

State Fiscal Year 2019



ANNUAL REPORT

SoonerCare Health Management Program Evaluation

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*State of Oklahoma
Oklahoma Health Care Authority*

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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 SoonerCare Health Management Program (HMP) and SoonerCare Chronic Care Unit (CCU). This report contains SFY 2019 evaluation findings for the SoonerCare HMP evaluation; CCU evaluation findings have been issued in a companion 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.

Related Evaluation

PHPG also recently issued an independent evaluation report of the SoonerCare Choice program, in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements for Section 1115a waiver programs¹. The evaluation covered calendar years 2016 – 2018 and included a section on the SoonerCare HMP. The final six months addressed by the SoonerCare Choice evaluation overlapped with the first six months covered in this report (July 2018 – December 2018).

Both evaluations include data on HEDIS compliance rates, hospital utilization and per member per month (PMPM) expenditures. Aside from the differing time periods, the evaluations applied different methodologies in measuring SoonerCare HMP performance. This report presents findings using a methodology consistent with the one employed in previous annual SoonerCare HMP evaluations, so as to provide the necessary data for a longitudinal study of the program's impact. The SoonerCare Choice evaluation uses CMS-approved methods intended to align Oklahoma data with findings from other states subject to the same evaluation requirements².

The broad findings and conclusions are consistent across the two reports. However, individual data points should not be compared across evaluations.

The SoonerCare HMP SFY 2020 evaluation, to be conducted later this year, will evaluate program performance during the first year of Telligen's new contract. PHPG will be transitioning to the CMS-approved methodology, and tracking performance longitudinally using this methodology, to align fully the two evaluation processes.

¹ See: "SoonerCare Section 1115 Waiver Evaluation – Demonstration Years 21 – 23 (CY 2016 – 2018)"

² The most significant difference is the methodology used for measuring the program's impact on utilization and expenditures. This report compares actual experience to forecasts generated by a data analytics tool used to identify candidates for SoonerCare HMP enrollment. The CMS-approved methodology evaluates the experience of SoonerCare HMP participants against a comparison group of non-HMP beneficiaries selected for their demographic and health similarities to the HMP population.

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EXECUTIVE SUMMARY

Introduction

Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, about half of all adults have one or more chronic health conditions such as diabetes or heart disease. More than one in four Americans 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 as a whole. In 2017, 1,398 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 30.6 persons per 100,000 residents, versus the national rate of 21.5. The mortality rate for other chronic conditions, such as heart disease and hypertension, is similarly higher in Oklahoma than in the nation overall.

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

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

First Generation SoonerCare HMP

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

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

in the SoonerCare HMP based on historical and predicted service utilization, as well as their potential for improvement through care management³.

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

Second Generation SoonerCare HMP

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

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

Transition from First Generation HMP

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

Post-Transition HMP and CCU Enrollment

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

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

³ MEDai calculates "chronic impact" scores that quantify the likelihood that a member's projected utilization/expenditures can be influenced through care management, based on his/her profile.

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

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

Program Implementation

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

Telligen segmented the practices by size (large, medium and small) and location (urban and rural⁴) and targeted the most promising within each category based on patient mix and ability to support a health coach. The purpose of the segmentation was to ensure diversity in the group ultimately selected.

Providers who previously had undergone practice facilitation were evaluated for the second generation HMP but were not automatically offered a health coach. Telligen initially trained and deployed 26 health coaches at the program's outset to work full time at participating practices. Most were assigned to a single practice, although five health coaches divided their time across two or more smaller practices with insufficient caseloads to support a full-time coach on their own.

Telligen also initially deployed eight practice facilitators to work in collaboration with health coaches. Forty-one providers across 32 sites participated in the program for at least a portion of SFY 2014⁵. Telligen has added provider sites over time, while some early participants have

⁴ Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

⁵ Throughout the report, "practice" refers to the office hosting a practice facilitator/health coach, while "provider" refers to individual clinicians.

discontinued their involvement; in SFY 2019 SoonerCare HMP health coaches worked in 36 locations across 18 counties.

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

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

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

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

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

SFY 2015 Contract Amendment

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

- ***Intervention Quality Enhancement.*** The OHCA authorized Telligen to begin providing telephonic case management (health coaching) in addition to face-to-face (embedded) case management. Telephonic health coaches would focus on engaging new members, actively pursuing members needing assistance with care transitions and serving high risk members not assigned to a primary care provider with an embedded coach.
- ***Chronic Pain and Opioid Drug Utilization.*** The OHCA authorized Telligen to hire practice facilitators and substance use resource specialists dedicated to improving the effectiveness of providers caring for members with chronic pain and opioid drug use. The new staff would assist providers with implementation of a chronic pain management

toolkit and principles of proper prescribing.

- **Staff Increase.** The OHCA authorized Telligen to expand outreach to a greater number of providers and members and implement the chronic pain and opioid drug utilization initiative. As a result, Telligen added nine health coaches; five embedded in provider offices (also able to perform telephonic coaching) and four telephonic only, bringing the total number to 37. Telligen also hired two substance use resource specialists in SFY 2015 to support the chronic pain and opioid drug utilization initiative.

SoonerCare HMP Independent Evaluation

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

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

PHPG is presenting evaluation findings in a series of annual reports. This is the sixth – and final – Annual Evaluation report addressing progress toward achievement of program objectives during the current SoonerCare HMP contract cycle (Second Generation SoonerCare HMP). (PHPG also is evaluating the SoonerCare CCU; findings have been issued in a separate 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 has completed 3,039 initial surveys with SoonerCare HMP participants, as well as 1,254 six-month follow-up surveys with participants who previously completed an initial survey. The purpose of the follow-up survey was to identify changes in attitudes and health status over time.

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

Nearly all of the initial survey respondents (99 percent) indicated that their health coach asked questions about health problems or concerns, and the great majority stated their coach also provided answers and instructions for taking

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

care of their health problems or concerns (93 percent); answered questions about their health (89 percent); and helped with management of medications (84 percent).

Smaller numbers of respondents said their coach helped to identify changes in health that might be an early sign of a problem (36 percent); helped them to talk to and work with their regular provider and his/her staff (21 percent); helped to make physical health appointments (19 percent); and helped to make mental health appointments (four percent).

Respondents were asked to rate their satisfaction with each “yes” activity. Except for one activity⁶, the overwhelming majority reported being very satisfied with the help they received, with the portion ranging from 92 to 97 percent, depending on the item. This attitude carried over to the members’ overall satisfaction with their health coaches; 91 percent reported being very satisfied. Results for the follow-up survey were closely aligned to the initial survey.

⁶ The outlier activity was helping to make and keep health care appointments for mental health or substance abuse problems. Seventy-three percent of “yes” respondents reported they were very satisfied with the help they received; another 25 percent reported they were somewhat satisfied.

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

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

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

"My nurse has only been helping me for about a month but she already helped me get my doctor to test me for diabetes. I don't know how to talk to my doctor. Every time I would go in there and tell him what I wanted done he would close up and not do it. (She) told me what to say and it worked. I got all my testing done. She also gave me the resources to get a blood pressure cuff, shower chair and food pantries. She helped me get my migraine medicine again too. She gives me the numbers to call and I do the footwork. She's been great and I really need her." – SoonerCare HMP member

A large majority of the respondents (86 percent) who selected an area stated that they went on to develop an action plan with goals. Among those with an action plan, 79 percent reported achieving one or more goals. Among the members who reported having a goal but not yet achieving it, 60 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 82 percent of respondents reporting achievement of one or more goals and 68 percent of the remainder stating they were "very confident" of achieving their goal.

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

A majority of respondents reported discussing each of the activities with their health coach. (The portion across activities ranged from 61 percent for alcohol/substance consumption to 89 percent for smoking cessation and exercise.) 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.

Forty percent of initial survey respondents and 48 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion, 167 in total, reported using a community resource specialist to help resolve a problem. The nature of the help included housing/rental assistance, food/utility assistance, support in obtaining medical equipment and arranging transportation to medical appointments, all consistent with the specialists' defined mission.

Survey respondents reported very high levels of satisfaction with the SoonerCare HMP overall, consistent with their opinion of the health coach, who serves as their point of contact with the program. Ninety percent of initial survey respondents and 93 percent of follow-up survey respondents stated they were very satisfied. Nearly all respondents (96 percent of initial survey and 97 percent of follow-up survey) said they would recommend the program to a friend with health care needs like theirs.

The ultimate objectives of the SoonerCare HMP are to assist members in adopting healthier lifestyles and improving their overall health. When asked to rate their current health status, the largest segment of initial survey respondents (nearly 56 percent) said "fair", while 29 percent said "good", 15 percent said "poor" and fewer than one percent said "excellent".

When next asked if their health status had changed since enrolling in the SoonerCare HMP, 39 percent said it was "better" and 53 percent said it was "about the same"; only eight percent said it was "worse". Among those members who reported a positive change, nearly all (95 percent) credited the SoonerCare HMP with contributing to their improved health.

The results were even more encouraging among follow-up survey respondents. The portion reporting their health as "poor" dropped from 15 percent to 12 percent. Forty-six percent of respondents reported that their health had improved, with 97 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.

"Not many people know how to talk to a mental health person. My son's nurse is so good with him. She sends him papers in the mail on how to eat right. He was so excited to get the paper he put it in his wallet and carries it everywhere. It means a lot to him that he has someone calling him." – Parent of SoonerCare HMP member

PHPG evaluated the impact of SoonerCare HMP health coaching on

quality of care through calculation of Healthcare Effectiveness Data and Information Set (HEDIS®) measures applicable to the SoonerCare HMP population. The evaluation included 19 diagnosis-specific measures and three population-wide preventive measures (22 in total). For example, the

quality of care for participants with asthma was analyzed with respect to their use of appropriate medications and their overall medication management.

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

“I am new to SoonerCare and being on any Medicaid insurance. Before my health problems prohibited me from working, I was on (commercial insurance)...I have to say SoonerCare as a whole is a much more caring and interactive insurance plan than any other I have been in. The fact that you are calling me to see how my experience is with my fabulous health coach is one example. My PCP frequently checks in with me too. SoonerCare does not make its members feel ‘less than’ just because they are on Medicaid. Please tell your superiors this.” – SoonerCare HMP member

The health coaching participant compliance rate exceeded the comparison group rate on 13 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for 11 of the 13 measures, consistent with findings for earlier fiscal years.

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

PHPG also compared SFY 2019 compliance rates for health coaching participants to SFY 2015 compliance rates to document three-year trend rates. The results were encouraging, with compliance rates improving for 15 measures and declining for only six, although the movement up or down generally was modest. (One measure was not trended, due to a change in methodology in 2019.)

Health Coaching Cost Effectiveness

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

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

members whose MEDai scores are relatively low but are determined by the provider and health coach to be “at risk” based on the individual’s total profile.

PHPG conducted the utilization and expenditure evaluation by comparing participants’ actual claims experience to MEDai forecasts absent health coaching. PHPG performed the analysis for selected chronic conditions⁷ and for the participant population as a whole. MEDai forecasted that health coaching participants, as a group, would incur 2,613 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,317, or 50 percent of forecast.

MEDai forecasted that health coaching participants, as a group, would incur 2,279 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,620, or 71 percent of forecast.

PHPG documented total per member per month (PMPM) medical expenditures for all health coaching participants, as a group, and compared actual medical expenditures to forecast for up to 72 months of engagement. MEDai forecasts for the first 12 months were trended in months 13 to 72 based on the PMPM trend rate of a comparison group comprised of SoonerCare members found eligible for the SoonerCare HMP who declined to enroll (“eligible but not engaged population”)⁸.

The trended MEDai forecast projected that the participant population would incur an average of \$1,134 in PMPM expenditures through 72 months of engagement. The actual amount was \$642, or 57 percent of forecast (\$492 PMPM medical savings).

PHPG calculated an aggregate dollar impact for all health coaching participants by multiplying total months of engagement through SFY 2019 by average PMPM savings. The resultant medical savings were approximately \$114 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2019, inclusive of the health coaching portion of SoonerCare HMP administrative expenses. SoonerCare HMP administrative expenses include Telligen invoiced amounts plus salary, benefit and overhead costs for persons working in the OHCA’s SoonerCare HMP unit. Aggregate administrative expenses for the health coaching portion of the SoonerCare HMP were approximately \$40.1 million.

The SoonerCare HMP health coaching component registered net savings of approximately \$74 million. The savings figure is noteworthy given the inclusion in health coaching of “at risk” members referred by providers, a group that was not part of the first generation SoonerCare HMP. These members have lower projected costs, and therefore lower documentable savings

⁷ The conditions evaluated were asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes, heart failure and hypertension. Condition-specific findings are presented in chapter four.

⁸ MEDai forecasts extend only 12 months.

under the MEDai methodology, even though by intervening at an early stage the health coach may help to avert significant future health costs.

It also is encouraging that, while average PMPM medical savings across 72 months was \$492, the amount increased with enrollment tenure. Average PMPM savings in the initial 12-month engagement period equaled \$464, versus \$666 in months 61 to 72. This suggests that the impact of health coaching increases over time, which bodes well for the program’s long-term impact on participants.

Practice Facilitation Participant Satisfaction

Practice facilitation is integral to the performance of the SoonerCare HMP. PHPG conducts a survey of participating providers at practice facilitation sites to inquire about awareness of SoonerCare HMP objectives and components; interactions with Telligen health coaches and practice facilitators; and the program’s impact with respect to patient management and outcomes. PHPG has surveyed 42 providers since the start of the program.

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP favorably. The most common reason cited for participating was to receive focused training in evidence-based practice guidelines for chronic conditions.

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

Eighty-one percent of the surveyed practices reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. Similarly, 90 percent of the providers credited the program with improving their management of patients with chronic conditions.

Overall, 83 percent of the providers described themselves as “very satisfied” with the experience and 12 percent as “somewhat satisfied”. Ninety percent of those surveyed said they would recommend the program to a colleague.

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

Respondents next were asked to rate their satisfaction with health coaching activities, in terms of assistance provided to their patients. The level of satisfaction was extremely high across all activities, with at least 24 out of 35 respondents with a health coach currently onsite describing themselves as “very satisfied” on each item. (Most of the remainder described themselves as

“somewhat satisfied” or had only recently completed practice facilitation and described themselves as “not certain”.) The providers’ enthusiasm was further reflected in their overall satisfaction with having a health coach supporting their practice (91 percent “very satisfied”).

Impact of Practice Facilitation on Quality of Care

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

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

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

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

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

The practice facilitation participant compliance rate exceeded the comparison group rate on 10 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for six of the 10 measures. As with the health coaching quality of care analysis, the most impressive results, relative to the comparison group, were observed for participants with diabetes and mental illness, and with respect to access to preventive care.

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

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

At year six of the evaluation cycle, the impact of practice facilitation on quality of care appears positive for some chronic diseases but not all. The long-term benefit to participants of practice

facilitation will continue to be measured (under the new Telligen contract) through the quality of care longitudinal analysis and through the expenditure analysis discussed below.

Practice Facilitation Cost Effectiveness

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

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

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

MEDai projected that members aligned with PCMH practice facilitation providers, as a group, would incur 830 inpatient days per 1,000 participants over the 12-month forecast period. The actual rate was 549, or 66 percent of forecast.

MEDai projected that members aligned with PCMH practice facilitation providers, as a group, would incur 1,301 emergency department visits per 1,000 participants over the 12-month forecast period. The actual rate was 1,128, or 87 percent of forecast.

PHPG documented total per member per month (PMPM) medical expenditures for all members aligned with PCMH providers as a group and compared actual medical expenditures to forecast through 72 months of the program. MEDai forecasts for the first 12 months were trended in months 13 to 72 using the same methodology as applied in the health coaching cost effectiveness analysis.

The trended MEDai forecast projected that the members would incur an average of \$635 in PMPM expenditures through 72 months. The actual amount was \$360, or 57 percent of forecast.

PHPG calculated an aggregate dollar impact for members in total by multiplying total months of enrollment, following practice facilitation initiation and member interaction with a provider, by average PMPM savings. The resultant medical savings equaled approximately \$131 million.

PHPG then performed a net cost effectiveness test by comparing forecasted costs to actual costs, inclusive of the practice facilitation portion of SoonerCare HMP administrative expenses.

SoonerCare HMP administrative expenses include Telligen invoiced amounts plus salary, benefit and overhead costs for persons working in the OHCA's SoonerCare HMP unit. SFY 2014 through SFY 2019 aggregate administrative expenses for the practice facilitation portion of the SoonerCare HMP were approximately \$22.9 million. **The SoonerCare HMP practice facilitation component registered net savings of approximately \$109 million.**

Chronic Pain and Opioid Drug Utilization

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

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

The OHCA has partnered with Telligen to conduct targeted practice facilitation of PCMH providers who are among the program's top opioid prescribers. This is in addition to information on pain management that general practice facilitators impart and assistance health coaches provide to participants with pain management needs.

The specialized practice facilitators, who are trained in pain management, work with providers over a six-month period to improve patient care management, including by introducing patients to alternative treatments and reducing reliance on opioids.

PHPG was engaged, starting in 2018, to conduct a focused study of the pain management component of the SoonerCare HMP. Specifically, PHPG was asked to assess the initiative's impact with respect to provider prescribing and member opioid use. PHPG evaluated the program through a combination of surveys and HEDIS measures.

PHPG surveyed 30 providers who had undergone practice facilitation, to inquire about their reasons for participating and perceptions of the program's effectiveness. The two reasons cited most often for participating were to "improve care management/education of patients with chronic pain" (67 percent) and "improve monitoring of patient prescription pain medicine use" (60 percent).

Twenty-six of the 30 providers (87 percent) reported making changes in the management of their patients with chronic pain as a result of participating in practice facilitation. The types of changes made included: incorporating forms/tools into patient monitoring; improved documentation; limiting/titrating medications/lowering Morphine Milligram Equivalent (MME); and having better discussions with patients about their chronic pain and medication needs.

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

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

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

Patients reported discussing a wide variety of alternatives with their providers, the most common being ice/heat applications (75 percent), positioning of the body (69 percent), deep breathing exercises (49 percent) and directed exercise/physical therapy (45 percent). Many of the techniques

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

were tried and found to be helpful in reducing pain. For example, 69 percent of patients who discussed use of ice/heat applications tried them and found relief; 73 percent of patients who discussed positioning strategies tried them and also found relief.

Patients also reported discussing several lifestyle changes intended to reduce pain, including getting more sleep, getting more exercise and reducing stress. Fifty-one percent reported trying to get more sleep and experiencing relief as a result; 43 percent reported getting relief through more exercise; and 37 percent reported getting relief by reducing stress.

The adoption of new pain management techniques occurred in conjunction with changes in prescription opioid use. Nearly all respondents reported making some type of change, with the most common being changing at least one old medication to a new/different one (31 percent); stopping all prescription pain medication (25 percent); and reducing the number of pills or dosage taken (18 percent).

The change in medication use reported by survey respondents was consistent with findings from PHPG's analysis of relevant HEDIS measures. PHPG examined two measures as part of an evaluation of the broader SoonerCare waiver from 2016 to 2018: use of opioids at high dosage and concurrent use of opioids and benzodiazepines, which generally is medically contraindicated. The use rate was calculated both for SoonerCare HMP participants and a comparison group.

The rate of high dosage opioid use improved (declined) substantially for both populations over the three-year period studied. The SoonerCare HMP use rate fell from 18.1 percent to 14.1 percent, while the comparison group rate fell from 19.2 percent to 15.2 percent.

The concurrent use of opioids and benzodiazepines also improved (declined) substantially during the same period. The SoonerCare HMP use rate fell from 28.9 percent to 21.7 percent while the comparison group rate fell from 28.9 percent to 20.0 percent.

The OHCA has multiple initiatives underway to reduce inappropriate opioid use, of which the SoonerCare HMP is one component. The improved HEDIS rates across both populations suggest that the OHCA's strategy is making a positive difference.

SoonerCare HMP Return on Investment

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

PHPG examined the program's return on investment (ROI) through SFY 2019, by comparing health coaching and practice facilitation administrative expenditures to medical savings. Both program components have achieved a positive ROI, with the program as a whole generating gross medical savings of \$245 million, net medical savings of \$182 million and a return on investment of 289.6percent. Put another way, **the second generation SoonerCare HMP, over the six-year life of the contract, yielded approximately \$2.90 in net medical savings for every dollar in administrative expenditures.**

CHAPTER 1 – INTRODUCTION

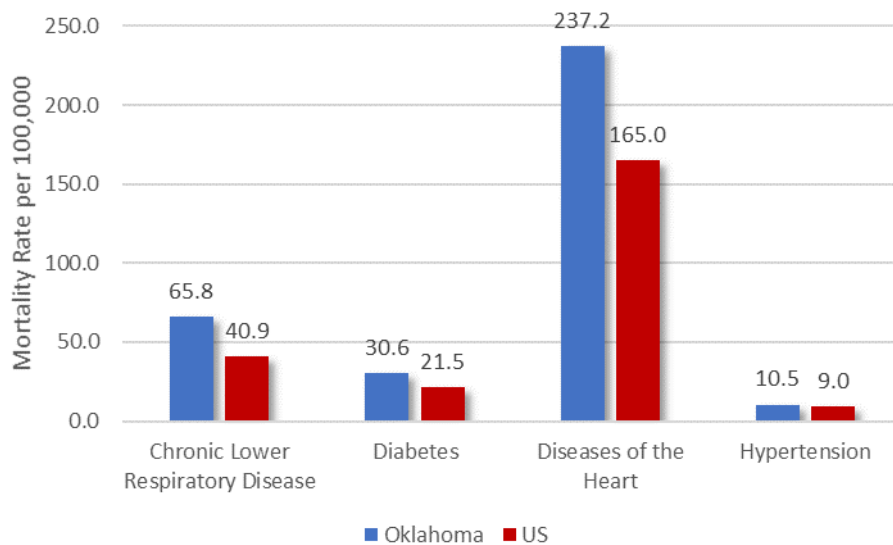
Chronic Disease Management

Chronic diseases are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention, about half of all adults have one or more chronic health conditions such as diabetes or heart disease. More than one in four Americans have multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living⁹.

Ninety percent of the nation’s \$3.5 trillion in annual health expenditures are for persons with chronic physical and mental health conditions¹⁰. The per capita impact of chronic disease is even greater in Oklahoma than for the nation as a whole. In 2017, 1,398 Oklahomans died due to complications from diabetes. This equated to a diabetes-related mortality rate of 30.6 persons per 100,000 residents, versus the national rate of 21.5¹¹.

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

Exhibit 1-1 – Chronic Disease Mortality Rates, 2017 – OK and US (Selected Conditions)¹²



⁹ <https://www.cdc.gov/chronicdisease/about/multiple-chronic.htm>

¹⁰ <https://www.cdc.gov/chronicdisease/about/costs/index.htm#ref1>

¹¹ https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09_tables-508.pdf. Age adjusted rates. 2017 is the most recent year available.

¹² Ibid. Rate for chronic lower respiratory disease, also known as chronic obstructive pulmonary disease, includes asthma, chronic bronchitis and emphysema. Hypertension rate includes essential hypertension and hypertensive renal disease.

Chronic diseases also are among the costliest of all health problems. Persons with multiple chronic conditions account for over 70 percent of health spending nationally¹³. Providing care to individuals with chronic diseases, many of whom meet the federal disability standard, has placed a significant burden on state Medicaid budgets.

In Oklahoma, the CDC estimates that total expenditures related to treating selected major chronic conditions will exceed \$10 billion in 2020 and approach \$13 billion in 2025. The estimated portion attributable to SoonerCare members will exceed \$1.2 billion (state and federal) in 2020 and \$1.5 billion in 2025¹⁴ (Exhibit 1-2).

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

Chronic Condition	OK All Payers		SoonerCare	
	2020	2025	2020	2025
Asthma	\$538	\$641	\$182	\$216
Cardiovascular Diseases (heart diseases, stroke and hypertension)	\$7,076	\$8,599	\$760	\$923
Diabetes	\$2,869	\$3,477	\$319	\$387
TOTAL FOR SELECTED CONDITIONS	\$10,483	\$12,717	\$1,260	\$1,526

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

Holistic programs seek to address proactively the individual needs of patients through planned, ongoing follow-up, assessment and education.¹⁵ 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.

¹³ <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf>

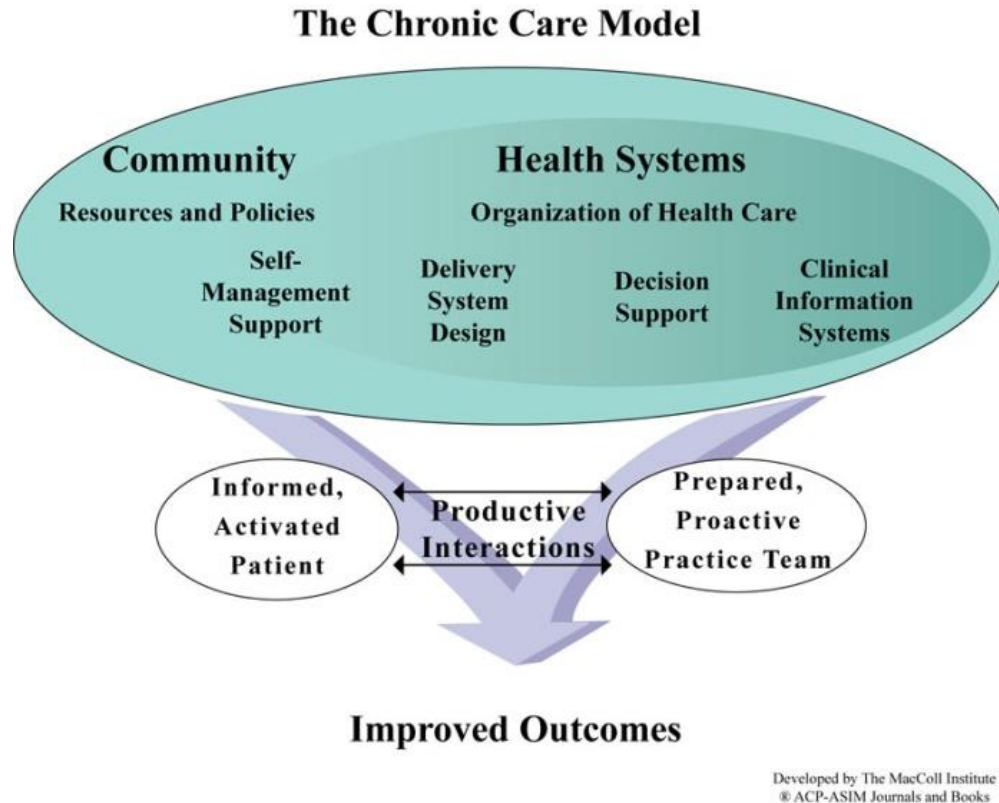
¹⁴ Expenditure estimates developed using CDC Chronic Disease Cost Calculator. SoonerCare estimate does not take into account the impact of any potential expansion in Medicaid eligibility in 2021 or beyond.

¹⁵ Wagner, E.H., “Chronic Disease Management: What Will It Take to Improve Care for Chronic Illness?,” *Effective Clinical Practice*, 1:2-4 (1998).

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

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

Exhibit 1-3 – The Chronic Care Model



Development of a Strategy for Holistic Chronic Care

Under the Oklahoma Medicaid Reform Act of 2006 (HB2842), the Oklahoma Legislature directed the Oklahoma Health Care Authority (OHCA) to develop and implement a management program for persons with chronic diseases including: asthma, chronic obstructive pulmonary disease, congestive heart failure and diabetes. The program would address the health needs of chronically ill SoonerCare members while reducing unnecessary medical expenditures at a time of significant fiscal constraints.

In response, the OHCA developed the SoonerCare Health Management Program. 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 department use by participants;
- Improving primary care provider adherence to evidence-based guidelines and best practices measures;
- Coordinating participant care, including the establishment of coordination between providers, participants and community resources;
- Regularly reporting clinical performance and outcome measures;
- Regularly reporting SoonerCare health care expenditures of participants; and
- Measuring provider and participant satisfaction with the program.

"First Generation" SoonerCare HMP

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

The OHCA contracted with a vendor through a competitive bid process to implement and operate the SoonerCare HMP. Telligen¹⁶ was selected to administer the SoonerCare HMP in accordance with the OHCA's specifications. Telligen is a national quality improvement and medical management firm specializing in care, quality and information management services. Telligen staff members provided nurse care management to SoonerCare HMP participants and practice facilitation to OHCA-designated primary care providers.

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

¹⁶ Prior to August 2011, Telligen was known as the Iowa Foundation for Medical Care.

Nurse Care Management

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

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

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

Practice Facilitation and Provider Education

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

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

Program Performance

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

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

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

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

To enhance member identification and participation, as well as coordination with primary care providers, the OHCA elected to replace centralized nurse care management services with registered nurse health coaches embedded at primary care practice sites. The health coaches would work closely with practice staff and provide coaching services to participating members. Health coaches could either be dedicated to a single practice with one or more providers or shared between multiple practice sites within a geographic area¹⁷.

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

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

Health coaches would only be embedded at practices that had first undergone practice facilitation¹⁸. In order to participate in the second generation SoonerCare HMP at its outset, members would have to be receiving primary care from a practice with an embedded health coach.

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

Health Coaching Model – Design and Principles

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

¹⁷ The description of Health Coaching and second generation Practice Facilitation are taken from the OHCA’s October 2012 RFP for a second generation Health Management Program contractor.

¹⁸ The health coaching model has since undergone some refinements, as described later in the chapter.

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

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

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

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

Health coaches apply motivational interviewing and other components of the coaching model throughout their workday. The narrative below in italics is excerpted from Telligen’s training manual for health coaches and summarizes its health coaching model, as well as its approach to integration of health coaching and practice facilitation activities¹⁹.

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)²⁰, 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.*

¹⁹ Telligen Health Coach Training Manual – OK HMP, June 2013. The manual was developed and training was conducted in partnership with Health Sciences Institute.

²⁰ Motivational Interviewing, Third Edition, W Miller & S Rollnick, 2012

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

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

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

The HC collaborates with the Practice Facilitator (PF) on the Four Phases of facilitation; Assess, Analyze, Implement and Evaluate. It is imperative that the HC works in partnership with the PF

and Medical Home to improve the health and outcomes of the Oklahoma SoonerCare population. The four phases of facilitation are defined as follows:

- 1) Assess the practice and SoonerCare Choice Member population. Conduct an assessment of current staff, practice flow and data collection systems. Assess population, culture and chronic disease of members (SoonerCare Choice Members). The Health Management Program Practice Facilitators will be instrumental in implementing a registry during the HC preparation phase but the use of the registry would likely be a shared responsibility between practice staff and the HC.*
- 2) Analyze assessment findings. Work in collaboration with the practice in the management and maintenance of a registry. Organize direction, gather coaching tools and use meaningful feedback on trends and findings of medical record review. Contact member (SoonerCare Choice Member) and gather information using best practice guidelines.*
- 3) Implement positive activities towards managing chronic illness. Partner with members to set short term and long term goals for self-management of chronic disease. Engage with member and family using the evidence-based health coaching approach of Motivational Interviewing (MI). Address barriers to following through on treatment plan and health goals. In addition to using the MI approach, as needed, use educational materials regarding specific health care conditions and assist with referrals.*
- 4) Evaluate progress and improvements with ongoing collaboration with member and family with follow up appointments. Collaborate with PCP for continuation of care. Support members with getting their needs met. Coordinate with PMCH staff to identify members overdue for visit, labs or referral and arrange follow-up services. Determine the ability of PMCH staff and clinicians to access reports, implement satisfaction evaluations and analyze the effectiveness of the data system in place. (Care Measures®).*

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

Implementation and Evolution of the Second Generation HMP

Identification and Recruitment of Practices

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

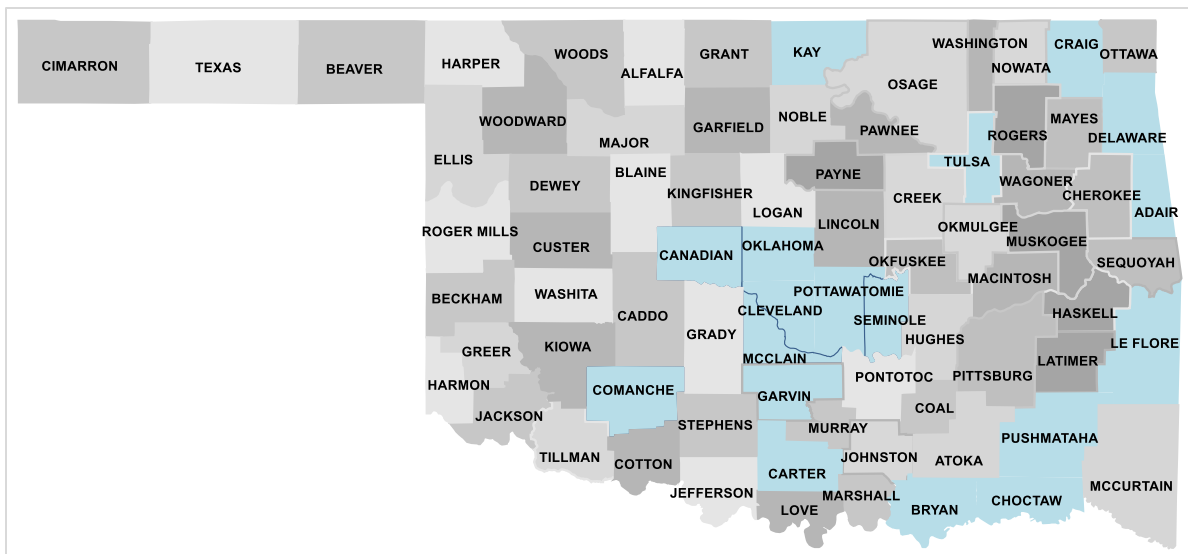
Telligen segmented the practices by size (large, medium and small) and location (urban and rural) and targeted the most promising within each category based on patient mix and ability to support a health coach. The purpose of the segmentation was to ensure diversity in the group ultimately selected.

Providers who previously had undergone practice facilitation were evaluated for the second generation HMP but were not automatically offered a health coach. Providers already participating in two other care management programs, Health Access Networks and the Comprehensive Primary Care Initiative (CPCI) were excluded from the process.

Telligen initially trained and deployed 26 health coaches at the program’s outset to work full time at participating practices. Most were assigned to a single practice, although five health coaches divided their time across two or more smaller practices with insufficient caseloads to support a full-time coach on their own. Telligen also initially deployed eight practice facilitators to work in collaboration with health coaches.

Telligen has added provider sites over time. There were 36 locations across 18 counties with a SoonerCare HMP health coach in SFY 2019 (Exhibit 1-4).

Exhibit 1-4 – Counties with One or More HMP Sites



Initial Transition of Members

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

Post-Transition HMP Enrollment

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

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

During SFY 2014, the OHCA and Telligen executed a contract amendment to modify and expand operations starting in SFY 2015²¹. The amendment included three components: intervention quality enhancement; the chronic pain and opioid drug utilization initiative and staff increase. Specifically:

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

The chronic pain and opioid drug utilization initiative is distinct from the core health management program. PHPG conducted a targeted evaluation of the initiative in SFY 2019, the results of which are presented in a standalone chapter in the report (chapter eight).

²¹ Amendment Four to the Contract between Oklahoma Health Care Authority and Telligen.

SoonerCare HMP Operations

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

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

SoonerCare Chronic Care Unit

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

The CCU also is responsible for²²:

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

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

²² As part of a reorganization, the OHCA assigned nurse care managers responsible for hemophilia, bariatric surgery and Hepatitis-C cases to another unit within the agency in SFY 2019. However, the staff returned to the CCU in SFY 2020. PHPG treated these populations as part of the CCU for purposes of performing the longitudinal evaluation of CCU performance.

Characteristics of Health Coaching Participants

During SFY 2019, a total of 9,299 members were enrolled in the SoonerCare HMP for at least part of one month. PHPG, in consultation with the OHCA, removed certain groups from the utilization, expenditure and quality of care portions of the evaluation to improve the integrity of the results. Specifically:

- Members who were enrolled for fewer than three months in SFY 2019.
- Members who were enrolled for three months or longer, but who also were enrolled in the CCU for a portion of SFY 2019, if their CCU tenure exceeded their HMP tenure.
- Members receiving disease management through Oklahoma University's Harold Hamm Diabetes Center, to isolate the impact of the SoonerCare HMP from activities occurring at the center²³.
- Members enrolled in a Health Access Network for three months or longer, to isolate the impact of the SoonerCare HMP from HAN care management activities²⁴.

The revised evaluation dataset included 6,677 SoonerCare HMP participants, compared to 5,940 members in the SFY 2018 evaluation, 6,018 members in the SFY 2017 evaluation, 6,259 in the SFY 2016 evaluation and 5,447 in the SFY 2015 evaluation. The average tenure in the SoonerCare HMP for participants in the SFY 2019 evaluation was 11.2 months, down slightly from 11.5 months in SFY 2018. Demographic and health data for these members is presented starting on the next page.

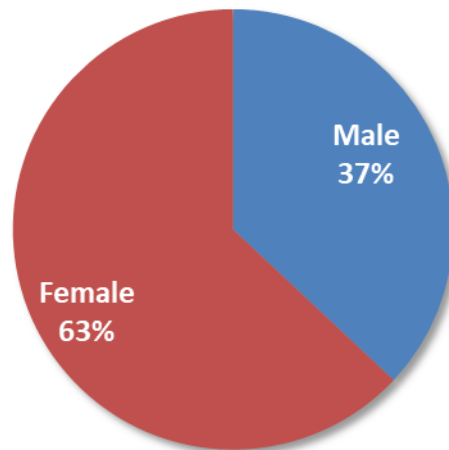
²³ There were 26 members who received services from the center and who also were enrolled in either the SoonerCare HMP or CCU.

²⁴ There were 515 members aligned with a HAN PCMH provider for three months or longer who also were enrolled in either the SoonerCare HMP or CCU at some point during the year. The corresponding figure in SFY 2018 was 482.

Participants by Gender and Age

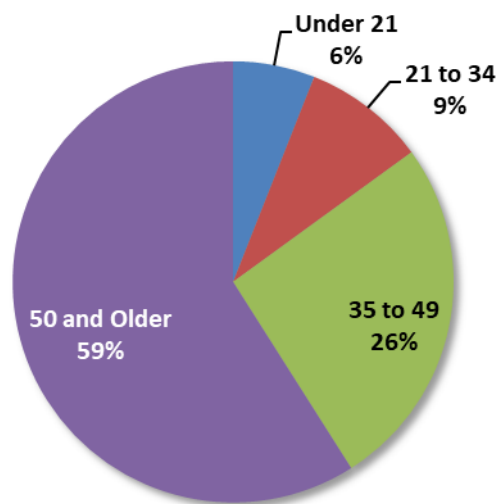
Most SoonerCare HMP participants are women, with females outnumbering males by approximately two to one (Exhibit 1-5).

Exhibit 1-5 – Gender Mix for SoonerCare HMP Participants



Not surprisingly, SoonerCare HMP participants are older than the general Medicaid population. Only six percent of SoonerCare HMP participants are under the age of 21, compared to approximately 66 percent of the general SoonerCare population (Exhibit 1-6).²⁵

Exhibit 1-6 – Age Distribution for SoonerCare HMP Participants



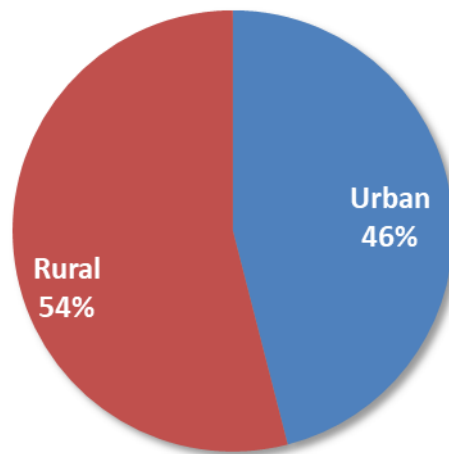
²⁵ Source for total SoonerCare percentage: OHCA April 2020 Enrollment Report.

Participants by Place of Residence

Fifty-four percent of SoonerCare HMP participants resided in rural Oklahoma in SFY 2019, while 46 percent resided in urban counties comprising the greater Oklahoma City, Tulsa and Lawton metropolitan areas (Exhibit 1-7). By contrast, approximately 45 percent of the general SoonerCare population resides in rural counties and 55 percent in urban counties²⁶.

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

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



²⁶ Source: SoonerCare April 2020 Fast Facts. Urban counties include Canadian, Cleveland, Comanche, Creek, Logan, McClain, Oklahoma, Osage, Rogers, Tulsa and Wagoner.

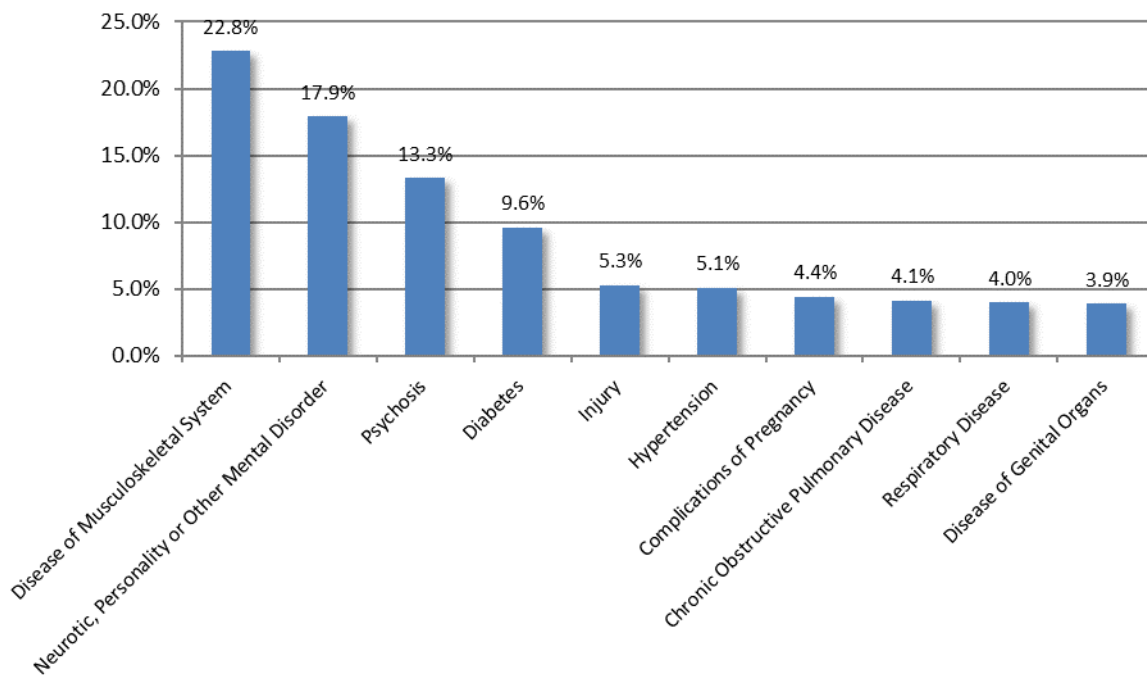
Participants by Most Common Diagnostic Categories²⁷

Program participants are treated for numerous chronic and acute physical conditions. The most common diagnostic category among participants in SFY 2019 was disease of the musculoskeletal system, which includes osteoarthritis, other types of arthritis, backbone disease, rheumatism and other bone and cartilage diseases and deformities (Exhibit 1-8).

Two behavioral health categories were included among the top five, along with diabetes and injuries, while the remaining five categories include a mix of chronic and acute conditions. The top 10 categories accounted for approximately 90 percent of the SoonerCare HMP population.

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

Exhibit 1-8 – Most Common Diagnostic Categories for Health Coaching Participants²⁸



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

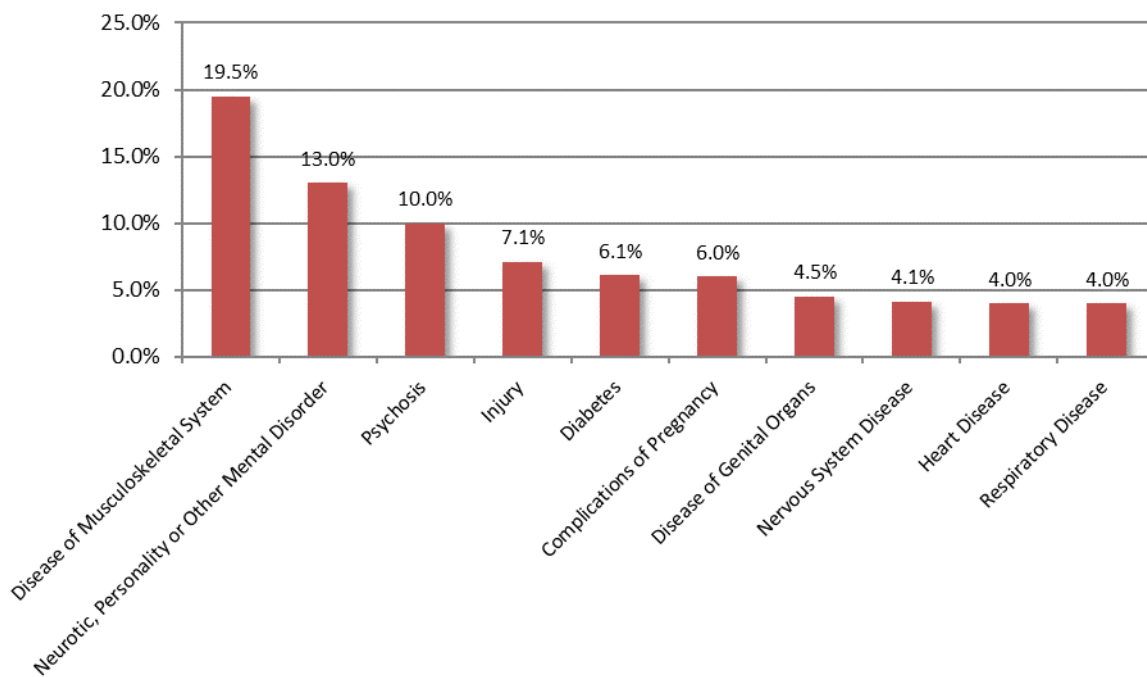
²⁸ It is the OHCA’s policy not to enroll pregnant members in the SoonerCare HMP, and to disenroll those who become pregnant. The “complications of pregnancy” group may represent members not yet disenrolled, postpartum members being treated for a complication and/or member who have had miscarriages.

Participants by Most Expensive Diagnostic Categories²⁹

Disease of the musculoskeletal system also was the most expensive diagnostic category in SFY 2019 based on paid claim amounts, followed by seven of the nine categories from the prior exhibit, although in slightly different order (Exhibit 1-9). (Heart disease and nervous system disorder replaced hypertension and COPD.)

The top 10 most expensive disease categories accounted for approximately 78 percent of the population. The ranking and percentages were again nearly identical to those reported in prior years.

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



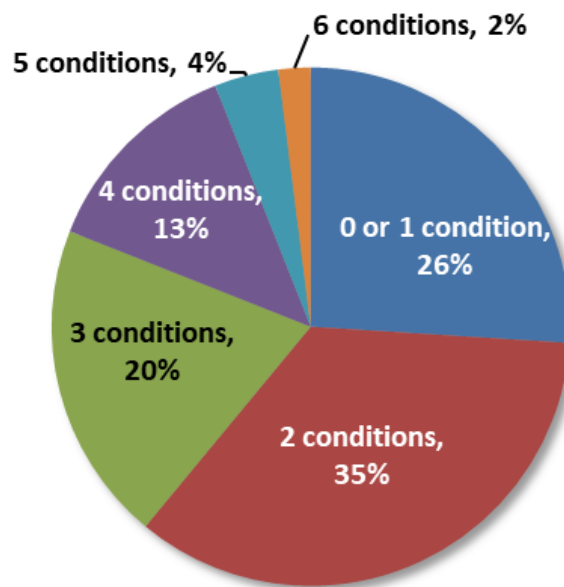
²⁹ Ranking of most costly diagnoses calculated using primary diagnosis code from paid claims.

Co-morbidities among Participants

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

PHPG examined the number of physical chronic conditions per participant and found that 74 percent in SFY 2019 had at least two of six high priority chronic physical conditions³⁰ (asthma, COPD, coronary artery disease, diabetes, heart failure and hypertension) (Exhibit 1-10). The SFY 2019 distribution was very similar to the distribution in prior years.

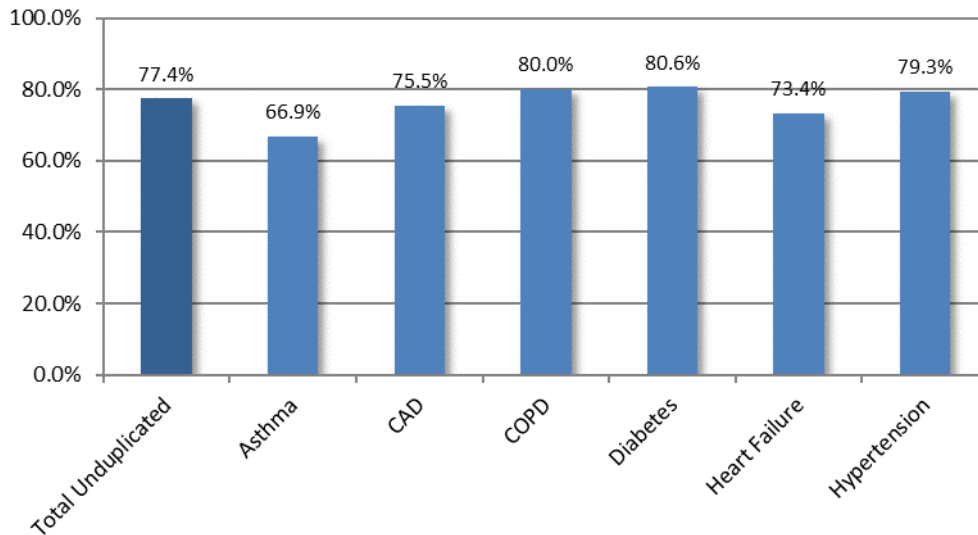
Exhibit 1-10 – Number of Physical Health Chronic Conditions



³⁰ These conditions are used by MEDai as part of its calculation of chronic impact scores.

Seventy-seven percent of the participant population in SFY 2019 also had both a physical and behavioral health condition. Among the six priority physical health conditions, the co-morbidity prevalence ranged from over 80 in the case of persons with COPD or diabetes to 67 percent among persons with asthma (Exhibit 1-11).³¹ The percentages once again were almost unchanged from prior years.

Exhibit 1-11 – Behavioral Health Co-morbidity Rate



Conclusion

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

³¹ Behavioral health comorbidity defined as diagnosis codes 290-319 being one of the participant’s top three most common or most expensive diagnosis, by claim count and paid amount, respectively.

SoonerCare HMP Independent Evaluation

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

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

PHPG is presenting evaluation findings in a series of annual reports issued over a six-year period³². This is the sixth – and final – Annual Evaluation report addressing progress toward achievement of program objectives during the current SoonerCare HMP contract cycle (Second Generation SoonerCare HMP).

The specific methodologies employed and time periods addressed are described within each chapter of the evaluation. In general, utilization and expenditure findings are for all six program years, covering July 2013 to June 2019 (SFY 2014 through 2019).

Member and provider survey data is being collected on a continuous basis. Findings in this report are for surveys conducted from March 2019 to February 2020.

The chronic pain and opioid drug utilization initiative is addressed in a standalone chapter. Survey data is for SFY 2018 and SFY 2019. (PHPG did not evaluate the initiative prior to SFY 2018.)

³² Telligen’s contract initially was for a five-year period but was extended to six years. PHPG’s evaluation likewise was extended to include the sixth year of the contract.

Third Generation SoonerCare Health Management Program

This evaluation covers the final year of the Second Generation SoonerCare HMP. The OHCA and Telligen entered into a new five-year contract, effective July 1, 2019, for the “Third Generation SoonerCare HMP”.

The new contract contains a number of modifications to Telligen’s operations, including but not limited to expansion of health coaching modes and incorporation of pain management into the general Practice Facilitation program (while continuing to offer standalone pain management practice facilitation to targeted practices).

PHPG has been retained to evaluate the Third Generation SoonerCare HMP. PHPG will issue annual reports that document findings in the same areas as addressed in this report.

Alignment with SoonerCare Section 1115 Waiver Evaluation

The OHCA is required by the federal Centers for Medicare and Medicaid Services (CMS), as a condition of its Section 1115 waiver, to commission an independent evaluation of the performance of the SoonerCare program³³. One component of the evaluation is measuring the impact of the SoonerCare HMP on access, quality-of-care and program cost-effectiveness.

In November 2019, CMS approved an evaluation design for the Section 1115 waiver that incorporated research methodologies and statistical techniques recommended by the agency for all Section 1115 waiver states. The approved design for the SoonerCare HMP portion replicated some of the existing features of the evaluation but also included new methods for comparing SoonerCare HMP members to a comparison group of SoonerCare beneficiaries with chronic conditions not receiving care management.

This report presents findings for year six using the methodologies employed for years one through five, to allow for observation of trends over the program’s life. It also includes a secondary set of findings, where applicable, using the Section 1115 waiver methodologies.

Starting with year one of the Third Generation SoonerCare HMP, the Section 1115 methodologies will be used exclusively in reporting findings. PHPG will continue to issue a standalone SoonerCare HMP evaluation report, along with presenting SoonerCare HMP findings within the larger SoonerCare Section 1115 evaluation.

³³ PHPG is the independent evaluator for the SoonerCare Section 1115 waiver, in addition to serving as evaluator of the SoonerCare HMP and CCU.

CHAPTER 2 – HEALTH COACHING – PARTICIPANT SATISFACTION

Introduction

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

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

Initial Survey

Initial survey data collection began in late February 2015. At that time, the OHCA provided a roster of all participants dating back to the start of the program in July 2013. The OHCA periodically updates the roster and, as of February 2020 has provided contact information for 24,199 individuals.

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

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

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

Six-month Follow-up Survey

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

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

Survey Population Size, Margin of Error and Confidence Levels

The SFY 2014 evaluation report included data from 138 initial surveys conducted during a 10-week period, from late February through April 2015. The SFY 2015 evaluation included data from an additional 602 initial surveys conducted from May 2015 through April 2016, as well as data from 133 six-month follow-up surveys.

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

The SFY 2017 evaluation included data from 501 initial surveys conducted from May 2017 through February 2018. The SFY 2017 evaluation also included data from 225 six-month follow-up surveys.

The SFY 2018 evaluation included data from 605 initial surveys conducted from March 2018 through February 2019. The SFY 2018 evaluation also included data from 307 six-month follow-up surveys.

The SFY 2019 evaluation includes data from 660 initial surveys conducted from March 2019 through February 2020. The SFY 2019 evaluation also includes data from 315 six-month follow-up surveys. (These survey counts, and counts for earlier years, are prior to the exclusions described below.)

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

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

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

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

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

Survey	Sample Size	Confidence Level	Margin of Error
Initial	3,039	95%	+/- 1.8%
Six-month Follow-up	1,254	95%	+/- 2.8%

SoonerCare HMP Participant Survey Findings

Respondent Demographics

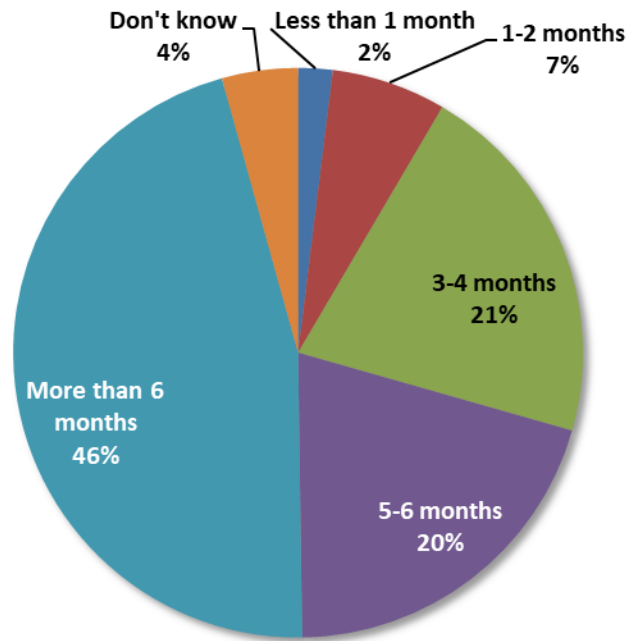
Initial Survey Respondents

The gender split among SoonerCare HMP initial survey respondents in aggregate was 67 percent female and 33 percent male. The great majority of surveys (87 percent) were conducted with the actual SoonerCare HMP participant. The remaining surveys were conducted with a relative of the participant, primarily parents/guardians of minors, but also a small number of spouses, siblings and adult children of members.

The initial survey targeted members who were still active participants in the SoonerCare HMP. After screening out persons no longer participating in the program, the initial survey respondent sample included 2,921 persons (across all years).

Respondent tenure in the program among the 2,921 active participants ranged from less than one month to more than six months (Exhibit 2-2 on the following page).

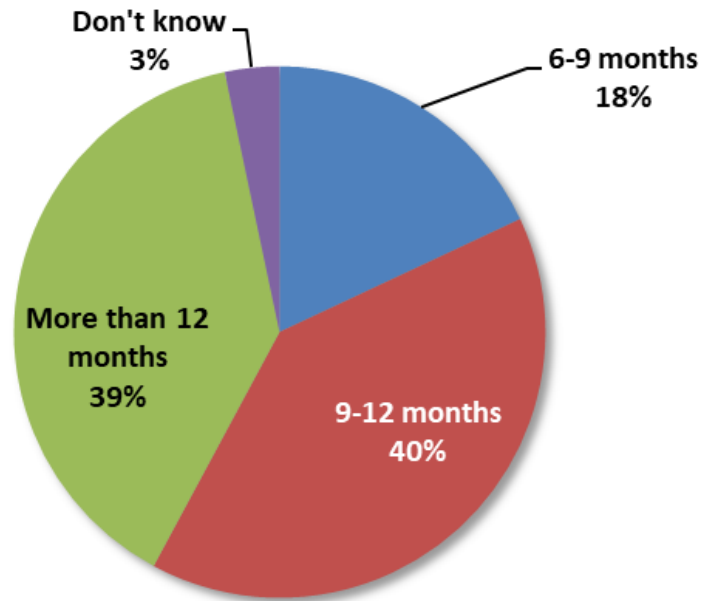
Exhibit 2-2 – Respondent Tenure in SoonerCare HMP – Initial Survey



Follow-up Survey Respondents

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

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



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

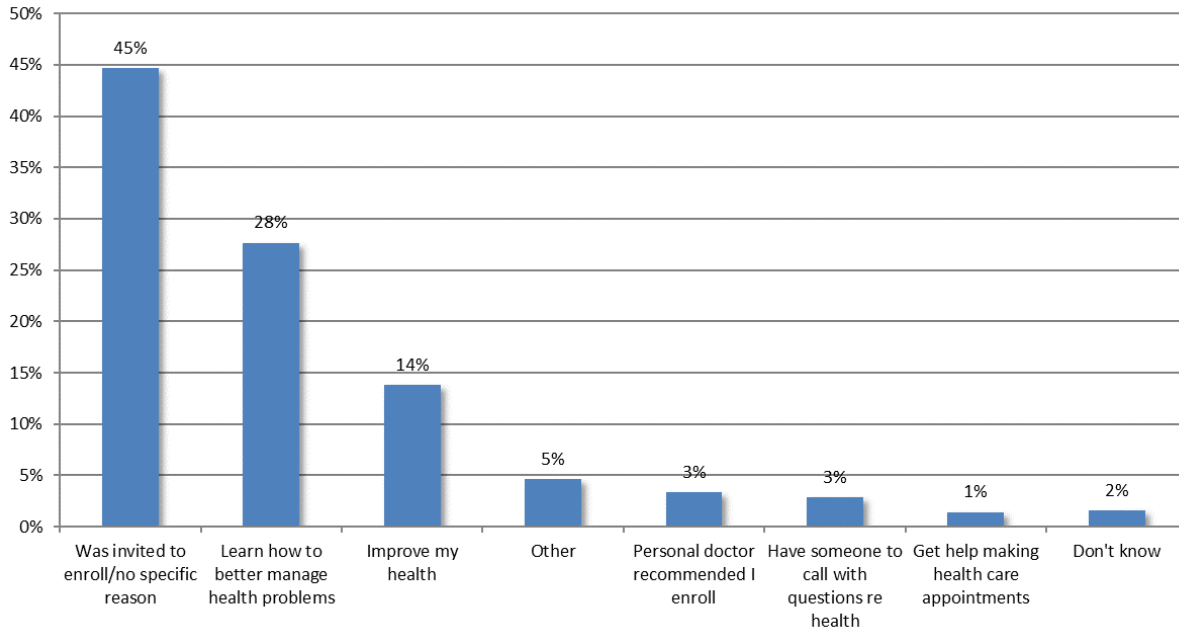
Follow-up survey data is presented alongside initial survey data as applicable. This allows for comparison of program perceptions between participants based on their tenure.

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

Primary Reason for Enrolling

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

Exhibit 2-4 – Primary Reason for Enrolling in SoonerCare HMP – Initial Survey (Aggregate)³⁴



Although the percentages varied somewhat, the top three reasons given for enrolling were consistent across time periods and accounted for 87 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.

³⁴ This question was not asked on the follow-up survey.

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

Reason	Primary Reason for Enrolling (Percent Naming) February 2015 – February 2019						Aggregate
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	
1. Was invited to enroll/no specific reason	36.4%	42.3%	43.5%	41.9%	48.6%	47.7%	44.8%
2. Learn how to better manage health problems	25.4%	26.4%	25.1%	31.6%	31.8%	27.8%	26.5%
3. Improve my health	23.7%	16.4%	17.2%	15.9%	11.2%	7.9%	13.6%
4. Other	4.2%	6.5%	5.4%	2.6%	3.6%	5.1%	4.8%
5. Personal doctor recommended I enroll	1.7%	3.3%	3.0%	4.2%	4.6%	2.1%	3.3%
6. Have someone to call with questions regarding health	2.5%	3.1%	3.8%	1.4%	4.3%	1.8%	2.9%
7. Get help making personal health care appointments	3.4%	1.3%	0.8%	1.2%	1.5%	1.8%	1.3%
8. Don't know/not sure	2.5%	1.1%	1.2%	1.2%	2.2%	1.8%	1.6%

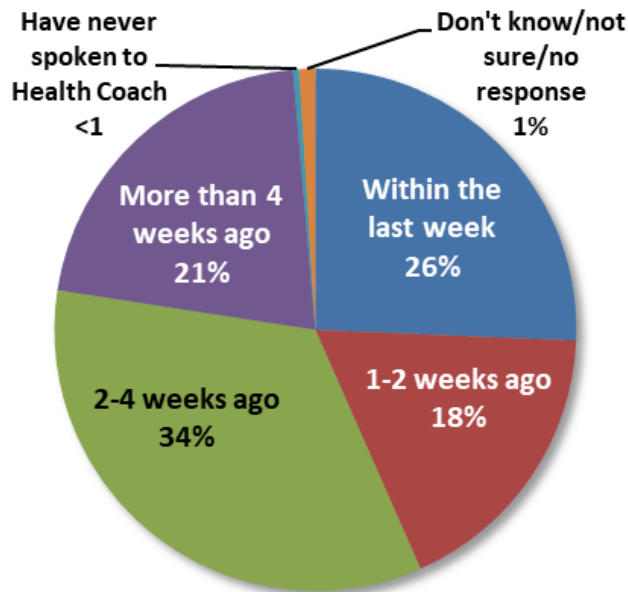
Notes: Percentages on this and other tables may not total to 100 percent due to rounding.

Health Coach Contact

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

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

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



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

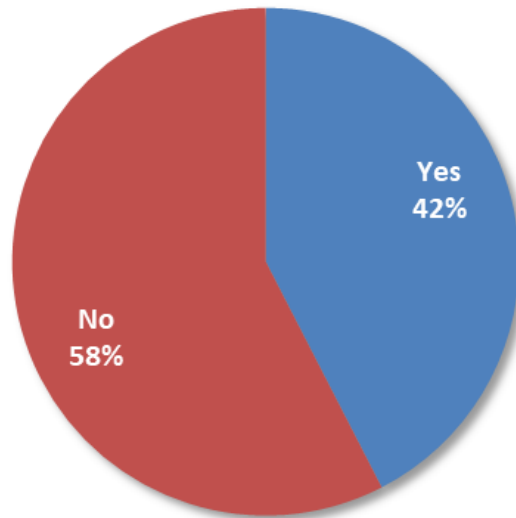
**Exhibit 2-7 – Most Recent Contact with Health Coach –
Initial Survey (Longitudinal) & Follow-up**

Last Time Spoke with Health Coach													
Time Elapsed	Initial Survey							Follow-up Survey					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
Within last week	24.1%	22.6%	21.1%	26.7%	30.1%	27.0%	25.7%	24.6%	18.7%	16.4%	21.8%	23.3%	20.9%
1 to 2 weeks ago	35.3%	23.3%	16.7%	13.2%	15.4%	16.4%	17.7%	14.8%	15.9%	12.3%	14.7%	15.3%	14.6%
2 to 4 weeks ago	23.3%	27.4%	33.4%	37.5%	35.6%	37.9%	34.0%	20.5%	27.1%	28.7%	33.9%	27.1%	28.5%
More than 4 weeks ago	16.4%	25.0%	28.0%	21.3%	17.4%	17.3%	21.2%	38.5%	37.9%	39.6%	28.7%	33.1%	34.6%
Have never spoken to health coach	0.9%	0.2%	0.6%	0.4%	0.5%	0.2%	0.4%	0.8%	0.0%	0.0%	0.0%	0.0%	0.1%
Don't know/not sure/no response	0.0%	1.5%	0.2%	1.0%	1.2%	1.2%	1.0%	0.8%	0.5%	3.2%	1.0%	1.3%	1.4%

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

Although a majority of initial survey respondents had spoken to their health coach within the past four weeks, only 42 percent were able to provide the name of their health coach³⁵ (Exhibit 2-8).

