
c. Discussed - Temporary Change	11	1.9%	8	1.2%	15	2.6%	14	2.5%	18	3.0%	66	2.2%
d. Discussed - Continuing Change	220	38.0%	210	32.2%	201	34.2%	204	36.6%	214	36.2%	1,049	35.4%
e. Don't Know	33	5.7%	57	8.7%	44	7.5%	47	8.4%	35	5.9%	216	7.3%
f. Not Applicable	<u>187</u>	<u>32.3%</u>	<u>196</u>	<u>30.0%</u>	<u>164</u>	<u>27.9%</u>	<u>151</u>	<u>27.1%</u>	<u>183</u>	<u>31.0%</u>	<u>881</u>	<u>29.7%</u>
	579	100.0%	653	100.0%	587	100.0%	557	100.0%	591	100.0%	2,967	100.0%
<b>32c Behavior Change - changing your diet</b>												
a. N/A - Not Discussed	78	13.5%	111	17.0%	102	17.4%	92	16.5%	83	14.0%	466	15.7%
b. Discussed - No Change	38	6.6%	41	6.3%	36	6.1%	35	6.3%	57	9.6%	207	7.0%
c. Discussed - Temporary Change	22	3.8%	16	2.5%	18	3.1%	16	2.9%	27	4.6%	99	3.3%
d. Discussed - Continuing Change	280	48.4%	265	40.6%	261	44.5%	236	42.4%	265	44.8%	1,307	44.1%
e. Don't Know	35	6.0%	53	8.1%	40	6.8%	44	7.9%	35	5.9%	207	7.0%
f. Not Applicable	<u>126</u>	<u>21.8%</u>	<u>167</u>	<u>25.6%</u>	<u>130</u>	<u>22.1%</u>	<u>134</u>	<u>24.1%</u>	<u>124</u>	<u>21.0%</u>	<u>681</u>	<u>23.0%</u>
	579	100.0%	653	100.0%	587	100.0%	557	100.0%	591	100.0%	2,967	100.0%
<b>32d Behavior Change - managing your medications</b>												
a. N/A - Not Discussed	79	13.6%	128	19.6%	119	20.3%	104	18.7%	80	13.5%	510	17.2%
b. Discussed - No Change	6	1.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	8	0.3%
c. Discussed - Temporary Change	0	0.0%	0	0.0%	1	0.2%	1	0.2%	5	0.8%	7	0.2%
d. Discussed - Continuing Change	122	21.1%	60	9.2%	72	12.3%	77	13.8%	124	21.0%	455	15.3%
e. Don't Know	69	11.9%	113	17.3%	61	10.4%	51	9.2%	56	9.5%	350	11.8%
f. Not Applicable	<u>303</u>	<u>52.3%</u>	<u>352</u>	<u>53.9%</u>	<u>334</u>	<u>56.9%</u>	<u>322</u>	<u>57.8%</u>	<u>326</u>	<u>55.2%</u>	<u>1,637</u>	<u>55.2%</u>
	579	100.0%	653	100.0%	587	100.0%	557	100.0%	591	100.0%	2,967	100.0%
<b>32e Behavior Change - drinking enough water</b>												
a. N/A - Not Discussed	85	14.7%	125	19.1%	113	19.3%	107	19.2%	89	15.1%	519	17.5%
b. Discussed - No Change	31	5.4%	14	2.1%	21	3.6%	19	3.4%	29	4.9%	114	3.8%
c. Discussed - Temporary Change	8	1.4%	4	0.6%	16	2.7%	10	1.8%	14	2.4%	52	1.8%
d. Discussed - Continuing Change	197	34.0%	159	24.3%	154	26.2%	127	22.8%	174	29.4%	811	27.3%
e. Don't Know	83	14.3%	105	16.1%	71	12.1%	76	13.6%	64	10.8%	399	13.4%
f. Not Applicable	<u>175</u>	<u>30.2%</u>	<u>246</u>	<u>37.7%</u>	<u>212</u>	<u>36.1%</u>	<u>218</u>	<u>39.1%</u>	<u>221</u>	<u>37.4%</u>	<u>1,072</u>	<u>36.1%</u>
	579	100.0%	653	100.0%	587	100.0%	557	100.0%	591	100.0%	2,967	100.0%

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>32f Behavior Change - drinking or using substances less</b>												
a. N/A - Not Discussed	162	28.0%	177	27.1%	167	28.4%	135	24.2%	102	17.3%	743	25.0%
b. Discussed - No Change	0	0.0%	1	0.2%	0	0.0%	1	0.2%	2	0.3%	4	0.1%
c. Discussed - Temporary Change	1	0.2%	1	0.2%	2	0.3%	1	0.2%	3	0.5%	8	0.3%
d. Discussed - Continuing Change	7	1.2%	9	1.4%	7	1.2%	15	2.7%	19	3.2%	57	1.9%
e. Don't Know	88	15.2%	110	16.8%	122	20.8%	101	18.1%	79	13.4%	500	16.9%
f. Not Applicable	<u>321</u>	<u>55.4%</u>	<u>355</u>	<u>54.4%</u>	<u>289</u>	<u>49.2%</u>	<u>304</u>	<u>54.6%</u>	<u>386</u>	<u>65.3%</u>	<u>1,655</u>	<u>55.8%</u>
	579	100.0%	653	100.0%	587	100.0%	557	100.0%	591	100.0%	2,967	100.0%
<b>33 Overall, how satisfied are you with your Health Coach?</b>												
a. Very Satisfied	504	94.7%	617	94.5%	561	95.6%	519	93.2%	557	94.2%	2,758	94.5%
b. Somewhat Satisfied	19	3.6%	18	2.8%	18	3.1%	27	4.8%	23	3.9%	105	3.6%
c. Somewhat Dissatisfied	3	0.6%	5	0.8%	3	0.5%	4	0.7%	2	0.3%	17	0.6%
d. Very Dissatisfied	2	0.4%	8	1.2%	1	0.2%	3	0.5%	5	0.8%	19	0.7%
e. Don't Know	<u>4</u>	<u>0.8%</u>	<u>5</u>	<u>0.8%</u>	<u>4</u>	<u>0.7%</u>	<u>4</u>	<u>0.7%</u>	<u>4</u>	<u>0.7%</u>	<u>21</u>	<u>0.7%</u>
	532	100.0%	653	100.0%	587	100.0%	557	100.0%	591	100.0%	2,920	100.0%
<b>34 Did you know (about SDOH assistance)?</b>												
a. Yes	267	52.5%	378	57.9%	340	57.9%	390	70.0%	451	76.1%	1,826	63.0%
b. No	209	41.1%	214	32.8%	206	35.1%	136	24.4%	119	20.1%	884	30.5%
c. Don't Know/Not Sure	<u>33</u>	<u>6.5%</u>	<u>61</u>	<u>9.3%</u>	<u>41</u>	<u>7.0%</u>	<u>31</u>	<u>5.6%</u>	<u>23</u>	<u>3.9%</u>	<u>189</u>	<u>6.5%</u>
	509	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,899	100.0%
<b>35 Did you know (about Community Resource Specialists)?</b>												
a. Yes	281	48.1%	373	57.1%	269	45.8%	179	32.1%	210	35.4%	1,312	44.1%
b. No	264	45.2%	217	33.2%	269	45.8%	295	53.0%	298	50.3%	1,343	45.2%
c. Don't Know/Not Sure	<u>39</u>	<u>6.7%</u>	<u>63</u>	<u>9.6%</u>	<u>49</u>	<u>8.3%</u>	<u>83</u>	<u>14.9%</u>	<u>85</u>	<u>14.3%</u>	<u>319</u>	<u>10.7%</u>
	584	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,974	100.0%
<b>36 Have CRS or Health Coach helped with (SDOH)?</b>												
a. Yes - CRS Helped	35	6.4%	47	7.2%	59	10.1%	80	14.4%	107	18.1%	328	11.2%
b. Yes - Health Coach Helped	60	10.9%	89	13.6%	93	15.8%	91	16.3%	106	17.9%	439	14.9%
c. No to both (go to Q40)	448	81.8%	514	78.7%	434	73.9%	384	68.9%	373	63.0%	2,153	73.3%
d. Don't Know/Not Sure (go to Q40)	<u>5</u>	<u>0.9%</u>	<u>3</u>	<u>0.5%</u>	<u>1</u>	<u>0.2%</u>	<u>2</u>	<u>0.4%</u>	<u>6</u>	<u>1.0%</u>	<u>17</u>	<u>0.6%</u>
	548	100.0%	653	100.0%	587	100.0%	557	100.0%	592	100.0%	2,937	100.0%

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>32f Behavior Change - drinking or using substances less</b>												
a. N/A - Not Discussed	162	28.0%	177	27.1%	167	28.4%	135	24.2%	102	17.3%	743	25.0%
b. Discussed - No Change	0	0.0%	1	0.2%	0	0.0%	1	0.2%	2	0.3%	4	0.1%
c. Discussed - Temporary Change	1	0.2%	1	0.2%	2	0.3%	1	0.2%	3	0.5%	8	0.3%
d. Discussed - Continuing Change	7	1.2%	9	1.4%	7	1.2%	15	2.7%	19	3.2%	57	1.9%
e. Don't Know	88	15.2%	110	16.8%	122	20.8%	101	18.1%	79	13.4%	500	16.9%
f. Not Applicable	<u>321</u>	<u>55.4%</u>	<u>355</u>	<u>54.4%</u>	<u>289</u>	<u>49.2%</u>	<u>304</u>	<u>54.6%</u>	<u>386</u>	<u>65.3%</u>	<u>1,655</u>	<u>55.8%</u>
	579	100.0%	653	100.0%	587	100.0%	557	100.0%	591	100.0%	2,967	100.0%
<b>33 Overall, how satisfied are you with your Health Coach?</b>												
a. Very Satisfied	504	94.7%	617	94.5%	561	95.6%	519	93.2%	557	94.2%	2,758	94.5%
b. Somewhat Satisfied	19	3.6%	18	2.8%	18	3.1%	27	4.8%	23	3.9%	105	3.6%
c. Somewhat Dissatisfied	3	0.6%	5	0.8%	3	0.5%	4	0.7%	2	0.3%	17	0.6%
d. Very Dissatisfied	2	0.4%	8	1.2%	1	0.2%	3	0.5%	5	0.8%	19	0.7%
e. Don't Know	<u>4</u>	<u>0.8%</u>	<u>5</u>	<u>0.8%</u>	<u>4</u>	<u>0.7%</u>	<u>4</u>	<u>0.7%</u>	<u>4</u>	<u>0.7%</u>	<u>21</u>	<u>0.7%</u>
	532	100.0%	653	100.0%	587	100.0%	557	100.0%	591	100.0%	2,920	100.0%
<b>34 Did you know (about SDOH assistance)?</b>												
a. Yes	267	52.5%	378	57.9%	340	57.9%	390	70.0%	451	76.1%	1,826	63.0%
b. No	209	41.1%	214	32.8%	206	35.1%	136	24.4%	119	20.1%	884	30.5%
c. Don't Know/Not Sure	<u>33</u>	<u>6.5%</u>	<u>61</u>	<u>9.3%</u>	<u>41</u>	<u>7.0%</u>	<u>31</u>	<u>5.6%</u>	<u>23</u>	<u>3.9%</u>	<u>189</u>	<u>6.5%</u>
	509	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,899	100.0%
<b>35 Did you know (about Community Resource Specialists)?</b>												
a. Yes	281	48.1%	373	57.1%	269	45.8%	179	32.1%	210	35.4%	1,312	44.1%
b. No	264	45.2%	217	33.2%	269	45.8%	295	53.0%	298	50.3%	1,343	45.2%
c. Don't Know/Not Sure	<u>39</u>	<u>6.7%</u>	<u>63</u>	<u>9.6%</u>	<u>49</u>	<u>8.3%</u>	<u>83</u>	<u>14.9%</u>	<u>85</u>	<u>14.3%</u>	<u>319</u>	<u>10.7%</u>
	584	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,974	100.0%

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>36 Have CRS or Health Coach helped with (SDOH)?</b>												
a. Yes - CRS Helped	35	6.4%	47	7.2%	59	10.1%	80	14.4%	107	18.1%	328	11.2%
b. Yes - Health Coach Helped	60	10.9%	89	13.6%	93	15.8%	91	16.3%	106	17.9%	439	14.9%
c. No to both (go to Q40)	448	81.8%	514	78.7%	434	73.9%	384	68.9%	373	63.0%	2,153	73.3%
d. Don't Know/Not Sure (go to Q40)	<u>5</u>	<u>0.9%</u>	<u>3</u>	<u>0.5%</u>	<u>1</u>	<u>0.2%</u>	<u>2</u>	<u>0.4%</u>	<u>6</u>	<u>1.0%</u>	<u>17</u>	<u>0.6%</u>
	548	100.0%	653	100.0%	587	100.0%	557	100.0%	592	100.0%	2,937	100.0%
<b>37 What problem did you get help in resolving?</b>												
a. Housing/Rent	9	9.5%	12	8.8%	12	8.3%	25	14.6%	25	11.7%	83	10.9%
b. Food	20	21.1%	13	9.6%	10	6.9%	29	17.0%	59	27.7%	131	17.2%
c. Child Care	1	1.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
d. Transportation (specify destination)	3	3.2%	9	6.6%	9	6.2%	19	11.1%	13	6.1%	53	7.0%
e. Don't Know	0	0.0%	2	1.5%	2	1.4%	3	1.8%	4	1.9%	11	1.4%
f. Other (Specify Below)	<u>62</u>	<u>65.3%</u>	<u>100</u>	<u>73.5%</u>	<u>112</u>	<u>77.2%</u>	<u>95</u>	<u>55.6%</u>	<u>112</u>	<u>52.6%</u>	<u>481</u>	<u>63.3%</u>
	95	100.0%	136	100.0%	145	100.0%	171	100.0%	213	100.0%	760	100.0%
<b>38 How helpful was the CRS or Health Coach in solving the problem?</b>												
a. Very Helpful	81	85.3%	118	86.8%	125	86.2%	151	88.3%	193	90.6%	668	87.9%
b. Somewhat Helpful	5	5.3%	4	2.9%	6	4.1%	9	5.3%	9	4.2%	33	4.3%
c. Not Very Helpful	0	0.0%	3	2.2%	3	2.1%	3	1.8%	4	1.9%	13	1.7%
d. Not at all Helpful	4	4.2%	6	4.4%	5	3.4%	7	4.1%	3	1.4%	25	3.3%
e. Don't Know	<u>5</u>	<u>5.3%</u>	<u>5</u>	<u>3.7%</u>	<u>6</u>	<u>4.1%</u>	<u>1</u>	<u>0.6%</u>	<u>4</u>	<u>1.9%</u>	<u>21</u>	<u>2.8%</u>
	95	100.0%	136	100.0%	145	100.0%	171	100.0%	213	100.0%	760	100.0%
<b>39 What did the CRS or Health Coach do? (See Tabs)</b>												
<b>40 Overall, how would you rate your health today?</b>												
a. Excellent	4	0.7%	4	0.6%	7	1.2%	3	0.5%	5	0.8%	23	0.8%
b. Good	205	35.3%	207	31.7%	206	35.1%	177	31.8%	176	29.7%	971	32.7%
c. Fair	301	51.8%	334	51.1%	291	49.6%	282	50.6%	325	54.8%	1,533	51.6%
d. Poor	70	12.0%	104	15.9%	77	13.1%	88	15.8%	85	14.3%	424	14.3%
e. Don't Know/Not Sure	<u>1</u>	<u>0.2%</u>	<u>4</u>	<u>0.6%</u>	<u>6</u>	<u>1.0%</u>	<u>7</u>	<u>1.3%</u>	<u>2</u>	<u>0.3%</u>	<u>20</u>	<u>0.7%</u>
	581	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,971	100.0%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>41 Compared to before you participated in the HMP, how has your health changed?</b>												
a. Better	207	35.6%	216	33.1%	236	40.2%	183	32.9%	205	34.6%	1,047	35.2%
b. Worse (go to q43)	35	6.0%	41	6.3%	35	6.0%	33	5.9%	28	4.7%	172	5.8%
c. About the same (go to q43)	<u>339</u>	<u>58.3%</u>	<u>396</u>	<u>60.6%</u>	<u>316</u>	<u>53.8%</u>	<u>341</u>	<u>61.2%</u>	<u>360</u>	<u>60.7%</u>	<u>1,752</u>	<u>59.0%</u>
	581	100.0%	653	100.0%	587	100.0%	557	100.0%	593	100.0%	2,971	100.0%
<b>42 Do you think the HMP has contributed to your improvement in health?</b>												
a. Yes	195	94.2%	210	97.2%	229	97.4%	175	95.6%	199	97.1%	1,008	96.4%
b. No	12	5.8%	6	2.8%	6	2.6%	8	4.4%	6	2.9%	38	3.6%
c. Don't Know/Not Sure	<u>0</u>	<u>0.0%</u>	-	<u>0.0%</u>								
	207	100.0%	216	100.0%	235	100.0%	183	100.0%	205	100.0%	1,046	100.0%
<b>43 Overall, how satisfied are you with your whole experience in the HMP?</b>												
a. Very Satisfied	552	95.0%	612	93.7%	552	94.0%	522	93.7%	551	93.1%	2,789	93.9%
b. Somewhat Satisfied	22	3.8%	25	3.8%	28	4.8%	23	4.1%	29	4.9%	127	4.3%
c. Somewhat Dissatisfied	4	0.7%	6	0.9%	3	0.5%	3	0.5%	5	0.8%	21	0.7%
d. Very Dissatisfied	1	0.2%	7	1.1%	1	0.2%	7	1.3%	3	0.5%	19	0.6%
e. Don't Know/Not Sure	<u>2</u>	<u>0.3%</u>	<u>3</u>	<u>0.5%</u>	<u>3</u>	<u>0.5%</u>	<u>2</u>	<u>0.4%</u>	<u>4</u>	<u>0.7%</u>	<u>14</u>	<u>0.5%</u>
	581	100.0%	653	100.0%	587	100.0%	557	100.0%	592	100.0%	2,970	100.0%
<b>44 Would you recommend the HMP to a friend?</b>												
a. Yes	572	98.5%	633	96.9%	573	97.6%	538	96.6%	577	97.5%	2,893	97.4%
b. No	2	0.3%	14	2.1%	2	0.3%	11	2.0%	5	0.8%	34	1.1%
c. Don't Know	<u>7</u>	<u>1.2%</u>	<u>6</u>	<u>0.9%</u>	<u>12</u>	<u>2.0%</u>	<u>8</u>	<u>1.4%</u>	<u>10</u>	<u>1.7%</u>	<u>43</u>	<u>1.4%</u>
	581	100.0%	653	100.0%	587	100.0%	557	100.0%	592	100.0%	2,970	100.0%
<b>45 Do you have any suggestions for improving the HMP? (not coded)</b>												