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



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

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

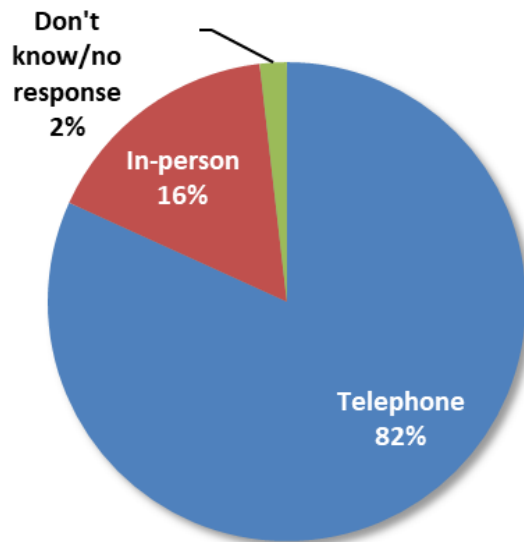
		Able to Name Health Coach											
Response	Initial Survey							Follow-up Survey					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
Yes	39.3%	37.0%	42.6%	42.6%	40.8%	48.7%	42.4%	34.4%	37.5%	45.5%	42.7%	42.0%	41.2%
No	60.7%	63.0%	57.4%	57.4%	59.2%	51.3%	57.6%	65.6%	62.5%	54.6%	57.3%	60.0%	58.8%

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

³⁵ Respondents were asked for a name but PHPG did not verify the accuracy of the information.

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

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



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

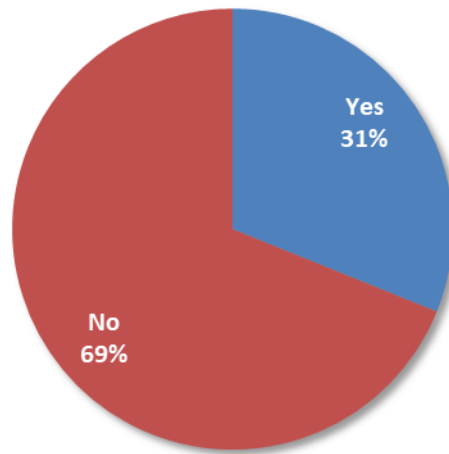
Exhibit 2-11 – Health Coach Contact Method – Initial Survey (Longitudinal) & Follow-up

Health Coach Contact Method													
Response	Initial Survey							Follow-up Survey					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
Telephone	50.9%	66.9%	73.6%	82.8%	92.8%	95.0%	81.8%	81.1%	79.7%	81.4%	91.5%	95.5%	91.6%
In-person	49.1%	31.3%	25.4%	10.7%	6.2%	5.0%	16.4%	18.9%	20.3%	16.8%	6.2%	4.5%	4.5%
Don't know/no response	0.0%	1.8%	1.0%	6.5%	1.0%	0.0%	1.8%	0.0%	0.0%	1.8%	0.3%	0.0%	3.9%

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

Health coaches are required to provide a contact telephone number to their members. Approximately 86 percent of initial respondents and 90 percent of follow-up respondents confirmed that they were given a number. Thirty-one percent of the initial survey respondents who remembered being given a number stated they had ever tried to call their health coach (Exhibit 2-12).

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



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

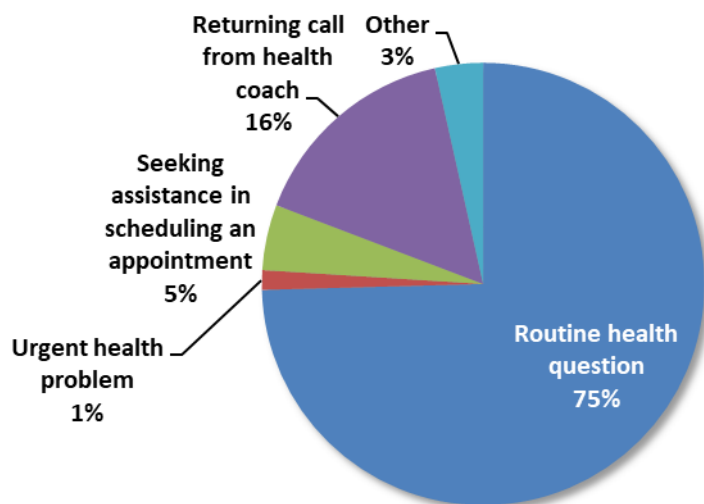
Exhibit 2-13 – Tried to Call Health Coach – Initial Survey (Longitudinal) & Follow-up

Tried to Call Health Coach													
Response	Initial Survey							Follow-up Survey					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
Yes	16.0%	28.3%	34.1%	31.1%	34.3%	29.2%	30.6%	16.4%	26.7%	38.0%	36.4%	35.1%	32.5%
No	84.0%	71.7%	65.7%	69.0%	65.5%	70.3%	69.2%	83.6%	73.3%	61.0%	63.3%	63.2%	66.8%
Don't know/not sure	0.0%	0.0%	0.2%	0.0%	0.2%	0.5%	0.2%	0.0%	0.0%	1.1%	0.4%	1.7%	0.7%

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

Among those who had tried calling, a majority (75 percent of initial survey respondents) reported their most recent call concerned a routine health question (Exhibit 2-14).

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



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

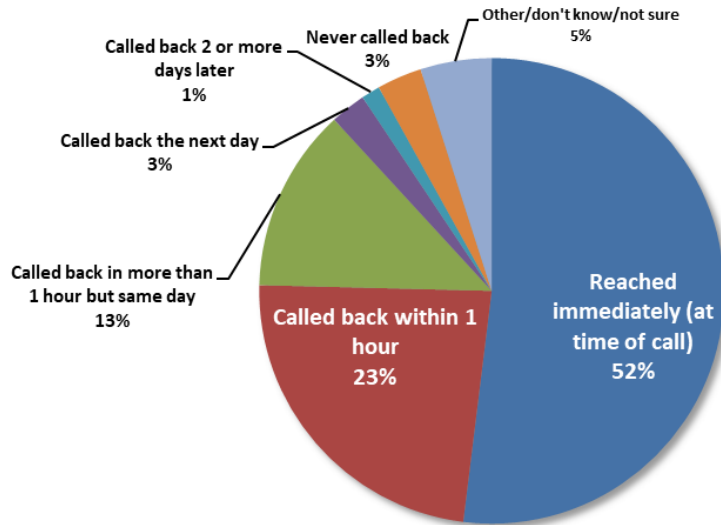
Exhibit 2-15 – Reason for Most Recent Call – Initial Survey (Longitudinal) & Follow-up

Response	Reason for Most Recent Call												
	Initial Survey							Follow-up Survey					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
Routine question	64.7%	80.7%	79.1%	74.6%	68.8%	71.9%	74.5%	61.1%	85.2%	81.7%	70.9%	70.5%	74.5%
Urgent problem	0.0%	2.2%	1.3%	1.6%	2.4%	0.0%	1.4%	5.6%	0.0%	0.0%	2.9%	1.0%	1.4%
Assistance in scheduling appointment	11.8%	2.2%	7.2%	1.6%	6.5%	4.7%	4.8%	0.0%	5.6%	2.8%	3.9%	1.9%	3.1%
Returning call from health coach	0.0%	9.6%	7.8%	21.4%	19.4%	21.1%	15.7%	22.2%	5.6%	15.5%	18.5%	25.7%	18.2%
Other	23.5%	5.2%	3.9%	0.8%	2.9%	2.3%	3.6%	11.1%	3.7%	0.0%	3.9%	1.0%	2.6%

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

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

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



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

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

Response	Health Coach Call-Back Time													
	Initial Survey							Follow-up Survey						
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	
Reached immediately (time of call)	47.1%	59.3%	55.7%	42.1%	54.7%	48.0%	52.0%	61.1%	50.0%	43.7%	57.3%	56.2%	53.2%	
Called back within 1 hour	23.5%	21.5%	24.8%	23.8%	21.2%	25.7%	23.4%	11.1%	35.2%	23.9%	12.6%	16.2%	19.4%	
Called back > 1 hour	17.6%	5.2%	5.4%	23.8%	13.5%	15.8%	12.8%	5.6%	3.7%	18.3%	16.5%	10.5%	12.5%	
Called back the next day	5.9%	2.2%	3.4%	4.8%	0.6%	1.8%	2.5%	16.7%	1.9%	2.8%	0.0%	2.9%	2.6%	
Called back 2+ days later	5.9%	1.5%	0.7%	1.6%	2.4%	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	1.0%	0.3%	
Never called back	0.0%	3.7%	3.4%	2.4%	3.5%	2.9%	3.1%	5.6%	0.0%	4.2%	6.8%	7.6%	5.4%	
Other/DK/not sure	0.0%	6.6%	6.7%	1.6%	4.1%	5.9%	4.9%	0.0%	9.3%	7.0%	6.8%	5.7%	6.6%	

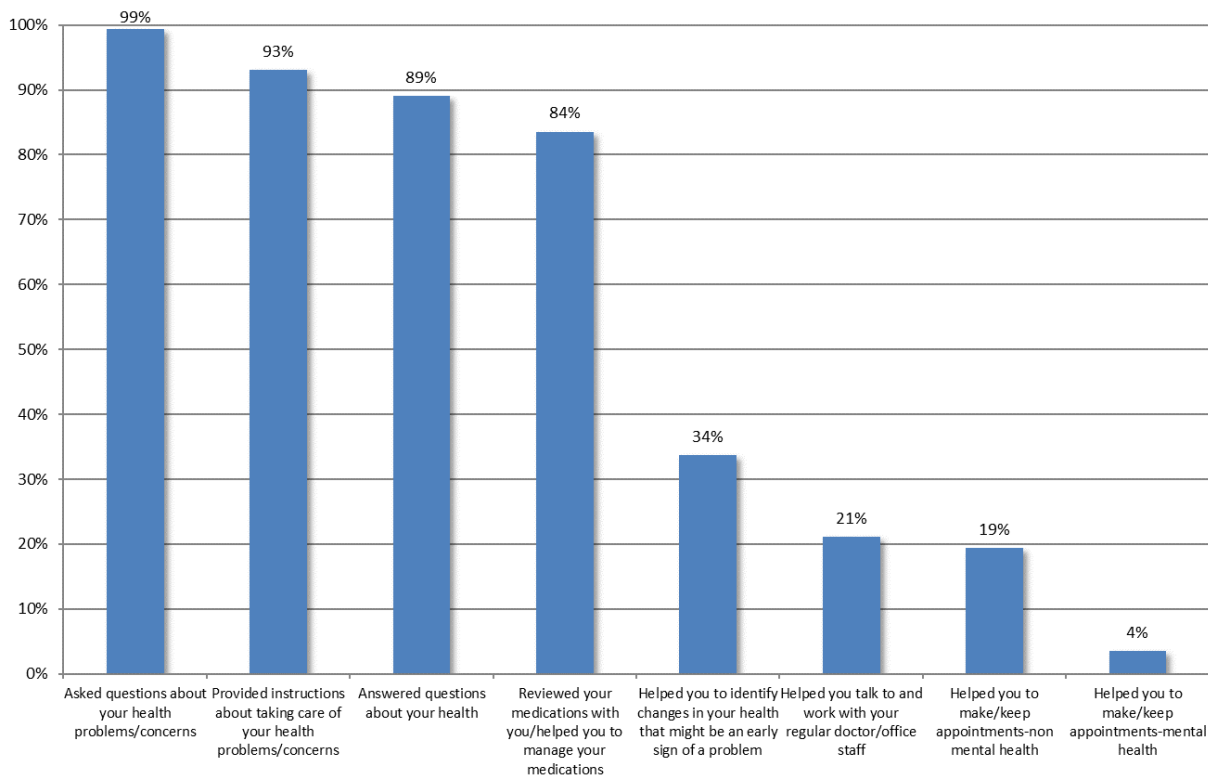
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

Health Coaching Activities

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

Nearly all of the initial survey respondents (99 percent) stated that their health coach asked questions about health problems or concerns. The great majority also stated their health coach provided answers and instructions for taking care of their health problems or concerns (93 percent), answered questions about their health (89 percent) and assisted with medications (84 percent) (Exhibit 2-18). Respondents reported that other activities occurred with less frequency.

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



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

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

Health Coach Activity													
Response	Initial Survey (% “yes”)							Follow-up Survey (% “yes”)					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
1. Asked questions about your health problems/ concerns	98.3%	99.1%	99.4%	99.6%	99.5%	99.6%	99.4%	98.3%	100%	100%	99.4%	99.7%	99.6%
2. Provided instructions about taking care of your health problems/ concerns	83.9%	93.0%	96.2%	94.5%	91.5%	92.6%	93.0%	95.0%	97.2%	98.2%	97.1%	94.6%	96.4%
3. Helped you to identify changes in health that might be an early sign of a problem	24.6%	39.3%	41.6%	36.6%	29.7%	26.2%	33.7%	24.8%	45.6%	35.9%	41.8%	34.4%	37.7%
4. Answered questions about your health	78.8%	89.7%	91.8%	90.5%	88.4%	87.7%	89.0%	90.9%	97.2%	91.4%	93.5%	93.0%	93.4%
5. Helped you talk to and work with your regular doctor/ staff	44.9%	30.4%	24.6%	20.7%	12.8%	14.4%	21.1%	25.6%	23.0%	22.3%	15.7%	14.0%	18.9%
6. Helped you make/ keep appointments with other doctors, such as specialists	27.1%	25.3%	23.4%	16.3%	16.0%	15.6%	19.4%	22.3%	19.4%	18.6%	19.0%	17.8%	19.0%
7. Helped you to make/ keep appointments for MH/SA problems	14.4%	6.5%	3.8%	2.4%	1.0%	1.0%	4.0%	5.0%	5.5%	0.9%	1.0%	1.9%	2.5%
8. Reviewed your medications and helped you manage	59.3%	81.0%	88.0%	88.2%	82.2%	84.4%	83.6%	80.2%	94.5%	91.8%	86.6%	87.9%	88.7%

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 somewhat lower “very satisfied” ratings was assistance with mental health/substance abuse problems. However,

satisfaction rates have increased in recent survey periods and nearly all respondents rating this activity, both initial and follow-up, reported being either very or somewhat satisfied.

Exhibit 2-20 – Satisfaction with Health Coach Activity (“Very Satisfied”)³⁶ – Initial Survey (Longitudinal) & Follow-up

Satisfaction with Health Coach Activity													
Response	Initial Survey (% “very satisfied”)							Follow-up Survey (% “very satisfied”)					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
1. Asked questions about your health problems/ concerns	84.3%	91.0%	92.7%	91.2%	93.6%	94.8%	92.5%	93.3%	95.4%	86.4%	94.4%	94.1%	93.1%
2. Provided instructions about taking care of your health problems/ concerns	86.7%	93.1%	94.0%	93.5%	96.2%	96.4%	94.4%	93.9%	96.7%	87.4%	95.2%	97.0%	94.4%
3. Helped you to identify changes in health that might be an early sign of a problem	87.9%	95.3%	97.1%	97.7%	98.3%	97.7%	96.8%	100%	94.7%	95.1%	96.9%	99.1%	96.9%
4. Answered questions about your health	90.3%	93.6%	95.4%	95.7%	96.4%	96.9%	95.5%	95.5%	96.7%	93.5%	96.1%	95.5%	95.5%
5. Helped you talk to and work with your regular doctor/staff	98.1%	90.9%	94.5%	97.1%	100.0%	96.8%	95.2%	96.9%	94.0%	98.1%	95.9%	97.6%	96.4%
6. Helped you make/ keep appointments with other doctors, such as specialists	93.8%	87.0%	92.6%	95.1%	94.9%	97.1%	92.8%	100%	90.7%	90.5%	91.5%	100.0%	94.3%
7. Helped you to make/ keep appointments for MH/SA problems	93.8%	62.3%	58.1%	76.9%	100.0%	94.4%	72.7%	80.0%	83.3%	80.0%	75.0%	66.7%	78.1%
8. Reviewed your medications and helped you manage	88.4%	91.8%	95.7%	94.6%	96.1%	97.2%	95.0%	95.9%	96.6%	94.1%	95.9%	97.8%	96.2%

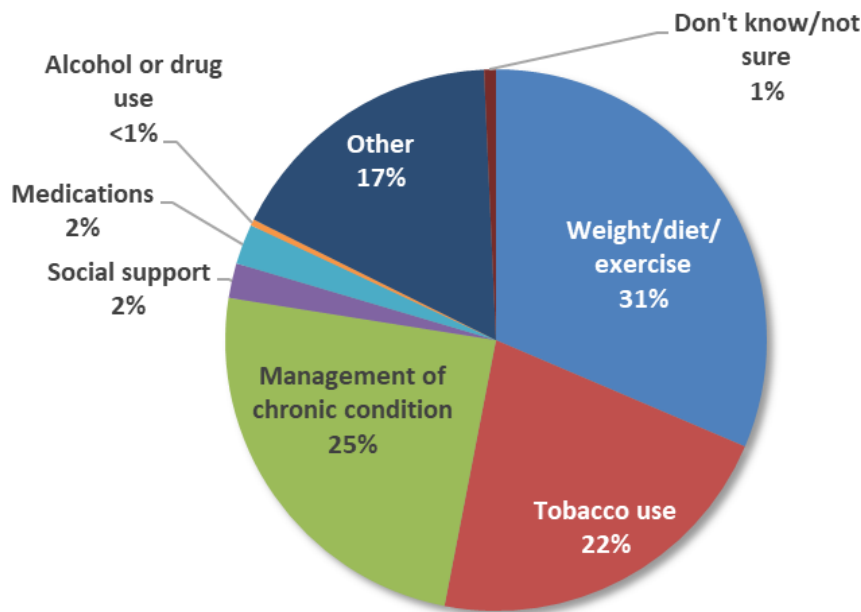
³⁶ Satisfaction percentages shown in Appendix B for this and later tables are for all survey respondents, rather than the subset answering “yes” to an activity. The two data sets therefore do not match for these questions.

Health coaching employs motivational interviewing to identify lifestyle changes 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 percent of initial survey respondents and 82 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-nine percent of the initial survey group subset that answered “yes” (or 63 percent of total) stated that they actually selected an area to make a change. Among follow-up survey respondents, 75 percent of the subset that answered “yes” (or 61 percent of total) reported selecting an area to make a change.

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

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



The area selected for making a change was generally consistent across initial survey time periods and between the initial and follow-up surveys (Exhibit 2-22). However, the portion in both survey groups listing weight/diet/exercise as their action plan area declined in recent survey periods; the decline occurred primarily with respect to the percentage of members listing weight loss as their goal.

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

Response	Action Plan													
	Initial Survey							Follow-up Survey						
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	
Management of chronic condition	21.5%	18.7%	22.3%	27.0%	27.0%	28.2%	24.5%	18.8%	15.3%	21.6%	25.7%	29.4%	23.6%	
Weight/ diet/ exercise	36.5%	39.7%	41.0%	29.1%	24.3%	23.7%	31.4%	44.9%	42.7%	33.6%	29.7%	30.5%	34.6%	
Tobacco use	14.0%	26.5%	20.8%	23.7%	22.0%	18.0%	21.6%	23.2%	26.7%	25.6%	27.2%	17.8%	24.0%	
Medications	0.0%	1.5%	1.8%	2.4%	3.5%	3.2%	2.4%	2.9%	0.8%	3.2%	1.5%	5.6%	2.9%	
Alcohol or drug use	0.0%	0.9%	0.3%	0.0%	0.3%	0.5%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Social support	0.0%	3.9%	2.4%	0.3%	1.7%	2.5%	2.1%	2.9%	0.8%	0.8%	1.5%	1.5%	1.4%	
Other/don't know/not sure	28.0%	8.7%	11.3%	16.0%	22.3%	23.9%	17.7%	7.2%	13.7%	14.4%	14.4%	15.2%	14.0%	

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

A large majority who selected an area for change stated that they went on to develop an action plan with goals (86 percent of initial survey respondents and 91 percent of follow-up survey respondents). Among those with an action plan, 79 percent of initial survey respondents and 82 percent of follow-up survey respondents reported achieving one or more goals. Exhibit 2-23 on the following page provides examples of the goals members reported achieving.

Exhibit 2-23 – Examples of Achieved Goals

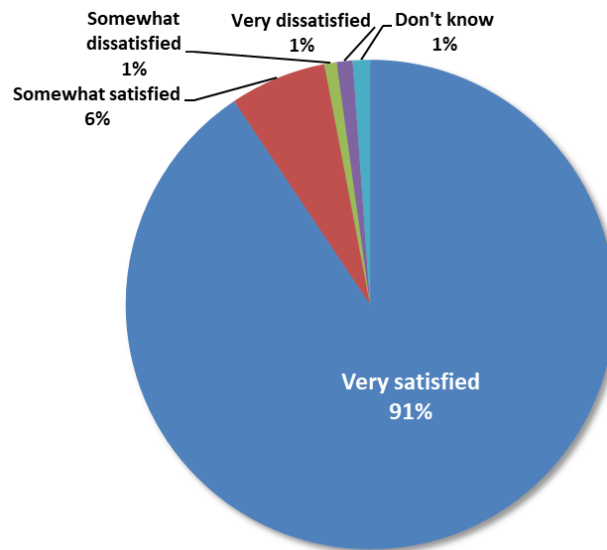
Action Plan Area	Goals Achieved
Weight/Diet/Exercise	<ul style="list-style-type: none"> • Losing weight • Eating better, including more fruits/vegetables and less sugar; reading labels on food • Exercising more; enrolling in an exercise class • Walking more; improving mobility • Learning portion control • Lowering cholesterol
Management of chronic physical health condition	<ul style="list-style-type: none"> • Better control of asthma with medications; using inhaler properly • Starting oxygen therapy • Enrolling in diabetes education program • Eating better to control blood sugar • Keeping medical appointments • Seeing pain specialist • Monitoring blood pressure at home
Management of mental health condition	<ul style="list-style-type: none"> • Starting counseling • Treating depression • Adhering to medication to address condition • Controlling weight while taking ADHD medications • Controlling anxiety; communicating with people outside of immediate family • Learning relaxation techniques • Learning how to say “no” to people
Tobacco use	<ul style="list-style-type: none"> • Cutting back on number of packs smoked per day • Using nicotine patch • Calling SoonerQuit line • Putting cigarettes in hard to reach/inconvenient places
Other medical/social service needs	<ul style="list-style-type: none"> • Recovering from surgery • Getting dental care/dentures • Getting hearing aids/medical devices/prosthetics • Addressing food insecurity • Locating wheelchair-accessible housing

Among the members who reported having a goal but not yet achieving it, 60 percent of initial survey respondents and 68 percent of follow-up survey respondents stated they were “very confident” they would ultimately accomplish it.

Regardless of their status, members were overwhelmingly positive about the role of the health coach, with 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-one percent of initial survey respondents stated they were “very satisfied” with their coach (Exhibit 2-24 on the following page).

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



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

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

Satisfaction with Health Coach													
Response	Initial Survey							Follow-up Survey					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
Very satisfied	84.3%	87.7%	92.5%	91.0%	93.1%	93.5%	91.2%	85.1%	95.1%	84.8%	94.9%	94.9%	91.9%
Somewhat satisfied	11.3%	7.5%	5.2%	6.8%	4.8%	4.0%	5.9%	7.4%	3.5%	13.2%	4.4%	4.0%	6.1%
Somewhat dissatisfied	0.0%	1.3%	0.6%	1.1%	0.4%	0.5%	0.8%	1.7%	0.5%	0.5%	0.0%	0.4%	0.5%
Very dissatisfied	1.7%	0.9%	1.5%	0.7%	1.0%	0.9%	1.0%	0.8%	1.0%	1.5%	0.7%	0.7%	0.9%
Don't know/not sure/no response	2.6%	2.6%	0.2%	0.4%	0.8%	1.2%	1.2%	5.0%	0.0%	0.0%	0.0%	0.0%	0.6%

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

Community Resource Specialists

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

Forty percent of initial survey respondents and 48 percent of follow-up survey respondents stated they were aware of the resource specialists. Only a small portion – 130 initial survey respondents (11 percent) and 37 follow-up survey respondents (seven percent) – reported using the resource specialists to help resolve a problem (Exhibit 2-26).

The nature of the help included housing/rental assistance, utility payment assistance, food/clothing needs and arranging child care and transportation to medical appointments, all consistent with the specialists’ defined mission. A few respondents also reported receiving assistance with obtaining health-related items, such as eyeglasses, shower chairs and nebulizers³⁷.

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

Community Resource Specialist - Awareness and Use													
Response	Initial Survey							Follow-up Survey					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
Yes - aware	35.9%	38.9%	32.2%	35.4%	46.2%	43.2%	39.5%	37.2%	49.5%	37.9%	52.5%	55.3%	48.3%
No – not aware	63.2%	51.2%	58.7%	51.9%	40.9%	42.4%	49.0%	54.5%	45.4%	47.0%	35.2%	29.3%	39.8%
DK/not sure/no response	0.9%	9.9%	9.1%	12.7%	12.9%	14.4%	11.5%	8.3%	5.1%	15.1%	12.3%	15.5%	11.9%
<i>If aware...</i>													
Yes – have used	19.0%	10.4%	11.9%	11.0%	15.2%	7.0%	11.3%	6.7%	9.4%	8.4%	6.3%	4.2%	6.6%
No – have not used	81.0%	89.1%	88.1%	87.9%	84.8%	92.6%	88.3%	93.3%	90.6%	91.6%	93.7%	95.8%	93.4%
DK/not sure/no response	0.0%	0.5%	0.0%	1.2%	0.0%	0.4%	0.4%	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.

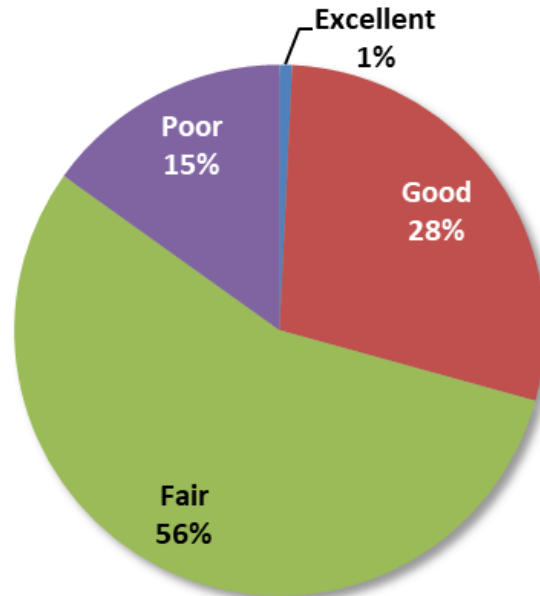
³⁷As noted, Community Resource Specialists also are responsible for assisting with behavioral health referrals. Survey respondents did not report this activity, which may reflect a lack of awareness of the Specialists’ role in providing this assistance.

Eighty-eight of the 130 initial survey respondents and 31 of the 37 follow-up survey respondents stated that the community resource specialist was “very helpful” in resolving their problem. A common complaint among the few respondents who found the resource specialist not to be helpful was that the member was given a referral telephone number (e.g., to a housing agency) but no other assistance.

Health Status and Lifestyle

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

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



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

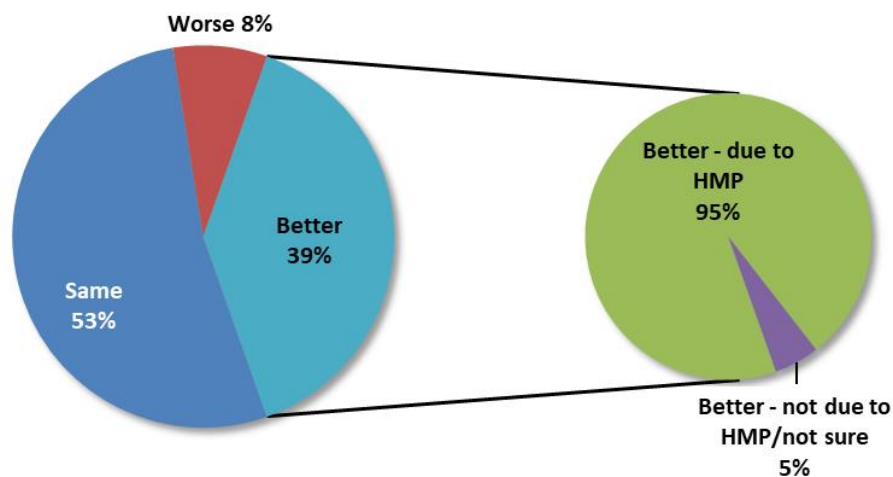
Exhibit 2-28 – Current Health Status – Initial Survey (Longitudinal) & Follow-up

Response	Current Health Status													
	Initial Survey							Follow-up Survey						
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	
Excellent	3.4%	1.5%	0.8%	0.4%	0.3%	0.3%	0.8%	1.7%	0.5%	0.0%	0.3%	0.0%	0.3%	
Good	31.4%	38.4%	31.7%	20.5%	25.4%	26.1%	28.5%	40.5%	39.6%	22.7%	24.4%	25.4%	28.8%	
Fair	46.6%	41.4%	54.4%	63.0%	60.2%	59.6%	55.5%	40.5%	50.7%	66.4%	61.4%	63.3%	58.7%	
Poor	18.6%	18.5%	12.7%	15.9%	14.1%	13.9%	15.1%	17.4%	9.2%	10.9%	13.9%	11.3%	12.1%	
Don't know/not sure/no response	0.0%	0.2%	0.4%	0.2%	0.0%	0.2%	0.2%	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.

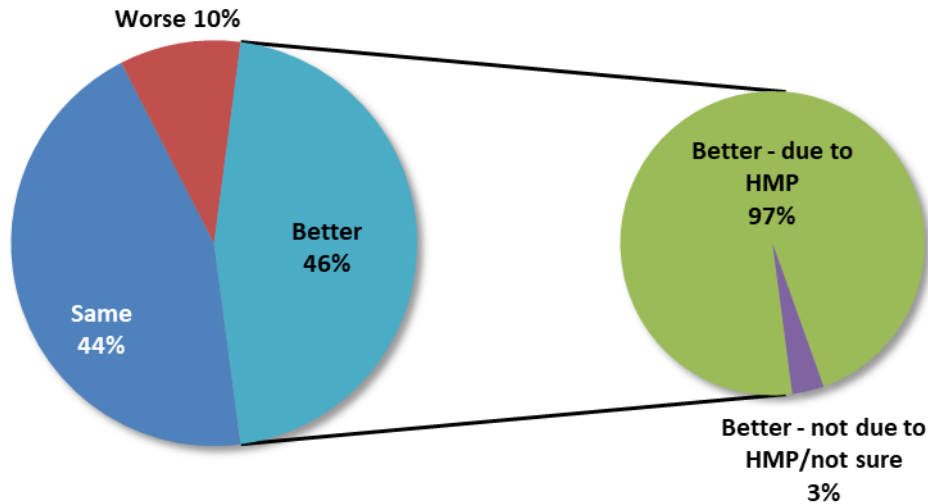
When next asked if their health status had changed since enrolling in the SoonerCare HMP, the largest segment of initial survey respondents (52 percent) said it was “about the same”. However, 39 percent said their health was “better” and only eight percent said it was “worse”. Among those respondents who reported a positive change, nearly all (95 percent) credited the SoonerCare HMP with contributing to their improved health (Exhibit 2-29).

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



The results were even more encouraging among follow-up survey respondents. The largest segment (46 percent) reported improved health, with nearly all (97 percent) again crediting this improvement to the program (Exhibit 2-30).

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



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

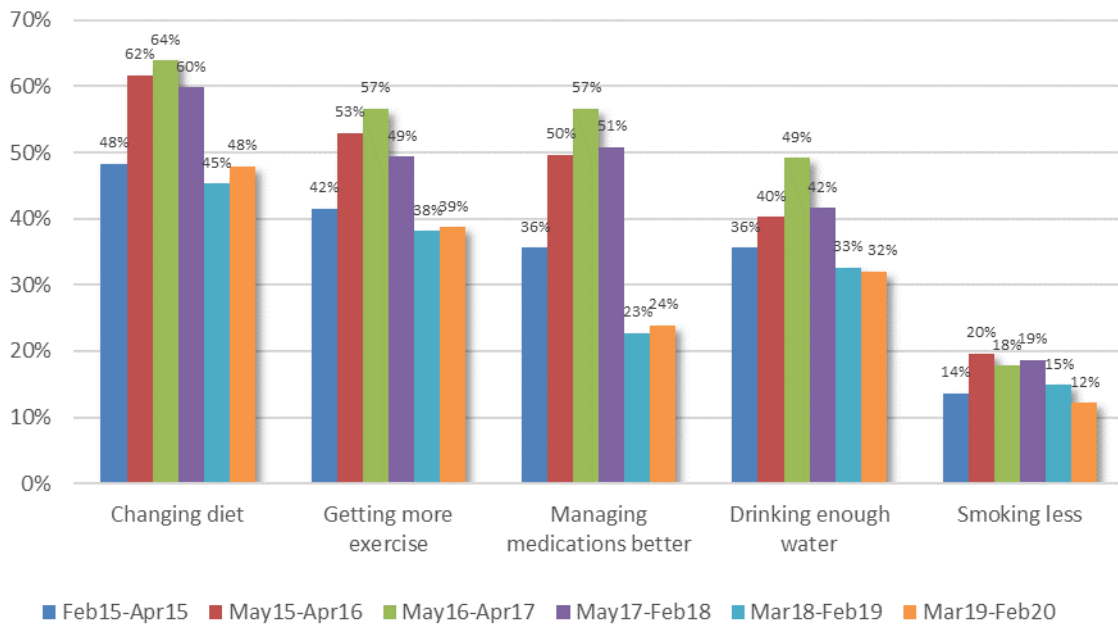
Respondents in both the initial and follow-up survey groups also were asked whether their health coach had tried to help them improve their health by changing behaviors and, if so, whether they had in fact made a change³⁸. Respondents were asked whether their health coach discussed behavior changes with 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.

³⁸ The areas of inquiry overlap somewhat with the content of action plans adopted by members. However, the questions in this section were asked of all members, regardless of what they reported with respect to having an action plan.

The percentage that reported continuing change generally increased from the first to third initial survey groups, before dropping in the subsequent two time periods. The decline leveled-off or reversed for most behaviors in the latest time period, suggesting that health coaches may be having more of an impact, although it is too soon to judge if this represents a trend (Exhibit 2 – 31).

Exhibit 2-31 – Changes in Behavior – “Continuing Change” – Initial Survey³⁹



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

³⁹ The sixth behavior, drinking or using other substances less, was identified as an area of continuing change by 1.3 percent of the initial survey group and 1.6 percent of the follow-up survey group. It is omitted from the exhibit due to the difference in scale versus the other behavior items.

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

Behavior	Survey	Discussion and Change in Behavior					
		N/A – Not Discussed ⁴⁰	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	19.3%	5.6%	1.4%	16.2%	54.3%	3.2%
	Follow-up	14.2%	5.0%	1.3%	14.1%	63.0%	2.4%
2. Moving around more or getting more exercise	Initial	19.6%	7.8%	1.9%	46.3%	21.4%	3.0%
	Follow-up	18.1%	8.4%	2.8%	47.1%	20.9%	2.7%
3. Changing your diet	Initial	16.0%	8.7%	2.3%	54.7%	15.7%	2.7%
	Follow-up	9.6%	8.0%	3.6%	59.8%	16.8%	2.3%
4. Managing and taking your medications better	Initial	16.9%	1.5%	0.1%	39.1%	37.7%	4.8%
	Follow-up	10.0%	0.3%	0.3%	37.9%	46.9%	4.5%
5. Making sure to drink enough water throughout the day	Initial	26.4%	6.4%	1.3%	38.4%	20.8%	6.8%
	Follow-up	16.8%	9.0%	1.6%	37.6%	24.6%	10.5%
6. Drinking or using other substances less	Initial	39.0%	0.6%	0.1%	1.2%	54.7%	4.5%
	Follow-up	37.9%	0.1%	0.0%	1.4%	54.5%	6.1%

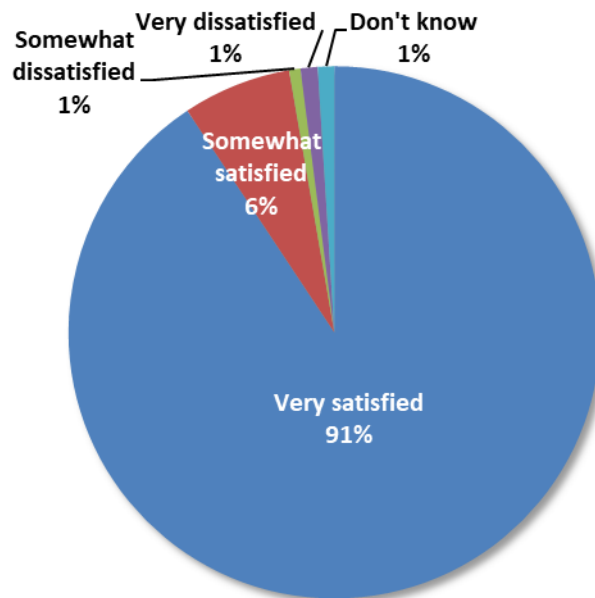
Note: Percentages on this and other tables may not total to 100 percent due to rounding.

⁴⁰ “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-one percent of initial survey respondents reported being “very satisfied” (Exhibit 2-33). An even higher percentage (96 percent of initial survey respondents and 97 percent of follow-up survey respondents) said they would recommend the program to a friend with health care needs like theirs.

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



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

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

Satisfaction with SoonerCare HMP													
Response	Initial Survey							Follow-up Survey					
	Feb – Apr 2015	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate	May 2015 – Apr 2016	May 2016 – Apr 2017	May 2017 – Feb 2018	Mar 2018 – Feb 2019	Mar 2019 – Feb 2020	Aggregate
Very satisfied	81.9%	87.9%	92.3%	90.7%	92.1%	92.1%	90.7%	89.9%	95.4%	84.9%	94.0%	95.5%	92.5%
Somewhat satisfied	12.9%	8.6%	5.7%	7.3%	5.2%	5.2%	6.6%	8.4%	3.2%	14.2%	5.0%	3.2%	6.3%
Somewhat dissatisfied	0.9%	0.9%	0.2%	1.2%	0.5%	0.6%	0.7%	0.8%	0.9%	0.0%	0.0%	0.3%	0.3%
Very dissatisfied	1.7%	0.6%	1.6%	0.4%	1.5%	0.9%	1.0%	0.0%	0.5%	0.9%	1.0%	1.0%	0.8%
Don't know/not sure/no response	2.6%	2.0%	0.2%	0.4%	0.7%	1.2%	1.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.1%

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

Participant appreciation of the health coach and SoonerCare HMP overall is further reflected in the types of comments made during the survey. While not all of the comments were positive, the great majority were. For example⁴¹:

“My nurse has only been helping me for about a month but she already helped me get my doctor to test me for diabetes. I don’t know how to talk to my doctor. Every time I would go in there and tell him what I wanted done he would close up and not do it. (She) told me what to say and it worked, I got all my testing done. She also gave me the resources to get a blood pressure cuff, shower chair and food pantries. She helped me get my migraine medicine again too. She gives me the numbers to call and I do the footwork. She’s been great and I really need her.”

“Not many people know how to talk to a mental health person. My son’s nurse is so good with him. She sends him papers in the mail on how to eat right. He was so excited to get the paper he put it in his wallet and carries it everywhere. It means a lot to him that he has someone calling him.”

⁴¹ First fifteen comments are from most recent survey period. Subsequent comments are from earlier survey periods.

"The lady who calls is doing a great job. I swear to God, she is doing a great job. She's teaching me how to eat better and calls and checks to make sure I'm doing it."

"My nurse helps me so much. She taught me what to eat to help my diabetes. She even gave me info on food banks in my area."

"My nurse has done so much for me. I live out in the sticks and had no idea how many things there were for me. She has helped me get food, rides, all kinds of stuff. If there is an employee of the month award, I nominate her!"

"(My health coach) has helped me in so many ways. I am legally blind and she sends me large print brochures to read. She is also helping me to find transportation."

"(My health coach) really helps me from drinking soda. Anytime that I want to have a caffeinated drink I will call her and she talks me out of it. I have only had water to drink since starting talking to her. She also helped me to get a blood pressure cuff."

"(My health coach) is a god send to me and my family. If she doesn't know the answer to my problem, she will ask others to find out. She told me what to eat and drink to gain the weight back that I lost too."

"The nurse I have right now has been wonderful. I was way over-medicated and she helped me figure out which meds I needed to stay on and which ones I could wean off of. I feel so much better and am working on getting my driver's license back. She is helping me become independent again. She also helps me with my depression. I was getting new nurses all the time and I finally said that I need to have one that stays. Changing nurses was not helping me at all. I have a bad memory due to brain surgery and seizures so I need one nurse that knows what is going on with me. I do not always remember and my nurse will ask questions that jog my memory."

"My case manager is like part of the family. She has helped me stop smoking and talks to me so good."

"(My health coach) has helped me with many resources. She also was the one who found out my A1 levels were high. My doctor wasn't even going to check them and I told him I needed to know the number to tell (my health coach) when she calls, because she is going to ask me, so he finally checked them and they were off. She also got my son the nebulizer he has been needing for his asthma. I have been trying to get him one forever."

"My health coach nurse has been a huge help. We had a three-way call with my doctor to go over my thyroid problem. She convinced my doctor that I should see a specialist because I was not getting any better. She also has helped me get my COPD under better control. I have learned more through her these past few months than all my years going to doctors. I love her!!"

"I had been out of medicine for my breathing and pain for months. I don't know how my lady did it, but she called me and told me to go back to pharmacy and my pills would be there. I don't know anyone could get my pills back that fast but she did and I now I feel 100% better."

"(My health coach) has been amazing. I am, unfortunately, at the end of a long health battle. (She) has helped me so much by answering questions, advocating for me to get all my medicine, and just being there for me emotionally. I would be lost without her."

"I am new to SoonerCare and being on any Medicaid insurance. Before my health problems prohibited me from working, I was on (commercial insurance)...I have to say SoonerCare as a whole is a much more caring and interactive insurance plan than any other I have been in. The fact that you are calling me to see how my experience is with my fabulous health coach is one example. My PCP frequently checks in on me too. SoonerCare does not make its members feel 'less than' just because they are on Medicaid. Please tell your superiors this."

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

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

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

"Having the health coach available to call when I have a question about my husband's trauma is so helpful. I used to have to take him to the ER a lot or try and call his surgeon for basic questions but now I can call her. She also calls the

day after she knows that he has a doctor appointment to see how it went. I think this is a great program.”

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

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

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

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

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

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

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

“(My health coach) is fantastic! She has helped me in so many ways manage my M.S. I was having trouble getting all of my prescriptions filled since (Medicaid) only gives me six punches a month. (She) did some research and found medications that combined a few of the pills I was taking into one, then found

discount pharmacies and places that donate drugs from people who don't use them anymore for the others. Between all of that I am now able to take all of my pills every month."

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

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

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

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

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

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

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

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

"My nurse is great. She makes me comfortable enough that I can talk to her about anything. She tells me if I have any problem to just call her and she will help make

appointments, or anything else that I may need. I appreciate her and the whole SoonerCare program a lot."

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

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

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

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

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

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

Summary Findings

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

CHAPTER 3 – HEALTH COACHING QUALITY OF CARE ANALYSIS

Introduction

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

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

- Asthma measures
 - Use of appropriate medications for people with asthma
 - Medication management for people with asthma – 50 percent⁴²
 - Medication management for people with asthma – 75 percent

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

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

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

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

⁴² The 50 percent measure has been discontinued by NCQA/HEDIS but is being reported here as part of the longitudinal analysis of quality measures.

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

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

Methodology

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

PHPG determined the total number of members to be evaluated for each measure (denominator), the number meeting the clinical standard (numerator) and the resultant “percent compliant”. The results were compared to compliance rates for the general SoonerCare population (SFY 2019 reporting year), where available, and to national Medicaid MCO benchmarks where SoonerCare data was not available. (SoonerCare rates are shown in black font; national rates, when used, are shown in blue font. In a few instances, neither source was available, as denoted by dash lines.)

PHPG also compared SFY 2019 SoonerCare health coaching population compliance rates to SFY 2015 through SFY 2018 compliance rates to examine year-over-year trends.

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

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

Asthma

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

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

The compliance rate for the health coaching population exceeded the comparison group rate on all three measures (Exhibit 3-1⁴³). The difference was statistically significant for two measures.

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Use of Appropriate Medications for People with Asthma	55	49	89.1%	80.4%	8.7%
2. Medication Management for People with Asthma – 50 Percent	48	35	72.9%	55.1%	17.8%
3. Medication Management for People with Asthma – 75 Percent	48	14	29.2%	28.8%	0.4%

⁴³ In the interest of space, the population size for the comparison group is not presented in the tables. However, in all instances, it was many multiples of the health coaching population, as would be expected for a total program number. For example, the denominator for asthma measures was 11,634.

There was a small decline in the compliance rate for individuals with asthma who were appropriately prescribed medications from SFY 2015 to SFY 2019, although the compliance rate was still very high at 89.1 percent (Exhibit 3-2). The compliance rate for asthma medication management at the 50th and 75th percentiles was slightly higher.

Exhibit 3-2 – Asthma Clinical Measures - 2015 - 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Use of Appropriate Medications for People with Asthma	93.5%	92.2%	91.8%	91.7%	89.1%	(4.4%)
2. Medication Management for People with Asthma – 50 Percent	68.2%	69.5%	68.2%	71.4%	72.9%	4.7%
3. Medication Management for People with Asthma – 75 Percent	27.3%	28.3%	27.3%	31.0%	29.2%	1.9%

Cardiovascular Disease

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

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

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

Over 75 percent of the health coaching population received at least one LDL-C Screening. A comparison group was not identified for this measure in SFY 2019.

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Persistence of Beta Blocker Treatment after Heart Attack	13	8	61.5%	75.9%	(14.4%)
2. LDL-C Screening	315	237	75.2%	--	--

The compliance rate for beta blocker treatment increased by over 15 percentage points from SFY 2015 to SFY 2019; the LDL-C screening rate declined slightly (Exhibit 3-4).

Exhibit 3-4 – Cardiovascular Disease Clinical Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	46.2%	53.8%	50.0%	58.3%	61.5%	15.3%
2. LDL-C Screening	76.8%	77.3%	77.1%	77.5%	75.2%	(1.6%)

COPD

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

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

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

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	190	65	34.2%	31.0%	3.2%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	145	81	55.9%	68.4%	(12.5%)
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	145	116	80.0%	81.4%	(1.4%)

The compliance rates for all three COPD measures increased modestly from SFY 2015 to SFY 2019 (Exhibit 3-6).

Exhibit 3-6 – COPD Clinical Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	31.8%	32.0%	32.5%	33.5%	34.2%	2.4%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	50.4%	52.2%	51.5%	54.3%	55.9%	5.5%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	76.5%	76.9%	77.7%	80.3%	80.0%	3.5%

Diabetes

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

- *LDL-C Screening*: Percentage of members who received LDL-C in previous 12 months.
- *Retinal Eye Exam*: Percentage of members who received at least one dilated retinal eye exam in previous 12 months.
- *HbA1c Test*: Percentage of members who received at least one HbA1C test in previous 12 months.
- *Medical Attention for Nephropathy*: Percentage of members who received medical attention for nephropathy in previous 12 months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous 12 months.

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

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. LDL-C Screening	1,005	806	80.2%	57.1%	23.1%
2. Retinal Eye Exam	1,005	432	43.0%	34.9%	8.1%
3. HbA1c Test	1,005	900	89.6%	71.6%	18.0%
4. Medical Attention for Nephropathy	1,005	762	75.8%	45.4%	30.4%
5. ACE/ARB Therapy	1,005	708	70.4%	---	---

The compliance rates for four of the five measures increased slightly from SFY 2015 to SFY 2019 (Exhibit 3-8).

Exhibit 3-8 – Diabetes Clinical Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. LDL-C Screening	78.3%	79.4%	79.9%	81.3%	80.2%	1.9%
2. Retinal Eye Exam	38.1%	39.3%	39.8%	41.7%	43.0%	4.9%
3. HbA1c Test	87.2%	87.5%	88.1%	90.1%	89.6%	2.4%
4. Medical Attention for Nephropathy	77.0%	77.4%	78.1%	78.8%	75.8%	(1.2%)
5. ACE/ARB Therapy	66.5%	67.5%	67.9%	69.0%	70.4%	3.9%

Hypertension

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

- *LDL-C Screening*: Percentage of members who received LDL-C in previous 12 months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous 12 months.
- *Diuretics*: Percentage of members who received diuretic in previous 12 months.
- *Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics*: Percentage of members prescribed ACE/ARB therapy or diuretic who received annual medication monitoring.

The compliance rate for the comparison group exceeded the health coaching population rate on the one measure having a comparison group percentage (Exhibit 3-9). The difference was statistically significant, although the compliance rate for the health coaching population was 87 percent and the actual percentage variance with the comparison group was small.

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. LDL-C Screening	2,220	1,465	66.0%	---	---
2. ACE/ARB Therapy	2,220	1,490	67.1%	---	---
3. Diuretics	2,220	1,005	45.3%	---	---
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics ⁴⁴	1,201	1,045	87.0%	88.4%	(1.4%)

⁴⁴ Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

The compliance rate for the health coaching population increased slightly for three of the four measures from SFY 2015 to SFY 2019 (Exhibit 3-10).

Exhibit 3-10 – Hypertension Clinical Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. LDL-C Screening	67.8%	67.5%	67.8%	68.6%	66.0%	(1.8%)
2. ACE/ARB Therapy	65.8%	66.3%	66.9%	68.1%	67.1%	1.3%
3. Diuretics	44.9%	45.6%	46.1%	47.0%	45.3%	0.4%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	83.7%	84.4%	85.0%	86.4%	87.0%	3.3%

Mental Health

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

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

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

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Follow-up after Hospitalization for Mental Illness – Seven Days	165	67	40.6%	30.5%	10.1%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	165	117	70.9%	51.4%	19.5%

The compliance rate for both mental health measures increased from SFY 2015 to SFY 2019 (Exhibit 3-12).

Exhibit 3-12 – Mental Health Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	34.3%	34.7%	35.9%	38.2%	40.6%	6.3%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	67.2%	67.3%	68.3%	69.4%	70.9%	3.7%

Prevention

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

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

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

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

Measure	Health Coaching Participants			HC Participants versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	HC - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	4,816	4,614	95.8%	87%	8.8%
2. Child Access to PCP	750	733	97.7%	90.1%	7.6%
3. Adult BMI	3,695	1,182	31.0%	27.8%	3.2%

The compliance rate for the adult and child preventive care measures was nearly unchanged from SFY 2015 to SFY 2019 (Exhibit 3-14). The methodology for calculating the Adult BMI measure was modified in SFY 2019; no trend therefore is presented⁴⁵.

Exhibit 3-14 – Preventive Measures – 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.1%	96.0%	96.1%	96.5%	95.8%	(0.3%)
2. Child Access to PCP	98.7%	98.6%	98.5%	98.4%	97.7%	(1.0%)
3. Adult BMI					31.0%	N/A

⁴⁵ The change in methodology was related to inclusion of additional procedure codes, which approximately doubled the reported compliance rate.

Summary of Key Findings

The health coaching participant compliance rate exceeded the comparison group rate on 13 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for 11 of the 13, suggesting that the program is having a positive effect on quality of care, although there is room for continued improvement.

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

The SFY 2019 results were consistent with findings for earlier fiscal years. The long-term benefits to participants will continue to be measured through the quality of care longitudinal analysis (under the new Telligen contract) and through the utilization and expenditure analysis presented in the next chapter.

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

Introduction

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

Most SoonerCare HMP participants are identified based on MEDai data, which includes a 12-month forecast of emergency department visits hospitalizations and total expenditures. MEDai's advanced predictive modeling, as opposed to extrapolating historical trends, accounts for participants' risk factors and recent clinical experience⁴⁶.

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

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

Methodology

PHPG conducted the utilization and expenditure evaluation by comparing SoonerCare HMP participants' actual claims experience to MEDai forecasts for the period following the start date of engagement up to 72 months. Data includes both active participants and persons who have graduated or otherwise disenrolled from the program.

MEDai forecasts only extend to the first 12 months of engagement. For months 13 to 72, PHPG applied a trend rate to the MEDai data to calculate an estimated PMPM absent SoonerCare HMP enrollment. The trend rate was set equal to the actual PMPM trend for a comparison group comprised of SoonerCare members who were determined to be eligible for the SoonerCare HMP but who declined the opportunity to enroll ("eligible but not engaged").

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

⁴⁶ Providers also can refer members for health coaching. This includes members whose MEDai scores are relatively low but are determined by the provider and health coach to be "at risk" based on the individual's total profile.

The subsequent evaluation examined participants in six priority diagnostic categories used by MEDai as part of its calculation of the chronic impact score for potential SoonerCare HMP participants: asthma, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), heart failure, diabetes mellitus and hypertension⁴⁷. The evaluation also examined the SoonerCare HMP population as a whole.

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

PHPG developed utilization/expenditure rates using claims with dates of service from SFY 2013 through SFY 2019. (SFY 2013 data was used for calculation of pre-engagement activity.) The OHCA and DXC (Medicaid fiscal agent) prepared a claims file employing the same extraction methodology used by the OHCA on a monthly basis to provide updated claims files to MEDai.

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

Participants were included in the analysis only if they had three months or more of engagement experience as of June 30, 2019 and had MEDai forecast data available at the time of engagement.⁴⁸

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

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

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

⁴⁷ MEDai examines diagnoses beyond the six listed, but these six are among the most common found among SoonerCare HMP and CCU participants and are significant contributors to member utilization and expenditures.

⁴⁸ See chapter one for information on other exclusions made prior to the utilization/expenditure analysis.

Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2019 included 1,597 health coaching participants with an asthma diagnosis⁴⁹. Asthma was the most expensive diagnosis at the time of engagement for 50 percent of participants with this diagnosis (Exhibit 4-1).

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

Participants w/Asthma	Number Most Expensive	Percent Most Expensive
1,597	803	50%

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

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

Condition	Percent w/Comorbidity
Asthma	---
Coronary Artery Disease	11%
COPD	44%
Diabetes	31%
Heart Failure	10%
Hypertension	51%

⁴⁹ All participation and expenditure data in the chapter is for the portion of the SoonerCare HMP population remaining after application of the exclusions described in chapter one.

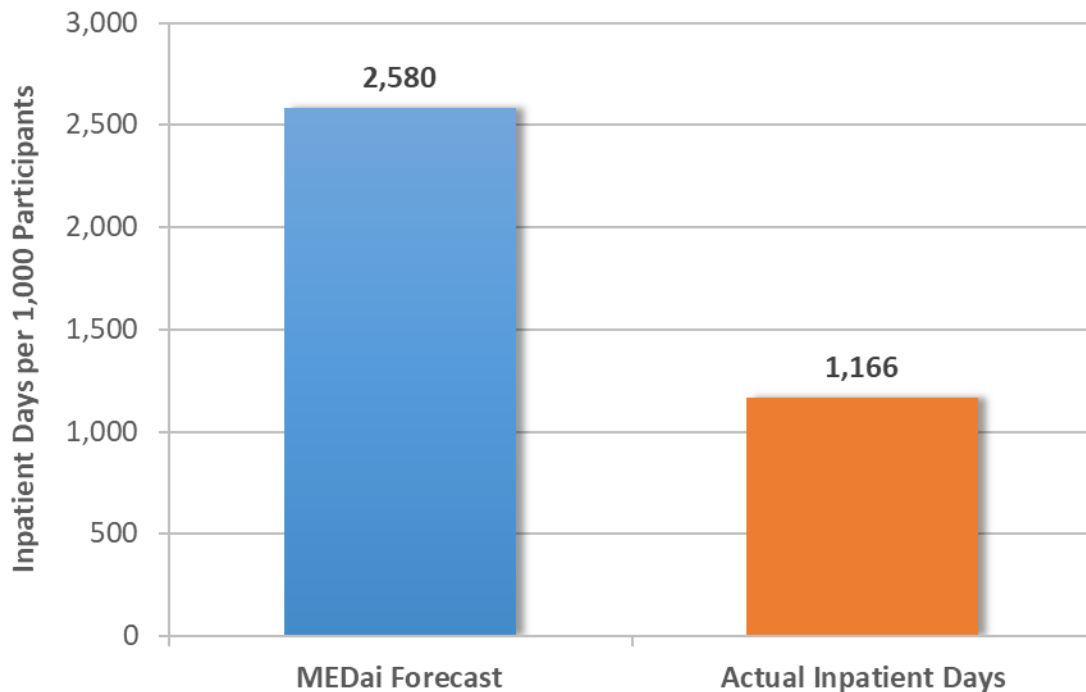
Utilization

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

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

MEDai forecasted that participants with asthma would incur 2,580 inpatient days per 1,000 participants in the first 12 months of engagement⁵⁰. The actual rate was 1,166, or 45 percent of forecast (Exhibit 4-3). (As a point of comparison, the rate for all Oklahomans in 2018, across all diagnoses, was 583 days per 1,000.⁵¹)

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

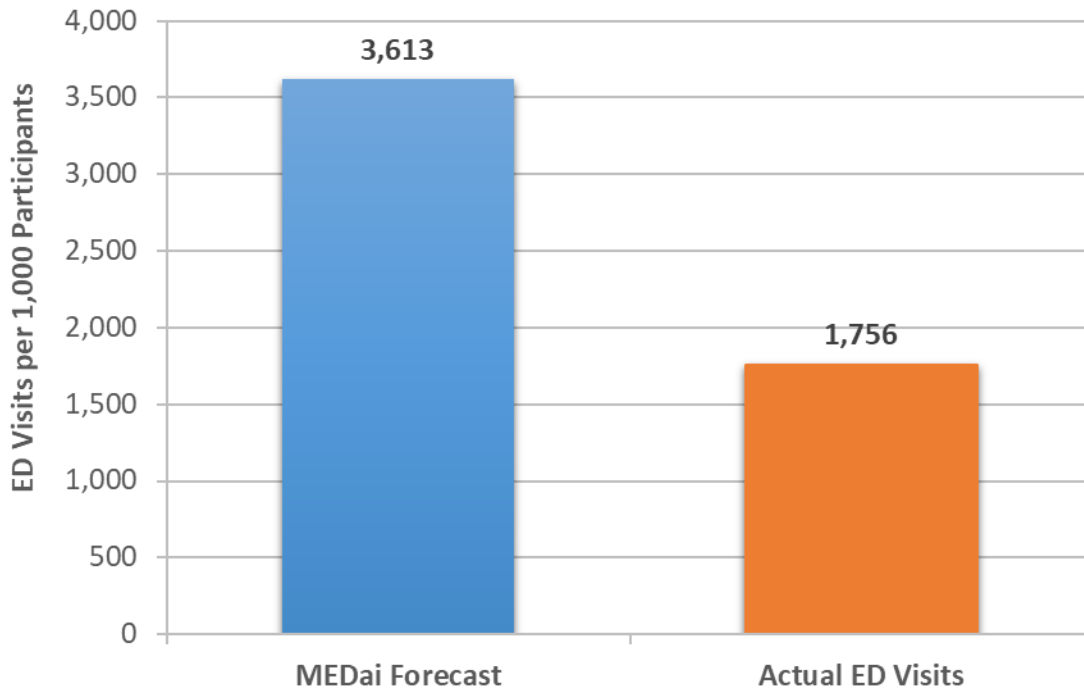


⁵⁰ All MEDai forecasts assume no intervention in terms of care management. Rate calculated for portion of year that each participant was engaged in program.

⁵¹ Source: <http://kff.org/other/state-indicator/inpatient-days-by-ownership/> 2018 is the most recent year available.

MEDai forecasted that participants with asthma would incur 3,613 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,756, or 49 percent of forecast (Exhibit 4-4). (As a point of comparison, the rate for all Oklahomans in 2017, across all diagnoses, was 463 visits per 1,000.⁵²)

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



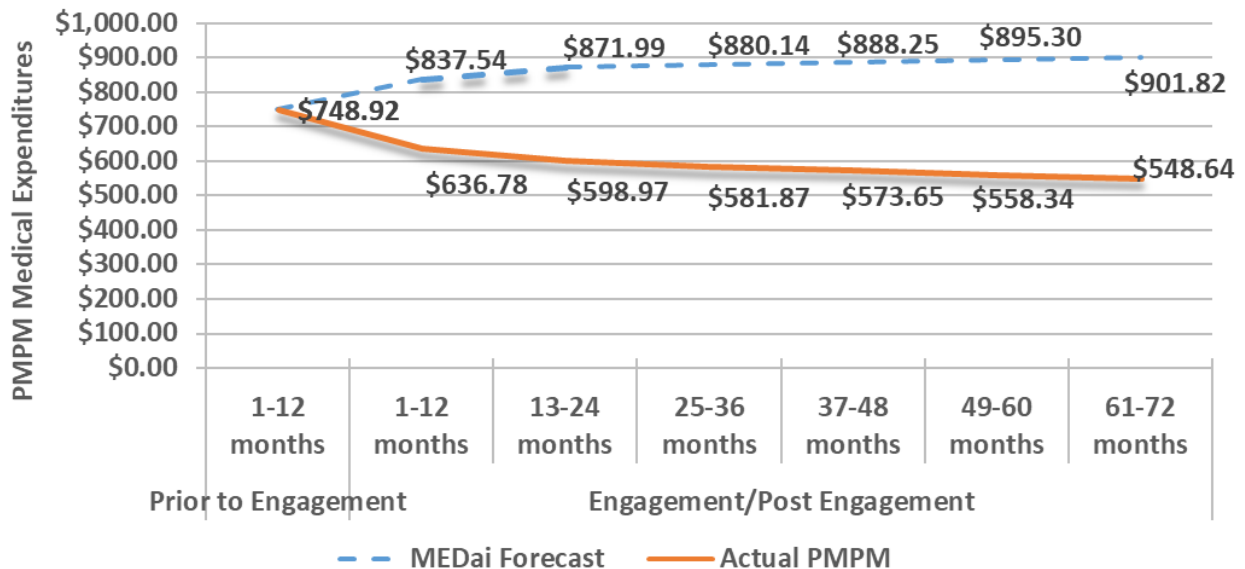
⁵² Source: <http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/> 2018 is the most recent year available.

Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with asthma during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement⁵³. MEDai forecasted that participants with asthma would incur an average of \$838 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$637, or 76 percent of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$872 in PMPM expenditures. The actual amount was \$599, or 69% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$880 in PMPM expenditures. The actual amount was \$582, or 66% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$888 in PMPM expenditures. The actual amount was \$574, or 65% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$895 in PMPM expenditures. The actual amount was \$558, or 62% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$902 in PMPM expenditures. The actual amount was \$549, or 61% of forecast (Exhibit 4-5).

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



⁵³ PMPM rate calculated for portion of year that each participant was engaged in program.

At the category-of-service level, all costs declined in the first 12 months of engagement, with the most significant drops occurring within hospital expenditures (Exhibit 4-6).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$121.75	\$96.79	(\$24.97)	-21%
Outpatient Hospital	\$122.30	\$91.57	(\$30.74)	-25%
Physician	\$175.41	\$159.31	(\$16.11)	-9%
Pharmacy	\$143.95	\$138.22	(\$5.73)	-4%
Behavioral Health	\$93.97	\$74.65	(\$19.32)	-21%
All Other	\$91.52	\$76.24	(\$15.28)	-17%
Total	\$748.92	\$636.78	(\$112.14)	-15%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with asthma as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately \$6 million (Exhibit 4-7).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	17,240	\$200.76	\$3,461,156
Months 13 - 24	6,392	\$273.02	\$1,745,133
Months 25 - 36	1,953	\$298.27	\$582,522
Months 37 - 48	536	\$314.60	\$168,624
Months 49 -60	181	\$336.96	\$60,990
Months 61 -72	70	\$353.18	\$24,722
Total	26,372	\$229.15	\$6,043,147

Note: Aggregate savings value on this and subsequent savings tables may differ slightly from product of member months x PMPM due to rounding. Savings total on this and subsequent savings tables also may differ slightly from sum of segments due to rounding.

Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2019 included 646 health coaching participants with a coronary artery disease diagnosis (CAD). Coronary artery disease was the most expensive diagnosis at the time of engagement for over 23 percent of participants with this diagnosis (Exhibit 4-8).