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>50 In the last six months, how often was it easy to get the care you needed?</b>												
a. Never	10	2.2%	28	4.7%	24	4.4%	18	3.3%	13	2.3%	93	3.5%
b. Sometimes	59	13.2%	98	16.6%	76	13.8%	80	14.8%	73	13.2%	386	14.4%
c. Usually	150	33.5%	164	27.7%	164	29.9%	154	28.5%	146	26.4%	778	29.0%
d. Always	<u>229</u>	<u>51.1%</u>	<u>302</u>	<u>51.0%</u>	<u>285</u>	<u>51.9%</u>	<u>289</u>	<u>53.4%</u>	<u>322</u>	<u>58.1%</u>	<u>1,427</u>	<u>53.2%</u>
	448	100.0%	592	100.0%	549	100.0%	541	100.0%	554	100.0%	2,684	100.0%
<b>51 In the last six months, did you make a specialist appointment?</b>												
a. Yes	273	59.9%	389	65.7%	374	68.1%	360	66.5%	360	65.0%	1,756	65.2%
b. No (go to Q53)	<u>183</u>	<u>40.1%</u>	<u>203</u>	<u>34.3%</u>	<u>175</u>	<u>31.9%</u>	<u>181</u>	<u>33.5%</u>	<u>194</u>	<u>35.0%</u>	<u>936</u>	<u>34.8%</u>
	456	100.0%	592	100.0%	549	100.0%	541	100.0%	554	100.0%	2,692	100.0%
<b>52 In the last six months, how often did you get an appointment to see a specialist as soon as you needed?</b>												
a. Never	21	7.7%	33	8.5%	35	9.4%	32	8.9%	33	9.1%	154	8.8%
b. Sometimes	32	11.7%	69	17.8%	75	20.1%	72	20.0%	50	13.7%	298	16.9%
c. Usually	54	19.8%	71	18.3%	69	18.4%	79	21.9%	77	21.2%	350	19.9%
d. Always	<u>166</u>	<u>60.8%</u>	<u>215</u>	<u>55.4%</u>	<u>195</u>	<u>52.1%</u>	<u>177</u>	<u>49.2%</u>	<u>204</u>	<u>56.0%</u>	<u>957</u>	<u>54.4%</u>
	273	100.0%	388	100.0%	374	100.0%	360	100.0%	364	100.0%	1,759	100.0%
<b>53 What number would you use to rate your health care in the last six months?</b>												
0	2	0.5%	6	1.0%	6	1.1%	5	0.9%	5	0.9%	24	0.9%
1	0	0.0%	2	0.3%	0	0.0%	1	0.2%	2	0.4%	5	0.2%
2	3	0.7%	2	0.3%	4	0.7%	4	0.8%	3	0.5%	16	0.6%
3	3	0.7%	9	1.5%	2	0.4%	9	1.7%	4	0.7%	27	1.0%
4	7	1.6%	9	1.5%	6	1.1%	7	1.3%	9	1.6%	38	1.4%
5	19	4.3%	32	5.5%	28	5.1%	32	6.0%	34	6.2%	145	5.5%
6	19	4.3%	36	6.2%	25	4.6%	31	5.8%	29	5.3%	140	5.3%
7	43	9.7%	67	11.5%	44	8.0%	45	8.4%	67	12.2%	266	10.0%
8	130	29.3%	144	24.7%	165	30.2%	148	27.8%	152	27.8%	739	27.9%
9	45	10.2%	61	10.5%	70	12.8%	65	12.2%	62	11.3%	303	11.4%
10	<u>172</u>	<u>38.8%</u>	<u>214</u>	<u>36.8%</u>	<u>197</u>	<u>36.0%</u>	<u>186</u>	<u>34.9%</u>	<u>180</u>	<u>32.9%</u>	<u>949</u>	<u>35.8%</u>
	443	100.0%	582	100.0%	547	100.0%	533	100.0%	547	100.0%	2,652	100.0%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>54 What number would you use to rate your health plan?</b>												
0	3	0.7%	4	0.7%	3	0.6%	1	0.2%	6	1.1%	17	0.6%
1	2	0.4%	2	0.3%	3	0.6%	2	0.4%	1	0.2%	10	0.4%
2	1	0.2%	4	0.7%	3	0.6%	4	0.8%	1	0.2%	13	0.5%
3	4	0.9%	9	1.6%	1	0.2%	5	0.9%	4	0.7%	23	0.9%
4	1	0.2%	8	1.4%	3	0.6%	5	0.9%	4	0.7%	21	0.8%
5	22	4.9%	23	4.0%	23	4.2%	10	1.9%	20	3.7%	98	3.7%
6	16	3.6%	20	3.5%	8	1.5%	11	2.1%	19	3.5%	74	2.8%
7	36	8.1%	30	5.2%	24	4.4%	35	6.6%	50	9.2%	175	6.6%
8	91	20.4%	116	20.1%	100	18.5%	109	20.5%	114	20.9%	530	20.1%
9	57	12.8%	88	15.3%	80	14.8%	91	17.1%	80	14.7%	396	15.0%
10	<u>212</u>	<u>47.6%</u>	<u>272</u>	<u>47.2%</u>	<u>294</u>	<u>54.2%</u>	<u>259</u>	<u>48.7%</u>	<u>246</u>	<u>45.1%</u>	<u>1,283</u>	<u>48.6%</u>
	445	100.0%	576	100.0%	542	100.0%	532	100.0%	545	100.0%	2,640	100.0%
<b>55 In the last six months, how often was it easy to get your child the care s/he needed?</b>												
a. Never	0	0.0%	1	1.5%	4	10.0%	0	0.0%	0	0.0%	5	2.3%
b. Sometimes	6	11.5%	8	12.1%	2	5.0%	1	6.3%	3	7.7%	20	9.4%
c. Usually	17	32.7%	13	19.7%	8	20.0%	1	6.3%	8	20.5%	47	22.1%
d. Always	<u>29</u>	<u>55.8%</u>	<u>44</u>	<u>66.7%</u>	<u>26</u>	<u>65.0%</u>	<u>14</u>	<u>87.5%</u>	<u>28</u>	<u>71.8%</u>	<u>141</u>	<u>66.2%</u>
	52	100.0%	66	100.0%	40	100.0%	16	100.0%	39	100.0%	213	100.0%
<b>56 In the last six months, did you make a specialist appointment for your child?</b>												
a. Yes	28	53.8%	39	59.1%	25	62.5%	10	62.5%	30	76.9%	132	62.0%
b. No (go to Q58)	<u>24</u>	<u>46.2%</u>	<u>27</u>	<u>40.9%</u>	<u>15</u>	<u>37.5%</u>	<u>6</u>	<u>37.5%</u>	<u>9</u>	<u>23.1%</u>	<u>81</u>	<u>38.0%</u>
	52	100.0%	66	100.0%	40	100.0%	16	100.0%	39	100.0%	213	100.0%
<b>57 In the last six months, how often did you get an appointment for your child to see a specialist as soon as you needed?</b>												
a. Never	4	14.3%	5	12.2%	2	8.0%	0	0.0%	2	6.7%	13	9.7%
b. Sometimes	4	14.3%	1	2.4%	4	16.0%	1	10.0%	4	13.3%	14	10.4%
c. Usually	4	14.3%	4	9.8%	4	16.0%	0	0.0%	6	20.0%	18	13.4%
d. Always	<u>16</u>	<u>57.1%</u>	<u>31</u>	<u>75.6%</u>	<u>15</u>	<u>60.0%</u>	<u>9</u>	<u>90.0%</u>	<u>18</u>	<u>60.0%</u>	<u>89</u>	<u>66.4%</u>
	28	100.0%	41	100.0%	25	100.0%	10	100.0%	30	100.0%	134	100.0%

**SOONERCARE HMP MEMBER SURVEY - INITIAL  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>58 What number would you use to rate your child's health care in the last six months?</b>												
0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
3	0	0.0%	1	1.5%	2	5.0%	0	0.0%	0	0.0%	3	1.4%
4	0	0.0%	2	3.1%	0	0.0%	0	0.0%	0	0.0%	2	0.9%
5	1	2.0%	4	6.2%	3	7.5%	0	0.0%	1	2.6%	9	4.3%
6	1	2.0%	0	0.0%	1	2.5%	0	0.0%	1	2.6%	3	1.4%
7	4	7.8%	2	3.1%	2	5.0%	1	6.3%	4	10.3%	13	6.2%
8	10	19.6%	15	23.1%	14	35.0%	1	6.3%	11	28.2%	51	24.2%
9	9	17.6%	5	7.7%	5	12.5%	2	12.5%	0	0.0%	21	10.0%
10	<u>26</u>	<u>51.0%</u>	<u>36</u>	<u>55.4%</u>	<u>13</u>	<u>32.5%</u>	<u>12</u>	<u>75.0%</u>	<u>22</u>	<u>56.4%</u>	<u>109</u>	<u>51.7%</u>
	51	100.0%	65	100.0%	40	100.0%	16	100.0%	39	100.0%	211	100.0%
<b>59 What number would you use to rate your child's health plan?</b>												
0	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	1	0.0%
2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
3	0	0.0%	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	0.0%
4	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
5	0	0.0%	2	0.3%	0	0.0%	0	0.0%	1	0.2%	3	0.1%
6	0	0.0%	3	0.5%	0	0.0%	0	0.0%	1	0.2%	4	0.2%
7	0	0.0%	3	0.5%	3	0.6%	1	0.2%	2	0.4%	9	0.3%
8	0	0.0%	8	1.4%	6	1.1%	1	0.2%	4	0.7%	19	0.7%
9	0	0.0%	7	1.2%	8	1.5%	2	0.4%	5	0.9%	22	0.8%
10	<u>0</u>	<u>0.0%</u>	<u>35</u>	<u>6.1%</u>	<u>23</u>	<u>4.2%</u>	<u>12</u>	<u>2.3%</u>	<u>25</u>	<u>4.6%</u>	<u>95</u>	<u>3.6%</u>
	0	0.0%	60	10.4%	40	7.4%	16	3.0%	39	7.2%	155	5.9%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent										
<b>1 Are you currently participating in SoonerCare?</b>												
A. Yes	270	100.0%	296	99.3%	339	99.1%	340	98.0%	327	97.3%	1,572	98.7%
b. No (Ask if in Medicaid. If no, end call)	0	0.0%	2	0.7%	3	0.9%	7	2.0%	9	2.7%	21	1.3%
c. Don't Know/Not Sure (Ask if in Medicaid. If no, end call)	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>								
	270	100.0%	298	100.0%	342	100.0%	347	100.0%	336	100.0%	1,593	100.0%
<b>(2 - 4 - Initial Survey Only)</b>												
<b>5 Are you still participating today in the HMP?</b>												
a. Yes [GO TO QUESTION 4]	268	99.3%	285	96.3%	324	95.6%	332	97.6%	300	91.7%	1,509	96.0%
b. No	2	0.7%	11	3.7%	11	3.2%	3	0.9%	21	6.4%	48	3.1%
c. Don't know [END CALL]	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>4</u>	<u>1.2%</u>	<u>5</u>	<u>1.5%</u>	<u>6</u>	<u>1.8%</u>	<u>15</u>	<u>1.0%</u>
	270	100.0%	296	100.0%	339	100.0%	340	100.0%	327	100.0%	1,572	100.0%
<b>6 How long have you been participating in the HMP?</b>												
a. Less than 1 month	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.1%
b. One to two months	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.3%	1	0.1%
c. Three to four months	0	0.0%	0	0.0%	2	0.6%	0	0.0%	0	0.0%	2	0.1%
d. Four to six months	4	1.5%	9	3.2%	8	2.5%	22	6.6%	29	9.7%	72	4.8%
e. Six to nine months	70	26.0%	63	22.1%	67	20.7%	75	22.6%	75	25.0%	350	23.2%
f. Nine to twelve months	92	34.2%	111	38.9%	134	41.4%	114	34.3%	90	30.0%	541	35.8%
g. More than twelve months	95	35.3%	82	28.8%	69	21.3%	99	29.8%	56	18.7%	401	26.6%
h. Don't Know/Not Sure	<u>8</u>	<u>3.0%</u>	<u>20</u>	<u>7.0%</u>	<u>43</u>	<u>13.3%</u>	<u>22</u>	<u>6.6%</u>	<u>49</u>	<u>16.3%</u>	<u>142</u>	<u>9.4%</u>
	269	100.0%	285	100.0%	324	100.0%	332	100.0%	300	100.0%	1,510	100.0%
<b>(7 - 10 - Initial Survey Only)</b>												
<b>11 Can you tell me the name of your Health Coach?</b>												
a. Yes	127	47.2%	124	43.5%	158	48.8%	162	48.8%	146	48.7%	717	47.5%
b. No	<u>142</u>	<u>52.8%</u>	<u>161</u>	<u>56.5%</u>	<u>166</u>	<u>51.2%</u>	<u>170</u>	<u>51.2%</u>	<u>154</u>	<u>51.3%</u>	<u>793</u>	<u>52.5%</u>
	269	100.0%	285	100.0%	324	100.0%	332	100.0%	300	100.0%	1,510	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>12 What is the usual way you have contact with your Health Coach?</b>												
a. In person at doctor's office	1	1.2%	2	0.7%	1	0.3%	4	1.2%	2	0.8%	10	1.0%
b. In person at home or other location	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.1%	1	0.1%
c. Telephone call	84	98.8%	283	99.3%	318	98.1%	328	98.8%	297	99.0%	1,310	127.7%
d. Text message	0	0.0%	0	0.0%	4	1.2%	0	0.0%	1	0.4%	5	0.5%
e. Other (specify)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
f. Don't know/not sure	<u>0</u>	0.0%	<u>0</u>	0.0%	<u>0</u>	0.0%	<u>0</u>	0.0%	<u>0</u>	0.0%	-	0.0%
	85	100.0%	285	100.0%	324	100.0%	332	100.0%	300	100.0%	1,026	100.0%
<b>13 About when was the last time you had contact with your Health Coach?</b>												
a. Within the last week	82	30.5%	70	24.6%	93	28.7%	77	23.2%	74	24.7%	396	26.2%
b. one to two weeks ago	41	15.2%	50	17.5%	42	13.0%	50	15.1%	38	12.7%	221	14.6%
c. Two to four weeks ago	66	24.5%	70	24.6%	86	26.5%	93	28.0%	108	36.0%	423	28.0%
d. More than four weeks ago	78	29.0%	94	33.0%	96	29.6%	104	31.3%	77	25.7%	449	29.7%
e. Have never spoken to HC [GO TO Q9]	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
f. Don't Know/Not Sure [GO TO Q9]	<u>2</u>	<u>0.7%</u>	<u>1</u>	<u>0.4%</u>	<u>7</u>	<u>2.2%</u>	<u>8</u>	<u>2.4%</u>	<u>3</u>	<u>1.0%</u>	<u>21</u>	<u>1.4%</u>
	269	100.0%	285	100.0%	324	100.0%	332	100.0%	300	100.0%	1,510	100.0%
<b>14 Was your contact with your Health Coach in person, through a phone call or through a text message?</b>												
a. Telephone call	265	99.3%	277	97.5%	318	98.1%	329	99.1%	298	99.3%	1,487	98.7%
b. Text message	1	0.4%	6	2.1%	4	1.2%	1	0.3%	2	0.7%	14	0.9%
c. In-person	1	0.4%	1	0.4%	2	0.6%	2	0.6%	0	0.0%	6	0.4%
d. Don't Know/Not Sure	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	-	0.0%
	267	100.0%	284	100.0%	324	100.0%	332	100.0%	300	100.0%	1,507	100.0%
<b>15 Did your Health Coach give you a telephone number/text to call?</b>												
a. Yes	260	96.7%	266	93.3%	294	90.5%	318	95.8%	281	93.7%	1,419	93.9%
b. No [GO TO Q13]	1	0.4%	4	1.4%	6	1.8%	3	0.9%	2	0.7%	16	1.1%
c. Don't Know/Not Sure [GO TO Q13]	<u>8</u>	<u>3.0%</u>	<u>15</u>	<u>5.3%</u>	<u>25</u>	<u>7.7%</u>	<u>11</u>	<u>3.3%</u>	<u>17</u>	<u>5.7%</u>	<u>76</u>	<u>5.0%</u>
	269	100.0%	285	100.0%	325	100.0%	332	100.0%	300	100.0%	1,511	100.0%

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent										
<b>16 Have you tried to call/text your Health Coach?</b>												
a. Yes - called	102	39.2%	95	35.7%	107	36.4%	117	36.8%	127	45.2%	548	38.6%
b. Yes - texted	3	1.2%	4	1.5%	6	2.0%	5	1.6%	4	1.4%	22	1.6%
b. No [Go to Q12]	145	55.8%	150	56.4%	164	55.8%	180	56.6%	142	50.5%	781	55.0%
c. Don't Know/Not Sure [GO TO Q12]	<u>10</u>	<u>3.8%</u>	<u>17</u>	<u>6.4%</u>	<u>17</u>	<u>5.8%</u>	<u>16</u>	<u>5.0%</u>	<u>8</u>	<u>2.8%</u>	<u>68</u>	<u>4.8%</u>
	260	100.0%	266	100.0%	294	100.0%	318	100.0%	281	100.0%	1,419	100.0%
<b>17a Thinking about the last time you called, what was the reason?</b>												
a. Routine health question	81	77.1%	62	62.6%	80	70.8%	84	68.9%	91	69.5%	398	69.8%
b. Urgent health problem	0	0.0%	1	1.0%	1	0.9%	0	0.0%	1	0.8%	3	0.5%
c. Seeking assistance in scheduling appointment	3	2.9%	8	8.1%	7	6.2%	4	3.3%	6	4.6%	28	4.9%
d. Returning call from Health Coach	16	15.2%	24	24.2%	15	13.3%	28	23.0%	23	17.6%	106	18.6%
e. Other [SPECIFY]	4	3.8%	2	2.0%	7	6.2%	5	4.1%	8	6.1%	26	4.6%
f. Don't know	<u>1</u>	<u>1.0%</u>	<u>2</u>	<u>2.0%</u>	<u>3</u>	<u>2.7%</u>	<u>1</u>	<u>0.8%</u>	<u>2</u>	<u>1.5%</u>	<u>9</u>	<u>1.6%</u>
	105	100.0%	99	100.0%	113	100.0%	122	100.0%	131	100.0%	570	100.0%
<b>17b Other (not coded)</b>												
<b>18 How quickly did you hear back?</b>												
a. Heard back immediately (at time of call or text)	60	57.1%	52	52.5%	67	59.3%	53	43.4%	65	49.6%	297	52.1%
b. Heard back within one hour	12	11.4%	23	23.2%	16	14.2%	18	14.8%	23	17.6%	92	16.1%
c. Heard back in more than one hour but same day	19	18.1%	6	6.1%	13	11.5%	26	21.3%	13	9.9%	77	13.5%
d. Heard back the next day	5	4.8%	7	7.1%	5	4.4%	4	3.3%	10	7.6%	31	5.4%
e. Heard back two or more days later	2	1.9%	2	2.0%	2	1.8%	4	3.3%	1	0.8%	11	1.9%
f. Never heard back	2	1.9%	3	3.0%	4	3.5%	8	6.6%	7	5.3%	24	4.2%
g. Other [specify]	2	1.9%	0	0.0%	0	0.0%	3	2.5%	1	0.8%	6	1.1%
h. Don't know/not sure	<u>3</u>	<u>2.9%</u>	<u>6</u>	<u>6.1%</u>	<u>6</u>	<u>5.3%</u>	<u>6</u>	<u>4.9%</u>	<u>11</u>	<u>8.4%</u>	<u>32</u>	<u>5.6%</u>
	105	100.0%	99	100.0%	113	100.0%	122	100.0%	131	100.0%	570	100.0%

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>19a Has your Health Coach asked questions about your health?</b>												
a. Yes	267	100.0%	283	99.3%	322	99.1%	330	99.7%	299	99.7%	1,501	99.5%
b. No	0	0.0%	2	0.7%	3	0.9%	1	0.3%	1	0.3%	7	0.5%
c. Don't Know	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<b>19b Has your Health Coach provided instructions?</b>												
a. Yes	260	97.4%	276	96.8%	303	93.2%	312	94.3%	285	95.0%	1,436	95.2%
b. No	7	2.6%	8	2.8%	19	5.8%	18	5.4%	10	3.3%	62	4.1%
c. Don't Know	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.4%</u>	<u>3</u>	<u>0.9%</u>	<u>1</u>	<u>0.3%</u>	<u>5</u>	<u>1.7%</u>	<u>10</u>	<u>0.7%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<b>19c Has your Health Coach helped you identify changes in your health?</b>												
a. Yes	101	37.8%	88	30.9%	110	33.8%	115	34.7%	134	44.7%	548	36.3%
b. No	164	61.4%	196	68.8%	201	61.8%	211	63.7%	159	53.0%	931	61.7%
c. Don't Know	<u>2</u>	<u>0.7%</u>	<u>1</u>	<u>0.4%</u>	<u>14</u>	<u>4.3%</u>	<u>5</u>	<u>1.5%</u>	<u>7</u>	<u>2.3%</u>	<u>29</u>	<u>1.9%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<b>19d Has your Health Coach answered questions about your health?</b>												
a. Yes	254	95.1%	268	94.0%	299	92.0%	297	89.7%	280	93.3%	1,398	92.7%
b. No	12	4.5%	15	5.3%	18	5.5%	31	9.4%	17	5.7%	93	6.2%
c. Don't Know	<u>1</u>	<u>0.4%</u>	<u>2</u>	<u>0.7%</u>	<u>8</u>	<u>2.5%</u>	<u>3</u>	<u>0.9%</u>	<u>3</u>	<u>1.0%</u>	<u>17</u>	<u>1.1%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<b>19e Has your Health Coach helped you to talk to and work with your doctor?</b>												
a. Yes	53	19.9%	44	15.4%	68	20.9%	51	15.4%	53	17.7%	269	17.8%
b. No	214	80.1%	241	84.6%	255	78.5%	280	84.6%	242	80.7%	1,232	81.7%
c. Don't Know	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.6%</u>	<u>0</u>	<u>0.0%</u>	<u>5</u>	<u>1.7%</u>	<u>7</u>	<u>0.5%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>19f Has your Health Coach helped you to make and keep medical appointments?</b>												
a. Yes	45	16.9%	53	18.6%	68	20.9%	69	20.8%	64	21.3%	299	19.8%
b. No	221	82.8%	231	81.1%	254	78.2%	258	77.9%	233	77.7%	1,197	79.4%
c. Don't Know	<u>1</u>	<u>0.4%</u>	<u>1</u>	<u>0.4%</u>	<u>3</u>	<u>0.9%</u>	<u>4</u>	<u>1.2%</u>	<u>3</u>	<u>1.0%</u>	<u>12</u>	<u>0.8%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<b>19g Has your Health Coach helped you to make and keep MH appointments?</b>												
a. Yes	2	0.7%	5	1.8%	19	5.8%	16	4.8%	16	5.3%	58	3.8%
b. No	265	99.3%	280	98.2%	304	93.5%	315	95.2%	281	93.7%	1,445	95.8%
c. Don't Know	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.6%</u>	<u>0</u>	<u>0.0%</u>	<u>3</u>	<u>1.0%</u>	<u>5</u>	<u>0.3%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<b>19h Has your Health Coach helped you to manage your medications?</b>												
a. Yes	236	88.4%	248	87.0%	270	83.1%	286	86.4%	261	87.0%	1,301	86.3%
b. No	22	8.2%	13	4.6%	24	7.4%	15	4.5%	17	5.7%	91	6.0%
c. Don't Know	<u>9</u>	<u>3.4%</u>	<u>24</u>	<u>8.4%</u>	<u>31</u>	<u>9.5%</u>	<u>30</u>	<u>9.1%</u>	<u>22</u>	<u>7.3%</u>	<u>116</u>	<u>7.7%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<b>20a How satisfied are you with Health Coach learning about you and your health needs?</b>												
a. Very Satisfied	257	96.3%	264	92.6%	294	90.5%	307	92.7%	286	95.3%	1,408	93.4%
b. Somewhat Satisfied	8	3.0%	18	6.3%	21	6.5%	16	4.8%	9	3.0%	72	4.8%
c. Somewhat Dissatisfied	0	0.0%	1	0.4%	3	0.9%	6	1.8%	3	1.0%	13	0.9%
d. Very Dissatisfied	2	0.7%	1	0.4%	3	0.9%	1	0.3%	0	0.0%	7	0.5%
e. Don't Know	0	0.0%	0	0.0%	1	0.3%	0	0.0%	1	0.3%	2	0.1%
f. N/A	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.4%</u>	<u>3</u>	<u>0.9%</u>	<u>1</u>	<u>0.3%</u>	<u>1</u>	<u>0.3%</u>	<u>6</u>	<u>0.4%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<i>Percent answering "yes"</i>	<i>267</i>	<i>96.3%</i>	<i>284</i>	<i>93.0%</i>	<i>322</i>	<i>91.3%</i>	<i>330</i>	<i>93.0%</i>	<i>299</i>	<i>95.7%</i>	<i>1,502</i>	<i>93.7%</i>

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>20b How satisfied are you with Health Coach giving easy to understand instructions?</b>												
a. Very Satisfied	253	94.8%	261	91.6%	279	85.8%	298	90.0%	274	91.3%	1,365	90.5%
b. Somewhat Satisfied	5	1.9%	14	4.9%	19	5.8%	11	3.3%	8	2.7%	57	3.8%
c. Somewhat Dissatisfied	0	0.0%	1	0.4%	1	0.3%	3	0.9%	2	0.7%	7	0.5%
d. Very Dissatisfied	2	0.7%	1	0.4%	3	0.9%	0	0.0%	0	0.0%	6	0.4%
e. Don't Know	0	0.0%	1	0.4%	3	0.9%	1	0.3%	5	1.7%	10	0.7%
f. N/A	<u>7</u>	<u>2.6%</u>	<u>7</u>	<u>2.5%</u>	<u>20</u>	<u>6.2%</u>	<u>18</u>	<u>5.4%</u>	<u>11</u>	<u>3.7%</u>	<u>63</u>	<u>4.2%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<i>Percent answering "yes"</i>	<i>260</i>	<i>97.3%</i>	<i>278</i>	<i>93.9%</i>	<i>305</i>	<i>91.5%</i>	<i>313</i>	<i>95.2%</i>	<i>289</i>	<i>94.8%</i>	<i>1,445</i>	<i>94.5%</i>
<b>20c How satisfied are you with Health Coach identifying changes in your health?</b>												
a. Very Satisfied	100	37.5%	87	30.5%	109	33.5%	113	34.1%	132	44.0%	541	35.9%
b. Somewhat Satisfied	2	0.7%	1	0.4%	1	0.3%	1	0.3%	3	1.0%	8	0.5%
c. Somewhat Dissatisfied	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
d. Very Dissatisfied	0	0.0%	1	0.4%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
e. Don't Know	1	0.4%	1	0.4%	12	3.7%	5	1.5%	7	2.3%	26	1.7%
f. N/A	<u>164</u>	<u>61.4%</u>	<u>195</u>	<u>68.4%</u>	<u>203</u>	<u>62.5%</u>	<u>212</u>	<u>64.0%</u>	<u>158</u>	<u>52.7%</u>	<u>932</u>	<u>61.8%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<i>Percent answering "yes"</i>	<i>103</i>	<i>97.1%</i>	<i>90</i>	<i>96.7%</i>	<i>122</i>	<i>89.3%</i>	<i>119</i>	<i>95.0%</i>	<i>142</i>	<i>93.0%</i>	<i>576</i>	<i>93.9%</i>
<b>20d How satisfied are you with Health Coach answering questions about health?</b>												
a. Very Satisfied	247	92.5%	258	90.5%	278	85.5%	286	86.4%	273	91.0%	1,342	89.0%
b. Somewhat Satisfied	5	1.9%	8	2.8%	12	3.7%	12	3.6%	6	2.0%	43	2.9%
c. Somewhat Dissatisfied	0	0.0%	2	0.7%	1	0.3%	2	0.6%	1	0.3%	6	0.4%
d. Very Dissatisfied	1	0.4%	1	0.4%	3	0.9%	0	0.0%	0	0.0%	5	0.3%
e. Don't Know	1	0.4%	2	0.7%	8	2.5%	3	0.9%	2	0.7%	16	1.1%
f. N/A	<u>13</u>	<u>4.9%</u>	<u>14</u>	<u>4.9%</u>	<u>23</u>	<u>7.1%</u>	<u>28</u>	<u>8.5%</u>	<u>18</u>	<u>6.0%</u>	<u>96</u>	<u>6.4%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<i>Percent answering "yes"</i>	<i>254</i>	<i>97.2%</i>	<i>271</i>	<i>95.2%</i>	<i>302</i>	<i>92.1%</i>	<i>303</i>	<i>94.4%</i>	<i>282</i>	<i>96.8%</i>	<i>1,412</i>	<i>95.0%</i>

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>20e How satisfied are you with Health Coach helping you talk to your doctor?</b>												
a. Very Satisfied	53	19.9%	42	14.7%	62	19.1%	48	14.5%	51	17.0%	256	17.0%
b. Somewhat Satisfied	0	0.0%	1	0.4%	3	0.9%	1	0.3%	0	0.0%	5	0.3%
c. Somewhat Dissatisfied	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
d. Very Dissatisfied	0	0.0%	1	0.4%	1	0.3%	0	0.0%	0	0.0%	2	0.1%
e. Don't Know	0	0.0%	0	0.0%	3	0.9%	0	0.0%	4	1.3%	7	0.5%
f. N/A	<u>214</u>	<u>80.1%</u>	<u>241</u>	<u>84.6%</u>	<u>256</u>	<u>78.8%</u>	<u>282</u>	<u>85.2%</u>	<u>245</u>	<u>81.7%</u>	<u>1,238</u>	<u>82.1%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<i>Percent answering "yes"</i>	<i>53</i>	<i>100.0%</i>	<i>44</i>	<i>95.5%</i>	<i>69</i>	<i>89.9%</i>	<i>49</i>	<i>98.0%</i>	<i>55</i>	<i>92.7%</i>	<i>270</i>	<i>94.8%</i>
<b>20f How satisfied are you with Health Coach helping you make PH appointments?</b>												
a. Very Satisfied	46	17.2%	51	17.9%	60	18.5%	65	19.6%	60	20.0%	282	18.7%
b. Somewhat Satisfied	0	0.0%	1	0.4%	1	0.3%	3	0.9%	1	0.3%	6	0.4%
c. Somewhat Dissatisfied	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%	1	0.1%
d. Very Dissatisfied	0	0.0%	1	0.4%	2	0.6%	0	0.0%	0	0.0%	3	0.2%
e. Don't Know	1	0.4%	1	0.4%	4	1.2%	3	0.9%	3	1.0%	12	0.8%
f. N/A	<u>220</u>	<u>82.4%</u>	<u>231</u>	<u>81.1%</u>	<u>257</u>	<u>79.1%</u>	<u>260</u>	<u>78.5%</u>	<u>236</u>	<u>78.7%</u>	<u>1,204</u>	<u>79.8%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<i>Percent answering "yes"</i>	<i>47</i>	<i>97.9%</i>	<i>54</i>	<i>94.4%</i>	<i>68</i>	<i>88.2%</i>	<i>71</i>	<i>91.5%</i>	<i>64</i>	<i>93.8%</i>	<i>304</i>	<i>92.8%</i>
<b>20g How satisfied are you with Health Coach helping you make BH appointments?</b>												
a. Very Satisfied	2	0.7%	6	2.1%	15	4.6%	18	5.4%	16	5.3%	57	3.8%
b. Somewhat Satisfied	0	0.0%	0	0.0%	1	0.3%	0	0.0%	2	0.7%	3	0.2%
c. Somewhat Dissatisfied	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
d. Very Dissatisfied	0	0.0%	1	0.4%	0	0.0%	1	0.3%	0	0.0%	2	0.1%
e. Don't Know	0	0.0%	0	0.0%	2	0.6%	0	0.0%	3	1.0%	5	0.3%
f. N/A	<u>265</u>	<u>99.3%</u>	<u>278</u>	<u>97.5%</u>	<u>307</u>	<u>94.5%</u>	<u>312</u>	<u>94.3%</u>	<u>279</u>	<u>93.0%</u>	<u>1,441</u>	<u>95.6%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<i>Percent answering "yes"</i>	<i>2</i>	<i>100.0%</i>	<i>7</i>	<i>85.7%</i>	<i>18</i>	<i>83.3%</i>	<i>19</i>	<i>94.7%</i>	<i>21</i>	<i>76.2%</i>	<i>67</i>	<i>85.1%</i>

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>20h How satisfied are you with Health Coach reviewing your medications?</b>												
a. Very Satisfied	232	86.9%	240	84.2%	258	79.4%	278	84.0%	252	84.0%	1,260	83.6%
b. Somewhat Satisfied	3	1.1%	7	2.5%	11	3.4%	6	1.8%	6	2.0%	33	2.2%
c. Somewhat Dissatisfied	0	0.0%	1	0.4%	0	0.0%	3	0.9%	1	0.3%	5	0.3%
d. Very Dissatisfied	1	0.4%	1	0.4%	1	0.3%	0	0.0%	0	0.0%	3	0.2%
e. Don't Know	9	3.4%	23	8.1%	32	9.8%	27	8.2%	21	7.0%	112	7.4%
f. N/A	<u>22</u>	<u>8.2%</u>	<u>13</u>	<u>4.6%</u>	<u>23</u>	<u>7.1%</u>	<u>17</u>	<u>5.1%</u>	<u>20</u>	<u>6.7%</u>	<u>95</u>	<u>6.3%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<i>Percent answering "yes"</i>	<i>245</i>	<i>94.7%</i>	<i>272</i>	<i>88.2%</i>	<i>302</i>	<i>85.4%</i>	<i>314</i>	<i>88.5%</i>	<i>280</i>	<i>90.0%</i>	<i>1,413</i>	<i>89.2%</i>
<b>21 Did your Health Coach ask thoughts on life changes?</b>												
a. Yes	244	91.4%	250	87.7%	267	82.2%	287	86.7%	259	86.3%	1,307	86.7%
b. No [go to q26]	10	3.7%	15	5.3%	28	8.6%	19	5.7%	17	5.7%	89	5.9%
c. Don't Know [go to q26]	<u>13</u>	<u>4.9%</u>	<u>20</u>	<u>7.0%</u>	<u>30</u>	<u>9.2%</u>	<u>25</u>	<u>7.6%</u>	<u>24</u>	<u>8.0%</u>	<u>112</u>	<u>7.4%</u>
	267	100.0%	285	100.0%	325	100.0%	331	100.0%	300	100.0%	1,508	100.0%
<b>22 Did you select an area to make a change?</b>												
a. Yes	181	74.2%	191	76.4%	193	72.3%	229	79.8%	214	82.6%	1,008	77.1%
b. No [go to q26]	57	23.4%	54	21.6%	64	24.0%	52	18.1%	33	12.7%	260	19.9%
c. Don't Know/Not Sure [go to q26]	<u>6</u>	<u>2.5%</u>	<u>5</u>	<u>2.0%</u>	<u>10</u>	<u>3.7%</u>	<u>6</u>	<u>2.1%</u>	<u>12</u>	<u>4.6%</u>	<u>39</u>	<u>3.0%</u>
	244	100.0%	250	100.0%	267	100.0%	287	100.0%	259	100.0%	1,307	100.0%
<b>23a What did you select?</b>												
a. Management of chronic condition [specify]	51	28.2%	53	27.7%	51	26.4%	63	27.5%	64	29.9%	282	28.0%
b. Weight	46	25.4%	55	28.8%	37	19.2%	67	29.3%	57	26.6%	262	26.0%
c. Diet	13	7.2%	17	8.9%	18	9.3%	12	5.2%	10	4.7%	70	6.9%
d. Tobacco use	28	15.5%	17	8.9%	16	8.3%	13	5.7%	20	9.3%	94	9.3%
e. Medications	5	2.8%	6	3.1%	7	3.6%	5	2.2%	6	2.8%	29	2.9%
f. Alcohol or drug use	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
g. Social support	1	0.6%	2	1.0%	1	0.5%	3	1.3%	0	0.0%	7	0.7%
h. Other [specify]	31	17.1%	39	20.4%	57	29.5%	64	27.9%	52	24.3%	243	24.1%
i. Don't know/not sure	<u>6</u>	<u>3.3%</u>	<u>2</u>	<u>1.0%</u>	<u>6</u>	<u>3.1%</u>	<u>2</u>	<u>0.9%</u>	<u>5</u>	<u>2.3%</u>	<u>21</u>	<u>2.1%</u>
	181	100.0%	191	100.0%	193	100.0%	229	100.0%	214	100.0%	1,008	100.0%