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

Participants w/CAD	Number Most Expensive	Percent Most Expensive
646	150	23%

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

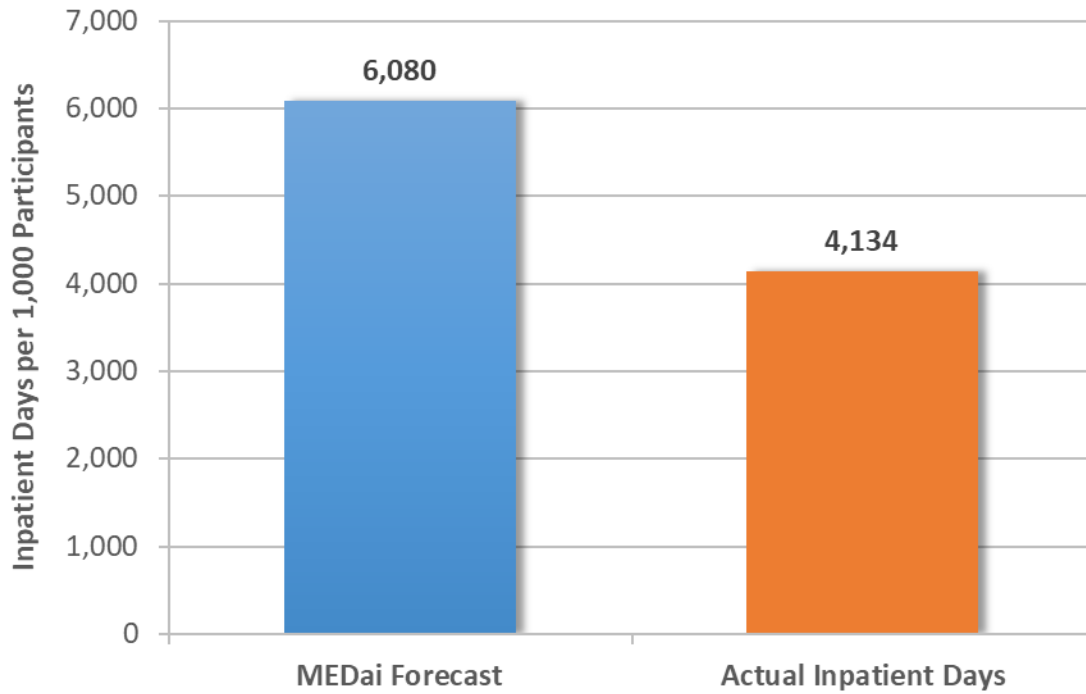
Exhibit 4-9 – Participants with CAD Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	21%
Coronary Artery Disease	---
COPD	57%
Diabetes	56%
Heart Failure	37%
Hypertension	90%

Utilization

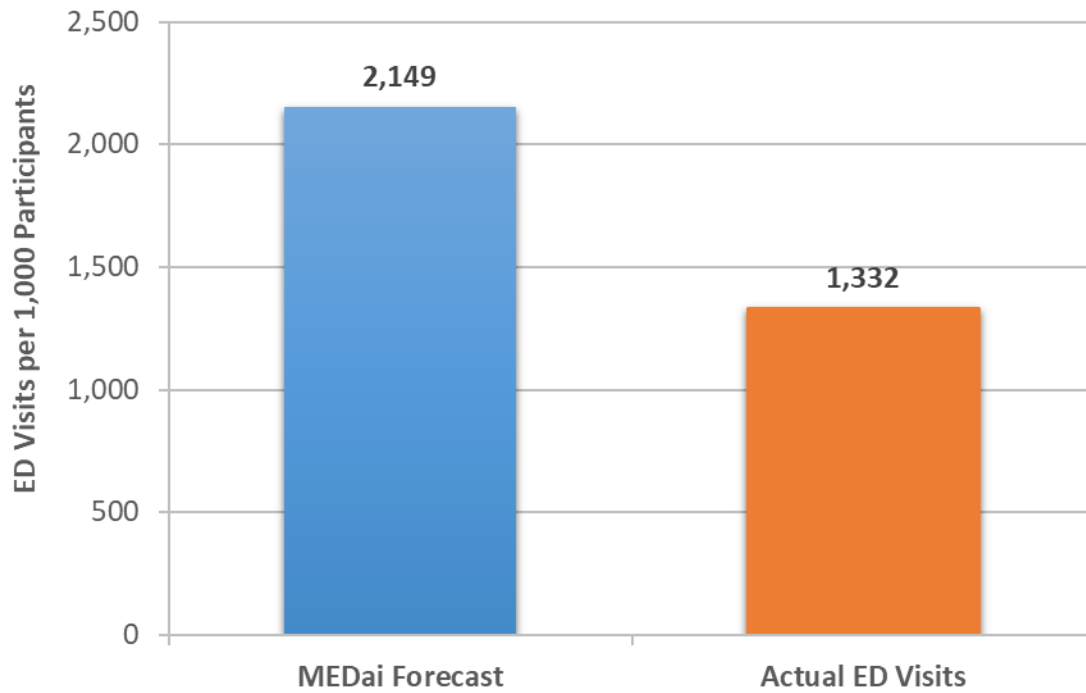
MEDai forecasted that participants with coronary artery disease would incur 6,080 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 4,134, or 68 percent of forecast (Exhibit 4-10).

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



MEDai forecasted that participants with coronary artery disease would incur 2,149 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,332, or 62 percent of forecast (Exhibit 4-11).

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

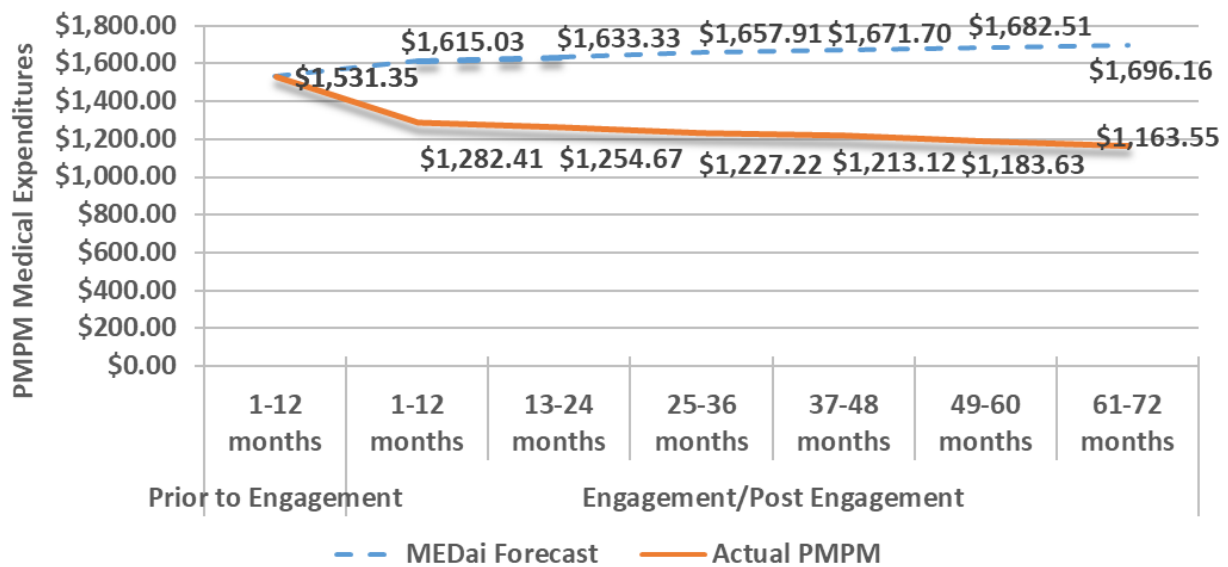


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with coronary artery disease during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with coronary artery disease would incur an average of \$1,615 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$1,282, or 79 percent of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,633 in PMPM expenditures. The actual amount was \$1,255, or 77 percent of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,658 in PMPM expenditures. The actual amount was \$1,227, or 74 percent of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,672 in PMPM expenditures. The actual amount was \$1,213, or 73 percent of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,683 in PMPM expenditures. The actual amount was \$1,184, or 70 percent of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$1,696 in PMPM expenditures. The actual amount was \$1,164, or 69 percent of forecast (Exhibit 4-12).

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



At the category-of-service level, all costs declined in the first 12 months of engagement, with the most significant drops occurring within inpatient hospital and physician expenditures (Exhibit 4-13).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$640.89	\$529.97	(\$110.92)	-17%
Outpatient Hospital	\$186.37	\$139.16	(\$47.22)	-25%
Physician	\$306.97	\$245.36	(\$61.60)	-20%
Pharmacy	\$202.24	\$187.66	(\$14.58)	-7%
Behavioral Health	\$28.45	\$26.73	(\$1.72)	-6%
All Other	\$166.43	\$153.53	(\$12.89)	-8%
Total	\$1,531.35	\$1,282.41	(\$248.94)	-16%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with coronary artery disease as their most expensive diagnosis by multiplying total months of engagement in SFY 2019 by average PMPM savings. The resultant savings equaled approximately \$2.1 million (Exhibit 4-14).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	3,858	\$332.62	\$1,283,237
Months 13 - 24	1,402	\$378.66	\$530,882
Months 25 - 36	431	\$430.69	\$185,629
Months 37 - 48	121	\$458.58	\$55,489
Months 49 -60	42	\$498.88	\$20,953
Months 61 -72	16	\$532.61	\$8,522
Total	5,870	\$355.15	\$2,084,710

COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2019 included 1,721 health coaching participants with a chronic obstructive pulmonary disease (COPD) diagnosis. COPD was the most expensive diagnosis at the time of engagement for 34 percent of participants with this diagnosis (Exhibit 4-15).

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

Participants w/COPD	Number Most Expensive	Percent Most Expensive
1,721	585	34%

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

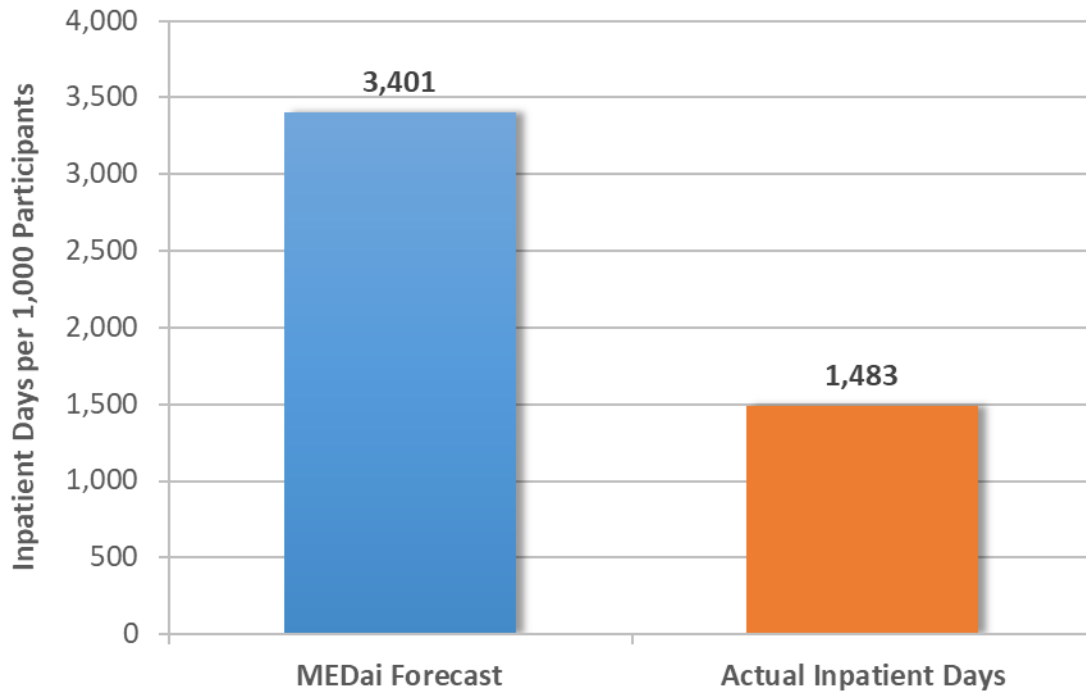
Exhibit 4-16 – Participants with COPD Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	32%
Coronary Artery Disease	23%
COPD	---
Diabetes	40%
Heart Failure	15%
Hypertension	72%

Utilization

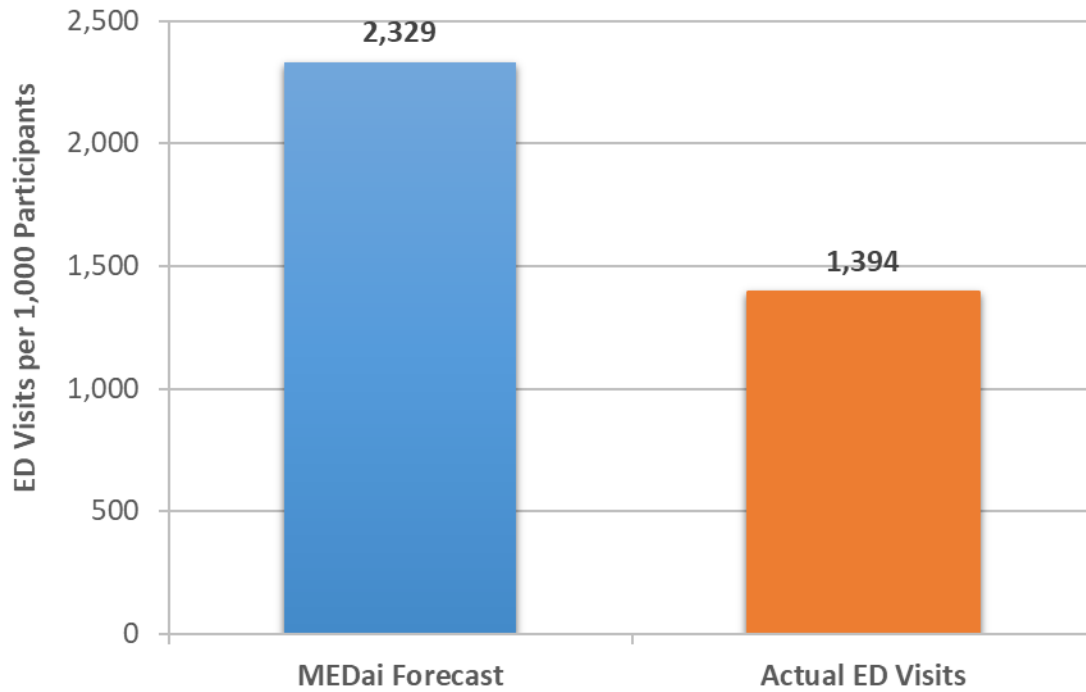
MEDai forecasted that participants with COPD would incur 3,401 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,483, or 44 percent of forecast (Exhibit 4-17).

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



MEDai forecasted that participants with COPD would incur 2,329 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,394, or 60 percent of forecast (Exhibit 4-18).

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

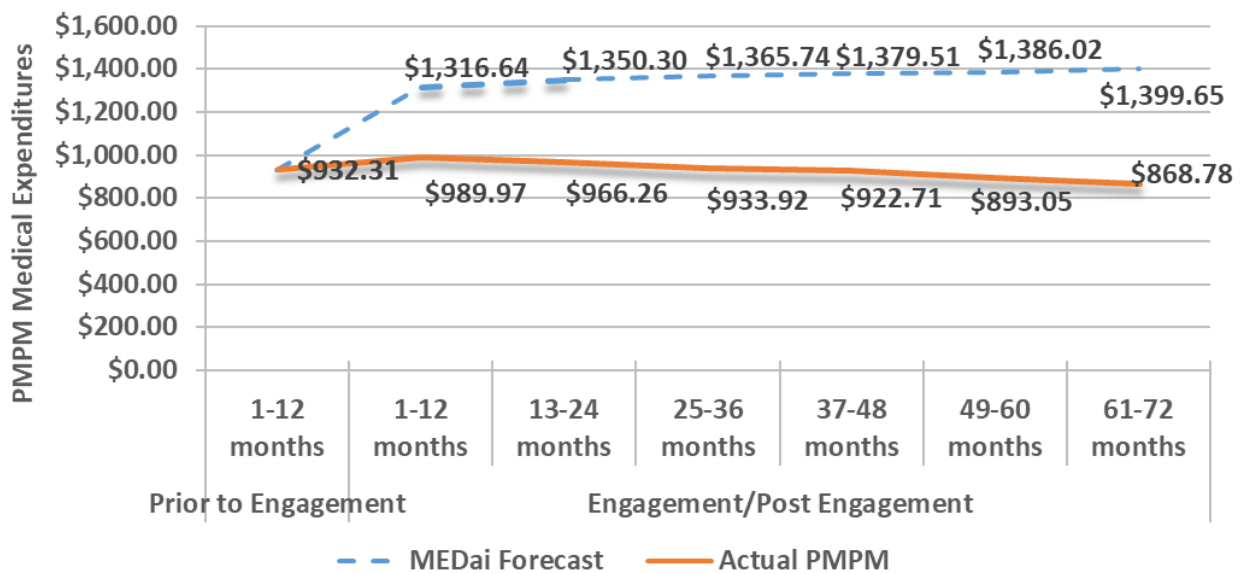


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with COPD during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with COPD would incur an average of \$1,317 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$990, or 75% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,350 in PMPM expenditures. The actual amount was \$966, or 72% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,366 in PMPM expenditures. The actual amount was \$934, or 68% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,380 in PMPM expenditures. The actual amount was \$923, or 67% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,386 in PMPM expenditures. The actual amount was \$893, or 64% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$1,400 in PMPM expenditures. The actual amount was \$869, or 62% of forecast (Exhibit 4-19).

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



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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$206.05	\$181.96	(\$24.09)	-12%
Outpatient Hospital	\$106.64	\$110.38	\$3.74	4%
Physician	\$184.92	\$172.40	(\$12.52)	-7%
Pharmacy	\$226.70	\$317.01	\$90.31	40%
Behavioral Health	\$78.21	\$74.34	(\$3.87)	-5%
All Other	\$129.78	\$133.87	\$4.09	3%
Total	\$932.31	\$989.97	\$57.66	6%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with COPD as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately \$7.8 million (Exhibit 4-21).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	14,560	\$326.67	\$4,756,370
Months 13 - 24	5,203	\$384.04	\$1,998,160
Months 25 - 36	1,654	\$431.82	\$714,238
Months 37 - 48	470	\$456.80	\$214,695
Months 49 -60	155	\$492.97	\$76,410
Months 61 -72	61	\$530.87	\$32,383
Total	22,103	\$352.54	\$7,792,255

Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2019 included 1,345 health coaching participants with a diabetes diagnosis. Diabetes was the most expensive diagnosis at the time of engagement for 70 percent of participants with this diagnosis (Exhibit 4-22).

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

Participants w/Diabetes	Number Most Expensive	Percent Most Expensive
1,345	941	70%

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

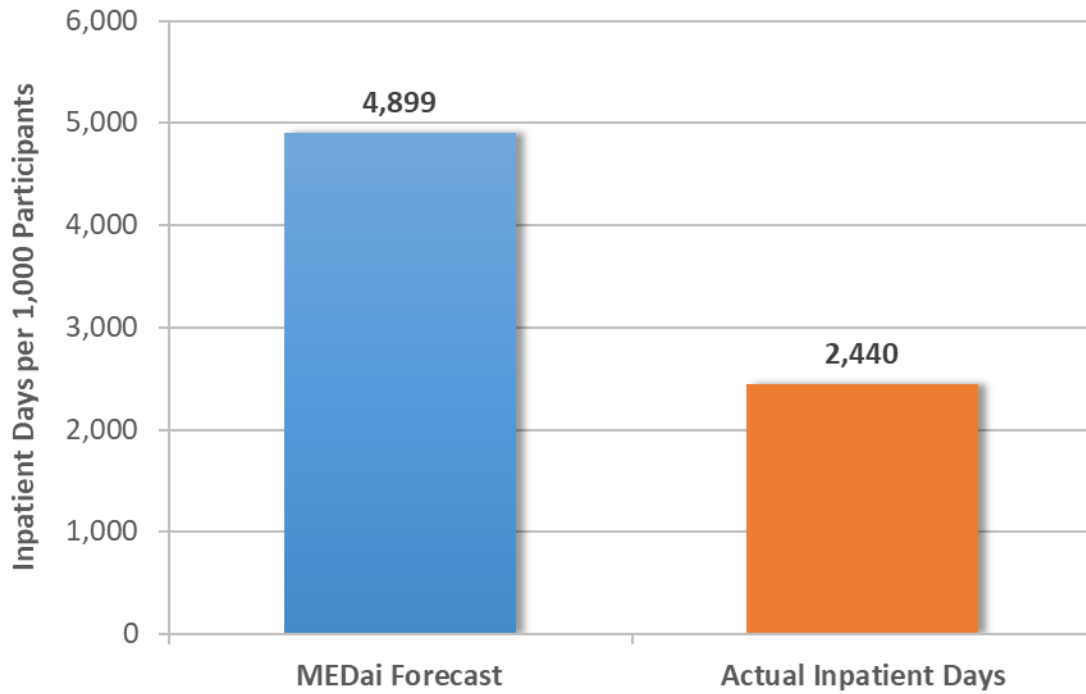
Exhibit 4-23 – Participants with Diabetes Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	25%
Coronary Artery Disease	22%
COPD	36%
Diabetes	---
Heart Failure	15%
Hypertension	82%

Utilization

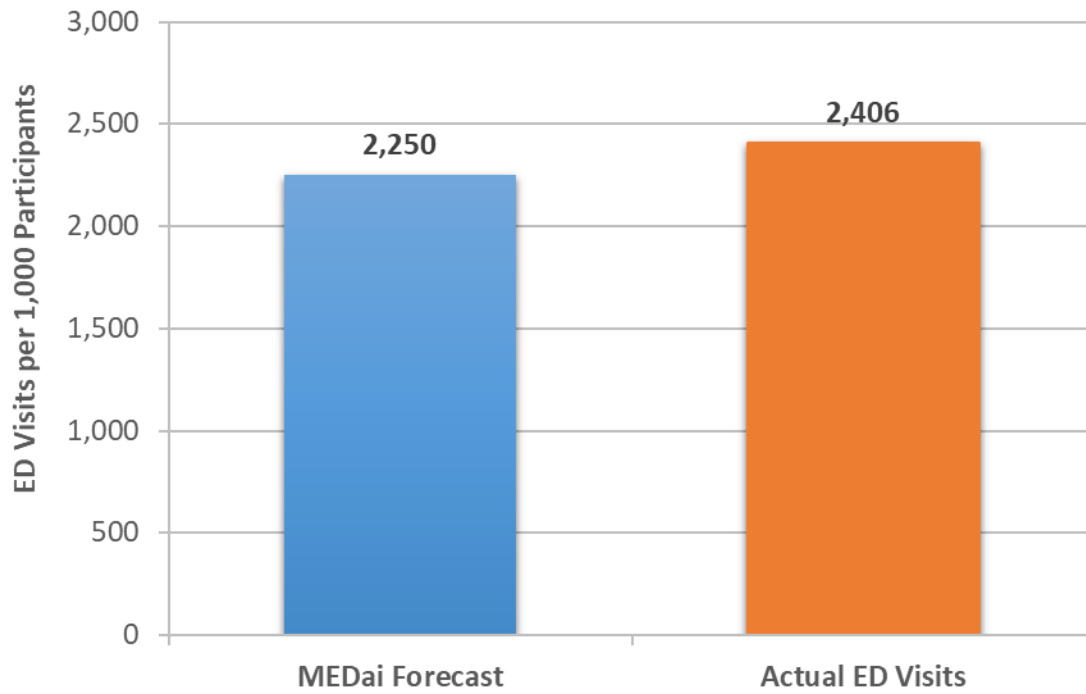
MEDai forecasted that participants with diabetes would incur 4,899 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 2,440, or 50 percent of forecast (Exhibit 4-24).

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



MEDai forecasted that participants with diabetes would incur 2,250 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,406, or 106 percent of forecast (Exhibit 4-25).

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

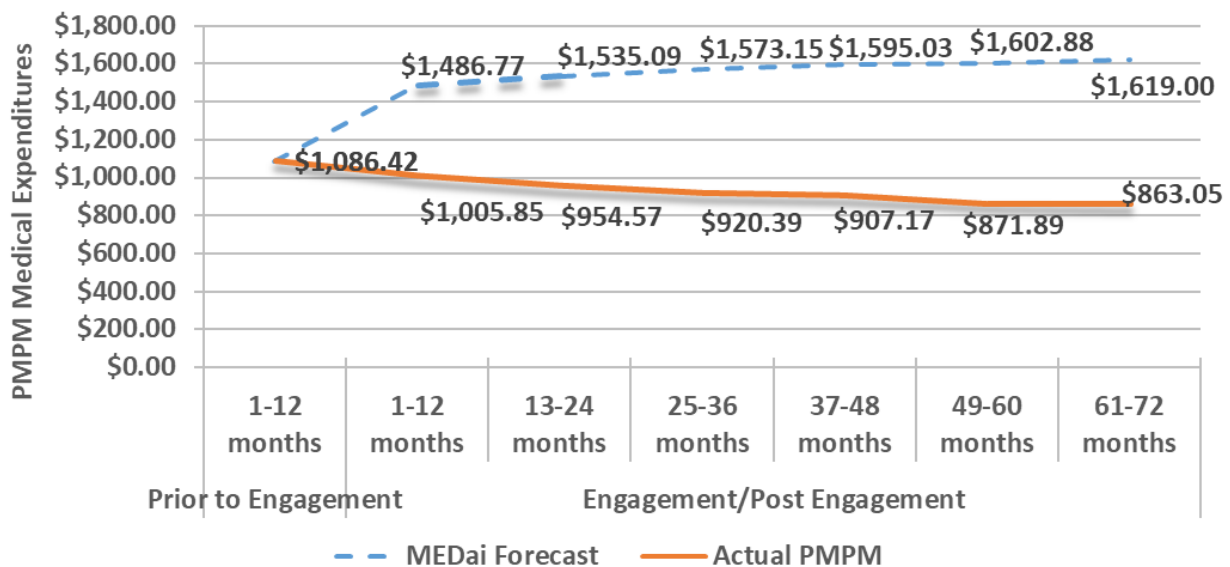


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with diabetes during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with diabetes would incur an average of \$1,487 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$1,006, or 68% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,535 in PMPM expenditures. The actual amount was \$955, or 62% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,573 in PMPM expenditures. The actual amount was \$920, or 59% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,595 in PMPM expenditures. The actual amount was \$907, or 57% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,603 in PMPM expenditures. The actual amount was \$872, or 54% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$1,619 in PMPM expenditures. The actual amount was \$863, or 53% of forecast (Exhibit 4-26).

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



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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$288.88	\$240.23	(\$48.65)	-17%
Outpatient Hospital	\$122.32	\$125.31	\$2.98	2%
Physician	\$213.06	\$182.60	(\$30.46)	-14%
Pharmacy	\$269.82	\$272.92	\$3.10	1%
Behavioral Health	\$56.35	\$58.44	\$2.09	4%
All Other	\$135.98	\$126.35	(\$9.62)	-7%
Total	\$1,086.42	\$1,005.85	(\$80.57)	-7%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with diabetes as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately \$18.2 million (Exhibit 4-28).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	22,664	\$480.92	\$10,899,609
Months 13 - 24	8,365	\$580.52	\$4,856,050
Months 25 - 36	2,581	\$652.76	\$1,684,766
Months 37 - 48	724	\$687.86	\$498,008
Months 49 - 60	247	\$730.99	\$180,554
Months 61 - 72	103	\$755.95	\$77,863
Total	34,684	\$524.65	\$18,196,850

Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2019 included 330 health coaching participants with a heart failure diagnosis. Heart failure was the most expensive diagnosis at the time of engagement for 18 percent of participants with this diagnosis (Exhibit 4-29). Results for this diagnosis should be interpreted with caution given the small size of the population.

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

Participants w/Heart Failure	Number Most Expensive	Percent Most Expensive
330	59	18%

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

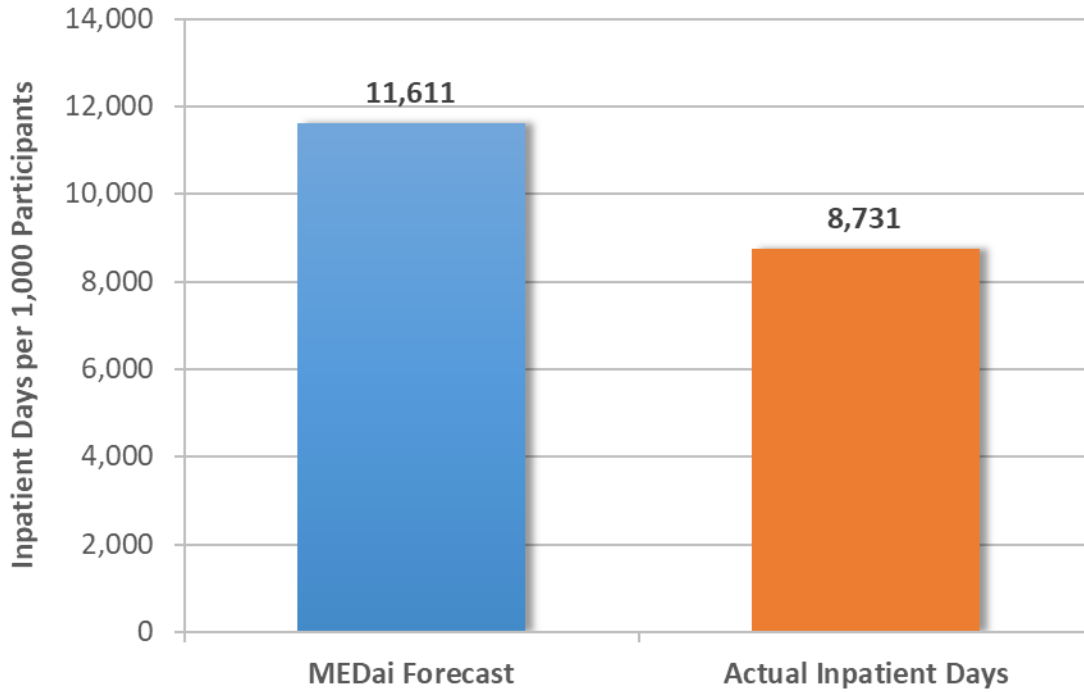
Exhibit 4-30 – Participants with Heart Failure Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	23%
Coronary Artery Disease	62%
COPD	66%
Diabetes	56%
Heart Failure	---
Hypertension	92%

Utilization

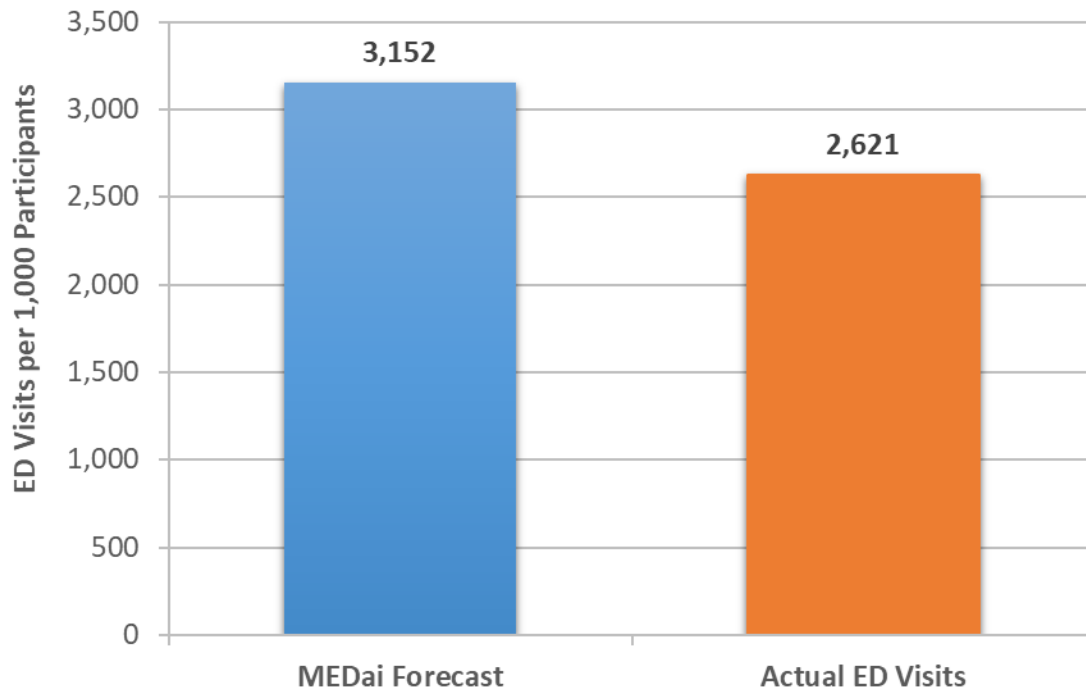
MEDai forecasted that participants with heart failure would incur 11,611 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 8,731, or 75 percent of forecast (Exhibit 4-31).

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



MEDai forecasted that participants with heart failure would incur 3,152 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 2,621, or 83 percent of forecast (Exhibit 4-32).

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

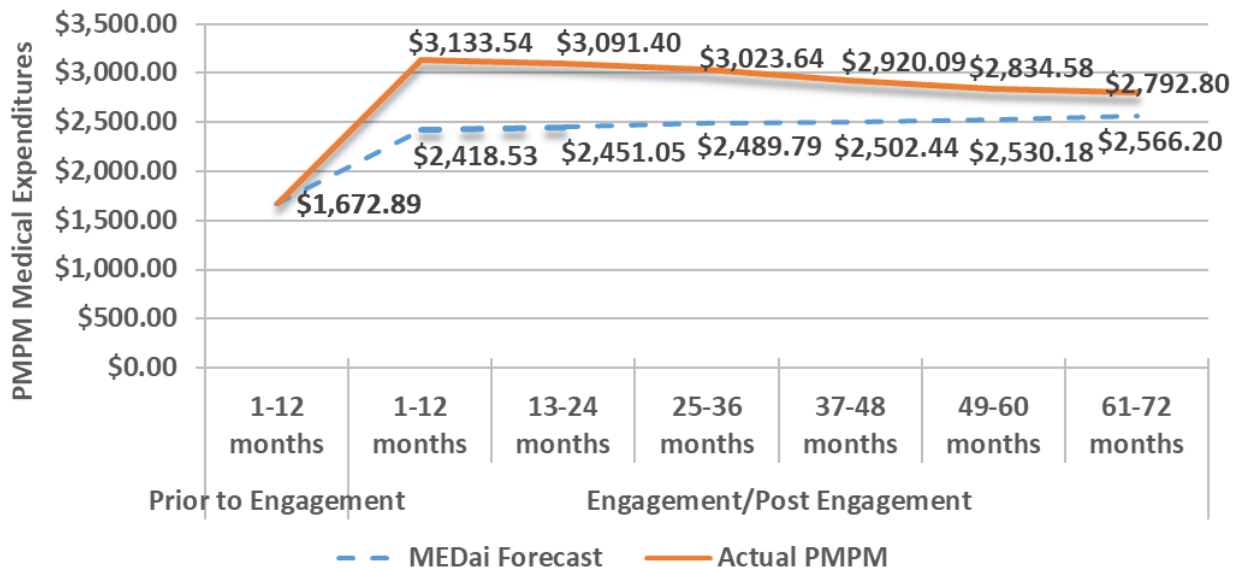


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with heart failure during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with heart failure would incur an average of \$2,419 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$3,134, or 130% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$2,451 in PMPM expenditures. The actual amount was \$3,091, or 126% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$2,490 in PMPM expenditures. The actual amount was \$3,024, or 121% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$2,502 in PMPM expenditures. The actual amount was \$2,920, or 117% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$2,530 in PMPM expenditures. The actual amount was \$2,835, or 112% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$2,566 in PMPM expenditures. The actual amount was \$2,793, or 109% of forecast (Exhibit 4-33).

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



At the category-of-service level, costs increased for nearly all service types in the first 12 months of engagement (Exhibit 4-34).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$724.73	\$2,004.15	\$1,279.41	177%
Outpatient Hospital	\$175.80	\$243.55	\$67.75	39%
Physician	\$258.52	\$382.08	\$123.55	48%
Pharmacy	\$224.86	\$230.20	\$5.34	2%
Behavioral Health	\$54.87	\$62.13	\$7.26	13%
All Other	\$234.10	\$211.43	(\$22.67)	-10%
Total	\$1,672.89	\$3,133.54	\$1,460.64	87%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with heart failure as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant deficit equaled (\$1.4 million) (Exhibit 4-35). As noted, results for this diagnosis should be interpreted with caution given the small size of the population.

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	1,329	(\$715.01)	(\$950,243)
Months 13 - 24	478	(\$640.35)	(\$306,087)
Months 25 - 36	148	(\$533.85)	(\$79,009)
Months 37 - 48	43	(\$417.65)	(\$17,959)
Months 49 -60	17	(\$304.40)	(\$5,175)
Months 61 -72	12	(\$226.60)	(\$2,719)
Total	2,027	(\$671.53)	(\$1,361,192)

Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP in SFY 2019 included 3,086 health coaching participants with a hypertension diagnosis. Hypertension was the most expensive diagnosis at the time of engagement for 54 percent of participants with this diagnosis (Exhibit 4-36).

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

Participants w/Hypertension	Number Most Expensive	Percent Most Expensive
3,086	1,665	54%

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

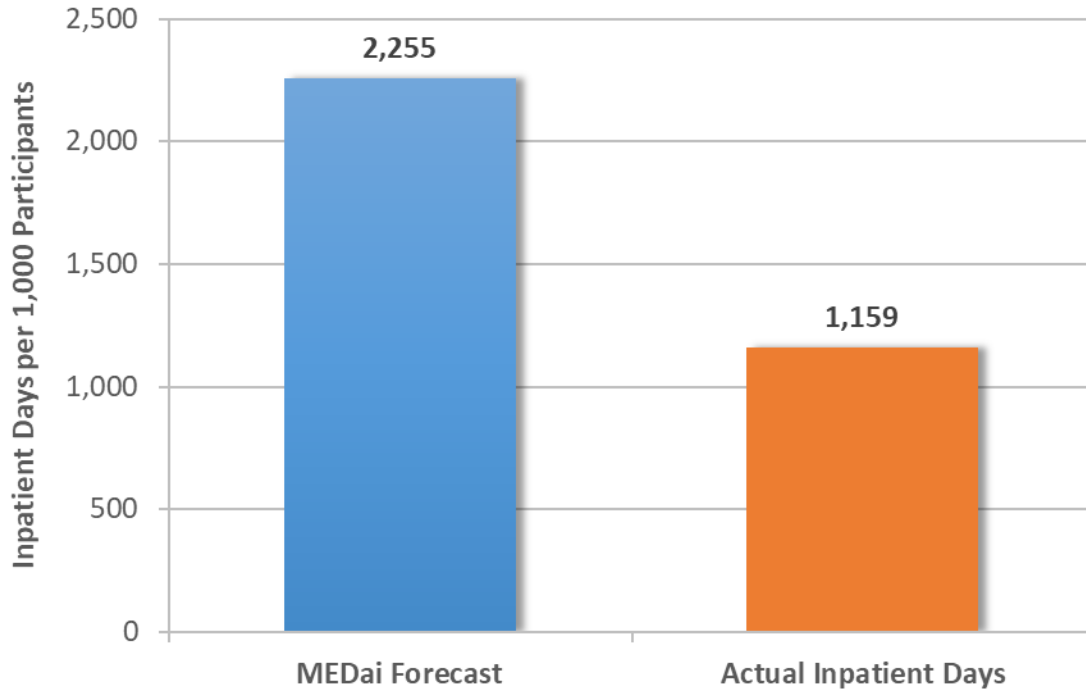
Exhibit 4-37 – Participants with Hypertension Co-morbidity with Chronic Impact Conditions

Condition	Percent w/Comorbidity
Asthma	24%
Coronary Artery Disease	20%
COPD	42%
Diabetes	47%
Heart Failure	14%
Hypertension	---

Utilization

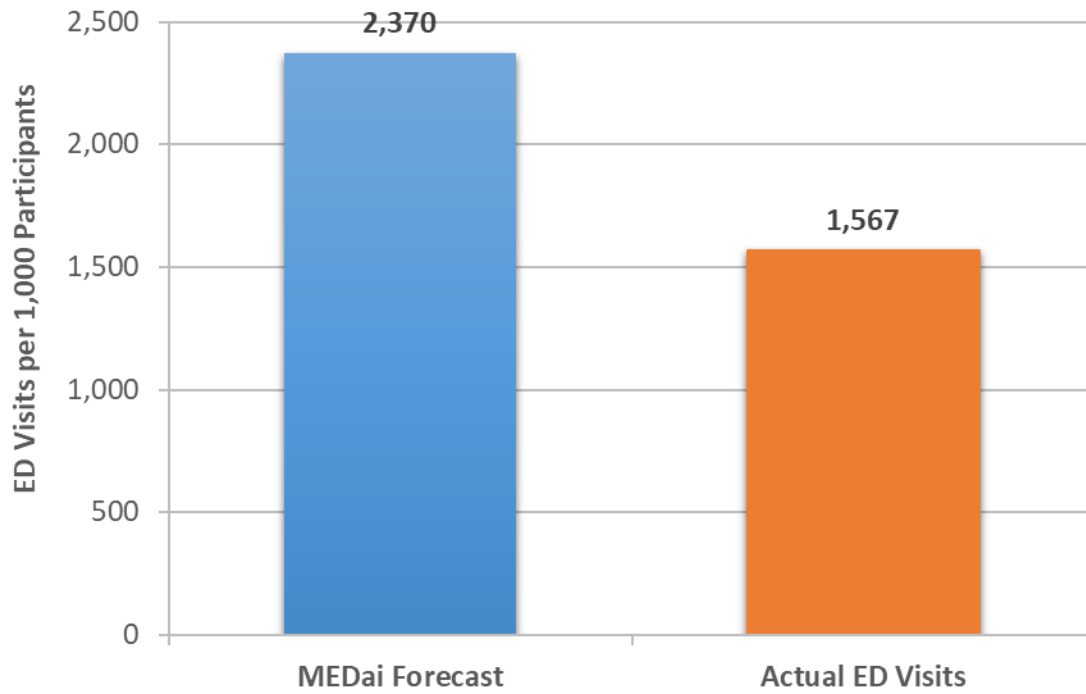
MEDai forecasted that participants with hypertension would incur 2,255 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,159, or 51 percent of forecast (Exhibit 4-38).

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



MEDai forecasted that participants with hypertension would incur 2,370 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,567, or 66 percent of forecast (Exhibit 4-39).

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

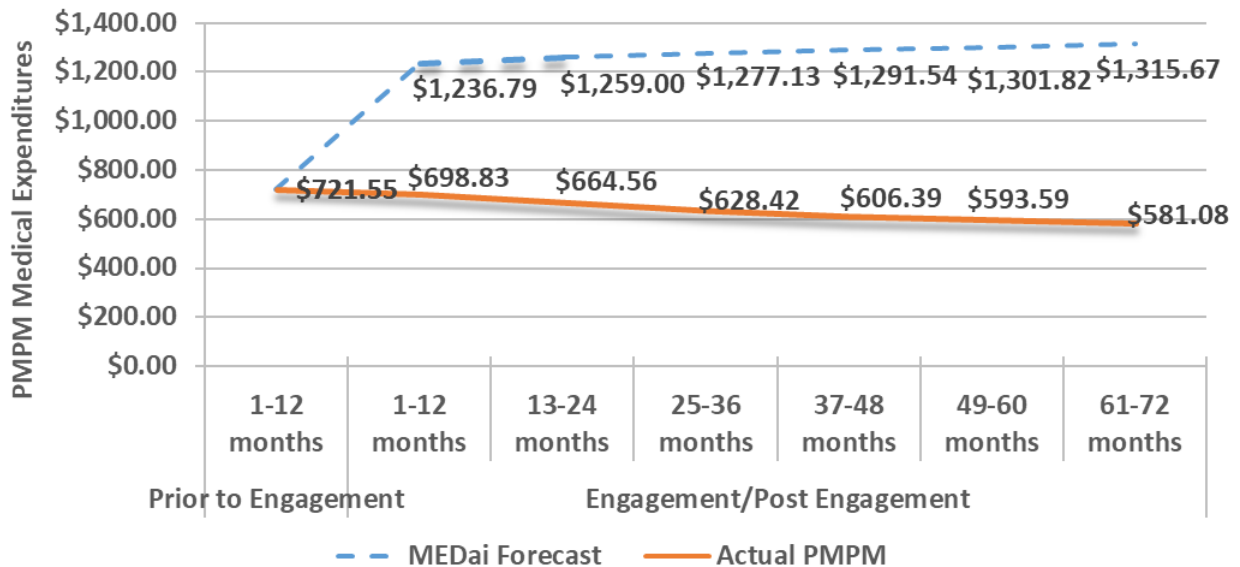


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for participants with hypertension during the 12 months prior to engagement and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that participants with hypertension would incur an average of \$1,237 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$699, or 57% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,259 in PMPM expenditures. The actual amount was \$665, or 53% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,277 in PMPM expenditures. The actual was \$628, or 49% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,292 in PMPM expenditures. The actual was \$606, or 47% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,302 in PMPM expenditures. The actual was \$594, or 46% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$1,316 in PMPM expenditures. The actual was \$581, or 44% of forecast (Exhibit 4-40).

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



At the category-of-service level in the first 12 months of engagement, expenditures declined for all service types except pharmacy (Exhibit 4-41).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$168.93	\$112.05	(\$56.88)	-34%
Outpatient Hospital	\$103.35	\$103.08	(\$0.27)	0%
Physician	\$164.73	\$155.59	(\$9.15)	-6%
Pharmacy	\$144.72	\$194.64	\$49.92	34%
Behavioral Health	\$50.79	\$47.27	(\$3.53)	-7%
All Other	\$89.02	\$86.21	(\$2.81)	-3%
Total	\$721.55	\$698.83	(\$22.72)	-3%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for SoonerCare HMP participants with hypertension as their most expensive diagnosis by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately \$35 million (Exhibit 4-42).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	40,499	\$537.96	\$21,786,837
Months 13 - 24	14,908	\$594.44	\$8,861,852
Months 25 - 36	4,658	\$648.71	\$3,021,690
Months 37 - 48	1,302	\$685.15	\$892,063
Months 49 -60	442	\$708.23	\$313,039
Months 61 -72	170	\$734.59	\$124,880
Total	61,979	\$564.71	\$35,000,361

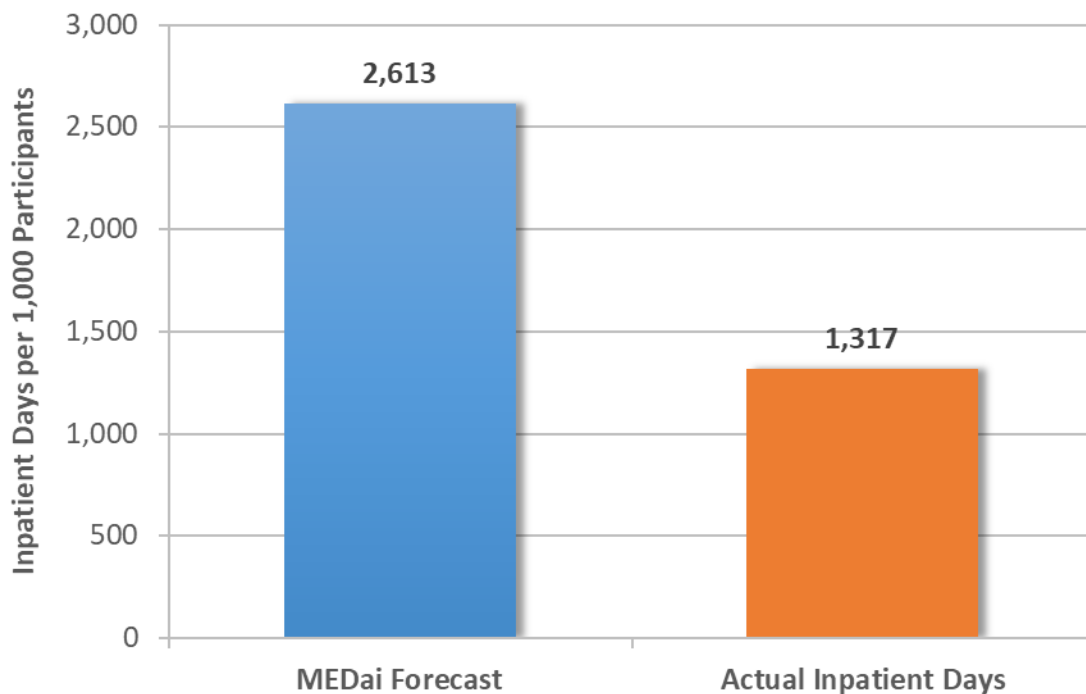
Utilization and Expenditure Evaluation – All Participants

This section presents consolidated trend data across all 6,677 SoonerCare HMP health coaching participants, regardless of diagnosis. For approximately 75 percent of participants, the most expensive diagnosis at the time of engagement was one of the six target chronic impact conditions.

Utilization

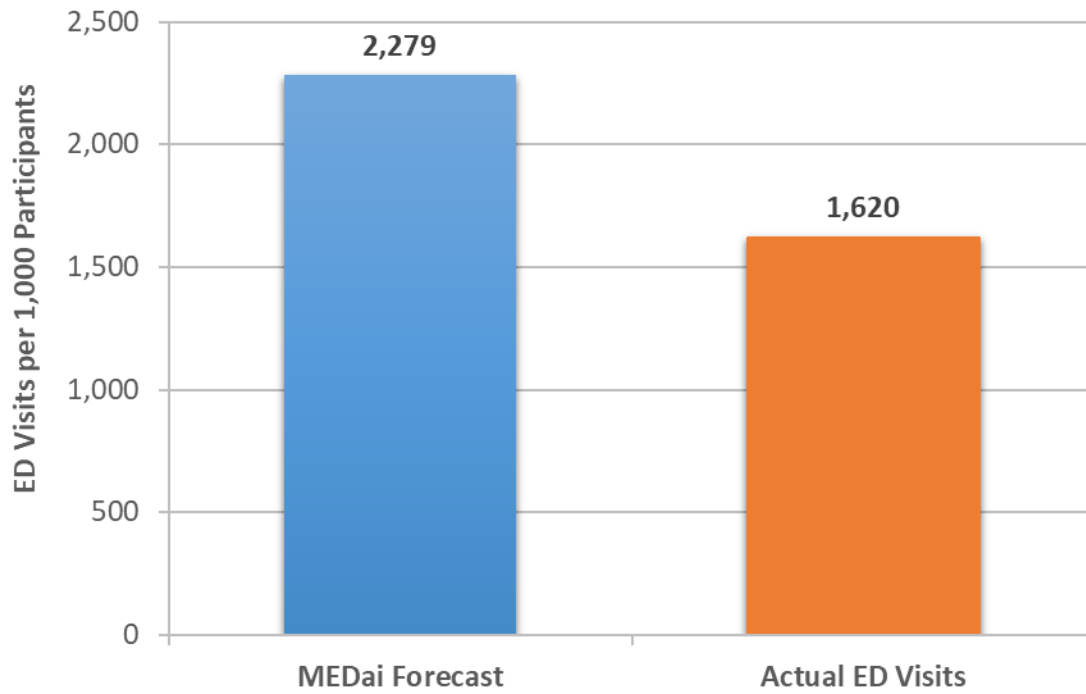
MEDai forecasted that SoonerCare HMP participants as a group would incur 2,613 inpatient days per 1,000 participants in the first 12 months of engagement. The actual rate was 1,317, or 50 percent of forecast (Exhibit 4-43).

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



MEDai forecasted that SoonerCare HMP participants as a group would incur 2,279 emergency department visits per 1,000 participants in the first 12 months of engagement. The actual rate was 1,620, or 71 percent of forecast (Exhibit 4-44).

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

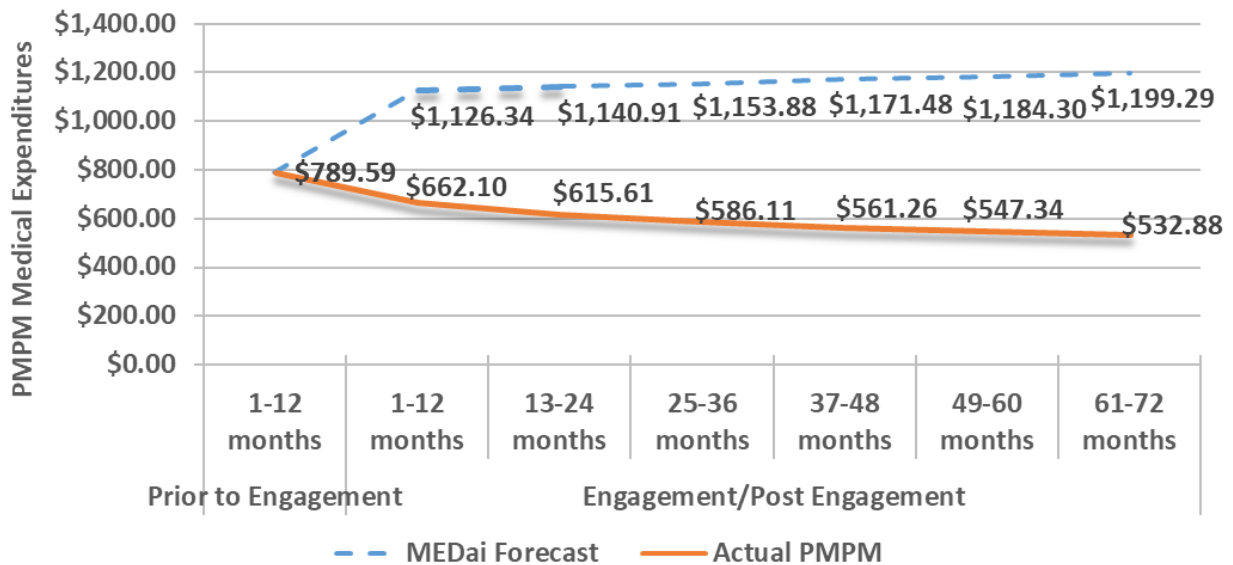


Medical Expenditures – Total and by Category of Service

PHPG documented total PMPM medical expenditures for all SoonerCare HMP participants as a group and compared actual medical expenditures to forecast for the first 12 months of engagement. MEDai forecasted that the participant population would incur an average of \$1,126 in PMPM expenditures in the first 12 months of engagement. The actual amount was \$662, or 59% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,141 in PMPM expenditures. The actual amount was \$616, or 54% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,154 in PMPM expenditures. The actual amount was \$586, or 51% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,171 in PMPM expenditures. The actual amount was \$561, or 48% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,184 in PMPM expenditures. The actual amount was \$547, or 46% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$1,199 in PMPM expenditures. The actual amount was \$533, or 44% of forecast (Exhibit 4-45).

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



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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$181.29	\$134.85	(\$46.44)	-26%
Outpatient Hospital	\$107.63	\$90.26	(\$17.36)	-16%
Physician	\$176.01	\$137.76	(\$38.25)	-22%
Pharmacy	\$163.13	\$167.56	\$4.43	3%
Behavioral Health	\$61.78	\$49.49	(\$12.29)	-20%
All Other	\$99.75	\$82.17	(\$17.58)	-18%
Total	\$789.59	\$662.10	(\$127.49)	-16%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for all SoonerCare HMP participants by multiplying total months of engagement by average PMPM savings. The resultant savings equaled approximately \$114 million (Exhibit 4-47).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	150,547	\$464.24	\$69,890,097
Months 13 - 24	56,404	\$525.30	\$29,629,175
Months 25 - 36	17,597	\$567.77	\$9,991,068
Months 37 - 48	4,968	\$610.22	\$3,031,556
Months 49 -60	1,691	\$636.96	\$1,077,104
Months 61 -72	659	\$666.41	\$439,163
Total	231,866	\$491.91	\$114,058,162

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

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

SoonerCare HMP Health Coaching Cost Effectiveness Analysis

Over time, the SoonerCare HMP should demonstrate its efficacy through a reduction in the relative PMPM and aggregate costs of engaged members versus what would have occurred absent health coaching. PHPG performed a cost effectiveness analysis by carrying forward and expanding the medical expenditure impact findings from the previous section and adding program administrative expenses to the analysis. To be cost effective, health coaching must demonstrate lower expenditures even after factoring in the program's administrative component.⁵⁴

Administrative Expenses

SoonerCare HMP administrative expenses include salary, benefits and overhead costs for persons working in the SoonerCare HMP unit, plus Telligen vendor payments. The OHCA provided PHPG with detailed information on administrative expenditures from SFY 2014 through SFY 2019 for use in performing the cost effectiveness test.

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

Overhead expenses (rent, travel, etc.) were allocated based on the unit's share of total OHCA salary/benefit expenses in each fiscal year⁵⁵. No specific allocation was made for MEDai activities, as these are occurring under a pre-existing contract.

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

Telligen receives monthly payments for centralized operations, as well as payments specific to health coaching and practice facilitation activities⁵⁶. Health coach and practice facilitator payments are based on salary and benefit costs for the two departments.

Health coaching payments were combined with 50 percent of the payment amounts for centralized operations⁵⁷ to arrive at a total amount for this portion of the analysis. (The remaining

⁵⁴ For the purposes of the cost effectiveness analysis only, PHPG altered MEDai forecasts for members whose cost for the year prior to engagement exceeded \$144,000, as MEDai forecasts have an upper limit of \$144,000. To ensure they would not skew the cost effectiveness test results, PHPG set the forecasts for these members equal to prior year costs, assuming no increase or decrease in medical costs.

⁵⁵ Portion of unit devoted to administration/oversight of health coaching activities. Allocation percentages were 0.60 percent in SFY 2014, 0.46 percent in SFY 2015, 0.79 percent in SFY 2016, 0.78 percent in SFY 2017, 0.79 percent in SFY 2018 and 0.84 percent in SFY 2019.

⁵⁶ Practice facilitation expenses include both the general program and pain management practice facilitation.

⁵⁷ PHPG also included miscellaneous expenses, such as continuing medical education costs, in this line item.

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

SFY 2014 through SFY 2019 aggregate administrative expenses for health coaching totaled approximately \$40 million (Exhibit 4-48). This equated to \$172.98 on a PMPM basis. The PMPM calculation was performed using total member months (231,866) for health coaching participants meeting the criteria outlined in chapter one (e.g., enrolled for at least three months)⁵⁸.

Exhibit 4-48 – SoonerCare HMP Health Coaching Administrative Expense

Cost Component	SFY 2014 - 2018 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	\$1,111,879	\$4.80
OHCA SoonerCare HMP overhead (50% allocation)	\$91,179	\$0.39
Telligen health coaches	\$32,893,067	\$142.27
Telligen Central Operations (50% allocation)	\$6,012,219	\$25.92
Total Administrative Expense	\$40,108,344	\$172.98

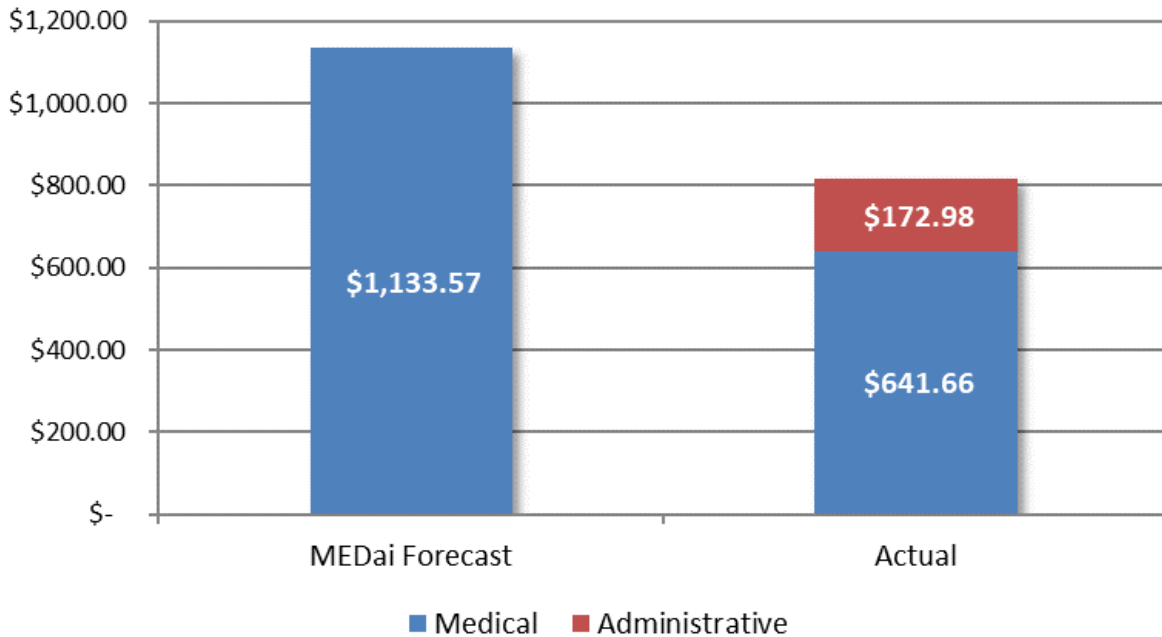
⁵⁸ This methodology overstates the PMPM amount, in that it excludes member months for participants who did not meet the analysis criteria. However, it is appropriate for determining cost effectiveness, as it accounts for all administrative expenses.

Cost Effectiveness Calculation⁵⁹

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2019, inclusive of SoonerCare HMP health coaching administrative expenses.

SoonerCare HMP health coaching participants, as a group, were forecasted to incur average medical costs of \$1,133.57⁶⁰. Their actual average PMPM medical costs were \$641.66. With the addition of \$172.98 in average PMPM administrative expenses, total actual costs were \$814.64. Medical expenses accounted for 79 percent of the total and administrative expenses for the other 21 percent. Overall, SoonerCare HMP health coaching participant PMPM expenses, inclusive of administrative costs, were 71.9 percent of forecast (Exhibit 4-49).

Exhibit 4-49 – SoonerCare HMP Health Coaching PMPM Savings



⁵⁹ PMPM and aggregate values differ slightly due to rounding.

⁶⁰ This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24, months 25 – 36, months 37 – 48, months 49 – 60 and months 61 – 72, as shown in exhibit 4-45. Member month counts are shown in exhibit 4-47.

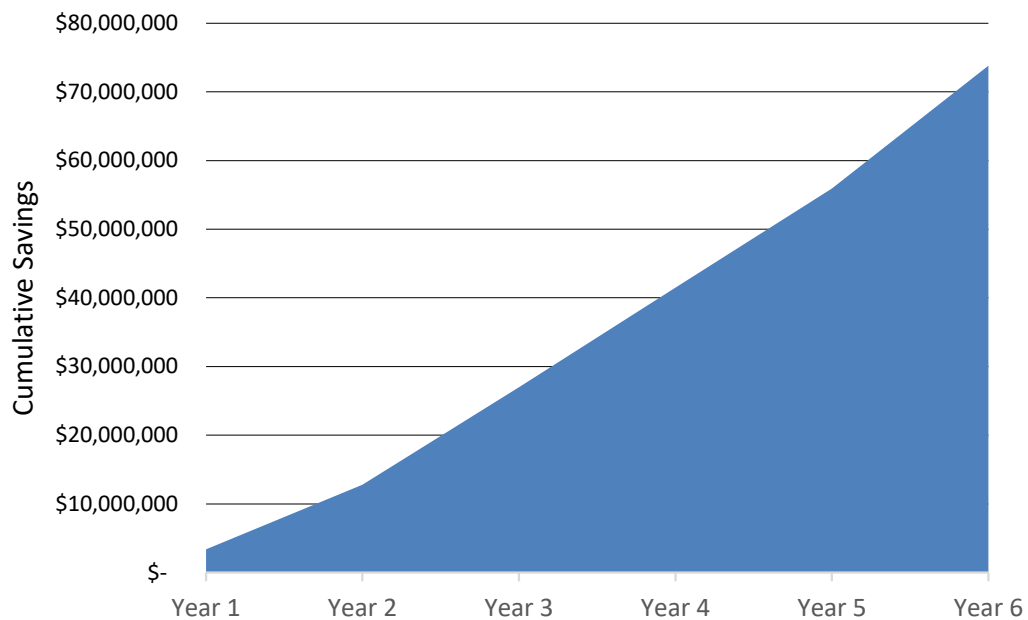
On an aggregate basis, the health coaching portion of the second generation SoonerCare HMP achieved cumulative net savings of \$73.9 million during its 72 months (six years) of operation (July 2013 through June 2019) (Exhibit 4-50).

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

Medical Savings	Administrative Costs	Net Savings
\$114,058,162	(\$40,108,345)	\$73,949,817

The final cumulative savings for the contract cycle were up from \$3.4 million in the contract’s first 12 months, \$12.8 million cumulative savings in its first 24 months (through contract year 2), \$27.0 million cumulative savings in its first 36 months (through contract year 3), \$41.5 million cumulative savings in its first 48 months (through contract year 4) and \$55.9 million in its first 60 months (through contract year 5) (Exhibit 4 – 51).

**Exhibit 4-51 – All SoonerCare HMP Health Coaching Participants
Growth in Cumulative Net Savings by Contract Year**



CHAPTER 5 – PRACTICE FACILITATION – PROVIDER SATISFACTION

Introduction

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

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

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

The survey instrument consists of 19 questions in four areas:

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

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

Survey Population Size

PHPG has conducted surveys with 42 providers at 33 practice locations since the initiation of the second generation HMP. Although the surveys were conducted over a five-year period, findings are presented for all 42, due to the small sample size⁶¹.

Readers should exercise caution when reviewing survey results, given the number of respondents. Although percentages are presented, the findings should be treated as qualitative, offering a general sense of the attitudes of the provider population.

⁶¹ This report includes data from five providers surveyed in January and February 2020; the other surveys were conducted in 2019 or earlier. PHPG has compared surveys across years and has identified no significant differences in responses over time.

Practice Facilitation Survey Findings

Decision to Participate in the SoonerCare HMP

Twenty-one of the 42 surveys were completed by the individual in the practice who actually made the decision to participate. Eighteen of the 21 gave as their primary reason “improving care management of patients with chronic conditions/improving outcomes”. (Two stated “receiving assistance in redesigning practice workflows” and one did not respond.)

Secondary reasons cited by one or more respondents included:

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

Practice Facilitation Activities

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

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

Exhibit 5-1 – Importance of Practice Facilitation Components

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
1. Receiving information on the prevalence of chronic diseases among your patients	69.0%	23.8%	7.1%	0.0%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	83.3%	16.7%	0.0%	0.0%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	85.4%	14.6%	0.0%	0.0%
4. 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%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	81.0%	19.0%	0.0%	0.0%
6. Having a Practice Facilitator on-site to work with you and your staff	61.9%	28.6%	4.8%	4.8%
7. Receiving quarterly reports on your progress with respect to identified performance measures	71.4%	28.6%	0.0%	0.0%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	76.2%	23.8%	0.0%	0.0%

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

Helpfulness of Program Components

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

Exhibit 5-2 – Helpfulness of Practice Facilitation Components

Practice Facilitation Component	Level of Helpfulness				
	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	Don't know
1. Receiving information on the prevalence of chronic diseases among your patients	64.3%	26.2%	4.8%	2.4%	2.4%
2. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic diseases	73.8%	19.0%	4.8%	0.0%	2.4%
3. Receiving focused training in evidence-based practice guidelines for chronic conditions	76.2%	16.7%	4.8%	0.0%	2.4%
4. Receiving assistance in redesigning office workflows and policies and procedures for management of patients with chronic diseases	59.5%	26.2%	7.1%	0.0%	7.1%
5. Identifying performance measures to track your improvement in managing the care of your patients with chronic diseases	73.8%	21.4%	2.4%	0.0%	2.4%
6. Having a practice facilitator on-site to work with you and your staff	71.4%	21.4%	2.4%	2.4%	2.4%
7. Receiving quarterly reports on your progress with respect to identified performance measures	64.3%	28.6%	4.8%	0.0%	2.4%
8. Receiving ongoing education and assistance after conclusion of the initial on-site activities	69.0%	23.8%	2.4%	0.0%	4.8%

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

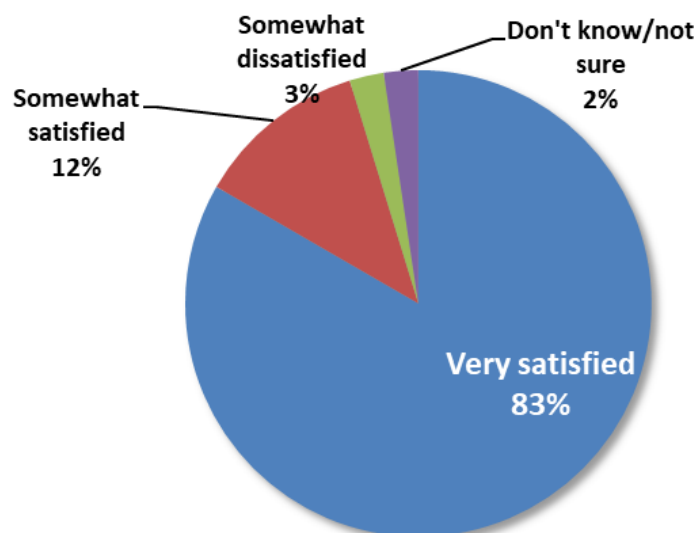
Practice Facilitation Outcomes

Thirty-four of 42 respondents (81.0 percent) reported making changes in the management of their patients with chronic conditions as a result of participating in practice facilitation. (Four stated they did not make changes and four were unsure.) The types of changes made included:

- Better education of patients with chronic conditions, including provision of educational materials (23 respondents)
- Identification of tests/exams to manage chronic conditions (21 respondents)
- Improved documentation (21 respondents)
- More frequent foot/eye exams and/or HbA1c testing of diabetic patients (20 respondents)
- Increased staff involvement in chronic care workups (20 respondents)
- Increased attention/diligence in use of charts (18 respondents)
- Use of flow sheets/forms provided by the practice facilitator or created through CareMeasures (11 respondents)

Thirty-five of the 42 respondents (90 percent) stated that their practice had become more effective in managing patients with chronic conditions as a result of their participation in practice facilitation. This translated into a high level of satisfaction with the overall practice facilitation experience (Exhibit 5-3).