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>23b Chronic Condition (not coded)</b>												
<b>23c Other (not coded)</b>												
<b>24 Did you and your Health Coach develop an Action Plan?</b>												
a. Yes	173	96.1%	178	92.7%	182	94.3%	210	91.7%	194	90.7%	937	93.0%
b. No [go to q26]	3	1.7%	13	6.8%	10	5.2%	14	6.1%	16	7.5%	56	5.6%
c. Don't Know/Not Sure [go to q26]	<u>4</u>	<u>2.2%</u>	<u>1</u>	<u>0.5%</u>	<u>1</u>	<u>0.5%</u>	<u>5</u>	<u>2.2%</u>	<u>4</u>	<u>1.9%</u>	<u>15</u>	<u>1.5%</u>
	180	100.0%	192	100.0%	193	100.0%	229	100.0%	214	100.0%	1,008	100.0%
<b>25 Have you achieved one or more goals?</b>												
a. Yes	149	86.1%	146	82.0%	153	84.1%	178	84.8%	162	83.5%	788	84.1%
b. No [go to q26]	24	13.9%	31	17.4%	28	15.4%	31	14.8%	31	16.0%	145	15.5%
c. Don't Know/Not Sure [go to q26]	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.6%</u>	<u>1</u>	<u>0.5%</u>	<u>1</u>	<u>0.5%</u>	<u>1</u>	<u>0.5%</u>	<u>4</u>	<u>0.4%</u>
	173	100.0%	178	100.0%	182	100.0%	210	100.0%	194	100.0%	937	100.0%
<b>26 What was the Goal you achieved? (not coded)</b>												
<b>27 Do you have a goal you are currently trying to achieve?</b>												
a. Yes	28	18.8%	18	12.3%	21	13.7%	33	18.5%	44	27.2%	144	18.3%
b. No [go to q24]	121	81.2%	128	87.7%	132	86.3%	145	81.5%	118	72.8%	644	81.7%
c. Don't Know/Not Sure [go to q24]	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>								
	149	100.0%	146	100.0%	153	100.0%	178	100.0%	162	100.0%	788	100.0%
<b>28 What is the Goal you're trying to achieve? (not coded)</b>												

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>29 How confident are you that you will be able to achieve this goal?</b>												
a. Very Confident	21	75.0%	9	50.0%	12	57.1%	18	54.5%	30	68.2%	90	62.5%
b. Somewhat Confident	5	17.9%	6	33.3%	8	38.1%	12	36.4%	11	25.0%	42	29.2%
c. Not Very Confident	2	7.1%	3	16.7%	1	4.8%	3	9.1%	3	6.8%	12	8.3%
d. Not at all Confident	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
e. Don't Know	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>
	28	100.0%	18	100.0%	21	100.0%	33	100.0%	44	100.0%	144	100.0%
<b>30 How helpful has your Health Coach been in helping you achieve your goals?</b>												
a. Very Helpful	139	98.6%	140	95.9%	150	98.0%	173	97.2%	160	98.8%	762	97.7%
b. Somewhat Helpful	2	1.4%	6	4.1%	3	2.0%	4	2.2%	2	1.2%	17	2.2%
c. Not Very Helpful	0	0.0%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	1	0.1%
d. Not at all Helpful	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
e. Don't Know/Not Sure	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>
	141	100.0%	146	100.0%	153	100.0%	178	100.0%	162	100.0%	780	100.0%
<b>31 Do you have any suggestions for how your Health Coach could be more helpful? (not coded)</b>												
<b>32a Behavior Change - smoking less</b>												
a. N/A - Not Discussed	30	11.3%	21	7.4%	45	13.8%	37	11.2%	27	9.0%	160	10.6%
b. Discussed - No Change	15	5.6%	31	11.0%	17	5.2%	18	5.4%	21	7.0%	102	6.8%
c. Discussed - Temporary Change	7	2.6%	9	3.2%	15	4.6%	19	5.7%	6	2.0%	56	3.7%
d. Discussed - Continuing Change	60	22.6%	106	37.5%	115	35.4%	147	44.4%	47	15.7%	475	31.6%
e. Don't Know	10	3.8%	21	7.4%	30	9.2%	21	6.3%	40	13.3%	122	8.1%
f. N/A	<u>144</u>	<u>54.1%</u>	<u>95</u>	<u>33.6%</u>	<u>103</u>	<u>31.7%</u>	<u>89</u>	<u>26.9%</u>	<u>159</u>	<u>53.0%</u>	<u>590</u>	<u>39.2%</u>
	266	100.0%	283	100.0%	325	100.0%	331	100.0%	300	100.0%	1,505	100.0%

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent										
<b>32b Behavior Change - getting more exercise</b>												
a. N/A - Not Discussed	29	10.9%	21	7.4%	45	13.8%	37	11.2%	23	7.7%	155	10.3%
b. Discussed - No Change	19	7.1%	31	11.0%	17	5.2%	18	5.4%	25	8.3%	110	7.3%
c. Discussed - Temporary Change	13	4.9%	9	3.2%	15	4.6%	19	5.7%	7	2.3%	63	4.2%
d. Discussed - Continuing Change	120	45.1%	106	37.5%	115	35.4%	147	44.4%	140	46.7%	628	41.7%
e. Don't Know	14	5.3%	21	7.4%	30	9.2%	21	6.3%	22	7.3%	108	7.2%
f. N/A	<u>71</u>	<u>26.7%</u>	<u>95</u>	<u>33.6%</u>	<u>103</u>	<u>31.7%</u>	<u>89</u>	<u>26.9%</u>	<u>83</u>	<u>27.7%</u>	<u>441</u>	<u>29.3%</u>
	266	100.0%	283	100.0%	325	100.0%	331	100.0%	300	100.0%	1,505	100.0%
<b>32c Behavior Change - changing your diet</b>												
a. N/A - Not Discussed	21	7.9%	12	4.2%	37	11.4%	35	10.6%	23	7.7%	128	8.5%
b. Discussed - No Change	16	6.0%	24	8.5%	13	4.0%	11	3.3%	21	7.0%	85	5.6%
c. Discussed - Temporary Change	11	4.1%	9	3.2%	15	4.6%	17	5.1%	11	3.7%	63	4.2%
d. Discussed - Continuing Change	147	55.3%	144	50.9%	147	45.2%	181	54.7%	165	55.0%	784	52.1%
e. Don't Know	12	4.5%	20	7.1%	30	9.2%	23	6.9%	24	8.0%	109	7.2%
f. N/A	<u>59</u>	<u>22.2%</u>	<u>74</u>	<u>26.1%</u>	<u>83</u>	<u>25.5%</u>	<u>64</u>	<u>19.3%</u>	<u>56</u>	<u>18.7%</u>	<u>336</u>	<u>22.3%</u>
	266	100.0%	283	100.0%	325	100.0%	331	100.0%	300	100.0%	1,505	100.0%
<b>32d Behavior Change - managing your medications</b>												
a. N/A - Not Discussed	27	10.2%	19	6.7%	40	12.3%	43	13.0%	27	9.0%	156	10.4%
b. Discussed - No Change	1	0.4%	0	0.0%	2	0.6%	1	0.3%	1	0.3%	5	0.3%
c. Discussed - Temporary Change	0	0.0%	1	0.4%	0	0.0%	2	0.6%	0	0.0%	3	0.2%
d. Discussed - Continuing Change	49	18.4%	40	14.1%	51	15.7%	39	11.8%	42	14.0%	221	14.7%
e. Don't Know	22	8.3%	43	15.2%	42	12.9%	34	10.3%	49	16.3%	190	12.6%
f. N/A	<u>167</u>	<u>62.8%</u>	<u>180</u>	<u>63.6%</u>	<u>190</u>	<u>58.5%</u>	<u>212</u>	<u>64.0%</u>	<u>181</u>	<u>60.3%</u>	<u>930</u>	<u>61.8%</u>
	266	100.0%	283	100.0%	325	100.0%	331	100.0%	300	100.0%	1,505	100.0%
<b>32e Behavior Change - drinking enough water</b>												
a. N/A - Not Discussed	23	8.6%	19	6.7%	44	13.5%	42	12.7%	21	7.0%	149	9.9%
b. Discussed - No Change	11	4.1%	9	3.2%	14	4.3%	10	3.0%	11	3.7%	55	3.7%
c. Discussed - Temporary Change	3	1.1%	4	1.4%	8	2.5%	14	4.2%	7	2.3%	36	2.4%
d. Discussed - Continuing Change	104	39.1%	88	31.1%	80	24.6%	109	32.9%	109	36.3%	490	32.6%
e. Don't Know	34	12.8%	51	18.0%	54	16.6%	44	13.3%	53	17.7%	236	15.7%
f. N/A	<u>91</u>	<u>34.2%</u>	<u>112</u>	<u>39.6%</u>	<u>125</u>	<u>38.5%</u>	<u>112</u>	<u>33.8%</u>	<u>99</u>	<u>33.0%</u>	<u>539</u>	<u>35.8%</u>
	266	100.0%	283	100.0%	325	100.0%	331	100.0%	300	100.0%	1,505	100.0%

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	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent										
<b>32f Behavior Change - drinking or using substances less</b>												
a. N/A - Not Discussed	58	21.9%	41	14.5%	72	22.2%	61	18.4%	33	11.0%	265	17.6%
b. Discussed - No Change	0	0.0%	0	0.0%	0	0.0%	1	0.3%	1	0.3%	2	0.1%
c. Discussed - Temporary Change	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
d. Discussed - Continuing Change	1	0.4%	3	1.1%	5	1.5%	3	0.9%	8	2.7%	20	1.3%
e. Don't Know	42	15.8%	50	17.7%	70	21.5%	69	20.8%	69	23.0%	300	19.9%
f. N/A	<u>164</u>	<u>61.9%</u>	<u>189</u>	<u>66.8%</u>	<u>178</u>	<u>54.8%</u>	<u>197</u>	<u>59.5%</u>	<u>189</u>	<u>63.0%</u>	<u>917</u>	<u>61.0%</u>
	265	100.0%	283	100.0%	325	100.0%	331	100.0%	300	100.0%	1,504	100.0%
<b>33 Overall, how satisfied are you with your Health Coach?</b>												
a. Very Satisfied	247	96.5%	263	93.3%	299	92.0%	308	93.1%	290	96.7%	1,407	94.2%
b. Somewhat Satisfied	7	2.7%	17	6.0%	17	5.2%	15	4.5%	5	1.7%	61	4.1%
c. Somewhat Dissatisfied	0	0.0%	2	0.7%	5	1.5%	6	1.8%	2	0.7%	15	1.0%
d. Very Dissatisfied	2	0.8%	0	0.0%	2	0.6%	2	0.6%	1	0.3%	7	0.5%
e. Don't Know/not sure	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.6%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.7%</u>	<u>4</u>	<u>0.3%</u>
	256	100.0%	282	100.0%	325	100.0%	331	100.0%	300	100.0%	1,494	100.0%
<b>(34 - 38 - Replaced with VBP question set)</b>												
<b>39 What did the CRS or Health Coach do? (not coded)</b>												
<b>40 Overall, how would you rate your health today?</b>												
a. Excellent	1	0.4%	3	1.1%	1	0.3%	6	1.8%	3	1.0%	14	0.9%
b. Good	77	29.2%	112	39.6%	121	37.2%	125	37.7%	103	34.3%	538	35.8%
c. Fair	144	54.5%	132	46.6%	163	50.2%	157	47.3%	145	48.3%	741	49.3%
d. Poor	42	15.9%	35	12.4%	36	11.1%	43	13.0%	49	16.3%	205	13.6%
e. Don't Know/Not Sure	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.4%</u>	<u>4</u>	<u>1.2%</u>	<u>1</u>	<u>0.3%</u>	<u>0</u>	<u>0.0%</u>	<u>6</u>	<u>0.4%</u>
	264	100.0%	283	100.0%	325	100.0%	332	100.0%	300	100.0%	1,504	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>41 Compared to before you participated in the HMP, how has your health changed?</b>												
a. Better	89	33.7%	132	46.6%	153	47.1%	148	44.6%	140	46.7%	662	44.0%
b. Worse [go to q37]	31	11.7%	27	9.5%	29	8.9%	33	9.9%	32	10.7%	152	10.1%
c. About the same [go to q37]	144	54.5%	123	43.5%	143	44.0%	151	45.5%	128	42.7%	689	45.8%
d. Don't know/not sure	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.4%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.1%</u>
	264	100.0%	283	100.0%	325	100.0%	332	100.0%	300	100.0%	1,504	100.0%
<b>42 Do you think the HMP has contributed to your improvement in health?</b>												
a. Yes	87	97.8%	127	96.2%	145	94.8%	144	97.3%	137	97.9%	640	96.7%
b. No	2	2.2%	2	1.5%	3	2.0%	4	2.7%	3	2.1%	14	2.1%
c. Don't Know/Not Sure	<u>0</u>	<u>0.0%</u>	<u>3</u>	<u>2.3%</u>	<u>5</u>	<u>3.3%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>8</u>	<u>1.2%</u>
	89	100.0%	132	100.0%	153	100.0%	148	100.0%	140	100.0%	662	100.0%
<b>43 Overall, how satisfied are you with your whole experience in the HMP?</b>												
a. Very Satisfied	250	96.5%	263	92.9%	297	91.4%	311	94.0%	285	95.0%	1,406	93.9%
b. Somewhat Satisfied	7	2.7%	17	6.0%	18	5.5%	12	3.6%	10	3.3%	64	4.3%
c. Somewhat Dissatisfied	0	0.0%	2	0.7%	5	1.5%	7	2.1%	1	0.3%	15	1.0%
d. Very Dissatisfied	2	0.8%	1	0.4%	3	0.9%	1	0.3%	2	0.7%	9	0.6%
e. Don't Know/Not Sure	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.6%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.7%</u>	<u>4</u>	<u>0.3%</u>
	259	100.0%	283	100.0%	325	100.0%	331	100.0%	300	100.0%	1,498	100.0%
<b>44 Would you recommend the HMP to a friend?</b>												
a. Yes	256	98.8%	278	98.2%	313	96.3%	321	97.0%	295	98.3%	1,463	97.7%
b. No	2	0.8%	1	0.4%	8	2.5%	7	2.1%	2	0.7%	20	1.3%
c. Don't Know/Not Sure	1	0.4%	4	1.4%	4	1.2%	3	0.9%	3	1.0%	<u>15</u>	1.0%
	259	100.0%	283	100.0%	325	100.0%	331	100.0%	300	100.0%	1,498	100.0%
<b>45 Do you have any suggestions for improving the HMP? (not coded)</b>												