Exhibit 5-3 – Overall Satisfaction with Practice Facilitation Experience



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

Health Coach Activities

Thirty-five of the 42 respondents stated they had a health coach currently assigned to their practice. The 35 respondents were asked to rate the importance of the activities performed by the health coach. A majority rated each of the activities as “very important” (Exhibit 5-4).

Exhibit 5-4 – Importance of Health Coaching Activities

Health Coaching Activity	Level of Importance				
	Very Important	Somewhat Important	Not Very Important	Not at all Important	Not sure
1. Learning about your patients and their health care needs	94.3%	2.9%	0.0%	0.0%	2.9%
2. Giving easy to understand instructions about taking care of health problems or concerns	94.3%	5.7%	0.0%	0.0%	0.0%
3. Helping patients to identify changes in their health that might be an early sign of a problem	91.4%	5.7%	0.0%	0.0%	2.9%
4. Answering patient questions about their health	91.4%	8.6%	0.0%	0.0%	0.0%
5. Helping patients to talk to and work with you and practice staff	82.9%	14.3%	0.0%	0.0%	2.9%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	80.0%	20.0%	0.0%	0.0%	0.0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	80.0%	20.0%	0.0%	0.0%	0.0%
8. Reviewing patient medications and helping patients to manage their medications	77.1%	22.9%	0.0%	0.0%	0.0%

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

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

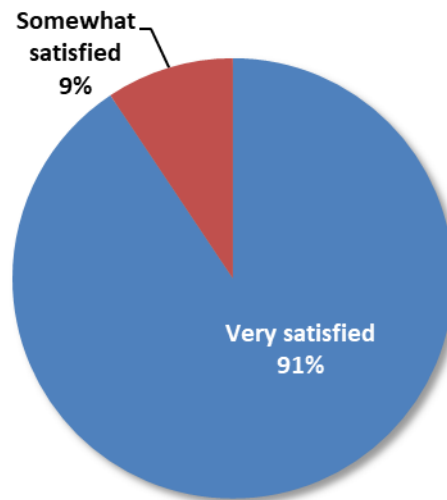
Exhibit 5-5 – Satisfaction with Health Coaching Activities

Health Coaching Activity	Level of Satisfaction				
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Sure
1. Learning about your patients and their health care needs	88.2%	2.9%	0.0%	0.0%	8.8%
2. Giving easy to understand instructions about taking care of health problems or concerns	77.1%	5.7%	0.0%	0.0%	17.1%
3. Helping patients to identify changes in their health that might be an early sign of a problem	77.1%	8.6%	0.0%	0.0%	14.3%
4. Answering patient questions about their health	74.3%	11.4%	0.0%	0.0%	14.3%
5. Helping patients to talk to and work with you and practice staff	82.9%	2.9%	0.0%	0.0%	14.3%
6. Helping patients make and keep health care appointments with other doctors, such as specialists, for medical problems	71.4%	8.6%	0.0%	0.0%	20.0%
7. Helping patients make and keep health care appointments for mental health or substance abuse problems	74.3%	5.7%	0.0%	0.0%	20.0%
8. Reviewing patient medications and helping patients to manage their medications	68.6%	8.6%	0.0%	0.0%	22.9%

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

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

Exhibit 5-6 – Overall Satisfaction with Health Coach



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

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

In terms of suggestions, two providers recommended improved health coach collaboration with health care teams, including with respect to patient education. One provider questioned the OHCA’s methodology for identifying health coaching participants. In this provider’s opinion, the criteria can result in the enrollment of patients with fewer needs than other patients who do not qualify. Another recommended more frequent assessments of member needs.

Several providers stated they wanted easier access to the health coach's notes and several recommended that the OHCA not impose limits on which patients can be referred to the health coach (e.g., allow referral of non-Medicaid patients).

Summary of Key Findings

Providers who have completed the onsite portion of practice facilitation view the SoonerCare HMP very favorably. The most common reason cited for participating was to receive focused training on evidence-based practice guidelines for chronic conditions. Ninety-three percent of respondents (39 out of 42⁶²) credited the program with helping them to achieve this objective.

Overall, 95 percent of providers described themselves as very or somewhat satisfied with their practice facilitation experience. One hundred percent described themselves as very or somewhat satisfied with having a health coach assigned to their practice.

⁶² Thirty-nine rated this activity "very helpful" or "somewhat helpful".

CHAPTER 6 – PRACTICE FACILITATION – QUALITY OF CARE ANALYSIS

Introduction

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

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

- Asthma measures
 - Use of appropriate medications for people with asthma
 - Medication management for people with asthma – 50 percent⁶³
 - Medication management for people with asthma – 75 percent

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

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

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

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

⁶³ The 50 percent measure has been discontinued by NCQA/HEDIS but is being reported here as part of the longitudinal analysis of quality measures.

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

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

Methodology

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

PHPG determined the total number of members to be evaluated for each measure (denominator), the number meeting the clinical standard (numerator) and the resultant "percent compliant". As in chapter three, the results were compared to compliance rates for the general SoonerCare population (SFY 2019 reporting year), where available, and to national Medicaid MCO benchmarks where SoonerCare data was not available. (SoonerCare rates are shown in black font; national rates, when used, are shown in blue font. In a few instances, neither source was available, as denoted by dash lines.)

PHPG also compared SFY 2019 SoonerCare health coaching population compliance rates to SFY 2015 through SFY 2018 compliance rates to examine year-over-year trends.

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

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

Asthma

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

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

The compliance rate for the practice facilitation population exceeded the comparison group rate on two of three measures (Exhibit 6-1). The difference was not statistically significant for any measure.

Exhibit 6-1– Asthma Clinical Measures – Practice Facilitation Members vs. Comparison Group

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Use of Appropriate Medications for People with Asthma	42	37	88.1%	80.4%	7.7%
2. Medication Management for People with Asthma – 50 Percent	40	23	57.5%	55.1%	2.4%
3. Medication Management for People with Asthma – 75 Percent	40	11	27.5%	28.8%	(1.3%)

There was a small increase in the rate for two measures, while the third showed a slight decline from SFY 2015 to SFY 2019 (Exhibit 6-2).

Exhibit 6-2 – Asthma Clinical Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Use of Appropriate Medications for People with Asthma	90.0%	88.8%	88.1%	90.0%	88.1%	(1.9%)
2. Medication Management for People with Asthma – 50 Percent	56.8%	58.5%	57.5%	59.0%	57.5%	0.7%
3. Medication Management for People with Asthma – 75 Percent	24.3%	24.4%	22.5%	25.6%	27.5%	3.2%

Cardiovascular Disease

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

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

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

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

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Persistence of Beta Blocker Treatment after Heart Attack	7	3	42.9%	75.9%	(33.0%)
2. LDL-C Screening	54	42	77.8%	--	--

The compliance rates for both cardiovascular measures increased from SFY 2015 to SFY 2019 (Exhibit 6-4).

Exhibit 6-4 – Cardiovascular Disease Clinical Measures - 2015 - 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Persistence of Beta Blocker Treatment after Heart Attack	33.3%	37.5%	42.9%	50.0%	42.9%	9.6%
2. LDL-C Screening	76.0%	78.6%	77.4%	78.4%	77.8%	1.8%

COPD

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

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

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

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

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	90	15	16.7%	31.0%	(14.3%)
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	47	17	36.2%	68.4%	(32.2%)
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	47	34	72.3%	81.4%	(9.1%)

The compliance rate for all three measures increased from SFY 2015 to SFY 2019 (Exhibit 6-6).

Exhibit 6-6 – COPD Clinical Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Use of Spirometry Testing in the Assessment/Diagnosis of COPD	10.5%	12.8%	13.5%	16.5%	16.7%	6.2%
2. Pharmacotherapy Management of COPD Exacerbation – 14 Days	30.0%	31.1%	31.8%	34.9%	36.2%	6.2%
3. Pharmacotherapy Management of COPD Exacerbation – 30 Days	67.5%	68.8%	70.5%	72.1%	72.3%	4.8%

Diabetes

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

- *LDL-C Screening*: Percentage of members who received LDL-C Screening in previous 12 months.
- *Retinal Eye Exam*: Percentage of members who received at least one dilated retinal eye exam in previous 12 months.
- *HbA1c Test*: Percentage of members who received at least one HbA1C test in previous 12 months.
- *Medical Attention for Nephropathy*: Percentage of members who received medical attention for nephropathy in previous 12 months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous 12 months.

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

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

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. LDL-C Screening	286	195	68.2%	57.1%	11.1%
2. Retinal Eye Exam	286	95	33.2%	34.9%	(1.7%)
3. HbA1c Test	286	217	75.9%	71.6%	4.3%
4. Medical Attention for Nephropathy	286	205	71.7%	45.4%	26.3%
5. ACE/ARB Therapy	286	159	55.6%	---	---

The compliance rate increased for three diabetes clinical measures and declined for two measures from SFY 2015 to SFY 2019 (Exhibit 6-8).

Exhibit 6-8 – Diabetes Clinical Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. LDL-C Screening	66.4%	67.5%	68.1%	69.1%	68.2%	1.8%
2. Retinal Eye Exam	26.5%	27.9%	28.1%	29.1%	33.2%	6.7%
3. HbA1c Test	73.1%	73.9%	74.4%	77.0%	75.9%	2.8%
4. Medical Attention for Nephropathy	72.3%	72.1%	72.2%	73.2%	71.7%	(0.6%)
5. ACE/ARB Therapy	57.7%	56.5%	56.7%	58.5%	55.6%	(2.1%)

Hypertension

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

- *LDL-C Screening*: Percentage of members who received LDL-C in previous 12 months.
- *ACE/ARB Therapy*: Percentage of members who received ACE/ARB therapy in previous 12 months.
- *Diuretics*: Percentage of members who received diuretic in previous 12 months.
- *Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics*: Percentage of members prescribed ACE/ARB therapy or diuretic who received annual medication monitoring.

The compliance rate for the comparison group exceeded the practice facilitation population rate on the one measure having a comparison group percentage (Exhibit 6-9). The difference was statistically significant. However, the absolute compliance rate for practice facilitation members was over 80 percent.

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

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. LDL-C Screening	680	423	62.2%	---	---
2. ACE/ARB Therapy	680	420	61.8%	---	---
3. Diuretics	680	302	44.4%	---	---
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics ⁶⁴	284	231	81.3%	88.4%	(7.1%)

⁶⁴ Denominator for measure 4 is smaller than numerator for measure 2 because numerator for measure 2 is defined as having at least one prescription active during the year. Denominator 4 is defined as having a prescription active for at least 180 days during the year.

The compliance rate increased for all four hypertension clinical measures from SFY 2015 to SFY 2019 (Exhibit 6-10).

Exhibit 6-10 – Hypertension Clinical Measures - 2015 - 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. LDL-C Screening	58.2%	59.2%	59.7%	61.3%	62.2%	4.0%
2. ACE/ARB Therapy	60.1%	59.8%	60.2%	61.3%	61.8%	1.7%
3. Diuretics	41.4%	41.8%	42.3%	42.7%	44.4%	3.0%
4. Annual Monitoring for Patients Prescribed ACE/ARB or Diuretics	79.1%	80.4%	80.7%	82.3%	81.3%	2.2%

Mental Health

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

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

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

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

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Follow-up after Hospitalization for Mental Illness – Seven Days	181	74	40.9%	30.5%	10.4%
2. Follow-up after Hospitalization for Mental Illness – 30 Days	181	130	71.8%	51.4%	20.4%

The compliance rate for one mental health measure rose slightly, while the other declined slightly from SFY 2015 to SFY 2019 (Exhibit 6-12).

Exhibit 6-12 – Mental Health Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Follow-up after Hospitalization for Mental Illness – Seven Days	41.8%	41.4%	41.0%	41.1%	40.9%	(0.9%)
2. Follow-up after Hospitalization for Mental Illness – 30 Days	70.9%	70.1%	69.9%	71.4%	71.8%	0.9%

Prevention

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

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

The compliance rate for the practice facilitation population exceeded the comparison group rate on all three preventive care measures (Exhibit 6-13). The difference was statistically significant in all cases.

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

Measure	Practice Facilitation Members			PF Members versus Comparison Group	
	Total Members	Members Compliant	Percent Compliant	Comparison Group - Compliance Rate	PF - Comparison: % Point Difference
1. Adult Access to Preventive/Ambulatory Care	2,277	2,175	95.5%	87.0%	8.5%
2. Child Access to PCP	7,123	6,981	98.0%	90.1%	7.9%
3. Adult BMI	1,755	527	30.0%	27.8%	2.2%

The compliance rates for the two trended three measures declined slightly from SFY 2015 to SFY 2019, although the absolute compliance rates were very high (Exhibit 6-14). The methodology for calculating the Adult BMI measure was modified in SFY 2019; no trend therefore is presented⁶⁵.

Exhibit 6-14 – Preventive Measures - 2015 – 2019

Measure	Percent Compliant					2015-2019 Comparison % Point Change
	June 2015 Findings	June 2016 Findings	June 2017 Findings	June 2018 Findings	June 2019 Findings	
1. Adult Access to Preventive/Ambulatory Care	96.6%	97.1%	96.9%	96.0%	95.5%	(1.1%)
2. Child Access to PCP	99.1%	99.2%	99.0%	99.0%	98.0%	(1.1%)
3. Adult BMI					30.0%	N/A

⁶⁵ The change in methodology was related to inclusion of additional procedure codes, which approximately trebled the reported compliance rate.

Summary of Key Findings

The practice facilitation participant compliance rate exceeded the comparison group rate on 10 of 17 measures for which there was a comparison group percentage. The difference was statistically significant for six of the 10 measures.

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

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

The SFY 2019 results were consistent with findings for earlier fiscal years. The long-term benefits to participants will continue to be measured through the quality of care longitudinal analysis (under the new Telligen contract) and through the utilization and expenditure analysis presented in the next chapter.

CHAPTER 7 – PRACTICE FACILITATION – EXPENDITURE & COST EFFECTIVENESS ANALYSIS

Introduction

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

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

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

Methodology for Creation of Expenditure Dataset

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

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

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

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

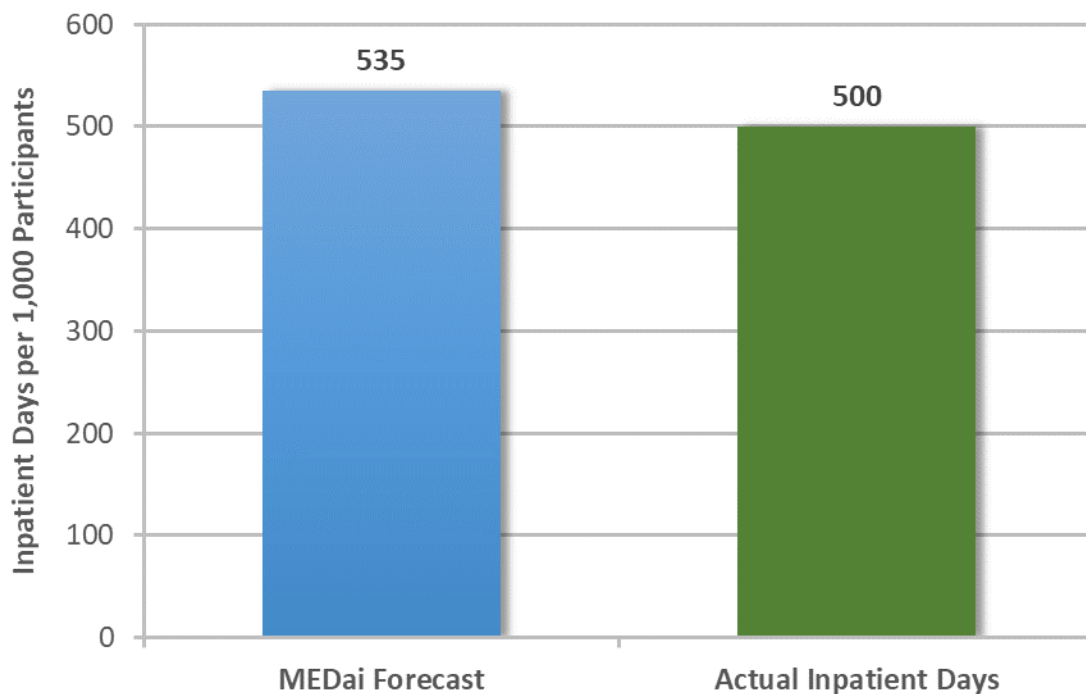
Asthma Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2019 included 1,750 members who were not participating in health coaching and for whom asthma was the most expensive diagnosis.

Utilization

MEDai projected that members with asthma would incur 535 inpatient days per 1,000 over the 12-month forecast period⁶⁶. The actual rate was 500, or 94 percent of forecast (Exhibit 7-1). (As noted in chapter four, the rate for all Oklahomans in 2018 was 583 days per 1,000.)

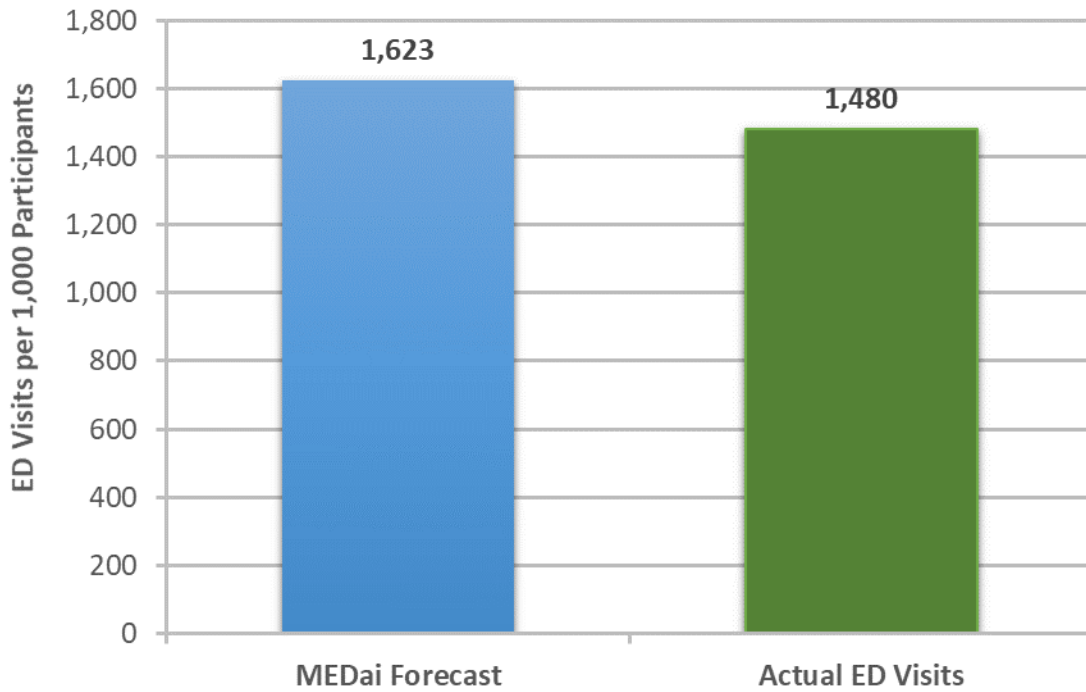
**Exhibit 7-1 – Members with Asthma as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



⁶⁶ As with the health coaching analysis, all MEDai forecasts assume no intervention in terms of care management. PMPM rate calculated for portion of year that each participant was engaged in program.

MEDai projected that members with asthma would incur 1,623 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,480, or 91 percent of forecast (Exhibit 7-2). (As noted in chapter four, the rate for all Oklahomans in 2018 was 463 visits per 1,000.)

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

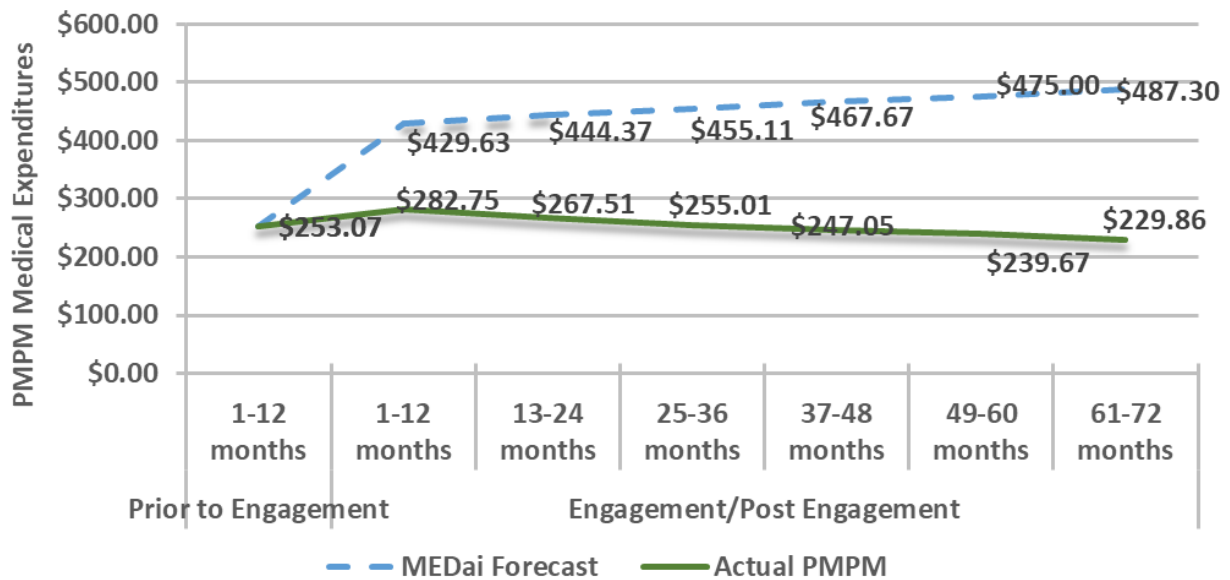


Medical Expenditures – Total and by Category of Service

MEDai projected that members with asthma would incur an average of \$430 in PMPM expenditures over the 12-month forecast period. The actual amount was \$283, or 66% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$444 in PMPM expenditures. The actual amount was \$268, or 60% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$455 in PMPM expenditures. The actual amount was \$255, or 56% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$468 in PMPM expenditures. The actual amount was \$247, or 53% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$475 in PMPM expenditures. The actual amount was \$240, or 51% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$487 in PMPM expenditures. The actual amount was \$230, or 47% of forecast (Exhibit 7-3).

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



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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$39.62	\$43.87	\$4.25	11%
Outpatient Hospital	\$39.60	\$50.14	\$10.54	27%
Physician	\$86.28	\$95.19	\$8.91	10%
Pharmacy	\$45.98	\$57.07	\$11.10	24%
Behavioral Health	\$1.19	\$1.53	\$0.34	29%
All Other	\$40.41	\$34.95	(\$5.46)	-14%
Total	\$253.07	\$282.75	\$29.68	12%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with asthma by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$7.9 million (Exhibit 7-5).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	32,329	\$146.88	\$4,748,421
Months 13 - 24	11,915	\$176.86	\$2,107,237
Months 25 - 36	3,704	\$200.10	\$741,155
Months 37 - 48	1,042	\$220.62	\$229,881
Months 49 - 60	353	\$235.33	\$83,071
Months 61 - 72	144	\$257.44	\$37,071
Total	49,487	\$160.58	\$7,946,836

Note: Aggregate savings value on this and subsequent savings tables may differ slightly from product of member months x PMPM due to rounding. Savings total on this and subsequent savings tables also may differ slightly from sum of segments due to rounding.

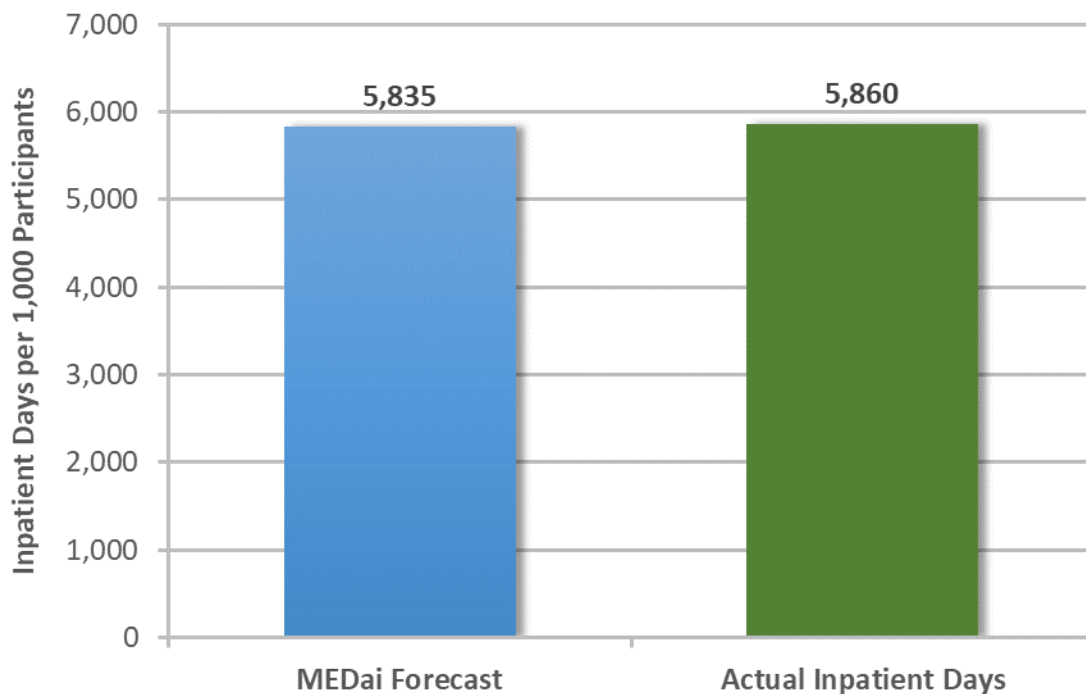
Coronary Artery Disease Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2019 included 40 members who were not participating in health coaching and for whom coronary artery disease (CAD) was the most expensive diagnosis. Results for this diagnosis should be interpreted with caution given the small size of the population.

Utilization

MEDai projected that members with coronary artery disease would incur 5,835 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 5,860, or 100 percent of forecast (Exhibit 7-6).

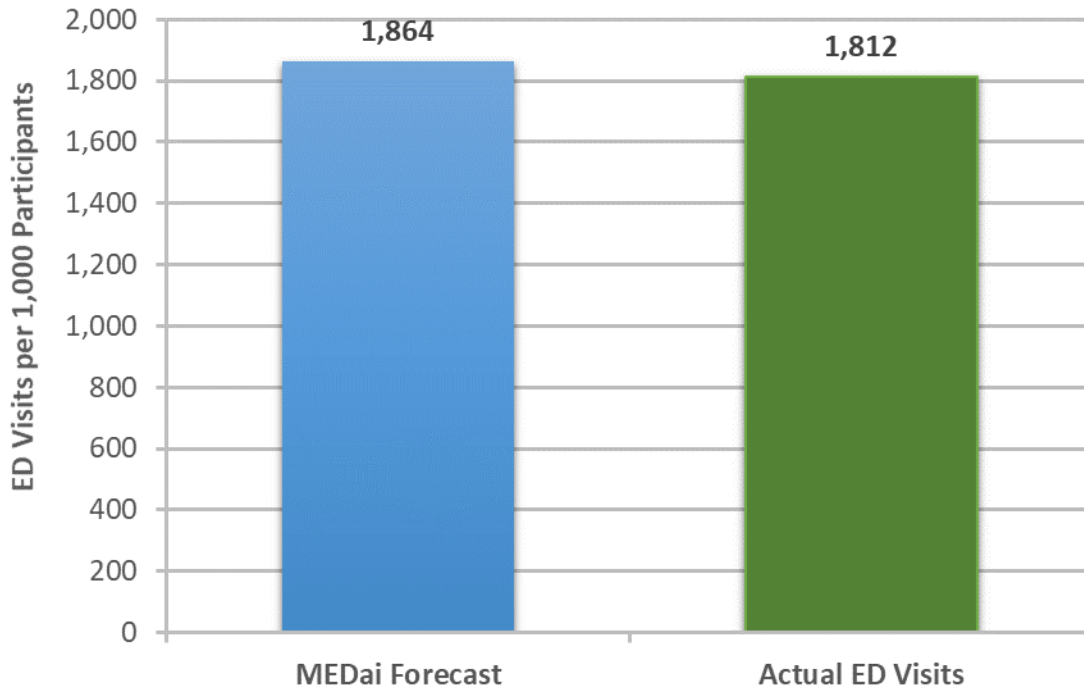
**Exhibit 7-6 – Members with CAD as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



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

MEDai projected that members with coronary artery disease would incur 1,864 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,812, or 97 percent of forecast (Exhibit 7-7).

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



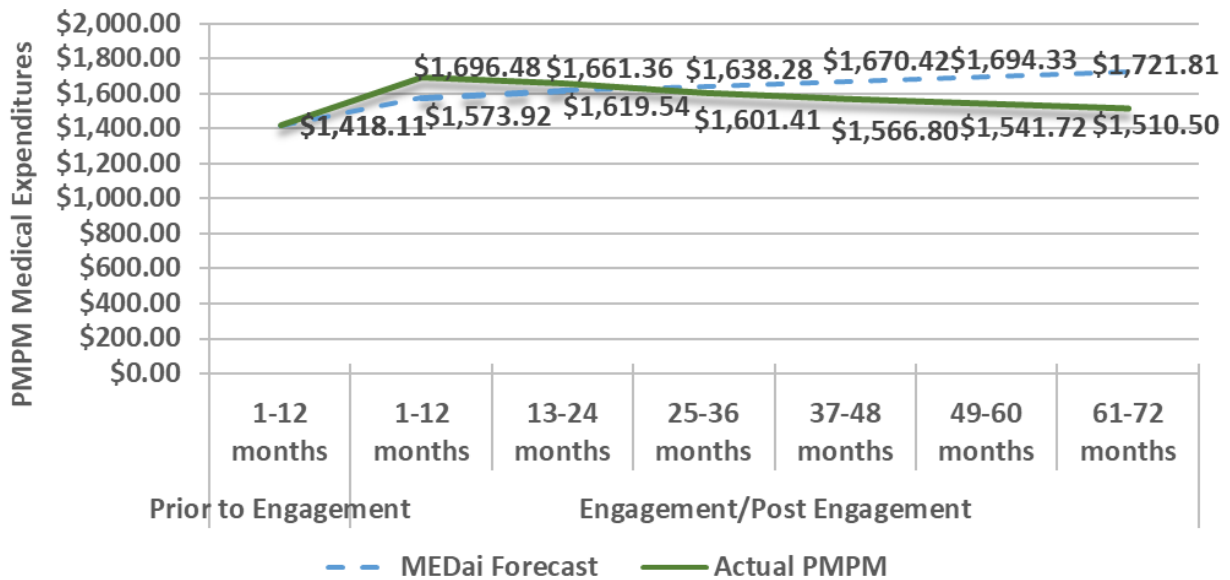
Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with coronary artery disease would incur an average of \$1,574 in PMPM expenditures over the 12-month forecast period. The actual amount was \$1,696, or 108% of forecast. For months 13 to 24, the MEDai forecast with trend applied was \$1,620 in PMPM expenditures. The actual amount was \$1,661, or 103% of forecast.

For months 25 to 36, the MEDai forecast with trend applied was \$1,638 in PMPM expenditures. The actual amount was \$1,601, or 98% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,670 in PMPM expenditures. The actual amount was \$1,567, or 94% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,694 in PMPM expenditures. The actual amount was \$1,542, or 91% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$1,722 in PMPM expenditures. The actual amount was \$1,511, or 88% of forecast (Exhibit 7-8).

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



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

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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$781.96	\$755.56	(\$26.40)	-3%
Outpatient Hospital	\$86.66	\$284.60	\$197.93	228%
Physician	\$222.81	\$275.45	\$52.65	24%
Pharmacy	\$228.16	\$225.54	(\$2.63)	-1%
Behavioral Health	\$0.22	\$0.55	\$0.33	151%
All Other	\$98.30	\$154.79	\$56.48	57%
Total	\$1,418.11	\$1,696.48	\$278.36	20%

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

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with coronary artery disease by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant deficit equaled approximately (\$122,000) (Exhibit 7-10).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	976	(\$122.56)	(\$119,616)
Months 13 - 24	354	(\$41.82)	(\$14,803)
Months 25 - 36	109	\$36.87	\$4,019
Months 37 - 48	32	\$103.62	\$3,316
Months 49 - 60	20	\$152.61	\$3,052
Months 61 - 72	8	\$211.31	\$1,691
Total	1,499	(\$81.62)	(\$122,342)

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

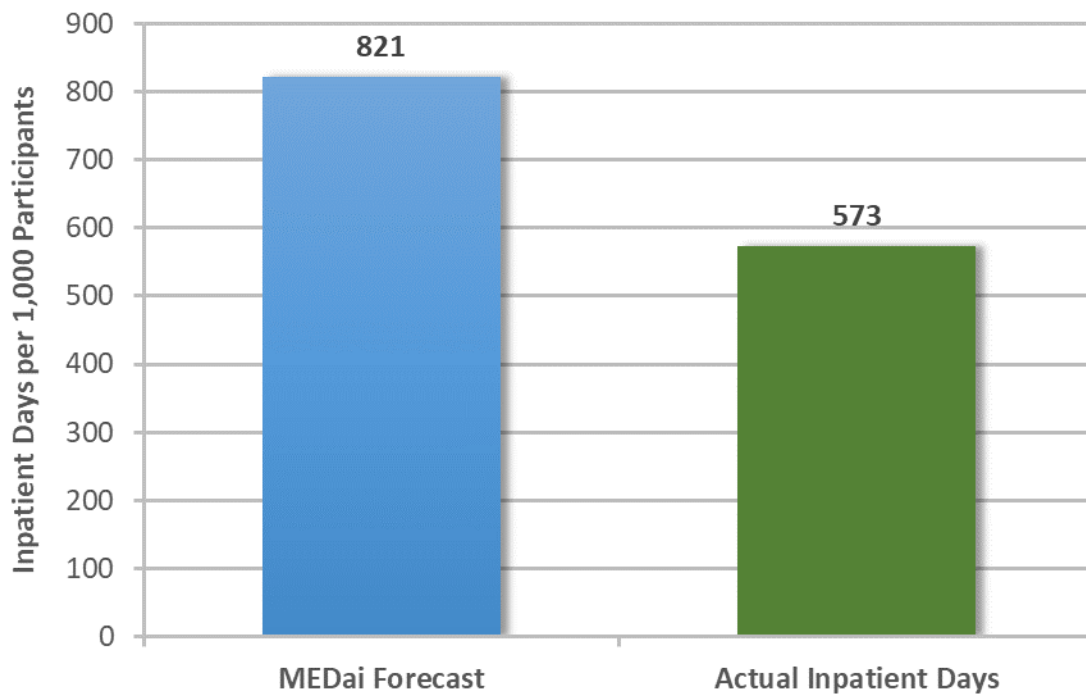
COPD Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2019 included 755 members who were not participating in health coaching and for whom COPD was the most expensive diagnosis.

Utilization

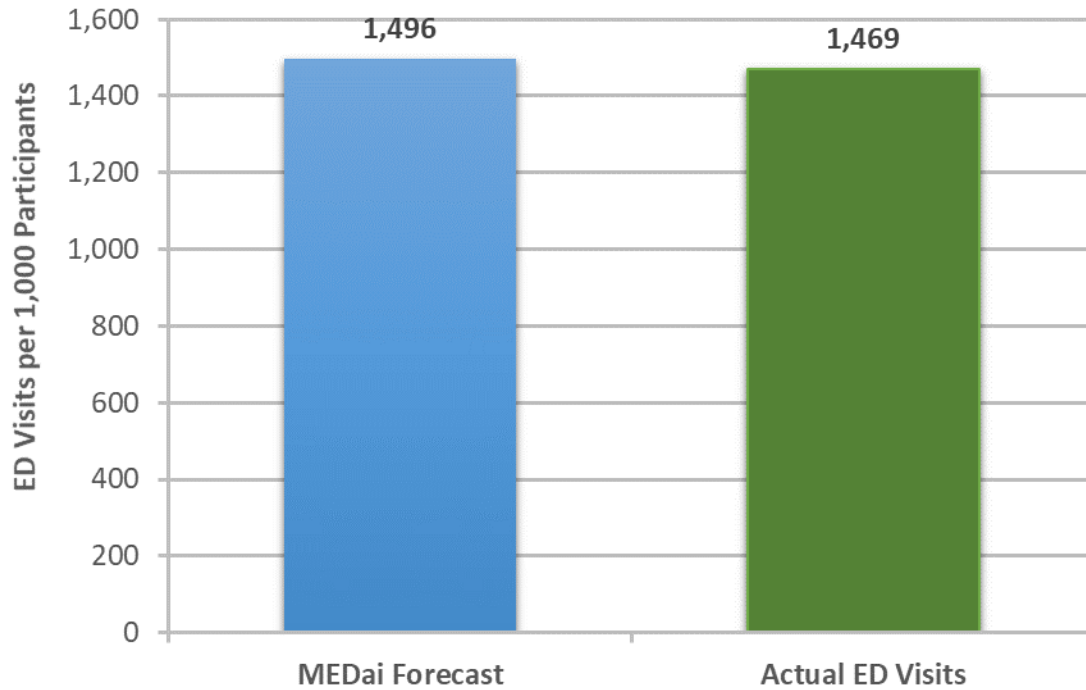
MEDai projected that members with COPD would incur 821 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 573, or 70 percent of forecast (Exhibit 7-11).

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



MEDai projected that members with COPD would incur 1,496 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,469, or 98 percent of forecast (Exhibit 7-12).

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

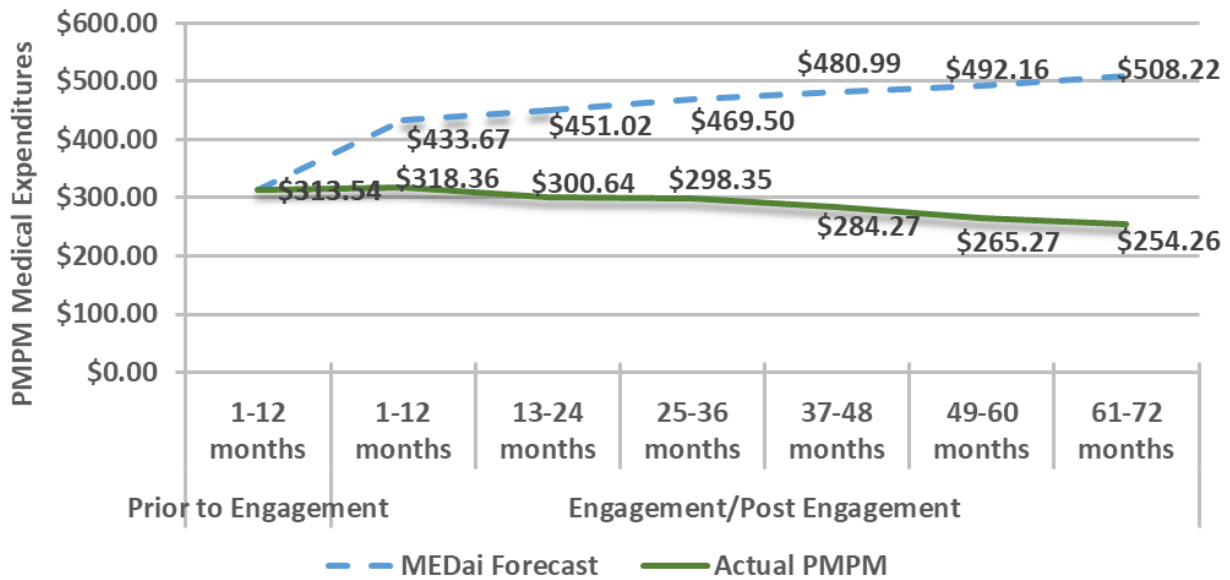


Medical Expenditures – Total and by Category of Service

MEDai projected that members with COPD would incur an average of \$434 in PMPM expenditures over the 12-month forecast period. The actual amount was \$318, or 73% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$451 in PMPM expenditures. The actual amount was \$301, or 67% of forecast. For months 25 to 35, the MEDai forecast with trend applied was \$470 in PMPM expenditures. The actual amount was \$298, or 64% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$481 in PMPM expenditures. The actual amount was \$284, or 59% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$492 in PMPM expenditures. The actual amount was \$265, or 54% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$508 in PMPM expenditures. The actual amount was \$254, or 50% of forecast (Exhibit 7-13).

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



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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$57.08	\$56.19	(\$0.89)	-2%
Outpatient Hospital	\$43.01	\$55.34	\$12.33	29%
Physician	\$111.20	\$100.62	(\$10.58)	-10%
Pharmacy	\$58.78	\$60.25	\$1.46	2%
Behavioral Health	\$0.43	\$0.61	\$0.18	42%
All Other	\$43.03	\$45.36	\$2.33	5%
Total	\$313.54	\$318.36	\$4.83	2%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with COPD by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$3.2 million (Exhibit 7-15).

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

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	16,242	\$115.31	\$1,872,788
Months 13 - 24	5,912	\$150.38	\$889,022
Months 25 - 36	1,779	\$171.15	\$304,480
Months 37 - 48	511	\$196.72	\$100,522
Months 49 - 60	184	\$226.89	\$41,748
Months 61 - 72	78	\$253.96	\$19,809
Total	24,706	\$130.67	\$3,228,369

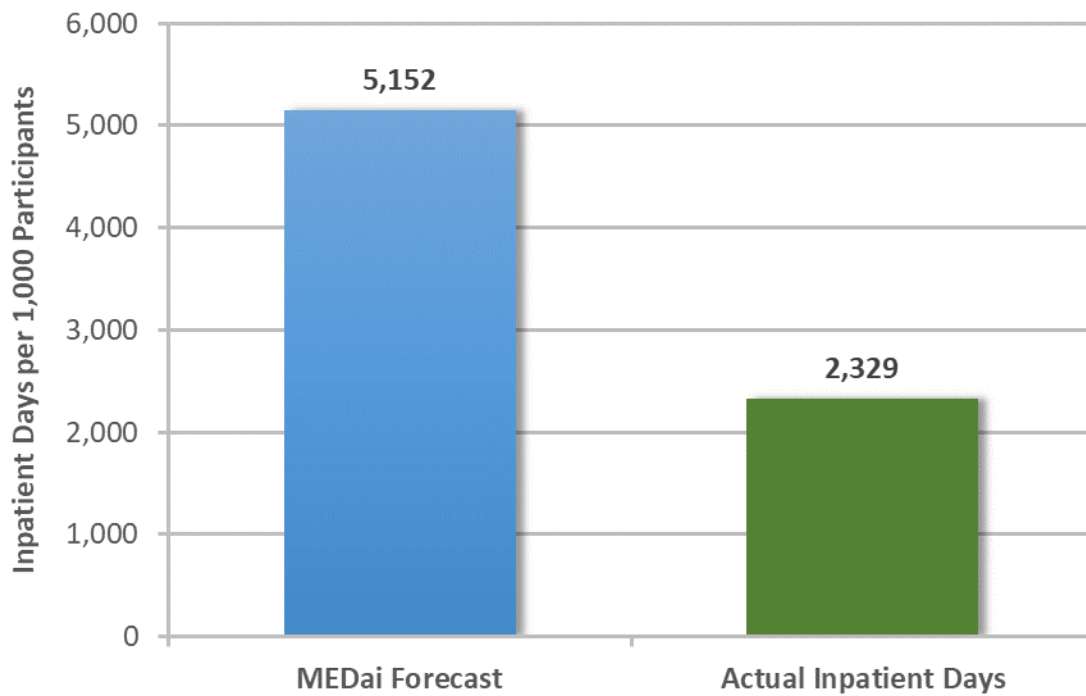
Diabetes Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2019 included 343 members who were not participating in health coaching and for whom diabetes was the most expensive diagnosis.

Utilization

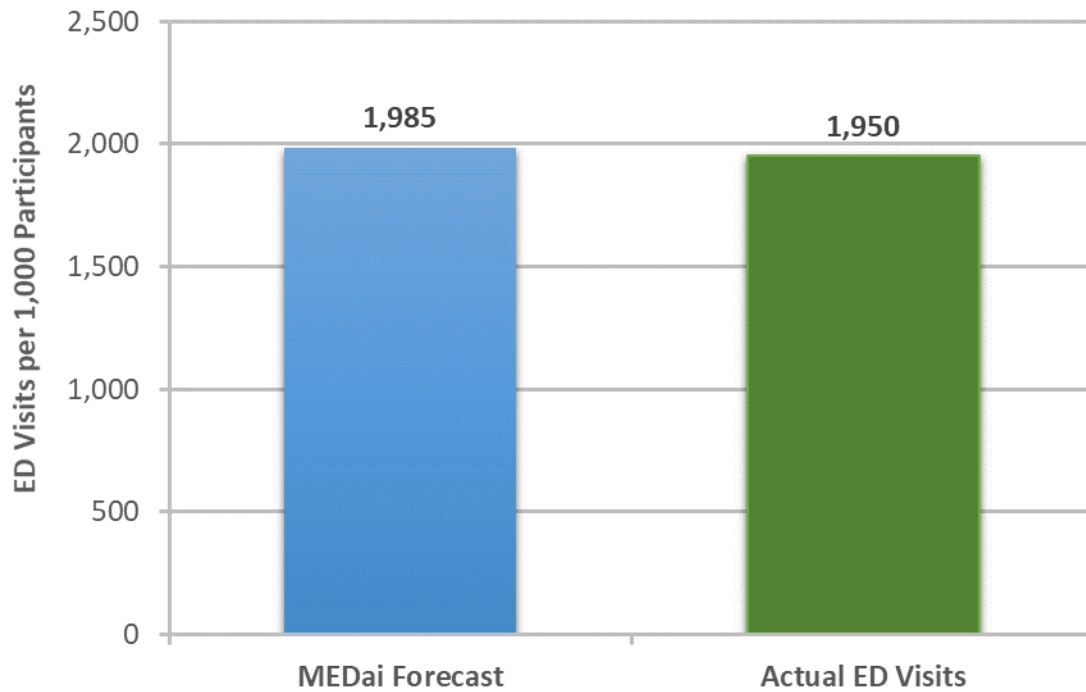
MEDai projected that members with diabetes would incur 5,152 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 2,329, or 45 percent of forecast (Exhibit 7-16).

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



MEDai projected that members with diabetes would incur 1,985 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,950, or 98 percent of forecast (Exhibit 7-17).

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

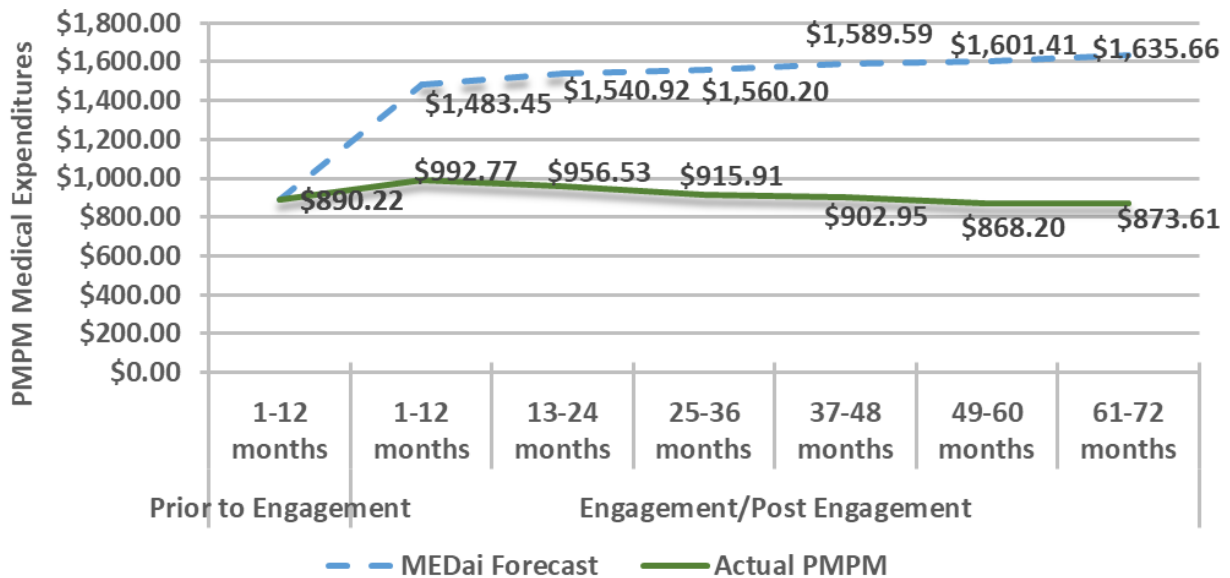


Medical Expenditures – Total and by Category of Service

MEDai projected that members with diabetes would incur an average of \$1,483 in PMPM expenditures over the 12-month forecast period. The actual amount was \$993, or 67% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,541 in PMPM expenditures. The actual amount was \$957, or 62% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,560 in PMPM expenditures. The actual amount was \$916, or 59% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,590 in PMPM expenditures. The actual amount was \$903, or 57% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,601 in PMPM expenditures. The actual amount was \$868, or 54% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$1,636 in PMPM expenditures. The actual amount was \$874, or 53% of forecast (Exhibit 7-18).

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



At the category-of-service level in the first 12 months, expenditures increased for all services except outpatient hospital and behavioral health (Exhibit 7-19).

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$198.32	\$272.32	\$74.00	37%
Outpatient Hospital	\$147.68	\$137.81	(\$9.87)	-7%
Physician	\$196.09	\$205.65	\$9.56	5%
Pharmacy	\$203.62	\$220.94	\$17.32	9%
Behavioral Health	\$14.20	\$4.67	(\$9.53)	-67%
All Other	\$130.32	\$151.39	\$21.07	16%
Total	\$890.22	\$992.77	\$102.55	12%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with diabetes by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$5.7 million (Exhibit 7-20).

**Exhibit 7-20 – Members with Diabetes as Most Expensive Diagnosis
Aggregate Savings**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	7,027	\$490.68	\$3,447,999
Months 13 - 24	2,554	\$584.39	\$1,492,523
Months 25 - 36	800	\$644.29	\$515,434
Months 37 - 48	229	\$686.64	\$157,241
Months 49 - 60	84	\$733.21	\$61,590
Months 61 - 72	34	\$762.05	\$25,910
Total	10,728	\$531.38	\$5,700,696

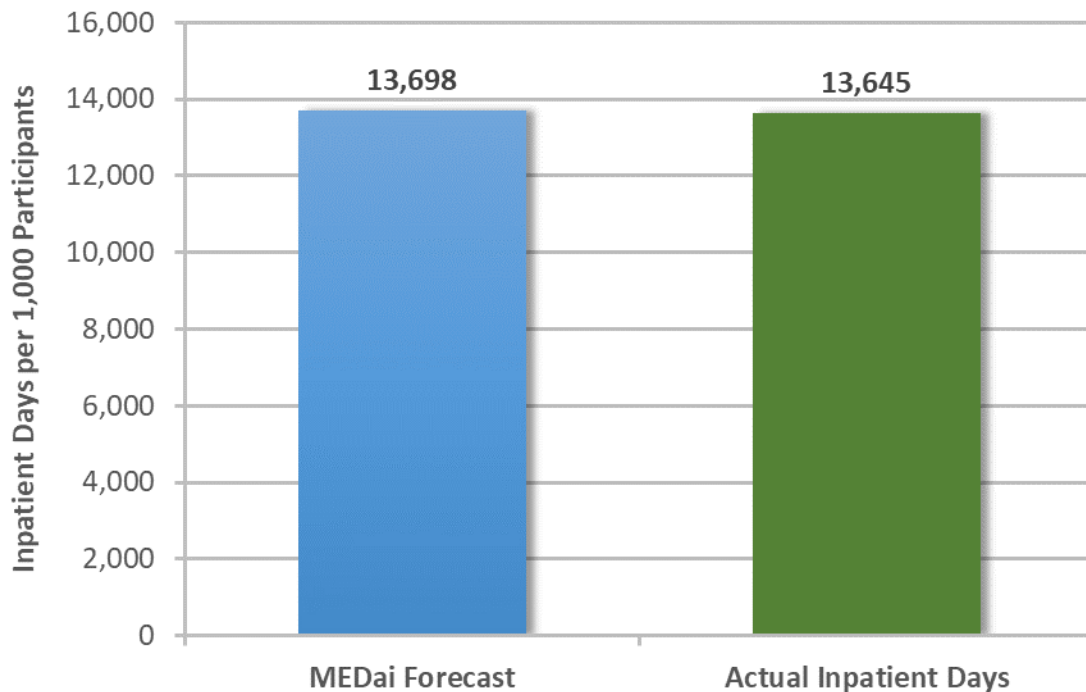
Heart Failure Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2019 included 24 members who were not participating in health coaching and for whom heart failure was the most expensive diagnosis. Results for this diagnosis should be interpreted with caution given the small size of the population.

Utilization

MEDai projected that members with heart failure would incur 13,698 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 13,645, or 100 percent of forecast (Exhibit 7-21).

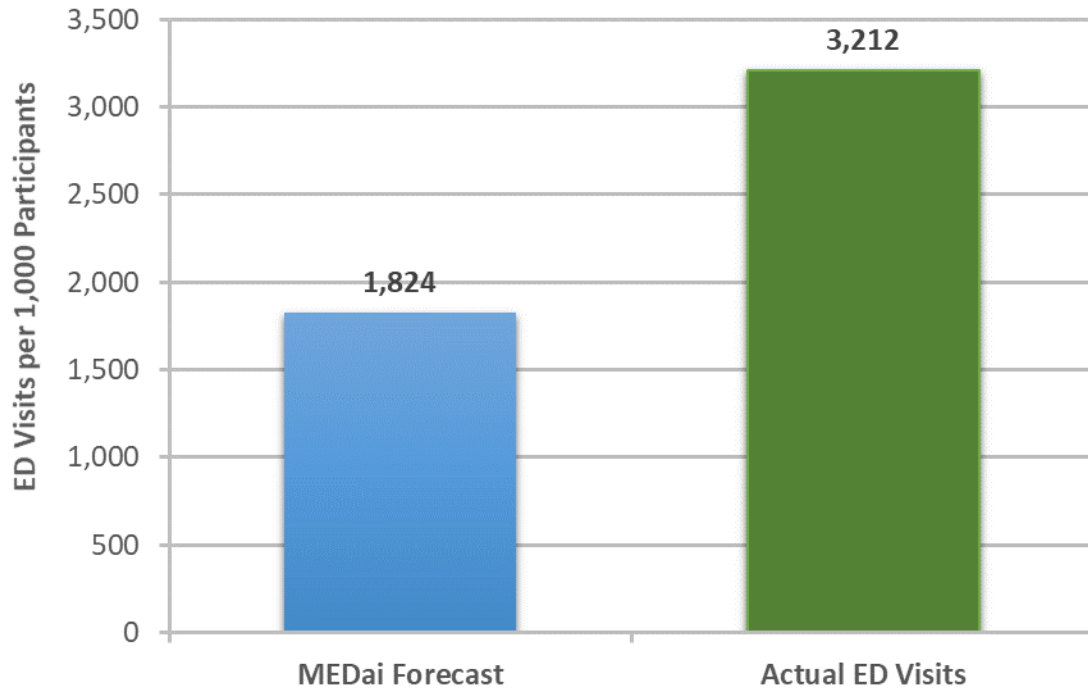
**Exhibit 7-21 – Members with Heart Failure as Most Expensive Diagnosis
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



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

MEDai projected that members with heart failure would incur 1,824 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 3,212, or 176 percent of forecast (Exhibit 7-22).

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



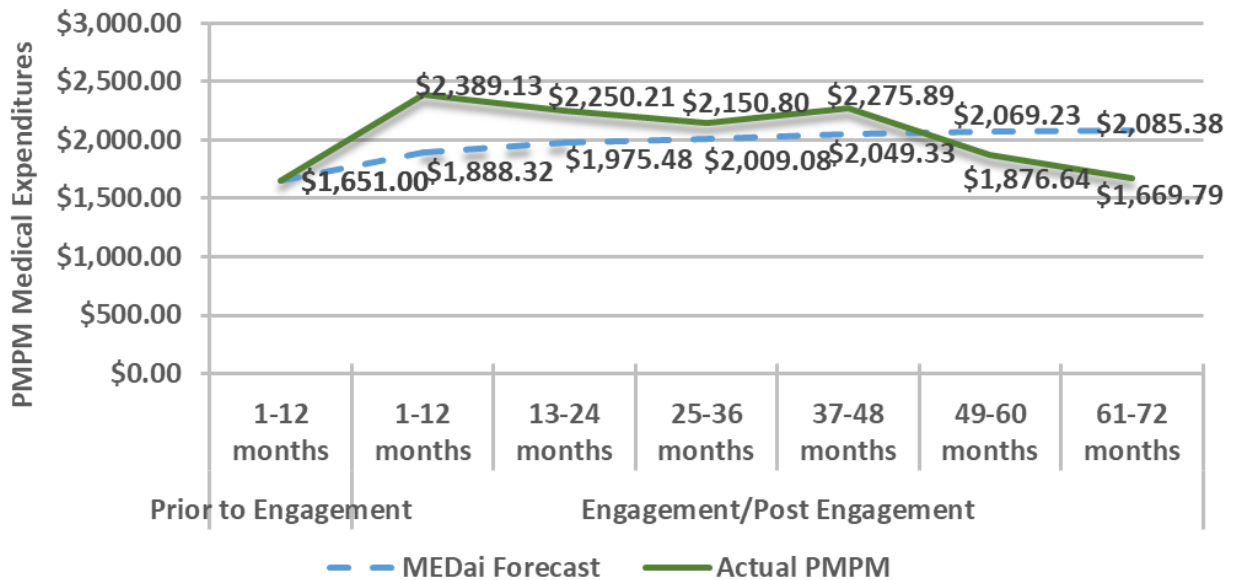
Results for this diagnosis should be interpreted with caution given the small size of the population.

Medical Expenditures – Total and by Category of Service

MEDai projected that members with heart failure would incur an average of \$1,888 in PMPM expenditures over the 12-month forecast period. The actual amount was \$2,389, or 127% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,975 in PMPM expenditures. The actual amount was \$2,250, or 114% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$2,009 in PMPM expenditures. The actual amount was \$2,150, or 107% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$2,049 in PMPM expenditures. The actual amount was \$2,275, or 111% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$2,069 in PMPM expenditures. The actual amount was \$1,877, or 91% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$2,085 in PMPM expenditures. The actual amount was \$1,670, or 80% of forecast (Exhibit 7-23).

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



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

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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$717.20	\$1,252.01	\$534.81	75%
Outpatient Hospital	\$351.19	\$462.79	\$111.61	32%
Physician	\$272.62	\$400.93	\$128.30	47%
Pharmacy	\$129.02	\$86.88	(\$42.14)	-33%
Behavioral Health	\$0.00	\$0.00	\$0.00	0%
All Other	\$180.97	\$186.52	\$5.55	3%
Total	\$1,651.00	\$2,389.13	\$738.13	45%

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

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with heart failure by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant deficit equaled approximately (\$300,000) (Exhibit 7-25).

**Exhibit 7-25 – Members with Heart Failure as Most Expensive Diagnosis
Aggregate Deficit**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	492	(\$500.81)	(\$246,399)
Months 13 - 24	177	(\$274.73)	(\$48,628)
Months 25 - 36	54	(\$141.72)	(\$7,653)
Months 37 - 48	18	(\$226.56)	(\$4,078)
Months 49 - 60	20	\$192.59	\$3,852
Months 61 - 72	7	\$415.59	\$2,909
Total	768	(\$390.62)	(\$299,997)

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

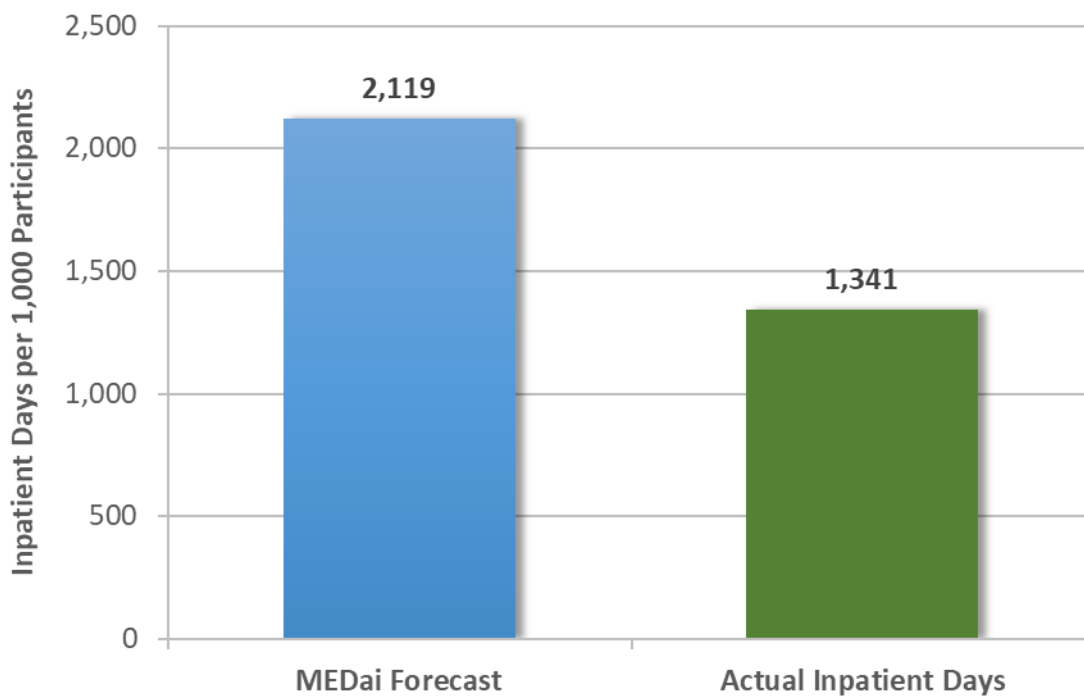
Hypertension Population Utilization and Expenditure Evaluation

The SoonerCare HMP practice facilitation sites in SFY 2019 included 798 members who were not participating in health coaching and for whom hypertension was the most expensive diagnosis.

Utilization

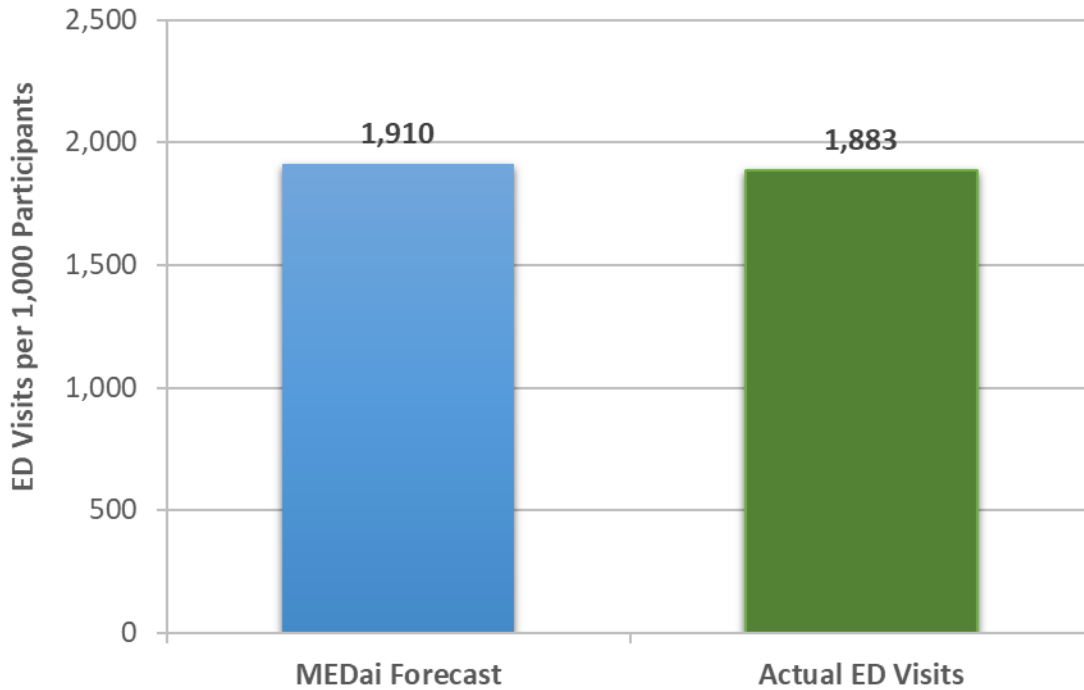
MEDai projected that members with hypertension would incur 2,119 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 1,341, or 63 percent of forecast (Exhibit 7-26).

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



MEDai projected that members with hypertension would incur 1,910 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,883, or 99 percent of forecast (Exhibit 7-27).

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

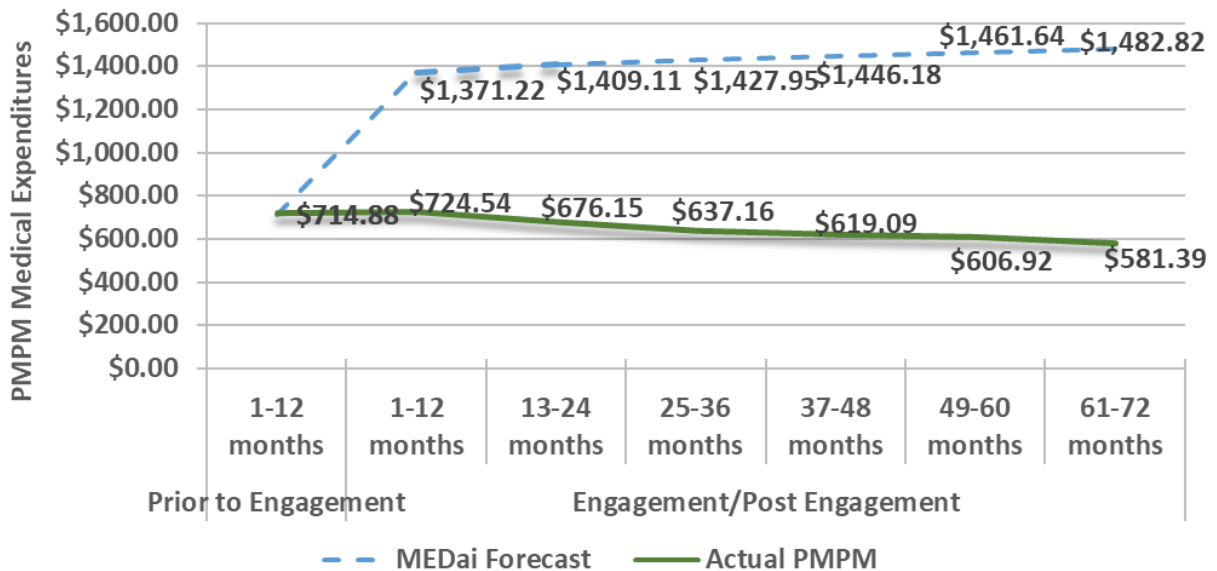


Medical Expenditures – Total and by Category of Service

MEDai projected that members with hypertension would incur an average of \$1,371 in PMPM expenditures over the 12-month forecast period. The actual amount was \$725, or 53% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$1,409 in PMPM expenditures. The actual amount was \$676, or 48% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$1,428 in PMPM expenditures. The actual amount was \$637, or 45% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$1,446 in PMPM expenditures. The actual amount was \$619, or 43% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$1,462 in PMPM expenditures. The actual amount was \$607, or 42% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$1,483 in PMPM expenditures. The actual amount was \$581, or 39% of forecast (Exhibit 7-28).

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



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

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

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$233.55	\$212.15	(\$21.39)	-9%
Outpatient Hospital	\$104.51	\$109.43	\$4.92	5%
Physician	\$190.14	\$159.25	(\$30.89)	-16%
Pharmacy	\$112.24	\$160.48	\$48.25	43%
Behavioral Health	\$4.25	\$3.39	(\$0.86)	-20%
All Other	\$70.20	\$79.83	\$9.63	14%
Total	\$714.88	\$724.54	\$9.65	1%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members with hypertension by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$13.3 million (Exhibit 7-30).

**Exhibit 7-30 – Members with Hypertension as Most Expensive Diagnosis
Aggregate Savings**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	12,663	\$646.68	\$8,188,972
Months 13 - 24	4,644	\$732.96	\$3,403,858
Months 25 - 36	1,456	\$790.79	\$1,151,388
Months 37 - 48	409	\$827.09	\$338,280
Months 49 - 60	142	\$854.72	\$121,371
Months 61 - 72	60	\$901.43	\$54,086
Total	19,374	\$684.32	\$13,257,955

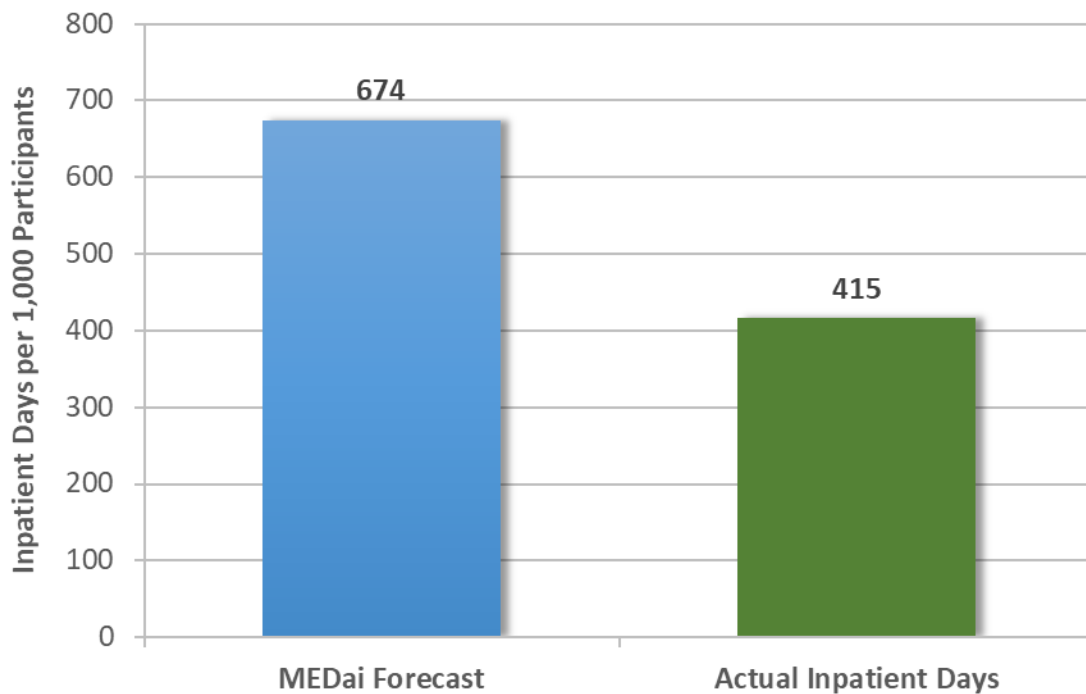
Utilization and Expenditure Evaluation – All Others

The SoonerCare HMP practice facilitation sites in SFY 2019 included 7,560 members who did not fall into one of the six priority diagnostic categories and who were not participating in health coaching. Although these members fell outside the universe of the six conditions, the holistic nature of the SoonerCare HMP suggests they also should have benefited from practice improvements undertaken at the participating sites.

Utilization

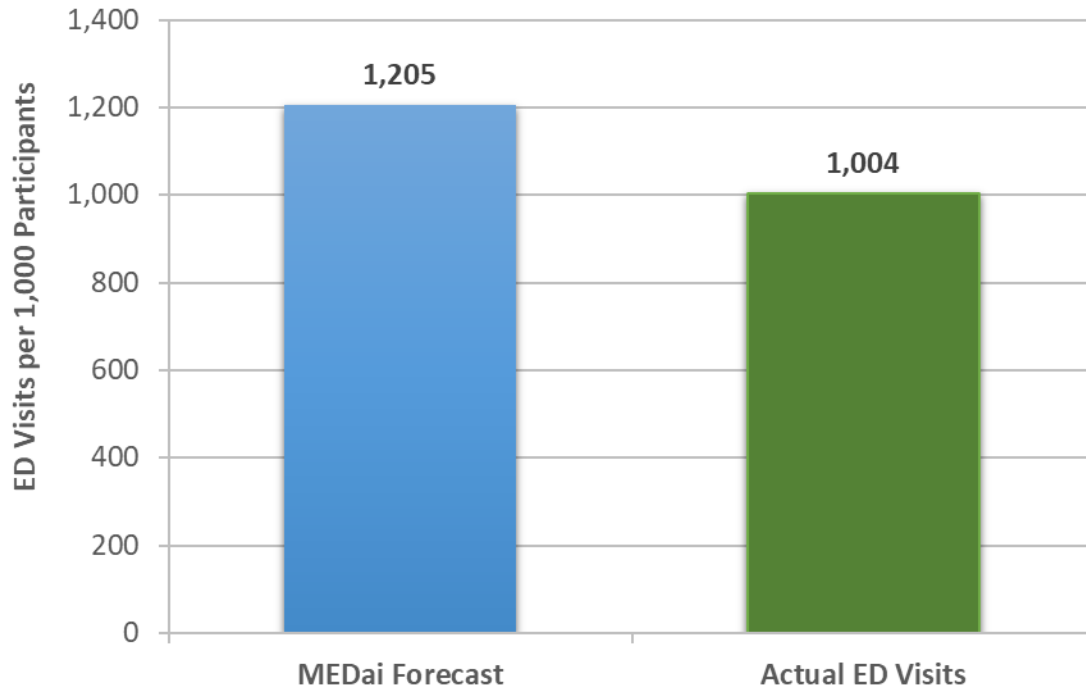
MEDai projected members in the “all others” group would incur 674 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 415, or 62 percent of forecast (Exhibit 7-31).

**Exhibit 7-31 – All Other Members
Inpatient Utilization – 12-Month Projection, per 1,000 Participants**



MEDai projected members in the “all others” group would incur 1,205 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,004, or 83 percent of forecast (Exhibit 7-32).

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

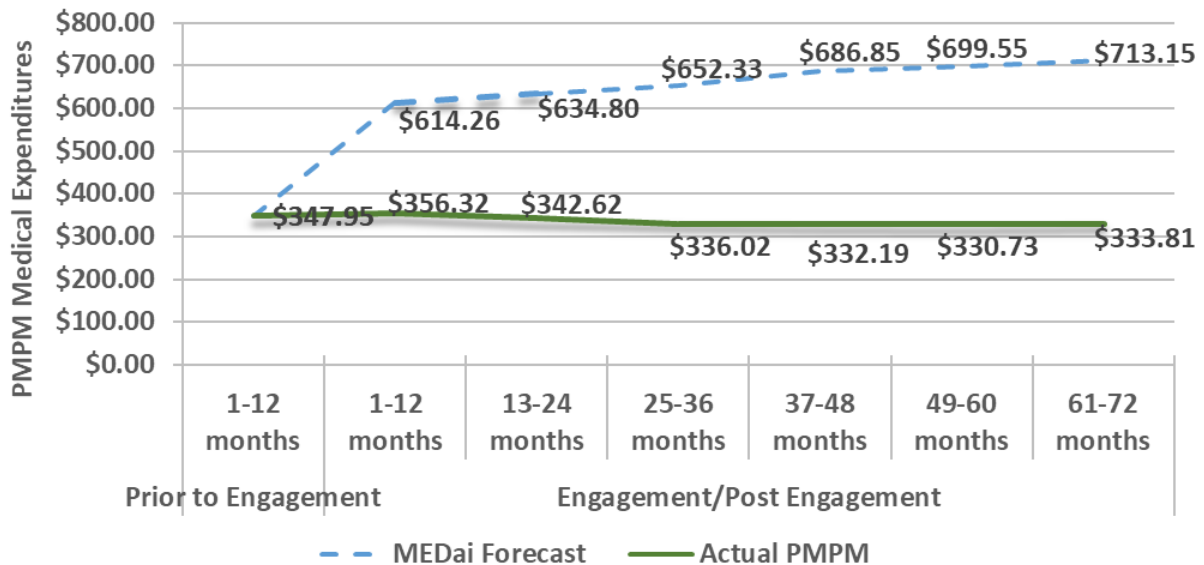


Medical Expenditures – Total and by Category of Service

MEDai projected that members in the “all others” group would incur an average of \$614 in PMPM expenditures over the 12-month forecast period. The actual amount was \$356, or 58% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$635 in PMPM expenditures. The actual amount was \$343, or 54% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$652 in PMPM expenditures. The actual amount was \$336, or 52% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$687 in PMPM expenditures. The actual amount was \$332, or 48% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$700 in PMPM expenditures. The actual amount was \$331, or 47% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$713 in PMPM expenditures. The actual amount was \$334, or 47% of forecast (Exhibit 7-33).

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



At the category-of-service level in the first 12 months, expenditures increased for most services, although the overall rate of increase was only two percent. (Exhibit 7-34).

**Exhibit 7-34 – All Other Members
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$39.40	\$42.50	\$3.10	8%
Outpatient Hospital	\$38.79	\$42.84	\$4.05	10%
Physician	\$77.95	\$83.03	\$5.08	7%
Pharmacy	\$56.14	\$61.50	\$5.36	10%
Behavioral Health	\$83.03	\$76.64	(\$6.38)	-8%
All Other	\$52.64	\$49.80	(\$2.84)	-5%
Total	\$347.95	\$356.32	\$8.37	2%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for members in the “all others” group by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$102 million (Exhibit 7-35).

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

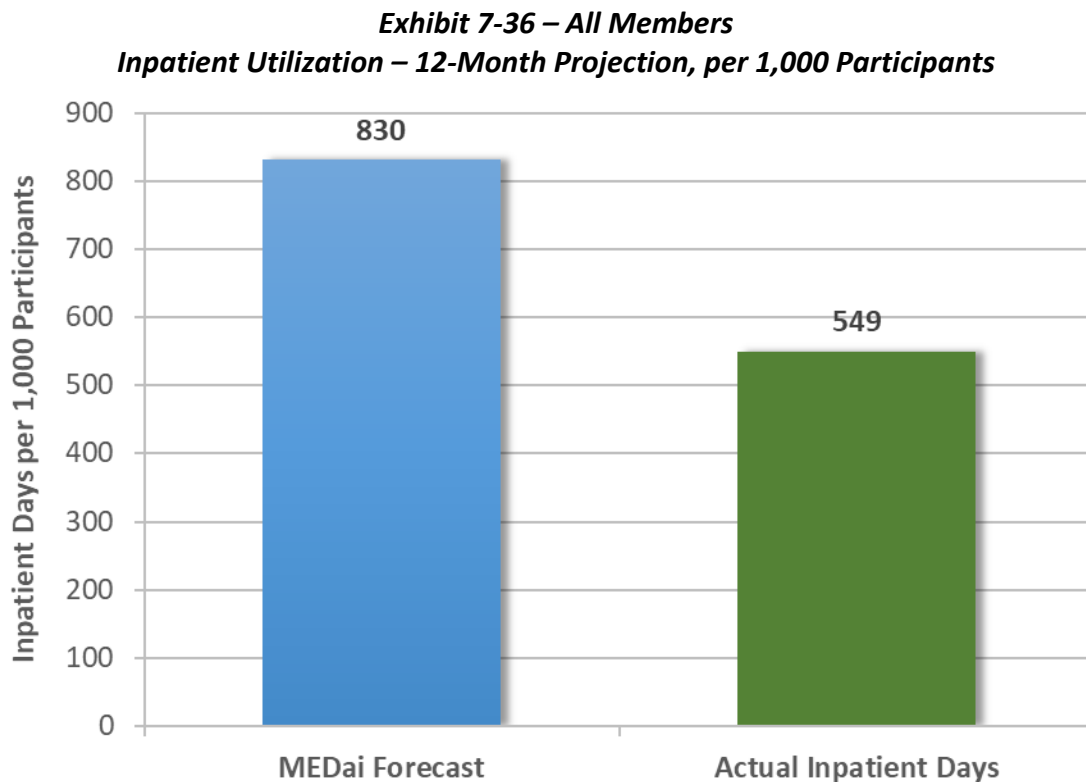
Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	245,086	\$257.94	\$63,217,928
Months 13 - 24	88,797	\$292.17	\$25,944,214
Months 25 - 36	27,081	\$316.30	\$8,565,789
Months 37 - 48	7,600	\$354.66	\$2,695,395
Months 49 - 60	2,553	\$368.82	\$941,598
Months 61 - 72	992	\$379.34	\$376,305
Total	372,109	\$273.42	\$101,741,230

Utilization and Expenditure Evaluation – All Members

This section presents consolidated trend data across all 11,022 members aligned with a practice facilitation provider who did not participate in health coaching but met the other criteria for inclusion in the analysis.

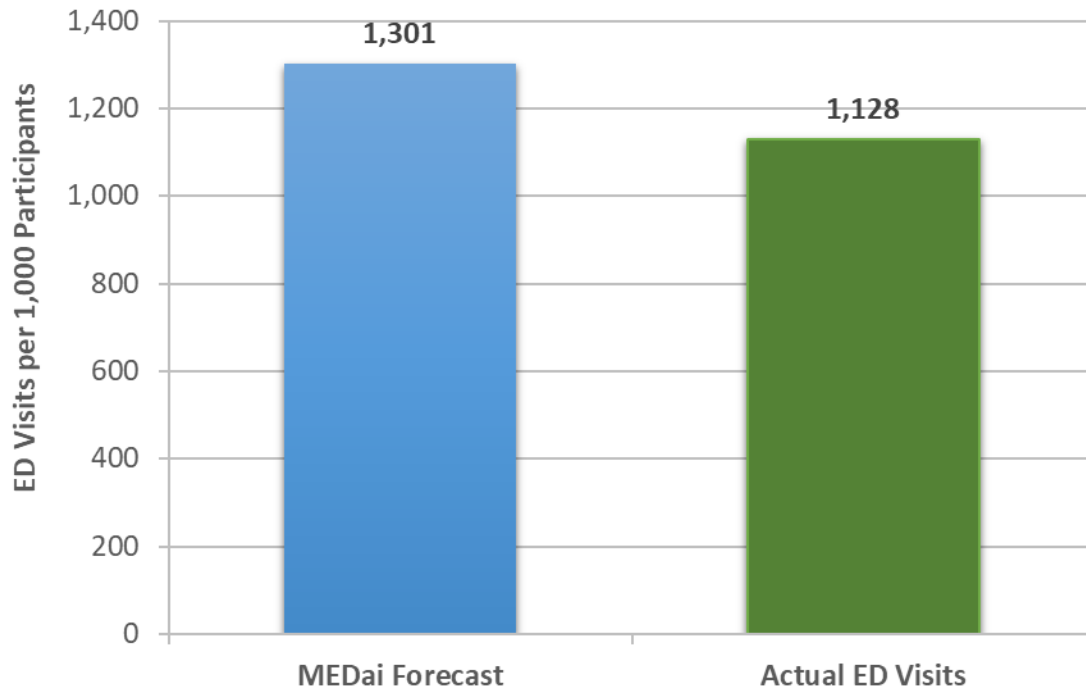
Utilization

MEDai projected members in total would incur 830 inpatient days per 1,000 over the 12-month forecast period. The actual rate was 549, or 66 percent of forecast (Exhibit 7-36).



MEDai projected members in total would incur 1,301 emergency department visits per 1,000 over the 12-month forecast period. The actual rate was 1,128, or 87 percent of forecast (Exhibit 7-37).

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

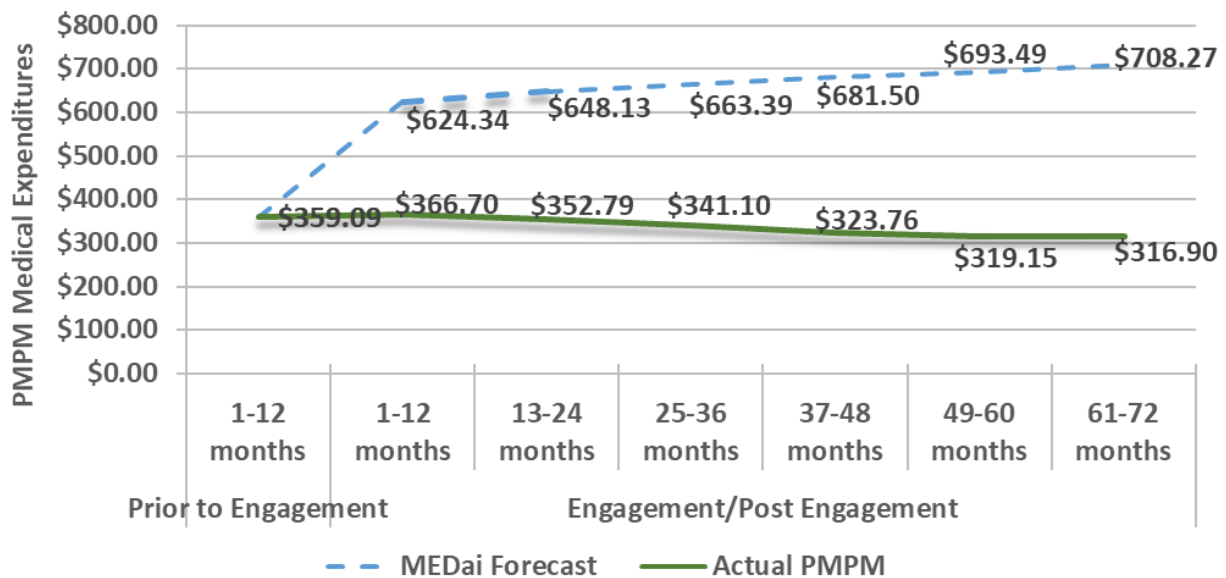


Medical Expenditures – Total and by Category of Service

MEDai projected that members in total would incur an average of \$624 in PMPM expenditures over the 12-month forecast period. The actual amount was \$367, or 59% of forecast.

For months 13 to 24, the MEDai forecast with trend applied was \$648 in PMPM expenditures. The actual amount was \$353, or 54% of forecast. For months 25 to 36, the MEDai forecast with trend applied was \$663 in PMPM expenditures. The actual amount was \$341, or 51% of forecast. For months 37 to 48, the MEDai forecast with trend applied was \$682 in PMPM expenditures. The actual amount was \$324, or 48% of forecast. For months 49 to 60, the MEDai forecast with trend applied was \$693 in PMPM expenditures. The actual amount was \$319, or 46% of forecast. For months 61 to 72, the MEDai forecast with trend applied was \$708 in PMPM expenditures. The actual amount was \$317, or 45% of forecast (Exhibit 7-38).

**Exhibit 7-38 – All Members
Total PMPM Expenditure**



At the category-of-service level in the first 12 months, expenditures increased for most services, although the overall rate of increase again was only two percent. (Exhibit 7-39).

**Exhibit 7-39 – All Members
PMPM Expenditures by Category of Service**

Category of Service	PMPM 12 Months Prior to Engagement	PMPM First 12 Months of Engagement	Dollar Change (Engaged minus Prior to Engagement)	Percent Change (As Percent of PMPM Prior to Engagement)
Inpatient Hospital	\$52.82	\$56.61	\$3.79	7%
Outpatient Hospital	\$43.45	\$48.32	\$4.86	11%
Physician	\$86.05	\$88.27	\$2.22	3%
Pharmacy	\$59.70	\$66.00	\$6.30	11%
Behavioral Health	\$64.59	\$57.68	(\$6.91)	-11%
All Other	\$52.47	\$49.82	(\$2.65)	-5%
Total	\$359.09	\$366.70	\$7.61	2%

Aggregate Dollar Impact

PHPG calculated an aggregate dollar impact for all members included in the analysis by multiplying total months of enrollment following practice facilitation initiation and member interaction with a provider by average PMPM savings. The resultant savings equaled approximately \$131 million (Exhibit 7-40).

**Exhibit 7-40 – All Members
Aggregate Savings**

Engagement Period	Member Months	PMPM Savings (Forecast – Actual)	Aggregate Savings / (Deficit)
First 12 Months	314,815	\$257.64	\$81,110,093
Months 13 - 24	114,353	\$295.34	\$33,773,423
Months 25 - 36	34,983	\$322.29	\$11,274,613
Months 37 - 48	9,841	\$357.74	\$3,520,557
Months 49 - 60	3,356	\$374.34	\$1,256,282
Months 61 - 72	1,323	\$391.37	\$517,781
Total	478,671	\$274.62	\$131,452,748

Practice Facilitation Cost Effectiveness Analysis

PHPG conducted a formal cost effectiveness analysis of practice facilitation by adding SoonerCare HMP administrative expenses to the medical expenditure data presented in the summary portion of the previous section. The combined medical and administrative expenses represent the appropriate values for measuring the overall cost effectiveness of the practice facilitation program.

Administrative Expenses

SoonerCare HMP administrative expenses were calculated using the same methodology as described in chapter four for health coaching. SFY 2014 – SFY 2019 aggregate administrative expenses for practice facilitation were approximately \$22.9 million (Exhibit 7-41). This equated to \$47.86 on a PMPM basis. The PMPM calculation was performed using total member months (478,671) for members included in the expenditure analysis.

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

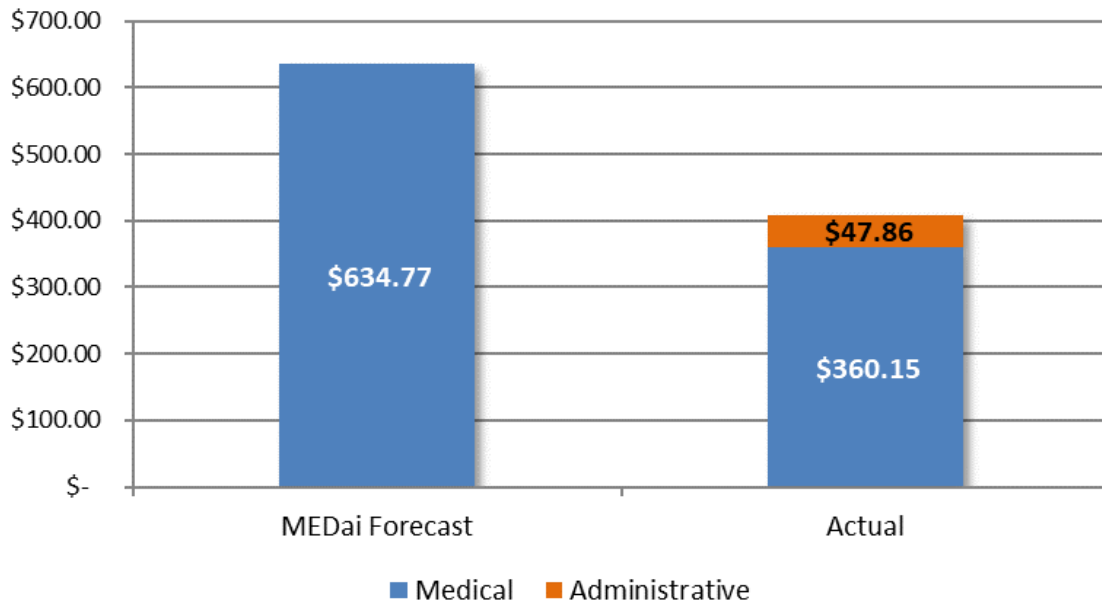
Cost Component	SFY 2014 – 2019 Aggregate Dollars	PMPM
OHCA SoonerCare HMP unit salaries and benefits (50% allocation)	\$1,111,879	\$2.32
OHCA SoonerCare HMP overhead (50% allocation)	\$91,179	\$0.19
Telligen practice facilitators	\$15,693,179	\$12.57
Telligen Central Operations (50% allocation)	\$6,012,219	\$32.78
Total Administrative Expense	\$22,908,456	\$47.86

Cost Effectiveness Calculation⁶⁷

PHPG performed a cost effectiveness test by comparing forecasted costs to actual costs during SFY 2014 through SFY 2019, inclusive of SoonerCare HMP practice facilitation administrative expenses.

SoonerCare HMP members aligned with a practice facilitation provider and included in the expenditure analysis were forecasted to incur average medical costs of \$634.77⁶⁸. Their actual average PMPM medical costs were \$360.15. With the addition of \$47.86 in average PMPM administrative expenses, total actual costs were \$408.01. Medical expenses accounted for 88 percent of the total and administrative expenses accounted for the other 12 percent. Overall, net SoonerCare HMP practice facilitation-related PMPM expenses were 64.3 percent of forecast (Exhibit 7-42).

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



⁶⁷ PMPM and aggregate values differ slightly due to rounding.

⁶⁸ This represents a weighted average (by member months) of the forecasted PMPM values for the first 12 months, months 13 – 24, months 25 – 36, months 37 – 48, months 49 – 60 and months 61 - 72, as shown in exhibit 7-38. Member month counts are shown in exhibit 7-40.

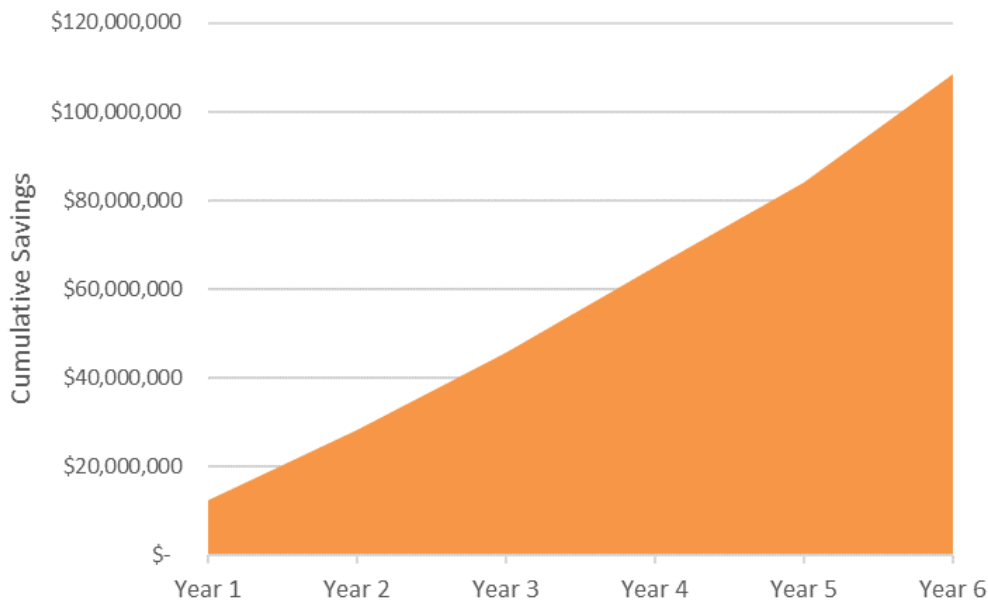
On an aggregate basis, the practice facilitation portion of the second generation SoonerCare HMP achieved a net savings in excess of \$108 million, up from \$84 million at the end of SFY 2018 (Exhibit 7-43).

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

Medical Savings	Administrative Costs	Net Savings
\$131,452,748	(\$22,908,456)	\$108,544,291

The final cumulative savings for the contract cycle were up from \$12.5 million in the contract’s first 12 months, \$28.4 million cumulative savings in its first 24 months (through contract year 2), \$45.6 million cumulative savings in its first 36 months (through contract year 3), \$65.1 million cumulative savings in its first 48 months (through contract year 4) and \$84.0 million in its first 60 months (through contract year 5) (Exhibit 4 – 51).

**Exhibit 4-51 – SoonerCare Practice Facilitation
Growth in Cumulative Net Savings by Contract Year**



CHAPTER 8 – CHRONIC PAIN & OPIOID DRUG UTILIZATION

Introduction

According to a 2017 National Academies of Sciences, Engineering, and Medicine (NASEM) Consensus Report, drug overdose, driven largely by overdose related to the use of opioids, is now the leading cause of unintentional injury death in the United States⁶⁹.

The SoonerCare adult population includes significant numbers of members with physical disabilities and chronic pain. Providers in Oklahoma (and nationally) have become over-reliant on prescription opioids and benzodiazepines⁷⁰ as a long-term treatment protocol for chronic pain. Other treatment options often go untried, leading to patient dependence on prescribed opioids.

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

The OHCA has partnered with Telligen to conduct targeted practice facilitation of PCMH providers who are among the program's top opioid prescribers. This is in addition to information on pain management that general practice facilitators impart and assistance health coaches provide to participants with pain management needs.

The specialized practice facilitators, who are trained in pain management, work with providers over a six-month period to improve patient care management. The areas addressed include:

- How to conduct initial patient assessments for chronic pain and risk of opioid dependency;
- Methods for monitoring medication use, including conducting urine drug screenings at every visit;
- Alternative pain management techniques that can be offered to patients; and
- Assistance in making patient referrals to physician pain management specialists.

The program began in January 2016. Over 80 practices underwent facilitation from January 2016 to December 2019; many of the practice locations included multiple providers.

PHPG was engaged in 2018 and 2019 to conduct a focused study of the pain management component of the SoonerCare HMP. As part of the study, PHPG surveyed providers who had

⁶⁹ National Academies of Sciences, Engineering, and Medicine Consensus Study Report: Pain Management and the Opioid Epidemic Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use July 2017

⁷⁰ Benzodiazepines are commonly used to treat anxiety but also can be prescribed for certain types of pain (e.g., nerve pain).

undergone pain management practice facilitation, as well as patients of these providers being treated for chronic pain.

PHPG also evaluated opioid use among SoonerCare HMP beneficiaries through analysis of two HEDIS measures:

- Use of opioids at high dosage
- Concurrent use of opioids and benzodiazepines (which generally is medically contraindicated)

Preliminary survey findings were presented in the SFY 2018 SoonerCare HMP evaluation. Updated findings are presented below, along with HEDIS measure data.

HMP Pain Management Practice Facilitation Program Findings

Structured Provider Survey

In October and November of 2018, PHPG contacted all providers who had participated in practice facilitation up to that time. PHPG completed surveys with 24 providers, including 22 Family/General Practice physicians, one Internist and one office manager answering on behalf of the provider.

As part of the survey, providers were asked how they learned about the pain management practice facilitation program, whether they had made changes in their practices or referral practices and their perceptions regarding the importance and helpfulness of various aspects of the program. Program components assessed included:

- Training on conducting initial patient pain assessments;
- Training on methods for monitoring medication use;
- Training on monitoring pain/functional status;
- Receiving ongoing education and assistance after completion of onsite activities by the practice facilitator;
- Receiving copies of pain/substance use risk assessment tools;
- Receiving information on alternative pain management techniques;
- Receiving assistance in referring to pain management resources;
- Having a practice facilitation nurse onsite; and
- Receiving training on motivational interviewing.

A copy of the survey instrument is included in Appendix F.

In February 2020, PHPG contacted all providers who had begun participating subsequent to the first survey cycle and completed surveys with six additional providers, including three

Family/General Practice physicians, one internist, one nurse practitioner and one physician assistant.

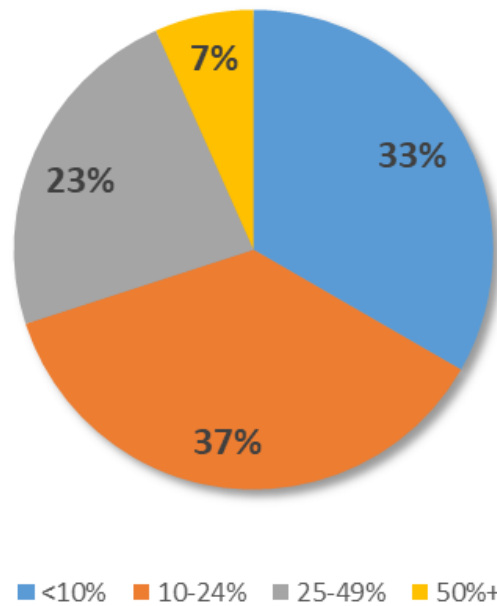
As with the general Practice Facilitation survey, findings are presented together for all 30 respondents, due to the small sample size. Although percentages are presented, the findings should be treated as qualitative, offering a general sense of the attitudes of the provider population.

Provider Characteristics

Respondents were long-time Medicaid providers, with 26 of 30 reporting that they had participated in Medicaid for more than five years. Medicaid, on average, accounted for approximately twenty-five percent of the providers' caseloads.

Respondents were asked to estimate the percentage of their patients who were being treated for chronic pain, using a predefined range. The largest segment reported the number to be 10 – 24 percent (Exhibit 8-1).

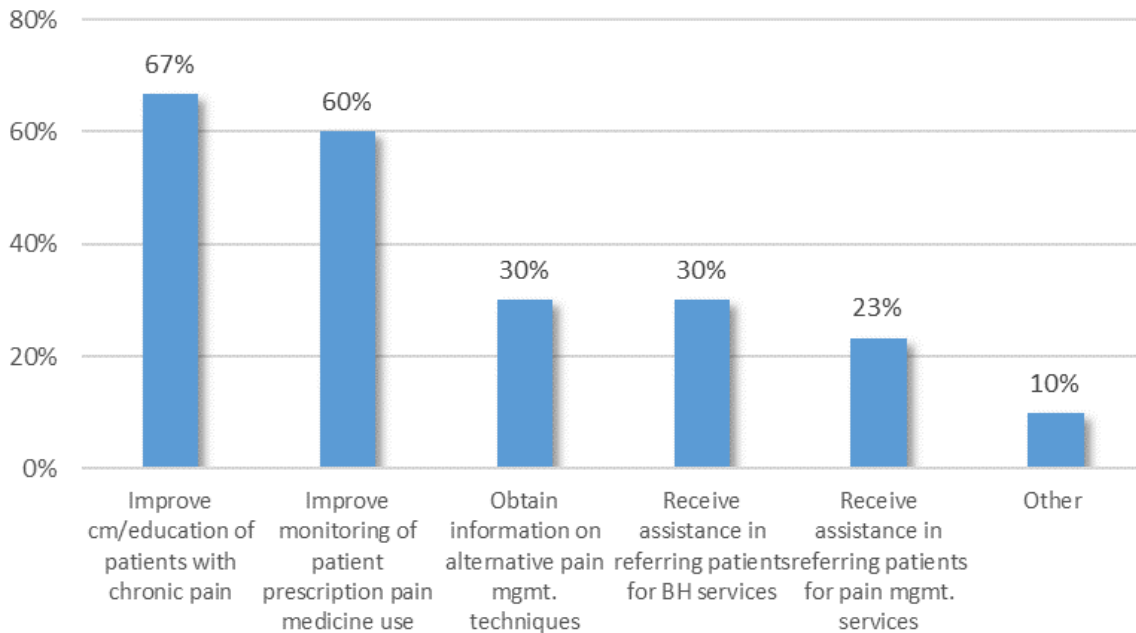
Exhibit 8-1 – Percentage of Patients being Treated for Chronic Pain



Respondents were asked how they learned about the program. The largest segment reported learning of the program from Telligen (45 percent), followed by the OHCA (27 percent), another provider (nine percent) or through attendance at a meeting (14 percent) or reading about it (five percent).

Respondents also were asked why they decided to participate (multiple reasons were allowed). Large majorities cited “improve care management/education of patients with chronic pain” (67 percent) and “improve monitoring of patient prescription pain medicine use” (60 percent). Other potential reasons were cited less frequently (Exhibit 8-2).

Exhibit 8-2 – Reason(s) for Deciding to Participate



Provider Assessment of Practice Facilitation Activities

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

All of the activities were rated “very important” by 50 percent or more of the respondents (Exhibit 8-3 on the following page). The highest rated item was “receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain”.

Exhibit 8-3 – Importance of Pain Management Practice Facilitation Components

Practice Facilitation Component	Level of Importance			
	Very Important	Somewhat Important	Not too Important	Not at all Important/ N/A
1. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain	76.2%	20.0%	3.3%	0.0%
2. Receiving training on conducting patient pain assessments at initial visits	66.7%	30.0%	3.3%	0.0%
3. Receiving copies of patient pain and substance use risk assessment tools	60.0%	33.3%	6.7%	0.0%
4. Receiving training on methods for monitoring patient pain and functional status at follow-up visits	63.3%	33.3%	3.3%	0.0%
5. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits	65.5%	24.1%	10.3%	0.0%
6. Receiving information on alternative pain management techniques	56.7%	26.7%	16.7%	0.0%
7. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)	53.3%	26.7%	20.0%	0.0%
8. Receiving training on how to have a conversation with patients regarding pain management (motivational interviewing)	50.0%	26.7%	23.3%	0.0%
9. Having a Practice Facilitation nurse on-site to work with you and your staff	50.0%	36.7%	6.7%	6.7%
10. Receiving ongoing education and assistance after conclusion of the initial onsite activities	56.7%	40.0%	3.3%	0.0%

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

Respondents next were asked to rate the helpfulness of the same practice facilitation components in terms of improving their management of patients with chronic conditions. The overall level of satisfaction was high, with all 10 activities rated as “very helpful” or “somewhat helpful” by a large majority of respondents (Exhibit 8-4 on the following page).

Exhibit 8-4 – Helpfulness of Pain Management Practice Facilitation Components

Practice Facilitation Component	Level of Helpfulness				
	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	N/A ⁷¹
1. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain	82.1%	14.3%	3.6%	0.0%	0.0%
2. Receiving training on conducting patient pain assessments at initial visits	44.8%	41.4%	6.9%	0.0%	6.9%
3. Receiving copies of patient pain and substance use risk assessment tools	58.6%	31.0%	6.9%	0.0%	3.4%
4. Receiving training on methods for monitoring patient pain and functional status at follow-up visits	51.7%	34.5%	6.9%	0.0%	6.9%
5. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits	51.7%	27.6%	10.3%	0.0%	10.3%
6. Receiving information on alternative pain management techniques	37.9%	34.5%	17.2%	0.0%	10.3%
7. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)	27.6%	34.5%	27.6%	0.0%	10.3%
8. Receiving training on how to have a conversation with patients regarding pain management (motivational interviewing)	34.5%	34.5%	24.1%	0.0%	6.8%
9. Having a Practice Facilitation nurse on-site to work with you and your staff	44.8%	37.9%	6.9%	6.9%	3.4%
10. Receiving ongoing education and assistance after conclusion of the initial onsite activities	62.1%	31.0%	6.9%	0.0%	0.0%

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

⁷¹ Did not occur or was already doing

Provider Practice Changes

Twenty-six of 30 respondents (87 percent) reported making changes in the management of their patients with chronic pain as a result of participating in practice facilitation. The types of changes made included:

- Incorporating forms/tools into patient monitoring (nine respondents)
- Improved documentation (eight respondents)
- Limiting/titrating medications/lowering Morphine Milligram Equivalent (MME) (four respondents)
- Having better discussions with patients about their chronic pain and medication needs (four respondents)
- Increased referrals to pain management specialists (one respondent)

Respondents were asked if they attempted to refer patients to a pain management provider. Twenty-six of 30 respondents (87 percent) stated they had made a referral attempt, with 23 percent of this subset reporting that making a referral typically is “very difficult” and 69 percent reporting that it typically is “somewhat difficult”; only eight percent described it as “not at all difficult”.

Respondents who reported having difficulty were asked to cite the most common barriers (multiple responses allowed). The reported barriers included:

- Lack of providers willing to take Medicaid (22 respondents)
- Providers require patients not to use any prescription opioids (seven respondents)
- Lack of providers in geographic (rural) area (two respondents)
- Providers rely too heavily on prescription opioids (two respondent)

Overall Satisfaction

Respondents gave the program high marks overall. Ninety-seven percent reported that they had become more effective in managing patients with chronic pain. The same portion stated they either were “very satisfied” (59 percent) or “somewhat satisfied” (38 percent) with the program. Ninety-three percent stated they would recommend the program to a colleague caring for patients with chronic pain.

Structured Patient Survey

PHPG conducted 201 patient surveys, by phone, from October 2018 through February 2019, with findings presented in the SFY 2018 evaluation report. PHPG conducted an additional 82 patient surveys from February 2020 through April 2020. The survey universe in both cycles included patients of practices that underwent facilitation and who were long-term prescription opioid users, defined as three or more years. PHPG stratified the population by number of prescriptions filled and targeted patients with the highest counts.

As part of the survey, respondents verified items such as SoonerCare eligibility, engagement with their PCMH provider and the date of their most recent provider visit. Respondents also identified the type of pain being treated (e.g., back, knee, arthritis, cancer), rated their level of pain control and were asked about their experience with alternatives to opioid treatment (e.g., acupuncture, massage therapy, other lifestyle practices).

Finally, respondents were asked about their experience receiving pain management from the provider and whether/how their use of opioids and/or benzodiazepines had changed over time (e.g., reduced dosage, discontinuation etc.). A copy of the survey instrument is included in Appendix F.

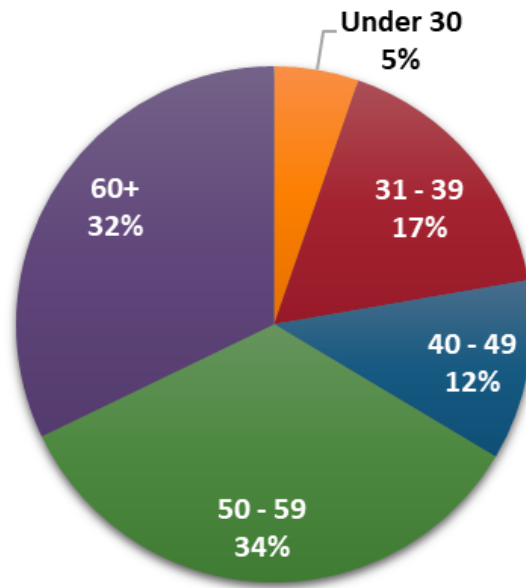
As with the general and pain management Practice Facilitation surveys, findings are presented together for all 283 respondents, due to the small sample size⁷². Readers should exercise caution when reviewing survey results, given the relatively small number of respondents.

Patient Characteristics

The gender split among survey respondents was 69 percent female and 31 percent male. Sixty-six percent of respondents were age 50 or older; the median age of all respondents was 55 (Exhibit 8-5 on the following page).

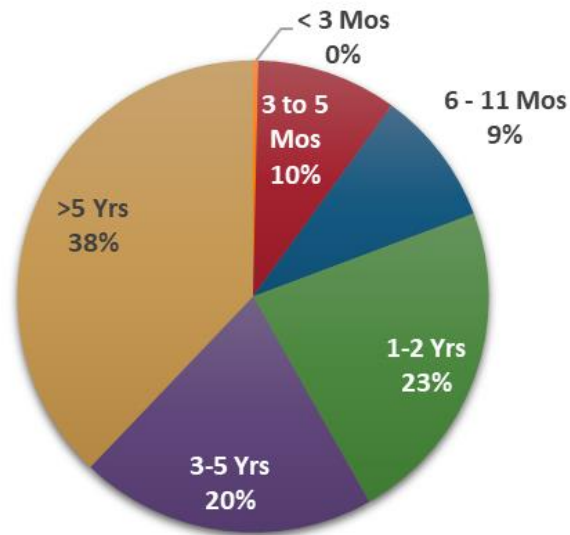
⁷² PHPG compared surveys across the two cycles and identified no significant differences in responses.

Exhibit 8-5 – Patient Survey Respondent Age



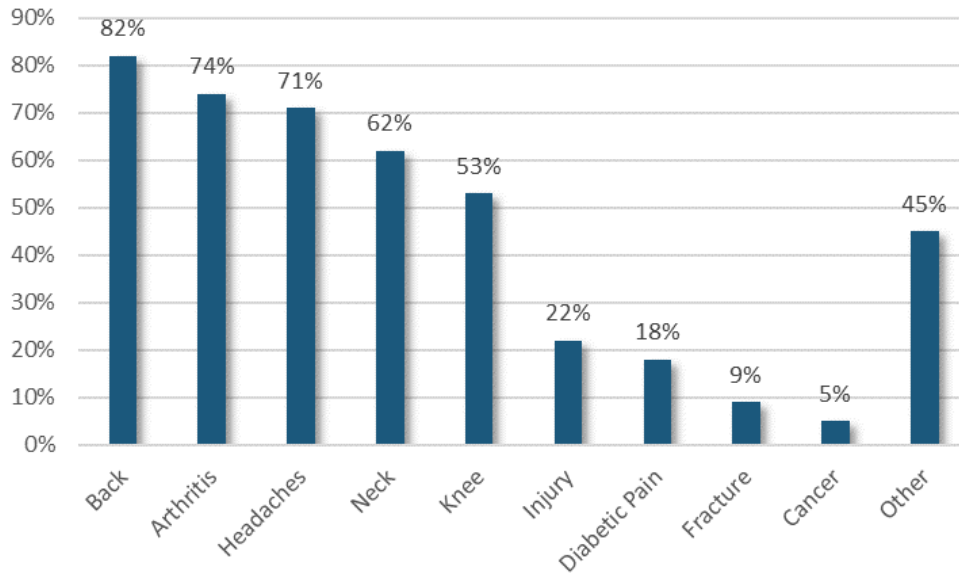
Fifty-eight percent of respondents reported being with their current provider for over three years, with 38 percent reporting a tenure of over five years (Exhibit 8-6).

Exhibit 8-6 – Patient Tenure with Provider



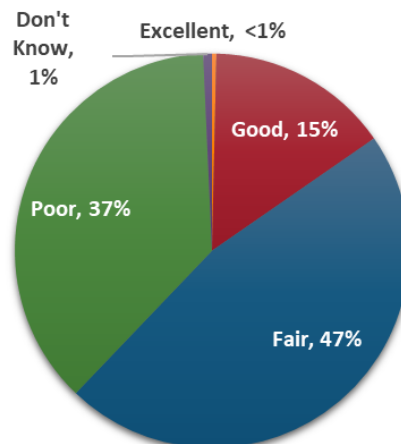
Respondents were asked to name the conditions for which they were receiving treatment (multiple answers were allowed). The most common condition treated was back pain, followed by arthritis (Exhibit 8-7).

Exhibit 8-7 – Condition(s) for which Patient Receives Pain Management⁷³



Respondents were asked about their overall health status. The largest segment (47 percent) described their health as “fair”, while 37 percent described it as “poor”. Only 15 percent reported their health as “good” and less than one percent as “excellent”.

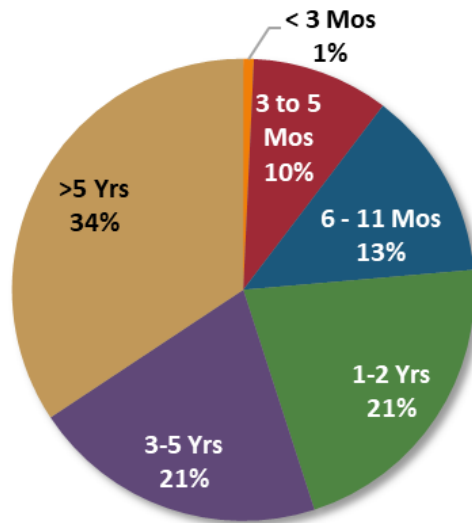
Exhibit 8-8 – Self-Reported Health Status



⁷³ The “other” conditions reported included fibromyalgia/nerve pain, stomach pain, rotator cuff injury, carpal tunnel syndrome, post-surgical pain and pain in other joints.

Respondents were asked how long they had been receiving treatment for pain. A majority (55 percent) reported receiving treatment for three or more years (Exhibit 8-9).

Exhibit 8-9 – Patient Report of Length of Time Managing Pain



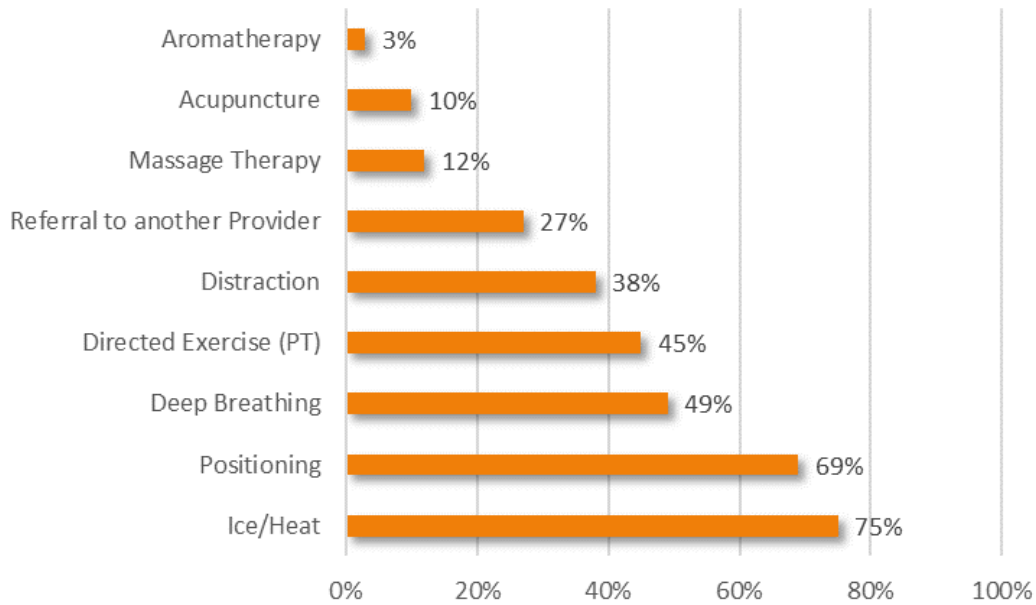
Patient Report of Alternatives to Medication Treatment

Respondents were asked if their provider worked with them to develop a pain treatment plan to reduce their pain; 74 percent said “yes”. Respondents who answered “yes” were next asked to indicate “yes” or “no” regarding whether their doctor had discussed one or more alternatives to medication for helping patients with pain to feel better. The alternative techniques included on the survey were:

- Acupuncture
- Aromatherapy
- Deep breathing
- Directed exercise (physical therapy)
- Distraction techniques
- Ice/Heat
- Massage therapy
- Positioning
- Referral to another Provider

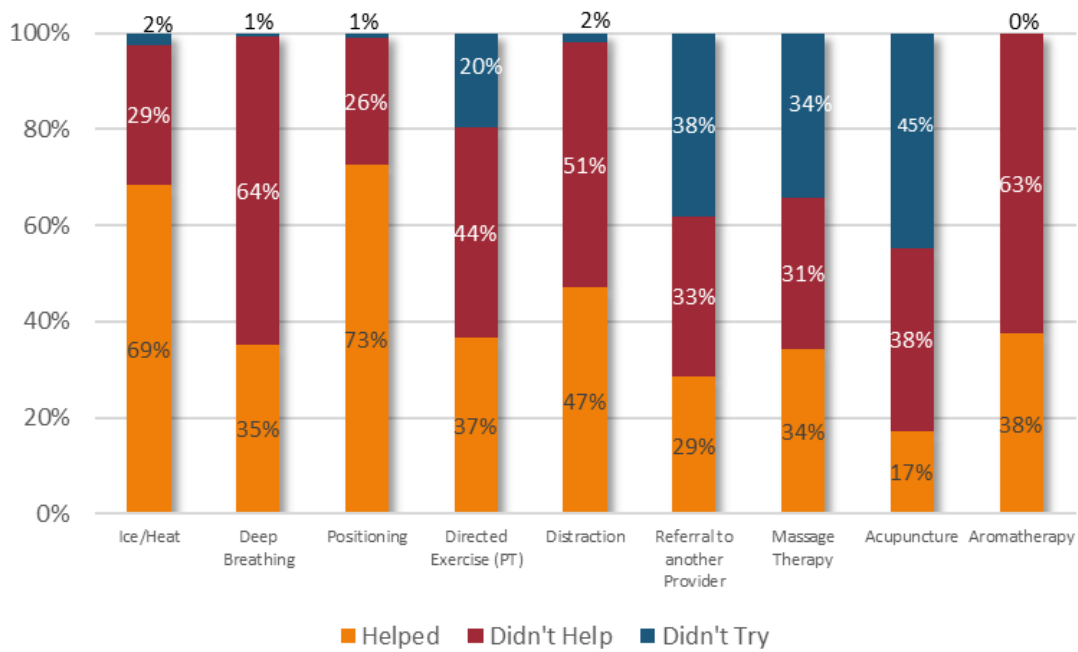
The most common techniques identified were ice/heat, positioning, deep breathing and directed exercise/physical therapy; each was mentioned by at least 45 percent of respondents (Exhibit 8 – 10).

Exhibit 8-10 – Alternative Pain Management Techniques Identified by Respondents



Respondents who said “yes” to discussing a specific pain management technique then were asked if they tried the technique and if it helped. For those who tried the technique, positioning was rated as helpful by 73 percent of respondents and ice/heat was rated as helpful by 69 percent of respondents. Other techniques received lower “helpfulness” ratings (Exhibit 8-11 on the following page).

Exhibit 8-11 – Patient Report of Alternative Techniques Tried and Assessment of Helpfulness⁷⁴



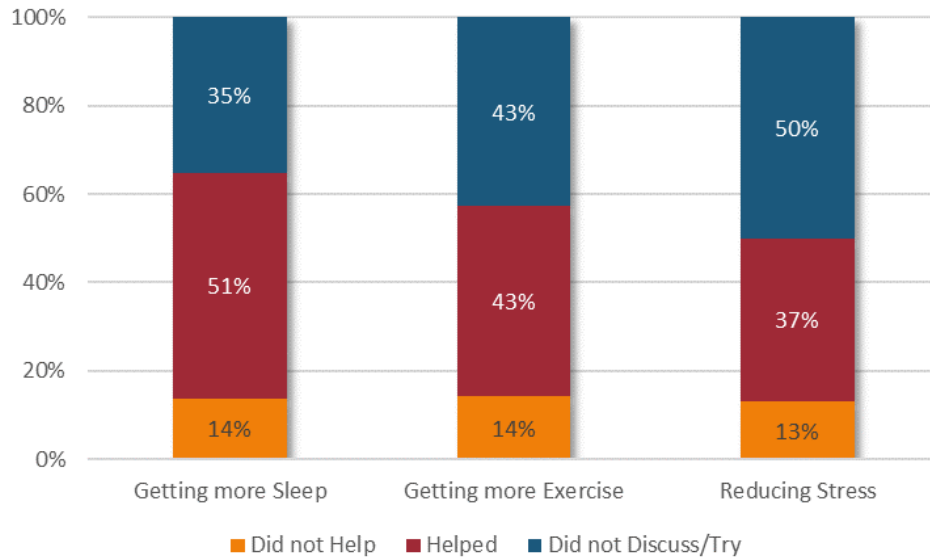
Respondents also were asked if they discussed, and tried, any of several potential lifestyle changes to reduce pain. Lifestyle approaches included:

- Getting more exercise
- Getting more sleep
- Reducing stress

Respondents who answered “yes” to making the lifestyle change were asked if it helped. Fifty-one percent reported getting more sleep and that it helped; 43 percent reported getting more exercise and that it helped; and 37 percent reported reducing stress and that it helped (Exhibit 8-12 on the following page).

⁷⁴ Percentages may not total to 100 percent due to rounding.

Exhibit 8-12 – Patient Report of Life Style Changes and Assessment of Helpfulness



Patient Report of Prescription Pain Medication Treatment

Respondents were asked about their current use of prescription pain management and whether their provider had made any changes since beginning treatment. Eighty-six percent reported that their provider was currently treating their pain with medication and 58 percent reported that their provider had made a change since treatment first started.

Respondents reported a variety of changes, including reductions in dosage and medication type. Twenty-five percent reported they had stopped taking prescription pain medication altogether (Exhibit 8-13).

Exhibit 8-13 – Patient Report of Pain Management Medication Changes

Medication Change Reported	Percent
Changed at least one old medication to a new (different) one	31%
Stopped taking prescription pain medication	25%
Reduced number of pills or dosage taken	18%
Stopped taking at least one medication but continue with others	7%
Take same medication but prescription is for fewer days	7%
Take same medication but prescription is for fewer days	6%
Take old medication along with new medication	3%

Changes in medication management also were noted in the comments, positive and negative, made by respondents during the survey.

"I am very happy with my doctor but I really wish he could prescribe me my anxiety medication and Tylenol 4 still. I have to choose and the anxiety medication is a must have for me to function at all."

"My doctor says SoonerCare won't pay for both my Xanax and my pain medication now. I had to pick one or the other. I picked Xanax but now I'm in a lot of pain."

"It's not (my doctor's) fault but I had to stop taking my anxiety pills with the new law. I need my pain medication more but still need my anxiety pills too."

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

"My doctor does what he can to help me with my pain but now that the (pain medication) laws have changed there isn't much he can do."

"I had to choose between my anxiety medication and my pain medication since they say that I can't have both anymore. I chose my anxiety med because I can't go out and function without it, but now my pain is so bad."

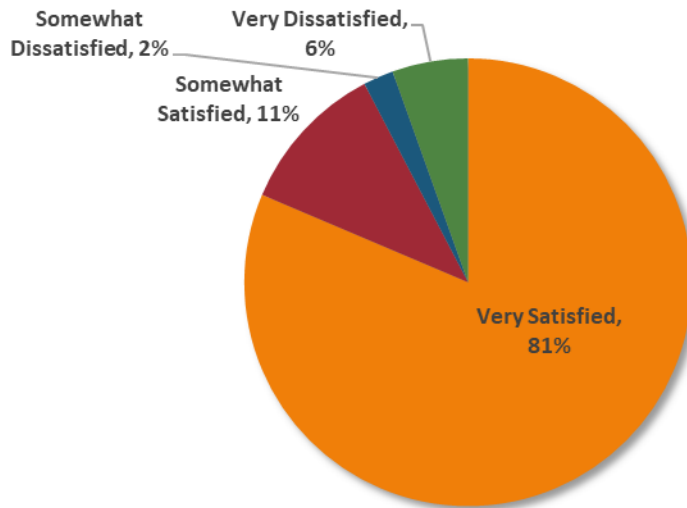
Patient Satisfaction

Respondents fell into three equal categories in terms of changes in pain level since treatment began, with 31 percent reporting "more pain", 30 percent reporting "the same amount of pain", 35 percent reporting "somewhat less pain" and four percent reporting "very little pain".

Despite ongoing pain, and the struggles some patients experienced when changing their medication regimen, respondents reported high levels of satisfaction with their providers. Eighty-eight percent stated their provider listened carefully to them when discussing pain treatment and explained options for treating pain in a way that was easy to understand.

Ninety-two percent stated they were either “very satisfied” (81 percent) or “satisfied” (11 percent) overall with how their provider has helped them manage pain (Exhibit 8-14).

Exhibit 8-14 – Overall Satisfaction with Provider



Respondent satisfaction with their provider was also reflected in respondent comments, such as these⁷⁵:

“Dr. C is more than just a doctor. He feels like a friend who listens and helps me every way that he can.”

“I’ve been real satisfied with Dr. A. He has improved my quality of life. I have a lot of faith and confidence in him.”

“I hope you do share what I tell you to Dr. M. I love him, and recommend him to everyone I know. He really listens and does what is best for me. And, it isn’t just for me, I see him with other patients and he is the same way with them.”

“Dr. C really listens to me and will do tests I ask for and referred me to the pain management which has helped a lot. I could not even stand up when I first started going to him and now I can stand and walk some.”

“Dr. A is the first doctor I feel like I can talk to about my pain. He really listens.”

⁷⁵ Physician last names truncated to first initial.

"I can tell by the way Dr. A takes his time and listens to me that he really cares about his patients. I went through a few doctors before I found him and I am glad I found him."

"Doctor F. is my favorite doctor. He listens and really cares how I'm doing."

"I have been going to Doctor B. for years and years. I love him, he does everything he can to help me with my arthritis pain."

"Dr. A has been the only doctor to really listen to me and help. I am actually tearing up and getting emotional right now because I have had such a hard time finding a doctor that is willing to do the tests and x-rays needed to figure out what is going on with me. His whole staff is great. In addition to my back problems, I also have an autoimmune disorder and am afraid to go into doctor's offices. Dr. A and his staff work with me on this too."

Pain Management Practice Facilitation Program HEDIS Evaluation

PHPG recently completed an independent evaluation of SoonerCare program performance in calendar years 2016 – 2018. The evaluation was conducted in accordance with SoonerCare Section 1115 waiver special terms and conditions, which require that an independent evaluation be performed, and findings submitted to CMS, at the conclusion of each three- or five-year waiver renewal period.

The evaluation included two HEDIS pain management measures, for which PHPG calculated compliance rates among SoonerCare HMP beneficiaries and a comparison group of beneficiaries not enrolled in the SoonerCare HMP or a Health Access Network⁷⁶. Rates were calculated for all three waiver years; the 2018 rate overlapped with the time period addressed in this report.

As noted, the two measures were:

- *Use of Opioids at High Dosage*: Percentage of members 18 and older receiving prescription opioids for 15 or more days during the measurement year at a high dosage (average milligram morphine dose (MME) greater than 120 milligrams). A lower rate indicates better performance.
- *Concurrent Use of Opioids and Benzodiazepines*: Percentage of members 18 and older with concurrent use of prescription opioids and benzodiazepines (excluding members with a cancer diagnosis, sickle cell disease or hospice placement). A lower rate indicates better performance.

The opioid high dosage use rate was nearly equal between the SoonerCare HMP and comparison group populations across all three years. The small difference was not statistically significant. The rate improved (fell) for both populations in both 2017 and 2018 (Exhibit 8-15 on the following page).

⁷⁶ The comparison group universe differed from the comparison groups used in chapters 3 and 6 of this report through exclusion of HAN beneficiaries. This was done because the broader SoonerCare waiver evaluation also examined HAN performance on various HEDIS measures, which precluded having HAN beneficiaries in the comparison group. The broader evaluation also used a statistical technique known as “propensity score matching” to define the comparison group population. For more information on the methodology, see, “SoonerCare Section 1115 Waiver Evaluation – Demonstration Years 21 to 23 (2016 – 2018)”, Section D (Methodology).

Exhibit 8 – 15 – Use of Opioids at High Dosage – SoonerCare HMP Members vs. Comparison Group – Calendar Years 2016 – 2018

Use of Opioids at High Dosage	Use Rate			2016 – 2018 Comparison % Point Change
	CY 2016	CY 2017	CY 2018	
SoonerCare HMP Participants	18.1%	16.2%	14.1%	-4.0%
Comparison Group	19.2%	16.0%	15.2%	-4.0%
Difference (SC HMP – Comparison Group)	-1.1%	0.2%	-1.1%	

Note: A lower rate indicates better performance.

The concurrent use of opioids and benzodiazepines rate also was nearly equal between the SoonerCare HMP and comparison group populations across all three years. The small difference was not statistically significant. The rate again improved (fell) for both populations in both 2017 and 2018 (Exhibit 8-16).