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>50 In the last six months, how often was it easy to get the care you needed?</b>												
a. Never	3	4.2%	7	2.9%	11	3.8%	8	2.4%	3	1.0%	32	2.6%
b. Sometimes	9	12.7%	46	19.2%	49	16.8%	49	15.0%	33	10.9%	186	15.1%
c. Usually	22	31.0%	68	28.3%	71	24.3%	84	25.7%	87	28.8%	332	26.9%
d. Always	<u>37</u>	<u>52.1%</u>	<u>119</u>	<u>49.6%</u>	<u>161</u>	<u>55.1%</u>	<u>186</u>	<u>56.9%</u>	<u>179</u>	<u>59.3%</u>	<u>682</u>	<u>55.4%</u>
	71	100.0%	240	100.0%	292	100.0%	327	100.0%	302	100.0%	1,232	100.0%
<b>51 In the last six months, did you make a specialist appointment?</b>												
a. Yes	44	62.0%	153	63.8%	202	68.9%	231	70.6%	202	66.9%	832	67.5%
b. No [Go to Q44]	<u>27</u>	<u>38.0%</u>	<u>87</u>	<u>36.3%</u>	<u>91</u>	<u>31.1%</u>	<u>96</u>	<u>29.4%</u>	<u>100</u>	<u>33.1%</u>	<u>401</u>	<u>32.5%</u>
	71	100.0%	240	100.0%	293	100.0%	327	100.0%	302	100.0%	1,233	100.0%
<b>52 In the last six months, how often did you get an appointment to see a specialist as soon as you needed?</b>												
a. Never	8	18.2%	17	11.1%	24	11.9%	19	8.2%	14	6.9%	82	9.9%
b. Sometimes	5	11.4%	20	13.1%	28	13.9%	34	14.7%	28	13.9%	115	13.8%
c. Usually	6	13.6%	23	15.0%	43	21.3%	48	20.8%	44	21.8%	164	19.7%
d. Always	<u>25</u>	<u>56.8%</u>	<u>93</u>	<u>60.8%</u>	<u>107</u>	<u>53.0%</u>	<u>130</u>	<u>56.3%</u>	<u>116</u>	<u>57.4%</u>	<u>471</u>	<u>56.6%</u>
	44	100.0%	153	100.0%	202	100.0%	231	100.0%	202	100.0%	832	100.0%
<b>53 What number would you use to rate your health care in the last six months?</b>												
0	2	2.8%	2	0.9%	3	1.0%	2	0.6%	3	1.0%	12	1.0%
1	0	0.0%	2	0.9%	1	0.3%	0	0.0%	0	0.0%	3	0.2%
2	0	0.0%	0	0.0%	5	1.7%	1	0.3%	0	0.0%	6	0.5%
3	0	0.0%	4	1.7%	2	0.7%	2	0.6%	1	0.3%	9	0.7%
4	0	0.0%	0	0.0%	5	1.7%	4	1.2%	6	2.0%	15	1.2%
5	5	7.0%	9	3.8%	17	5.9%	18	5.5%	18	6.0%	67	5.5%
6	3	4.2%	8	3.4%	17	5.9%	17	5.2%	13	4.3%	58	4.8%
7	6	8.5%	34	14.5%	21	7.3%	36	11.0%	38	12.7%	135	11.1%
8	17	23.9%	62	26.5%	92	31.9%	90	27.6%	79	26.4%	340	27.9%
9	9	12.7%	22	9.4%	35	12.2%	47	14.4%	56	18.7%	169	13.9%
10	<u>29</u>	<u>40.8%</u>	<u>91</u>	<u>38.9%</u>	<u>90</u>	<u>31.3%</u>	<u>109</u>	<u>33.4%</u>	<u>85</u>	<u>28.4%</u>	<u>404</u>	<u>33.2%</u>
	71	100.0%	234	100.0%	288	100.0%	326	100.0%	299	100.0%	1,218	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>54 What number would you use to rate your health plan?</b>												
0	0	0.0%	2	0.8%	5	1.8%	1	0.3%	4	1.4%	12	1.0%
1	0	0.0%	3	1.3%	1	0.4%	1	0.3%	0	0.0%	5	0.4%
2	0	0.0%	1	0.4%	1	0.4%	0	0.0%	0	0.0%	2	0.2%
3	0	0.0%	5	2.1%	3	1.1%	0	0.0%	4	1.4%	12	1.0%
4	3	4.2%	2	0.8%	2	0.7%	5	1.5%	3	1.0%	15	1.2%
5	9	12.7%	6	2.5%	15	5.3%	19	5.8%	16	5.4%	65	5.4%
6	0	0.0%	6	2.5%	13	4.6%	5	1.5%	4	1.4%	28	2.3%
7	8	11.3%	18	7.6%	12	4.2%	15	4.6%	16	5.4%	69	5.7%
8	17	23.9%	41	17.3%	55	19.3%	50	15.3%	54	18.4%	217	17.9%
9	11	15.5%	38	16.0%	35	12.3%	57	17.5%	54	18.4%	195	16.1%
10	<u>23</u>	<u>32.4%</u>	<u>115</u>	<u>48.5%</u>	<u>143</u>	<u>50.2%</u>	<u>173</u>	<u>53.1%</u>	<u>139</u>	<u>47.3%</u>	<u>593</u>	<u>48.9%</u>
	71	100.0%	237	100.0%	285	100.0%	326	100.0%	294	100.0%	1,213	100.0%
<b>55 In the last six months, how often was it easy to get your child the care s/he needed?</b>												
a. Never	0	0.0%	3	6.3%	0	0.0%	0	0.0%	0	0.0%	3	2.8%
b. Sometimes	3	21.4%	3	6.3%	2	6.5%	1	16.7%	2	20.0%	11	10.1%
c. Usually	6	42.9%	19	39.6%	8	25.8%	0	0.0%	2	20.0%	35	32.1%
d. Always	<u>5</u>	<u>35.7%</u>	<u>23</u>	<u>47.9%</u>	<u>21</u>	<u>67.7%</u>	<u>5</u>	<u>83.3%</u>	<u>6</u>	<u>60.0%</u>	<u>60</u>	<u>55.0%</u>
	14	100.0%	48	100.0%	31	100.0%	6	100.0%	10	100.0%	109	100.0%
<b>56 In the last six months, did you make a specialist appointment for your child?</b>												
a. Yes	10	71.4%	35	72.9%	19	61.3%	2	33.3%	7	70.0%	73	67.0%
b. No [go to Q49]	<u>4</u>	<u>28.6%</u>	<u>13</u>	<u>27.1%</u>	<u>12</u>	<u>38.7%</u>	<u>4</u>	<u>66.7%</u>	<u>3</u>	<u>30.0%</u>	<u>36</u>	<u>33.0%</u>
	14	100.0%	48	100.0%	31	100.0%	6	100.0%	10	100.0%	109	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>57 In the last six months, how often did you get an appointment for your child to see a specialist as soon as you needed?</b>												
a. Never	0	0.0%	5	14.3%	3	15.8%	0	0.0%	1	14.3%	9	12.3%
b. Sometimes	1	10.0%	1	2.9%	2	10.5%	0	0.0%	1	14.3%	5	6.8%
c. Usually	3	30.0%	9	25.7%	1	5.3%	0	0.0%	0	0.0%	13	17.8%
d. Always	<u>6</u>	<u>60.0%</u>	<u>20</u>	<u>57.1%</u>	<u>13</u>	<u>68.4%</u>	<u>2</u>	<u>100.0%</u>	<u>5</u>	<u>71.4%</u>	<u>46</u>	<u>63.0%</u>
	10	100.0%	35	100.0%	19	100.0%	2	100.0%	7	100.0%	73	100.0%
<b>58 What number would you use to rate your child's health care in the last six months?</b>												
0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
1	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
2	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
3	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	10.0%	1	0.9%
4	2	14.3%	1	2.1%	0	0.0%	0	0.0%	0	0.0%	3	2.8%
5	2	14.3%	1	2.1%	0	0.0%	1	16.7%	0	0.0%	4	3.7%
6	0	0.0%	1	2.1%	1	3.3%	0	0.0%	1	10.0%	3	2.8%
7	0	0.0%	2	4.2%	0	0.0%	0	0.0%	1	10.0%	3	2.8%
8	5	35.7%	20	41.7%	8	26.7%	1	16.7%	2	20.0%	36	33.3%
9	2	14.3%	5	10.4%	4	13.3%	0	0.0%	1	10.0%	12	11.1%
10	<u>3</u>	<u>21.4%</u>	<u>18</u>	<u>37.5%</u>	<u>17</u>	<u>56.7%</u>	<u>4</u>	<u>66.7%</u>	<u>4</u>	<u>40.0%</u>	<u>46</u>	<u>42.6%</u>
	14	100.0%	48	100.0%	30	100.0%	6	100.0%	10	100.0%	108	100.0%
<b>59 What number would you use to rate your child's health plan?</b>												
0			0	0.0%	0	0.0%	0	0.0%	0	0.0%	#VALUE!	0.0%
1			0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
2			0	0.0%	0	0.0%	0	0.0%	1	10.0%	1	1.1%
3			1	2.1%	0	0.0%	0	0.0%	1	10.0%	2	2.1%
4			0	0.0%	0	0.0%	0	0.0%	0	0.0%	-	0.0%
5			1	2.1%	2	6.7%	0	0.0%	0	0.0%	3	3.2%
6			1	2.1%	0	0.0%	0	0.0%	1	10.0%	2	2.1%
7			2	4.2%	2	6.7%	1	16.7%	1	10.0%	6	6.4%
8			8	16.7%	2	6.7%	0	0.0%	0	0.0%	10	10.6%
9			6	12.5%	7	23.3%	0	0.0%	0	0.0%	13	13.8%
10			<u>29</u>	<u>60.4%</u>	<u>17</u>	<u>56.7%</u>	<u>5</u>	<u>83.3%</u>	<u>6</u>	<u>60.0%</u>	<u>57</u>	<u>60.6%</u>
			48	100.0%	30	100.0%	6	100.0%	10	100.0%	94	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>HRSN Question Set (2022 - 2024)</b>												
<b>1 What is your living situation today?</b>												
a. I have a steady place to live.					96	94.1%	289	87.6%	281	94.0%	666	91.1%
b. I have a place to live today but I am worried about losing it in the future. (HRSN)					3	2.9%	38	11.5%	16	5.4%	57	7.8%
c. I do not have a steady place to live.(HRSN)					<u>3</u>	<u>2.9%</u>	<u>3</u>	<u>0.9%</u>	<u>2</u>	<u>0.7%</u>	<u>8</u>	<u>1.1%</u>
					102	100.0%	330	100.0%	299	100.0%	731	100.0%
<b>2 Thinking about the place you live. Do you have problems with any of the following?</b>												
A. Pests, such as bugs, ants or mice					4	2.6%	8	2.3%	2	0.7%	14	1.7%
B. Mold					3	1.9%	10	2.8%	2	0.7%	15	1.8%
C. Lead paint or pipes					1	0.6%	2	0.6%	0	0.0%	3	0.4%
D. Lack of heat					6	3.8%	6	1.7%	1	0.3%	13	1.6%
E. Oven or stove not working					0	0.0%	8	2.3%	0	0.0%	8	1.0%
F. Smoke detectors missing or not working					1	0.6%	6	1.7%	0	0.0%	7	0.9%
G. Water leaks					5	3.2%	15	4.2%	7	2.3%	27	3.3%
H. None of the above					<u>136</u>	<u>87.2%</u>	<u>299</u>	<u>84.5%</u>	<u>289</u>	<u>96.0%</u>	<u>724</u>	<u>89.3%</u>
					156	100.0%	354	100.0%	301	100.0%	811	100.0%
<b>3 Thinking about the following statement: within the past 12 months, I worried that my food would run out before I got money to buy food.</b>												
a. Often True (HRSN)					9	8.8%	27	8.2%	6	2.0%	42	5.7%
b. Sometimes True (HRSN)					28	27.5%	90	27.2%	66	22.1%	184	25.1%
c. Never True					65	63.7%	212	64.0%	227	75.9%	504	68.9%
d. Don't Know/Not Sure					<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.6%</u>	<u>0</u>	<u>0.0%</u>	<u>2</u>	<u>0.3%</u>
					102	100.0%	331	100.0%	299	100.0%	732	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>HRSN Question Set (2022 - 2024)</b>												
<b>4 Thinking about the following statement: within the past 12 months, the food I bought just didn't last, and I didn't have the money to get more.</b>												
a. Often True (HRSN)					8	7.8%	26	7.9%	6	2.0%	40	5.5%
b. Sometimes True (HRSN)					22	21.6%	87	26.3%	66	22.1%	175	23.9%
c. Never True					71	69.6%	216	65.3%	227	75.9%	514	70.2%
d. Don't Know/Not Sure					<u>1</u>	<u>1.0%</u>	<u>2</u>	<u>0.6%</u>	<u>0</u>	<u>0.0%</u>	<u>3</u>	<u>0.4%</u>
					102	100.0%	331	100.0%	299	100.0%	732	100.0%
<b>5 In the last 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?</b>												
a. Yes (HRSN)					14	13.7%	39	11.8%	35	11.7%	88	12.0%
B. No					88	86.3%	291	87.9%	251	83.9%	630	86.1%
c. Don't Know/Not Sure					<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.3%</u>	<u>13</u>	<u>4.3%</u>	<u>14</u>	<u>1.9%</u>
					102	100.0%	331	100.0%	299	100.0%	732	100.0%
<b>6 In the past 12 months, has the electric, gas, oil or water company threatened to shut off services in your home?</b>												
a. Yes (HRSN)					14	13.9%	34	10.3%	19	6.4%	67	9.2%
b. No					87	86.1%	295	89.7%	279	93.6%	661	90.8%
c. Already shut off (HRSN)					0	0.0%	0	0.0%	0	0.0%	-	0.0%
d. Don't Know/Not Sure					<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.3%</u>	<u>1</u>	<u>0.1%</u>
					101	100.0%	329	100.0%	298	100.0%	728	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>HRSN Question Set (2022 - 2024)</b>												
<b>7 In the past 12 months, have you had any other non-medical problems that affected your well-being or your ability to get medical care?</b>												
a. Yes (HRSN)					1	1.0%	28	8.5%	46	15.4%	75	10.3%
b. No					101	99.0%	302	91.5%	252	84.6%	655	89.7%
c. Don't Know/Not Sure					<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>
					102	100.0%	330	100.0%	298	100.0%	730	100.0%
<b>8 Has your Health Coach, a Resource Navigator or anyone else at the SoonerCare HMP ever asked you whether you have non-medical problems such as these?</b>												
a. Yes					61	67.0%	246	74.3%	264	88.6%	571	79.3%
b. No					30	33.0%	57	17.2%	23	7.7%	110	15.3%
c. Don't Know/Not Sure					<u>0</u>	<u>0.0%</u>	<u>28</u>	<u>8.5%</u>	<u>11</u>	<u>3.7%</u>	<u>39</u>	<u>5.4%</u>
					91	100.0%	331	100.0%	298	100.0%	720	100.0%
<b>9 Did your Health Coach, a Resource Navigator or anyone else at the SoonerCare HMP try to help you solve a non-medical problem? If yes, what problem(s)?</b>												
a. Living situation					6	13.3%	21	10.4%	23	12.5%	50	11.6%
b. Food insecurity					11	24.4%	41	20.4%	62	33.7%	114	26.5%
c. Transportation					2	4.4%	15	7.5%	26	14.1%	43	10.0%
d. Utilities					3	6.7%	10	5.0%	11	6.0%	24	5.6%
e. Other					1	2.2%	24	11.9%	44	23.9%	69	16.0%
f. Did not receive any help					22	48.9%	89	44.3%	18	9.8%	129	30.0%
g. Don't know/not sure					<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.5%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.2%</u>
					45	100.0%	201	100.0%	184	100.0%	430	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<b>HRSN Question Set (2022 - 2024)</b>												
<b>10a Was your problem solved - living situation?</b>												
a. Yes					10	47.6%	20	32.3%	11	47.8%	41	38.7%
b. No - still trying to solve with SoonerCare HMP help					1	4.8%	6	9.7%	7	30.4%	14	13.2%
c. No - still trying to solve on my own					9	42.9%	35	56.5%	5	21.7%	49	46.2%
d. No - no longer trying to solve					0	0.0%	1	1.6%	0	0.0%	1	0.9%
e. Don't know/not sure					<u>1</u>	<u>4.8%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>1</u>	<u>0.9%</u>
					21	100.0%	62	100.0%	23	100.0%	106	100.0%
<b>10b Was your problem solved - food insecurity?</b>												
a. Yes					20	55.6%	55	52.4%	57	79.2%	132	62.0%
b. No - still trying to solve with SoonerCare HMP help					0	0.0%	5	4.8%	8	11.1%	13	6.1%
c. No - still trying to solve on my own					16	44.4%	44	41.9%	6	8.3%	66	31.0%
d. No - no longer trying to solve					0	0.0%	1	1.0%	1	1.4%	2	0.9%
e. Don't know/not sure					<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>
					36	100.0%	105	100.0%	72	100.0%	213	100.0%
<b>10c Was your problem solved - transportation?</b>												
a. Yes					7	53.8%	21	51.2%	18	51.4%	46	51.7%
b. No - still trying to solve with SoonerCare HMP help					1	7.7%	3	7.3%	7	20.0%	11	12.4%
c. No - still trying to solve on my own					5	38.5%	14	34.1%	10	28.6%	29	32.6%
d. No - no longer trying to solve					0	0.0%	3	7.3%	0	0.0%	3	3.4%
e. Don't know/not sure					<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>0</u>	<u>0.0%</u>	<u>-</u>	<u>0.0%</u>
					13	100.0%	41	100.0%	35	100.0%	89	100.0%

**SOONERCARE HMP MEMBER SURVEY - Six-Month Follow-up  
2020 - 2024**

	2020		2021		2022		2023		2024		Aggregate	
	Count	Percent	Count	Percent								
<b>HRSN Question Set (2022 - 2024)</b>												
<b>10d Was your problem solved - utilities?</b>												
a. Yes					9	75.0%	21	65.6%	13	68.4%	43	68.3%
b. No - still trying to solve with SoonerCare HMP help					0	0.0%	1	3.1%	1	5.3%	2	3.2%
c. No - still trying to solve on my own					3	25.0%	10	31.3%	4	21.1%	17	27.0%
d. No - no longer trying to solve					0	0.0%	0	0.0%	1	5.3%	1	1.6%
e. Don't know/not sure					0	0.0%	0	0.0%	0	0.0%	-	0.0%
					12	100.0%	32	100.0%	19	100.0%	63	100.0%
<b>10e- Was your problem solved - other?</b>												
a. Yes					0	0.0%	16	59.3%	35	76.1%	51	69.9%
b. No - still trying to solve with SoonerCare HMP help					0	0.0%	4	14.8%	9	19.6%	13	17.8%
c. No - still trying to solve on my own					0	0.0%	6	22.2%	2	4.3%	8	11.0%
d. No - no longer trying to solve					0	0.0%	1	3.7%	0	0.0%	1	1.4%
e. Don't know/not sure					0	0.0%	0	0.0%	0	0.0%	-	0.0%
					0	0.0%	27	100.0%	46	100.0%	73	100.0%
<b>11 Whether the problem was solved or not, how satisfied are you with the help you received?</b>												
a. Very satisfied					17	94.4%	79	95.2%	118	97.5%	214	96.4%
b. Somewhat satisfied					1	5.6%	2	2.4%	1	0.8%	4	1.8%
c. Somewhat dissatisfied					0	0.0%	0	0.0%	1	0.8%	1	0.5%
d. Very dissatisfied					0	0.0%	2	2.4%	1	0.8%	3	1.4%
e. Don't know/not sure					0	0.0%	0	0.0%	0	0.0%	-	0.0%
					18	100.0%	83	100.0%	121	100.0%	222	100.0%

## **APPENDIX C – CEM BALANCE TABLES (HEALTH COACHING)**

Appendix C presents Coarsened Exact Matching (CEM) balance tables for the SoonerCare HMP health coaching evaluation. Pre- and post-balancing results are shown individually for Calendar Years 2020-2024.