Exhibit 8 – 16 – Concurrent Use of Opioids and Benzodiazepines – SoonerCare HMP Members vs. Comparison Group – Calendar Years 2016 – 2018

Concurrent Use of Opioids and Benzodiazepines	Use Rate			2016 – 2018 Comparison % Point Change
	CY 2016	CY 2017	CY 2018	
SoonerCare HMP Participants	28.9%	27.5%	21.7%	-7.2%
Comparison Group	28.9%	26.1%	20.0%	-8.9%
Difference (SC HMP – Comparison Group)	0.0%	1.4%	1.7%	

Note: A lower rate indicates better performance.

Summary Findings

SoonerCare providers who participated in practice facilitation consider the program to be helpful in improving their pain management skills. Patients of these providers report receiving help in managing their pain through alternatives to opioid prescription drugs.

The rate of high dosage opioid use declined substantially over the three-year period studied. The concurrent use of opioids and benzodiazepines also fell substantially during the same period. The improvements were not limited to SoonerCare HMP beneficiaries, suggesting that the OHCA's broader strategy to reduce inappropriate opioid prescribing, of which the SoonerCare HMP is one component, is making a positive difference.

CHAPTER 9 – SOONERCARE HMP RETURN ON INVESTMENT

Introduction

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

ROI Results

PHPG examined the program's return on investment (ROI) through SFY 2019, by comparing health coaching and practice facilitation administrative expenditures to medical savings. The results are presented in Exhibit 9-1 below.

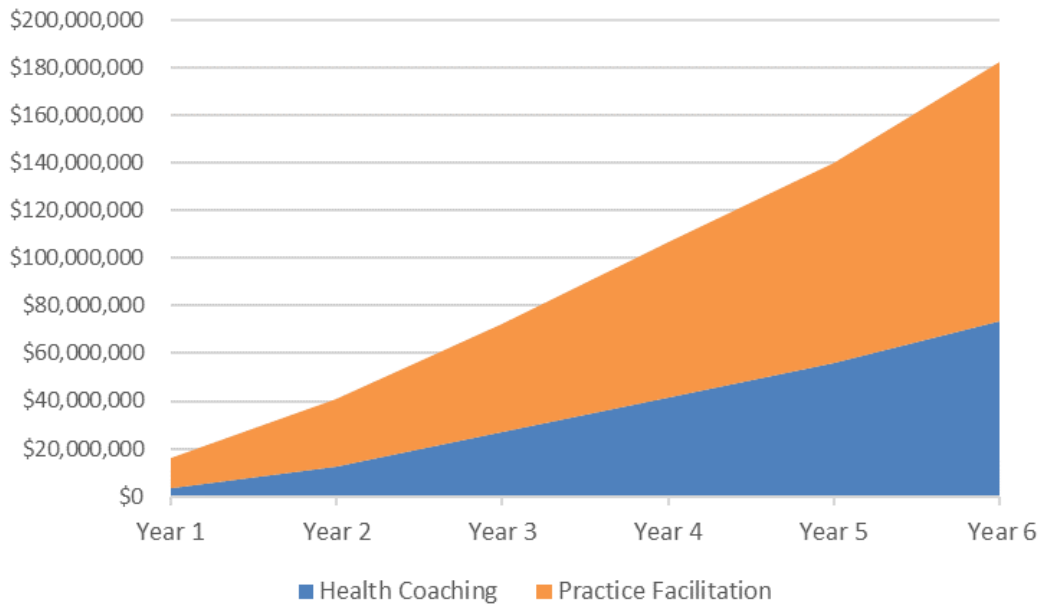
As the exhibit illustrates, both program components have achieved a positive ROI, with the program as a whole generating a return on investment of 289.6 percent. Put another way, the second generation *SoonerCare HMP, through the six-year life of the contract, yielded approximately \$2.90 in net medical savings for every dollar in administrative expenditures.*

Exhibit 9-1 – SoonerCare HMP ROI (State and Federal Dollars)

Component	Medical Savings	Administrative Costs	Net Savings	Return on Investment
Health Coaching	\$114,058,162	(\$40,108,345)	\$73,949,817	184.4%
Practice Facilitation	\$131,452,748	(\$22,908,457)	\$108,544,291	473.8%
TOTAL	\$245,510,910	(\$63,016,802)	\$182,494,108	289.6%

Cumulative net savings have increased steadily for both program components over the six years, resulting in the impressive return on investment (Exhibit 9-2 on the following page).

**Exhibit 9-2 – All SoonerCare HMP
Growth in Cumulative Net Savings by Contract Year**



APPENDIX A – HEALTH COACHING PARTICIPANT SURVEY INSTRUMENT

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



Kevin S. Corbett
CHIEF EXECUTIVE OFFICER

J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

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

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

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

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

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

We look forward to speaking with you soon.



SOONERCARE HMP MEMBER SURVEY

INTRODUCTION & CONSENT

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

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

[ANSWER ANY QUESTIONS AND PROCEED TO QUESTION 1]

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

1. The SoonerCare program is a health insurance program offered by the state. Are you currently participating in SoonerCare?⁷⁷
 - a. Yes
 - b. No → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]
 - c. Don't Know/Not Sure → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]

2. Some SoonerCare members with health needs receive help through a special program known as the SoonerCare Health Management Program. Have you heard of it? [IF RESPONDENT SAYS 'NO' OR 'NOT SURE'] The program includes Health Coaches in doctors' offices who help members with their care. Does that sound familiar?
 - a. Yes
 - b. No
 - c. Don't Know/Not Sure

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

4. Did you decide to participate?
 - a. Yes
 - b. No → [GO TO Q50]
 - c. Not yet, but still considering → [INFORM THAT WE MAY CALL BACK AT A LATER DATE AND END CALL]

⁷⁷ All questions include a "don't know/not sure" or similar option which is unprompted by the surveyor; this response is listed on the instrument to allow surveyors to document such a response. Questions are reworded for parents/guardians completing the survey on behalf of program participants.

- d. Don't Know/Not Sure → [END CALL]
- 5. Are you still participating today in the SoonerCare Health Management Program?
 - a. Yes
 - b. No → [GO TO Q48]
 - c. Don't Know/Not Sure → [END CALL]
- 6. How long have you been participating in the SoonerCare Health Management Program?
 - a. Less than 1 month
 - b. One to two months
 - c. Three to four months
 - d. Four to six months
 - e. More than six months
 - f. Don't Know/Not Sure

Now I want to ask about your decision to enroll in the SoonerCare Health Management Program.

- 7. How did you learn about the SoonerCare Health Management Program?
 - a. Received information in the mail
 - b. Received a call from my Health Coach
 - c. Received a call from someone else SPECIFY _____
 - d. Doctor referred me while I was in his/her office
 - e. Other. SPECIFY: _____
 - f. Don't Know/Not Sure
- 8. What were your reasons for deciding to participate in the SoonerCare Health Management Program? [CHECK ALL THAT APPLY]
 - a. Learn how to better manage health problems
 - b. Learn how to identify changes in health
 - c. Have someone to call with questions about health
 - d. Get help making health care appointments
 - e. Personal doctor recommended I enroll
 - f. Improve my health
 - g. Was invited to enroll/no specific reason
 - h. Other. SPECIFY: _____
 - i. Don't Know/Not Sure

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

Now I'm going to ask you a few questions about your experience in the SoonerCare Health Management Program, starting with your Health Coach.

HEALTH COACH

10. How soon after you started participating in the SoonerCare Health Management Program were you contacted by your Health Coach?
- a. Contacted at time of enrollment in the doctor's office
 - b. Less than one week
 - c. One to two weeks
 - d. More than two weeks
 - e. Have not been contacted – enrolled two weeks ago or less
 - f. Have not been contacted – enrolled two to four weeks ago
 - g. Have not been contacted – enrolled more than four weeks ago
 - h. Don't Know/Not Sure
11. Can you tell me the name of your Health Coach?
- a. Yes. RECORD: _____
 - b. No
12. About when was the last time you spoke to your Health Coach?
- a. Within the last week
 - b. One to two weeks ago
 - c. Two to four weeks ago
 - d. More than four weeks ago
 - e. Have never spoken to Health Coach → [GO TO Q14]

- f. Don't know/Not Sure → [GO TO Q14]
13. Did you speak to your Health Coach over the telephone or in person at your doctor's office?
- a. Telephone
 - b. In-person
 - c. Don't Know/Not Sure
14. Did your Health Coach give you a telephone number to call if you needed help with your care?
- a. Yes
 - b. No → [GO TO Q18]
 - c. Don't Know/Not Sure → [GO TO Q18]
15. Have you tried to call your Health Coach at the number you were given?
- a. Yes
 - b. No → [GO TO Q18]
 - c. Don't Know/Not Sure → [GO TO Q18]
16. Thinking about the last time you called your Health Coach, what was the reason for your call?
- a. Routine health question
 - b. Urgent health problem
 - c. Seeking assistance in scheduling appointment
 - d. Returning call from Health Coach
 - e. Other. SPECIFY: _____
 - f. Don't Know/Not Sure
17. Did you reach your Health Coach immediately? [IF NO] How quickly did you get a call back?
- a. Reached immediately (at time of call)
 - b. Called back within one hour
 - c. Called back in more than one hour but same day
 - d. Called back the next day
 - e. Called back two or more days later
 - f. Never called back
 - g. Other. SPECIFY: _____
 - h. Don't Know/Not Sure

18. [ASK QUESTION EVEN IF RESPONDENT STATES S/HE HAS NOT SPOKEN TO THE HEALTH COACH. IF RESPONDENT REPEATS S/HE IS UNABLE TO ANSWER DUE TO LACK OF CONTACT, GO TO Q32 (RESOURCE CENTER)] I am going to mention some things your Health Coach may have done for you. Has your Health Coach:

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

19. [ASK FOR EACH "YES" ACTIVITY IN Q18] Thinking about what your Health Coach has done for you, please tell me how satisfied you are with the help you received. Tell me if you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied.

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

[IF ANSWERED YES TO Q18a, ASK QUESTION 20. IF ANSWERED 'NO' OR 'DK', GO TO Q31.]

20. You said a moment ago that your Health Coach asked questions about your health problems and concerns. Did your Health Coach ask your thoughts on what change in your life would make the biggest difference to your health?

- a. Yes
- b. No → [GO TO Q31]
- c. Don't Know/Not Sure → [GO TO Q31]

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

- a. Yes
- b. No → [GO TO Q31]
- c. Don't Know/Not Sure → [GO TO Q31]

22. What did you select?

- a. Management of chronic condition. SPECIFY: _____
- b. Weight
- c. Diet
- d. Tobacco use
- e. Medications
- f. Alcohol or drug use
- g. Social support
- h. Other. SPECIFY: _____
- i. Don't Know/Not Sure

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

- a. Yes
- b. No → [GO TO Q31]
- c. Don't Know/Not Sure → [GO TO Q31]

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

- a. Yes
- b. No → [GO TO Q31]
- c. Don't Know/Not Sure → [GO TO Q31]

25. What was the Goal you achieved?

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

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

- a. Yes
- b. No → [GO TO Q29]
- c. Don't Know/Not Sure → [GO TO Q29]

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

- a. RECORD RESPONSE _____
- b. Don't Know/Not Sure → [GO TO Q29]

28. How confident are you that you will be able to achieve this Goal? Would you say you are very confident, somewhat confident, not very confident or not at all confident?

- a. Very confident
- b. Somewhat confident
- c. Not very confident
- d. Not at all confident
- e. Don't Know/Not Sure

29. How helpful has your Health Coach been in helping you to achieve your Goals? Would you say your Health Coach has been very helpful, somewhat helpful, not very helpful or not at all helpful?

- a. Very helpful
- b. Somewhat helpful
- c. Not very helpful
- d. Not at all helpful
- e. Don't Know/Not Sure

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

31. Overall, how satisfied are you with your Health Coach? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?

- a. Very satisfied
- b. Somewhat satisfied
- c. Somewhat dissatisfied
- d. Very dissatisfied
- e. Don't Know/Not Sure

RESOURCE CENTER (COMMUNITY RESOURCE SPECIALISTS)

32. Did you know that the SoonerCare Health Management Program has a Resource Center to help members deal with non-medical problems? For example, help with eligibility issues or community resources like food, help with lights, etc.

- a. Yes
- b. No → [GO TO Q37]
- c. Don't Know/Not Sure → [GO TO Q37]

33. Have you or your Health Coach used the Resource Center to help you with a problem?

- a. Yes
- b. No → [GO TO Q37]
- c. Don't Know/Note Sure → [GO TO Q37]

34. Thinking about the last time you used the Resource Center, what problem did you or your Health Coach ask for help in resolving?

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

35. How helpful was the Resource Center in resolving the problem? Would you say it was very helpful, somewhat helpful, not very helpful or not at all helpful?

- a. Very helpful
- b. Somewhat helpful
- c. Not very helpful
- d. Not at all helpful
- e. Don't Know/Not Sure

36. What did the Resource Center do?

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

OVERALL SATISFACTION

37. Overall, how satisfied are you with your whole experience in the Health Management Program?

- a. Very satisfied
- b. Somewhat satisfied
- c. Somewhat dissatisfied
- d. Very dissatisfied
- e. Don't Know/Not Sure

38. Would you recommend the SoonerCare Health Management Program to a friend who has health care needs like yours?

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

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

HEALTH STATUS & LIFESTYLE

40. Overall, how would you rate your health today? Would you say it is excellent, good, fair or poor?

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Don't Know/Not Sure

41. Compared to before you participated in the SoonerCare Health Management Program, how has your health changed? Would you say your health is better, worse or about the same?

- a. Better
- b. Worse → [GO TO Q43]
- c. About the same → [GO TO Q43]

42. Do you think the SoonerCare Health Management Program has contributed to your improvement in health?

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

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

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

Questions 44 to 47 have been discontinued

~~44. [IF RESPONDENT'S RECORD SHOWS ENROLLMENT DATE PRIOR TO JULY 2013, ASK THIS QUESTION] We're almost done. Before July 2013, the SoonerCare Health Management Program included Nurse Care Managers who visited members in their homes or called them each month on the phone. Did you have a Nurse Care Manager under the previous program? [IF YES, ASK WHETHER NCM VISITED THEIR HOME OR CALLED ON PHONE. IF RESPONDENT SAYS "BOTH", RECORD AS VISITED IN THEIR HOME.]~~

- ~~a. Yes, visited in home~~
- ~~b. Yes, called on phone~~
- ~~c. No → [GO TO Q52]~~
- ~~d. Don't Know/Not Sure → [GO TO Q52]~~

~~45. I am going to ask about different kinds of help that you may have received from your Nurse Care Manager in the previous program and that you may be receiving today from your Health Coach. For each, please tell me who was more helpful, your Nurse Care Manager you had before July 2013 under the previous program or your current Health Coach [REVERSE ORDER FROM PREVIOUS SURVEY]. [RECORD "SAME" IF VOLUNTEERED BY RESPONDENT; DO NOT OFFER AS OPTION.]~~

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

46. Overall, what do you prefer — the program as it was before July 2013 with a Nurse Care Manager or the program as it is today, with a Health Coach in the doctor's office? [REVERSE ORDER FROM PREVIOUS SURVEY.] [RECORD "NO PREFERENCE/SAME" IF VOLUNTEERED BY RESPONDENT; DO NOT OFFER AS OPTION.]

- a. ~~Program before, with Nurse Care Manager~~
- b. ~~Program today, with Health Coach~~
- c. ~~No preference/programs are about the same → [GO TO Q52]~~
- d. ~~Don't Know/Not Sure → [GO TO Q52]~~

47. Why do you prefer [MEMBER'S CHOICE]? [RECORD ANSWER AND GO TO Q52]

Questions 48 and 49 are asked of follow-up survey respondents only

48. [IF RESPONDENT ANSWERED "NO" TO Q5] About when did you decide to no longer participate?

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

49. Why did you decide to no longer participate in the program [RECORD ANSWER & SKIP TO Q52]?

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

Questions 50 and 51 have been discontinued

~~50. [IF RESPONDENT ANSWERED "NO" TO Q4] About when did you decide to not participate?~~

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

~~51. Why did you decide not to participate in the program?~~

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

DEMOGRAPHICS

52. I'm now going to ask about your race. I will read you a list of choices. You may choose 1 or more.
This question is being used for demographic purposes only and you may also choose not to respond.

- a. White or Caucasian
- b. Black or African-American
- c. Asian
- d. Native Hawaiian or other Pacific Islander
- e. American Indian
- f. Hispanic or Latino
- g. Other. SPECIFY: _____

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

APPENDIX B – DETAILED HEALTH COACHING PARTICIPANT SURVEY RESULTS

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

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
1) Are you currently enrolled in SoonerCare?													
A. Yes	138 99.30%	602 97.30%	529 97.24%	501 99.80%	605 100.00%	664 100.00%	3039 98.59%	133 98.50%	267 92.71%	225 100.00%	307 100.00%	322 100.00%	1254 97.59%
B. No	1 0.70%	17 2.70%	15 2.8%	1 0.2%	0 0.00%	0 0.00%	34 1.1%	2 1.50%	21 7.29%	0 0.00%	0 0.00%	0 0.00%	23 1.80%
2) Have you heard of the Health Management Program (HMP)?													
A. Yes	121 87.70%	554 92.00%	514 97.16%	501 100.00%	605 100.00%	663 99.85%	2958 97.33%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked
B. No	16 11.60%	47 7.80%	15 2.84%	0 0.00%	0 0.00%	1 0.15%	79 2.60%						
C. Don't know/not sure	1 0.70%	1 0.20%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	2 0.07%						
3) Were you contacted and offered a chance to enroll in the HMP?													
A. Yes	122	553	514	501	605	663	2958	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
	88.4%	91.60%	97.16%	100.00%	100.00%	99.85%	97.63%						
B. No	7 5.10%	47 7.80%	15 2.84%	0 0.00%	0 0.00%	1 0.15%	70 2.30%						
C. Don't know/not sure	9 6.50%	2 0.30%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	11 0.36%						
4) Did you decide to participate?													
A. Yes	120 95.20%	552 99.80%	512 99.61%	499 99.60%	605 100.00%	662 99.85%	2950 99.59%	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>	<i>N/A - not asked</i>
B. No	6 4.80%	1 0.20%	2 0.39%	2 0.40%	0 0.00%	1 0.15%	12 0.41%						
5) Are you still participating today in the SoonerCare HMP?													
A. Yes	118 98.30%	542 98.20%	500 97.66%	496 99.40%	605 100.00%	660 99.70%	2921 99.02%	122 91.70%	218 81.65%	220 97.78%	307 100.00%	315 97.83%	1182 94.41%
B. No/Don't know	2 1.70%	10 1.80%	12 2.34%	3 0.60%	0 0.00%	2 0.30%	29 0.98%	11 8.30%	49 18.35%	5 2.22%	0 0.00%	7 2.17%	70 5.59%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggre- gate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggre- gate
6) How long have you been participating in the SoonerCare HMP?													
A. Less than 1 month	9 7.60%	5 0.90%	14 2.80%	13 2.62%	7 1.16%	9 1.36%	57 1.95%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
B. 1 to 2 months	39 33.10%	18 3.30%	8 1.60%	36 7.26%	37 6.12%	52 7.88%	190 6.50%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
C. 3 to 4 months	33 28.00%	40 7.40%	27 5.40%	98 19.76%	190 31.40%	224 33.94%	612 20.95%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
D. 5 to 6 months	7 5.90%	109 20.10%	57 11.40%	170 34.27%	154 25.45%	98 14.85%	595 20.37%	0 0.00%	0 0.00%	0 0.00%	3 0.98%	1 0.32%	3 0.34%
E. More than 6 months	28 23.70%	352 64.90%	385 77.00%	160 32.26%	187 30.91%	229 34.70%	1341 45.91%	See below	See below	See below	See below	See below	See below
F. 6 to 9 months	<i>For initial survey, tenures greater than six months are not further stratified</i>							8 6.60%	9 4.13%	50 22.73%	48 15.64%	97 30.89%	212 17.95%
G. 9 to 12 months								68 55.70%	62 28.44%	75 34.09%	138 44.95%	126 40.13%	469 39.71%
H. More than 12 months								44 36.10%	147 67.43%	91 41.36%	107 34.85%	68 21.66%	457 38.70%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
I. Don't know/not sure	2 1.70%	18 3.30%	9 1.80%	19 3.83%	30 4.96%	48 7.27%	126 4.31%	2 1.60%	0 0.00%	4 1.82%	11 3.58%	22 7.01%	39 3.30%
7) How did you learn about the SoonerCare HMP?													
A. Received information in the mail	10 8.50%	17 3.10%	28 5.60%	73 14.81%	90 14.88%	68 10.30%	286 9.80%						
B. Received a call from my Health Coach	37 31.40%	191 35.20%	149 29.80%	276 55.98%	398 65.79%	476 72.12%	1527 52.33%						
C. Received a call from someone else	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked
D. Doctor referred me while I was in his/her office	67 56.80%	305 56.30%	273 54.60%	102 20.69%	59 9.75%	45 6.82%	851 29.16%						
E. Other	0 0.00%	8 1.50%	8 1.60%	12 2.43%	7 1.16%	21 3.18%	56 1.92%						
F. Don't know/not sure	4 3.40%	21 3.90%	42 8.40%	30 6.09%	51 8.43%	50 7.58%	198 6.79%						

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
8) What were your reasons for deciding to participate in the SoonerCare HMP? (Multiple answers allowed.)													
A. Learn how to better manage health problems	30 25.40%	143 26.40%	125 25.05%	157 31.59%	145 23.97%	209 31.57%	809 27.66%						
B. Learn how to identify changes in health	0 0.00%	0 0.00%	0 0.0%	0 0.0%	0 0.00%	0 0.00%	0 0.0%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked
C. Have someone to call with questions about health	3 2.50%	17 3.10%	19 3.81%	7 1.41%	26 4.30%	12 1.81%	84 2.87%						
D. Get help making health care appointments	4 3.40%	7 1.30%	4 0.80%	6 1.21%	9 1.49%	12 1.81%	42 1.44%						

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
E. Personal doctor recommended I enroll	2 1.70%	18 3.30%	15 3.01%	21 4.23%	28 4.63%	14 2.11%	98 3.35%						
F. Improve my health	28 23.70%	89 16.40%	86 17.23%	79 15.90%	68 11.24%	54 8.16%	404 13.81%						
G. Was invited to enroll/no specific reason	43 36.40%	229 42.30%	217 43.49%	208 41.85%	294 48.60%	315 47.58%	1306 44.65%						
H. Other	5 4.20%	35 6.50%	27 5.41%	13 2.62%	22 3.64%	34 5.14%	136 4.65%						
I. Don't know/not sure	3 2.50%	6 1.10%	6 1.20%	6 1.21%	13 2.15%	12 1.81%	46 1.57%						
9) Among the reasons you gave, what was your most important reason for deciding to participate?													
A. Learn how to better manage health problems	31 26.30%	142 26.20%	124 24.80%	158 31.85%	145 23.97%	210 31.77%	810 27.72%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
B. Learn how to identify changes in health	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>						
C. Have someone to call with questions about health	3 <i>2.50%</i>	17 <i>3.10%</i>	19 <i>3.80%</i>	7 <i>1.41%</i>	26 <i>4.30%</i>	12 <i>1.82%</i>	84 <i>2.87%</i>						
D. Get help making health care appointments	4 <i>3.40%</i>	7 <i>1.30%</i>	1 <i>0.20%</i>	6 <i>1.21%</i>	9 <i>1.49%</i>	12 <i>1.82%</i>	39 <i>1.33%</i>						
E. Personal doctor recommended I enroll	2 <i>1.70%</i>	17 <i>3.10%</i>	15 <i>3.00%</i>	21 <i>4.23%</i>	28 <i>4.63%</i>	14 <i>2.12%</i>	97 <i>3.32%</i>						
F. Improve my health	28 <i>23.70%</i>	89 <i>16.40%</i>	83 <i>16.60%</i>	77 <i>15.52%</i>	68 <i>11.24%</i>	52 <i>7.87%</i>	397 <i>13.59%</i>						
G. Was invited to enroll/no specific reason	42 <i>35.60%</i>	229 <i>42.30%</i>	220 <i>44.00%</i>	208 <i>41.94%</i>	294 <i>48.60%</i>	315 <i>47.66%</i>	1308 <i>44.76%</i>						

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
H. Other	5 4.20%	35 6.50%	32 6.40%	13 2.62%	22 3.64%	34 5.14%	141 4.83%						
I. Don't know/not sure	3 2.50%	6 1.10%	6 1.20%	6 1.21%	13 2.15%	12 1.82%	46 1.57%						
10) How soon after you started participating in the SoonerCare HMP were you contacted by your Health Coach?													
A. Contacted at time of enrollment	67 56.80%	498 91.90%	430 86.17%	389 78.74%	470 77.69%	544 82.42%	2398 82.18%						
B. Less than 1 week	34 28.80%	14 2.60%	7 1.40%	20 4.05%	37 6.12%	23 3.48%	135 4.63%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked
C. 1 to 2 weeks	2 1.70%	2 0.40%	8 1.60%	26 5.26%	20 3.31%	18 2.73%	76 2.60%	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked	N/A - not asked
D. More than 2 weeks	0 0.00%	2 0.40%	3 0.60%	3 0.61%	0 0.00%	2 0.30%	10 0.34%						
E. Have not been contacted	0	0	0	0	0	0	0						

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
- enrolled 2 weeks ago or less	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%						
F. Have not been contacted - enrolled 2 to 4 weeks ago	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.17%	0 0.00%	1 0.03%						
G. Have not been contacted - enrolled more than 4 weeks ago	1 0.80%	2 0.40%	5 1.00%	2 0.40%	2 0.33%	1 0.15%	13 0.45%						
H. Don't know/not sure	14 11.90%	24 4.40%	46 9.22%	54 10.93%	75 12.40%	72 10.91%	285 9.77%						
11) Can you tell me the name of your Health Coach?													
A. Yes	46 39.30%	201 37.00%	212 42.57%	211 42.63%	247 40.83%	320 48.71%	1237 42.44%	42 34.40%	81 37.50%	100 45.45%	131 42.67%	132 42.04%	486 41.22%
B. No	71 60.70%	342 63.00%	286 57.43%	284 57.37%	358 59.17%	337 51.29%	1678 57.56%	80 65.60%	135 62.50%	120 54.55%	176 57.33%	182 57.96%	693 58.78%
12) About when was the last time you													

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
spoke to your Health Coach?													
A. Within last week	28 24.10%	123 22.60%	105 21.13%	132 26.72%	182 30.08%	178 27.01%	748 25.66%	30 24.60%	40 18.69%	36 16.36%	67 21.82%	73 23.25%	246 20.90%
B. 1 to 2 weeks ago	41 35.30%	127 23.30%	83 16.70%	65 13.16%	93 15.37%	108 16.39%	517 17.74%	18 14.80%	34 15.89%	27 12.27%	45 14.66%	48 15.29%	172 14.61%
C. 2 to 4 weeks ago	27 23.30%	149 27.40%	166 33.40%	185 37.45%	215 35.54%	250 37.94%	992 34.03%	25 20.50%	58 27.10%	63 28.64%	104 33.88%	85 27.07%	335 28.46%
D. More than 4 weeks ago	19 16.40%	136 25.00%	139 27.97%	105 21.26%	105 17.36%	114 17.30%	618 21.20%	47 38.50%	81 37.85%	87 39.55%	88 28.66%	104 33.12%	407 34.58%
E. Have never spoken to Health Coach	1 0.90%	1 0.20%	3 0.60%	2 0.40%	3 0.50%	1 0.15%	11 0.38%	1 0.80%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.08%
F. Don't know/not sure/no response	0 0.00%	8 1.50%	1 0.20%	5 1.01%	7 1.16%	8 1.21%	29 0.99%	1 0.80%	1 0.47%	7 3.18%	3 0.98%	4 1.27%	16 1.36%
13) Did you speak to your Health Coach over the telephone or in person at your doctor's office?													

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
A. Telephone	59 50.90%	364 66.90%	366 73.64%	409 82.79%	552 92.77%	625 94.98%	2375 81.78%	99 81.10%	173 79.72%	179 81.36%	287 93.49%	300 95.54%	1038 87.97%
B. In person	57 49.10%	170 31.30%	126 25.35%	53 10.73%	37 6.22%	33 5.02%	476 16.39%	23 18.90%	44 20.28%	37 16.82%	19 6.19%	14 4.46%	137 11.61%
C. Don't know/not sure/no response	0 0.00%	10 1.80%	5 1.01%	32 6.48%	6 1.01%	0 0.00%	53 1.83%	0 0.00%	0 0.00%	4 1.82%	1 0.33%	0 0.00%	5 0.42%
14) Did your Health Coach give you a telephone number to call if you needed help with your care?													
A. Yes	106 90.60%	477 87.80%	443 88.60%	409 82.79%	496 82.39%	585 88.64%	2516 86.28%	110 90.20%	203 93.12%	187 85.00%	283 92.18%	299 95.22%	1082 91.62%
B. No	5 4.30%	38 7.00%	31 6.20%	53 10.73%	70 11.63%	29 4.39%	226 7.75%	10 8.20%	7 3.21%	21 9.55%	9 2.93%	6 1.91%	53 4.49%
C. Don't know/not sure/no response	6 5.10%	28 5.20%	26 5.20%	32 6.48%	36 5.98%	46 6.97%	174 5.97%	2 1.60%	8 3.67%	12 5.45%	15 4.89%	9 2.87%	46 3.90%
15) Have you tried to call your Health Coach at the													

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
number you were given?													
A. Yes	17 16.00%	135 28.30%	151 34.09%	127 31.05%	170 34.27%	171 29.23%	771 30.64%	18 16.40%	54 26.73%	71 37.97%	103 36.40%	105 35.12%	351 32.47%
B. No	89 84.00%	342 71.70%	291 65.69%	282 68.95%	325 65.52%	411 70.26%	1740 69.16%	92 83.60%	148 73.27%	114 60.96%	179 63.25%	189 63.21%	722 66.79%
C. Don't know/not sure	0 0.00%	0 0.00%	1 0.23%	0 0.00%	1 0.20%	3 0.51%	5 0.20%	0 0.00%	0 0.00%	2 1.07%	1 0.35%	5 1.67%	8 0.74%
16) Thinking about the last time you called your Health Coach, what was the reason for your call?													
A. Routine health question	11 64.70%	109 80.70%	121 79.08%	94 74.60%	117 68.82%	123 71.93%	575 74.48%	11 61.10%	46 85.19%	58 81.69%	73 70.87%	74 70.48%	262 74.64%
B. Urgent health problem	0 0.00%	3 2.20%	2 1.31%	2 1.59%	4 2.35%	0 0.00%	11 1.42%	1 5.60%	0 0.00%	0 0.00%	3 2.91%	1 0.95%	5 1.42%
C. Seeking assistance in scheduling an appointment	2 11.80%	3 2.20%	11 7.19%	2 1.59%	11 6.47%	8 4.68%	37 4.79%	0 0.00%	3 5.56%	2 2.82%	4 3.88%	2 1.90%	11 3.13%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
D. Returning call from Health Coach	0 <i>0.00%</i>	13 <i>9.60%</i>	12 <i>7.84%</i>	27 <i>21.43%</i>	33 <i>19.41%</i>	36 <i>21.05%</i>	121 <i>15.67%</i>	4 <i>22.20%</i>	3 <i>5.56%</i>	11 <i>15.49%</i>	19 <i>18.45%</i>	27 <i>25.71%</i>	64 <i>18.23%</i>
E. Other	4 <i>23.50%</i>	7 <i>5.20%</i>	6 <i>3.92%</i>	1 <i>0.79%</i>	5 <i>2.94%</i>	4 <i>2.34%</i>	27 <i>3.50%</i>	2 <i>11.10%</i>	2 <i>3.70%</i>	0 <i>0.00%</i>	4 <i>3.88%</i>	1 <i>0.95%</i>	9 <i>2.56%</i>
F. Don't know/not sure	0 <i>0.00%</i>	0 <i>0.00%</i>	1 <i>0.65%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	1 <i>0.13%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>	0 <i>0.00%</i>
17) Did you reach your Health Coach immediately? If no, how quickly did you get a call back?													
A. Reached immediately (at time of call)	8 <i>47.10%</i>	80 <i>59.30%</i>	83 <i>55.70%</i>	53 <i>42.06%</i>	93 <i>54.71%</i>	82 <i>47.95%</i>	399 <i>51.95%</i>	11 <i>61.10%</i>	27 <i>50.00%</i>	31 <i>43.66%</i>	59 <i>57.28%</i>	59 <i>56.19%</i>	187 <i>53.28%</i>
B. Called back within 1 hour	4 <i>23.50%</i>	29 <i>21.50%</i>	37 <i>24.83%</i>	30 <i>23.81%</i>	36 <i>21.18%</i>	44 <i>25.73%</i>	180 <i>23.44%</i>	2 <i>11.10%</i>	19 <i>35.19%</i>	17 <i>23.94%</i>	13 <i>12.62%</i>	17 <i>16.19%</i>	68 <i>19.37%</i>
C. Called back in more than 1 hour but same day	3 <i>17.60%</i>	7 <i>5.20%</i>	8 <i>5.37%</i>	30 <i>23.81%</i>	23 <i>13.53%</i>	27 <i>15.79%</i>	98 <i>12.76%</i>	1 <i>5.60%</i>	2 <i>3.70%</i>	13 <i>18.31%</i>	17 <i>16.50%</i>	11 <i>10.48%</i>	44 <i>12.54%</i>

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
D. Called back the next day	1 5.90%	3 2.20%	5 3.36%	6 4.76%	1 0.59%	3 1.75%	19 2.47%	3 16.70%	1 1.85%	2 2.82%	0 0.00%	3 2.86%	9 2.56%
E. Called back 2 or more days later	1 5.90%	2 1.50%	1 0.67%	2 1.59%	4 2.35%	0 0.00%	10 1.30%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.95%	1 0.28%
F. Never called back	0 0.00%	5 3.70%	5 3.36%	3 2.38%	6 3.53%	5 2.92%	24 3.13%	1 5.60%	0 0.00%	3 4.23%	7 6.80%	8 7.62%	19 5.41%
G. Other	0 0.00%	3 2.20%	0 0.00%	0 0.00%	1 0.59%	0 0.00%	4 0.52%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
H. Don't know/not sure	0 0.00%	6 4.40%	10 6.71%	2 1.59%	6 3.53%	10 5.85%	34 4.43%	0 0.00%	5 9.26%	5 7.04%	7 6.80%	6 5.71%	23 6.55%
18) I'm going to mention some things your Health Coach may have done for you. Has your Health Coach:													
(a) Asked questions about your health problems or concerns													

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
A. Yes	116 98.30%	537 99.10%	497 99.40%	490 99.59%	599 99.50%	657 99.55%	2896 99.38%	119 98.30%	217 100.00%	220 100.00%	304 99.35%	313 99.68%	1173 99.58%
B. No	2 1.70%	4 0.70%	2 0.40%	2 0.41%	3 0.50%	2 0.30%	15 0.51%	2 1.70%	0 0.00%	0 0.00%	1 0.33%	1 0.32%	4 0.34%
C. Don't know/not sure	0 0.00%	1 0.20%	1 0.20%	0 0.00%	0 0.00%	1 0.15%	3 0.10%	0 0.00%	0 0.00%	0 0.00%	1 0.33%	0 0.00%	1 0.08%
(b) Provided instructions about taking care of your health problems or concerns													
A. Yes	99 83.90%	504 93.00%	481 96.20%	465 94.51%	551 91.53%	611 92.58%	2711 93.03%	115 95.00%	211 97.24%	216 98.18%	297 97.06%	297 94.59%	1136 96.43%
B. No	18 15.30%	34 6.30%	16 3.20%	23 4.67%	48 7.97%	43 6.52%	182 6.25%	6 5.00%	6 2.76%	3 1.36%	8 2.61%	14 4.46%	37 3.14%
C. Don't know/not sure	1 0.80%	4 0.70%	3 0.60%	4 0.81%	3 0.50%	6 0.91%	21 0.72%	0 0.00%	0 0.00%	1 0.45%	1 0.33%	3 0.96%	5 0.42%
(c) Helped you to identify changes in your health that might be an early sign of a problem													
A. Yes	29	213	208	180	179	173	982	30	99	79	128	108	444

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
B. No	24.60%	39.30%	41.60%	36.59%	29.73%	26.21%	33.70%	24.80%	45.62%	35.91%	41.83%	34.39%	37.69%
	89	325	281	306	418	481	1900	91	115	139	174	204	723
	75.40%	60.00%	56.20%	62.20%	69.44%	72.88%	65.20%	75.20%	53.00%	63.18%	56.86%	64.97%	61.38%
C. Don't know/not sure	0	4	11	6	5	6	32	0	3	2	4	2	11
	0.00%	0.70%	2.20%	1.22%	0.83%	0.91%	1.10%	0.00%	1.38%	0.91%	1.31%	0.64%	0.93%
(d) Answered questions about your health													
A. Yes	93	486	459	445	532	579	2594	110	211	201	286	292	1100
	78.80%	89.70%	91.80%	90.45%	88.37%	87.73%	89.02%	90.90%	97.24%	91.36%	93.46%	92.99%	93.38%
B. No	23	52	39	41	66	75	296	11	6	16	19	19	71
	19.50%	9.60%	7.80%	8.33%	10.96%	11.36%	10.16%	9.10%	2.76%	7.27%	6.21%	6.05%	6.03%
C. Don't know/not sure	1	5	2	6	4	6	24	0	0	3	1	3	7
	0.80%	0.90%	0.40%	1.22%	0.66%	0.91%	0.82%	0.00%	0.00%	1.36%	0.33%	0.96%	0.59%
(e) Helped you talk to and work with your regular doctor and your regular doctor's office staff													
A. Yes	53	165	123	102	77	95	615	31	50	49	48	44	222
	44.90%	30.40%	24.65%	20.73%	12.79%	14.39%	21.11%	25.60%	23.04%	22.27%	15.69%	14.01%	18.85%
B. No	64	374	372	388	523	562	2283	90	166	170	257	268	951
	54.20%	69.00%	74.55%	78.86%	86.88%	85.15%	78.37%	74.40%	76.50%	77.27%	83.99%	85.35%	80.73%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
C. Don't know/not sure	1 0.80%	3 0.60%	4 0.80%	2 0.41%	2 0.33%	3 0.45%	15 0.51%	0 0.00%	1 0.46%	1 0.45%	1 0.33%	2 0.64%	5 0.42%
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?													
A. Yes	32 27.10%	137 25.30%	117 23.45%	80 16.29%	96 15.95%	103 15.61%	565 19.40%	27 22.30%	42 19.35%	41 18.64%	58 18.95%	56 17.83%	224 19.02%
B. No	86 72.90%	404 74.50%	380 76.15%	409 83.30%	505 83.89%	554 83.94%	2338 80.29%	94 77.70%	175 80.65%	179 81.36%	248 81.05%	257 81.85%	953 80.90%
C. Don't know/not sure	0 0.00%	1 0.20%	2 0.40%	2 0.41%	1 0.17%	3 0.45%	9 0.31%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.32%	1 0.08%
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems													
A. Yes	17 14.40%	35 6.50%	19 3.81%	12 2.44%	6 1.00%	6 1.00%	89 3.95%	6 5.00%	12 5.53%	2 0.91%	3 0.98%	6 1.91%	29 2.46%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
B. No	101 85.60%	506 93.40%	478 95.79%	480 97.56%	595 98.84%	595 98.84%	2160 95.87%	115 95.00%	205 94.47%	218 99.09%	303 99.02%	307 97.77%	1148 97.45%
C. Don't know/not sure	0 0.00%	1 0.20%	2 0.40%	0 0.00%	1 0.17%	1 0.17%	4 0.18%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.32%	1 0.08%
(h) Reviewed your medications with you and helped you to manage your medications													
A. Yes	70 59.30%	439 81.00%	439 87.98%	434 88.21%	495 82.23%	557 84.39%	2434 83.56%	97 80.20%	205 94.47%	202 91.82%	265 86.60%	276 87.90%	1045 88.71%
B. No	46 39.00%	90 16.60%	46 9.22%	42 8.54%	65 10.80%	60 9.09%	349 11.98%	22 18.20%	9 4.15%	7 3.18%	29 9.48%	18 5.73%	85 7.22%
C. Don't know/not sure	2 1.70%	13 2.40%	14 2.81%	16 3.25%	42 6.98%	43 6.52%	130 4.46%	2 1.70%	3 1.38%	11 5.00%	12 3.92%	20 6.37%	48 4.07%
19) (For each activity performed) How satisfied are you with the help you received?													
(a) Asked questions about your health													

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
problems or concerns													
A. Very satisfied	97 82.20%	487 89.90%	460 92.18%	446 90.65%	559 92.86%	617 93.48%	2666 91.52%	111 91.70%	206 94.93%	190 86.36%	285 93.14%	296 94.27%	1088 92.28%
B. Somewhat satisfied	16 13.60%	40 7.40%	28 5.61%	36 7.32%	30 4.98%	28 4.24%	178 6.11%	5 4.10%	7 3.23%	27 12.27%	15 4.90%	13 4.14%	67 5.68%
C. Somewhat dissatisfied	1 0.80%	4 0.70%	2 0.40%	5 1.02%	2 0.33%	1 0.15%	15 0.51%	2 1.70%	2 0.92%	0 0.00%	0 0.00%	1 0.32%	5 0.42%
D. Very dissatisfied	1 0.80%	4 0.70%	6 1.20%	2 0.41%	6 1.00%	5 0.76%	24 0.82%	1 0.80%	1 0.46%	3 1.36%	2 0.65%	2 0.64%	9 0.76%
E. Don't know/Not Applicable	3 2.50%	7 1.30%	3 0.60%	3 0.61%	5 0.83%	9 1.36%	30 1.03%	3 2.50%	1 0.46%	0 0.00%	4 1.31%	2 0.64%	10 0.85%
(b) Provided instructions about taking care of your health problems or concerns													
A. Very satisfied	85 72.00%	471 86.90%	451 90.38%	433 88.01%	526 87.38%	583 88.33%	2549 87.50%	108 89.30%	204 94.01%	188 85.45%	280 91.50%	288 91.72%	1068 90.66%
B. Somewhat satisfied	11 9.30%	30 5.50%	25 5.01%	26 5.28%	18 2.99%	20 3.03%	130 4.46%	4 3.30%	6 2.76%	23 10.45%	12 3.92%	8 2.55%	53 4.50%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
C. Somewhat dissatisfied	1 0.80%	1 0.20%	2 0.40%	3 0.61%	0 0.00%	1 0.15%	8 0.27%	2 1.70%	1 0.46%	2 0.91%	0 0.00%	0 0.00%	5 0.42%
D. Very dissatisfied	1 0.80%	4 0.70%	2 0.40%	1 0.20%	3 0.50%	1 0.15%	12 0.41%	1 0.80%	0 0.00%	2 0.91%	2 0.65%	1 0.32%	6 0.51%
E. Don't know/Not Applicable	20 16.90%	36 6.60%	19 3.81%	29 5.89%	55 9.14%	55 8.33%	214 7.35%	6 5.00%	6 2.76%	5 2.27%	12 3.92%	17 5.41%	46 3.90%
(c) Helped you to identify changes in your health that might be an early sign of a problem													
A. Very satisfied	29 24.60%	203 37.50%	198 39.68%	173 35.16%	173 28.74%	167 25.30%	943 32.37%	29 24.00%	90 41.47%	77 35.00%	124 40.52%	105 33.44%	425 36.08%
B. Somewhat satisfied	4 3.40%	8 1.50%	6 1.20%	4 0.81%	3 0.50%	3 0.45%	28 0.96%	0 0.00%	4 1.84%	4 1.82%	3 0.98%	1 0.32%	12 1.02%
C. Somewhat dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.03%	0 0.00%	1 0.46%	0 0.00%	0 0.00%	0 0.00%	1 0.08%
D. Very dissatisfied	0 0.00%	1 0.20%	0 0.00%	0 0.00%	0 0.00%	1 0.15%	2 0.07%	0 0.00%	0 0.00%	0 0.00%	1 0.33%	0 0.00%	1 0.08%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
E. Don't know/Not Applicable	85 72.00%	329 60.70%	295 59.12%	315 64.02%	426 70.76%	489 74.09%	1939 66.56%	92 76.00%	122 56.22%	139 63.18%	178 58.17%	208 66.24%	739 62.73%
(d) Answered questions about your health													
A. Very satisfied	84 71.20%	452 83.40%	440 88.18%	426 86.59%	508 84.39%	561 85.00%	2471 84.83%	105 86.80%	203 93.55%	187 85.00%	273 89.22%	277 88.22%	1045 88.71%
B. Somewhat satisfied	9 7.60%	26 4.80%	19 3.81%	18 3.66%	15 2.49%	17 2.58%	104 3.57%	3 2.50%	6 2.76%	12 5.45%	10 3.27%	10 3.18%	41 3.48%
C. Somewhat dissatisfied	0 0.00%	2 0.40%	1 0.20%	1 0.20%	2 0.33%	0 0.00%	6 0.21%	2 1.70%	1 0.46%	0 0.00%	0 0.00%	0 0.00%	3 0.25%
D. Very dissatisfied	0 0.00%	3 0.60%	1 0.20%	0 0.00%	2 0.33%	1 0.15%	7 0.24%	0 0.00%	0 0.00%	1 0.45%	1 0.33%	3 0.96%	5 0.42%
E. Don't know/Not Applicable	25 21.20%	59 10.90%	38 7.62%	47 9.55%	75 12.46%	81 12.27%	325 11.16%	11 9.10%	7 3.23%	20 9.09%	22 7.19%	24 7.64%	84 7.13%
(e) Helped you talk to and work with your regular doctor and your regular													

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
doctor's office staff													
A. Very satisfied	52 44.10%	159 29.30%	120 24.05%	99 20.12%	77 12.79%	91 13.79%	598 20.53%	31 25.60%	47 21.66%	51 23.18%	47 15.36%	41 13.06%	217 18.42%
B. Somewhat satisfied	1 0.80%	13 2.40%	6 1.20%	2 0.41%	0 0.00%	2 0.30%	24 0.82%	1 0.80%	3 1.38%	1 0.45%	1 0.33%	0 0.00%	6 0.51%
C. Somewhat dissatisfied	0 0.00%	2 0.40%	0 0.00%	1 0.20%	0 0.00%	0 0.00%	3 0.10%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.32%	1 0.08%
D. Very dissatisfied	0 0.00%	1 0.20%	1 0.20%	0 0.00%	0 0.00%	1 0.15%	3 0.10%	0 0.00%	0 0.00%	0 0.00%	1 0.33%	0 0.00%	1 0.08%
E. Don't know/Not Applicable	65 55.10%	367 67.70%	372 74.55%	390 79.27%	525 87.21%	566 85.76%	2285 78.44%	89 73.60%	167 76.96%	168 76.36%	257 83.99%	272 86.62%	953 80.90%
(f) Helped you to make and keep health care appointments with other doctors, such as specialists, for medical problems?													
A. Very satisfied	30	127	113	78	93	101	542	27	39	38	54	58	216

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
B. Somewhat satisfied	25.40%	23.40%	22.65%	15.85%	15.45%	15.30%	18.61%	22.30%	17.97%	17.27%	17.65%	18.47%	18.34%
	2	17	9	4	4	0	36	0	2	4	3	0	9
C. Somewhat dissatisfied	1.70%	3.10%	1.80%	0.81%	0.66%	0.00%	1.24%	0.00%	0.92%	1.82%	0.98%	0.00%	0.76%
	0	1	0	0	0	0	1	0	2	0	0	0	2
D. Very dissatisfied	0.00%	0.20%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.92%	0.00%	0.00%	0.00%	0.17%
	0	1	0	0	1	3	5	0	0	0	2	0	2
E. Don't know/Not Applicable	0.00%	0.20%	0.00%	0.00%	0.17%	0.45%	0.17%	0.00%	0.00%	0.00%	0.65%	0.00%	0.17%
	86	396	377	410	504	556	2329	94	174	178	247	256	949
	72.90%	73.10%	75.55%	83.33%	83.72%	84.24%	79.95%	77.70%	80.18%	80.91%	80.72%	81.53%	80.56%
(g) Helped you to make and keep health care appointments for mental health or substance abuse problems													
A. Very satisfied	15	33	18	10	8	17	101	4	10	4	3	4	25
	12.70%	6.10%	3.61%	2.03%	1.33%	2.58%	3.47%	3.30%	4.61%	1.82%	0.98%	1.27%	2.12%
B. Somewhat satisfied	1	18	13	3	0	0	35	1	2	1	0	1	5
	0.80%	3.30%	2.61%	0.61%	0.00%	0.00%	1.20%	0.80%	0.92%	0.45%	0.00%	0.32%	0.42%
C. Somewhat dissatisfied	0	1	0	0	0	0	1	0	0	0	0	0	0

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
D. Very dissatisfied	0.00%	0.20%	0.00%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	0	1	0	0	0	1	2	0	0	0	1	1	2
E. Don't know/Not Applicable	0.00%	0.20%	0.00%	0.00%	0.00%	0.15%	0.07%	0.00%	0.00%	0.00%	0.33%	0.32%	0.17%
	102	489	468	479	594	642	2774	116	205	215	302	308	1146
	86.40%	90.20%	93.79%	97.36%	98.67%	97.27%	95.23%	95.90%	94.47%	97.73%	98.69%	98.09%	97.28%
(h) Reviewed your medications with you and helped you to manage your medications													
A. Very satisfied	61	412	423	421	474	545	2336	93	198	190	257	271	1009
	52.63%	76.00%	84.77%	85.57%	78.74%	82.70%	80.22%	76.90%	91.24%	86.36%	83.99%	86.31%	85.65%
B. Somewhat satisfied	7	32	15	19	15	14	102	3	5	10	10	5	33
	6.14%	5.90%	3.01%	3.86%	2.49%	2.12%	3.50%	2.50%	2.30%	4.55%	3.27%	1.59%	2.80%
C. Somewhat dissatisfied	0	4	2	3	0	0	9	1	1	1	0	0	3
	0.00%	0.70%	0.40%	0.61%	0.00%	0.00%	0.31%	0.80%	0.46%	0.45%	0.00%	0.00%	0.25%
D. Very dissatisfied	1	1	2	2	4	2	12	0	1	1	1	1	4
	0.88%	0.20%	0.40%	0.41%	0.66%	0.30%	0.41%	0.00%	0.46%	0.45%	0.33%	0.32%	0.34%
E. Don't know/Not Applicable	46	96	57	47	109	98	453	24	12	18	38	37	129
	40.35%	17.70%	11.42%	9.55%	18.11%	14.87%	15.56%	19.80%	5.53%	8.18%	12.42%	11.78%	10.95%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
20) Did your Health Coach ask your thoughts on what change in your life would make the biggest difference to your health?													
A. Yes	91 77.10%	409 75.50%	380 76.15%	405 82.48%	484 80.40%	547 82.88%	2316 79.53%	93 76.90%	168 77.42%	167 75.91%	259 84.64%	277 88.22%	964 81.83%
B. No	24 20.30%	94 17.30%	71 14.23%	57 11.61%	78 12.96%	74 11.21%	398 13.67%	20 16.50%	28 12.90%	32 14.55%	25 8.17%	20 6.37%	125 10.61%
C. Don't know/not sure	3 2.50%	39 7.20%	48 9.62%	29 5.91%	40 6.64%	39 5.91%	198 6.80%	8 6.60%	21 9.68%	21 9.55%	22 7.19%	17 5.41%	89 7.56%
21) Did you select an area where you would like to make a change?													
A. Yes	79 86.80%	339 82.90%	327 86.28%	335 82.31%	346 71.49%	399 72.94%	1825 78.77%	68 73.10%	130 77.38%	125 74.85%	202 77.99%	197 71.38%	722 74.97%
B. No	11 12.10%	70 17.10%	49 12.93%	68 16.71%	137 28.31%	139 25.41%	474 20.46%	25 26.90%	38 22.62%	42 25.15%	57 22.01%	79 28.62%	241 25.03%
C. Don't know/not sure	1 1.10%	0 0.00%	3 0.79%	4 0.98%	1 0.21%	9 1.65%	18 0.78%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
22) What did you select? (Multiple categories allowed.)													
A. Management of chronic condition	20 21.50%	62 18.70%	73 22.32%	91 27.00%	90 27.00%	113 28.18%	449 24.46%	13 18.80%	20 15.27%	27 21.60%	52 25.70%	58 29.44%	170 23.61%
B. Weight	23 24.70%	94 28.30%	100 30.58%	58 17.21%	55 15.90%	76 18.95%	406 22.11%	17 24.60%	43 32.82%	22 17.60%	35 17.30%	46 23.35%	163 22.64%
C. Diet	11 11.80%	38 11.40%	34 10.40%	40 11.87%	29 8.38%	19 4.74%	171 9.31%	14 20.30%	13 9.92%	20 16.00%	25 12.38%	14 7.11%	86 11.94%
D. Tobacco use	13 14.00%	88 26.50%	68 20.80%	80 23.74%	76 21.97%	72 17.96%	397 21.62%	16 23.20%	35 26.72%	32 25.60%	55 27.23%	35 17.77%	173 24.03%
E. Medications	0 0.00%	5 1.50%	6 1.83%	8 2.37%	12 3.47%	13 3.24%	44 2.40%	2 2.90%	1 0.76%	4 3.20%	3 1.49%	11 5.58%	21 2.92%
F. Alcohol or drug use	0 0.00%	3 0.90%	1 0.31%	0 0.00%	1 0.29%	2 0.50%	7 0.38%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
G. Social support	0 0.00%	13 3.90%	8 2.45%	1 0.30%	6 1.73%	10 2.49%	38 2.07%	2 2.90%	1 0.76%	1 0.80%	3 1.49%	3 1.52%	10 1.39%
H. Other	26 28.00%	29 8.70%	36 11.01%	54 16.02%	73 21.10%	93 23.19%	311 16.94%	5 7.20%	18 13.74%	18 14.40%	28 13.86%	28 14.21%	97 13.47%
I. Don't know/not sure	0 0.00%	0 0.00%	1 0.31%	5 1.48%	4 1.16%	3 0.75%	13 0.71%	0 0.00%	0 0.00%	1 0.80%	1 0.50%	2 1.02%	4 0.56%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
23) Did you and your Health Coach develop an Action Plan with goals?													
A. Yes	76 96.20%	275 81.10%	261 80.06%	291 88.18%	306 88.44%	355 89.87%	1564 86.17%	53 77.90%	112 86.15%	120 96.00%	184 91.09%	189 95.94%	658 91.14%
B. No	3 3.80%	61 18.00%	63 19.33%	37 11.21%	35 10.12%	40 10.13%	239 13.17%	15 22.10%	18 13.85%	4 3.20%	16 7.92%	6 3.05%	59 8.17%
C. Don't know/not sure	0 0.00%	3 0.90%	2 0.61%	2 0.61%	5 1.45%	0 0.00%	12 0.88%	0 0.00%	0 0.00%	1 0.80%	2 0.99%	2 1.02%	5 0.69%
24) Have you achieved one or more goals in your Action Plan?													
A. Yes	38 50.00%	221 80.40%	211 80.8%	225 77.3%	254 83.0%	288 81.1%	1237 79.1%	41 77.40%	86 76.79%	104 86.67%	151 82.07%	157 83.07%	539 81.91%
B. No	38 50.00%	54 19.60%	50 19.16%	66 22.68%	52 17.0%	67 18.9%	327 20.91%	12 22.60%	26 23.21%	16 13.33%	33 17.93%	32 16.93%	119 18.09%
C. Don't know/not sure	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.0%	0 0.0%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
25) What was the goal you achieved?	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey						
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	
26) Do you have a goal you are currently trying to achieve?														
A. Yes	22 56.40%	78 35.90%	38 19.00%	52 23.42%	54 22.31%	59 21.45%	303 25.36%	8 19.50%	11 12.79%	23 22.12%	37 24.50%	32 20.65%	111 20.67%	
B. No	17 43.60%	139 64.10%	162 81.00%	170 76.58%	188 77.69%	216 78.55%	892 74.64%	33 80.50%	75 87.21%	81 77.88%	114 75.50%	123 79.35%	426 79.33%	
C. Don't know/not sure	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	
27) What is the goal you're trying to achieve?	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	
28) How confident are you that you will be able to achieve this goal?														
A. Very confident	15 71.40%	49 62.00%	21 55.26%	29 55.77%	30 55.56%	37 62.71%	181 59.74%	6 75.00%	9 81.82%	15 65.22%	24 64.86%	22 68.75%	76 68.47%	
B. Somewhat confident	4 19.00%	24 30.40%	13 34.21%	20 38.46%	19 35.19%	18 30.51%	98 32.34%	2 25.00%	2 18.18%	8 34.78%	13 35.14%	10 31.25%	35 31.53%	
C. Not very confident	2	3	4	2	4	3	18	0	0	0	0	0	0	

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
	9.50%	3.80%	10.53%	3.85%	7.41%	5.08%	5.94%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
D. Not at all confident	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 1.85%	0 0.00%	1 0.33%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
E. Don't know/not sure	0 0.00%	3 3.80%	0 0.00%	1 1.92%	0 0.00%	1 1.69%	5 1.65%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
29) How helpful has your Health Coach been in helping you to achieve your goals?													
A. Very helpful	33 94.30%	208 92.90%	202 97.58%	214 99.07%	232 99.57%	263 98.87%	1152 97.54%	41 100.00%	85 98.84%	92 93.88%	137 98.56%	147 98.66%	502 97.86%
B. Somewhat helpful	2 5.70%	3 1.30%	5 2.42%	1 0.46%	1 0.43%	3 1.13%	15 1.27%	0 0.00%	1 1.16%	4 4.08%	2 1.44%	2 1.34%	9 1.75%
C. Not very helpful	0 0.00%	1 0.40%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.08%	0 0.00%	0 0.00%	1 1.02%	0 0.00%	0 0.00%	1 0.19%
D. Not at all helpful	0 0.00%	0 0.00%	0 0.00%	1 0.46%	0 0.00%	0 0.00%	1 0.08%	0 0.00%	0 0.00%	1 1.02%	0 0.00%	0 0.00%	1 0.19%
E. Don't know/not sure/no response	0	12	0	0	0	0	12	0	0	0	0	0	0

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
	0.00%	5.40%	0.00%	0.00%	0.00%	0.00%	1.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
30) Do you have any suggestions for how your Health Coach could be more helpful to you in achieving your goals?	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)	(Member-specific data)
31) Overall, how satisfied are you with your Health Coach?													
A. Very satisfied	97 84.30%	478 87.70%	444 92.50%	413 90.97%	469 93.06%	544 93.47%	2445 91.23%	103 85.10%	193 95.07%	173 84.80%	260 94.89%	261 94.91%	990 91.92%
B. Somewhat satisfied	13 11.30%	41 7.50%	25 5.21%	31 6.83%	24 4.76%	23 3.95%	157 5.86%	9 7.40%	7 3.45%	27 13.24%	12 4.38%	11 4.00%	66 6.13%
C. Somewhat dissatisfied	0 0.00%	7 1.30%	3 0.63%	5 1.10%	2 0.40%	3 0.52%	20 0.75%	2 1.70%	1 0.49%	1 0.49%	0 0.00%	1 0.36%	5 0.46%
D. Very dissatisfied	2 1.70%	5 0.90%	7 1.46%	3 0.66%	5 0.99%	5 0.86%	27 1.01%	1 0.80%	2 0.99%	3 1.47%	2 0.73%	2 0.73%	10 0.93%
E. Don't know/not sure/no response	3	14	1	2	4	7	31	6	0	0	0	0	6

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
	2.60%	2.60%	0.21%	0.44%	0.79%	1.20%	1.16%	5.00%	0.00%	0.00%	0.00%	0.00%	0.56%
32) Did you know that the SoonerCare HMP has a Resource Center to help members deal with non-medical problems?													
A. Yes	42 35.90%	211 38.90%	159 32.19%	173 35.38%	276 46.23%	285 43.18%	1146 39.52%	45 37.20%	107 49.54%	83 37.90%	158 52.49%	168 55.26%	561 48.32%
B. No	74 63.20%	278 51.20%	290 58.70%	254 51.94%	244 40.87%	280 42.42%	1420 48.97%	66 54.50%	98 45.37%	103 47.03%	106 35.22%	89 29.28%	462 39.79%
C. Don't know/not sure/no response	1 0.90%	54 9.90%	45 9.11%	62 12.68%	77 12.90%	95 14.39%	334 11.52%	10 8.30%	11 5.09%	33 15.07%	37 12.29%	47 15.46%	138 11.89%
33) Have you or your Health Coach used the Resource Center to help you with a problem?													
A. Yes	8 19.00%	22 10.40%	19 11.95%	19 10.98%	42 15.22%	20 7.02%	130 11.34%	3 6.70%	10 9.43%	7 8.43%	10 6.33%	7 4.17%	37 6.61%
B. No	34	188	140	152	234	264	1012	42	96	76	148	161	523

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
	81.00%	89.10%	88.05%	87.86%	84.78%	92.63%	88.31%	93.30%	90.57%	91.57%	93.67%	95.83%	93.39%
C. Don't know/not sure	0 0.00%	1 0.50%	0 0.00%	2 1.16%	0 0.00%	1 0.35%	4 0.35%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
34) Thinking about the last time you used the Resource Center, what problem did you or your Health Coach ask for help in resolving?													
A. Housing/rent	2 25.00%	1 4.50%	0 0.00%	1 5.26%	5 11.90%	2 10.00%	11 8.46%	0 0.00%	1 10.00%	1 14.29%	0 0.00%	0 0.00%	2 5.41%
B. Food	2 25.00%	4 18.20%	4 21.05%	2 10.53%	17 40.48%	8 40.00%	37 28.46%	0 0.00%	3 30.00%	2 28.57%	1 10.00%	0 0.00%	6 16.22%
C. Child care	0 0.00%	1 4.50%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.77%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
D. Transportation	3 37.50%	4 18.20%	2 10.53%	4 21.05%	9 21.43%	0 0.00%	22 16.92%	2 66.70%	0 0.00%	4 57.14%	2 20.00%	3 42.86%	11 29.73%
E. Don't know/not sure	1 12.50%	0 0.00%	0 0.00%	1 5.26%	0 0.00%	0 0.00%	2 1.54%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
F. Other	0 0.00%	12 54.50%	13 68.42%	11 57.89%	11 26.19%	10 50.00%	57 43.85%	1 33.30%	6 60.00%	0 0.00%	7 70.00%	4 57.14%	18 48.65%
35) How helpful was the													

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
Resource Center in resolving the problem?													
A. Very helpful	6 75.00%	16 76.20%	15 78.95%	11 57.89%	28 66.67%	12 60.00%	88 68.22%	3 100.00%	7 77.78%	7 100.00%	8 80.00%	6 85.71%	31 86.11%
B. Somewhat helpful	0 0.00%	2 9.50%	0 0.00%	1 5.26%	3 7.14%	1 5.00%	7 5.43%	0 0.00%	0 0.00%	0 0.00%	1 10.00%	0 0.00%	1 2.78%
C. Not very helpful	0 0.00%	0 0.00%	1 5.26%	0 0.00%	3 7.14%	1 5.00%	5 3.88%	0 0.00%	1 11.11%	0 0.00%	0 0.00%	0 0.00%	1 2.78%
D. Not at all helpful	1 12.50%	2 9.50%	3 15.79%	3 15.79%	3 7.14%	4 20.00%	16 12.40%	0 0.00%	1 11.11%	0 0.00%	1 10.00%	1 14.29%	3 8.33%
E. Don't know/not sure	1 12.50%	1 4.80%	0 0.00%	4 21.05%	5 11.90%	2 10.00%	13 10.08%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
36) What did the Resource Center do?	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>	<i>(Member-specific data)</i>
37) Overall, how satisfied are you with your whole experience in the HMP?													
A. Very satisfied	95 81.90%	478 87.90%	454 92.28%	447 90.67%	548 92.10%	604 92.07%	2626 90.68%	107 89.90%	206 95.37%	185 84.86%	283 94.02%	296 95.48%	1077 92.53%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
B. Somewhat satisfied	15 12.90%	47 8.60%	28 5.69%	36 7.30%	31 5.21%	34 5.18%	191 6.60%	10 8.40%	7 3.24%	31 14.22%	15 4.98%	10 3.23%	73 6.27%
C. Somewhat dissatisfied	1 0.90%	5 0.90%	1 0.20%	6 1.22%	3 0.50%	4 0.61%	20 0.69%	1 0.80%	2 0.93%	0 0.00%	0 0.00%	1 0.32%	4 0.34%
D. Very dissatisfied	2 1.70%	3 0.60%	8 1.63%	2 0.41%	9 1.51%	6 0.91%	30 1.04%	0 0.00%	1 0.46%	2 0.92%	3 1.00%	3 0.97%	9 0.77%
E. Don't know/not sure/no response	3 2.60%	11 2.00%	1 0.20%	2 0.41%	4 0.67%	8 1.22%	29 1.00%	1 0.80%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	1 0.09%
38) Would you recommend the SoonerCare HMP to a friend who has health care needs like yours?													
A. Yes	106 91.40%	510 93.80%	476 96.75%	473 96.14%	575 96.64%	631 96.19%	2771 95.72%	117 96.70%	213 98.16%	209 95.87%	292 97.01%	303 97.43%	1134 97.09%
B. No	2 1.70%	5 0.90%	8 1.63%	5 1.02%	11 1.85%	7 1.07%	38 1.31%	2 1.70%	2 0.92%	2 0.92%	3 1.00%	3 0.96%	12 1.03%
C. Don't know/not sure/no response	8	29	8	14	9	18	86	2	2	7	6	5	22