**Calendar Year 2020**

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>Asthma - Medication Ratio - 5 to 18 years</b>						
Age	12.873	11.139	0.447	12.873	12.873	0.000
Gender (0 = male; 1 = female)	0.522	0.492	0.061	0.522	0.522	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.576	-0.340	0.409	0.409	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.252	0.034	0.502	0.252	0.252	0.000
<b>Asthma - Medication Ratio - 19 to 64 years</b>						
Age	47.820	35.222	1.055	47.820	47.788	0.003
Sex (0 = male; 1 = female)	0.701	0.699	0.004	0.701	0.701	0.000
Urban/Rural (0 = urban; 1 = rural)	0.529	0.580	-0.104	0.529	0.529	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.638	0.285	0.736	0.638	0.638	0.000
<b>CAD - Persistent Beta-Blocker Treatment after a Heart Attack</b>						
Age	56.889	55.551	0.198	56.952	56.952	0.000
Sex (0 = male; 1 = female)	0.511	0.509	0.005	0.506	0.506	0.000
Urban/Rural (0 = urban; 1 = rural)	0.576	0.623	-0.094	0.580	0.580	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.856	0.824	0.092	0.865	0.865	0.000
<b>CAD - Cholesterol Management - LDL-C Test</b>						
	<i>Same population as CAD Beta Blocker</i>			<i>Same population as CAD Beta Blocker</i>		
Age	56.889	55.551	0.198	56.952	56.952	0.000
Sex (0 = male; 1 = female)	0.511	0.509	0.005	0.506	0.506	0.000
Urban/Rural (0 = urban; 1 = rural)	0.576	0.623	-0.094	0.580	0.580	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.856	0.824	0.092	0.865	0.865	0.000
<b>COPD - Use of Spirometry Testing</b>						
Age	52.325	37.031	1.318	52.414	52.267	0.013
Sex (0 = male; 1 = female)	0.629	0.553	0.157	0.634	0.634	0.000
Urban/Rural (0 = urban; 1 = rural)	0.591	0.611	-0.041	0.596	0.596	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.861	0.656	0.591	0.865	0.865	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>COPD - Pharmacotherapy Management of Exacerbation - 14 days</b>						
Age	55.660	53.066	0.369	55.780	55.737	0.006
Sex (0 = male; 1 = female)	0.618	0.645	-0.055	0.627	0.627	0.000
Urban/Rural (0 = urban; 1 = rural)	0.557	0.585	-0.057	0.550	0.550	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.901	0.821	0.268	0.909	0.909	0.000
<b>COPD - Pharmacotherapy Management of Exacerbation - 30 days</b>						
			<i>Same population as 14 days</i>			
Age	55.660	53.066	0.369	55.780	55.737	0.006
Sex (0 = male; 1 = female)	0.618	0.645	-0.055	0.627	0.627	0.000
Urban/Rural (0 = urban; 1 = rural)	0.557	0.585	-0.057	0.550	0.550	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.901	0.821	0.268	0.909	0.909	0.000
<b>Diabetes - Members who had LDL-C Test</b>						
Age	51.814	46.351	0.538	51.806	51.738	0.007
Sex (0 = male; 1 = female)	0.651	0.667	-0.034	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.547	0.597	-0.101	0.548	0.548	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
<b>Diabetes - Retinal Eye Exam</b>						
			<i>Same population as LDL-C</i>			
Age	51.814	46.351	0.538	51.806	51.738	0.007
Sex (0 = male; 1 = female)	0.651	0.667	-0.034	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.547	0.597	-0.101	0.548	0.548	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
<b>Diabetes - HbA1c Testing</b>						
			<i>Same population as LDL-C</i>			
Age	51.814	46.351	0.538	51.806	51.738	0.007
Sex (0 = male; 1 = female)	0.651	0.667	-0.034	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.547	0.597	-0.101	0.548	0.548	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2020			2020		
	All Data (pre-balancing)			Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>Diabetes - Medical Attention for Nephropathy</b>	<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	51.814	46.351	0.538	51.806	51.738	0.007
Sex (0 = male; 1 = female)	0.651	0.667	-0.034	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.547	0.597	-0.101	0.548	0.548	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
<b>Hypertension - LDL-C Test</b>						
Age	52.680	47.621	0.522	52.680	52.630	0.005
Sex (0 = male; 1 = female)	0.632	0.624	0.017	0.632	0.632	0.000
Urban/Rural (0 = urban; 1 = rural)	0.552	0.588	-0.071	0.552	0.552	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.762	0.584	0.419	0.762	0.762	0.000
<b>Hypertension - ACE/ARB Therapy</b>	<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	52.680	47.621	0.522	52.680	52.630	0.005
Sex (0 = male; 1 = female)	0.632	0.624	0.017	0.632	0.632	0.000
Urban/Rural (0 = urban; 1 = rural)	0.552	0.588	-0.071	0.552	0.552	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.762	0.584	0.419	0.762	0.762	0.000
<b>Opioid - Use of Opioids at High Dosage</b>						
Age	52.168	47.419	0.494	52.193	52.149	0.005
Sex (0 = male; 1 = female)	0.655	0.702	-0.098	0.656	0.656	0.000
Urban/Rural (0 = urban; 1 = rural)	0.605	0.602	0.006	0.606	0.606	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.754	0.575	0.417	0.754	0.754	0.000
<b>Opioid - Concurrent Use of Opioids and Benzodiazepines</b>						
Age	51.291	45.297	0.585	51.284	51.226	0.006
Sex (0 = male; 1 = female)	0.673	0.716	-0.092	0.673	0.673	0.000
Urban/Rural (0 = urban; 1 = rural)	0.580	0.600	-0.040	0.580	0.580	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.717	0.514	0.452	0.718	0.718	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2020 All Data (pre-balancing)			2020 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<b>HEDIS and Utilization/Expenditure Measures</b>						
<i>HEDIS Measures</i>						
<b>Child and Adolescents' Access to PCP - 12 months to 19 years</b>						
Age	13.464	9.254	0.954	13.464	13.464	0.000
Sex (0 = male; 1 = female)	0.546	0.493	0.107	0.546	0.546	0.000
Urban/Rural (0 = urban; 1 = rural)	0.421	0.574	-0.310	0.421	0.421	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.249	0.029	0.509	0.249	0.249	0.000
<b>Adults' Access to Preventive/Ambulatory Health Services</b>						
Age	48.603	37.771	0.917	48.603	48.536	0.006
Sex (0 = male; 1 = female)	0.695	0.725	-0.066	0.695	0.695	0.000
Urban/Rural (0 = urban; 1 = rural)	0.530	0.578	-0.097	0.530	0.530	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.653	0.320	0.699	0.653	0.653	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2020			2020		
	All Data (pre-balancing)			Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<i>Utilization/Expenditure Measures</i>						
<b>Emergency Room Visits (per 1,000 member months) - All</b>						
Age	46.526	13.515	2.247	46.417	46.308	0.007
Sex	0.687	0.519	0.364	0.688	0.688	0.000
Urban/Rural	0.535	0.574	-0.080	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.662	0.087	1.216	0.666	0.666	0.000
Prior year PMPM threshold	0.263	0.046	0.494	0.264	0.264	0.000
<b>Hospital Admissions (per 100,000 member months) - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.526	13.515	2.247	46.417	46.308	0.007
Sex	0.687	0.519	0.364	0.688	0.688	0.000
Urban/Rural	0.535	0.574	-0.080	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.662	0.087	1.216	0.666	0.666	0.000
Prior year PMPM threshold	0.263	0.046	0.494	0.264	0.264	0.000
<b>Hospital Readmission Rate - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.526	13.515	2.247	46.417	46.308	0.007
Sex	0.687	0.519	0.364	0.688	0.688	0.000
Urban/Rural	0.535	0.574	-0.080	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.662	0.087	1.216	0.666	0.666	0.000
Prior year PMPM threshold	0.263	0.046	0.494	0.264	0.264	0.000
<b>Per Member Per Month Expenditures - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.526	13.515	2.247	46.417	46.308	0.007
Sex	0.687	0.519	0.364	0.688	0.688	0.000
Urban/Rural	0.535	0.574	-0.080	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.662	0.087	1.216	0.666	0.666	0.000
Prior year PMPM threshold	0.263	0.046	0.494	0.264	0.264	0.000

**Calendar Year 2021**

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<b>HEDIS and Utilization/Expenditure Measures</b>						
<i>HEDIS Measures</i>						
<b>Asthma - Medication Ratio - 5 to 18 years</b>						
Age	12.347	11.257	0.278	12.347	12.347	0.000
Gender (0 = male; 1 = female)	0.433	0.491	-0.115	0.434	0.434	0.000
Urban/Rural (0 = urban; 1 = rural)	0.403	0.589	-0.380	0.403	0.403	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.511	0.029	0.963	0.511	0.511	0.000
<b>Asthma - Medication Ratio - 19 to 64 years</b>						
Age	48.795	33.357	1.295	48.795	48.771	0.002
Sex (0 = male; 1 = female)	0.671	0.688	-0.036	0.671	0.671	0.000
Urban/Rural (0 = urban; 1 = rural)	0.513	0.594	-0.163	0.513	0.513	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.701	0.233	1.022	0.701	0.701	0.000
<b>CAD - Persistent Beta-Blocker Treatment after a Heart Attack</b>						
Age	57.565	55.940	0.000	57.452	57.295	0.023
Sex (0 = male; 1 = female)	0.506	0.501	0.000	0.501	0.501	0.000
Urban/Rural (0 = urban; 1 = rural)	0.566	0.622	0.000	0.569	0.569	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.701	0.233	1.022	0.701	0.701	0.000
<b>CAD - Cholesterol Management - LDL-C Test</b>						
	<i>Same population as CAD Beta Blocker</i>			<i>Same population as CAD Beta Blocker</i>		
Age	57.565	55.940	0.000	57.452	57.295	0.023
Sex (0 = male; 1 = female)	0.506	0.501	0.000	0.501	0.501	0.000
Urban/Rural (0 = urban; 1 = rural)	0.566	0.622	0.000	0.569	0.569	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.701	0.233	1.022	0.701	0.701	0.000
<b>COPD - Use of Spirometry Testing</b>						
Age	56.017	53.918	0.314	56.125	56.068	0.009
Sex (0 = male; 1 = female)	0.612	0.629	-0.035	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.593	0.671	-0.159	0.598	0.598	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.861	0.656	0.591	0.865	0.865	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021			2021				
	All Data (pre-balancing)			Matched Data (post-balancing)				
HEDIS and Utilization/Expenditure Measures	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference		
<i>HEDIS Measures</i>								
<b>COPD - Pharmacotherapy Management of Exacerbation - 14 days</b>								
Age	57.507	56.097	0.224	57.863	57.952	-0.014		
Sex (0 = male; 1 = female)	0.637	0.659	-0.046	0.669	0.669	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.541	0.633	-0.184	0.547	0.547	0.000		
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.861	0.656	0.591	0.865	0.865	0.000		
<b>COPD - Pharmacotherapy Management of Exacerbation - 30 days</b>								
			<i>Same population as 14 days</i>					
Age	57.507	56.097	0.224	57.863	57.952	-0.014		
Sex (0 = male; 1 = female)	0.637	0.659	-0.046	0.669	0.669	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.541	0.633	-0.184	0.547	0.547	0.000		
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.861	0.656	0.591	0.865	0.865	0.000		
<b>Diabetes - Members who had LDL-C Test</b>								
Age	52.790	46.105	0.663	52.701	52.668	0.003		
Sex (0 = male; 1 = female)	0.633	0.677	-0.090	0.631	0.631	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.534	0.618	-0.167	0.531	0.531	0.000		
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000		
<b>Diabetes - Retinal Eye Exam</b>								
			<i>Same population as LDL-C</i>					
Age	52.790	46.105	0.663	52.701	52.668	0.003		
Sex (0 = male; 1 = female)	0.633	0.677	-0.090	0.631	0.631	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.534	0.618	-0.167	0.531	0.531	0.000		
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000		
<b>Diabetes - HbA1c Testing</b>								
			<i>Same population as LDL-C</i>					
Age	52.790	46.105	0.663	52.701	52.668	0.003		
Sex (0 = male; 1 = female)	0.633	0.677	-0.090	0.631	0.631	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.534	0.618	-0.167	0.531	0.531	0.000		
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000		

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<b>HEDIS and Utilization/Expenditure Measures</b>						
<i>HEDIS Measures</i>						
<b>Diabetes - Medical Attention for Nephropathy</b>						
	<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	52.790	46.105	0.663	52.701	52.668	0.003
Sex (0 = male; 1 = female)	0.633	0.677	-0.090	0.631	0.631	0.000
Urban/Rural (0 = urban; 1 = rural)	0.534	0.618	-0.167	0.531	0.531	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.748	0.586	0.374	0.748	0.748	0.000
<b>Hypertension - LDL-C Test</b>						
Age	53.999	48.613	0.567	53.992	53.956	0.004
Sex (0 = male; 1 = female)	0.605	0.617	-0.025	0.605	0.605	0.000
Urban/Rural (0 = urban; 1 = rural)	0.535	0.610	-0.152	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.762	0.584	0.419	0.762	0.762	0.000
<b>Hypertension - ACE/ARB Therapy</b>						
	<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	53.999	48.613	0.567	53.992	53.956	0.004
Sex (0 = male; 1 = female)	0.605	0.617	-0.025	0.605	0.605	0.000
Urban/Rural (0 = urban; 1 = rural)	0.535	0.610	-0.152	0.535	0.535	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.762	0.584	0.419	0.762	0.762	0.000
<b>Opioid - Use of Opioids at High Dosage</b>						
Age	53.954	48.313	0.563	53.575	53.475	0.011
Sex (0 = male; 1 = female)	0.654	0.698	-0.092	0.655	0.655	0.000
Urban/Rural (0 = urban; 1 = rural)	0.597	0.629	-0.065	0.596	0.596	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.754	0.575	0.417	0.754	0.754	0.000
<b>Opioid - Concurrent Use of Opioids and Benzodiazepines</b>						
Age	52.772	45.450	0.734	52.772	52.696	0.000
Sex (0 = male; 1 = female)	0.671	0.720	0.000	0.671	0.008	2.946
Urban/Rural (0 = urban; 1 = rural)	0.576	0.626	0.000	0.576	0.576	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.717	0.514	0.452	0.718	0.718	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021 All Data (pre-balancing)			2021 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<b>HEDIS and Utilization/Expenditure Measures</b>						
<i>HEDIS Measures</i>						
<b>Child and Adolescents' Access to PCP - 12 months to 19 years</b>						
Age	13.157	9.832	0.746	13.157	13.130	0.006
Sex (0 = male; 1 = female)	0.440	0.492	-0.105	0.440	0.440	0.000
Urban/Rural (0 = urban; 1 = rural)	0.400	0.587	-0.383	0.400	0.400	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.249	0.029	0.509	0.249	0.249	0.000
<b>Adults' Access to Preventive/Ambulatory Health Services</b>						
Age	49.930	37.063	1.090	49.926	49.845	0.007
Sex (0 = male; 1 = female)	0.666	0.729	-0.133	0.666	0.666	0.000
Urban/Rural (0 = urban; 1 = rural)	0.516	0.594	-0.156	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.653	0.320	0.699	0.653	0.653	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2021			2021		
	All Data (pre-balancing)			Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<i>Utilization/Expenditure Measures</i>						
<b>Emergency Room Visits (per 1,000 member months) - All</b>						
Age	46.822	13.992	2.113	46.772	46.719	0.003
Sex	0.645	0.524	0.251	0.646	0.646	0.000
Urban/Rural	0.517	0.588	-0.143	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.740	0.078	1.508	0.742	0.742	0.000
Prior year PMPM threshold	0.268	0.045	0.504	0.269	0.269	0.000
<b>Hospital Admissions (per 100,000 member months) - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.822	13.992	2.113	46.772	46.719	0.003
Sex	0.645	0.524	0.251	0.646	0.646	0.000
Urban/Rural	0.517	0.588	-0.143	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.740	0.078	1.508	0.742	0.742	0.000
Prior year PMPM threshold	0.268	0.045	0.504	0.269	0.269	0.000
<b>Hospital Readmission Rate - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.822	13.992	2.113	46.772	46.719	0.003
Sex	0.645	0.524	0.251	0.646	0.646	0.000
Urban/Rural	0.517	0.588	-0.143	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.740	0.078	1.508	0.742	0.742	0.000
Prior year PMPM threshold	0.268	0.045	0.504	0.269	0.269	0.000
<b>Per Member Per Month Expenditures - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.822	13.992	2.113	46.772	46.719	0.003
Sex	0.645	0.524	0.251	0.646	0.646	0.000
Urban/Rural	0.517	0.588	-0.143	0.516	0.516	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.740	0.078	1.508	0.742	0.742	0.000
Prior year PMPM threshold	0.268	0.045	0.504	0.269	0.269	0.000

**Calendar Year 2022**

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<b>HEDIS and Utilization/Expenditure Measures</b>						
<i>HEDIS Measures</i>						
<b>Asthma - Medication Ratio</b>						
Age	42.527	19.032	1.329	42.412	42.359	0.003
Gender (0 = male; 1 = female)	0.738	0.517	0.504	0.742	0.742	0.000
Urban/Rural (0 = urban; 1 = rural)	0.558	0.552	0.012	0.557	0.557	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.589	0.117	0.960	0.585	0.585	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.146	0.159	-0.036	0.138	0.138	0.000
<b>CAD - Persistent Beta-Blocker Treatment after a Heart Attack</b>						
Age	56.408	54.776	0.233	56.549	56.522	0.004
Sex (0 = male; 1 = female)	0.542	0.462	0.161	0.544	0.544	0.000
Urban/Rural (0 = urban; 1 = rural)	0.567	0.617	-0.100	0.565	0.565	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.807	0.419	0.981	0.809	0.809	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.530	-1.161	0.132	0.132	0.000
<b>CAD - Cholesterol Management - LDL-C Test</b>						
	<i>Same population as CAD Beta Blocker</i>			<i>Same population as CAD Beta Blocker</i>		
Age	56.408	54.776	0.233	56.549	56.522	0.004
Sex (0 = male; 1 = female)	0.542	0.462	0.161	0.544	0.544	0.000
Urban/Rural (0 = urban; 1 = rural)	0.567	0.617	-0.100	0.565	0.565	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.807	0.419	0.981	0.809	0.809	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.530	-1.161	0.132	0.132	0.000
<b>COPD - Use of Spirometry Testing</b>						
Age	55.471	54.553	0.141	55.496	55.463	0.005
Sex (0 = male; 1 = female)	0.608	0.598	0.021	0.606	0.606	0.000
Urban/Rural (0 = urban; 1 = rural)	0.590	0.666	-0.154	0.593	0.593	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.717	0.219	1.105	0.714	0.714	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.238	0.737	-1.173	0.229	0.229	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)				
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference		
<i>HEDIS Measures</i>								
<b>COPD - Pharmacotherapy Management of Exacerbation - 14 days</b>								
Age	56.851	55.267	0.233	57.476	57.460	0.002		
Sex (0 = male; 1 = female)	0.643	0.629	0.030	0.657	0.657	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.565	0.672	-0.216	0.580	0.580	0.000		
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.844	0.453	1.079	0.853	0.853	0.000		
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.117	0.522	-1.260	0.112	0.112	0.000		
<b>COPD - Pharmacotherapy Management of Exacerbation - 30 days</b>								
			<i>Same population as 14 days</i>			<i>Same population as 14 days</i>		
Age	56.851	55.267	0.233	57.476	57.460	0.002		
Sex (0 = male; 1 = female)	0.643	0.629	0.030	0.657	0.657	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.565	0.672	-0.216	0.580	0.580	0.000		
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.844	0.453	1.079	0.853	0.853	0.000		
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.117	0.522	-1.260	0.112	0.112	0.000		
<b>Diabetes - Members who had LDL-C Test</b>								
Age	51.829	46.533	0.519	51.855	51.811	0.004		
Sex (0 = male; 1 = female)	0.645	0.620	0.052	0.646	0.646	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.526	0.621	-0.189	0.526	0.526	0.000		
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.672	0.228	0.946	0.671	0.671	0.000		
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.202	0.621	-1.046	0.200	0.200	0.000		
<b>Diabetes - Retinal Eye Exam</b>								
			<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	51.829	46.533	0.519	51.855	51.811	0.004		
Sex (0 = male; 1 = female)	0.645	0.620	0.052	0.646	0.646	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.526	0.621	-0.189	0.526	0.526	0.000		
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.672	0.228	0.946	0.671	0.671	0.000		
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.202	0.621	-1.046	0.200	0.200	0.000		
<b>Diabetes - HbA1c Testing</b>								
			<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	51.829	46.533	0.519	51.855	51.811	0.004		
Sex (0 = male; 1 = female)	0.645	0.620	0.052	0.646	0.646	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.526	0.621	-0.189	0.526	0.526	0.000		
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.672	0.228	0.946	0.671	0.671	0.000		
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.202	0.621	-1.046	0.200	0.200	0.000		