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
	6.90%	5.30%	1.63%	2.85%	1.51%	2.74%	2.97%	1.70%	0.92%	3.21%	1.99%	1.61%	1.88%
39) Do you have any suggestions for improving the SoonerCare HMP?													
A. Yes <i>(member-specific responses documented)</i>	12 10.30%	47 8.60%	33 6.86%	37 7.47%	42 7.02%	33 5.03%	204 7.06%	10 8.30%	13 5.99%	14 6.42%	14 4.65%	11 3.54%	62 5.31%
B. No/no response	104 89.70%	497 91.40%	448 93.14%	458 92.53%	556 92.98%	623 94.97%	2686 92.94%	111 91.70%	204 94.01%	204 93.58%	287 95.35%	300 96.46%	1106 94.69%
40) Overall, how would you rate your health today?													
A. Excellent	4 3.40%	8 1.50%	4 0.81%	2 0.41%	2 0.33%	2 0.30%	22 0.76%	2 1.70%	1 0.46%	0 0.00%	1 0.33%	0 0.00%	4 0.34%
B. Good	37 31.40%	208 38.40%	157 31.65%	101 20.53%	152 25.42%	171 26.07%	826 28.47%	49 40.50%	86 39.63%	50 22.73%	74 24.42%	79 25.40%	338 28.84%
C. Fair	55 46.60%	224 41.40%	270 54.44%	310 63.01%	360 60.20%	391 59.60%	1610 55.50%	49 40.50%	110 50.69%	146 66.36%	186 61.39%	197 63.34%	688 58.70%
D. Poor	22 18.60%	100 18.50%	63 12.70%	78 15.85%	84 14.05%	91 13.87%	438 15.10%	21 17.40%	20 9.22%	24 10.91%	42 13.86%	35 11.25%	142 12.12%
E. Don't know/not sure	0	1	2	1	0	1	5	0	0	0	0	0	0

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
	0.00%	0.20%	0.40%	0.20%	0.00%	0.15%	0.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
41) Compared to before you enrolled in the SoonerCare HMP, how has your health changed?													
A. Better	46 39.00%	235 43.40%	224 45.16%	198 40.33%	194 32.55%	238 36.28%	1135 39.16%	58 47.90%	107 49.31%	112 50.91%	133 43.89%	127 40.84%	537 45.82%
B. Worse	4 3.40%	48 8.90%	47 9.48%	42 8.55%	37 6.21%	53 8.08%	231 7.97%	10 8.30%	20 9.22%	20 9.09%	37 12.21%	26 8.36%	113 9.64%
C. About the same	68 57.60%	258 47.70%	225 45.36%	251 51.12%	365 61.24%	365 55.64%	1532 52.86%	53 43.80%	90 41.47%	88 40.00%	133 43.89%	158 50.80%	522 44.54%
42) (If better) Do you think the SoonerCare HMP has contributed to your improvement in health?													
A. Yes	44 95.70%	225 95.70%	207 92.41%	190 95.96%	181 93.30%	230 96.64%	1077 94.89%	53 91.40%	103 96.26%	111 99.11%	128 96.24%	124 97.64%	519 96.65%
B. No	2 4.30%	10 4.30%	17 7.59%	5 2.53%	10 5.15%	8 3.36%	52 4.58%	4 6.90%	4 3.74%	1 0.89%	5 3.76%	1 0.79%	15 2.79%
C. Don't know/not sure	0 0.00%	0 0.00%	0 0.00%	3 1.52%	3 1.55%	0 0.00%	6 0.53%	1 1.70%	0 0.00%	0 0.00%	0 0.00%	2 1.57%	3 0.56%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
43) I'm going to mention a few areas where Health Coaches sometimes try to help members improve their health by changing behaviors. For each, tell me if your Health Coach spoke to you, and if so, whether you changed your behavior as a result.													
(a) Smoking less or using other tobacco products less													
A. N/A - not discussed	28 23.70%	64 11.80%	54 10.93%	103 21.11%	158 26.42%	153 23.32%	560 19.34%	11 9.20%	11 5.07%	28 12.79%	60 19.80%	56 18.06%	166 14.21%
B. Discussed - no change	9 7.60%	26 4.80%	45 9.11%	32 6.56%	22 3.68%	27 4.12%	161 5.56%	10 8.40%	18 8.29%	9 4.11%	14 4.62%	7 2.26%	58 4.97%
C. Discussed - temporary change	3	11	3	10	4	9	40	0	4	2	6	3	15

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
D. Discussed - continuing change	2.50%	2.00%	0.61%	2.05%	0.67%	1.37%	1.38%	0.00%	1.84%	0.91%	1.98%	0.97%	1.28%
	16	106	88	91	89	80	470	16	31	31	50	37	165
E. Don't know/not sure	13.60%	19.60%	17.81%	18.65%	14.88%	12.20%	16.23%	13.40%	14.29%	14.16%	16.50%	11.94%	14.13%
	3	24	16	8	16	25	92	4	1	7	6	10	28
F. Not applicable	2.50%	4.40%	3.24%	1.64%	2.68%	3.81%	3.18%	3.40%	0.46%	3.20%	1.98%	3.23%	2.40%
	59	310	288	244	309	362	1572	78	152	142	167	197	736
	50.00%	57.30%	58.30%	50.00%	51.67%	55.18%	54.30%	65.50%	70.05%	64.84%	55.12%	63.55%	63.01%
(b) Moving around more or getting more exercise													
A. N/A - not discussed	20	82	69	98	160	139	568	15	25	42	69	60	211
	16.90%	15.20%	13.91%	20.00%	26.76%	21.19%	19.59%	12.60%	11.52%	19.18%	22.77%	19.35%	18.07%
B. Discussed - no change	12	35	39	35	57	49	227	7	24	19	25	23	98
	10.20%	6.50%	7.86%	7.14%	9.53%	7.47%	7.83%	5.90%	11.06%	8.68%	8.25%	7.42%	8.39%
C. Discussed - temporary change	4	7	11	20	6	7	55	2	12	6	6	7	33
	3.40%	1.30%	2.22%	4.08%	1.00%	1.07%	1.90%	1.70%	5.53%	2.74%	1.98%	2.26%	2.83%
D. Discussed - continuing change	49	287	281	242	228	254	1341	67	105	104	144	130	550
	41.50%	53.00%	56.65%	49.39%	38.13%	38.72%	46.26%	56.30%	48.39%	47.49%	47.52%	41.94%	47.09%
E. Don't know/not sure	4	21	14	12	15	21	87	3	1	7	9	12	32

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
F. Not applicable	3.40%	3.90%	2.82%	2.45%	2.51%	3.20%	3.00%	2.50%	0.46%	3.20%	2.97%	3.87%	2.74%
	29	109	82	83	132	186	621	25	50	41	50	78	244
	24.60%	20.10%	16.53%	16.94%	22.07%	28.35%	21.42%	21.00%	23.04%	18.72%	16.50%	25.16%	20.89%
(c) Changing your diet													
A. N/A - not discussed	19	83	59	69	119	115	464	15	22	16	32	27	112
	16.10%	15.30%	11.90%	14.08%	19.90%	17.53%	16.01%	12.60%	10.14%	7.31%	10.56%	8.71%	9.59%
B. Discussed - no change	15	27	41	40	65	64	252	8	19	20	23	23	93
	12.70%	5.00%	8.27%	8.16%	10.87%	9.76%	8.69%	6.70%	8.76%	9.13%	7.59%	7.42%	7.96%
C. Discussed - temporary change	2	11	16	21	6	10	66	2	11	14	4	11	42
	1.70%	2.00%	3.23%	4.29%	1.00%	1.52%	2.28%	1.70%	5.07%	6.39%	1.32%	3.55%	3.60%
D. Discussed - continuing change	57	334	317	293	271	314	1586	73	133	142	183	167	698
	48.30%	61.70%	63.91%	59.80%	45.32%	47.87%	54.71%	61.30%	61.29%	64.84%	60.40%	53.87%	59.76%
E. Don't know/not sure	3	21	13	8	12	20	77	2	0	5	7	13	27
	2.50%	3.90%	2.62%	1.63%	2.01%	3.05%	2.66%	1.70%	0.00%	2.28%	2.31%	4.19%	2.31%
F. Not applicable	22	65	50	59	125	133	454	19	32	22	54	69	196
	18.60%	12.00%	10.08%	12.04%	20.90%	20.27%	15.66%	16.00%	14.75%	10.05%	17.82%	22.26%	16.78%
(d) Managing and taking your medications better													

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
A. N/A - not discussed	18	88	66	64	131	124	491	19	14	12	45	27	117
	15.30%	16.30%	13.31%	13.06%	21.91%	18.90%	16.94%	16.00%	6.45%	5.48%	14.85%	8.71%	10.02%
B. Discussed - no change	18	3	5	8	6	3	43	0	1	0	2	1	4
	15.30%	0.60%	1.01%	1.63%	1.00%	0.46%	1.48%	0.00%	0.46%	0.00%	0.66%	0.32%	0.34%
C. Discussed - temporary change	0	0	1	0	0	0	1	0	0	3	0	0	3
	0.00%	0.00%	0.20%	0.00%	0.00%	0.00%	0.03%	0.00%	0.00%	1.37%	0.00%	0.00%	0.26%
D. Discussed - continuing change	42	269	281	249	136	157	1134	57	111	120	70	85	443
	35.60%	49.70%	56.65%	50.82%	22.74%	23.93%	39.12%	47.90%	51.15%	54.79%	23.10%	27.42%	37.93%
E. Don't know/not sure	3	21	13	11	30	60	138	3	1	10	15	24	53
	2.50%	3.90%	2.62%	2.24%	5.02%	9.15%	4.76%	2.50%	0.46%	4.57%	4.95%	7.74%	4.54%
F. Not applicable	37	160	130	158	295	312	1092	40	90	74	171	173	548
	31.40%	29.60%	26.21%	32.24%	49.33%	47.56%	37.67%	33.60%	41.47%	33.79%	56.44%	55.81%	46.92%
(e) Making sure to drink enough water throughout the day													
A. N/A - not discussed	51	198	114	125	158	118	764	42	48	36	45	25	196
	43.20%	36.60%	22.98%	25.51%	26.42%	17.99%	26.35%	35.30%	22.12%	16.44%	14.85%	8.06%	16.78%
B. Discussed - no change	7	15	39	40	38	47	186	6	32	29	21	17	105
	5.90%	2.80%	7.86%	8.16%	6.35%	7.16%	6.42%	5.00%	14.75%	13.24%	6.93%	5.48%	8.99%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggregate
C. Discussed - temporary change	1	3	5	17	4	7	37	0	3	9	3	4	19
	0.80%	0.60%	1.01%	3.47%	0.67%	1.07%	1.28%	0.00%	1.38%	4.11%	0.99%	1.29%	1.63%
D. Discussed - continuing change	42	218	244	204	195	210	1113	44	85	88	118	104	439
	35.60%	40.30%	49.19%	41.63%	32.61%	32.01%	38.39%	37.00%	39.17%	40.18%	38.94%	33.55%	37.59%
E. Don't know/not sure	3	26	28	23	46	71	197	7	6	23	35	51	122
	2.50%	4.80%	5.65%	4.69%	7.69%	10.82%	6.80%	5.90%	2.76%	10.50%	11.55%	16.45%	10.45%
F. Not applicable	14	81	66	81	157	203	602	20	43	34	81	109	287
	11.90%	15.00%	13.31%	16.53%	26.25%	30.95%	20.77%	16.80%	19.82%	15.53%	26.73%	35.16%	24.57%
(f) Drinking or using other substances less													
A. N/A - not discussed	33	160	153	221	281	278	1126	39	52	86	150	116	443
	28.00%	29.60%	30.97%	45.66%	46.99%	42.38%	38.95%	32.80%	23.96%	39.27%	49.50%	37.42%	37.93%
B. Discussed - no change	6	3	4	1	0	4	18	0	0	0	1	0	1
	5.10%	0.60%	0.81%	0.21%	0.00%	0.61%	0.62%	0.00%	0.00%	0.00%	0.33%	0.00%	0.09%
C. Discussed - temporary change	0	0	0	0	0	1	1	0	0	0	0	0	0
	0.00%	0.00%	0.00%	0.00%	0.00%	0.15%	0.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
D. Discussed - continuing change	2	9	5	8	5	5	34	1	4	5	4	2	16
	1.70%	1.70%	1.01%	1.65%	0.84%	0.76%	1.18%	0.80%	1.84%	2.28%	1.32%	0.65%	1.37%

Survey Questions (numbering based on initial survey)	Initial Survey							Follow-up Survey					
	2/15 - 4/15	5/15 - 4/16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggre- gate	5/15- 4-16	5/16 - 4/17	5/17 - 2/18	3/18 - 2/19	3/19 - 2/20	Aggre- gate
E. Don't know/not sure	3 2.50%	24 4.40%	23 4.66%	12 2.48%	21 3.51%	47 7.16%	130 4.50%	5 4.20%	2 0.92%	13 5.94%	9 2.97%	42 13.55%	71 6.08%
F. Not applicable	74 62.70%	345 63.80%	309 62.55%	242 50.00%	291 48.66%	321 48.93%	1582 54.72%	74 62.20%	159 73.27%	115 52.51%	139 45.87%	150 48.39%	637 54.54%

APPENDIX C – DETAILED HEALTH COACHING PARTICIPANT EXPENDITURE DATA

Appendix C includes detailed expenditure data for SoonerCare HMP health coaching participants. The exhibits are listed below.

<u>Exhibit</u>	<u>Description</u>
C-1	All Participants
C-2	Participants with Asthma as most Expensive Diagnosis
C-3	Participants with CAD as most Expensive Diagnosis
C-4	Participants with COPD as most Expensive Diagnosis
C-5	Participants with Diabetes as most Expensive Diagnosis
C-6	Participants with Heart Failure as most Expensive Diagnosis
C-7	Participants with Hypertension as most Expensive Diagnosis

Exhibit C-1 – Detailed Expenditure Data – All SoonerCare HMP Participants

HMP Health Coaching Detail - All Health Coaching Participants													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	216,563	36,723	150,547	26,537	56,404	12,214	17,597	2,724	4,968	1,318	1,691	483	659
Aggregate Expenditures													
Inpatient Services	\$39,260,337	\$7,189,676	\$20,301,711	\$3,204,851	\$7,071,188	\$1,392,286	\$2,105,481	\$310,402	\$569,477	\$148,500	\$188,541	\$53,309	\$71,585
Outpatient Services	\$23,308,311	\$4,259,359	\$13,588,934	\$2,140,536	\$4,728,977	\$929,066	\$1,404,460	\$207,472	\$380,902	\$99,295	\$126,326	\$35,642	\$47,860
Physician Services	\$38,118,125	\$6,958,354	\$20,739,301	\$3,260,905	\$7,231,863	\$1,423,036	\$2,145,595	\$315,854	\$580,527	\$151,308	\$192,693	\$54,360	\$73,175
Prescribed Drugs	\$35,327,946	\$6,465,066	\$25,226,391	\$3,973,746	\$8,792,782	\$1,727,560	\$2,610,908	\$383,985	\$706,759	\$184,153	\$234,450	\$66,134	\$89,016
Psychiatric Services	\$13,379,657	\$2,445,413	\$7,450,725	\$1,172,988	\$2,594,328	\$508,526	\$770,165	\$113,033	\$207,485	\$54,331	\$69,106	\$19,507	\$26,313
Dental Services	\$2,690,679	\$489,422	\$1,098,336	\$172,249	\$382,102	\$74,787	\$113,502	\$16,623	\$30,565	\$7,959	\$10,193	\$2,868	\$3,851
Lab and X-Ray	\$8,031,979	\$1,458,594	\$5,555,946	\$869,279	\$1,934,160	\$376,661	\$573,445	\$83,742	\$154,289	\$40,222	\$51,378	\$14,457	\$19,404
Medical Supplies and Orthotics	\$2,858,425	\$518,989	\$1,520,564	\$237,949	\$528,972	\$103,086	\$157,261	\$22,944	\$42,285	\$10,991	\$14,097	\$3,965	\$5,328
Home Health and Home Care	\$2,047,922	\$373,664	\$1,196,714	\$188,193	\$415,680	\$81,345	\$123,441	\$18,112	\$33,205	\$8,664	\$11,089	\$3,122	\$4,190
Nursing Facility	\$264,288.99	\$48,010.70	\$176,469	\$27,454	\$61,565	\$11,893	\$18,187	\$2,645	\$4,860	\$1,268	\$1,623	\$457	\$613
Targeted Case Management	\$157,499	\$28,578	\$134,420	\$21,041	\$46,695	\$9,110	\$13,861	\$2,027	\$3,724	\$970	\$1,243	\$349	\$469
Transportation	\$3,222,970	\$585,719	\$1,640,176	\$256,364	\$569,745	\$110,586	\$169,079	\$24,705	\$45,283	\$11,786	\$15,123	\$4,246	\$5,707
Other Practitioner	\$923,440	\$167,553	\$508,709	\$79,520	\$177,274	\$34,540	\$52,628	\$7,669	\$14,076	\$3,664	\$4,702	\$1,320	\$1,774
Other Institutional	\$5,496	\$997	\$17,919	\$2,775	\$6,253	\$1,199	\$1,854	\$268	\$491	\$128	\$164	\$46	\$62
Other	\$1,388,982	\$255,192	\$520,697	\$81,749	\$181,129	\$35,308	\$53,891	\$7,887	\$14,429	\$3,767	\$4,821	\$1,357	\$1,822
Total	\$170,996,059	\$31,244,587	\$99,677,011	\$15,689,598	\$34,722,713	\$6,818,899	\$10,313,758	\$1,517,368	\$2,788,357	\$727,006	\$925,548	\$261,139	\$351,169
PNPM Expenditures													
Inpatient Services	\$181.29	\$195.78	\$134.85	\$120.77	\$125.37	\$113.99	\$119.65	\$113.95	\$114.63	\$112.67	\$111.50	\$110.37	\$108.63
Outpatient Services	\$107.63	\$115.99	\$90.26	\$80.66	\$83.84	\$76.07	\$79.81	\$76.16	\$76.67	\$75.34	\$74.70	\$73.79	\$72.63
Physician Services	\$176.01	\$189.48	\$137.76	\$122.88	\$128.22	\$116.51	\$121.93	\$115.95	\$116.85	\$114.80	\$113.95	\$112.55	\$111.04
Prescribed Drugs	\$163.13	\$176.05	\$167.56	\$149.74	\$155.89	\$141.44	\$148.37	\$140.96	\$142.26	\$139.72	\$138.65	\$136.92	\$135.08
Psychiatric Services	\$61.78	\$66.59	\$49.49	\$44.20	\$46.00	\$41.63	\$43.77	\$41.50	\$41.76	\$41.22	\$40.87	\$40.39	\$39.93
Dental Services	\$12.42	\$13.33	\$7.30	\$6.49	\$6.77	\$6.12	\$6.45	\$6.10	\$6.15	\$6.04	\$6.03	\$6.03	\$5.94
Lab and X-Ray	\$37.09	\$39.72	\$36.91	\$32.76	\$34.29	\$30.84	\$32.59	\$30.74	\$31.06	\$30.52	\$30.38	\$29.93	\$29.44
Medical Supplies and Orthotics	\$13.20	\$14.13	\$10.10	\$8.97	\$9.38	\$8.44	\$8.94	\$8.42	\$8.51	\$8.34	\$8.34	\$8.21	\$8.09
Home Health and Home Care	\$9.46	\$10.18	\$7.95	\$7.09	\$7.37	\$6.66	\$7.01	\$6.65	\$6.68	\$6.57	\$6.56	\$6.46	\$6.36
Nursing Facility	\$1.22	\$1.31	\$1.17	\$1.03	\$1.09	\$0.97	\$1.03	\$0.97	\$0.98	\$0.96	\$0.96	\$0.95	\$0.93
Targeted Case Management	\$0.73	\$0.78	\$0.89	\$0.79	\$0.83	\$0.75	\$0.79	\$0.74	\$0.75	\$0.74	\$0.74	\$0.72	\$0.71
Transportation	\$14.88	\$15.95	\$10.89	\$9.66	\$10.10	\$9.05	\$9.61	\$9.07	\$9.11	\$8.94	\$8.94	\$8.79	\$8.66
Other Practitioner	\$4.26	\$4.56	\$3.38	\$3.00	\$3.14	\$2.82	\$2.99	\$2.82	\$2.83	\$2.78	\$2.78	\$2.73	\$2.69
Other Institutional	\$0.03	\$0.03	\$0.12	\$0.10	\$0.11	\$0.10	\$0.11	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.09
Other	\$6.46	\$6.95	\$3.46	\$3.08	\$3.21	\$2.89	\$3.06	\$2.90	\$2.90	\$2.86	\$2.85	\$2.81	\$2.76
Total	\$789.59	\$850.82	\$662.10	\$591.23	\$615.61	\$558.29	\$586.11	\$557.04	\$561.26	\$551.60	\$547.34	\$540.66	\$532.88

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,126.34	58.8%
Months 13-24	\$1,140.91	54.0%
Months 25-36	\$1,153.88	50.8%
Months 37-48	\$1,171.48	47.9%
Months 49-60	\$1,184.30	46.2%
Months 61-72	\$1,199.29	44.4%

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

HMP Health Coaching Detail - Asthma													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	30,144	4,633	17,240	2,800	6,392	1,288	1,953	287	536	139	181	51	70
Aggregate Expenditures													
Inpatient Services	\$3,670,143	\$617,277	\$1,668,593	\$256,254	\$582,298	\$113,551	\$173,257	\$24,541	\$46,830	\$12,049	\$15,354	\$4,325	\$5,838
Outpatient Services	\$3,686,737	\$618,891	\$1,578,652	\$241,961	\$550,068	\$107,120	\$163,218	\$23,189	\$44,276	\$11,390	\$14,544	\$4,088	\$5,518
Physician Services	\$5,287,661	\$885,954	\$2,746,447	\$420,335	\$959,308	\$187,100	\$284,328	\$40,257	\$77,036	\$19,792	\$25,298	\$7,110	\$9,621
Prescribed Drugs	\$4,339,262	\$727,573	\$2,382,963	\$365,155	\$831,128	\$161,924	\$246,565	\$34,889	\$66,716	\$17,172	\$21,943	\$6,166	\$8,343
Psychiatric Services	\$2,832,709	\$475,561	\$1,287,022	\$197,307	\$448,208	\$87,249	\$133,193	\$18,800	\$36,010	\$9,274	\$11,839	\$3,329	\$4,515
Dental Services	\$643,025	\$107,555	\$219,225	\$33,496	\$76,374	\$14,834	\$22,682	\$3,196	\$6,129	\$1,571	\$2,019	\$566	\$764
Lab and X-Ray	\$997,471	\$166,688	\$618,391	\$94,434	\$215,358	\$41,737	\$63,863	\$8,995	\$17,279	\$4,434	\$5,685	\$1,594	\$2,150
Medical Supplies and Orthotics	\$193,047	\$32,200	\$78,294	\$11,934	\$27,243	\$5,274	\$8,101	\$1,138	\$2,128	\$559	\$720	\$202	\$273
Home Health and Home Care	\$72,594	\$12,175	\$47,679	\$7,307	\$16,571	\$3,222	\$4,924	\$695	\$1,329	\$341	\$439	\$123	\$166
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	\$18,461	\$3,089	\$24,593	\$3,759	\$8,555	\$1,660	\$2,537	\$358	\$685	\$176	\$226	\$63	\$85
Transportation	\$355,259	\$59,379	\$139,752	\$21,343	\$48,545	\$9,391	\$14,408	\$2,034	\$3,875	\$996	\$1,282	\$359	\$485
Other Practitioner	\$243,505	\$40,569	\$97,743	\$14,883	\$34,091	\$6,577	\$10,126	\$1,419	\$2,717	\$696	\$896	\$251	\$339
Other Institutional	-	-	\$1,891	\$285	\$661	\$126	\$196	\$27	\$52	\$13	\$17	\$5	\$6
Other	\$235,434	\$39,422	\$86,788	\$13,273	\$30,218	\$5,847	\$8,995	\$1,266	\$2,416	\$621	\$797	\$224	\$302
Total	\$22,575,309	\$3,786,332	\$10,978,033	\$1,681,726	\$3,828,627	\$745,610	\$1,136,392	\$160,804	\$307,478	\$79,084	\$101,059	\$28,404	\$38,405
PMPM Expenditures													
Inpatient Services	\$121.75	\$133.23	\$96.79	\$91.52	\$91.10	\$88.16	\$88.71	\$85.51	\$87.37	\$86.68	\$84.83	\$84.81	\$83.40
Outpatient Services	\$122.30	\$133.58	\$91.57	\$86.41	\$86.06	\$83.17	\$83.57	\$80.80	\$82.60	\$81.94	\$80.35	\$80.16	\$78.83
Physician Services	\$175.41	\$191.23	\$159.31	\$150.12	\$150.08	\$145.26	\$145.59	\$140.27	\$143.72	\$139.77	\$139.41	\$139.41	\$137.44
Prescribed Drugs	\$143.95	\$157.04	\$138.22	\$130.41	\$130.03	\$125.72	\$126.25	\$121.56	\$124.47	\$123.54	\$121.23	\$120.91	\$119.19
Psychiatric Services	\$93.97	\$102.65	\$74.65	\$70.47	\$70.12	\$67.74	\$68.20	\$65.50	\$67.18	\$66.72	\$65.41	\$65.28	\$64.49
Dental Services	\$21.33	\$23.21	\$12.72	\$11.96	\$11.95	\$11.52	\$11.61	\$11.14	\$11.43	\$11.30	\$11.15	\$11.10	\$10.91
Lab and X-Ray	\$33.09	\$35.98	\$35.87	\$33.73	\$33.69	\$32.40	\$32.70	\$31.34	\$32.24	\$31.90	\$31.41	\$31.25	\$30.72
Medical Supplies and Orthotics	\$6.40	\$6.95	\$4.54	\$4.26	\$4.26	\$4.09	\$4.15	\$3.96	\$3.97	\$4.02	\$3.98	\$3.96	\$3.89
Home Health and Home Care	\$2.41	\$2.63	\$2.77	\$2.61	\$2.59	\$2.50	\$2.52	\$2.42	\$2.48	\$2.46	\$2.42	\$2.41	\$2.37
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	\$0.61	\$0.67	\$1.43	\$1.34	\$1.34	\$1.29	\$1.30	\$1.25	\$1.28	\$1.27	\$1.25	\$1.24	\$1.22
Transportation	\$11.79	\$12.82	\$8.11	\$7.62	\$7.59	\$7.29	\$7.38	\$7.09	\$7.23	\$7.16	\$7.08	\$7.03	\$6.92
Other Practitioner	\$8.08	\$8.76	\$5.67	\$5.32	\$5.33	\$5.11	\$5.18	\$4.94	\$5.07	\$5.01	\$4.95	\$4.92	\$4.84
Other Institutional	-	-	\$0.11	\$0.10	\$0.10	\$0.10	\$0.10	\$0.09	\$0.10	\$0.10	\$0.09	\$0.09	\$0.09
Other	\$7.81	\$8.51	\$5.03	\$4.74	\$4.73	\$4.54	\$4.61	\$4.41	\$4.51	\$4.46	\$4.40	\$4.38	\$4.31
Total	\$748.92	\$817.25	\$636.78	\$600.62	\$598.97	\$578.89	\$581.87	\$560.29	\$573.65	\$568.95	\$558.34	\$556.95	\$548.64

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$837.54	76.0%
Months 13-24	\$871.99	68.7%
Months 25-36	\$880.14	66.1%
Months 37-48	\$888.25	64.6%
Months 49-60	\$895.30	62.4%
Months 61-72	\$901.82	60.8%

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

HMP Health Coaching Detail - CAD													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	6,237	1,080	3,858	652	1,402	300	431	67	121	32	42	12	16
Aggregate Expenditures													
Inpatient Services	\$3,997,239	\$731,595	\$2,044,623	\$322,869	\$727,143	\$142,358	\$218,705	\$31,576	\$60,808	\$15,885	\$20,558	\$5,848	\$7,705
Outpatient Services	\$1,162,416	\$211,961	\$536,871	\$84,514	\$190,619	\$37,230	\$57,413	\$8,271	\$15,938	\$4,163	\$5,398	\$1,532	\$2,019
Physician Services	\$1,914,566	\$349,276	\$946,617	\$148,734	\$337,173	\$65,875	\$101,356	\$14,547	\$28,092	\$7,328	\$9,512	\$2,700	\$3,566
Prescribed Drugs	\$1,261,361	\$230,391	\$723,987	\$113,888	\$257,460	\$50,251	\$77,240	\$11,112	\$21,444	\$5,604	\$7,272	\$2,064	\$2,726
Psychiatric Services	\$177,456	\$32,418	\$103,115	\$16,212	\$36,610	\$7,133	\$11,005	\$1,577	\$3,049	\$797	\$1,034	\$294	\$389
Dental Services	\$49,888	\$9,060	\$12,051	\$1,888	\$4,276	\$832	\$1,286	\$184	\$356	\$93	\$121	\$34	\$45
Lab and X-Ray	\$268,690	\$48,856	\$185,380	\$29,063	\$65,817	\$12,781	\$19,800	\$2,827	\$5,480	\$1,428	\$1,859	\$526	\$693
Medical Supplies and Orthotics	\$122,310	\$22,221	\$40,310	\$6,296	\$14,296	\$2,768	\$4,307	\$613	\$1,187	\$309	\$404	\$114	\$151
Home Health and Home Care	\$147,757	\$26,959	\$111,618	\$17,530	\$39,551	\$7,690	\$11,883	\$1,704	\$3,286	\$857	\$1,118	\$317	\$417
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	\$8,869	\$1,614	\$5,075	\$796	\$1,800	\$350	\$541	\$77	\$150	\$39	\$51	\$14	\$19
Transportation	\$277,913	\$50,659	\$149,384	\$23,458	\$52,884	\$10,270	\$15,941	\$2,283	\$4,389	\$1,145	\$1,498	\$423	\$558
Other Practitioner	\$14,525	\$2,640	\$8,645	\$1,353	\$3,072	\$595	\$922	\$132	\$255	\$66	\$87	\$24	\$32
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	\$148,041	\$27,001	\$79,874	\$12,547	\$28,348	\$5,500	\$8,532	\$1,222	\$2,354	\$614	\$801	\$227	\$299
Total	\$9,551,032	\$1,744,646	\$4,947,549	\$779,149	\$1,759,047	\$343,633	\$528,930	\$76,126	\$146,787	\$38,326	\$49,712	\$14,118	\$18,617
PMPM Expenditures													
Inpatient Services	\$640.89	\$677.40	\$529.97	\$495.20	\$518.65	\$474.53	\$507.44	\$471.28	\$502.54	\$496.39	\$489.47	\$487.35	\$481.54
Outpatient Services	\$186.37	\$196.26	\$139.16	\$129.62	\$135.96	\$124.10	\$133.21	\$123.45	\$131.72	\$130.08	\$128.53	\$127.70	\$126.18
Physician Services	\$306.97	\$323.40	\$245.36	\$228.12	\$240.49	\$219.58	\$235.16	\$217.12	\$232.16	\$228.99	\$226.48	\$224.99	\$222.86
Prescribed Drugs	\$202.24	\$213.32	\$187.66	\$174.67	\$183.64	\$167.50	\$179.21	\$165.86	\$177.22	\$175.12	\$173.15	\$172.00	\$170.35
Psychiatric Services	\$28.45	\$30.02	\$26.73	\$24.87	\$26.11	\$23.78	\$25.53	\$23.54	\$25.20	\$24.92	\$24.61	\$24.47	\$24.28
Dental Services	\$8.00	\$8.39	\$3.12	\$2.90	\$3.05	\$2.77	\$2.98	\$2.75	\$2.94	\$2.89	\$2.88	\$2.85	\$2.82
Lab and X-Ray	\$43.08	\$45.24	\$48.05	\$44.58	\$46.94	\$42.60	\$45.94	\$42.20	\$45.29	\$44.62	\$44.27	\$43.86	\$43.32
Medical Supplies and Orthotics	\$19.61	\$20.58	\$10.45	\$9.66	\$10.20	\$9.23	\$9.99	\$9.15	\$9.81	\$9.65	\$9.61	\$9.52	\$9.41
Home Health and Home Care	\$23.69	\$24.96	\$28.93	\$26.89	\$28.21	\$25.63	\$27.57	\$25.43	\$27.16	\$26.78	\$26.62	\$26.39	\$26.06
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	\$1.42	\$1.49	\$1.32	\$1.22	\$1.28	\$1.17	\$1.25	\$1.16	\$1.24	\$1.22	\$1.21	\$1.20	\$1.18
Transportation	\$44.56	\$46.90	\$38.72	\$35.98	\$37.72	\$34.23	\$36.99	\$34.07	\$36.27	\$35.78	\$35.66	\$35.26	\$34.87
Other Practitioner	\$2.33	\$2.44	\$2.24	\$2.08	\$2.19	\$1.98	\$2.14	\$1.97	\$2.10	\$2.07	\$2.06	\$2.04	\$2.02
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	\$23.74	\$25.00	\$20.70	\$19.24	\$20.22	\$18.33	\$19.80	\$18.24	\$19.45	\$19.18	\$19.07	\$18.90	\$18.67
Total	\$1,531.35	\$1,615.41	\$1,282.41	\$1,195.01	\$1,254.67	\$1,145.44	\$1,227.22	\$1,136.21	\$1,213.12	\$1,197.69	\$1,183.63	\$1,176.51	\$1,163.55

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,615.03	79.4%
Months 13-24	\$1,633.33	76.8%
Months 25-36	\$1,657.91	74.0%
Months 37-48	\$1,671.70	72.6%
Months 49-60	\$1,682.51	70.3%
Months 61-72	\$1,696.16	68.6%

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

HMP Health Coaching Detail - COPD													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	23,922	4,042	14,560	2,442	5,203	1,125	1,654	251	470	121	155	44	61
Aggregate Expenditures													
Inpatient Services	\$4,929,211	\$909,256	\$2,649,368	\$436,120	\$924,635	\$191,493	\$284,192	\$42,043	\$79,909	\$20,320	\$25,445	\$7,221	\$9,748
Outpatient Services	\$2,551,096	\$469,007	\$1,607,182	\$263,821	\$560,096	\$115,734	\$172,402	\$25,452	\$48,416	\$12,306	\$15,441	\$4,373	\$5,903
Physician Services	\$4,423,625	\$812,301	\$2,510,116	\$411,434	\$877,181	\$181,470	\$269,585	\$39,666	\$75,515	\$19,196	\$24,112	\$6,827	\$9,239
Prescribed Drugs	\$5,423,152	\$997,093	\$4,615,652	\$758,004	\$1,609,332	\$333,066	\$493,923	\$72,905	\$139,050	\$35,322	\$44,353	\$12,558	\$16,992
Psychiatric Services	\$1,870,891	\$344,496	\$1,082,393	\$177,803	\$377,360	\$77,908	\$115,903	\$17,054	\$32,497	\$8,281	\$10,389	\$2,943	\$3,991
Dental Services	\$195,204	\$35,739	\$138,784	\$22,688	\$48,365	\$9,956	\$14,866	\$2,179	\$4,157	\$1,054	\$1,332	\$376	\$508
Lab and X-Ray	\$1,097,588	\$200,891	\$809,438	\$132,360	\$282,118	\$57,966	\$86,727	\$12,692	\$24,212	\$6,158	\$7,758	\$2,191	\$2,957
Medical Supplies and Orthotics	\$735,026	\$134,368	\$421,347	\$68,752	\$146,765	\$30,104	\$45,173	\$6,598	\$12,621	\$3,193	\$4,039	\$1,140	\$1,541
Home Health and Home Care	\$384,168	\$70,609	\$270,881	\$44,440	\$94,263	\$19,415	\$28,941	\$4,257	\$8,095	\$2,057	\$2,597	\$734	\$990
Nursing Facility	\$25,353.37	\$4,646.73	\$26,760	\$4,375	\$9,270	\$1,916	\$2,811	\$420	\$799	\$203	\$256	\$72	\$98
Targeted Case Management	\$23,748	\$4,348	\$17,463	\$2,857	\$6,083	\$1,250	\$1,867	\$274	\$521	\$132	\$167	\$47	\$64
Transportation	\$461,884	\$84,746	\$190,810	\$31,239	\$66,304	\$13,619	\$20,419	\$2,996	\$5,680	\$1,444	\$1,828	\$515	\$696
Other Practitioner	\$84,514	\$15,445	\$36,117	\$5,899	\$12,588	\$2,583	\$3,861	\$566	\$1,079	\$273	\$346	\$98	\$132
Other Institutional	-	-	\$1,026	\$167	\$355	\$73	\$108	\$16	\$31	\$8	\$10	\$3	\$4
Other	\$97,141	\$17,851	\$36,572	\$5,991	\$12,726	\$2,615	\$3,919	\$525	\$1,022	\$228	\$350	\$99	\$134
Total	\$22,302,603	\$4,100,793	\$14,413,909	\$2,365,950	\$5,027,451	\$1,039,169	\$1,544,696	\$227,694	\$433,674	\$110,226	\$138,423	\$39,199	\$52,996
PMPM Expenditures													
Inpatient Services	\$206.05	\$224.95	\$181.96	\$178.59	\$177.71	\$170.22	\$171.82	\$167.50	\$170.02	\$167.93	\$164.16	\$164.12	\$159.81
Outpatient Services	\$106.64	\$116.03	\$110.38	\$108.03	\$107.65	\$102.87	\$104.23	\$101.40	\$103.01	\$101.70	\$99.62	\$99.38	\$96.77
Physician Services	\$184.92	\$200.97	\$172.40	\$168.48	\$168.59	\$161.31	\$162.99	\$158.03	\$160.67	\$158.65	\$155.56	\$155.17	\$151.46
Prescribed Drugs	\$226.70	\$246.68	\$317.01	\$310.40	\$309.31	\$296.06	\$298.62	\$290.46	\$295.85	\$291.92	\$286.15	\$285.41	\$278.56
Psychiatric Services	\$78.21	\$85.23	\$74.34	\$72.81	\$72.53	\$69.25	\$70.07	\$67.94	\$69.14	\$68.44	\$67.02	\$66.90	\$65.43
Dental Services	\$8.16	\$8.84	\$9.53	\$9.29	\$9.30	\$8.85	\$8.99	\$8.68	\$8.85	\$8.71	\$8.59	\$8.55	\$8.32
Lab and X-Ray	\$45.88	\$49.70	\$55.59	\$54.20	\$54.22	\$51.53	\$52.43	\$50.56	\$51.52	\$50.89	\$50.05	\$49.80	\$48.47
Medical Supplies and Orthotics	\$30.73	\$33.24	\$28.94	\$28.15	\$28.21	\$26.76	\$27.31	\$26.29	\$26.85	\$26.39	\$26.06	\$25.92	\$25.26
Home Health and Home Care	\$16.06	\$17.47	\$18.60	\$18.20	\$18.12	\$17.26	\$17.50	\$16.96	\$17.22	\$17.00	\$16.75	\$16.68	\$16.23
Nursing Facility	\$1.06	\$1.15	\$1.84	\$1.79	\$1.78	\$1.70	\$1.70	\$1.67	\$1.70	\$1.68	\$1.65	\$1.65	\$1.60
Targeted Case Management	\$0.99	\$1.08	\$1.20	\$1.17	\$1.17	\$1.11	\$1.13	\$1.09	\$1.11	\$1.09	\$1.08	\$1.07	\$1.04
Transportation	\$19.31	\$20.97	\$13.11	\$12.79	\$12.74	\$12.11	\$12.34	\$11.94	\$12.09	\$11.94	\$11.79	\$11.71	\$11.41
Other Practitioner	\$3.53	\$3.82	\$2.48	\$2.42	\$2.42	\$2.30	\$2.33	\$2.26	\$2.30	\$2.26	\$2.23	\$2.22	\$2.16
Other Institutional	-	-	\$0.07	\$0.07	\$0.07	\$0.06	\$0.07	\$0.06	\$0.07	\$0.06	\$0.06	\$0.06	\$0.06
Other	\$4.06	\$4.42	\$2.51	\$2.45	\$2.45	\$2.32	\$2.37	\$2.29	\$2.32	\$2.29	\$2.26	\$2.25	\$2.19
Total	\$932.31	\$1,014.55	\$989.97	\$968.86	\$966.26	\$923.71	\$933.92	\$907.15	\$922.71	\$910.96	\$893.05	\$890.88	\$868.78

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,316.64	75.2%
Months 13-24	\$1,350.30	71.6%
Months 25-36	\$1,365.74	68.4%
Months 37-48	\$1,379.51	66.9%
Months 49-60	\$1,385.02	64.4%
Months 61-72	\$1,399.65	62.1%

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

HMP Health Coaching Detail - Diabetes													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	35,339	6,879	22,664	4,155	8,365	1,912	2,581	426	724	206	247	76	103
Aggregate Expenditures													
Inpatient Services	\$10,208,642	\$1,992,677	\$5,444,606	\$935,681	\$1,907,078	\$408,528	\$568,421	\$90,984	\$157,066	\$43,751	\$51,444	\$15,805	\$21,248
Outpatient Services	\$4,322,815	\$841,789	\$2,839,925	\$486,714	\$993,998	\$212,311	\$295,736	\$47,362	\$82,011	\$22,784	\$26,842	\$8,230	\$11,064
Physician Services	\$7,529,486	\$1,464,127	\$4,138,489	\$708,717	\$1,451,549	\$310,831	\$431,093	\$68,920	\$119,370	\$33,185	\$39,136	\$11,997	\$16,169
Prescribed Drugs	\$9,535,241	\$1,855,737	\$6,185,407	\$1,059,789	\$2,168,254	\$463,048	\$644,757	\$102,815	\$178,359	\$49,561	\$58,431	\$17,911	\$24,136
Psychiatric Services	\$1,991,449	\$387,511	\$1,324,433	\$227,051	\$463,424	\$98,927	\$137,893	\$21,966	\$38,043	\$10,613	\$12,500	\$3,834	\$5,178
Dental Services	\$274,062	\$53,095	\$116,101	\$19,839	\$40,601	\$8,657	\$12,082	\$1,922	\$3,332	\$925	\$1,097	\$335	\$451
Lab and X-Ray	\$1,376,449	\$266,756	\$1,015,222	\$173,546	\$354,834	\$75,575	\$105,423	\$16,785	\$29,101	\$8,103	\$9,585	\$2,931	\$3,938
Medical Supplies and Orthotics	\$1,145,078	\$221,374	\$650,231	\$110,695	\$227,537	\$48,197	\$67,744	\$10,716	\$18,624	\$5,160	\$6,128	\$1,873	\$2,520
Home Health and Home Care	\$644,220	\$125,280	\$367,437	\$62,967	\$128,167	\$27,354	\$38,160	\$6,084	\$10,514	\$2,925	\$3,467	\$1,061	\$1,425
Nursing Facility	-	-	\$48,830	\$8,352	\$17,035	\$3,636	\$5,052	\$806	\$1,397	\$389	\$461	\$141	\$190
Targeted Case Management	\$44,011	\$8,537	\$22,689	\$3,871	\$7,921	\$1,685	\$2,355	\$374	\$648	\$180	\$214	\$65	\$88
Transportation	\$723,073	\$140,577	\$404,341	\$69,015	\$141,037	\$29,920	\$41,938	\$6,677	\$11,503	\$3,202	\$3,804	\$1,161	\$1,562
Other Practitioner	\$203,290	\$39,390	\$131,525	\$22,401	\$46,060	\$9,753	\$13,699	\$2,169	\$3,754	\$1,042	\$1,237	\$378	\$508
Other Institutional	-	-	\$1,623	\$277	\$567	\$120	\$169	\$27	\$46	\$13	\$15	\$5	\$6
Other	\$395,084	\$76,860	\$105,687	\$18,100	\$36,818	\$7,857	\$11,013	\$1,753	\$3,025	\$842	\$997	\$305	\$410
Total	\$38,392,900	\$7,473,709	\$22,796,547	\$3,907,013	\$7,984,978	\$1,706,399	\$2,375,534	\$379,363	\$656,793	\$182,674	\$215,358	\$66,032	\$88,894
PNPM Expenditures													
Inpatient Services	\$288.88	\$289.68	\$240.23	\$225.19	\$227.98	\$213.67	\$220.23	\$213.58	\$216.94	\$212.38	\$208.27	\$207.96	\$206.29
Outpatient Services	\$122.32	\$122.37	\$125.31	\$117.14	\$118.83	\$111.04	\$114.58	\$111.18	\$113.28	\$110.60	\$108.67	\$108.29	\$107.42
Physician Services	\$213.06	\$212.84	\$182.60	\$170.57	\$173.53	\$162.57	\$167.03	\$161.78	\$164.88	\$161.09	\$158.44	\$157.86	\$156.98
Prescribed Drugs	\$269.82	\$269.77	\$272.92	\$255.06	\$259.21	\$242.18	\$249.81	\$241.35	\$246.35	\$240.59	\$236.56	\$235.67	\$234.33
Psychiatric Services	\$56.35	\$56.33	\$58.44	\$54.65	\$55.40	\$51.74	\$53.43	\$51.56	\$52.55	\$51.52	\$50.61	\$50.45	\$50.27
Dental Services	\$7.76	\$7.77	\$5.12	\$4.77	\$4.85	\$4.53	\$4.68	\$4.51	\$4.60	\$4.49	\$4.44	\$4.41	\$4.38
Lab and X-Ray	\$38.95	\$38.78	\$44.79	\$41.77	\$42.42	\$39.53	\$40.85	\$39.40	\$40.19	\$39.34	\$38.80	\$38.57	\$38.24
Medical Supplies and Orthotics	\$32.40	\$32.18	\$28.69	\$26.64	\$27.20	\$25.21	\$26.25	\$25.15	\$25.72	\$25.05	\$24.81	\$24.65	\$24.47
Home Health and Home Care	\$18.23	\$18.21	\$16.21	\$15.15	\$15.32	\$14.31	\$14.78	\$14.28	\$14.52	\$14.20	\$14.04	\$13.96	\$13.84
Nursing Facility	-	-	\$2.15	\$2.01	\$2.04	\$1.90	\$1.96	\$1.90	\$1.93	\$1.89	\$1.87	\$1.86	\$1.84
Targeted Case Management	\$1.25	\$1.24	\$1.00	\$0.93	\$0.95	\$0.88	\$0.91	\$0.88	\$0.89	\$0.87	\$0.86	\$0.85	\$0.85
Transportation	\$20.46	\$20.44	\$17.84	\$16.61	\$16.86	\$15.65	\$16.25	\$15.67	\$15.89	\$15.54	\$15.40	\$15.27	\$15.16
Other Practitioner	\$5.75	\$5.73	\$5.80	\$5.39	\$5.51	\$5.10	\$5.31	\$5.09	\$5.19	\$5.06	\$5.01	\$4.97	\$4.93
Other Institutional	-	-	\$0.07	\$0.07	\$0.07	\$0.06	\$0.07	\$0.06	\$0.06	\$0.06	\$0.06	\$0.06	\$0.06
Other	\$11.18	\$11.17	\$4.66	\$4.36	\$4.41	\$4.11	\$4.27	\$4.12	\$4.18	\$4.09	\$4.04	\$4.01	\$3.98
Total	\$1,086.42	\$1,086.45	\$1,005.85	\$940.32	\$954.57	\$892.47	\$920.39	\$890.52	\$907.17	\$886.77	\$871.89	\$868.85	\$863.05

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,486.77	67.7%
Months 13-24	\$1,535.09	62.2%
Months 25-36	\$1,573.15	58.5%
Months 37-48	\$1,595.03	56.9%
Months 49-60	\$1,602.88	54.4%
Months 61-72	\$1,619.00	53.3%

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

HMP Health Coaching Detail - Heart Failure													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	2,254	386	1,329	233	478	107	148	24	43	12	17	7	12
Aggregate Expenditures													
Inpatient Services	\$1,633,552	\$300,303	\$2,663,509	\$445,088	\$945,060	\$192,727	\$286,249	\$42,827	\$80,393	\$21,269	\$30,833	\$12,676	\$21,450
Outpatient Services	\$396,263	\$72,538	\$323,680	\$53,930	\$114,801	\$23,331	\$34,804	\$5,193	\$9,754	\$2,580	\$3,746	\$1,537	\$2,602
Physician Services	\$582,712	\$106,572	\$507,780	\$84,439	\$180,385	\$36,728	\$54,640	\$8,125	\$15,311	\$4,041	\$5,873	\$2,410	\$4,088
Prescribed Drugs	\$506,829	\$92,756	\$305,934	\$50,962	\$108,699	\$22,083	\$32,858	\$4,892	\$9,232	\$2,436	\$3,539	\$1,452	\$2,463
Psychiatric Services	\$123,681	\$22,642	\$82,570	\$13,748	\$29,269	\$5,941	\$8,845	\$1,316	\$2,477	\$657	\$954	\$391	\$665
Dental Services	\$62,248	\$11,334	\$4,761	\$790	\$1,686	\$342	\$510	\$76	\$143	\$38	\$55	\$23	\$38
Lab and X-Ray	\$72,015	\$13,147	\$65,656	\$10,906	\$23,258	\$4,710	\$7,044	\$1,044	\$1,965	\$520	\$758	\$311	\$525
Medical Supplies and Orthotics	\$132,705	\$24,138	\$43,664	\$7,229	\$15,478	\$3,122	\$4,686	\$692	\$1,308	\$344	\$504	\$206	\$349
Home Health and Home Care	\$122,250	\$22,379	\$74,589	\$12,415	\$26,390	\$5,349	\$7,986	\$1,187	\$2,229	\$599	\$861	\$353	\$596
Nursing Facility	-	-	\$19,949	\$3,215	\$7,056	\$1,431	\$2,133	\$317	\$596	\$158	\$231	\$94	\$160
Targeted Case Management	\$19,589	\$3,572	\$8,811	\$1,463	\$3,115	\$631	\$941	\$140	\$263	\$70	\$102	\$42	\$70
Transportation	\$85,508	\$15,624	\$39,656	\$6,582	\$14,028	\$2,830	\$4,243	\$630	\$1,179	\$312	\$457	\$187	\$316
Other Practitioner	\$10,795	\$1,964	\$7,481	\$1,238	\$2,656	\$535	\$802	\$119	\$223	\$59	\$86	\$35	\$60
Other Institutional	-	-	\$14,142	\$2,342	\$4,997	\$1,009	\$1,513	\$224	\$422	\$111	\$163	\$67	\$113
Other	\$22,555	\$4,125	\$2,288	\$281	\$810	\$164	\$245	\$36	\$68	\$18	\$26	\$11	\$18
Total	\$3,770,704	\$691,095	\$4,164,470	\$694,829	\$1,477,689	\$300,932	\$447,498	\$66,819	\$125,564	\$33,201	\$48,188	\$19,794	\$33,514
PNPM Expenditures													
Inpatient Services	\$724.73	\$777.99	\$2,004.15	\$1,910.25	\$1,977.11	\$1,801.19	\$1,934.12	\$1,784.44	\$1,869.60	\$1,772.39	\$1,813.73	\$1,810.79	\$1,787.47
Outpatient Services	\$175.80	\$187.92	\$243.55	\$231.46	\$240.17	\$218.04	\$235.16	\$216.37	\$226.84	\$214.99	\$220.37	\$219.63	\$216.80
Physician Services	\$258.52	\$276.09	\$382.08	\$362.40	\$377.37	\$343.25	\$369.19	\$338.56	\$356.07	\$336.71	\$345.48	\$344.28	\$340.68
Prescribed Drugs	\$224.86	\$240.30	\$230.20	\$218.72	\$227.40	\$206.38	\$222.01	\$203.85	\$214.70	\$202.97	\$208.18	\$207.45	\$205.26
Psychiatric Services	\$54.87	\$58.66	\$62.13	\$59.01	\$61.23	\$55.52	\$59.77	\$54.84	\$57.60	\$54.73	\$56.09	\$55.92	\$55.45
Dental Services	\$27.62	\$29.36	\$3.58	\$3.39	\$3.53	\$3.20	\$3.44	\$3.16	\$3.32	\$3.14	\$3.24	\$3.22	\$3.18
Lab and X-Ray	\$31.95	\$34.06	\$49.40	\$46.81	\$48.66	\$44.02	\$47.59	\$43.49	\$45.71	\$43.37	\$44.61	\$44.36	\$43.77
Medical Supplies and Orthotics	\$58.88	\$62.53	\$32.85	\$31.03	\$32.38	\$29.17	\$31.66	\$28.85	\$30.42	\$28.70	\$29.64	\$29.46	\$29.11
Home Health and Home Care	\$54.24	\$57.98	\$56.12	\$53.28	\$55.21	\$49.99	\$53.96	\$49.46	\$51.84	\$49.12	\$50.63	\$50.37	\$49.70
Nursing Facility	-	-	\$15.01	\$14.23	\$14.76	\$13.38	\$14.41	\$13.22	\$13.87	\$13.15	\$13.56	\$13.49	\$13.30
Targeted Case Management	\$8.69	\$9.25	\$6.63	\$6.28	\$6.52	\$5.90	\$6.36	\$5.83	\$6.12	\$5.80	\$5.98	\$5.94	\$5.86
Transportation	\$37.94	\$40.48	\$29.84	\$28.25	\$29.25	\$26.45	\$28.67	\$26.26	\$27.42	\$26.01	\$26.86	\$26.66	\$26.35
Other Practitioner	\$4.79	\$5.09	\$5.63	\$5.31	\$5.56	\$5.00	\$5.42	\$4.94	\$5.19	\$4.90	\$5.03	\$4.97	\$4.91
Other Institutional	-	-	\$10.64	\$10.05	\$10.45	\$9.43	\$10.22	\$9.35	\$9.81	\$9.27	\$9.59	\$9.51	\$9.39
Other	\$10.01	\$10.69	\$1.72	\$1.63	\$1.69	\$1.53	\$1.66	\$1.52	\$1.59	\$1.51	\$1.55	\$1.55	\$1.53
Total	\$1,672.89	\$1,790.40	\$3,133.54	\$2,982.10	\$3,091.40	\$2,812.45	\$3,023.64	\$2,784.14	\$2,920.09	\$2,766.75	\$2,834.58	\$2,827.65	\$2,792.80

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$2,418.53	129.6%
Months 13-24	\$2,451.05	126.1%
Months 25-36	\$2,489.79	121.4%
Months 37-48	\$2,502.44	116.7%
Months 49-60	\$2,530.18	112.0%
Months 61-72	\$2,566.20	108.8%

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

HMP Health Coaching Detail - Hypertension													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	65,180	11,305	40,499	6,828	14,908	3,143	4,658	701	1,302	339	442	124	170
Aggregate Expenditures													
Inpatient Services	\$11,011,060	\$1,932,527	\$4,537,952	\$710,265	\$1,588,288	\$311,616	\$470,390	\$68,622	\$126,947	\$32,725	\$42,074	\$11,807	\$15,853
Outpatient Services	\$6,736,219	\$1,179,621	\$4,174,655	\$651,782	\$1,460,008	\$285,697	\$431,282	\$63,018	\$116,661	\$30,064	\$38,732	\$10,846	\$14,563
Physician Services	\$10,737,330	\$1,877,558	\$6,301,082	\$982,585	\$2,207,654	\$433,039	\$651,741	\$94,939	\$175,950	\$45,336	\$58,465	\$16,370	\$22,033
Prescribed Drugs	\$9,433,023	\$1,653,515	\$7,882,762	\$1,230,571	\$2,761,758	\$540,280	\$815,748	\$118,618	\$220,147	\$56,706	\$73,107	\$20,467	\$27,546
Psychiatric Services	\$3,310,589	\$579,602	\$1,914,236	\$298,850	\$669,673	\$130,843	\$197,806	\$28,727	\$53,171	\$13,764	\$17,729	\$4,967	\$6,699
Dental Services	\$514,390	\$89,503	\$280,375	\$43,604	\$97,983	\$19,119	\$28,965	\$4,198	\$7,783	\$2,004	\$2,598	\$726	\$974
Lab and X-Ray	\$2,459,650	\$428,265	\$1,700,043	\$264,052	\$594,353	\$115,547	\$175,379	\$25,375	\$47,141	\$12,149	\$15,715	\$4,389	\$5,890
Medical Supplies and Orthotics	\$515,447	\$89,700	\$249,175	\$38,667	\$87,099	\$16,918	\$25,762	\$3,719	\$6,912	\$1,776	\$2,307	\$644	\$865
Home Health and Home Care	\$584,905	\$102,331	\$293,480	\$45,772	\$102,407	\$19,981	\$30,266	\$4,394	\$8,123	\$2,095	\$2,716	\$759	\$1,018
Nursing Facility	\$238,531.64	\$41,573.79	\$84,322	\$12,962	\$29,555	\$5,671	\$8,683	\$1,246	\$2,308	\$595	\$771	\$216	\$289
Targeted Case Management	\$42,161	\$7,337	\$54,191	\$8,403	\$18,921	\$3,674	\$5,587	\$807	\$1,496	\$385	\$500	\$139	\$187
Transportation	\$952,420	\$165,558	\$609,908	\$94,637	\$212,755	\$41,227	\$62,842	\$9,097	\$16,814	\$4,326	\$5,622	\$1,566	\$2,105
Other Practitioner	\$162,499	\$28,259	\$116,859	\$18,120	\$40,908	\$7,928	\$12,084	\$1,743	\$3,226	\$830	\$1,079	\$301	\$404
Other Institutional													
Other	\$332,294	\$58,081	\$102,882	\$16,018	\$35,958	\$6,987	\$10,645	\$1,542	\$2,844	\$734	\$951	\$266	\$357
Total	\$47,030,520	\$8,233,431	\$28,301,921	\$4,416,290	\$9,907,320	\$1,938,526	\$2,927,182	\$426,046	\$789,522	\$203,491	\$262,366	\$73,462	\$98,784
PMPM Expenditures													
Inpatient Services	\$168.93	\$170.94	\$112.05	\$104.02	\$106.54	\$99.15	\$100.99	\$97.89	\$97.50	\$96.53	\$95.19	\$95.22	\$93.25
Outpatient Services	\$103.35	\$104.35	\$103.08	\$95.46	\$97.93	\$90.90	\$92.59	\$89.90	\$89.60	\$88.69	\$87.63	\$87.47	\$85.66
Physician Services	\$164.73	\$166.08	\$155.59	\$143.91	\$148.09	\$137.78	\$139.92	\$135.43	\$135.14	\$133.73	\$132.27	\$132.01	\$129.61
Prescribed Drugs	\$144.72	\$146.26	\$184.64	\$180.22	\$185.25	\$171.90	\$175.13	\$169.21	\$169.08	\$167.27	\$165.40	\$165.06	\$162.04
Psychiatric Services	\$50.79	\$51.27	\$47.27	\$43.77	\$44.92	\$41.63	\$42.47	\$40.98	\$40.84	\$40.60	\$40.11	\$40.06	\$39.41
Dental Services	\$7.89	\$7.97	\$6.92	\$6.39	\$6.57	\$6.08	\$6.22	\$5.99	\$5.98	\$5.91	\$5.88	\$5.85	\$5.73
Lab and X-Ray	\$37.74	\$37.88	\$41.98	\$38.67	\$39.87	\$36.76	\$37.65	\$36.20	\$36.21	\$35.84	\$35.55	\$35.39	\$34.65
Medical Supplies and Orthotics	\$7.91	\$7.93	\$6.15	\$5.66	\$5.84	\$5.38	\$5.53	\$5.31	\$5.31	\$5.24	\$5.22	\$5.19	\$5.09
Home Health and Home Care	\$8.97	\$9.05	\$7.25	\$6.70	\$6.87	\$6.36	\$6.50	\$6.27	\$6.24	\$6.18	\$6.14	\$6.12	\$5.99
Nursing Facility	\$3.66	\$3.68	\$2.08	\$1.90	\$1.98	\$1.80	\$1.86	\$1.78	\$1.77	\$1.76	\$1.75	\$1.74	\$1.70
Targeted Case Management	\$0.65	\$0.65	\$1.34	\$1.23	\$1.27	\$1.17	\$1.20	\$1.15	\$1.15	\$1.14	\$1.13	\$1.12	\$1.10
Transportation	\$14.61	\$14.64	\$15.06	\$13.86	\$14.27	\$13.12	\$13.49	\$12.98	\$12.91	\$12.76	\$12.72	\$12.63	\$12.38
Other Practitioner	\$2.49	\$2.50	\$2.89	\$2.65	\$2.74	\$2.52	\$2.59	\$2.49	\$2.48	\$2.45	\$2.44	\$2.43	\$2.38
Other Institutional													
Other	\$5.10	\$5.14	\$2.54	\$2.35	\$2.41	\$2.22	\$2.29	\$2.20	\$2.18	\$2.16	\$2.15	\$2.14	\$2.10
Total	\$721.55	\$728.30	\$698.83	\$646.79	\$664.56	\$616.78	\$628.42	\$607.77	\$606.39	\$600.27	\$593.59	\$592.44	\$581.08

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,236.79	56.5%
Months 13-24	\$1,259.00	52.8%
Months 25-36	\$1,277.13	49.2%
Months 37-48	\$1,291.54	47.0%
Months 49-60	\$1,301.82	45.6%
Months 61-72	\$1,315.67	44.2%

APPENDIX D – PRACTICE FACILITATION SITE SURVEY MATERIALS

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



JOEL NICO GOMEZ
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

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

Dear Provider,

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

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

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

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

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

Thank you for your time.



HEALTH MANAGEMENT PROGRAM PROVIDER SURVEY

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

Decision to Participate in the Health Management Program

1. Were you the person who made the decision to participate in the Health Management Program?

- a. Yes
- b. No. If your answer is "no," please proceed to Question 4.

2. What were your reasons for deciding to participate?

- a. Improve care management of patients with chronic conditions/improve outcomes
- b. Gain access to Practice Facilitator and/or embedded Health Coach
- c. Obtain information on patient utilization and costs
- d. Receive assistance in redesigning practice workflows
- e. Reduce costs
- f. Increase income
- g. Continuing education
- h. Other. Please specify: _____
- i. Don't know/not sure

3. Among the reasons you cited, what was the most important reason for deciding to participate?

- a. Improve care management of patients with chronic conditions/improve outcomes
- b. Gain access to Practice Facilitator and/or embedded Health Coach
- c. Obtain information on patient utilization and costs
- d. Receive assistance in redesigning practice workflows
- e. Reduce costs
- f. Increase income
- g. Continuing education
- h. Other. Please specify: _____

Practice Facilitation Activities

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

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

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

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

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

Practice Facilitation Outcomes

6. Have you made changes in the management of your patients with chronic conditions as the result of participating in Practice Facilitation?

- a. Yes
- b. No. If your answer is “no,” please proceed to Question 9.
- c. Don’t know/not sure. (Please proceed to Question 9.)

7. What are the changes you made?

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

8. What is the most important change you made?

9. Has your practice become more effective in managing patients with chronic conditions as a result of your participation in Practice Facilitation?

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

10. Overall, how satisfied are you with your experience in Practice Facilitation? Would you say you are Very Satisfied, Somewhat Satisfied, Somewhat Dissatisfied or Very Dissatisfied?

- a. Very satisfied
- b. Somewhat satisfied

- c. Somewhat dissatisfied
- d. Very dissatisfied
- e. Don't know/not sure

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

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

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

Health Coach Activities

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

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

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

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

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

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

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

16. The following is a list of activities that Health Coaches can perform to assist patients. Thinking about the current Health Coach assigned to your practice, please rate how satisfied you are with the assistance she provides to your patients.

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

17. Overall, how satisfied are you with your experience having a Telligen Health Coach assigned to your practice?

- a. Very satisfied
- b. Somewhat satisfied
- c. Somewhat dissatisfied

- d. Very dissatisfied
- e. Don't know/not sure

18. Do you have any suggestions for improving the Health Coaching position?

19. Do you have any other comments or suggestions you would like to share today?

Your survey answers will remain confidential and will be combined with those of other providers being surveyed.

Please list the name and position of the individual completing the Provider Survey:

Please list the name of the practice and address:

Please return your completed survey to:

**OHCA Practice Facilitation Survey
1725 North McGovern Street
Suite 201
Highland Park, Illinois 60035
FAX: (847) 433-1461**

If you have any questions, you can reach us toll-free at 1-888-941-9358.

Thank you for your help.

APPENDIX E – DETAILED PRACTICE FACILITATION EXPENDITURE DATA

Appendix E includes detailed expenditure data for SoonerCare HMP members aligned with PCMH practice facilitation providers. The exhibits are listed below.