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<b>HEDIS and Utilization/Expenditure Measures</b>						
<i>HEDIS Measures</i>						
<b>Diabetes - Medical Attention for Nephropathy</b>						
	<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	51.829	46.533	0.519	51.855	51.811	0.004
Sex (0 = male; 1 = female)	0.645	0.620	0.052	0.646	0.646	0.000
Urban/Rural (0 = urban; 1 = rural)	0.526	0.621	-0.189	0.526	0.526	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.672	0.228	0.946	0.671	0.671	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.202	0.621	-1.046	0.200	0.200	0.000
<b>Hypertension - LDL-C Test</b>						
Age	52.970	48.124	0.508	52.988	52.922	0.007
Sex (0 = male; 1 = female)	0.616	0.588	0.058	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.524	0.606	-0.164	0.524	0.524	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.697	0.259	0.955	0.697	0.697	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.176	0.595	-1.100	0.175	0.175	0.000
<b>Hypertension - ACE/ARB Therapy</b>						
	<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	52.970	48.124	0.508	52.988	52.922	0.007
Sex (0 = male; 1 = female)	0.616	0.588	0.058	0.617	0.617	0.000
Urban/Rural (0 = urban; 1 = rural)	0.524	0.606	-0.164	0.524	0.524	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.697	0.259	0.955	0.697	0.697	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.176	0.595	-1.100	0.175	0.175	0.000
<b>Opioid - Use of Opioids at High Dosage</b>						
Age	53.093	48.136	0.542	53.100	52.982	0.013
Sex (0 = male; 1 = female)	0.658	0.675	-0.035	0.658	0.658	0.000
Urban/Rural (0 = urban; 1 = rural)	0.586	0.643	-0.116	0.585	0.585	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.736	0.322	0.939	0.735	0.735	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.158	0.512	-0.972	0.153	0.153	0.000
<b>Opioid - Concurrent Use of Opioids and Benzodiazepines</b>						
Age	52.329	46.242	0.629	52.384	52.264	0.012
Sex (0 = male; 1 = female)	0.680	0.677	0.007	0.679	0.679	0.000
Urban/Rural (0 = urban; 1 = rural)	0.576	0.629	-0.107	0.578	0.578	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.692	0.258	0.938	0.692	0.692	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.186	0.562	-0.967	0.183	0.183	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
<b>HEDIS and Utilization/Expenditure Measures</b>						
<i>HEDIS Measures</i>						
<b>Child and Adolescents' Access to PCP - 12 months to 19 years</b>						
Age	12.332	9.528	0.607	12.332	12.332	0.000
Sex (0 = male; 1 = female)	0.477	0.491	-0.028	0.477	0.477	0.000
Urban/Rural (0 = urban; 1 = rural)	0.385	0.565	-0.369	0.385	0.385	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.378	0.024	0.729	0.378	0.378	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.036	0.019	0.092	0.036	0.036	0.000
<b>Adults' Access to Preventive/Ambulatory Health Services</b>						
Age	49.144	36.442	1.078	49.144	49.062	0.007
Sex (0 = male; 1 = female)	0.677	0.649	0.059	0.677	0.677	0.000
Urban/Rural (0 = urban; 1 = rural)	0.513	0.574	-0.122	0.513	0.513	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.626	0.103	1.081	0.626	0.626	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.216	0.666	-1.094	0.216	0.216	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	2022 All Data (pre-balancing)			2022 Matched Data (post-balancing)		
	HMP Mean	Comparison Mean	Standardized Difference	HMP Mean	Comparison Mean	Standardized Difference
	<i>Utilization/Expenditure Measures</i>					
<b>Emergency Room Visits (per 1,000 member months) - All</b>						
Age	46.715	18.640	2.110	46.671	46.671	0.000
Sex	0.664	0.545	0.255	0.666	0.666	0.000
Urban/Rural	0.496	0.432	0.137	0.496	0.496	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.610	0.051	1.202	0.609	0.609	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.203	0.238	-0.104	0.201	0.201	0.000
Prior year PMPM threshold	0.267	0.041	0.511	0.268	0.268	0.000
<b>Hospital Admissions (per 100,000 member months) - All</b>	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.715	18.640	2.110	46.671	46.671	0.000
Sex	0.664	0.545	0.255	0.666	0.666	0.000
Urban/Rural	0.496	0.432	0.137	0.496	0.496	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.610	0.051	1.202	0.609	0.609	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.203	0.238	-0.104	0.201	0.201	0.000
Prior year PMPM threshold	0.267	0.041	0.511	0.268	0.268	0.000
<b>Hospital Readmission Rate - All</b>	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.715	18.640	2.110	46.671	46.671	0.000
Sex	0.664	0.545	0.255	0.666	0.666	0.000
Urban/Rural	0.496	0.432	0.137	0.496	0.496	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.610	0.051	1.202	0.609	0.609	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.203	0.238	-0.104	0.201	0.201	0.000
Prior year PMPM threshold	0.267	0.041	0.511	0.268	0.268	0.000
<b>Per Member Per Month Expenditures - All</b>	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.715	18.640	2.110	46.671	46.671	0.000
Sex	0.664	0.545	0.255	0.666	0.666	0.000
Urban/Rural	0.496	0.432	0.137	0.496	0.496	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.610	0.051	1.202	0.609	0.609	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.203	0.238	-0.104	0.201	0.201	0.000
Prior year PMPM threshold	0.267	0.041	0.511	0.268	0.268	0.000

**Calendar Year 2023**

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<b>HEDIS and Utilization/Expenditure Measures</b>						
<i>HEDIS Measures</i>						
<b>Asthma - Medication Ratio - 5 to 18 years</b>						
Age	12.877	10.856	0.563	13.000	12.950	0.014
Gender (0 = male; 1 = female)	0.386	0.429	-0.088	0.375	0.375	0.000
Urban/Rural (0 = urban; 1 = rural)	0.281	0.430	-0.332	0.286	0.286	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.632	0.074	1.156	0.625	0.625	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.000	0.000	0.000	0.000	0.000	0.000
<b>Asthma - Medication Ratio - 19 to 64 years</b>						
Age	49.572	41.521	0.705	49.572	49.602	-0.003
Sex (0 = male; 1 = female)	0.797	0.713	0.209	0.797	0.797	0.000
Urban/Rural (0 = urban; 1 = rural)	0.461	0.439	0.045	0.461	0.461	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.656	0.145	1.075	0.656	0.656	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.133	0.630	-1.460	0.133	0.133	0.000
<b>CAD - Persistent Beta-Blocker Treatment after a Heart Attack</b>						
Age	56.989	54.767	0.338	57.035	56.925	0.017
Sex (0 = male; 1 = female)	0.543	0.441	0.204	0.541	0.541	0.000
Urban/Rural (0 = urban; 1 = rural)	0.454	0.451	0.006	0.454	0.454	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.764	0.252	1.204	0.763	0.763	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.110	0.677	-1.818	0.108	0.108	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023			2023		
	All Data (pre-balancing)			Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>CAD - Cholesterol Management - LDL-C Test</b>	<i>Same population as CAD Beta Blocker</i>			<i>Same population as CAD Beta Blocker</i>		
Age	56.989	54.767	0.338	57.035	56.925	0.017
Sex (0 = male; 1 = female)	0.543	0.441	0.204	0.541	0.541	0.000
Urban/Rural (0 = urban; 1 = rural)	0.454	0.451	0.006	0.454	0.454	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.764	0.252	1.204	0.763	0.763	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.110	0.677	-1.818	0.108	0.108	0.000
<b>COPD - Use of Spirometry Testing</b>						
Age	55.093	54.748	0.054	55.114	55.083	0.005
Sex (0 = male; 1 = female)	0.664	0.594	0.147	0.664	0.664	0.000
Urban/Rural (0 = urban; 1 = rural)	0.451	0.493	-0.084	0.452	0.452	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.718	0.158	1.243	0.716	0.716	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.129	0.770	-1.910	0.126	0.126	0.000
<b>COPD - Pharmacotherapy Management of Exacerbation - 14 days</b>						
Age	57.309	55.307	0.336	57.321	57.421	-0.017
Sex (0 = male; 1 = female)	0.685	0.637	0.104	0.709	0.709	0.000
Urban/Rural (0 = urban; 1 = rural)	0.388	0.472	-0.174	0.382	0.382	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.843	0.271	1.570	0.855	0.855	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.073	0.666	-2.278	0.079	0.079	0.000
<b>COPD - Pharmacotherapy Management of Exacerbation - 30 days</b>	<i>Same population as 14 days</i>			<i>Same population as 14 days</i>		
Age	57.309	55.307	0.336	57.321	57.421	-0.017
Sex (0 = male; 1 = female)	0.685	0.637	0.104	0.709	0.709	0.000
Urban/Rural (0 = urban; 1 = rural)	0.388	0.472	-0.174	0.382	0.382	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.843	0.271	1.570	0.855	0.855	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.073	0.666	-2.278	0.079	0.079	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023			2023				
	All Data (pre-balancing)			Matched Data (post-balancing)				
HEDIS and Utilization/Expenditure Measures	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference		
<i>HEDIS Measures</i>								
<b>Diabetes - Members who had LDL-C Test</b>								
Age	51.189	47.670	0.336	51.166	51.154	0.001		
Sex (0 = male; 1 = female)	0.660	0.605	0.116	0.660	0.660	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.421	0.466	-0.091	0.422	0.422	0.000		
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.644	0.147	1.037	0.645	0.645	0.000		
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.149	0.691	-1.519	0.150	0.150	0.000		
<b>Diabetes - Retinal Eye Exam</b>								
			<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	51.189	47.670	0.336	51.166	51.154	0.001		
Sex (0 = male; 1 = female)	0.660	0.605	0.116	0.660	0.660	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.421	0.466	-0.091	0.422	0.422	0.000		
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.644	0.147	1.037	0.645	0.645	0.000		
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.149	0.691	-1.519	0.150	0.150	0.000		
<b>Diabetes - HbA1c Testing</b>								
			<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	51.189	47.670	0.336	51.166	51.154	0.001		
Sex (0 = male; 1 = female)	0.660	0.605	0.116	0.660	0.660	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.421	0.466	-0.091	0.422	0.422	0.000		
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.644	0.147	1.037	0.645	0.645	0.000		
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.149	0.691	-1.519	0.150	0.150	0.000		
<b>Diabetes - Medical Attention for Nephropathy</b>								
			<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	51.189	47.670	0.336	51.166	51.154	0.001		
Sex (0 = male; 1 = female)	0.660	0.605	0.116	0.660	0.660	0.000		
Urban/Rural (0 = urban; 1 = rural)	0.421	0.466	-0.091	0.422	0.422	0.000		
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.644	0.147	1.037	0.645	0.645	0.000		
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.149	0.691	-1.519	0.150	0.150	0.000		

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023			2023		
	All Data (pre-balancing)			Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>Hypertension - LDL-C Test</b>						
Age	52.790	49.035	0.388	52.790	52.698	0.010
Sex (0 = male; 1 = female)	0.636	0.570	0.137	0.636	0.636	0.000
Urban/Rural (0 = urban; 1 = rural)	0.434	0.455	-0.042	0.434	0.434	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.681	0.160	1.117	0.681	0.681	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.130	0.679	-1.635	0.130	0.130	0.000
<b>Hypertension - ACE/ARB Therapy</b>						
<i>Same population as LDL-C</i>						
Age	52.790	49.035	0.388	52.790	52.698	0.010
Sex (0 = male; 1 = female)	0.636	0.570	0.137	0.636	0.636	0.000
Urban/Rural (0 = urban; 1 = rural)	0.434	0.455	-0.042	0.434	0.434	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.681	0.160	1.117	0.681	0.681	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.130	0.679	-1.635	0.130	0.130	0.000
<b>Opioid - Use of Opioids at High Dosage</b>						
Age	52.972	48.729	0.462	52.981	52.968	0.001
Sex (0 = male; 1 = female)	0.680	0.670	0.020	0.680	0.680	0.000
Urban/Rural (0 = urban; 1 = rural)	0.453	0.499	-0.092	0.453	0.453	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.724	0.221	1.127	0.724	0.724	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.110	0.587	-1.525	0.110	0.110	0.000
<b>Opioid - Concurrent Use of Opioids and Benzodiazepines</b>						
Age	51.821	46.867	0.499	51.842	51.786	0.006
Sex (0 = male; 1 = female)	0.696	0.669	0.059	0.697	0.697	0.000
Urban/Rural (0 = urban; 1 = rural)	0.454	0.480	-0.052	0.454	0.454	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.679	0.171	1.087	0.678	0.678	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.127	0.613	-1.461	0.127	0.127	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2023			2023		
	All Data (pre-balancing)			Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>Child and Adolescents' Access to PCP - 12 months to 19 years</b>						
Age	12.553	9.086	0.732	12.553	12.553	0.000
Sex (0 = male; 1 = female)	0.370	0.493	-0.254	0.370	0.370	0.000
Urban/Rural (0 = urban; 1 = rural)	0.351	0.454	-0.216	0.351	0.351	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.633	0.030	1.251	0.633	0.633	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.000	0.000	0.000	0.000	0.000	0.000
<b>Adults' Access to Preventive/Ambulatory Health Services</b>						
Age	48.481	37.981	0.867	48.481	48.402	0.007
Sex (0 = male; 1 = female)	0.682	0.629	0.113	0.682	0.682	0.000
Urban/Rural (0 = urban; 1 = rural)	0.413	0.430	-0.035	0.413	0.413	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.630	0.078	1.143	0.630	0.630	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.134	0.662	-1.550	0.134	0.134	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	2023 All Data (pre-balancing)			2023 Matched Data (post-balancing)		
	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>Utilization/Expenditure Measures</i>						
<b>Emergency Room Visits (per 1,000 member months) - All</b>						
Age	46.441	21.839	1.703	46.418	46.351	0.005
Sex (0 = male; 1 = female)	0.664	0.553	0.236	0.664	0.664	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.443	-0.069	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.630	0.051	1.200	0.631	0.631	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.126	0.292	-0.498	0.126	0.126	0.000
Prior year PMPM threshold/active care management	1.000	0.053	4.274	1.000	1.000	0.000
<b>Hospital Admissions (per 100,000 member months) - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.441	21.839	1.703	46.418	46.351	0.005
Sex	0.664	0.553	0.236	0.664	0.664	0.000
Urban/Rural	0.409	0.443	-0.069	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.630	0.051	1.200	0.631	0.631	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.126	0.292	-0.498	0.126	0.126	0.000
Prior year PMPM threshold/active care management	1.000	0.053	4.274	1.000	1.000	0.000
<b>Hospital Readmission Rate - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.441	21.839	1.703	46.418	46.351	0.005
Sex	0.664	0.553	0.236	0.664	0.664	0.000
Urban/Rural	0.409	0.443	-0.069	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.630	0.051	1.200	0.631	0.631	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.126	0.292	-0.498	0.126	0.126	0.000
Prior year PMPM threshold/active care management	1.000	0.053	4.274	1.000	1.000	0.000
<b>Per Member Per Month Expenditures - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	46.441	21.839	1.703	46.418	46.351	0.005
Sex	0.664	0.553	0.236	0.664	0.664	0.000
Urban/Rural	0.409	0.443	-0.069	0.410	0.410	0.000
ABD/non-ABD (0 = non-ABD; 1 - ABD)	0.630	0.051	1.200	0.631	0.631	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.126	0.292	-0.498	0.126	0.126	0.000
Prior year PMPM threshold/active care management	1.000	0.053	4.274	1.000	1.000	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	2024 All Data (pre-balancing)			2024 Matched Data (post-balancing)		
	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>Asthma - Medication Ratio - 5 to 18 years</b>						
Age	11.046	11.327	-0.070	11.046	11.045	0.000
Gender (0 = male; 1 = female)	0.227	0.412	-0.441	0.227	0.227	0.000
Urban/Rural (0 = urban; 1 = rural)	0.364	0.541	-0.369	0.364	0.364	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.909	0.251	2.289	0.909	0.909	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.000	0.000	0.000	0.000	0.000	0.000
<b>Asthma - Medication Ratio - 19 to 64 years</b>						
Age	51.345	43.552	0.683	51.345	51.393	-0.004
Sex (0 = male; 1 = female)	0.773	0.684	0.214	0.773	0.773	0.000
Urban/Rural (0 = urban; 1 = rural)	0.433	0.449	-0.032	0.433	0.433	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.928	0.238	2.666	0.928	0.928	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.036	0.675	-3.426	0.036	0.036	0.000
<b>CAD - Persistent Beta-Blocker Treatment after a Heart Attack</b>						
Age	58.642	55.704	0.520	58.724	58.638	0.015
Sex (0 = male; 1 = female)	0.534	0.436	0.197	0.535	0.535	0.000
Urban/Rural (0 = urban; 1 = rural)	0.402	0.483	-0.166	0.400	0.400	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.987	0.348	5.534	0.987	0.987	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.008	0.629	-6.933	0.008	0.008	0.000
<b>CAD - Cholesterol Management - LDL-C Test</b>						
	<i>Same population as CAD Beta Blocker</i>			<i>Same population as CAD Beta Blocker</i>		
Age	58.642	55.704	0.520	58.724	58.638	0.015
Sex (0 = male; 1 = female)	0.534	0.436	0.197	0.535	0.535	0.000
Urban/Rural (0 = urban; 1 = rural)	0.402	0.483	-0.166	0.400	0.400	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.987	0.348	5.534	0.987	0.987	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.008	0.629	-6.933	0.008	0.008	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2024			2024		
	All Data (pre-balancing)			Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>COPD - Use of Spirometry Testing</b>						
Age	56.802	55.037	0.279	56.819	56.783	0.006
Sex (0 = male; 1 = female)	0.643	0.587	0.117	0.646	0.646	0.000
Urban/Rural (0 = urban; 1 = rural)	0.432	0.469	-0.075	0.434	0.434	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.956	0.249	3.447	0.960	0.960	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.026	0.724	-4.350	0.027	0.027	0.000
<b>COPD - Pharmacotherapy Management of Exacerbation - 14 days</b>						
Age	57.946	55.442	0.440	57.891	57.820	0.013
Sex (0 = male; 1 = female)	0.676	0.631	0.096	0.682	0.682	0.000
Urban/Rural (0 = urban; 1 = rural)	0.460	0.423	0.073	0.455	0.455	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.991	0.397	6.284	0.991	0.991	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.009	0.605	-6.309	0.009	0.009	0.000
<b>COPD - Pharmacotherapy Management of Exacerbation - 30 days</b>						
	<i>Same population as 14 days</i>			<i>Same population as 14 days</i>		
Age	57.946	55.442	0.440	57.891	57.820	0.013
Sex (0 = male; 1 = female)	0.676	0.631	0.096	0.682	0.682	0.000
Urban/Rural (0 = urban; 1 = rural)	0.460	0.423	0.073	0.455	0.455	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.991	0.397	6.284	0.991	0.991	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.009	0.605	-6.309	0.009	0.009	0.000
<b>Diabetes - Members who had LDL-C Test</b>						
Age	53.748	49.065	0.485	53.748	53.747	0.000
Sex (0 = male; 1 = female)	0.621	0.579	0.086	0.621	0.621	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.478	-0.140	0.409	0.409	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.942	0.228	3.044	0.942	0.942	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.024	0.703	-4.393	0.024	0.024	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	2024 All Data (pre-balancing)			2024 Matched Data (post-balancing)		
	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>Diabetes - Retinal Eye Exam</b>	<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	53.748	49.065	0.485	53.748	53.747	0.000
Sex (0 = male; 1 = female)	0.621	0.579	0.086	0.621	0.621	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.478	-0.140	0.409	0.409	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.942	0.228	3.044	0.942	0.942	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.024	0.703	-4.393	0.024	0.024	0.000
<b>Diabetes - HbA1c Testing</b>	<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	53.748	49.065	0.485	53.748	53.747	0.000
Sex (0 = male; 1 = female)	0.621	0.579	0.086	0.621	0.621	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.478	-0.140	0.409	0.409	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.942	0.228	3.044	0.942	0.942	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.024	0.703	-4.393	0.024	0.024	0.000
<b>Diabetes - Medical Attention for Nephropathy</b>	<i>Same population as LDL-C</i>			<i>Same population as LDL-C</i>		
Age	53.748	49.065	0.485	53.748	53.747	0.000
Sex (0 = male; 1 = female)	0.621	0.579	0.086	0.621	0.621	0.000
Urban/Rural (0 = urban; 1 = rural)	0.409	0.478	-0.140	0.409	0.409	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.942	0.228	3.044	0.942	0.942	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.024	0.703	-4.393	0.024	0.024	0.000
<b>Hypertension - LDL-C Test</b>						
Age	55.248	50.244	0.565	55.248	55.172	0.009
Sex (0 = male; 1 = female)	0.594	0.556	0.078	0.594	0.594	0.000
Urban/Rural (0 = urban; 1 = rural)	0.429	0.470	-0.082	0.429	0.429	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.964	0.252	3.815	0.964	0.964	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.014	0.695	-5.749	0.014	0.014	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	2024 All Data (pre-balancing)			2024 Matched Data (post-balancing)		
	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>Hypertension - ACE/ARB Therapy</b>						
<i>Same population as LDL-C</i>				<i>Same population as LDL-C</i>		
Age	55.248	50.244	0.565	55.248	55.172	0.009
Sex (0 = male; 1 = female)	0.594	0.556	0.078	0.594	0.594	0.000
Urban/Rural (0 = urban; 1 = rural)	0.429	0.470	-0.082	0.429	0.429	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.964	0.252	3.815	0.964	0.964	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.014	0.695	-5.749	0.014	0.014	0.000
<b>Opioid - Use of Opioids at High Dosage</b>						
Age	55.247	50.391	0.558	55.341	55.372	-0.004
Sex (0 = male; 1 = female)	0.648	0.640	0.016	0.651	0.651	0.000
Urban/Rural (0 = urban; 1 = rural)	0.485	0.497	-0.023	0.478	0.478	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.980	0.329	4.700	0.980	0.980	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.014	0.609	-5.118	0.014	0.014	0.000
<b>Opioid - Concurrent Use of Opioids and Benzodiazepines</b>						
Age	54.446	48.851	0.606	54.446	54.341	0.011
Sex (0 = male; 1 = female)	0.659	0.632	0.057	0.659	0.659	0.000
Urban/Rural (0 = urban; 1 = rural)	0.450	0.480	-0.060	0.450	0.450	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.963	0.270	3.649	0.963	0.963	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.017	0.657	-4.912	0.017	0.017	0.000
<b>Child and Adolescents' Access to PCP - 12 months to 19 years</b>						
Age	12.133	10.038	0.533	12.133	12.131	0.000
Sex (0 = male; 1 = female)	0.383	0.476	-0.192	0.383	0.383	0.000
Urban/Rural (0 = urban; 1 = rural)	0.378	0.562	-0.380	0.378	0.378	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.878	0.118	2.317	0.878	0.878	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.000	0.004	-0.064	0.000	0.000	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING	2024			2024		
	All Data (pre-balancing)			Matched Data (post-balancing)		
HEDIS and Utilization/Expenditure Measures	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>HEDIS Measures</i>						
<b>Adults' Access to Preventive/Ambulatory Health Services</b>						
Age	51.597	39.957	1.013	51.597	51.530	0.006
Sex (0 = male; 1 = female)	0.628	0.578	0.103	0.628	0.628	0.000
Urban/Rural (0 = urban; 1 = rural)	0.416	0.437	-0.045	0.416	0.416	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.941	0.146	3.366	0.941	0.941	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.020	0.754	-5.310	0.020	0.020	0.000