<u><i>Exhibit</i></u>	<u><i>Description</i></u>
E-1	All Members
E-2	Members with Asthma as most Expensive Diagnosis
E-3	Members with CAD as most Expensive Diagnosis
E-4	Members with COPD as most Expensive Diagnosis
E-5	Members with Diabetes as most Expensive Diagnosis
E-6	Members with Heart Failure as most Expensive Diagnosis
E-7	Members with Hypertension as most Expensive Diagnosis
E-8	All Other Members

Exhibit E-1 – Detailed Expenditure Data – All Members

HMP Practice Facilitation Detail - All Members													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	330,780	55,110	314,815	53,258	114,353	24,513	34,983	5,467	9,841	2,645	3,356	970	1,323
Aggregate Expenditures													
Inpatient Services	\$17,472,567	\$3,013,154	\$17,822,083	\$2,836,612	\$6,230,027	\$1,245,993	\$1,846,165	\$273,578	\$494,102	\$131,554	\$165,356	\$47,964	\$64,758
Outpatient Services	\$14,372,955	\$2,472,470	\$15,210,528	\$2,416,352	\$5,313,627	\$1,060,424	\$1,571,308	\$233,217	\$420,802	\$112,189	\$141,300	\$40,899	\$55,220
Physician Services	\$28,462,064	\$4,892,189	\$27,788,294	\$4,407,800	\$9,721,038	\$1,944,889	\$2,870,627	\$425,142	\$767,950	\$204,707	\$258,083	\$74,693	\$101,094
Prescribed Drugs	\$19,748,607	\$3,401,994	\$20,777,706	\$3,300,416	\$7,264,238	\$1,450,764	\$2,149,197	\$317,576	\$574,466	\$153,085	\$192,943	\$55,836	\$75,564
Psychiatric Services	\$21,365,517	\$3,677,385	\$18,158,324	\$2,882,925	\$6,339,773	\$1,263,710	\$1,876,034	\$276,635	\$499,084	\$133,651	\$168,294	\$48,736	\$66,098
Dental Services	\$6,589,484	\$1,128,208	\$5,172,138	\$818,005	\$1,805,372	\$359,103	\$534,220	\$78,609	\$142,051	\$37,833	\$47,963	\$13,845	\$18,692
Lab and X-Ray	\$3,395,375	\$580,549	\$4,236,111	\$668,695	\$1,479,141	\$292,964	\$437,198	\$64,147	\$116,153	\$30,968	\$39,160	\$11,305	\$15,256
Medical Supplies and Orthotics	\$1,024,517	\$175,021	\$943,949	\$148,963	\$329,202	\$65,252	\$97,445	\$14,303	\$25,906	\$6,887	\$8,744	\$2,523	\$3,409
Home Health and Home Care	\$527,374	\$90,580	\$533,321	\$84,605	\$185,489	\$36,976	\$55,001	\$8,108	\$14,609	\$3,898	\$4,939	\$1,427	\$1,925
Nursing Facility	-	-	\$35,937	\$5,619	\$12,566	\$2,461	\$3,701	\$973	\$973	\$260	\$260	\$95	\$128
Targeted Case Management	\$171,674	\$29,318	\$162,667	\$25,674	\$56,664	\$11,239	\$16,763	\$2,463	\$4,447	\$1,185	\$1,503	\$433	\$585
Transportation	\$1,817,551	\$310,895	\$1,714,220	\$270,208	\$597,295	\$117,851	\$176,624	\$25,929	\$46,708	\$12,434	\$15,794	\$4,549	\$6,148
Other Practitioner	\$2,273,750	\$388,297	\$1,735,509	\$273,596	\$606,462	\$119,843	\$179,460	\$26,274	\$47,396	\$12,618	\$16,027	\$4,618	\$6,239
Other Institutional	\$36,815	\$6,287	\$89,453	\$13,967	\$31,262	\$6,102	\$9,252	\$1,341	\$2,418	\$644	\$819	\$236	\$318
Other	\$1,520,631	\$261,111	\$1,061,265	\$168,001	\$370,022	\$73,366	\$109,766	\$16,140	\$29,019	\$7,748	\$9,816	\$2,834	\$3,826
Total	\$118,778,882	\$20,427,458	\$115,441,504	\$18,321,438	\$40,342,187	\$8,050,938	\$11,932,760	\$1,764,002	\$3,186,085	\$849,659	\$1,071,071	\$309,993	\$419,261
PMPM Expenditures													
Inpatient Services	\$52.82	\$54.68	\$56.61	\$53.26	\$54.48	\$50.83	\$52.77	\$50.04	\$50.21	\$49.74	\$49.27	\$49.45	\$48.95
Outpatient Services	\$43.45	\$44.86	\$48.32	\$45.37	\$46.47	\$43.26	\$44.92	\$42.66	\$42.76	\$42.42	\$42.10	\$42.16	\$41.74
Physician Services	\$86.05	\$88.77	\$88.27	\$82.76	\$85.01	\$79.34	\$82.06	\$77.77	\$78.04	\$77.39	\$76.90	\$77.00	\$76.41
Prescribed Drugs	\$59.70	\$61.73	\$66.00	\$61.97	\$63.52	\$59.18	\$61.44	\$58.09	\$58.37	\$57.88	\$57.49	\$57.56	\$57.12
Psychiatric Services	\$64.59	\$66.73	\$57.68	\$54.13	\$55.44	\$51.55	\$53.63	\$50.60	\$50.71	\$50.53	\$50.15	\$50.24	\$49.96
Dental Services	\$19.92	\$20.47	\$16.43	\$15.36	\$15.79	\$14.65	\$15.27	\$14.38	\$14.43	\$14.30	\$14.29	\$14.27	\$14.13
Lab and X-Ray	\$10.26	\$10.53	\$13.46	\$12.56	\$12.93	\$11.95	\$12.50	\$11.73	\$11.80	\$11.71	\$11.67	\$11.65	\$11.53
Medical Supplies and Orthotics	\$3.10	\$3.18	\$3.00	\$2.80	\$2.88	\$2.66	\$2.79	\$2.62	\$2.63	\$2.60	\$2.61	\$2.60	\$2.58
Home Health and Home Care	\$1.59	\$1.64	\$1.69	\$1.59	\$1.62	\$1.51	\$1.57	\$1.48	\$1.48	\$1.47	\$1.47	\$1.47	\$1.46
Nursing Facility	-	-	\$0.11	\$0.11	\$0.11	\$0.10	\$0.11	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10	\$0.10
Targeted Case Management	\$0.52	\$0.53	\$0.52	\$0.48	\$0.50	\$0.46	\$0.48	\$0.45	\$0.45	\$0.45	\$0.45	\$0.45	\$0.44
Transportation	\$5.49	\$5.64	\$5.45	\$5.07	\$5.22	\$4.81	\$5.05	\$4.74	\$4.75	\$4.70	\$4.71	\$4.69	\$4.65
Other Practitioner	\$6.87	\$7.05	\$5.51	\$5.14	\$5.30	\$4.89	\$5.13	\$4.81	\$4.82	\$4.77	\$4.78	\$4.76	\$4.72
Other Institutional	\$0.11	\$0.11	\$0.28	\$0.26	\$0.27	\$0.25	\$0.26	\$0.25	\$0.25	\$0.24	\$0.24	\$0.24	\$0.24
Other	\$4.60	\$4.74	\$3.37	\$3.15	\$3.24	\$2.99	\$3.14	\$2.95	\$2.95	\$2.93	\$2.93	\$2.92	\$2.89
Total	\$359.09	\$370.67	\$366.70	\$344.01	\$352.79	\$328.44	\$341.10	\$322.66	\$323.76	\$321.23	\$319.15	\$319.58	\$316.90

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$624.34	58.7%
Months 13-24	\$648.13	54.4%
Months 25-36	\$663.39	51.4%
Months 37-48	\$681.50	47.5%
Months 49-60	\$693.49	46.0%
Months 61-72	\$708.27	44.7%

Exhibit E-2 – Detailed Expenditure Data – Members w/Asthma as Most Expensive Diagnosis

HMP Practice Facilitation Detail - Asthma													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	34,136	5,775	32,329	5,814	11,915	2,676	3,704	597	1,042	290	353	106	144
Aggregate Expenditures													
Inpatient Services	\$1,352,424	\$230,311	\$1,418,337	\$235,683	\$493,953	\$102,772	\$147,022	\$22,679	\$39,942	\$10,905	\$13,122	\$3,900	\$5,138
Outpatient Services	\$1,351,811	\$229,419	\$1,620,976	\$268,695	\$564,498	\$117,060	\$167,238	\$25,874	\$45,735	\$12,447	\$15,007	\$4,451	\$5,864
Physician Services	\$2,945,108	\$499,439	\$3,077,250	\$509,529	\$1,074,855	\$223,188	\$317,998	\$49,033	\$86,692	\$23,609	\$28,493	\$8,450	\$11,160
Prescribed Drugs	\$1,569,441	\$266,253	\$1,845,092	\$305,908	\$643,485	\$133,490	\$190,579	\$29,368	\$52,062	\$14,157	\$17,080	\$5,065	\$6,689
Psychiatric Services	\$40,578	\$6,889	\$49,465	\$8,206	\$17,246	\$3,571	\$5,111	\$786	\$1,390	\$380	\$458	\$136	\$180
Dental Services	\$718,545	\$121,390	\$466,261	\$77,067	\$162,440	\$33,586	\$48,145	\$7,389	\$13,090	\$3,556	\$4,316	\$1,277	\$1,682
Lab and X-Ray	\$222,414	\$37,587	\$282,876	\$46,745	\$98,436	\$20,331	\$29,164	\$4,474	\$7,940	\$2,160	\$2,614	\$773	\$1,018
Medical Supplies and Orthotics	\$99,162	\$16,720	\$79,609	\$13,130	\$27,698	\$5,710	\$8,222	\$1,258	\$2,174	\$606	\$736	\$218	\$287
Home Health and Home Care	\$5,688	\$965	\$6,650	\$1,103	\$2,314	\$479	\$686	\$105	\$186	\$51	\$62	\$18	\$24
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	\$1,283.19	\$233.79	\$3,287	\$544	\$1,142	\$236	\$339	\$52	\$92	\$25	\$30	\$9	\$12
Transportation	\$135,628	\$22,968	\$113,954	\$18,830	\$39,554	\$8,153	\$11,728	\$1,802	\$3,174	\$864	\$1,051	\$310	\$409
Other Practitioner	\$185,324	\$31,257	\$171,425	\$28,250	\$59,758	\$12,284	\$17,731	\$2,707	\$4,788	\$1,300	\$1,580	\$467	\$615
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	\$11,220.20	\$1,904.35	\$5,903.79	\$977.12	\$2,052.47	\$423.60	\$610.90	\$93.66	\$165.13	\$44.96	\$54.53	\$16.13	\$21.25
Total	\$8,638,726	\$1,465,337	\$9,141,087	\$1,514,666	\$3,187,432	\$661,283	\$944,573	\$145,621	\$257,431	\$70,105	\$84,604	\$25,091	\$33,100
PMPM Expenditures													
Inpatient Services	\$39.62	\$39.88	\$43.87	\$40.54	\$41.46	\$38.40	\$39.69	\$37.99	\$38.33	\$37.60	\$37.17	\$36.80	\$35.68
Outpatient Services	\$39.60	\$39.73	\$50.14	\$46.22	\$47.38	\$43.74	\$45.15	\$43.34	\$43.89	\$42.92	\$42.51	\$41.99	\$40.72
Physician Services	\$86.28	\$86.48	\$95.19	\$87.64	\$90.21	\$83.40	\$85.85	\$82.13	\$83.20	\$81.41	\$80.72	\$79.72	\$77.50
Prescribed Drugs	\$45.98	\$46.10	\$57.07	\$52.62	\$54.01	\$49.88	\$51.45	\$49.19	\$49.96	\$48.82	\$48.39	\$47.78	\$46.45
Psychiatric Services	\$1.19	\$1.19	\$1.53	\$1.41	\$1.45	\$1.33	\$1.38	\$1.32	\$1.33	\$1.31	\$1.30	\$1.28	\$1.25
Dental Services	\$21.05	\$21.02	\$14.42	\$13.26	\$13.63	\$12.55	\$13.00	\$12.38	\$12.56	\$12.26	\$12.23	\$12.04	\$11.68
Lab and X-Ray	\$6.52	\$6.51	\$8.75	\$8.04	\$8.26	\$7.60	\$7.87	\$7.49	\$7.62	\$7.45	\$7.41	\$7.30	\$7.07
Medical Supplies and Orthotics	\$2.90	\$2.90	\$2.46	\$2.26	\$2.32	\$2.13	\$2.22	\$2.11	\$2.09	\$2.09	\$2.09	\$2.05	\$1.99
Home Health and Home Care	\$0.17	\$0.17	\$0.21	\$0.19	\$0.19	\$0.18	\$0.19	\$0.18	\$0.18	\$0.17	\$0.17	\$0.17	\$0.17
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	\$0.04	\$0.04	\$0.10	\$0.09	\$0.10	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.08
Transportation	\$3.97	\$3.98	\$3.52	\$3.24	\$3.32	\$3.05	\$3.17	\$3.02	\$3.05	\$2.98	\$2.98	\$2.93	\$2.84
Other Practitioner	\$5.43	\$5.41	\$5.30	\$4.86	\$5.02	\$4.59	\$4.79	\$4.53	\$4.60	\$4.48	\$4.48	\$4.40	\$4.27
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	\$0.33	\$0.33	\$0.18	\$0.17	\$0.17	\$0.16	\$0.16	\$0.16	\$0.16	\$0.16	\$0.15	\$0.15	\$0.15
Total	\$253.07	\$253.74	\$282.75	\$260.52	\$267.51	\$247.12	\$255.01	\$243.92	\$247.05	\$241.74	\$239.67	\$236.71	\$229.86

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$429.63	65.8%
Months 13-24	\$444.37	60.2%
Months 25-36	\$455.11	56.0%
Months 37-48	\$467.67	52.8%
Months 49-60	\$475.00	50.5%
Months 61-72	\$487.30	47.2%

Exhibit E-3 – Detailed Expenditure Data – Members w/CAD as Most Expensive Diagnosis

HMP Practice Facilitation Detail - CAD													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	950	164	976	174	354	80	109	18	32	8	20	7	8
Aggregate Expenditures													
Inpatient Services	\$742,859	\$134,202	\$737,428	\$130,208	\$261,950	\$57,903	\$77,741	\$12,545	\$22,357	\$5,530	\$13,741	\$4,786	\$5,389
Outpatient Services	\$82,331	\$14,829	\$277,765	\$48,901	\$98,540	\$21,726	\$29,287	\$4,715	\$8,419	\$2,079	\$5,176	\$1,799	\$2,026
Physician Services	\$211,666	\$38,088	\$268,840	\$47,239	\$95,704	\$21,102	\$28,378	\$4,552	\$8,131	\$2,009	\$5,006	\$1,740	\$1,964
Prescribed Drugs	\$216,756	\$39,050	\$220,122	\$38,724	\$78,229	\$17,233	\$23,200	\$3,722	\$6,683	\$1,645	\$4,097	\$1,424	\$1,607
Psychiatric Services	\$207	\$37	\$535	\$94	\$190	\$42	\$56	\$9	\$16	\$4	\$10	\$3	\$4
Dental Services	\$2,949	\$528	\$139	\$24	\$49	\$11	\$15	\$2	\$4	\$1	\$3	\$1	\$1
Lab and X-Ray	\$24,009	\$4,309	\$29,404	\$5,154	\$10,433	\$2,286	\$3,095	\$494	\$886	\$219	\$546	\$189	\$213
Medical Supplies and Orthotics	\$13,178	\$2,362	\$33,729	\$5,895	\$11,961	\$2,614	\$3,554	\$565	\$1,013	\$250	\$626	\$217	\$245
Home Health and Home Care	\$3,454	\$621	\$3,203	\$563	\$1,135	\$249	\$336	\$54	\$96	\$24	\$59	\$21	\$23
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	\$46,037	\$8,269	\$77,014	\$13,515	\$27,237	\$5,967	\$8,096	\$1,296	\$2,304	\$569	\$1,429	\$495	\$557
Other Practitioner	\$3,760	\$674	\$7,582	\$1,326	\$2,692	\$588	\$796	\$127	\$227	\$56	\$141	\$49	\$55
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	\$1,347,207	\$242,958	\$1,655,762	\$291,642	\$588,120	\$129,721	\$174,554	\$28,081	\$50,138	\$12,385	\$30,834	\$10,724	\$12,084
PMPM Expenditures													
Inpatient Services	\$781.96	\$818.31	\$755.56	\$748.32	\$739.97	\$723.79	\$713.22	\$696.95	\$698.66	\$691.22	\$687.04	\$683.68	\$673.59
Outpatient Services	\$86.66	\$90.42	\$284.60	\$281.04	\$278.36	\$271.58	\$268.69	\$261.94	\$263.11	\$259.89	\$258.79	\$257.02	\$253.23
Physician Services	\$222.81	\$232.24	\$275.45	\$271.49	\$270.35	\$263.78	\$260.35	\$252.87	\$254.09	\$251.13	\$250.31	\$248.58	\$245.51
Prescribed Drugs	\$228.16	\$238.11	\$225.54	\$222.55	\$220.99	\$215.41	\$212.84	\$206.80	\$208.85	\$205.60	\$204.87	\$203.44	\$200.91
Psychiatric Services	\$0.22	\$0.23	\$0.55	\$0.54	\$0.54	\$0.52	\$0.52	\$0.50	\$0.50	\$0.50	\$0.50	\$0.49	\$0.49
Dental Services	\$3.10	\$3.27	\$0.14	\$0.14	\$0.14	\$0.14	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13	\$0.13
Lab and X-Ray	\$25.27	\$26.24	\$30.13	\$29.62	\$29.47	\$28.57	\$28.39	\$27.44	\$27.67	\$27.32	\$27.31	\$27.06	\$26.64
Medical Supplies and Orthotics	\$13.87	\$14.40	\$34.56	\$33.88	\$33.79	\$32.68	\$32.60	\$31.41	\$31.65	\$31.20	\$31.31	\$31.01	\$30.57
Home Health and Home Care	\$3.64	\$3.79	\$3.28	\$3.23	\$3.21	\$3.11	\$3.08	\$2.99	\$3.00	\$2.97	\$2.97	\$2.95	\$2.90
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	\$48.46	\$50.39	\$78.91	\$77.67	\$76.94	\$74.59	\$74.27	\$71.97	\$72.01	\$71.18	\$71.46	\$70.65	\$69.68
Other Practitioner	\$3.96	\$4.11	\$7.77	\$7.62	\$7.60	\$7.35	\$7.30	\$7.07	\$7.11	\$7.00	\$7.03	\$6.95	\$6.85
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	\$1,418.11	\$1,481.45	\$1,696.48	\$1,676.11	\$1,661.36	\$1,621.51	\$1,601.41	\$1,560.07	\$1,566.80	\$1,548.13	\$1,541.72	\$1,531.96	\$1,510.50

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,573.92	107.8%
Months 13-24	\$1,619.54	102.6%
Months 25-36	\$1,638.28	97.7%
Months 37-48	\$1,670.42	93.8%
Months 49-60	\$1,694.33	91.0%
Months 61-72	\$1,721.81	87.7%

Exhibit E-4 – Detailed Expenditure Data – Members w/COPD as Most Expensive Diagnosis

HMP Practice Facilitation Detail - COPD													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	15,983	2,643	16,242	3,151	5,912	1,450	1,779	323	511	157	184	57	78
Aggregate Expenditures													
Inpatient Services	\$912,367	\$169,492	\$912,655	\$169,274	\$313,853	\$70,485	\$93,689	\$15,554	\$25,692	\$7,189	\$8,612	\$2,595	\$3,503
Outpatient Services	\$687,459	\$127,241	\$898,865	\$166,299	\$308,646	\$69,183	\$92,267	\$15,292	\$25,280	\$7,070	\$8,487	\$2,552	\$3,445
Physician Services	\$1,777,244	\$329,088	\$1,634,266	\$302,184	\$562,755	\$126,397	\$168,100	\$27,769	\$45,944	\$12,851	\$15,442	\$4,642	\$6,282
Prescribed Drugs	\$939,560	\$173,903	\$978,520	\$181,037	\$336,115	\$75,438	\$100,194	\$16,596	\$27,508	\$7,689	\$9,237	\$2,776	\$3,757
Psychiatric Services	\$6,942	\$1,287	\$9,907	\$1,833	\$3,402	\$762	\$1,015	\$168	\$278	\$78	\$93	\$28	\$38
Dental Services	\$217,594	\$40,122	\$208,567	\$38,426	\$71,599	\$15,991	\$21,383	\$3,518	\$5,832	\$1,627	\$1,966	\$590	\$796
Lab and X-Ray	\$192,125	\$35,455	\$198,535	\$36,579	\$68,166	\$15,192	\$20,356	\$3,343	\$5,543	\$1,551	\$1,869	\$561	\$756
Medical Supplies and Orthotics	\$82,809	\$15,246	\$87,158	\$16,022	\$29,910	\$6,653	\$8,940	\$1,466	\$2,436	\$678	\$821	\$246	\$332
Home Health and Home Care	\$65,123	\$12,060	\$111,510	\$20,610	\$38,225	\$8,539	\$11,409	\$1,882	\$3,110	\$870	\$1,050	\$315	\$425
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	\$6,304	\$1,161	\$2,163	\$482	\$645	\$106	\$175	\$49	\$59	\$18	\$24
Transportation	\$66,052	\$13,759	\$72,922	\$13,451	\$24,889	\$5,561	\$7,467	\$1,230	\$2,026	\$567	\$686	\$205	\$277
Other Practitioner	\$56,302	\$10,359	\$50,313	\$9,263	\$17,219	\$3,846	\$5,155	\$846	\$1,403	\$391	\$474	\$142	\$191
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	\$7,672	\$1,420	\$1,358	\$251	\$466	\$104	\$139	\$23	\$38	\$11	\$13	\$4	\$5
Total	\$5,011,254	\$929,432	\$5,170,881	\$956,391	\$1,777,408	\$398,633	\$530,760	\$87,793	\$145,264	\$40,622	\$48,809	\$14,672	\$19,832
PMPM Expenditures													
Inpatient Services	\$57.08	\$64.13	\$56.19	\$53.72	\$53.09	\$48.61	\$52.66	\$48.15	\$50.28	\$45.79	\$46.81	\$45.52	\$44.91
Outpatient Services	\$43.01	\$48.14	\$55.34	\$52.78	\$52.21	\$47.71	\$51.86	\$47.34	\$49.47	\$45.03	\$46.13	\$44.76	\$44.16
Physician Services	\$111.20	\$124.51	\$100.62	\$95.90	\$95.19	\$87.17	\$94.49	\$85.97	\$89.91	\$81.86	\$83.92	\$81.44	\$80.54
Prescribed Drugs	\$58.78	\$65.80	\$60.25	\$57.45	\$56.85	\$52.03	\$56.32	\$51.38	\$53.83	\$48.98	\$50.20	\$48.71	\$48.17
Psychiatric Services	\$0.43	\$0.49	\$0.61	\$0.58	\$0.58	\$0.53	\$0.57	\$0.52	\$0.54	\$0.50	\$0.51	\$0.49	\$0.49
Dental Services	\$13.61	\$15.18	\$12.84	\$12.19	\$12.11	\$11.03	\$12.02	\$10.89	\$11.41	\$10.37	\$10.69	\$10.34	\$10.20
Lab and X-Ray	\$12.02	\$13.41	\$12.22	\$11.61	\$11.53	\$10.48	\$11.44	\$10.35	\$10.85	\$9.88	\$10.16	\$9.83	\$9.70
Medical Supplies and Orthotics	\$5.18	\$5.77	\$5.37	\$5.08	\$5.06	\$4.59	\$5.03	\$4.54	\$4.77	\$4.32	\$4.46	\$4.32	\$4.26
Home Health and Home Care	\$4.07	\$4.56	\$6.87	\$6.54	\$6.47	\$5.89	\$6.41	\$5.83	\$6.09	\$5.54	\$5.71	\$5.53	\$5.45
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	\$0.39	\$0.37	\$0.37	\$0.33	\$0.36	\$0.33	\$0.34	\$0.31	\$0.32	\$0.31	\$0.31
Transportation	\$4.13	\$5.21	\$4.49	\$4.27	\$4.21	\$3.84	\$4.20	\$3.81	\$3.96	\$3.61	\$3.73	\$3.60	\$3.56
Other Practitioner	\$3.52	\$3.92	\$3.10	\$2.94	\$2.91	\$2.65	\$2.90	\$2.62	\$2.75	\$2.49	\$2.57	\$2.49	\$2.45
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	\$0.48	\$0.54	\$0.08	\$0.08	\$0.08	\$0.07	\$0.08	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07	\$0.07
Total	\$313.54	\$351.66	\$318.36	\$303.52	\$300.64	\$274.92	\$298.35	\$271.81	\$284.27	\$258.74	\$265.27	\$257.41	\$254.26

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$433.67	73.4%
Months 13-24	\$451.02	66.7%
Months 25-36	\$469.50	63.5%
Months 37-48	\$480.99	59.1%
Months 49-60	\$492.15	53.9%
Months 61-72	\$508.22	50.0%

Exhibit E-5 – Detailed Expenditure Data – Members w/Diabetes as Most Expensive Diagnosis

HMP Practice Facilitation Detail - Diabetes													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	6,682	1,201	7,027	1,367	2,554	630	800	152	229	68	84	25	34
Aggregate Expenditures													
Inpatient Services	\$1,325,147	\$245,285	\$1,913,569	\$353,447	\$669,900	\$159,968	\$201,256	\$37,939	\$56,791	\$16,816	\$20,022	\$6,131	\$8,163
Outpatient Services	\$986,785	\$182,226	\$968,384	\$178,439	\$338,723	\$80,687	\$101,642	\$19,168	\$28,792	\$8,499	\$10,139	\$3,098	\$4,125
Physician Services	\$1,310,267	\$241,839	\$1,445,079	\$266,058	\$506,631	\$120,960	\$151,697	\$28,561	\$42,870	\$12,676	\$15,138	\$4,625	\$6,173
Prescribed Drugs	\$1,360,604	\$251,174	\$1,552,545	\$285,869	\$543,979	\$129,476	\$162,992	\$30,615	\$46,023	\$13,603	\$16,239	\$4,961	\$6,621
Psychiatric Services	\$94,857	\$17,527	\$32,789	\$6,043	\$11,465	\$2,729	\$3,439	\$645	\$969	\$287	\$343	\$105	\$140
Dental Services	\$68,005	\$12,499	\$53,065	\$9,752	\$18,544	\$4,411	\$5,565	\$1,043	\$1,566	\$463	\$556	\$169	\$225
Lab and X-Ray	\$244,711	\$45,011	\$333,054	\$61,202	\$116,335	\$27,628	\$34,839	\$6,534	\$9,819	\$2,908	\$3,483	\$1,061	\$1,412
Medical Supplies and Orthotics	\$177,844	\$32,610	\$183,179	\$33,530	\$64,054	\$15,133	\$19,221	\$3,583	\$5,396	\$1,590	\$1,912	\$583	\$776
Home Health and Home Care	\$44,182	\$8,152	\$83,970	\$15,474	\$29,266	\$6,968	\$8,788	\$1,650	\$2,472	\$731	\$878	\$268	\$356
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	\$114,847	\$21,185	\$146,613	\$26,910	\$51,095	\$12,093	\$15,323	\$2,874	\$4,291	\$1,270	\$1,528	\$465	\$619
Other Practitioner	\$48,567	\$8,928	\$61,301	\$11,233	\$21,446	\$5,070	\$6,435	\$1,201	\$1,801	\$531	\$639	\$195	\$259
Other Institutional	\$1,528	\$281	\$1,746	\$320	\$611	\$144	\$183	\$34	\$51	\$15	\$18	\$6	\$7
Other	\$171,139	\$31,589	\$200,911	\$35,808	\$70,939	\$16,112	\$21,348	\$3,829	\$5,935	\$1,694	\$2,033	\$620	\$825
Total	\$5,948,482	\$1,098,305	\$6,976,204	\$1,284,085	\$2,442,987	\$581,380	\$732,726	\$137,677	\$206,776	\$61,084	\$72,929	\$22,286	\$29,703
PNPM Expenditures													
Inpatient Services	\$198.32	\$204.23	\$272.32	\$258.56	\$262.29	\$253.92	\$251.57	\$249.60	\$248.00	\$247.29	\$238.36	\$245.24	\$240.07
Outpatient Services	\$147.68	\$151.73	\$137.81	\$130.53	\$132.62	\$128.07	\$127.05	\$126.10	\$125.73	\$124.99	\$120.71	\$123.94	\$121.33
Physician Services	\$196.09	\$201.36	\$205.65	\$194.63	\$198.37	\$192.00	\$189.62	\$187.90	\$187.20	\$186.41	\$180.21	\$185.01	\$181.56
Prescribed Drugs	\$203.62	\$209.14	\$220.94	\$209.12	\$212.99	\$205.52	\$203.74	\$201.41	\$200.97	\$200.04	\$193.33	\$198.46	\$194.73
Psychiatric Services	\$14.20	\$14.59	\$4.67	\$4.42	\$4.49	\$4.33	\$4.30	\$4.25	\$4.23	\$4.23	\$4.08	\$4.19	\$4.12
Dental Services	\$10.18	\$10.41	\$7.55	\$7.13	\$7.26	\$7.00	\$6.96	\$6.86	\$6.84	\$6.80	\$6.61	\$6.77	\$6.63
Lab and X-Ray	\$36.62	\$37.48	\$47.40	\$44.77	\$45.55	\$43.85	\$43.55	\$42.99	\$42.88	\$42.76	\$41.46	\$42.46	\$41.54
Medical Supplies and Orthotics	\$26.62	\$27.15	\$26.07	\$24.53	\$25.08	\$24.02	\$24.03	\$23.57	\$23.56	\$23.39	\$22.77	\$23.31	\$22.83
Home Health and Home Care	\$6.61	\$6.79	\$11.95	\$11.32	\$11.46	\$11.06	\$10.98	\$10.86	\$10.79	\$10.76	\$10.45	\$10.71	\$10.48
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	-	-	-	-	-	-	-	-	-	-	-
Transportation	\$17.19	\$17.64	\$20.86	\$19.69	\$20.01	\$19.20	\$19.15	\$18.91	\$18.74	\$18.68	\$18.19	\$18.59	\$18.22
Other Practitioner	\$7.27	\$7.43	\$8.72	\$8.22	\$8.40	\$8.05	\$8.04	\$7.90	\$7.86	\$7.82	\$7.61	\$7.78	\$7.62
Other Institutional	\$0.23	\$0.23	\$0.25	\$0.23	\$0.24	\$0.23	\$0.23	\$0.22	\$0.22	\$0.22	\$0.22	\$0.22	\$0.22
Other	\$25.61	\$26.30	\$28.59	\$26.19	\$27.78	\$25.58	\$26.68	\$25.19	\$25.92	\$24.91	\$24.20	\$24.79	\$24.27
Total	\$890.22	\$914.49	\$992.77	\$939.35	\$956.53	\$922.83	\$915.91	\$905.77	\$902.95	\$898.29	\$868.20	\$891.46	\$873.61

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,483.45	66.9%
Months 13-24	\$1,540.92	62.1%
Months 25-36	\$1,560.20	58.7%
Months 37-48	\$1,589.59	56.8%
Months 49-60	\$1,601.41	54.2%
Months 61-72	\$1,635.66	53.4%

Exhibit E-6 – Detailed Expenditure Data – Members w/Heart Failure as Most Expensive Diagnosis

HMP Practice Facilitation Detail - Heart Failure													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	524	84	492	95	177	44	54	10	18	6	20	7	7
Aggregate Expenditures													
Inpatient Services	\$375,812	\$66,134	\$615,987	\$115,078	\$208,673	\$48,676	\$60,864	\$10,741	\$21,501	\$5,785	\$19,679	\$6,403	\$6,133
Outpatient Services	\$184,022	\$32,217	\$227,693	\$42,363	\$77,123	\$17,903	\$22,507	\$3,957	\$7,925	\$2,132	\$7,266	\$2,359	\$2,260
Physician Services	\$142,854	\$25,009	\$197,256	\$36,679	\$66,913	\$15,585	\$19,512	\$3,424	\$6,880	\$1,846	\$6,299	\$2,045	\$1,964
Prescribed Drugs	\$67,608	\$11,847	\$42,746	\$7,956	\$14,517	\$3,368	\$4,220	\$741	\$1,491	\$400	\$1,364	\$443	\$425
Psychiatric Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Services	\$8,893	\$1,551	\$752	\$139	\$255	\$59	\$74	\$13	\$26	\$7	\$24	\$8	\$7
Lab and X-Ray	\$27,211	\$4,756	\$36,331	\$6,743	\$12,323	\$2,845	\$3,583	\$626	\$1,257	\$339	\$1,158	\$375	\$359
Medical Supplies and Orthotics	\$33,009	\$5,745	\$12,850	\$2,377	\$4,351	\$1,003	\$1,268	\$221	\$445	\$119	\$409	\$132	\$127
Home Health and Home Care	\$10,382	\$1,818	\$11,988	\$2,232	\$4,054	\$939	\$1,180	\$207	\$414	\$111	\$382	\$124	\$119
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	\$1,814	\$337	\$612	\$142	\$179	\$31	\$63	\$17	\$58	\$19	\$18
Transportation	\$12,509	\$2,189	\$26,915	\$4,996	\$9,089	\$2,098	\$2,646	\$464	\$926	\$249	\$856	\$277	\$265
Other Practitioner	\$2,825	\$492	\$1,120	\$208	\$378	\$88	\$110	\$19	\$39	\$10	\$36	\$12	\$11
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	\$865,125	\$151,758	\$1,175,452	\$219,108	\$398,288	\$92,705	\$116,143	\$20,445	\$40,966	\$11,016	\$37,533	\$12,197	\$11,688
PMPM Expenditures													
Inpatient Services	\$717.20	\$787.31	\$1,252.01	\$1,211.34	\$1,178.94	\$1,106.28	\$1,127.11	\$1,074.13	\$1,194.48	\$964.16	\$983.96	\$914.69	\$876.14
Outpatient Services	\$351.19	\$383.54	\$462.79	\$445.92	\$435.73	\$406.88	\$416.79	\$395.71	\$440.30	\$355.33	\$363.32	\$337.06	\$322.85
Physician Services	\$272.62	\$297.72	\$400.93	\$386.10	\$378.04	\$354.20	\$361.34	\$342.39	\$382.21	\$307.74	\$314.97	\$292.18	\$280.55
Prescribed Drugs	\$129.02	\$141.04	\$86.88	\$83.74	\$82.02	\$76.54	\$78.15	\$74.09	\$82.83	\$66.66	\$68.21	\$63.27	\$60.75
Psychiatric Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Dental Services	\$16.97	\$18.46	\$1.53	\$1.47	\$1.44	\$1.34	\$1.37	\$1.29	\$1.44	\$1.16	\$1.20	\$1.11	\$1.06
Lab and X-Ray	\$51.93	\$56.62	\$73.84	\$70.98	\$69.62	\$64.66	\$66.35	\$62.61	\$69.83	\$56.42	\$57.91	\$53.59	\$51.31
Medical Supplies and Orthotics	\$62.99	\$68.39	\$26.12	\$25.02	\$24.58	\$22.79	\$23.47	\$22.09	\$24.71	\$19.85	\$20.46	\$18.93	\$18.14
Home Health and Home Care	\$19.81	\$21.65	\$24.37	\$23.49	\$22.91	\$21.35	\$21.86	\$20.70	\$23.03	\$18.58	\$19.11	\$17.69	\$16.94
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	\$3.69	\$3.55	\$3.46	\$3.23	\$3.31	\$3.13	\$3.49	\$2.81	\$2.90	\$2.68	\$2.56
Transportation	\$23.87	\$26.05	\$54.71	\$52.59	\$51.35	\$47.69	\$49.01	\$46.40	\$51.43	\$41.54	\$42.82	\$39.54	\$37.91
Other Practitioner	\$5.39	\$5.86	\$2.28	\$2.19	\$2.13	\$1.99	\$2.05	\$1.93	\$2.15	\$1.73	\$1.79	\$1.65	\$1.58
Other Institutional	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	\$1,651.00	\$1,806.64	\$2,389.13	\$2,306.40	\$2,250.21	\$2,106.94	\$2,150.80	\$2,044.47	\$2,275.89	\$1,835.98	\$1,876.64	\$1,742.38	\$1,669.79

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,888.32	126.5%
Months 13-24	\$1,375.48	113.9%
Months 25-36	\$2,009.08	107.1%
Months 37-48	\$2,049.33	111.1%
Months 49-60	\$2,069.23	90.7%
Months 61-72	\$2,085.38	80.1%

Exhibit E-7 – Detailed Expenditure Data – Members w/Hypertension as Most Expensive Diagnosis

HMP Practice Facilitation Detail - Hypertension													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	13,015	2,633	12,663	2,410	4,644	1,109	1,456	247	409	119	142	44	60
Aggregate Expenditures													
Inpatient Services	\$3,039,620	\$619,426	\$2,686,509	\$490,175	\$919,790	\$206,399	\$272,153	\$45,116	\$74,290	\$21,282	\$25,234	\$7,609	\$10,222
Outpatient Services	\$1,360,149	\$276,609	\$1,385,728	\$252,205	\$474,089	\$106,100	\$139,974	\$23,230	\$38,278	\$10,962	\$13,024	\$3,919	\$5,265
Physician Services	\$2,474,687	\$502,689	\$2,016,548	\$366,665	\$690,530	\$155,090	\$203,809	\$33,751	\$55,675	\$15,941	\$18,959	\$5,704	\$7,682
Prescribed Drugs	\$1,460,757	\$297,229	\$2,032,199	\$369,898	\$695,768	\$155,866	\$205,471	\$33,967	\$56,112	\$16,062	\$19,096	\$5,745	\$7,736
Psychiatric Services	\$55,327	\$11,251	\$42,927	\$7,819	\$14,680	\$3,286	\$4,337	\$716	\$1,180	\$339	\$403	\$121	\$164
Dental Services	\$143,582	\$29,025	\$114,089	\$20,710	\$38,963	\$8,715	\$11,526	\$1,899	\$3,134	\$897	\$1,072	\$322	\$432
Lab and X-Ray	\$375,342	\$75,933	\$465,249	\$84,212	\$158,999	\$35,367	\$46,918	\$7,709	\$12,749	\$3,651	\$4,355	\$1,307	\$1,755
Medical Supplies and Orthotics	\$75,187	\$15,202	\$49,515	\$8,965	\$16,910	\$3,765	\$5,004	\$822	\$1,359	\$388	\$465	\$139	\$187
Home Health and Home Care	\$46,665	\$9,484	\$78,876	\$14,344	\$26,911	\$6,010	\$7,947	\$1,312	\$2,159	\$619	\$740	\$222	\$298
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	\$7,943	\$1,437	\$2,709	\$603	\$801	\$132	\$217	\$62	\$74	\$22	\$30
Transportation	\$178,476	\$36,049	\$190,898	\$34,555	\$65,041	\$14,447	\$19,225	\$3,165	\$5,206	\$1,489	\$1,783	\$534	\$718
Other Practitioner	\$78,768	\$15,925	\$69,487	\$12,564	\$23,771	\$5,276	\$7,019	\$1,151	\$1,897	\$542	\$650	\$195	\$262
Other Institutional	-	-	\$809,000	\$145,850	\$275,910	\$61,080	\$81,780	\$13,360	\$22,010	\$6,290	\$7,550	\$2,260	\$3,040
Other	\$15,630	\$3,174	\$34,011	\$6,179	\$11,611	\$2,587	\$3,440	\$567	\$930	\$267	\$319	\$86	\$129
Total	\$9,304,189	\$1,891,998	\$9,174,787	\$1,669,875	\$3,140,049	\$703,571	\$927,707	\$153,551	\$253,208	\$72,507	\$86,182	\$25,936	\$34,883
PMPM Expenditures													
Inpatient Services	\$233.55	\$235.25	\$212.15	\$203.39	\$198.06	\$186.11	\$186.92	\$182.66	\$181.64	\$178.84	\$177.71	\$172.92	\$170.37
Outpatient Services	\$104.51	\$105.05	\$109.43	\$104.65	\$102.09	\$95.67	\$96.14	\$94.05	\$93.59	\$92.12	\$91.72	\$89.06	\$87.75
Physician Services	\$190.14	\$190.92	\$152.14	\$159.25	\$148.69	\$139.85	\$139.98	\$136.64	\$136.13	\$133.96	\$133.51	\$129.63	\$128.03
Prescribed Drugs	\$112.24	\$112.89	\$160.48	\$153.48	\$149.82	\$140.55	\$141.12	\$137.52	\$137.19	\$134.97	\$134.48	\$130.56	\$128.94
Psychiatric Services	\$4.25	\$4.27	\$3.39	\$3.24	\$3.16	\$2.96	\$2.98	\$2.90	\$2.88	\$2.85	\$2.84	\$2.76	\$2.73
Dental Services	\$11.03	\$11.02	\$9.01	\$8.59	\$8.39	\$7.86	\$7.92	\$7.69	\$7.66	\$7.54	\$7.55	\$7.31	\$7.20
Lab and X-Ray	\$28.84	\$28.84	\$36.74	\$34.94	\$34.24	\$31.89	\$32.22	\$31.21	\$31.17	\$30.68	\$30.67	\$29.70	\$29.25
Medical Supplies and Orthotics	\$5.78	\$5.77	\$3.91	\$3.72	\$3.64	\$3.39	\$3.44	\$3.33	\$3.32	\$3.26	\$3.27	\$3.17	\$3.12
Home Health and Home Care	\$3.59	\$3.60	\$6.23	\$5.95	\$5.79	\$5.42	\$5.46	\$5.31	\$5.28	\$5.20	\$5.21	\$5.05	\$4.97
Nursing Facility	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management	-	-	\$0.63	\$0.60	\$0.58	\$0.54	\$0.55	\$0.53	\$0.53	\$0.52	\$0.52	\$0.51	\$0.50
Transportation	\$13.71	\$13.69	\$15.08	\$14.34	\$14.01	\$13.03	\$13.20	\$12.81	\$12.73	\$12.51	\$12.56	\$12.14	\$11.97
Other Practitioner	\$6.05	\$6.05	\$5.49	\$5.21	\$5.12	\$4.76	\$4.82	\$4.66	\$4.64	\$4.56	\$4.58	\$4.42	\$4.36
Other Institutional	-	-	\$0.06	\$0.06	\$0.06	\$0.06	\$0.06	\$0.06	\$0.05	\$0.05	\$0.05	\$0.05	\$0.05
Other	\$1.20	\$1.21	\$2.69	\$2.56	\$2.50	\$2.33	\$2.36	\$2.29	\$2.27	\$2.24	\$2.25	\$2.17	\$2.14
Total	\$714.88	\$718.57	\$724.54	\$692.89	\$676.15	\$634.42	\$637.16	\$621.66	\$619.09	\$609.30	\$606.92	\$589.45	\$581.39

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$1,371.22	52.8%
Months 13-24	\$1,409.11	48.0%
Months 25-36	\$1,427.95	44.6%
Months 37-48	\$1,446.18	42.8%
Months 49-60	\$1,461.64	41.5%
Months 61-72	\$1,482.82	39.2%

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

HMP Practice Facilitation Detail - All Others													
Category of Service	Pre-Engagement: 1-12 Months (Accumulated Total)	Pre-Engagement: 1-12 Months (Total)	Engaged Period: 3 to 12 Months (Accumulated Total)	Engaged Period: 3 to 12 Months (Total)	Engaged Period: 13 to 24 Months (Accumulated Total)	Engaged Period: 13 to 24 Months (Total)	Engaged Period: 25 to 36 Months (Accumulated Total)	Engaged Period: 25 to 36 Months (Total)	Engaged Period: 37 to 48 Months (Accumulated Total)	Engaged Period: 37 to 48 Months (Total)	Engaged Period: 49 to 60 Months (Accumulated Total)	Engaged Period: 49 to 60 Months (Total)	Engaged Period: 61 to 72 Months (Total)
Member Months	260,594	43,092	245,086	40,955	88,797	19,101	27,081	4,538	7,600	2,029	2,553	779	992
Aggregate Expenditures													
Inpatient Services	\$10,268,087	\$1,821,022	\$10,417,251	\$1,727,127	\$3,629,551	\$758,648	\$1,087,474	\$166,573	\$302,604	\$80,099	\$100,710	\$29,233	\$39,509
Outpatient Services	\$10,108,458	\$1,789,466	\$10,499,045	\$1,736,960	\$3,654,767	\$762,271	\$1,092,865	\$167,645	\$304,253	\$80,645	\$101,601	\$29,429	\$39,774
Physician Services	\$20,313,827	\$3,590,862	\$20,349,066	\$3,362,097	\$7,097,357	\$1,483,485	\$2,121,175	\$324,282	\$589,181	\$156,142	\$196,913	\$57,030	\$77,266
Prescribed Drugs	\$14,630,487	\$2,592,683	\$15,073,552	\$2,496,291	\$5,254,090	\$1,097,295	\$1,572,022	\$240,200	\$437,039	\$115,787	\$145,976	\$42,274	\$57,269
Psychiatric Services	\$21,636,068	\$3,829,437	\$18,784,519	\$3,107,555	\$6,540,853	\$1,362,175	\$1,955,988	\$298,190	\$541,099	\$144,065	\$181,460	\$52,586	\$71,392
Dental Services	\$5,561,224	\$979,432	\$4,542,386	\$748,632	\$1,580,074	\$328,648	\$472,922	\$71,943	\$130,763	\$34,624	\$43,908	\$12,683	\$17,142
Lab and X-Ray	\$2,404,733	\$422,875	\$3,087,743	\$507,860	\$1,074,852	\$222,500	\$321,164	\$48,718	\$88,731	\$23,520	\$29,750	\$8,595	\$11,610
Medical Supplies and Orthotics	\$572,176	\$100,599	\$547,006	\$89,940	\$190,328	\$39,397	\$56,982	\$8,636	\$15,733	\$4,158	\$5,281	\$1,525	\$2,063
Home Health and Home Care	\$368,373	\$65,090	\$268,767	\$44,424	\$93,339	\$19,415	\$27,923	\$4,257	\$7,716	\$2,047	\$2,594	\$750	\$1,013
Nursing Facility	-	-	\$37,348	\$6,084	\$13,031	\$2,665	\$3,874	\$584	\$1,060	\$281	\$356	\$103	\$139
Targeted Case Management	\$174,013	\$30,571	\$150,528	\$24,762	\$52,291	\$10,840	\$15,638	\$2,375	\$4,314	\$1,143	\$1,450	\$418	\$565
Transportation	\$1,300,200	\$228,808	\$1,167,859	\$191,752	\$405,740	\$83,633	\$121,287	\$18,401	\$33,340	\$8,824	\$11,211	\$3,232	\$4,372
Other Practitioner	\$1,948,100	\$342,242	\$1,445,657	\$237,442	\$503,806	\$104,006	\$150,622	\$22,802	\$41,373	\$10,950	\$13,913	\$4,012	\$5,425
Other Institutional	\$35,721	\$6,276	\$90,660	\$14,754	\$31,845	\$6,446	\$9,447	\$1,416	\$2,569	\$685	\$865	\$249	\$337
Other	\$1,353,115	\$239,012	\$867,774	\$143,178	\$301,852	\$62,526	\$90,475	\$13,755	\$24,876	\$6,603	\$8,368	\$2,418	\$3,268
Total	\$90,674,580	\$16,038,375	\$87,329,160	\$14,438,859	\$30,423,776	\$6,343,950	\$9,099,859	\$1,389,778	\$2,524,653	\$669,568	\$844,357	\$244,538	\$331,143
PNPM Expenditures													
Inpatient Services	\$39.40	\$42.26	\$42.50	\$42.17	\$40.87	\$39.72	\$40.16	\$36.71	\$39.82	\$39.48	\$39.45	\$37.53	\$39.83
Outpatient Services	\$38.79	\$41.53	\$42.84	\$42.41	\$41.16	\$39.91	\$40.36	\$36.94	\$40.03	\$39.75	\$39.80	\$37.78	\$40.09
Physician Services	\$77.95	\$83.33	\$83.03	\$82.09	\$79.93	\$77.67	\$78.33	\$71.46	\$77.52	\$76.96	\$77.13	\$73.21	\$77.89
Prescribed Drugs	\$56.14	\$60.17	\$61.50	\$60.95	\$59.17	\$57.45	\$58.05	\$52.93	\$57.51	\$57.07	\$57.18	\$54.27	\$57.73
Psychiatric Services	\$83.03	\$88.87	\$76.64	\$75.88	\$73.66	\$71.31	\$72.23	\$65.71	\$71.20	\$71.00	\$67.50	\$71.97	
Dental Services	\$21.34	\$22.79	\$18.53	\$18.28	\$17.79	\$17.21	\$17.46	\$15.85	\$17.21	\$17.06	\$17.20	\$16.28	\$17.28
Lab and X-Ray	\$9.23	\$9.81	\$12.60	\$12.40	\$12.10	\$11.65	\$11.86	\$10.74	\$11.68	\$11.59	\$11.65	\$11.03	\$11.70
Medical Supplies and Orthotics	\$2.20	\$2.33	\$2.23	\$2.20	\$2.14	\$2.06	\$2.10	\$1.90	\$2.07	\$2.05	\$2.07	\$1.96	\$2.08
Home Health and Home Care	\$1.41	\$1.51	\$1.10	\$1.08	\$1.05	\$1.02	\$1.03	\$0.94	\$1.02	\$1.01	\$1.02	\$0.96	\$1.02
Nursing Facility	-	-	\$0.15	\$0.15	\$0.15	\$0.14	\$0.13	\$0.14	\$0.14	\$0.14	\$0.14	\$0.13	\$0.14
Targeted Case Management	\$0.67	\$0.71	\$0.61	\$0.60	\$0.59	\$0.57	\$0.58	\$0.52	\$0.57	\$0.56	\$0.57	\$0.54	\$0.57
Transportation	\$4.99	\$5.31	\$4.77	\$4.68	\$4.57	\$4.38	\$4.48	\$4.05	\$4.39	\$4.35	\$4.39	\$4.15	\$4.41
Other Practitioner	\$7.48	\$7.94	\$5.90	\$5.67	\$5.67	\$5.45	\$5.56	\$5.02	\$5.44	\$5.40	\$5.45	\$5.15	\$5.47
Other Institutional	\$0.14	\$0.15	\$0.37	\$0.36	\$0.36	\$0.34	\$0.35	\$0.31	\$0.34	\$0.34	\$0.34	\$0.32	\$0.34
Other	\$5.19	\$5.55	\$3.54	\$3.50	\$3.40	\$3.27	\$3.34	\$3.03	\$3.27	\$3.25	\$3.28	\$3.10	\$3.29
Total	\$347.95	\$372.19	\$356.32	\$352.55	\$342.62	\$332.13	\$336.02	\$306.25	\$332.15	\$330.00	\$330.73	\$313.91	\$333.81

	Forecasted (FC) Costs	Actual % of FC
First 12 Months	\$614.26	58.0%
Months 13-24	\$634.80	54.0%
Months 25-36	\$652.33	51.5%
Months 37-48	\$685.85	48.4%
Months 49-60	\$699.55	47.3%
Months 61-72	\$713.15	46.8%

APPENDIX F – PAIN MANAGEMENT PROGRAM SURVEY MATERIALS

Appendix F includes the provider and patient survey instruments used in evaluation of the Pain Management Program.



PRACTICE FACILITATION – PAIN MANAGEMENT PROVIDER SURVEY

The Oklahoma Health Care Authority would like to hear about your experience with the chronic pain management Practice Facilitation initiative being carried out by Telligen. The purpose of the survey is to gather information on the initiative's value and how it can be improved from a provider's perspective.

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

PRACTICE DEMOGRAPHICS

1. What is your medical practice specialty?
 - a. General/Family Practice
 - b. General Internal Medicine
 - c. OB/GYN
 - d. Other. Please specify: _____

2. Approximately how long have you been a Medicaid provider in Oklahoma? Medicaid includes the SoonerCare program.
 - a. Less than six months
 - b. Six to twelve months
 - c. More than one year but less than two years
 - d. More than two years but less than five years
 - e. Five years or longer

3. About what percentage of your patients are you treating for chronic pain?
 - a. Less than 10 percent
 - b. 10 to 24 percent
 - c. 25 to 49 percent
 - d. 50 percent or more
-

DECISION TO PARTICIPATE IN PRACTICE FACILITATION

4. Were you the person who made the decision to participate in the chronic pain management Practice Facilitation initiative?
 - a. Yes
 - b. No. If your answer is “no,” please proceed to Question 8.

5. How did you learn about the initiative?
 - a. Telligen contacted me
 - b. The OHCA contacted me
 - c. I learned about it from another provider
 - d. I read about it in a newsletter or an email
 - e. Other. Please specify:

6. What were your reasons for deciding to participate? (Circle all that apply)
- a. Improve care management/education of patients with chronic pain
 - b. Improve monitoring of patient prescription pain medicine use
 - c. Obtain information on alternative pain management techniques
 - d. Receive assistance in referring patients for pain management services
 - e. Receiving assistance in referring patients for behavioral health services/counseling
 - f. Other. Please specify: _____

7. Among the reasons you cited, what was the most important reason for deciding to participate? (If you require additional space to answer, please use additional paper and attach it to the survey.)
- _____

PRACTICE FACILITATION COMPONENTS

8. The following is a list of activities that can be part of chronic pain management Practice Facilitation. Regardless of your actual experience, please rate how important you think each one is in preparing a practice to better manage patients with chronic pain.

	Very Important	Somewhat Important	Not too Important	Not at all Important
a. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain				
b. Receiving training on conducting patient pain assessments at initial visits				
c. Receiving copies of patient pain and substance use risk assessment tools				
d. Receiving training on methods for monitoring patient pain and functional status at follow-up visits				
e. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits				
f. Receiving information on alternative pain management techniques				
g. Receiving assistance in referring patients to pain management resources (e.g., pain management provider)				
h. Receiving training on how to have a conversation with patients regarding pain management. This is sometimes referred to as "motivational interviewing"				
i. Having a Practice Facilitation nurse on-site to work with you and your staff				
j. Receiving ongoing education and assistance after				

	Very Important	Somewhat Important	Not too Important	Not at all Important
conclusion of the initial onsite activities				

9. Please rate how helpful each of these activities was to you in improving your management of patients with chronic pain. Check the answer that best applies.

	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	N/A – Did not Occur	N/A – Was Already Doing
a. Receiving a baseline assessment of how well you have been managing the care of your patients with chronic pain						
b. Receiving training on conducting patient pain assessments at initial visits						
c. Receiving copies of patient pain and substance use risk assessment tools						
d. Receiving training on methods for monitoring patient pain and functional status at follow-up visits						
e. Receiving training on methods for monitoring patient prescription pain medication use at follow-up visits						
f. Receiving information on alternative pain management techniques						
g. Receiving assistance in referring patients to pain						

	Very Helpful	Somewhat Helpful	Not too Helpful	Not at all Helpful	N/A – Did not Occur	N/A – Was Already Doing
management resources (e.g., pain management provider)						
h. Receiving training on how to have a conversation with patients regarding pain management. This is sometimes referred to as “motivational interviewing”						
i. Having a Practice Facilitation nurse on-site to work with you and your staff						
j. Receiving ongoing education and assistance after conclusion of the initial onsite activities						

PRACTICE FACILITATION OUTCOMES

10. Have you made changes in the management of your patients with chronic pain as the result of participating in the Practice Facilitation initiative?

- a. Yes
- b. No. If your answer is “no,” please proceed to Question 13.

11. What are the changes you made?

12. What is the most important change you made?

13. Have you attempted to refer patients with chronic pain to a Pain Management Provider?

- a. Yes
- b. No **If your answer is “no,” please proceed to Question 16**

14. Typically, how difficult is it to make a referral to a Pain Management Provider?

- a. Very difficult
- b. Somewhat difficult
- c. Not at all difficult **(Please proceed to Question 16)**

15. Why is it difficult to make a referral? Please circle all that apply

- a. Lack of providers willing to take Medicaid (SoonerCare)
- b. Providers require patients not to use any prescription opioids, which can make referral impractical or contrary to patients’ best interest

- c. Providers rely too heavily on prescription opioids to treat pain, contrary to patients' best interest
- d. Other Please specify: _____

16. Has your practice become more effective in managing patients with chronic pain as a result of your participation in the Practice Facilitation initiative?

- a. Yes
- b. No

17. How satisfied are you with your experience in the Practice Facilitation initiative?

- a. Very satisfied
- b. Somewhat satisfied
- c. Somewhat dissatisfied
- d. Very dissatisfied

18. Would you recommend the Practice Facilitation initiative to other physicians caring for patients with chronic pain?

- a. Yes
- b. No

19. Do you have any suggestions for improving the Practice Facilitation initiative?

HEALTH COACHING

20. Do you have a Telligen Health Coach embedded in your practice?
- a. Yes. **If your answer is “yes,” please respond to Question 21.**
 - b. No. Thank you for completing the survey
21. How helpful would it be to have the Health Coach assist in managing patients with chronic pain, as part of his or her broader health coaching activities?
- a. Very helpful
 - b. Somewhat helpful
 - c. Not too helpful
 - d. Not at all helpful

Please list the name and position of the individual completing the Provider Survey:

Please list the name of the practice and address:

Thank you for your help!



BECKY PASTERNIK-IKARD
CHIEF EXECUTIVE OFFICER

MARY FALLIN
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

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

The Oklahoma Health Care Authority is conducting a survey of SoonerCare members. We are interested in learning about where SoonerCare members get their health care and about their experiences with their doctor. The purpose of the survey is to learn about how we can make the program better.

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

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

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

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

We look forward to speaking with you soon.



SOONERCARE HMP – Pain Management Patient Survey

INTRODUCTION & CONSENT

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

INTRO1. We are conducting a short survey to find out about where SoonerCare members get their health care and their experiences with their doctor. The purpose of the survey is to learn about how we can make the program better. The survey is voluntary and if you decide not to participate it will not affect your benefits. Anything you tell us will be kept confidential. The information will not be shared with your doctor and will not affect any treatment you may be receiving. The survey takes about 10 minutes.

[ANSWER ANY QUESTIONS AND PROCEED TO QUESTION 1]

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

[IDENTIFY PCMH NAME ON MEMBER SURVEY ROSTER BEFORE BEGINNING INTERVIEW.]

53. The SoonerCare program is a health insurance program offered by the state. Are you currently enrolled in SoonerCare?⁷⁸

- a. Yes
- b. No → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]
- c. Don't Know/Not Sure → [ASK IF ENROLLED IN MEDICAID. IF NO, END CALL]

20. Our records show that you chose or were assigned [READ PCMH NAME] to be your regular SoonerCare provider for check-ups, when you need advice about a health problem or get sick or hurt. Is that right?

- a. Yes → [GO TO QUESTION 3]
- b. No → [GO TO QUESTION 6]
- c. Don't Know/Not Sure → [GO TO QUESTION 6]

⁷⁸ All questions include a “don't know/not sure” or similar option which is unprompted by the surveyor; this response is listed on the instrument to allow surveyors to document such a response. Questions are reworded for parents/guardians completing the survey on behalf of program participants.

21. Is [PCMH NAME] still your regular provider?

- a. Yes → [GO TO QUESTION 7]
- b. No → [GO TO QUESTION 4]
- c. Don't Know/Not Sure → [GO TO QUESTION 6]

22. Why is [PCMH NAME] no longer your regular provider?

- a. Member moved away
- b. Provider changed locations
- c. Member dissatisfied with care [SPECIFY REASON]
- d. Other [SPECIFY]
- e. Don't Know/Not Sure

23. When did you stop going to [PCMH NAME]? [RECORD MONTH AND YEAR]

24. Where do you usually go to get health care?

- a. [GIVES NAME OF PROVIDER THAT MATCHES PCMH NAME] → [GO TO QUESTION 7]
- b. Other Provider [RECORD NAME] → [GO TO QUESTION 7]
- c. Emergency Room → [READ TERMINATION SCRIPT 1]
- d. Urgent Care Clinic → [READ TERMINATION SCRIPT 1]
- e. No usual place → [READ TERMINATION SCRIPT 1]
- f. Don't Know/Not Sure → [READ TERMINATION SCRIPT 1]

[TERMINATION SCRIPT 1 – OUR QUESTIONS TODAY ARE ABOUT THE CARE PEOPLE RECEIVE FROM THEIR REGULAR DOCTOR, IF THEY HAVE ONE. THANK YOU FOR YOUR TIME.]

25. How long have you been going to [PROVIDER NAME]?

- a. Less than three months → [READ TERMINATION SCRIPT 2]
- b. At least three months but less than six months
- c. At least six months but less than one year
- d. At least one year but less than three years
- e. At least three years but less than five years
- f. Five years or more
- g. Don't Know/Not Sure → [READ TERMINATION SCRIPT 2]

[TERMINATION SCRIPT 2 – OUR QUESTIONS TODAY ARE ABOUT THE CARE PEOPLE RECEIVE FROM DOCTORS WHO HAVE BEEN THEIR REGULAR DOCTOR FOR MORE THAN THREE MONTHS. THANK YOU FOR YOUR TIME.]

26. About how long ago was your most recent visit with [PROVIDER NAME]?

- a. Within the last week
- b. More than a week ago but within the past month
- c. More than a month ago but within the past three months
- d. More than three months ago but within the past six months
- e. More than six months ago
- f. Don't Know/Not Sure

27. Now I'm going to read you a list of common medical conditions. Please tell me which of these, if any, you are receiving treatment for today [CHECK ALL THAT APPLY]

Condition	Yes	No	DK
i. Back pain			
j. Neck pain			
k. Knee pain			
l. Arthritis [RECORD EVEN IF A-C RELATED TO ARTHRITIS]			
m. A broken bone			
n. Headaches			
o. An injury [RECORD TYPE]			
p. Diabetic pain			
q. Cancer [RECORD TYPE]			
r. Pain due to another reason [SPECIFY REASON]			

[IF NO/DK TO ALL CONDITIONS READ TERMINATION SCRIPT 3 – THE REST OF OUR QUESTIONS TODAY ARE ABOUT THE CARE PEOPLE RECEIVE FROM DOCTORS WHO ARE TREATING THEM FOR ONE OF THE CONDITIONS I READ. THANK YOU FOR YOUR TIME.]

28. Is [PROVIDER NAME] treating you for your pain? [IF ANSWERED YES ONLY TO A CONDITION THAT DOES NOT INCLUDE "PAIN" IN TITLE, SAY "treating you for pain associated with your [CONDITION]?"
- a. Yes → [GO TO QUESTION 16]
 - b. No → [GO TO QUESTION 11]
 - c. Don't Know/Not Sure → [GO TO QUESTION 11]
29. Is any other provider treating you for your pain?
- a. Yes → [RECORD NAME AND SPECIALTY AND GO TO QUESTION 15]
 - b. No → [GO TO QUESTION 12]
 - c. Don't Know/Not Sure → [GO TO QUESTION 12]
30. What things do you do to treat your pain? [RECORD ALL]
31. How well are you able to control your pain doing the things you mentioned? Would you say your pain is "always well controlled", "usually well controlled", "not usually well controlled" or "never well controlled"?
- a. Always well controlled
 - b. Usually well controlled
 - c. Not usually well controlled
 - d. Never well controlled
 - e. Don't Know/Not Sure
32. Are there ways the SoonerCare program could help you to better control your pain? [IF YES] What would you like the program to do? [RECORD ANSWER AND GO TO QUESTION 30]
- a. Yes [SPECIFY]
 - b. No
 - c. Don't Know/Not Sure
33. Did [PCMH PROVIDER NAME] refer you to [PAIN PROVIDER NAME]?
- a. Yes
 - b. No
 - c. Don't Know/Not Sure

34. For about how long has [PAIN PROVIDER NAME] been treating you for your pain?

- a. Less than three months
- b. At least three months but less than six months
- c. At least six months but less than one year
- d. At least one year but less than three years
- e. At least three years but less than five years
- f. Five years or more
- g. Don't Know/Not Sure

16. Has [PROVIDER NAME (PCMH OR PAIN PROVIDER, AS APPLICABLE)] worked with you to develop a pain treatment plan, to reduce your pain?

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

17. I'm going to mention some ways that doctors help patients with pain to feel better. For each, please tell me if [PROVIDER NAME] has discussed it with you.

Technique	Yes	No	DK
a. Deep breathing exercises			
b. Acupuncture/acupressure			
c. Massage therapy			
d. Distraction techniques, such as watching TV or working at a favorite hobby			
e. Aromatherapy			
f. Ice or heat packs			
g. Positioning yourself			
h. Directed exercise such as physical therapy			
i. Referral to another provider to help with your pain [SPECIFY TYPE(S)]			

18. [IF “YES” TO ONE OR MORE; ELSE GO TO Q 19] You said “yes” to discussing [TECHNIQUE]. Have you tried [TECHNIQUE] and, if yes, did it help to reduce your pain?

Technique	Yes – Helped	Yes – Did not Help	No	DK
a. Deep breathing exercises				
b. Acupuncture/acupressure				
c. Massage therapy				
d. Distraction techniques, such as watching TV or working at a favorite hobby				
e. Aromatherapy				
f. Ice or heat packs				
g. Positioning yourself				
h. Directed exercise such as physical therapy				
i. Referral to another provider to help with your pain [SPECIFY TYPE(S)] [RECORD SEPARATELY IF MORE THAN ONE]				

19. Is [PROVIDER NAME] treating your pain with medication?

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

20. Has [PROVIDER NAME] made any changes to your medication since the time he (she) first began treating you for pain?

- a. Yes → [GO TO QUESTION 21]
- b. No → [GO TO QUESTION 22]
- c. Don't Know/Not Sure → [GO TO QUESTION 22]

21. I am going to read some possible medication changes. Please tell me which one best applies to you [READ ALL CHOICES AND RECORD ONE]

- a. I stopped taking one or more of my old medications but still take others
- b. I stopped taking one or more of my old medications and now take a different medication
- c. I still just take my old medication(s) but [PROVIDER NAME] makes out the prescription for fewer days
- d. I still just take my old medication(s) but I take fewer pills or a lower dosage each time
- e. I still take my old medication(s) but take it along with a new medication
- f. I stopped taking some of my old medications but I still take others at a higher dosage
- g. I stopped taking prescription pain medication
- h. Other [SPECIFY]
- i. Don't Know/Not Sure

22. I am going to mention a few lifestyle changes that sometimes can help to reduce a person's pain. Please tell me if [PROVIDER NAME] has discussed any of these with you and, if yes, whether [PROVIDER NAME] has helped you to make any of these changes.

Lifestyle Change	Discussed	Discussed and Helped	Did not Discuss	DK	N/A
a. Getting more sleep					
b. Reducing your stress					
c. Getting more exercise					

I have just a few more questions about the care you're receiving. As a reminder, all of your answers will be kept confidential. The information will not be shared with your doctor and will not affect any treatment you may be receiving.

23. Do you think [PROVIDER NAME] listens carefully to you when discussing treatment for your pain?

- a. Yes → [GO TO QUESTION 25]
- b. No
- c. Don't Know/Not Sure

24. Why do you say that? [RECORD]

25. Does [PROVIDER NAME] explain options for treating your pain in a way that is easy for you to understand?

- a. Yes → [GO TO QUESTION 27]
- b. No
- c. Don't Know/Not Sure

26. How could [PROVIDER NAME] do a better job of explaining your options? [RECORD]

27. Compared to how bad your pain was when [PROVIDER NAME] first began treating your pain, how would you rate your pain now? Would you say you “have more pain”, “have the same amount of pain”, “have somewhat less pain” or “have very little pain”.

- a. I have more pain
- b. I have the same amount of pain
- c. I have somewhat less pain
- d. I have very little pain
- e. Don't Know/Not Sure

28. Overall, how satisfied are you with [PROVIDER NAME], in terms of how he (she) has helped you to manage your pain? Would you say you are “very satisfied”, “somewhat satisfied”, “somewhat dissatisfied” or “very dissatisfied”?

- a. Very satisfied
- b. Somewhat satisfied
- c. Somewhat dissatisfied
- d. Very dissatisfied
- e. Don't Know/Not Sure

29. How could [PROVIDER NAME] do a better job helping you to manage your pain? [RECORD]

30. In general, how would you rate your overall health? Would you say it is “excellent”, “good”, “fair” or “poor”?

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Don't Know/Not Sure

That is all the questions I have today. Thank you for your help.