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	2024 All Data (pre-balancing)			2024 Matched Data (post-balancing)		
	HMP-HC Mean	Comparison Mean	Standardized Difference	HMP-HC Mean	Comparison Mean	Standardized Difference
<i>Utilization/Expenditure Measures</i>						
<b>Emergency Room Visits (per 1,000 member months) - All</b>						
Age	49.195	28.584	1.409	49.181	49.111	0.005
Sex (0 = male; 1 = female)	0.613	0.539	0.151	0.613	0.613	0.000
Urban/Rural (0 = urban; 1 = rural)	0.413	0.485	-0.145	0.413	0.413	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.937	0.136	3.299	0.938	0.938	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.018	0.469	-3.364	0.018	0.018	0.000
Prior year PMPM threshold/active care management	1.000	0.059	4.057	1.000	1.000	0.000
<b>Hospital Admissions (per 100,000 member months) - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	49.195	28.584	1.409	49.181	49.111	0.005
Sex (0 = male; 1 = female)	0.613	0.539	0.151	0.613	0.613	0.000
Urban/Rural (0 = urban; 1 = rural)	0.413	0.485	-0.145	0.413	0.413	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.937	0.136	3.299	0.938	0.938	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.018	0.469	-3.364	0.018	0.018	0.000
Prior year PMPM threshold/active care management	1.000	0.059	4.057	1.000	1.000	0.000
Care Management Flag (0 = criteria not met; 1 = criteria met)	1.000	0.092	2.892	1.000	1.000	0.000
<b>Per Member Per Month Expenditures - All</b>						
	<i>Same population as Emergency Room</i>			<i>Same population as Emergency Room</i>		
Age	49.195	28.584	1.409	49.181	49.111	0.005
Sex (0 = male; 1 = female)	0.613	0.539	0.151	0.613	0.613	0.000
Urban/Rural (0 = urban; 1 = rural)	0.413	0.485	-0.145	0.413	0.413	0.000
ABD/non-ABD (0 = non-ABD; 1 = ABD)	0.937	0.136	3.299	0.938	0.938	0.000
Expansion Adult (0 = non-Expansion; 1 = Expansion)	0.018	0.469	-3.364	0.018	0.018	0.000
Prior year PMPM threshold/active care management	1.000	0.059	4.057	1.000	1.000	0.000
Care Management Flag (0 = criteria not met; 1 = criteria met)	1.000	0.092	2.892	1.000	1.000	0.000

## **APPENDIX D – STATISTICAL SIGNIFICANCE TEST (HEALTH COACHING)**

Appendix D presents year-specific rates, five-year pooled rates and p-values for HEDIS and utilization/expenditure measures included within the SoonerCare HMP health coaching evaluation. Statistical significance results also are noted.

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	Percent Compliant/Rate						P-Value/Statistical Significance (p < .05)					
	2020	2021	2022	2023	2024	Pooled	2020	2021	2022	2023	2024	Pooled
<i>HEDIS Measures</i>												
<b>Asthma - Medication Ratio - 5 to 18 years</b>												
HMP	75.3%	88.4%	92.7%	75.0%	77.3%	81.7%	0.0496	0.2969	0.7195	0.0150	0.2069	0.0000
Comparison Group	84.3%	92.4%	93.7%	89.8%	89.6%	90.0%	Yes	No	No	Yes	No	Yes
<b>Asthma - Medication Ratio - 19 to 64 years</b>												
HMP	78.0%	90.8%	87.8%	85.6%	90.2%	86.5%	0.7251	0.2542	0.7597	0.8887	0.4421	0.1966
Comparison Group	77.0%	87.2%	88.5%	85.8%	88.2%	85.3%	No	No	No	No	No	No
<b>CAD - Persistent Beta-Blocker Treatment after a Heart Attack</b>												
HMP	46.0%	49.6%	50.7%	53.3%	50.0%	49.9%	0.6924	0.4286	0.0283	0.0107	0.8169	0.0122
Comparison Group	47.1%	47.4%	45.0%	47.7%	49.2%	47.3%	No	No	Yes	Yes	No	Yes
<b>CAD - Cholesterol Management - LDL-C Test</b>												
HMP	63.6%	67.3%	71.8%	69.6%	67.6%	68.0%	0.0232	0.0000	0.0010	0.0000	0.3433	0.0000
Comparison Group	57.7%	60.3%	63.9%	62.0%	64.7%	61.7%	Yes	Yes	Yes	Yes	No	Yes
<b>COPD - Use of Spirometry Testing</b>												
HMP	24.2%	18.1%	19.2%	21.2%	20.4%	20.6%	0.0171	0.0697	0.0017	0.0017	0.0391	0.0000
Comparison Group	18.2%	14.3%	13.0%	15.1%	14.2%	15.0%	Yes	No	Yes	Yes	Yes	Yes
<b>COPD - Pharmacotherapy Management of Exacerbation - 14 days</b>												
HMP	62.7%	66.2%	62.9%	72.7%	74.5%	67.8%	0.2583	0.8946	0.0531	0.6768	0.3911	0.4635
Comparison Group	67.6%	66.9%	59.4%	70.9%	73.2%	67.6%	No	No	No	No	No	No
<b>COPD - Pharmacotherapy Management of Exacerbation - 30 days</b>												
HMP	69.9%	80.6%	75.5%	79.4%	80.9%	77.3%	0.5519	0.1399	0.6222	0.1895	0.1670	0.0504
Comparison Group	72.3%	73.6%	73.2%	74.2%	76.6%	74.0%	No	No	No	No	No	No
<b>Diabetes - HbA1c Testing</b>												
HMP	77.9%	80.0%	80.6%	81.2%	79.5%	79.8%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	65.8%	68.2%	66.5%	72.3%	71.6%	68.9%	Yes	Yes	Yes	Yes	Yes	Yes
<b>Diabetes - LDL-C Test</b>												
HMP	64.8%	67.2%	66.7%	68.9%	66.2%	66.8%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	50.5%	56.7%	55.8%	59.9%	59.5%	56.5%	Yes	Yes	Yes	Yes	Yes	Yes

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	Percent Compliant/Rate						P-Value/Statistical Significance (p < .05)					
	2020	2021	2022	2023	2024	Pooled	2020	2021	2022	2023	2024	Pooled
<i>HEDIS Measures</i>												
<b>Diabetes - Retinal Eye Exam</b>												
HMP	32.8%	36.0%	39.5%	37.2%	35.6%	36.2%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	19.8%	21.5%	23.1%	24.3%	23.4%	22.4%	Yes	Yes	Yes	Yes	Yes	Yes
<b>Diabetes - Medical Attention for Nephropathy</b>												
HMP	85.8%	86.9%	82.5%	82.8%	80.7%	83.7%	0.0000	0.0000	0.0000	0.0000	0.0002	0.0000
Comparison Group	78.6%	80.7%	74.1%	76.2%	76.9%	77.3%	Yes	Yes	Yes	Yes	Yes	Yes
<b>Hypertension - LDL-C Test</b>												
HMP	61.5%	64.4%	65.7%	66.0%	66.2%	64.8%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	53.4%	57.2%	58.6%	61.4%	61.4%	58.4%	Yes	Yes	Yes	Yes	Yes	Yes
<b>Hypertension - ACE/ARB Therapy</b>												
HMP	65.5%	67.5%	61.6%	61.0%	57.8%	62.7%	0.0000	0.0000	0.0054	0.0196	0.9128	0.0000
Comparison Group	62.8%	64.1%	58.8%	58.7%	57.7%	60.4%	Yes	Yes	Yes	Yes	No	Yes
<b>Opioid - Use of Opioids at High Dosage</b>												
HMP	3.0%	3.4%	2.7%	2.5%	2.8%	2.9%	0.0000	0.2208	0.1792	0.2137	0.1582	0.0006
Comparison Group	4.4%	4.2%	3.5%	3.2%	4.0%	3.9%	Yes	No	No	No	No	Yes
<b>Opioid - Concurrent Use of Opioids and Benzodiazepines</b>												
HMP	9.2%	10.2%	6.9%	8.8%	6.6%	8.3%	0.0000	0.6626	0.0027	0.3352	0.2600	0.0006
Comparison Group	12.6%	10.6%	8.7%	8.0%	7.9%	9.6%	Yes	No	Yes	No	No	Yes
<b>Child and Adolescents' Access to PCP - 12 months to 19 years</b>												
HMP	99.2%	98.0%	97.7%	98.6%	98.5%	98.4%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	90.5%	83.4%	84.5%	86.9%	91.2%	87.3%	Yes	Yes	Yes	Yes	Yes	Yes
<b>Adults' Access to Preventive/Ambulatory Health Services</b>												
HMP	97.2%	97.5%	97.7%	97.7%	98.4%	97.7%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Comparison Group	84.5%	82.1%	81.4%	83.7%	85.6%	83.5%	Yes	Yes	Yes	Yes	Yes	Yes

HEALTH MANAGEMENT PROGRAM - HEALTH COACHING HEDIS and Utilization/Expenditure Measures	Percent Compliant/Rate						P-Value/Statistical Significance (p < .05)					
	2020	2021	2022	2023	2024	Pooled	2020	2021	2022	2023	2024	Pooled
<i>Utilization/Expenditure Measures</i>												
<b>Emergency Room Visits (per 1,000 member months) - All</b>												
HMP	142.4	137.5	157.0	172.4	167.5	155.4	0.0000	0.0000	0.0016	0.0000	0.0000	0.0000
Comparison Group	158.9	158.0	142.8	206.3	238.3	180.9	Yes	Yes	Yes	Yes	Yes	Yes
<b>Hospital Admissions (per 100,000 member months) - All</b>												
HMP	2736.2	2654.5	3504.8	3825.3	1809.6	2906.1	0.0000	0.0000	0.0001	0.0028	0.0000	0.0000
Comparison Group	3112.8	3161.5	2644.6	4480.6	3133.8	3306.7	Yes	Yes	Yes	Yes	Yes	Yes
<b>Per Member Per Month Expenditures - All</b>												
HMP	\$ 616.09	\$ 690.77	\$ 930.39	\$ 1,116.22	\$ 988.46	\$ 868.39	0.0000	0.0000	0.0590	0.0000	0.0000	0.0000
Comparison Group	\$ 743.48	\$ 829.46	\$ 939.76	\$ 1,631.90	\$ 1,892.60	\$ 1,207.44	Yes	Yes	No	Yes	Yes	Yes

## **APPENDIX E – PRACTICE FACILITATION PARTICIPANT SURVEY INSTRUMENT**

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. The 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 initiatives. 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 focused training on management of patients with chronic pain					
e. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases					
f. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases					
g. Having a Practice Facilitator to work with you and your practice staff, either onsite or virtually					
h. Receiving quarterly reports on your progress with respect to identified performance measures					
i. Receiving ongoing education and assistance after conclusion of the initial practice facilitation 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 focused training on management of patients with chronic pain					
e. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases					
f. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases					
g. Having a Practice Facilitator work with you and practice staff, either onsite or virtually					
h. Receiving quarterly reports on your progress with respect to identified performance measures					
i. Receiving ongoing education and assistance after conclusion of the initial practice facilitation activities					

**Practice Facilitation Outcomes**

6. Have you made changes in the management of your patients with chronic conditions and/or chronic pain 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. Better management of patients with chronic pain
  - h. Increased staff involvement in chronic care workups
  - i. Other. Please specify: \_\_\_\_\_
  - j. 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?

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### **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.

	<b>Very Important</b>	<b>Somewhat Important</b>	<b>Not Very Important</b>	<b>Not at all Important</b>	<b>Not Appropriate</b>	<b>Not Sure</b>
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						

	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not Appropriate	Not Sure
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					

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Sure/ NA
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?

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19. Do you have any other comments or suggestions you would like to share today?

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**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:

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Please list the name of the practice and address:

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**You can return your survey by email, regular mail or fax.**

Please email your completed survey to [cgullo@phpg.com](mailto:cgullo@phpg.com)

Please mail your completed survey to:

**OHCA Practice Facilitation Survey  
900 North Shore Drive, Suite 270  
Lake Bluff, IL 60044**

Please fax your completed survey to: (224) 347-4913

Thank you for your help.